

# Presentation to the Medical Assistance Program Oversight Council

January 13, 2012





January 1, 2012

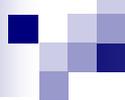
# January 1, 2012

- End of capitated managed care for HUSKY A, B, and Charter Oak
- Statewide ASO implemented for
  - HUSKY A & B
  - HUSKY C (formerly ABD),
  - HUSKY D (formerly LIA),
  - and Charter Oak
- Person Centered Medical Home implemented statewide



# Why this change?

- Loss of confidence in managed care
  - Poor encounter data
  - Uncertain cost-effectiveness
  - Modest measured performance
- Limited partnership with providers
  - Inequity
  - 50% of Medicare vs. sizable MCO profits



# Health Purchasing Challenges

- Recognition that service delivery problems (inefficiencies, duplications, gaps) are local and variable
- Structural reforms must provide local accountability for value
- Defining, measuring, and rewarding value must be coordinated across payers

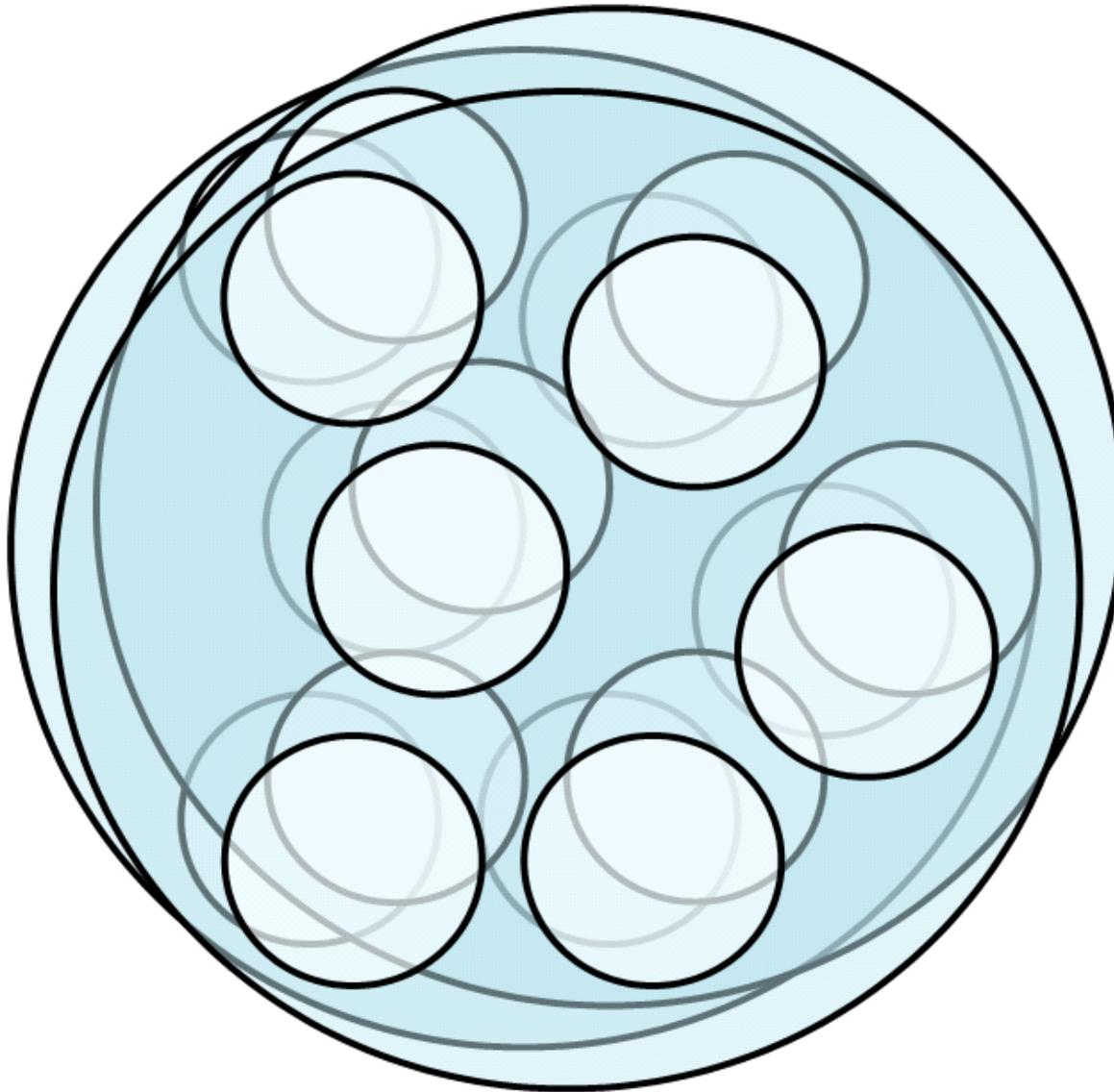


# Health Purchasing Challenges

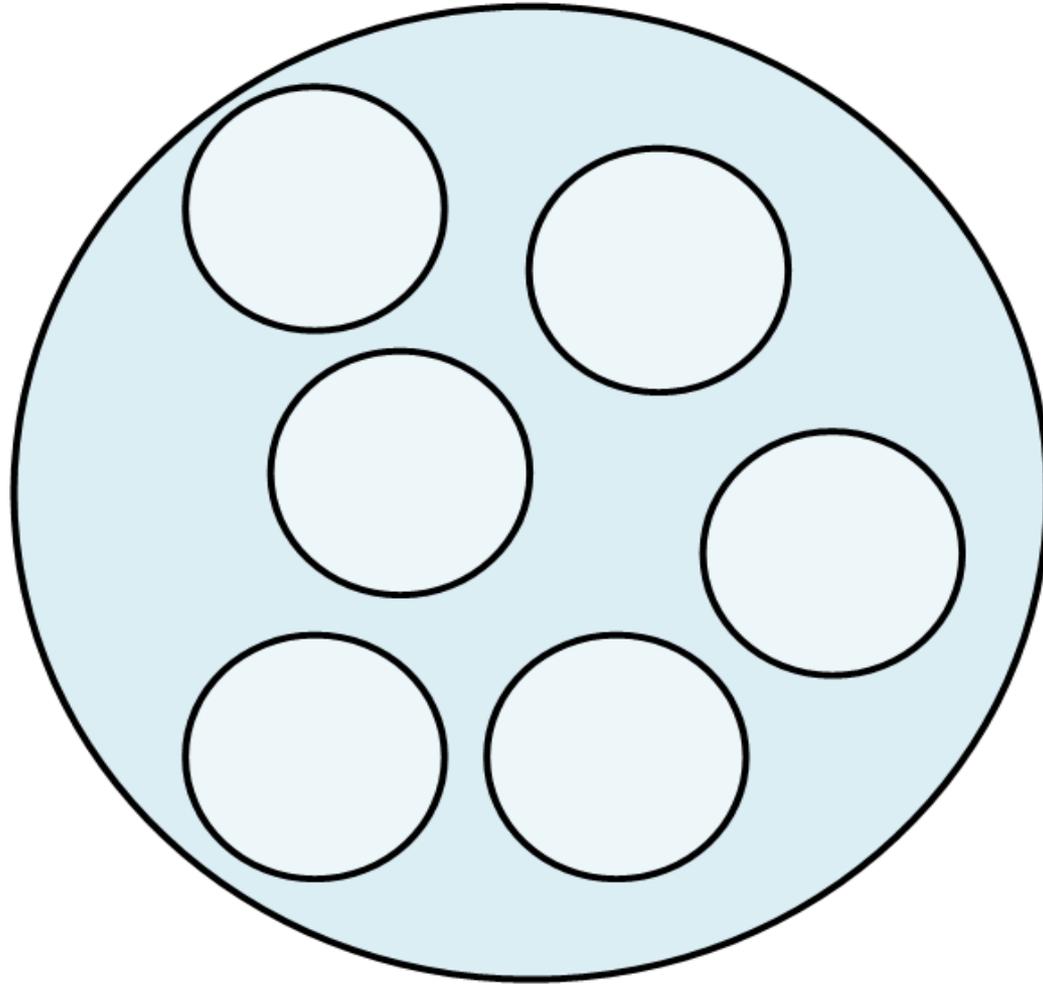
- Multi-payer coordination is a challenge
- Cannot do anything about the multitude of commercial payers
- But we can simplify the strategy of the state's large public payer

