Connecticut Department of Social Services

Making a Difference

Presentation to the Medicaid Care Management Oversight Council

October 8, 2010

Medicaid Care Management Oversight Council

October 8, 2010

CONNECTICUT DENTAL HEALTH PARTNERSHIP

Participating Dental Practitioners

as of September 30, 2010

County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio	Hygienists	Totals
FAIRFIELD, CT	4	177	11	8	20	0	24	244
HARTFORD, CT	5	260	28	23	29	0	26	371
LITCHFIELD, CT	0	33	5	1	3	0	0	42
MIDDLESEX, CT	0	38	1	1	8	0	10	58
NEW HAVEN, CT	7	194	28	15	21	1	11	277
NEW LONDON, CT	2	40	3	2	6	0	6	59
TOLLAND, CT	0	25	1	3	2	0	0	31
WINDHAM, CT	0	33	0	1	0	0	4	38
Out of State	0	58	0	3	0	0	0	61
Totals	18	858	77	57	89	1	81	1,181

CONNECTICUT DENTAL HEALTH PARTNERSHIP

Participating Dental Service Locations

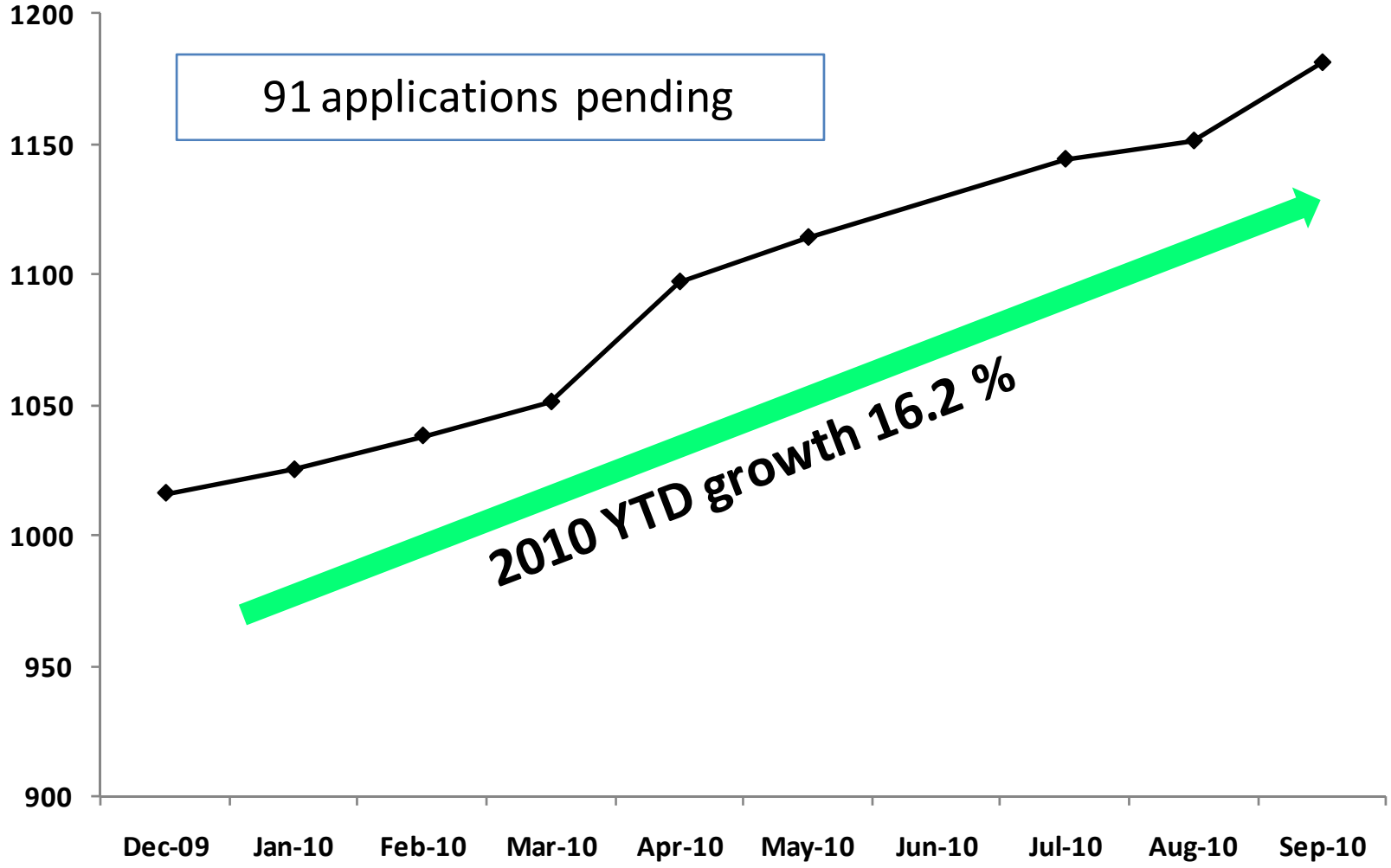
as of September 30, 2010

County	Endo	General Dentists	Oral Surgeons	Ortho	Pediatric Dentists	Perio		Totals
FAIRFIELD, CT	1	120	7	10	9	0		147
HARTFORD, CT	2	168	17	18	21	0		226
LITCHFIELD, CT	0	31	6	1	2	0		40
MIDDLESEX, CT	0	21	1	2	4	0		28
NEW HAVEN, CT	5	116	14	16	10	1		162
NEW LONDON, CT	2	22	2	3	4	0		33
TOLLAND, CT	0	16	3	2	2	0		23
WINDHAM, CT	0	17	2	2	0	0		21
Totals	10	511	52	54	52	1		680

