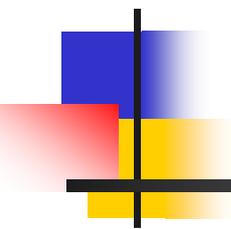


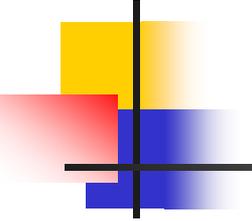
Presentation to the Medical Assistance Program Oversight Council

October 14, 2011





Transition to ASO



Status of ASO procurements

- Competitive procurement
- Right to negotiate
- Awarded to:
 - CHNCT (in partnership with McKesson and ValueOptions) to serve as Medical ASO
 - First Transit to serve as Non-Emergency Medical Transportation ASO
- Negotiating agreements

Medical ASO Data Analytics (McKesson)

Population Reports

- Member Quality Profiles (e.g., EPSDT, preventive measures, treatment measures, HEDIS measures)
- Predictive Modeling for high/emerging risk
- Members with Specific/Complex Conditions
- Member Risk Stratification

Cost & Utilization Reports

- Episode of Illness Outcomes Measurement

Facility Profiling Reports

- Inpatient Utilization & Detail
- Readmissions
- ED Usage

Management of P4P Programs

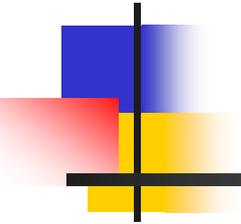
- Physician Report Cards, Calculation of Payments, Manage multiple programs

Physician Profiling Reports

- Quality Profiles and Detail Reports: Comparisons by Provider, Medical Home, Region and Statewide (e.g., HEDIS measures, other DSS quality measures)
- PCP/ Medical Home and Specialist Profiles & Detail Reports
- Panel Risk Stratification
- Leakage (Members using providers outside of the PCP/ Medical Home)
- Inpatient Usage
- Emergency Room Usage and ED Frequent Flyers
- PCP/ Medical Home and Specialist Drug Profiles

The New

HUSKY Health Program



The New

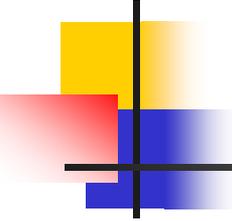
HUSKY Health Program

ASO

- Member Services
- Provider Services
- Utilization Management
- Intensive Care Management
- Quality Management
- Medical Home Practice Support

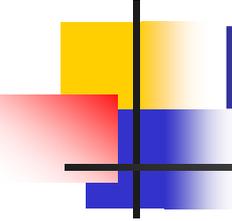
Hewlett-Packard

- Provider Enrollment/Credentialing
- Claims Processing



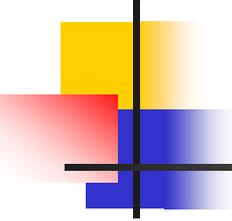
HUSKY Name Extended to Other Programs

- ❑ HUSKY A - Families
- ❑ HUSKY B - CHIP
- ❑ HUSKY C - Aged, Blind & Disabled (ABD)
- ❑ HUSKY D - Low Income Adults (LIA)



Changes to HUSKY A, HUSKY B, and Charter Oak

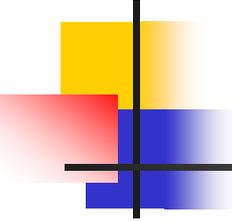
- As of January 1, the ASO will administer medical benefits for all HUSKY A, HUSKY B & Charter Oak clients
- Medical services must be rendered by providers enrolled in the Department's Connecticut Medical Assistance Program (CMAP) network



Changes to Medicaid Fee-for-Service Program (FFS)

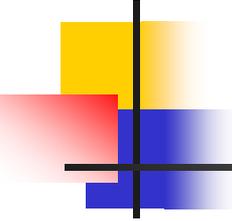
- As of January 1, ASO will also administer medical benefits for
 - Medicaid ABD (HUSKY C)
 - Low Income Adults (HUSKY D)
- HUSKY C & D clients will have access to the same member services previously available to HUSKY A & B clients
 - Help with making appointments
 - Help with finding a doctor

Provider Enrollment and Claims



Hewlett-Packard (HP) will:

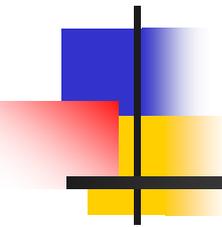
- Process all provider enrollment applications
(No change in enrollment or re-enrollment requirements)
- Process requests for PCMH qualification
- Credential providers in conjunction with DSS Quality Assurance Division
- Process all claims for all services rendered to HUSKY A, B, C, D and Charter Oak members



