

Connecticut Medicaid Managed Care Council

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March 18, 2003

To: Legislators, legislative staff, others
From: Mariette McCourt, staff to the Medicaid Council
Re: PA 03-2 HUSKY coverage changes

PA 03-2 contains provisions for eligibility reductions in the HUSKY Program within the Department of Social Services (DSS). Enrollment data shows that HUSKY enrollees live in just about every town in Connecticut. Some legislators have already received calls from constituents for assistance when they received disenrollment notices from the DSS. This memo summarizes the eligibility changes and provides resources that you can refer the constituent to for eligibility concerns.

Elimination of HUSKY A Adult Coverage

Who is affected

Approximately 24,000 adult parents or caregivers of HUSKY A children with incomes between 100-150% federal poverty level (FPL) that are currently enrolled in HUSKY A will no longer be eligible for HUSKY health coverage. New adults that fall within these income levels will not be eligible for HUSKY A.

Implementation date

Letters from the DSS were sent after 3/10/03 to these HUSKY members informing them that their loss of eligibility is effective **April 1, 2003**.

Exemptions

Some of these adults may re-qualify for HUSKY A or be eligible for other Medicaid coverage groups for reasons including but not limited to:

- Recent income reductions that place the adult at or below 100%FPL remain eligible for HUSKY A. (Note that the 4/1/03 federal FPL guideline update slightly increases the income levels for income groups).
- A pregnant woman at <185% FPL is eligible for HUSKY A throughout the pregnancy and for 60 days postpartum. The woman may continue to be eligible for HUSKY A if the family income falls below 100%FPL.
- Elderly or disabled HUSKY A caregivers may be eligible for Medicaid under fee-for-service (FFS) coverage groups.
- Adults with unpaid medical bills may be eligible for coverage under Medicaid spend down.

Eligibility/Enrollment Resources

The Department has instructed these adult members to contact their regional DSS office caseworker to determine if they may still be eligible for HUSKY A or other Medicaid coverage groups. The **Student health Outreach program can be contacted @ 1-877-24SHOUT** for

client assistance. They have a great deal of experience in working with families that encounter enrollment/disenrollment problems as well as providing other health care resource information.

Elimination of Children's Continuous Eligibility (CE)

In 1998, the DSS implemented CE, which allowed a child to remain in the HUSKY A or B program for 12 months regardless of eligibility changes during that time period. The elimination of CE means that the DSS must now immediately act on changes in HUSKY eligibility related to income or other family changes and proceed with member's disenrollment from HUSKY. The child will no longer continue to be enrolled beyond the determination of ineligibility time period.

Who is affected

The DSS has projected that approximately 6-7,000 HUSKY A children will be disenrolled from **HUSKY A on March 31, 2003**. Further, the DSS projects that over the next several months approximately 500 additional children/month may be disenrolled due to the elimination of CE. Few HUSKY B children will be affected by the CE change. Prior to PA 03-2, these children would have remained in the HUSKY program for a total of 12 months (regardless of family income change), at which time the family would then have to re-apply for HUSKY.

Implementation date

Elimination of the 12-month CE provision is effective **3/31/03** when these children will be disenrolled from HUSKY A because they no longer are deemed eligible for HUSKY A. Letters to families of these 6-7,000 children have been mailed the week of 3/17/03.

Can these children be re-enrolled in HUSKY?

Children may be eligible for:

- HUSKY A (<185%FPL) if there was a reduction in family income since the DSS eligibility determination and the parent completes the re-application process.
- HUSKY B (>185 -<300%FPL) if the family income now exceeds the 185% level, which makes them ineligible for HUSKY A but eligible for HUSKY B.

Eligibility/Re-Enrollment Resources.

Parents of children affected by this policy change should call **1-877-CTHUSKY**, choosing option 1 for the HUSKY Infoline or option 2 for initiating an application renewal or new application. The **Student Health Outreach program @ 1-877-24SHOUT** provides assistance to clients statewide.

How these changes will affect ongoing health care

- The DSS will continue their policy that requires the managed care organization (MCO) to continue payment for inpatient costs for those members **hospitalized** while they were enrolled in HUSKY until their discharge, regardless of their enrollment status during the hospitalization. The MCOs will work with the member and health provider to inform them of the health coverage change and where they can obtain information on other options through HUSKY A (adult & child) or B (children only) or other Medicaid coverage for post discharge services.
- It has been and will continue to be the DSS policy that MCOs are not required to reimburse **ambulatory services** for individuals no longer enrolled in HUSKY.

- Health providers can determine a patient's HUSKY eligibility by accessing the AEVS system on **April 1, 2003** or on the date of service after April 1. The AEVS will reflect the patient's current eligibility status. This becomes important in April because of the number of members (adult and children) that will be disenrolled, in compliance with PA 03-2.
- Some HUSKY MCOs plan to cross check the eligibility files received from DSS with their medical files and give their member and the provider notice that the member is losing eligibility, especially those members that have received prior authorization for serious medical procedures.
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- Retroactive Medicaid (FFS) payments for medical services incurred (in the past 3 months) during a transition period (disenrollment-re-enrollment) will continue for HUSKY A and will be applied to those HUSKY A children that are now eligible for HUSKY B **if** re-application is made timely. Retroactive FFS payments will **not** be made for HUSKY B applicants who failed to complete the application process, resulting in a delay in enrollment in HUSKY B.

Medicaid Pharmacy Co-Pays

Pharmacy co-pays of \$1.00 apply only to those **> 20 years of age in HUSKY A and FFS**. Individuals exempted by this provision include:

- Institutionalized individuals
- Pregnant women
- Family planning drugs and supplies

While the pharmacist is responsible for collecting the co-payment, **Medicaid clients CANNOT be denied medications if they indicate they cannot pay the \$1.00 co-pay.**

The eligibility changes associated with PA 03-2 are a bit complicated, hence the detail in this memo. The numbers of disenrollments at one time resulting from the eligibility changes are the largest since the beginning of the managed care program and will impact many of your constituents and their health care providers as well as the DSS administration and managed care plans. Consolidation of regional DSS offices and staffing reductions related to layoffs and early retirements at the regional level and the DSS central office will tax the administrative system in dealing with the numbers of disenrolled clients now and over the next 12 months.

Hopefully this information will be useful to you as you respond to constituent calls about the HUSKY and Medicaid changes. Please contact me @ 240-0321 or via email if you have questions about the information in this memo or other questions about HUSKY.