# Focus on Value

Multiple  
MCOs



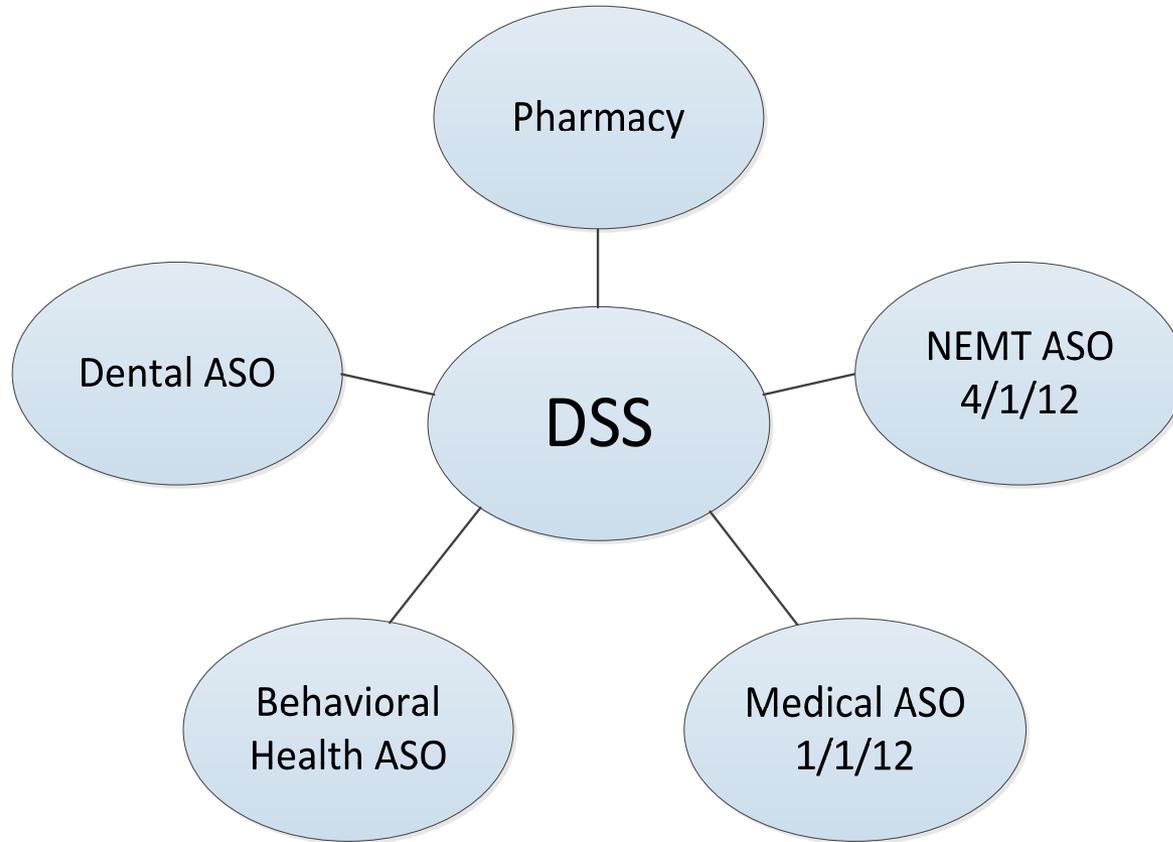
# Focus on Value



Single  
Statewide  
ASO

## Make Value Transparent

# Health Purchasing Model



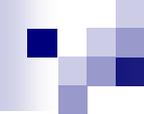
Primary Care Provider

Person Centered Medical Home

Health Neighborhoods



# ASO Transition



# Provider Network Assessment

- Multiple comparison and crosswalks between MCO networks and state network (CMAP)
- Extensive outreach to provider community
- On site presentations, webinars, phone calls, teleconference
- Member reminder if seeing a non-participating provider

# Provider Recruitment

- Letters were sent on November, 7, 2011 to 329 providers enrolled with an MCO but not in CMAP
  - Information about the changes to the HUSKY and Charter Oak programs
  - The need for providers to enroll with DSS in order to be paid for services 1/1/12 and beyond
  - Detailed information about how to enroll and register for the enrollment webinar

# Analysis of CMAP and MCO Provider Network

Provider Category	CMAP Provider Network:	Non-CMAP MCO Providers:	Members Associated:	Non-CMAP MCO Providers who have not Enrolled:	Members Associated:
<b>PCPs:</b>	2,723	196	667	17	132
Solo/Group	1,975				
FQHC	466				
Hospital	282				
<b>Specialists :</b>	10,473	133	897	43	398
<b>Totals:</b>	<b>13,196</b>	<b>329</b>	<b>1,564</b>	<b>60</b>	<b>530</b>

# MCO Out-of-Network Authorizations to Non-CMAP Specialists into 2012

	<b># Providers:</b>	<b>Associated Members:</b>
<b>Total Providers with OON Authorizations:</b>	<b>281</b>	<b>749</b>
Of total, # already enrolled in CMAP:	181	434
Of total, # in process of enrolling:	34	31
Of total, # undecided or will not enroll:	66	284

# Out of State Targeted Mailings

- 550 letters sent to out of state medical providers who had a claims history of serving DCF children who reside out of state (in a facility or with a family)
- Hewlett-Packard Enterprise Services (HP) has called every provider
- DCF was provided the letter and the list of providers
- DCF has informed their out of state facilities about the upcoming change to the Medicaid program

# Provider Bulletins

- General announcement (PB-77) of the new HUSKY Health program and changes to the Charter Oak Health Plan, October 12, 2011
  - Automatically sent to all DSS enrolled providers
  - Sent by the 3 MCOs to their providers as an attachment to their own letter
  - Forwarded to the Independent Practice Associations (IPAs)

# Provider Bulletins

- PB 86 (Dec. 9<sup>th</sup>) – follow up to PB 77
  - Identifies CHNCT as the ASO, lists their responsibilities and phone numbers
  - Reviews transition process for prior authorizations
  - Provides information on how to process prior authorizations going forward for various types of services
  - Notes changes to wording providers will see in the eligibility system