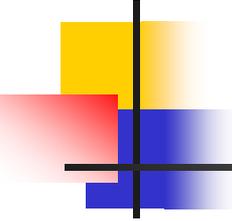
Behavioral Health, Dental & Pharmacy Benefits

DRAFT

- No changes to the behavioral health or dental delivery systems
 - CT BHP will continue to manage behavioral health services
 - CT DHP will continue to manage dental services
- The Department will continue to administer pharmacy benefits for all programs

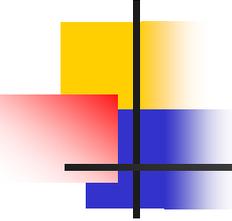


Transition from Managed Care



Managed Care → ASO

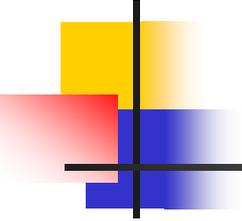
- DSS preparing MCO termination amendment
- DSS and MCOs working on transition planning to ensure smooth transition
- Seamless transition of:
 - Member services
 - Authorization data
 - Care coordination
 - Quality data



Customer Service

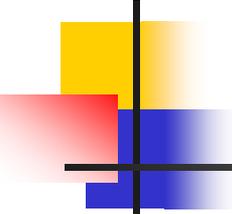
- Member services: Effective December 1, 2011 CHNCT will accept member calls related to the transition
- Provider service calls: HP/CHNCT will assist with transition inquiries

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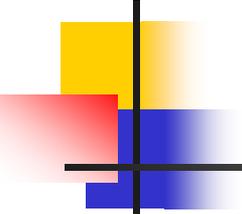
Prior Authorization Phase-in

- MCOs will continue to provide authorizations for requests received before January 1 for services dates on or after January 1
- MCO authorizations granted for post January 1 dates of service will be transmitted to DSS and entered into interChange (MMIS)



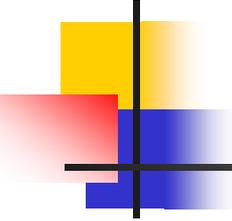
Prior Authorization Phase-in

- Same rules for all populations
- Anticipate authorization requirements will be current FFS authorization rules during first two months of transition
- January 1
 - Inpatient – CHNCT/McKesson
 - Other levels of care – joint DSS/CHNCT team – direct entry into interChange (MMIS)
- March 1
 - Full migration to CHNCT/McKesson using new “Clear Coverage” system



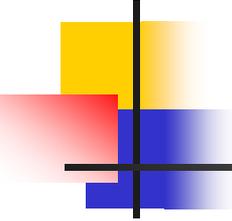
Prior Authorization Phase-in

- Providers will simply follow current FFS authorization procedures for HUSKY members
- Providers who are unfamiliar with current FFS authorization requirements should go to www.ctdssmap.com
- Provider webinars and training seminars
- The posted fee schedules indicate which procedures require prior authorization
 - Home health agency services
 - Medical equipment devices and supplies
 - Physician surgical
 - Independent therapies (e.g., physical therapy, occupational therapy)



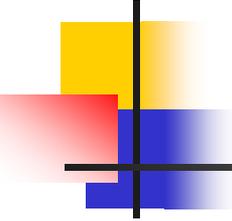
Member Communication

- Special notice will be sent in November to managed care members (HUSKY A, HUSKY B and Charter Oak)
- The notice will inform the members of the upcoming change and will describe the main goal of the new HUSKY Health program
- The notice will also advise the members that starting January 1, 2012 they will get care from DSS CMAP providers and that their basic benefits will remain the same



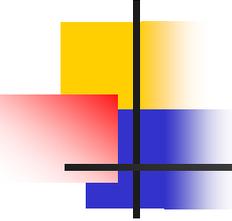
Member Communication

- Welcome packets (Nov/Dec)
- Websites (November)
- Outreach to community partners and government agencies (ongoing)
- Community information meetings (Nov-Dec)
 - Regional meetings in partnership with community agencies
 - Plan to be developed with Consumer Access Committee



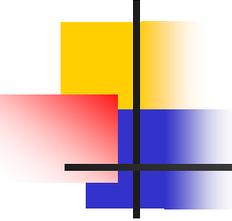
Provider Communication

- Provider Bulletin (PB) 77 – Overview of program changes – issued 10/12/11
- MCO letters to providers w/ PB-77
- Targeted mailing to in-state MCO providers not enrolled with DSS
- Targeted mailing to out-of-state providers that serve DCF children
- Sent to Independent Provider Associations
- Special message on provider remittances
- Provider Bulletins targeted to each provider type with details related to the transition (where to call for auth, how to handle span dates, etc.) - November