CONNECTICUT DENTAL HEALTH PARTNERSHIP

Participating Dental Providers

through September 2010

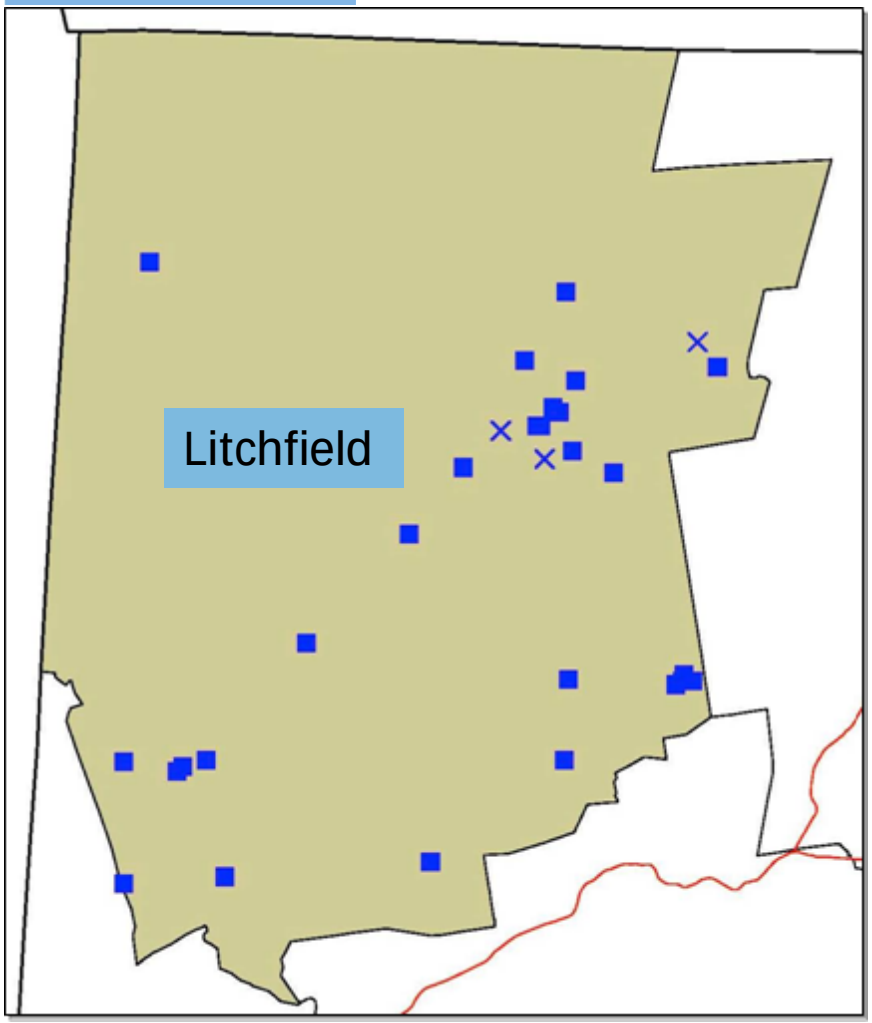


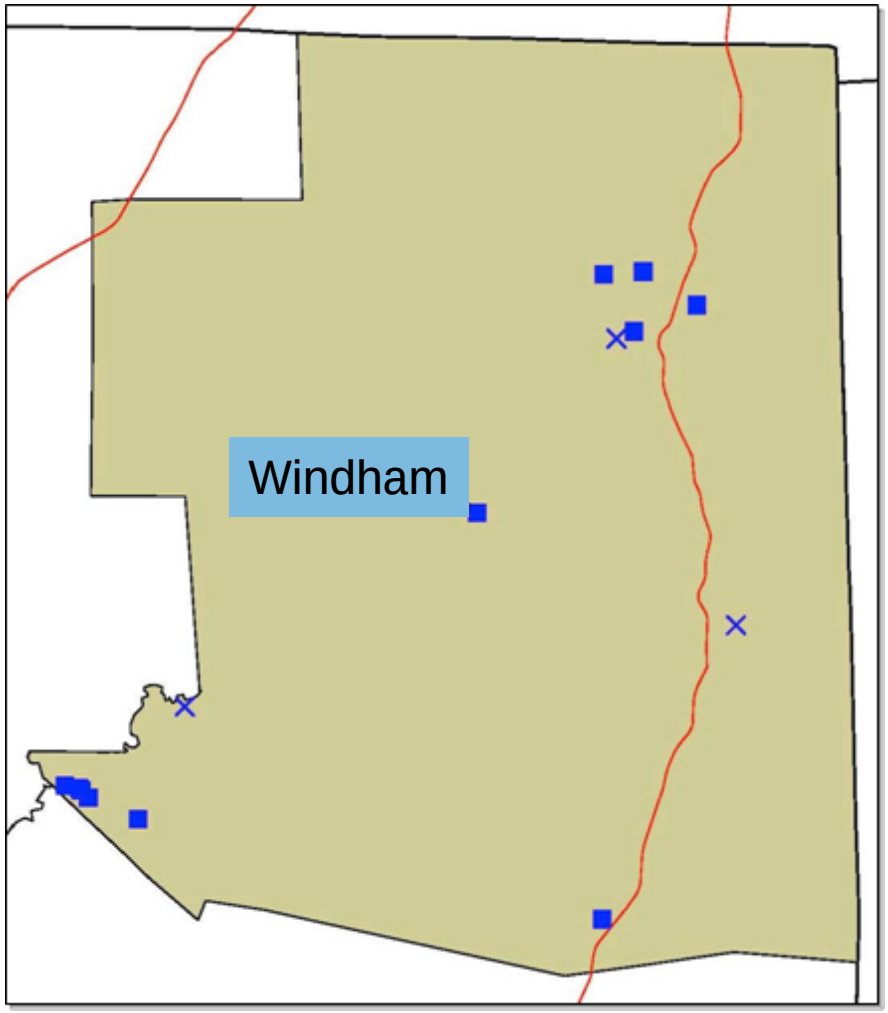
CONNECTICUT DENTAL HEALTH PARTNERSHIP

Litchfield and Windham Counties

Primary Care Dental Network Maps as of August 31, 2010

■ Individual providers, x Multiple providers

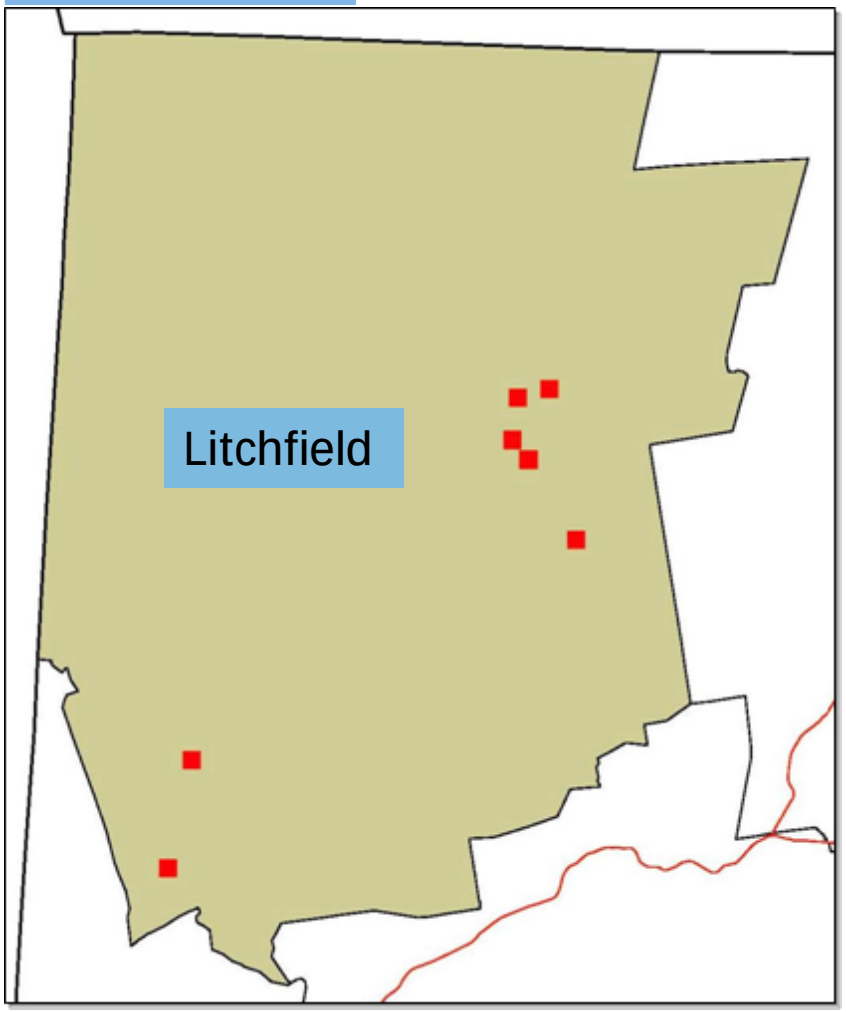


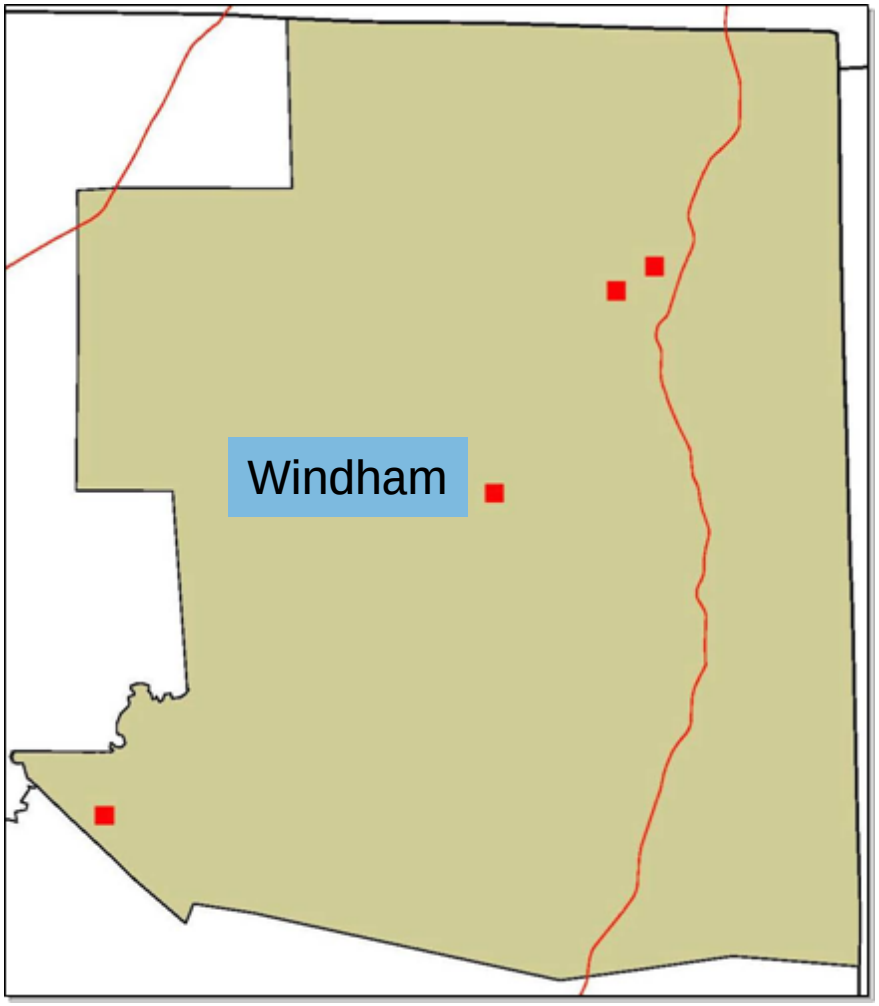


Litchfield and Windham Counties

Specialty Service Location Maps as of August 31, 2010

■ Individual providers, **x** Multiple providers





Litchfield and Windham Counties

Network Statistics of August 31, 2010

- Adequacy standard:
  - CTDHP contract requires greater than one primary care dentist for every 2,000 clients:

County	Clients	General Practice and Pedo Providers	CTDHP Contract Required Providers
Litchfield	24,030	36	12
Windham	23,040	33	12
Total	47,070	69	24

Litchfield and Windham Counties

Network Statistics of August 31, 2010

- Access standards:
  - CTDHP contract requires one primary care dentist (PCD) in 20 miles
  - 100% of clients in both counties have access to one PCD in 20 miles
  - Windham County: 99.7% of clients have access to **two PCDs in 10 miles**
  - Litchfield County: 95.4% of client have access to **two PCDs in 10 miles**
- 2010 Mystery Shopper Results
  - Average wait time for appointments in Windham and Litchfield counties: 11.9 and 11.1 days, respectively

