

MEETING SUMMARY
MAY 14, 1999

Present: Senator Toni Harp (Chair), Rep. Vickie Nardello, David Parrella and James Gaito (DSS), Lena Holleran, Holly Miller Sullivan (for Paul DeLio, DMHAS)), Robert Gribbon (Office of Comptroller), David Guttchen (OPM), Dorian Long (for Gary Blau, DCF), Dr. Wilfred Reguero, Dr. Leonard Banco, Dr. Edward Kamens, Janice Perkins (PHS), Judith Solomon, Jeffery Walter, Ellen Andrews.

Also present: James Linnane and Rose Ciarcia (DSS), Mary Alice Lee, Dr. Thomas Van Hoof (Qualidigm), Kristin Mattocks and Mariette McCourt (Council Staff).

Department of Social Services Report

1915(b) Waiver

The waiver for the HUSKY A program was presented to the legislative committees of cognizance (Appropriations and Human Services committees) on May 5, 1999. The legislature unanimously approved the waiver, which will now be sent to the Health Care Financing Administration (HCFA) for approval. The Department has requested a 90 day extension of the State's waiver authority for the HCFA approval process; DSS does not expect significant issues to arise with the approval process.

The major change in the 1915(b) waiver renewal is plan lock-in, in which enrollees will have a 90 day free look period before being enrolled in a plan for the remaining 12 months. This provision will be implemented in phases, beginning with 20% of the HUSKY population once the waiver is approved by HCFA. Continuous Medicaid eligibility (12 months for children) and guaranteed eligibility (6 months for adults) provision has been in place since the start of the HUSKY B program, July 1, 1998 (see the March 12 Council summary for a discussion of plan lock-in).

HealthRight Transition

Rose Ciarcia (DSS) presented the final HealthRight data for the transition to the remaining Medicaid managed care plans:

HUSKY A HealthRight

Total members 1/1/99: 34,194

Total number defaulted after 4/15/99: 3,953 (11.2%)

Total number of high risk members (third trimester pregnancy, complex medical needs): 1700

1440 members made plan choices, Benova assigned 260 members (19%) to a plan that included their health provider to maintain continuity of care.

HUSKY B

Total number of members: 511; 3 members were defaulted.

High-risk members numbered 14 with all choosing a plan.

Benova made 15 to 20,000 outbound calls during March and April to reach members who had not yet chosen a plan. This endeavor contributed to the low default rate.

Senator Harp commended the Department of Social Services and the Benova staff as well as the health plans for a job well done in successfully transitioning a significant number of enrollees to other health plans within the short time of four months. Clearly, the Department's thoughtful review of the challenges presented by the Oxford transition led to a smoother transition process. The Council members applauded the very effective efforts of the Department, Benova and health plans in this difficult process.

HUSKY Enrollment

Rose Ciarcia reviewed the enrollment growth of both HUSKY A and B since July 1998:

HUSKY A under 19-year-old enrollment increased by 11,205, from 158,619 to 168,824 from July 1998 to May 1999. Total HUSKY A enrollment is 229,960 as of May 1, 1999. Children under age 19 years represent 73.4% of the total HUSKY A enrollment.

HUSKY B enrollment over the last ten months has grown to 3221 members. This number is slightly lower than last reported because approximately 150 children moved from HUSKY B to A when the new federal poverty levels were implemented in April 1999. Benova sent letters to these member families explaining the change from B to A because of the income guideline changes and referred the families to DSS for eligibility determination. Children remained in the same plan with the same health provider despite the program change. The Department sent families post-enrollment information on HUSKY A. Mr. Parrella observed that HUSKY A enrollment exceeds B enrollment by almost a 4:1 rate, a phenomenon that was not anticipated when the HUKSY B program started.

Notice of Action Progress

The Notice of Action (NOA) form is being revised with the goal of standardizing the form that will be used by all plans; thus members will use the same form regardless of plan participation. The Department will send the new forms to the plans and the Children's Health Council (CHC) for review within the next week and DSS will work with the CHC in the development of member education materials. The MCO's will need to update their handbooks, incorporating the unified grievance/fair hearing process. Fair hearing and designated MCO staff will be trained regarding the new standardized form and process. All plan grievances as well as fair hearing requests will be sent to DSS in order to implement a unified tracking system. By July 1, 1999, DSS expects to have the new forms and educational materials distributed to plans, staff training completed and the administration of the tracking process initiated within DSS. Senator Harp requested that DSS send the standardized form to the Council staff.