# Provider Bulletins

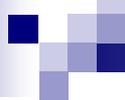
- PB 87 (Dec. 9<sup>th</sup>) – to hospitals
  - Identifies CHNCT as the ASO, lists their responsibilities and phone numbers
  - Reviews transition process for prior authorizations
  - Provides information on how to process prior authorizations going forward for inpatient and outpatient services
  - Notes changes to wording providers will see in the eligibility system

# Provider Bulletins

- PBs 80 & 81 - inform the FQHCs and clinics (respectively) of the requirement to enroll all of their performing providers and offers a one-time mass load to expedite the process
  - Responses from 42 sites that they would like to pursue this method of enrolling their performers
  - HP will follow up with interested sites to complete the mass load process

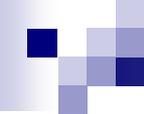
# DSS Provider Enrollment Changes

- Expand enrollment to include physician assistants
- Expand enrollment to include independent occupational therapists for services to clients under 21 years of age
- Creation of an on-line wizard for provider enrollment with additional enhancements
  - Dynamically presents the applicant with questions based on what's required
  - Improved dropdowns and edits to prohibit doing something "wrong"
  - Individual practitioners no longer need to send any follow up paper documents



# DSS Provider Enrollment Changes

- Extension of provider renewal dates
- Suspension of process to disenroll providers who have not had a claim in the past year
- Expansion of provider specialties to assist in better identifying provider services and expedite claims processing



# Other Written Communication

- All 3 MCOs have a short statement on the provider notices of remittance advice notifying them of the need to be enrolled with DSS in order to continue to be paid for services provided after 12/31/11

# Outreach

- Independent Practice Associations
- CT Hospital Association - on site presentation
- Home Health & Hospice Agencies
- Other Group Practices
- Practice Managers
- Teleconference - Pediatricians
- Webinars
  - HP to assist with provider enrollment
  - CHNCT with DSS and HP to address changes to the programs and provider enrollment



# Provider Enrollment & Access

- Continue outreach to providers through Provider Bulletins, forums, webinars, etc.
- Continue to monitor receipt and processing of provider applications
- Monitor calls from members and providers to identify any issues or opportunities
- Monitor member enrollment and provider enrollment by location, type, and specialty

# Member Communication Plan

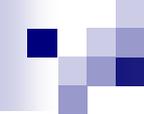
Type of Communication	Timeline	Program
Initial <u>Letter</u> to MCO Clients	November 2011	HUSKY/Charter Oak
Standard <u>EMS Notices</u> for Medical Programs revised	December 2011	Medicaid/HUSKY A
Standard <u>ACS Notices</u> revised	December 2011	HUSKY B/Charter Oak
Semi-Annual Community <u>Meetings</u> (initial)	December 31, 2011 February 2012	All Programs

# Member Communication Plan

Type of Communication	Timeline	Program
Update DSS <u>Websites</u>	November – December, 2011	All Programs
ASO <u>Website</u>	January 1, 2012	All Programs
MCO <u>Websites</u>	November 2011 January 2012	HUSKY/Charter Oak
HUSKY Health <u>ID</u> Cards	January 2012	HUSKY
<u>Welcome Letters</u>	January 2012	All programs
Member <u>Brochure</u>	March 2012	All Programs
Member <u>Handbook</u>	April 1, 2012	All Programs

# Member Communication Plan

Type of Communication	Timeline	Program
Covering CT Kids & Families Coalition <u>meeting</u>	October 2011	HUSKY/family coverage
HUSKY Infoline <u>training</u> – DSS provided training to staff on the new HUSKY Health	December 2011	HUSKY – training for call center staff to better assist members
<u>ACS Call Center training</u> - DSS provided training to staff on the new HUSKY Health	December 2011	All Programs – training for call center staff to better assist members
CHCACT FQHC_Medicaid Outreach - <u>training</u>	December 2011	HUSKY A, C & D
DPH – WIC	January 2012	HUSKY A
CT Insurance Dept	January 2012	All Programs

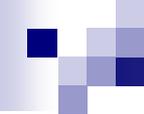


# Community Meetings

- Five community meetings were held in December with a total of 84 attendees, which included members, provider office staff and advocates
- Meetings were held in Stamford, New Britain, West Haven, Hartford and New London
- Meetings occurred during various days of the week and different times during the day and evening

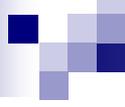
# Community Meetings

- The Community Meetings covered:
  - What was changing and why, and what was NOT changing
  - Who is eligible for the HUSKY Health Program and Charter Oak Health Plan
  - ASO Information including Call Center, Intensive Care Management, Person-Centered Medical Home
  - Covered Benefits including Smoking Cessation, iQuit Program
  - Information on how to access other services
  - Importance of determining if a provider is CMAP enrolled