CONNECTICUT DENTAL HEALTH PARTNERSHIP

UCONN Community Based Activity

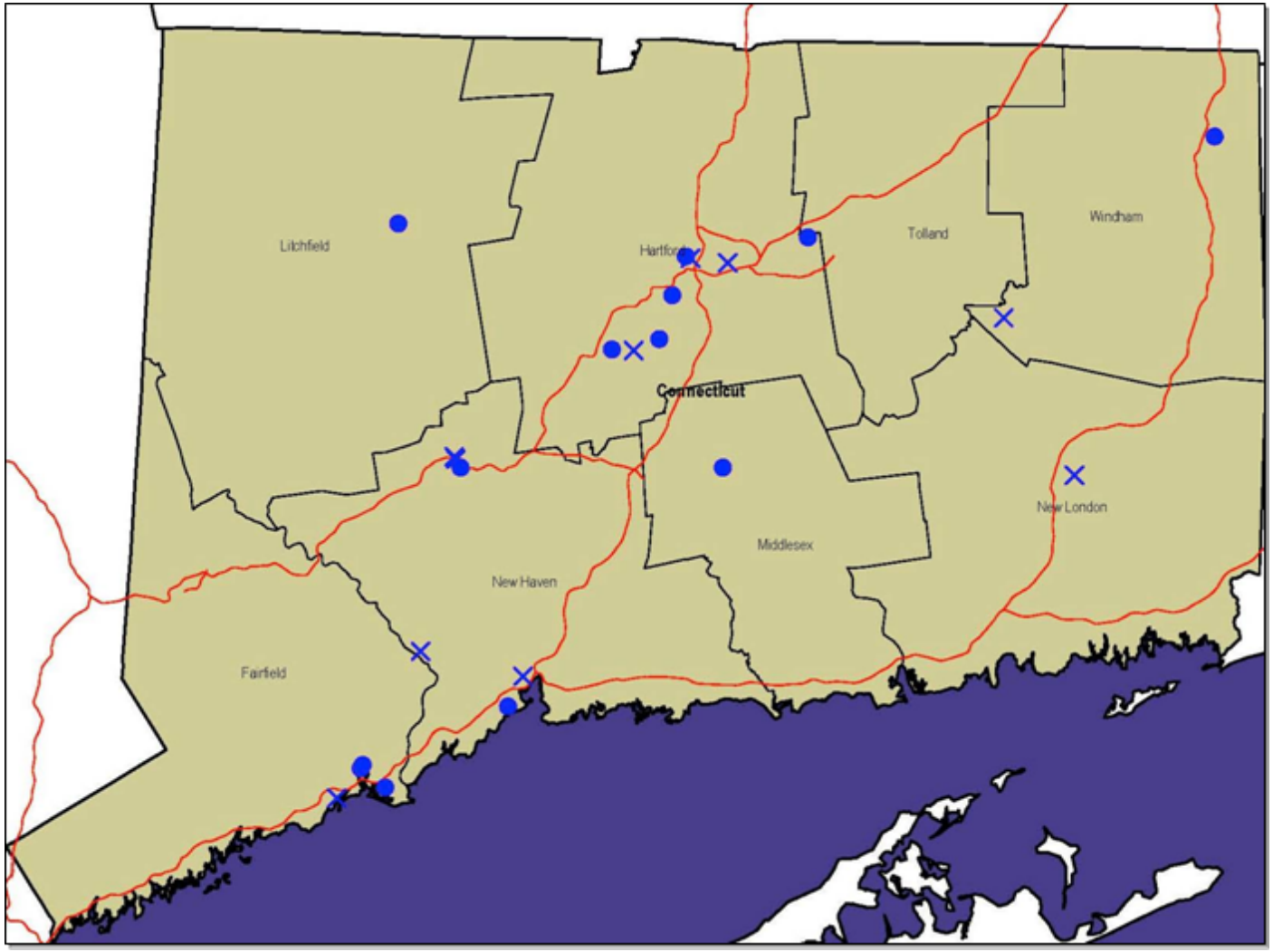
Academic Year 2010-2011

Name	General Dentistry Residents	General Dentistry Faculty	Pediatric Dentistry Faculty	Year 4 Dental Students
Brooker Memorial (Torrington)			0.4	
Charter Oak Health Center (Hartford)			0.8	
Community Health Centers (Middletown)		1.0		
Community Health Centers (New Britain)	1.2	1.0		0.4
Community Health Services (Hartford)	0.4			
East Hartford Community Healthcare (East Hartford)	0.6		0.4	
Generations Family Health Center (Putnam)	0.2			
Generations Family Health Center (Willimantic)	0.6	1.0		
Hartford Dispensary (Hartford)		0.6		0.8
Hill Health Center (Derby)	0.4			
Hill Health Center (New Haven)	0.6	2.0	0.8	
Hospital for Special Care (New Britain)			0.2	
Manchester Community Dental (Manchester)	0.4			
Optimus (Bridgeport)	0.4			
Southwest (Bridgeport)	0.6	2.0		
St Mary's Hospital		1.0		
StayWell (Waterbury)	2.0		0.4	0.8
United Community & Family Services (Norwich)	0.6		0.6	0.8
VA Connecticut Healthcare (Newington)	2.0			
VA Connecticut Healthcare (West Haven)	1.0			

UCONN Community Based Activity

Academic Year 2010-2011

- ● Individual providers
- x Multiple providers



Average FQHC Populations

Third Party Medical Insurance Sources	
Uninsured	34%
Medicaid	48%
Medicare	5%
Private Insurance	13%

- In 2009, 90,774 patients had 244,055 dental visits = 2.7 visits per patient.

Northwest Corner News

- Community of Health and Wellness Center (FQHC) will open the dental clinic on Migeon Avenue on October 25, 2010!
- Received a one time “Capitol Improvements Grant” (ARRA Funding) for $250,00.00
- Received approximately $300,000.00 in private funding from Ct Health Foundation, the Foundation for Community Health and through private fundraising activities

Community of Health and Wellness Center

- The facility hired a full time dental director:
  - Dr. John Waterman
  - One hygienist
  - One dental assistant
  - Registration staff

Generations Family Health Center

- Generations' Dental Services are provided in Windham County through the following programs:
  - Stationary Clinic located in Willimantic
  - Across the Smiles - Windham Portable Equipment Program
  - Across the Smiles - Northeast Mobile Van Program
  - Stationary Clinic in Putnam opened in December 2009 - currently provides hygiene services only; restorative care scheduled to begin January 2011

Generations Family Health Center

- Target Populations:
- Pediatric, Adults and Seniors
- Special Healthcare Needs Populations
- Medicaid: 65% of patients
- Uninsured: 30% of patients

Generations Family Health Center

- Clients treated through Generations Programs:
  - 2007 = 8,977
  - 2008 = 12,629
  - 2009 = 12,126

- In 2009 Generations received "Increase Demand for Service" Funding
  - $261,264 for 2009/2010
  - Funded Across the Smiles Program for 14 Windham schools, 9 community sites and 3 nursing homes (30 sites total)

Generations Family Health Center

- Generations Dental Workforce:
  - 2.2 FTE Dentists
  - 3.9 FTE Hygienists
- Tunxis Community College Dental Hygiene students
- UCONN Dental Residency Program
- UCONN Contracted Dentist

- Current Vacancies
  - 2.0 FTE Dentists
  - 1.0 FTE Hygienists

Generations Family Health Center

- Recent loan from the USDA (called Rural Development Program) for $7.0 million which will finance:
  - Willimantic facility - Opening for Fall 2011
    - Increase from 5 to 10 dental operatories
    - Add 2.0 FTE Dentists and 2.0 FTE Hygienists
  - Putnam facility - Planned opening for January 2012
    - 6 New Dental Operatories
    - Add 2.0 FTE Dentists and 2.0 FTE Hygienists
- One time Capitol Improvements Grant - $768,210.00 –> will cover some construction costs and equipment