Other

Senator Harp observed that Anne Griffis is retiring from DSS and recognized her valuable contribution to the Women's Health subcommittee as well as the HUSKY program. Fred Hanson is also retiring from the Department in June. Mr. Parrella stated that both have had distinguished careers with DSS and will be missed by the Department. DSS has received authorization to refill four vacant positions. Senator Harp stated this is important, given previous discussions about the adequacy of Department resources in monitoring the new contract provisions.

The community-based Outreach grantees have letters of intent and the contracts should hopefully be ready at the end of June. Grant monies cannot be released until the contracts are signed. If the grantee has current financial resources, they may have begun their outreach project; otherwise they will not begin until the grant money is released. Rep. Nardello expressed concern that outreach efforts will not be in place for the beginning of the school year, the optimum time to communicate with parents about

HUSKY.

Children's Health Council Report

Dental Utilization

In the first report, based on encounter data, approximately one-third of continuously enrolled Medicaid children had received preventive dental services. In this second report, 45% had a dental visit, with 37% receiving preventive services and 21% treatment services. Nearly 54,000 children in Medicaid managed care did not have any dental care during the time period of 7/1/97 and 6/30/98. Dental incentives have been included in the new contracts, proposed legislation will allow hygienists to be reimbursed directly for services within their scope of practice and the revised EPSDT periodicity schedule calls for dental screening for two year olds instead of at age three years. Legislative proposals to relieve dental access problems include community pilot programs, dental loan forgiveness and an increase in dental rates. These were originally funded in the Governor's budget but not in the appropriation committee.

Covering Connecticut's Kids

CHC has received a grant of \$646,000 over three years to develop statewide projects that focus on the enrollment of newborns, children in childcare settings and adolescents. In addition, two local pilots will focus on direct outreach in pilot communities with special emphasis on immigrant families and adolescents. The community based outreach grantees will also be provided technical assistance by the CHC. Outreach grant assistance will include training with site visits, cultural competency training with the Hispanic Health Council and translation of materials through the International Institute. A Web site for Covering CT's Kids is available through the Ct Voices site: www.ctkidslink.org. Other coordination activities will include group e-mail for information dissemination and enrollment tracking as well as statewide meetings. An eligibility manual and customized materials for newborn and childcare enrollment will be developed. Field experience will be shared with DSS to adjust procedures and policy that will simplify enrollment.

The challenges in promoting the HUSKY program include the complexity of the program, marketing a government program, targeting uninsured children and immigrant children, follow-up with families and retention of enrollees.

{ A new Department of Justice regulation was released 5/25/99 that provides clear and consistent guidance that health care and other critical services cannot be used to deny individuals admission to the US or to bar legal permanent resident status, or as a basis for deportation. Eligible legal immigrants can now receive these benefits without fear of jeopardizing their immigration status:

Health insurance under Medicaid and CHIP, exempting long term care.

Access to immunization, testing and treatment for communicable disease.

Access to essential nutrition programs, including Food Stamps, WIC, national school lunch and breakfast programs and other emergency food assistance programs.

Access to social supports for working families such as child care services, housing and energy assistance, disaster relief, foster care, transportation vouchers, educational assistance and job training.}

Fair Haven Clinic HUSKY Outreach

Kristin Mattocks, MPH described a HUSKY outreach project through the Fair Haven Clinic in the summer of 1998. The clinic population has 60% publicly insured clients and 20% uninsured clients. On average, 50% of the clients are Spanish speaking and on

average clients have a 4th grade reading level. Ms. Mattocks realized that many of the uninsured children were eligible for Medicaid, thus innovative outreach strategies were designed that utilized cultural and community resources to locate and insure these children. Outreach was focused in three housing projects with the dissemination of HUSKY fliers and toll free enrollment number as well as application assistance. At the end of the summer, the outreach staff went to schools, parent teacher conferences and open house with HUSKY information.

