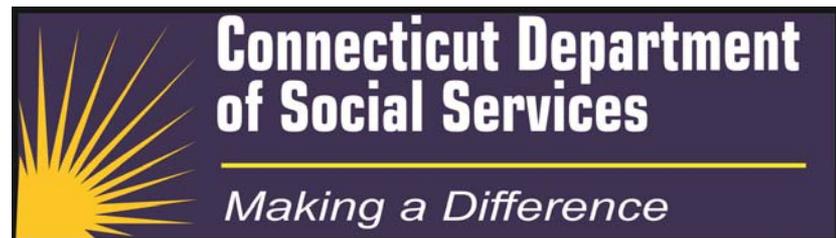
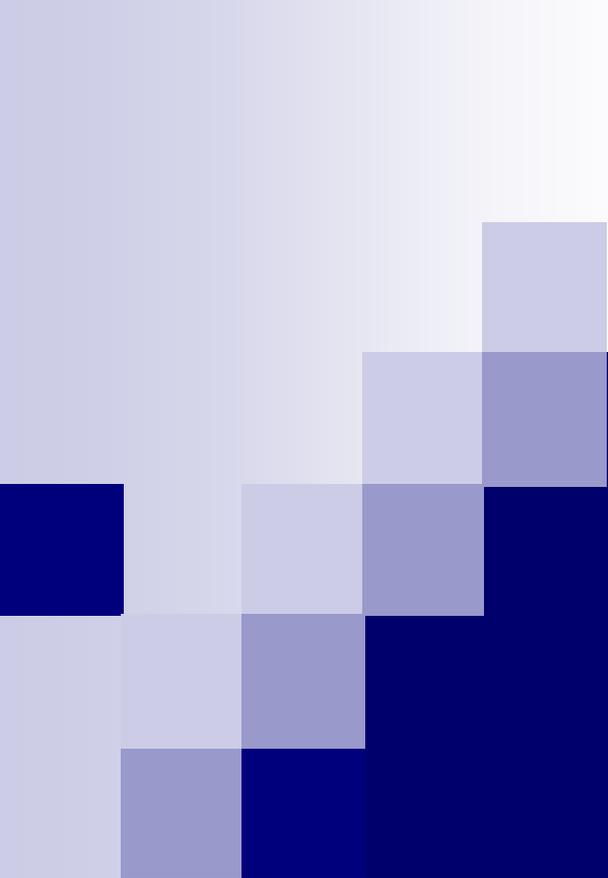