CONNECTICUT DENTAL HEALTH PARTNERSHIP

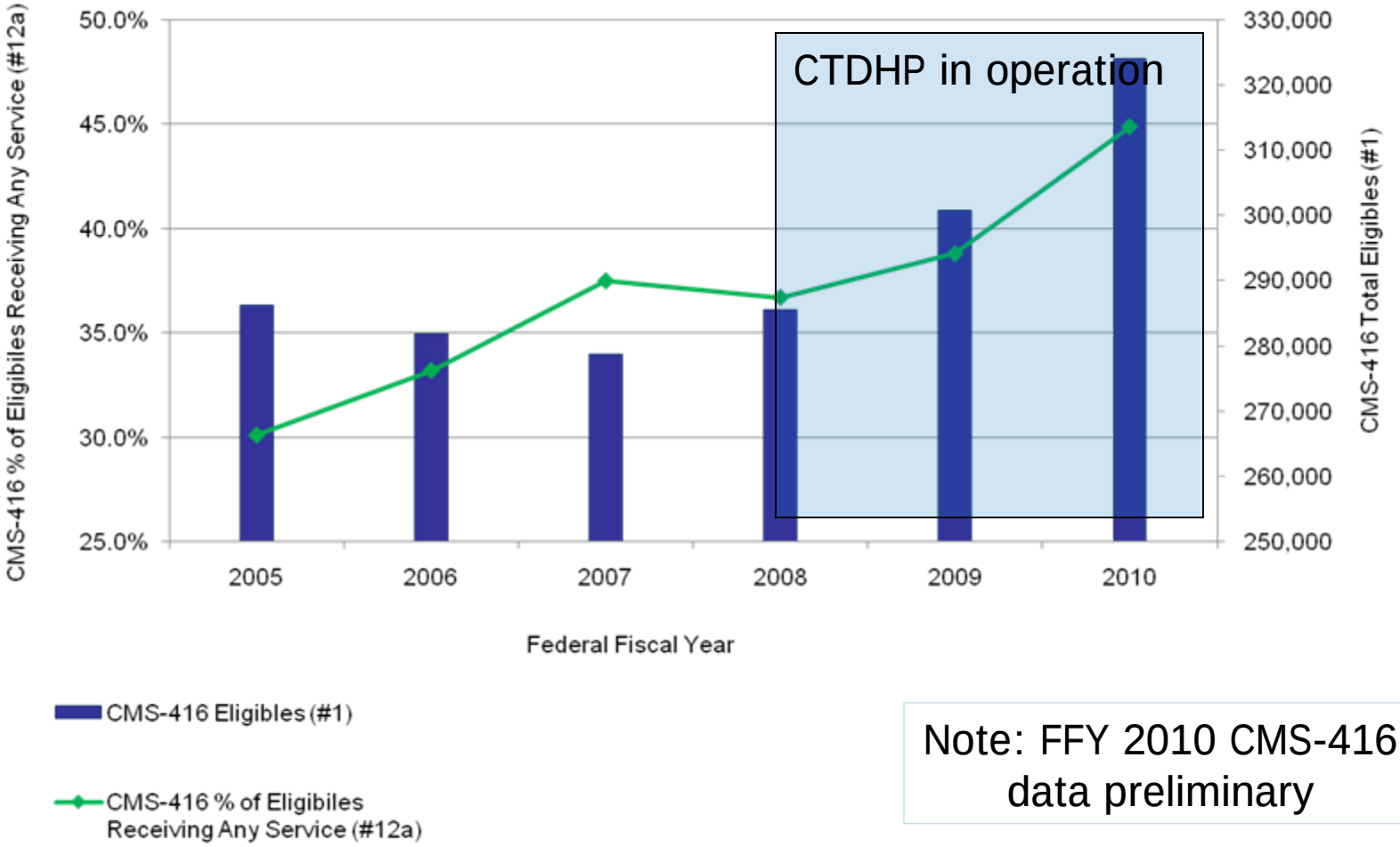
Generations Family Health Center

CMS-416 Primer

- Measures participation and screening rates for medical and dental services for children (age < 21)
- Services must occur in federal fiscal year. Example: FFY2010 is Oct 2009 to Sep 2010
- Three participation counts captured for dental:
  - Total unduplicated eligibles receiving any dental services (#12a on CMS-416)
  - Total unduplicated eligibles receiving preventive dental services (#12b)
  - Total unduplicated eligibles receiving dental treatment services (#12c)
- Participation rate = $\frac{\text{Unduplicated eligibles receiving any dental services}}{\text{Total individuals eligible for EPSDT}}$

CMS-416 Statistics

FFY2005 to 2010



Note: FFY 2010 CMS-416 data preliminary

CONNECTICUT DENTAL HEALTH PARTNERSHIP

General Reminder

If you or your staff are contacted by a HUSKY, LIA or FFS Medicaid client regarding dental services, please have them contact the CTDHP call center.

866-420-2924

24 hours a day, 7 days a week

Conversion Update

SAGA and Charter Oak to Medicaid LIA

LIA Payment and SAGA Recoupment Update

- CHNCT submitted first paid claims file (FQHCs and labs) to HP for processing on 9/10
- Problems with file and processing should be resolved by third week in October
- The original HP billing cycle schedule for this project has been adjusted
- Anticipate completion of project by January 2011

LIA Payment and SAGA Recoupment Schedule - Revised

	Cycle Date	Payment Date	Provider Type	Estimated Payment
1st submission	9/10	9/14	FQHC, Lab	$2.95 million
2nd submission	10/22	10/26	Hospital	$538,000
3rd submission	11/5	11/9	MD & Independent Radiology	$875,000
4th submission	11/19	11/23	MD	$2.28 million
5th submission	12/10	12/14	Other practitioner	$123,000
6th submission	12/23	12/28	MEDS, CDH	$211,000
7th submission	1/7	1/11	HHA, Emrg Amb	$725,000
8th submission	1/21	1/25	Clinics, Vision	$105,000

Charter Oak to LIA Conversion Update

- On September 15th, ACS referred 1,228 cases to the Regional Offices for Charter Oak members who may qualify for LIA
- Members received special notice explaining that their application is being referred for eligibility under Medicaid
- Regional Offices are reviewing these cases for final eligibility determination for LIA
- Members who qualify for LIA will receive a notice saying they are now enrolled in LIA

Charter Oak to LIA Conversion Update

- Review and determination of LIA eligibility requires income verification (Charter Oak is self declared)
- Regional Office sends member a notice (1348 form) asking for income verification for LIA
- Regional Office sends a termination notice to ACS for all clients determined eligible for LIA
- Expected target date to complete LIA determinations is November 2010