# Community Meeting Feedback

- A survey was done after each community meeting to get feedback on the presentation
- The survey also asked if members needed additional information or if they would like to be contacted by the ASO for help
- Feedback from the surveys showed that the presentation was well received and members felt community meetings provided useful information



# Community Meetings – Feb. 2012

- February meetings are being targeted in Danbury, Enfield, New Haven, Putnam, Torrington, Waterbury and Windham
- Venues and times have been approved by the Department and will be shared with to the Consumer Access Subcommittee next week

# Welcome Packets

- Welcome letter and identification card for HUSKY A, B, C, D, and Limited Benefit members
- Charter Oak members will receive a welcome letter but an identification card from another source
- The welcome letter explains:
  - Covered services
  - Member Services
  - Nurse Advice Line
  - Help with finding a provider
  - Person-Centered Medical Home/Primary Care Providers
  - Intensive Care Management
  - Accessing other services
- Packets are scheduled to go out by the end of January

# Identification Cards

- Identification cards will be mailed along with the welcome packet for HUSKY A, B, C, D and Limited Benefit
- Members should continue to use their grey CONNECT card or white Charter Oak card until they receive their new card in the mail



Only the person named on this card can use this card to receive services.  
**Use your PCP to coordinate your medical care.**

Member Services	1.800.859.9889
Behavioral Health Services	1.877.552.8247
Dental Health	1.855.283.3682
24/7 Nurse Line	1.800.859.9889
Transportation	1.888.248.9895
Provider Services	1.800.440.5071
Pharmacy	1.866.409.8430

Providers: file claims  
directly to Hewlett Packard  
at: [www.ctdssmap.com](http://www.ctdssmap.com)

PCP Name and Phone Number

# HUSKY Health Website

## www.HUSKYHealth.com



The screenshot shows the HUSKY Health website interface. At the top left is the 'CT.gov State of Connecticut' logo. On the right is a search bar with a 'Go' button. Below this is the 'HUSKY HEALTH CONNECTICUT' logo featuring a cartoon husky character, and the text 'Connecticut's Health Care For Children and Adults'. A navigation bar contains links for 'Home', 'News', 'Publications', and 'Contact Us'. On the left side, there is a vertical menu with links: 'Welcome', 'How to Qualify', 'Benefit Overview', 'Behavioral Health', 'Dental', 'For Members', 'For Providers', 'Pharmacy', and 'Useful Links'. The main content area features a large photograph of four diverse children smiling and holding onto a red rope. At the bottom, there is a footer with navigation links: 'Home | CT.gov Home | Send Feedback | ASO Disclaimer | Login | Register', a 'State of Connecticut Disclaimer and Privacy Policy' link, a copyright notice 'Copyright © 2002 - 2012 State of Connecticut', and the 'CT.gov' logo on the right.

CT.gov State of Connecticut

Search  Go

**HUSKY HEALTH**  
CONNECTICUT

Connecticut's Health Care  
For Children and Adults

Home News Publications Contact Us

Welcome  
How to Qualify  
Benefit Overview  
Behavioral Health  
Dental  
For Members  
For Providers  
Pharmacy  
Useful Links

Home | CT.gov Home | Send Feedback | ASO Disclaimer | Login | Register  
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CT.gov

# Charter Oak Health Plan Website

www.CharterOakHealthPlan.com

CT.gov State of Connecticut Search Go

**CHARTER OAK HEALTH PLAN**

Home About Us Publications Contact Us

Welcome  
About Us  
Benefit Package  
Behavioral Health  
For Members  
For Providers  
How To Qualify  
Application  
Contact Us

**HUSKY HEALTH CONNECTICUT**

**2-1-1**

1-877-77CTDAK  
(1-877-772-8625)

Charter Oak Health Plan  
C/O Department of Social Services  
25 Sigourney Street  
Hartford, CT, 06106

**Connecticut's Health Coverage for Adults of All Incomes...**

Welcome to the Charter Oak Health Plan website. This is a great place to learn about Connecticut's health coverage program for uninsured adults from age 19 through 64.

The Charter Oak Health Plan offers a health benefits package to uninsured adults of all incomes -- from young people just out of school to early retirees. Charter Oak offers a full range of coverage, including preventive care, emergency room and hospital visits, primary care and specialist physicians, pharmacy, behavioral health services and prescription medications.

Getting further information about applying for Charter Oak is easy. Just call our toll-free number-- 1-877-77-CT-OAK (1-877-772-8625) or continue visiting our website. You can download the application; or call the toll-free number above for personal customer service and to request an application in the mail.

Thank you for visiting us, and welcome to the Charter Oak Health Plan.

**News**

**Beginning January 1, 2012, Charter Oak members are no longer enrolled in a managed health care plan.**

Beginning January 1, 2012, Charter Oak members are no longer enrolled in a managed health care plan. Medical services for Charter Oak members will be coordinated directly by a single "administrative services organization." Please visit the member page to learn more about the services Charter Oak offers to our members.

