

Update (9-05):

2005 HUSKY and Medicaid Legislation & Program Changes

At the June-September 2005 Medicaid Managed Care Council meetings DSS reviewed the legislative changes in HUSKY A/B and Medicaid changes and HUSKY program changes:

Policy Change	Description of Change	Probable Implementation dates (from July 2005 meeting)
Increase HUSKY A adult/caregiver income eligibility level to 150% FPL	Parent/caregivers of HUSKY A children income eligibility level is increased from 100%FPL to 150%, allowing the state to insure more families.	July 1, 2005
Reduction of transitional medical assistance (TMA)	TMA enrollment reduced from 24 months to 12 months, impacting clients as of <u>June 30, 2006</u> .	TBA. Requires State Medicaid plan amendment and CMS approval.
Elimination of self-declaration of income in HUSKY application.	In 2001, applicants could state their income on the application without verification (i.e. pay stubs). DSS matched this with Labor data and F/U with clients if discrepancies. Self-employed clients had to submit accompanying income verification. As of <u>July 18, 2005</u> all applicants must submit income verification along with their applications.	July 18, 2005
Re-implementing children's presumptive eligibility (PE).	Qualified entities apply HUSKY A PE to children seeking medical services, with coverage for 30 days. Completed full application has to be submitted at the PE time for HUSKY eligibility determination.	October 2005
Expedited Eligibility for pregnant women	Provision for 1) emergency eligibility determination in 24 hours; 2) within 5 days for other pregnant women.	September 2005
Re-implementation of HUSKY B (children) monthly premiums	Band 1 (185-235% FPL) <u>new-</u> \$30/child/M to \$50/family max/M. Band 2 (235-300% FPL) incr. to \$50/child/M to \$75/family max/M	-Start date: October 1, 2005 -Dis-enroll for non-payment of Oct premiums starts <u>11/1/05</u>, associated with a 3-month lock out, re-enroll paymt. when past due & pre-paymt. of 1st enroll month made.

HUSKY A adult premiums/outpatient (OP) co-pays	HUSKY A adults with incomes >100% FPL, \$25/adult/M premium & \$1.00/OP visit co-pays	Requires waiver form CMS. DSS will complete a concept paper on this in September. Expect implementation late Spring/summer 2006
HUSKY A health plan lock-in	Enrollee has a 90-day free-look period with chosen HUSKY A MCO. They can remain or change MCO during that time and then remain in their chosen plan for the remainder of the 12 M (plan change with <input type="checkbox"/> good reason <input type="checkbox"/> allowed)	TBD as additional support needed form DSS systems.
SAGA Pilot	2-year pilot for 100 individuals ages 19-20, with chronic medical and BH conditions, live with family & are uninsured.	DSS will begin with identifying youth aging out of HUSKYA that meet guidelines, consider young adults referrals from advocates, etc.
Family Planning (FP) Waiver	Provide FP services to uninsured women up to 185% FPL.	TBD
Katie Beckett Waiver Expansion	Expand slots from 125 to 200 . Model waiver based on child <input type="checkbox"/> s income eligibility, not family income.	CMS requires waiver amendment. Expected to start late winter with incr. from 125-180 slots (not 200 per legislation). @ 9-05 MMC Council DSS asked to review the # KB slots based on budgeted dollars.
Behavioral Health Partnership (DSS & DCF)	BH service carve-out for HUSKY A adult/child, HUSKY B & some DCF voluntary services, other DCF children.	January 1, 2006
Medicare Part D: Medicare Modernization Act (MMA)	Affects Medicaid dual eligibles, ConnPace, as well as other Medicare eligibles. No plans for State wrap around drug coverage or State payment Medicaid co-pays.	Federal government implementation date January 1, 2006. More information see: http://www.medicareadvocacy.org/

HUSKY Program Administration

- ✓ DSS/MCO contract has been extended through Dec. 31, 2005.
- ✓ SFY 2005, MCOs had a 4 % rate increase (commercial insurers were charging employers 12% rate increases). SFY 06 a 2 % rate increase was in the budget.
 - DSS used Mercers MCO financial review in negotiating individual MCO rate adjustments retroactive to April 2005.

○ Individual plans will negotiate rates with DSS on the deduction of BH carve-out dollars prior to Jan 2006.

✓ **BH services WILL be carved-out of the managed care delivery system 1/1/06: the dental services carve-out was NOT implemented in 2005 and there are no plans in the future to do so.**

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