Administration of Healthy Start Program

Healthy Start

- Administration and oversight of the Healthy Start program has been reassigned
  - Previously administered by DSS Medical Care Administration Division (part of HUSKY unit)
  - Now assigned to the Children's Trust Fund Division
  - Intent is to create administrative efficiencies taking advantage of commonalities between Healthy Start and Nurturing Families Network
  - There are 15 Healthy Start sites across CT
  - The program serves about 5,000 families each year
  - Healthy Start receives state and federal funding
  - The program is implemented in partnership with the Department of Public Health

Healthy Start

- Healthy Start enhances maternal and child outcomes through HUSKY enrollment and access to health care and other services

Children’s Trust Fund

- The Children's Trust Fund supports several major efforts that help families and communities be responsive to children, ensuring their healthy growth and development

Nurturing Families Network

- The Nurturing Families Network provides comprehensive home visiting services to vulnerable new parents
- The program enhances the social and economic wellbeing of parents and young children and reduces the incidence of child abuse and neglect

Vision for Healthy Start

- Continue its efforts to identify and enroll families in HUSKY and enhance maternal and child health outcomes
- Streamline the referral process between the Nurturing Families Network and Healthy Start
- Involve Healthy Start in activities and training that would be of benefit to the clients
- Explore efficiencies in data collection, contracting and oversight

HUSKY Revenue and Expenses
Calendar Year 2009

HUSKY A and B Revenue & Expenses Experience
Calendar Year 2009

	Date of Service CY 2009	Aetna	AmeriChoice	CHNCT	All Plans
1	**Member Months**	1,031,393	464,292	2,742,931	4,238,616
2	**Revenue**	$201,043,632	$90,515,728	$515,023,444	$806,582,803
3	**Net Medical Expenses**	$167,807,078	$77,650,237	$486,189,877	$731,647,192
4	**Administrative Expenses**	$19,277,160	$9,270,061	$27,556,101	$56,103,322
5	**Total Expenses (Line 3+4)**	$187,084,237	$86,920,299	$513,745,978	$787,750,514
6	**Net Income (Loss) (Line 2-5)**	$13,959,394	$3,595,429	$1,277,465	$18,832,289
7	**Net Medical Care Ratio (Line 3/Line 2)**	83.5%	85.8%	94.4%	90.7%
8	**Administrative Ratio (Line 4/Line 2)**	9.6%	10.2%	5.4%	7.0%
9	**Total Margin (Line 6/Line 2)**	6.9%	4.0%	0.2%	2.3%
10	**Sum of Percentages (Line 7+8+9)**	100.0%	100.0%	100.0%	100.0%
11	**PMPM Revenue (Line 2/Line 1)**	$194.92	$194.95	$187.76	$190.29
12	**PMPM Net Medical Expense (Line 3/Line 1)**	$162.70	$167.24	$177.25	$172.61
13	**PMPM Administration (Line 4/Line 1)**	$18.69	$19.97	$10.05	$13.24
14	**PMPM Total Expense (Line 5/Line 1)**	$181.39	$187.21	$187.30	$185.85
15	**PMPM Total Margin (Line 6/Line 1)**	$13.53	$7.74	$0.47	$4.44

HUSKY A Revenue & Expenses Experience
Calendar Year 2009

	Period: Date of Service CY 2009	Aetna	AmeriChoice	CHNCT	All Plans
1	Member Months	978,331	448,981	2,632,713	4,060,025
2	Revenue	$194,104,680	$88,521,915	$500,622,411	$783,249,006
3	Net Medical Expenses	$162,911,751	$76,414,353	$475,853,255	$715,179,358
4	Administrative Expenses	$18,619,395	$8,968,273	$26,459,009	$54,046,678
5	Total Expenses (Line 3+4)	$181,531,146	$85,382,626	$502,312,264	$769,226,036
6	Net Income (Loss) (Line 2-5)	$12,573,534	$3,139,289	($1,689,853)	$14,022,970
7	Net Medical Care Ratio (Line 3/Line 2)	83.9%	86.3%	95.1%	91.3%
8	Administrative Ratio (Line 4/Line 2)	9.6%	10.1%	5.3%	6.9%
9	Total Margin (Line 6/Line 2)	6.5%	3.5%	-0.3%	1.8%
10	Sum of Percentages (Line 7+8+9)	100.0%	100.0%	100.0%	100.0%
11	PMPM Revenue (Line 2/Line 1)	$198.40	$197.16	$190.15	$192.92
12	PMPM Net Medical Expense (Line 3/Line 1)	$166.52	$170.20	$180.75	$176.15
13	PMPM Administration (Line 4/Line 1)	$19.03	$19.97	$10.05	$13.31
14	PMPM Total Expense (Line 5/Line 1)	$185.55	$190.17	$190.80	$189.46
15	PMPM Total Margin (Line 6/Line 1)	$12.85	$6.99	($0.64)	$3.45

HUSKY B Revenue & Expenses Experience
Calendar Year 2009

	Period: Date of Service CY 2009	Aetna	AmeriChoice	CHNCT	All Plans
1	Member Months	53,062	15,311	110,218	178,591
2	Revenue	$6,938,952	$1,993,813	$14,401,033	$23,333,798
3	Net Medical Expenses	$4,895,327	$1,235,884	$10,336,623	$16,467,834
4	Administrative Expenses	$657,764	$301,788	$1,097,092	$2,056,644
5	Total Expenses (Line 3+4)	$5,553,092	$1,537,672	$11,433,715	$18,524,479
6	Net Income (Loss) (Line 2-5)	$1,385,861	$456,141	$2,967,318	$4,809,319
7	Net Medical Care Ratio (Line 3/Line 2)	70.5%	62.0%	71.8%	70.6%
8	Administrative Ratio (Line 4/Line 2)	9.5%	15.1%	7.6%	8.8%
9	Total Margin (Line 6/Line 2)	20.0%	22.9%	20.6%	20.6%
10	Sum of Percentages (Line 7+8+9)	100.0%	100.0%	100.0%	100.0%
11	PMPM Revenue (Line 2/Line 1)	$130.77	$130.22	$130.66	$130.65
12	PMPM Net Medical Expense (Line 3/Line 1)	$92.26	$80.72	$93.78	$92.21
13	PMPM Administration (Line 4/Line 1)	$12.40	$19.71	$9.95	$11.52
14	PMPM Total Expense (Line 5/Line 1)	$104.65	$100.43	$103.74	$103.73
15	PMPM Total Margin (Line 6/Line 1)	$26.12	$29.79	$26.92	$26.93

