October 1, 2003

HUSKY changes: below is the preliminary time frame reported at the 9/12/03 Council meeting.

Public Act; Provisions	**Implementation Date**	**Implementation Vehicle**	**Details**
(Pa 03-3, sec 72) *Medicaid pharmacy/ambulatory care service **co pays** *Pa 03-1, sec 11 SAGA	November 1, 2003 11/1/03	State Medicaid Plan amendment State Plan Change	• Prescriptions: increase from $1 to $1.50/script • Medical Services: $2.00 per visit. SAGA same co pay levels
PA 03-3,Sec 69: consistent failure to pay Medicaid pharmacy co pays	Requires further discussion with CMS	May be State Plan amendment if DSS can ID recipient categories by some factor (i.e. household income) to satisfy CMS/federal law	Pharmacies are allowed to deny filling scripts for Medicaid recipients who consistently fail to pay co pays over 6 months. Initially thought to require waiver authority to deny care in Medicaid, CMS may allow this under the State Plan if DSS can identify recipient categories.
PA 03-3. Sec. 55,56: HUSKY B benefit restructuring/cost share increases	November 1, 2003	State SCHIP Plan Amendment	• Benefit & cost sharing structure similar to largest CT HMO commercial plan • >Premiums for families with income 235-300% FPL (band 2). • Add per month premiums to families with income 185-235% FPL (band 1). Aggregate cost sharing not to exceed 5% of family's gross annual income.
PA 03-3, Sec 72 HUSKY A benefit & cost sharing per month	When waiver application process,	Requires CMS approval of waiver authority	• Benefits similar to State Employee non-gate keeper POE

Public Act; Provisions	Implementation Date	Implementation Vehicle	Details
(PM)	including public comment & GA approval, completed		plan. • Cost sharing: *0-50%FPL – 0 $ *50-100%FPL - $10 Individual PM, $25 family PM max. *>100%FPL -$20 individual PM, $50 family PM max.

Council comment/questions:

- *Will Medicaid co pays apply to all HUSKY A income levels and FFS recipients?* The DSS: yes. The **11/1/03** implementation of co pays will follow existing federal law and will not be applied to pregnant women or child services. As with the initial implementation of pharmacy co-pays in PA 03-2, these co pays apply to those Medicaid recipients >21 years of age. Exempted individuals include those institutionalized, pregnant or receiving family planning drugs & supplies. Under a waiver authority, there would be fewer exempted recipients, based on the SE POE benefit package parameters, although the co pay amounts will remain at Medicaid levels for FY 04 & 05.
- *PA 03*-3 sec 69 requires DSS to amend the State Medicaid plan to allow pharmacies to deny filling prescriptions for those with a "documented continuous failure" to pay 6 months of their pharmacy co pays. Federal law prohibits denial of services because of client inability to pay. Therefore implementation of this mandate would require waiver authority. However, recent discussions between DSS and CMS indicate this could be done under a State Plan change if DSS can identify the affected recipients by some factor (i.e. family income) in order to establish recipient categories for those that could be held accountable for co pays (& denied drugs) and those for whom this would not be applicable.
- *Will provider FSS rates reflect the $2 /visit co pay?* The State service fee will be reduced by $2.
- *Would a waiver eliminate the current federal mandate for EPSDT services?* Yes.
- *When will the waiver be submitted?* Waivers are complex in design, controversial in content and held to a new level of federal scrutiny of 'actuarial soundness'. The DSS will present a concept paper for Executive (branch) review in October. The waiver may be submitted before the end of the year, with legislative review (17b-8) by the committees of cognizance prior to CMS submission.

The implementation time frames for the HUSKY A & B restructuring may change as the DSS further develops their work plan.

The pharmacy & ambulatory care co pay implementation date is set for November 1, 2003.

DSS site for outpatient co pays provider bulletin :
www.ctmedicalprogram.com/bulletin/pb03_89.pdf

Clarification of pharmacy co pays (June Bulletin):
www.ctmedicalprogram.com/bulletin/pb03_45.pdf

At this time, the pharmacy ($1.50) & ambulatory service ($2.00) co pay requirement does NOT apply to those <21 years, pregnant women/postpartum period, family planning services/supplies, emergency services for revenue codes 450-452 & 459. Providers cannot refuse to provide services if the recipient cannot pay the co payment. Please refer to the Bulletin for more information on

Service Carve out Status (Dental & BH)

Decisions about the service carve outs were dependent on the final budget resolution:

- Dental: T**he DSS will proceed with plans to carve out dental services July 1, 2004.**
- Behavioral health: **Carve out plans & date uncertain.** Legislative authority was sought to place BHP funds into special accounts in DSS & DCF. This authority was denied, which effectively *ends the BHP restructuring process of BH in the Medicaid program & within DCF if future statutory changes are not made*. The BHP language could be reassessed in a special session; however as of 10/2, no special session is currently scheduled in 2003. If there is legislative approval to move forward with the BHP and program restructuring, the BH carve out *could* be implemented July 1, 2004. If there is no General Assembly action in the Fall, the DSS stated it would be impossible to carve out BH services by July 2004. A carve out beyond 7/1/04 could be more difficult once the FY 05 HUSKY MCO re-procurement and established capitation rates are completed.

Adult HUSKY Coverage: Court case decision still pending as of 10/3/03. Approximately 15,800 adult parents/caregivers WITH earned income will remain covered in HUSKY A through October.