There will be no change to the cost of Charter Oak or the benefit package as a result of this change.

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CT.gov

# Member Website

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## MEMBERS

**FIND IT HERE:**

- [Provider Directory](#)
- [Member Materials](#)
- [Member Trainings & Events](#)
- [Health Education Materials](#)
- [Intensive Care Management](#)
- [Other Services](#)
- [Community Resources](#)
- [Member Privacy](#)
- [Report Fraud](#)

### WELCOME MEMBERS

**THANK YOU FOR VISITING THE NEW HUSKY HEALTH PROGRAM AND CHARTER OAK HEALTH PLAN MEMBER WEBSITE.**

Take a moment to check out our new site. We will be posting updated information often as the new HUSKY Health Program and Charter Oak Health Plan is implemented in the State of Connecticut.

Please note: A new web portal will launch in 2012. This portal will allow you to access member-specific details. For example, you can submit a change of address. You can also request a new Member ID card.



The goal of the HUSKY Health program is to help you and your doctors work together to make sure you get the best care possible. HUSKY Health will provide you with a variety of services to help keep you in good health and improve your well-being.

### How Can We Help You?

**WANT TO KNOW HOW TO REACH US?**

*Member Services is open Monday through Friday from 9 a.m. to 7 p.m. The number is 1.800.859.9889.*

Member Services can help you:

- Learn about covered and/or non-covered services
- Find a doctor
- Get the services you need
- Speak with an intensive care manager
- Learn whether you need to pay for medical services
- File an appeal or complaint

**DO YOU HAVE A QUESTION AFTER HOURS, ON THE WEEKEND OR ON A HOLIDAY?**

You can talk with a nurse at our **Nurse Advice Line 24 hours a day, 365 days a year.** You can call if you become ill, injured or need health care advice. The number is 1.800.859.9889.

Or contact us using another option on our [contact us page](#).

**MY HEALTH CARE**

[Member Login](#)

Login or create an account here, to access a secure site for personal information.



The Charter Oak Health Plan is an affordable health insurance plan. It is for uninsured adults of all income. That includes young people just out of school to early retirees.

# Provider Website

[Home](#) • [Contact Us](#)

Search Site



## PROVIDERS

### FIND IT HERE:

- [Person-Centered Medical Home](#)
- [Benefits & Authorizations](#)
- [Provider Directory](#)
- [Provider Trainings & Events](#)
- [Policies & Procedures](#)
- [Fraud & Abuse](#)
- [Provider News](#)
- [Provider Manual](#)
- [Other Services](#)
- [Health Education Materials](#)

### PROVIDER PORTAL

[Provider Login](#)

Login or create an account here, to access a secure site for personal information.

## WELCOME PROVIDERS

### THANK YOU FOR VISITING THE NEW HUSKY HEALTH PROGRAM AND CHARTER OAK HEALTH PLAN PROVIDER WEBSITE

New information will be posted regularly as the new HUSKY Health Program and CharterOak Health Plan are implemented.

If you would like more information about the state's Person-Centered Medical Home (PCMH) initiative, or if you would like to apply to become a PCMH, use the link on the left-hand side of this screen.

Please note: A new HUSKY Health Program provider web portal will be launched in March 2012. Through this portal, you will be able to access provider-specific information.

If you have any questions about the new HUSKY Health Program, please call our Call Center at 1.800.440.5071.

## Links To Other Services

For information about dental, pharmacy or behavioral health services, as well as other useful links, refer to the list on our [Program Links page](#).



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# Members Website – March 2012

- The following will be available items on the Member Website within the member secure portal:
  - Secure Member registration and sign on
  - Ability for members to view coverage information
  - Ability to change a PCP and indicate why member is leaving current PCP
  - Ability to search the iDirectory

# Provider Website – March 2012

- The following will be the available items within the provider secure portal on the provider website:
  - Secure Provider registration and sign on
  - On-line authorization requests (home care and outpatient therapies; other services requiring authorization will be phased in)
  - Ability for PCPs to see their member panels
  - Ability for PCPs to see their attributed members' claims
  - Ability to search the iDirectory
  - Ability to see practice-specific reports
  - Notification via e-mail when reports are available or notifications are available for the providers

# Implementation meetings

- Bi-weekly CMS conference calls
- Weekly:
  - DSS transition team meetings
  - DSS & ASO transition team meetings
  - All MCO conference call
  - Provider enrollment, CMAP meetings
  - Subcommittee meetings for prior authorization cases

# Rapid Response Team

- DSS team includes key staff for each area who have been involved in the transition and contracting process
- Daily check in meetings with CHNCT, HP, ACS and HUSKY Infoline to address any issues needing attention
  - Access
  - Authorization
  - Systems issues, etc.
- Meetings with Value Options three times a week related to homecare authorizations
- Weekend availability of team members (DSS/CHNCT/HP)