The outreach staff found several common misconceptions about health insurance that included a lack of understanding of the overall concept of health insurance and confusion of health insurance with life insurance. Items on the application such as occupation required explanation in order for the client to complete the form.

Barriers to insuring some of the children remain. Although many children of immigrant parents are born in this country and qualify for health coverage, parents often do not realize this or do not access a public program because of fear of immigration officials. Young women access family planning services without parental permission and do not want insurance information forwarded to their parents, who must sign the application. Often, parents are not aware that traditional children's health programs have expanded to include adolescents and these youth remain uninsured.

This outreach project offered insight into the barriers for enrollment and demonstrated the effectiveness of a combined community health clinic, local business and community group outreach effort that reached many uninsured children within a defined geographic area. Senator Harp thanked Ms Mattock, on behalf of the Council, for a very informative presentation as well as her work at the Fair Haven Clinic to reach the uninsured.

PHS Response to April Questions

Billing

PHS noted that their dental access rates were below other plans related to the problems with the linkage of SS numbers and Medicaid numbers. This was corrected and a new disc was sent to the CHC to review the encounter data. Ms. Perkins believes that PHS dental access numbers are more closely aligned with other plans. Health providers can submit either the Medicaid or the SS number for billing now that PHS can match the identification numbers.

Pro Behavioral Health, the PHS mental health carve-in, prepared a timetable for the appeal process as requested by the Council:

Expedited Appeal:

By telephone

MD to MD

Processed within 24-48 hours.

Routine Appeal

Written

Acknowledgement of receipt of appeal request within 3 days

Processed within 20 days of receipt of complete information.

Quarterly Council Report

The report was accepted with the amended change regarding behavioral access as measured by penetration rates: the penetration rate represents the percentage of the members that have accessed mental health and substance abuse services. There is some double counting represented in this number as members with dual diagnoses use the both mental health and substance abuse services together.

Subcommittee Reports

Quality Assurance: The Department of Public Health presented Hartford lead screening data that had been linked to Medicaid managed care enrollees, reporting a significantly higher screening rate for Medicaid clients aged two years in 1997 (73.5%) compared to the Government Accounting Office (GAO) rates of 20%. At the most recent meeting, the health plans presented their internal QA monitoring, focusing on lead management and asthma.

Behavioral Health: beginning work has begun with health plans, DCF and DSS in quantifying sub-acute inpatient services, bed capacity and availability. The subcommittee recommended undertaking a resource mapping initiative and the impact of services outside managed care on the behavioral health system. Child Guidance Clinics will present a perception of access at the May 17 meeting.

Consumer Access/Public Health: The first focus group was held at the Hispanic Institute, the next one will be held in Bridgeport on June 8. HUSKY B verification and school-based health clinics' (SBHC) role in targeted HUKSY outreach to uninsured school-aged children was presented:

DSS and Benova have developed a process in which SBHC can verify HUSKY B eligibility through Benova. This had not previously been possible and SBHC could not bill appropriately for HUSKY B services if families did not identify their insurance coverage on the treatment permission form. Rep. Nardello thanked DSS and Benova for their efforts in resolving this issue. Targeted HUSKY outreach: SBHC are the recipients of a DSS outreach grant and will be identifying uninsured children within their clinics, school and other schools in their area, providing HUSKY information and follow-up regarding enrollment. The clinics had identified 10,000 uninsured children over the past year; this database can be used for outreach in September.

Rep. Nardello again urged the Department to consider target outreach for HUSKY enrollment and follow-up. While promotional materials are helpful in educating the public about HUSKY, knowing who are uninsured and follow-up with their enrollment process is vital to getting families insured.

Women's Health: Health plans, providers and advocates met to review the coverage of childbirth and lactation services and education within the Medicaid managed care program in an attempt to identify uniformity of services and availability of health education to HUSKY enrollees. The committee will continue with this at the next meeting.

THE NEXT COUNCIL MEETING HAS BEEN RESHCEDED FOR FRIDAY, JULY 9 AT 10 AM; THE JUNE MEETING HAS BEEN CANCELLED.