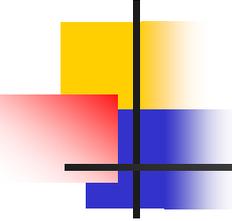
Provider Enrollment

- Providers who are not enrolled must enroll with DSS/HP in order to continue receiving reimbursement for HUSKY A, B and Charter Oak members
- Providers may be unsure of whether they are enrolled
 - If they currently receive payments from HP they are enrolled
 - If they are HUSKY Primary Care providers they are enrolled
 - If they are still unsure, they may call HP at 800-842-8440
- Currently enrolled DSS providers *do not need to do anything*



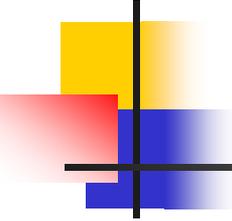
Provider Enrollment

- Enrollment application is WEB-based
- It takes about 15-30 minutes to complete
- Some hard copy documentation must be submitted (e.g., W-9 form, EFT form, electronic signature addendum)



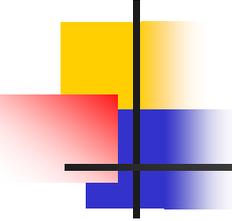
Provider Enrollment

- New WEB enrollment portal is under development
- Should be available in the next few months for most providers, including physicians, APRN's, Certified Nurse Midwives and Occupational Therapists
- Will entirely eliminate the need for hard copy submissions for most providers



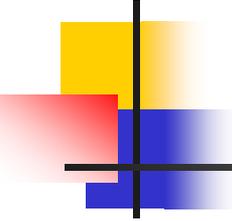
Provider Recruitment

- MCO/DSS provider network gap analysis
- At least 80% of the MCO providers are enrolled in DSS network
- Targeted recruitment for HUSKY, Charter Oak and DCF non-participating providers
- CHNCT to conduct provider outreach
- HP to outreach to MCO providers and assist with provider enrollment
- HP special mailing and phone calls to out of state DCF providers



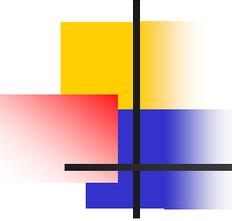
Provider Forums

- November – December
 - Presentation to general hospitals and chronic disease hospitals regarding changes to inpatient authorization process
 - 3-5 Webinars for non-hospital providers
- January – February
 - 3-5 Regional forums



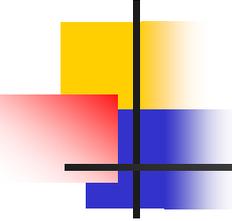
Rates and Fees

- Rate/Fee changes
- Meld = HUSKY/COAK/FFS weighted average
- Focus on areas where HUSKY/COAK/FFS rates are substantially different such as hospitals
- Proposed rate/fee changes
 - Public notice
 - Presentation to MAPOC or designated committee
- CT BHP rate methodology under BHP Oversight Council review



Medicaid Management Information Systems (MMIS)

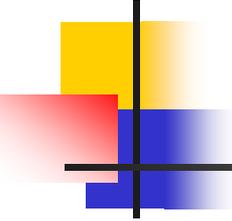
- Rate/Fee changes
- Structural reimbursement changes (e.g., separate psychiatrist rate type)
- Primary care & PCMH designations
- New provider types and specialties
- Special coverage and copayment rules
 - HUSKY B and COAK
- Authorization to claims interface and testing



Mercer Readiness Review

Review

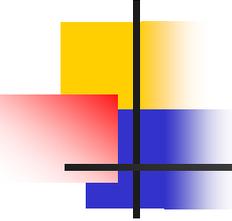
- Implementation plan
- Clinical management program
- Performance measures
- Infrastructure – staffing
- Policies/procedures
- Systems capabilities



Mercer Post-Implementation

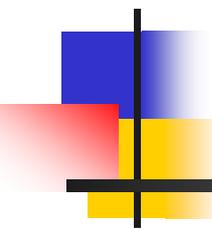
Review

- Request documentation/reports
- Review data with DSS and ASO
- Perform desk/data assessment
- Conduct on site evaluation
- Summarize results
- Review results with DSS, ASO



PCMH Update

- Practice support
- Eligible practitioners
- Performance measures
- Reimbursement
- Health disparities



Questions?