# Readiness Review

- Mercer and DSS staff on site 12/20/11
  - Utilization management
  - Information systems
  - Member services
  - Network services
  - Systems demonstrations
    - Eligibility
    - Provider
    - Authorizations
    - Clinical data
    - Member services

# Readiness Review

- 12/21/11 Mercer and DSS staff review
- Action plan to address immediate issues
- Review of action plan by Mercer and DSS
- Phase II – early February thru early March
  - Case management, PCMH, Quality, Reporting
- Phase III – June 2012

# Care Management - Transition

- Goal: Continuity of Care
- File transfers
  - Transplant, Pregnant, then all others
- Face-to-Face meetings between CHNCT staff and other MCOs' CM staff
- Reviewed cases for enrolled provider(s)

# Prior Authorization

- Transition – honor MCO-approved PAs
  - Aetna and AmeriChoice authorizations entered into DSS system by DSS staff
  - CHNCT authorizations entered by CHNCT staff
- CHNCT – process all inpatient & outpatient PAs for January 1, 2012 and beyond
- DSS – process all other PAs
- March 2012 – CHNCT’s web-based system becomes available
- June 2012 – all PAs phased in to web-based system

# Call center activity

## First Week of January

### ■ Member volume

- CHNCT – 4,150 calls

- Aetna – 380 calls

- AmeriChoice – 280 calls

- Questions about the program change and checking to see if a provider was participating

### ■ Provider volume

- CHNCT – 1,380 calls

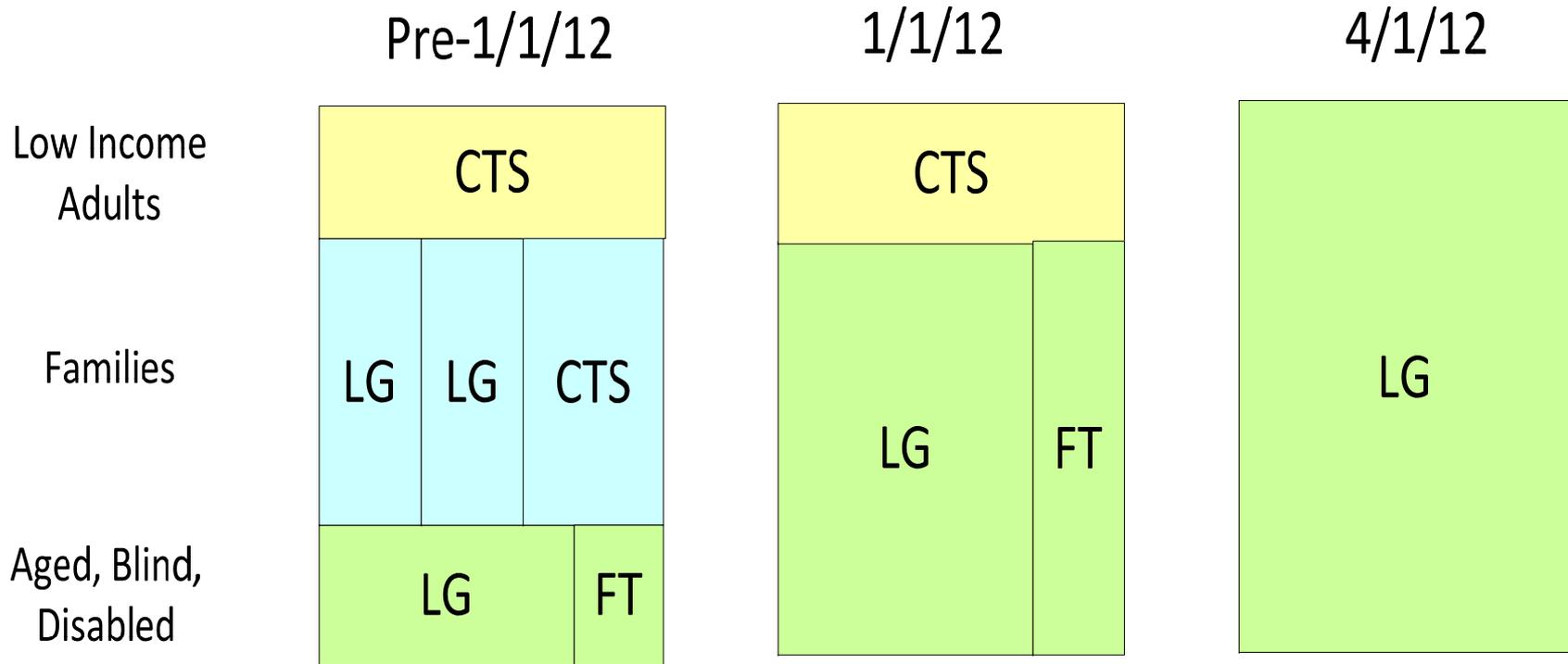
- Aetna – 175 calls

- AmeriChoice – 0 calls



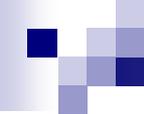
# Other Updates

# Non-Emergency Medical Transportation



Key to Federal Authority





# HUSKY B Band 3 Premium Increase

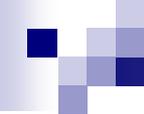
- Rate change effective January 1, 2012
- New rate \$270.36 per child per month
  - Increased from \$195
- Increase reflects actual program costs