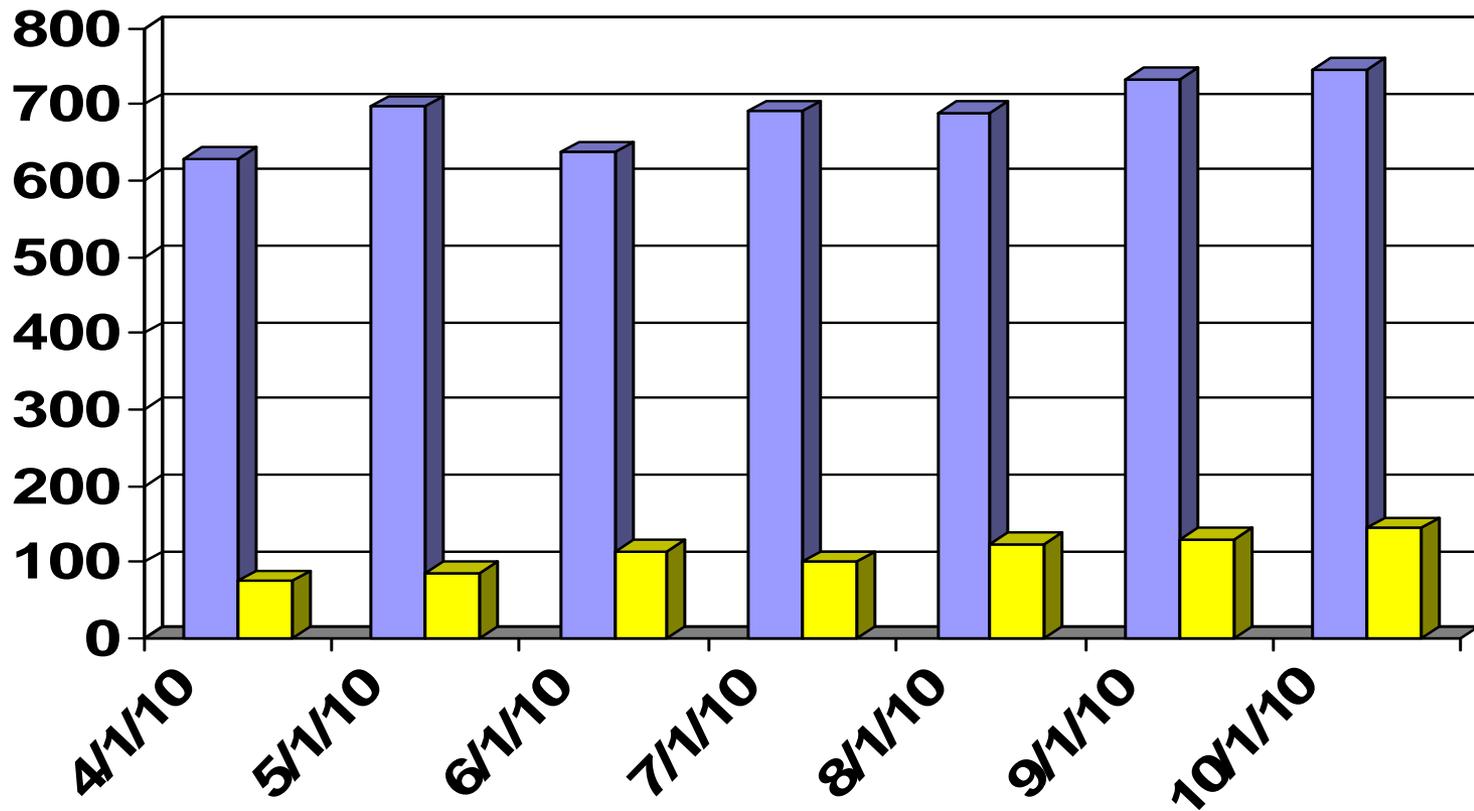
Presentation to the Medicaid
Care Management
Oversight Council
November 12, 2010