HUSKY Revenue and Expenses
Calendar Year 2009
Summary of Experience

	Period: Date of Service CY 2009	HUSKY A	HUSKY B	Combined
1	**Member Months**	4,060,025	178,591	4,238,616
2	**Revenue**	$783,249,006	$23,333,798	$806,582,803
3	**Net Medical Expenses**	$715,179,358	$16,467,834	$731,647,192
4	**Administrative Expense**	$54,046,678	$2,056,644	$56,103,322
5	**Total Expenses (Line 3 + 4)**	$769,226,036	$18,524,479	$787,750,514
6	**Net Income <Loss> (Line 2 - 5)**	$14,022,970	$4,809,319	$18,832,289

Comments

- For HUSKY A and B combined, CHNCT has the greatest number of member months (65%), followed by Aetna (24%) and AmeriChoice (11%).
- For HUSKY A and B combined, all 3 plans reported profits.
- For HUSKY A, Aetna and AmeriChoice both reported profits, while CHNCT reported a slight loss. For HUSKY B, all 3 plans reported significant profits (over 20% of revenue).
- For HUSKY A, Aetna reported the largest profit (6.5% of revenue). This was due to their low medical cost ratio (83.9%). Aetna had the lowest utilization of hospital inpatient services and emergency room visits of the 3 plans.
- For HUSKY A, AmeriChoice reported the second largest profit (3.5% of revenue). Their medical cost ratio was the second lowest (86.3%). AmeriChoice had the greatest utilization of hospital inpatient and outpatient (both emergency and non-emergency) services of the 3 plans. Partially offsetting this, AmeriChoice had the lowest inpatient cost per day, outpatient non-emergency cost per visit, and physician specialist cost per visit of the 3 plans.
- For HUSKY A, CHNCT reported a slight loss (-0.3% of revenue). Their medical cost ratio was the highest of the 3 plans (95.1%). This occurred for several reasons. First, their PMPM revenue of $190.15 is approximately $8 less than the other plans. Second, their utilization of physician services was the greatest of the 3 plans.

State Plan Amendment Updates

Family Planning Coverage Group

- Section 2303 of the Patient Protection and Affordable Care Act offers states the option to cover family planning services for low income individuals as a categorically needy group
- The intent is to provide services to both sexes to prevent unplanned pregnancies in women who would be Medicaid eligible if pregnant

Covered Services

- Family planning services and family planning supplies (90% federal matching support)
- Family planning-related diagnosis and treatment services (standard federal match) including “treatment of major complications” of family planning services

Eligibility – State Options

- States may provide family planning services as a Medicaid categorically needy group to individuals whose personal income limits do not exceed the highest eligibility offered to pregnant women in that state (250% FPL in Connecticut)
- States may also provide these services during a period of presumptive eligibility

Family Planning Coverage Group: Implementation Timeline

- Participated in CMS national conference call on SPA requirements for family planning coverage groups, August 31, 2010
- Expect program will include presumptive eligibility; highest income level has not been finalized (i.e., 185% vs. 250%)
- Coverage will include family planning, family planning related services and complications related to family planning - appropriate codes identified
- Planning underway with IT, MMIS, eligibility services and Regions

Smoking Cessation for Pregnant Women

- Section 4107 of the Affordable Care Act requires states to provide smoking cessation services, including diagnostic, counseling services, and pharmacotherapy
- Pharmacotherapy includes both prescription and nonprescription tobacco cessation agents approved by the FDA and prescribed by a physician or any other health professional authorized to provide such services

Cessation Counseling

- Tobacco cessation counseling and therapy (CPT codes 99406 and 99407) are currently covered in physician office & outpatient hospital settings
- These codes will be added, for the diagnosis of pregnancy only, to all other appropriate fee schedules:
  - Family planning, medical, mental health and substance abuse clinics
  - Psychologists

Tobacco Cessation Medications

- Medications added for smoking cessation include:
  - Nicotine replacement therapies (NRT):
    - Nicotine gum
    - Nicotine patch
    - Nicotine inhaler
    - Nicotine MDI
  - Antidepressants
    - Bupropion (Zyban)
  - Varenicline (Chantix)

Smoking Cessation for Pregnant Women - Timeline

- CT Law Journal notice published September 28, 2010
- Medications available effective October 1, 2010
- Provider Bulletin issued October 1, 2010 on provision of prescription and OTC medications – a diagnosis of pregnancy is required on the prescription
- Counseling codes already covered if provided by physicians, APRNs, nurse-midwives or allied health professionals acting under the direction of a physician.
- Additional counseling codes to be added to other fee schedules (clinics, psychologists, etc.) effective November 1, 2010
- State Plan Amendment to be submitted by December 31, 2010

1915(b) Waiver Amendment regarding PCCM

- Language finalized and shared with OPM
- Tribal consultation (which is required for an amendment submission) is in progress
- Amendment to be formally submitted once responses are received from the tribes

Questions?