Connecticut
Medicaid Care Management Oversight Council

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Quarterly Report: **1st-2nd *Quarters 2010***

This report of the Medicaid Managed Care Council is submitted to the General Assembly as required under CGS 17b-28. This report is for the time period of ***January through June 2010.*** *The Medicaid Managed Care Council is a collaborative body established by the General Assembly in 1994 to advise the Department of Social Services (DSS) on the development and implementation of Connecticut's Medicaid Managed Care Program (HUSKY A), in 1998, the State Children's Health Insurance Program (SCHIP), which is HUSKY B and in 2006 the managed care portion of the State General Assistance (SAGA) program (17b-28b). The law also charges the Council with monitoring and advising DSS on matters including, but not limited to, program planning and implementation, eligibility standards, benefits, health care access and quality measures. The Council consists of legislators, consumers, advocates, health care providers, representatives of managed care plans and state agencies. The Council now has four working subcommittees:* ***Consumer Access, Quality Assurance, Primary Care Case Management (HUSKY Primary Care) and Women's Health Subcommittees.***

The Council met monthly during the 1 & 2 Quarters of 2010. Two Subcommittees (Consumer Access, PCCM) meet every other month and the remaining two meet monthly. The meetings focused on program and policy changes, utilization data, HUSKY & Charter Oak Health Plan (COHP) enrollment and five special reports: Healthy Start Outreach video, Asthma nurse educator/Middlesex Hospital, HUSKY InfoLine, HUSKY retention challenges, DPH dental sealant program.

Program/Policy
State Legislation

- *State Medical Assistance for Non-Citizens (SMANC) adults (**Jan.**)(Reinstated Jan 2010)* PA09-5SS authorized DSS to dis-enroll legally present but Medicaid ineligible SMANC adults from the State-funded program effective 12/1/09. Approximately 2,367 adults were affected. On Jan. 8th the court ruling on the Attorney General's appeal of DSS re-enrollment process mandated ***the State reinstate*** the SMANC adults in the health program.

- *Medicaid Care Management Program* ***(updates each month)*** DSS requirements were outlined in 2009 biennial budget (included SNPs for dual eligibles and ASO for other Medicaid FFS clients) with a projected cost savings of $115M in SFY11. DSS released a Request for Qualifications to the three managed care organizations with DSS contracts with for HUSKY & Charter Oak Health Plan. Responses were due Feb 1, 2010 and DSS reportedly planned to implement care management for Medicaid FFS by July 1, 2010,

given the associated budgeted savings. In ***May 2010*** DSS reported the submitted care management bids raise questions as to whether the costs of the design and ASO administrative fees can be offset by improved quality and utilization savings.

- DSS reviewed ***Medicaid legislative changes*** for FY10 – 11 passed in legislation ***(see June meeting summary for details)*** that include:
  - Charter Oak cost share increased with progressive premium increases in Feb. 2010 across income bands 1-4 (<150% - 300% FPL). Client enrolled as of June 1, 2010 will pay the full premium of $307 across all bands, eliminating the state band subsidy.The deductible amount still varies by income band.

  - HUSKY B copays will be tracked by ACS; when the cost share reaches 5% of the family's total income ACS will inform the MCOs who will notify the provider that the member is no longer required to pay copays for the remainder of the eligibility year.
    - HUSKY B copays were increased as were HUSKY B band 2 premiums. (No copays were applied to HUSKY A)
    - DSS *resumed HUSKY B* copayments for the *dental & behavioral health services* effective July 1, 2010. Provider rates for these services will be adjusted to reflect the resumption of copayments. Providers may waive a copay on a case basis.

- ***Medicaid elimination of over-the-counter (OTC) medication coverage for members over age 21 years:*** Special Session legislation clarified that this change does NOT apply CADAP program, to diabetes supplies that can be obtained from pharmacy/DME vendors or *prescribed* prenatal care vitamins and emergency contraception type meds.

- ***HUSKY B PLUS (physical)*** that provides certain special needs services not included in the benefit package was reestablished through SFY 11; DSS will continue their contract with the Children's Medical Center in Hartford.

- ***Conversion of at-risk managed care to administrative service organization (ASO) system*** in PA 10-179 permits DSS to make this conversion that had an estimated savings of ~$ 60M in SFY 11. DSS is conferring with CMS on implementation of the legislation and compliance with federal rules. The HUSKY MCO contracts will be amended to reflect changes in the provision of medical necessity and FFS rate benchmarking; however *no system changes* will be implemented by July 1, 2010.

- ***Presumptive eligibility (PE)***
  - ***For pregnant women*** for women with family income below 250% FPL was implemented ***March 1, 2010***. This will be administered similar to children's PE; the woman or child can access services that will be reimbursed by Medicaid while final Medicaid eligibility determination is made.
  - Legislative Special session ***PE for HUSKY B children was established.***