# CHIPRA Bonus

- CT DSS qualifies for CHIPRA Performance Bonus for FFY 2011 for ongoing strong efforts to identify and enroll children in public health coverage
  - Announced by Gov. Malloy in CT on Dec. 29, 2011
  - Bonus amount will be approximately \$5.2 million
  - First time CT has received a performance bonus
- In order to qualify, states must:
  - Have in place at least five of eight Medicaid and CHIP program features known to promote enrollment and retention in health coverage for children; and
  - Must demonstrate a significant increase in Medicaid enrollment among children during the course of the fiscal year.

# CHIPRA Bonus

- Specifically, CT qualified for this period based on implementation of fifth program feature:
  - Addition of presumptive eligibility in CHIP/HUSKY B
  - Implemented on April 1, 2011



# 1115 Expansion Waiver

- Discussions begun with CMS
- Options
  - Asset test
  - Count family income
  - Alternative Benchmark Benefit package



# Comprehensive Primary Care Initiative

- Office of Health Reform and Innovation
- Office of the State Comptroller
- Department of Social Services
- Many of Connecticut's largest commercial payers
- Each payer submits separate application
- CMMI selects state/region and selects practices to participate
- DSS Application development begun in December
- Application due January 17, 2012



# Comprehensive Primary Care Initiative

- Key Elements of DSS Application for Medicaid
  - Builds on foundation of PCMH and Glide Path program
  - Relies on ASO for practice support
    - Data analytics
    - Coordination across the health neighborhood
  - Risk-adjusted PMPM payments for dedicated nurse care management
  - Requires alignment with Medicare and other payers on:
    - Transformation milestones
    - Performance measurement
    - Evaluation



# Person Centered Medical Home

# Person Centered Medical Home

Policy Transmittal 2011-36	December 2, 2012
Application released	December 2, 2012
PCMH Learning Collaborative conference hosted by Community Health Center Association of CT (CHCACT)	December 15, 2012
PCMH/Glide Path Application webinar hosted by CHCACT	December 22, 2012
PCMH Regulation Published	January 17, 2012

# PCMH Applications

- Eight (8) PCMH applications received as of today
  - 119 Practice sites
  - 524 Practitioners [*Note: Not all are PCPs*]
- Clinics vs. Practices
  - 5 FQHC Clinics
  - 3 Independent Practices
- NCQA Certification Level
  - 86 Practice sites applied for PCMH Level 3
  - 33 Practice sites eligible to pursue Glide Path

# PCMH/Glide Path Application Process

- Applications submitted electronically via secure e-mail to ASO
  - ASO conducts initial review of PCMH Application and submits to DSS for full review and determination
    - Match on CMAP and NPI
    - Missing or invalid data
    - NCQA Certificate of Recognition if applicable
  - ASO conducts full review and determination of Glide Path Application with DSS final approval
- Questions may directed to ASO for response by phone or in writing



# Medical ASO Glide Path Support

- Medical ASO staffing to support PCMH:
  - Community Practice Transformation Specialists (CPTS)
  - Clinical Manager
  - Program Administrator
- Technical support to practices and clinics that have applied for Glide Path status
- Goal is to assist practices and clinics to obtain DSS designation as a PCMH
- Types of support include:
  - Learning collaborative group forums
  - Individualized practice-based support



# Medical ASO Glide Path Support

- PCMH and Glide Path Applications
  - Review for completeness and accuracy
  - Forward with data file to DSS
  - Monitor and track timelines
  
- Work Plan
  - Review-Monitor-Track
  - Offer Guidance - Review NCQA Survey Tool
  - Perform Gap Analysis



# Medical ASO Glide Path Support

- Provide current status of all Glide Path practices to DSS
- Evaluate Performance Measures for Incentive and Improvement payments
- Provide Process, Policy and Procedure Templates that support NCQA Standards
- Introduce Glide Path tools and education resources.



# Medical ASO Glide Path Support

- Train Practices on use of Provider Portal
- Introduce the role of Health Educators and Care Managers within the ASO clinical infrastructure
- Provide an inventory of local and state community-based resources
- Administer Satisfaction Survey to Practices receiving ASO support



# Medical ASO Glide Path Support

- Provide data reporting to Practices/Clinics on Glide Path including:
  - Emergency Department Utilization
  - Admission and Readmission
  - EPSDT
  - Practice-specific Gaps in Care (clinical)
  - Race and Ethnicity
  - Practice-specific data reporting
  - Identification and Stratification of High Risk Patients



Questions?