Children turning 18 on
HUSKY for families
coverage - F07

Numbers of HUSKY Recipients Turning 18



■ # turning 18 ■ # dropping from coverage

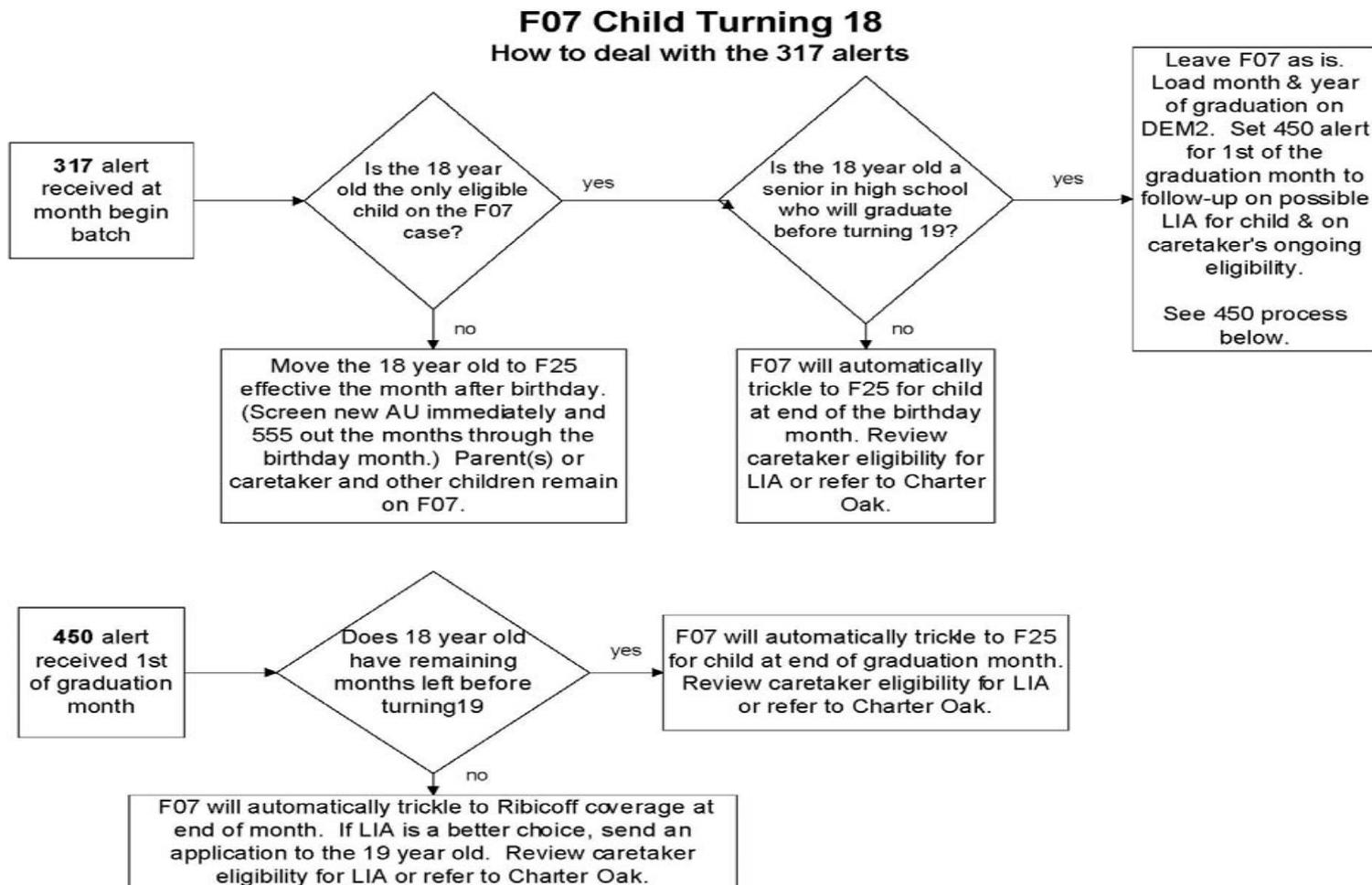
Numbers of HUSKY Recipients Turning 18

Quarter	Total Number of Clients Who Turned 18	Number of Clients Who Had No Coverage Following Month	Percent
CY10 Q2	1962	276	14.1%
CY10 Q3	2113	353	16.7%

Family Composition

- 18 year old child is on HUSKY for families (F07) with caretaker relative and other siblings
- 18 year old child is the only eligible child on HUSKY for families (F07) with the caretaker relative. In this scenario it matters if:
 - 18 year old is a senior in high school
 - 18 year old is in high school, but not a senior
 - 18 year old is not in school at all

Process When Child Turns 18



Process When Child Turns 18, Cont.

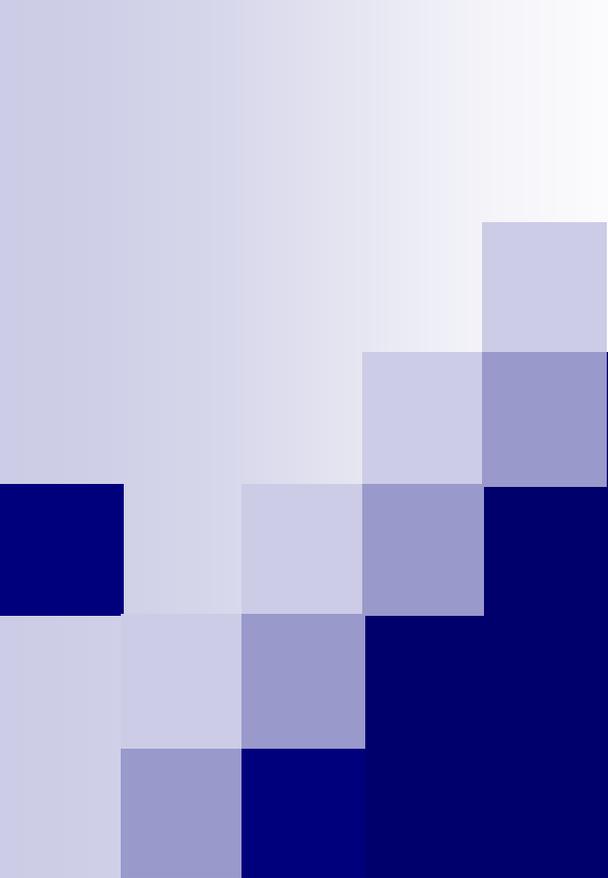
- System creates an electronic alert on the first of each month for every HUSKY for families (F07) case that has a child turning 18 during the following month. Example: On 11/1/10 receive alerts for children turning 18 during December
- The assigned worker conducts a general assessment of the household composition and verifies any necessary school attendance to determine proper HUSKY coverage group (F07 or F25)

Process When Child Turns 18, Cont.

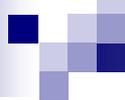
- The assigned worker makes any necessary updates to the system so that 18 year old remains in the correct coverage group
- If caretaker relative no longer eligible for HUSKY, adult program eligibility (Medicaid for Low Income Adults or Charter Oak) is reviewed and any referrals made

Monitoring and Accountability

- Monthly report that breaks down (by unit and worker) the cases at risk of having an 18 year old discontinued is available online for managers
- Managers distribute the report to supervisors and monitor the results
- Supervisors ensure that each case on the list is properly completed
- 3 regional Quality Control staff review all cases on list to assure 18 year old ends up in correct coverage. Report back to local management



MCO Contract
Amendment Changes
July 1, 2008 – June 30, 2010



Amendment Number One

- Allowance for separate provider networks for HUSKY A, HUSKY B and Charter Oak
- Connecticut Behavioral Health Partnership ED performance initiative



Amendment Number Two

- Section 3.39 - Timely Payment of Claims
- Section 3.47 - Provider Compensation

Timely Payment of Claims

- Section 3.39 of the HUSKY A/HUSKY B/Charter Oak contract required MCOs (or their subcontractors) to pay interest to providers whose clean claims were not paid within 45 days
- The timely payment period for clean claims is extended from 45 to 60 days
 - 15% interest per annum (or other amount as stipulated by the provider contract)
 - The MCOs must provide DSS with information related to interest paid beyond the 60-day timely payment limit

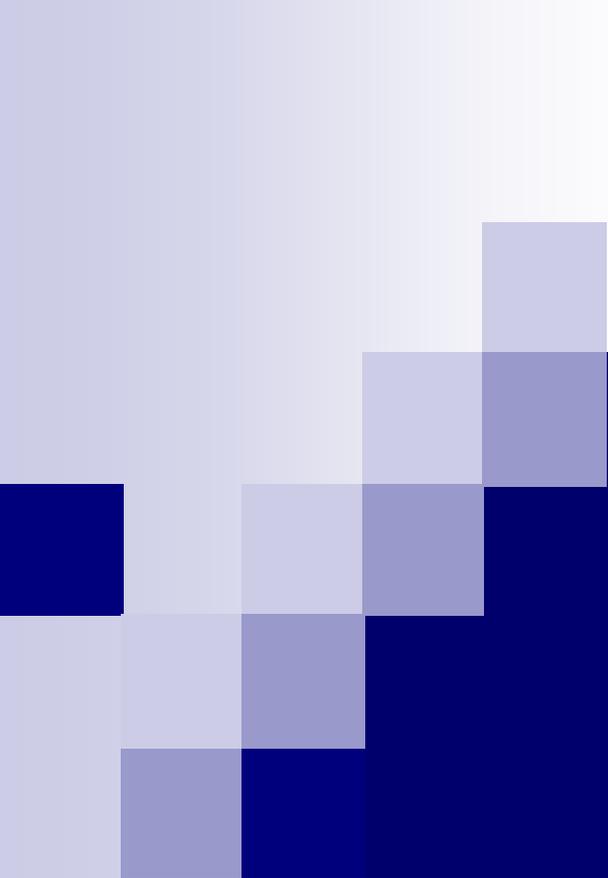
Provider Compensation

- Section 3.47g:
 - Original language - Reimbursement by the MCOs to all providers shall be no less than the amounts of the DEPARTMENT's Medicaid fee schedule
 - Amended to exclude providers of durable medical equipment, devices and supplies (MEDS) and laboratory services (LABS), effective July 1, 2009
 - Amended to exclude all providers other than FQHCs, effective July 1, 2010



Current Negotiations

- FQHC physician credentialing
- Pharmacy responsibility grid
- Terminal liability grid
- New HEDIS reporting requirements
- In lieu of services
- Subcontract definitions
- PMPM ceiling on administrative costs



Questions?