

covering connecticut's kids & families

c/o Connecticut Voices for Children

53 Oak Street • Suite 15 • Hartford, CT 06106 • 860.548.1661

Covering Kids and Families Meeting Summary

April 25, 2008

Handouts from the meeting are on the “Review of HUSKY Program Changes” page on the CT Voices for Children Web site:

http://www.ctkidslink.org/announcement_75.html

HUSKY Program Changes

At the April 25th meeting of the Covering Kids and Families network, Michael Starkowski, Commissioner of the CT Department of Social Services (DSS) kicked off the morning program by highlighting the carve-out of dental services from HUSKY managed care, and the new HUSKY/Charter Oak Health Plan contracts. Commissioner Starkowski reported that DSS will partner with the Connecticut Dental Society and others to conduct an outreach campaign to encourage dentists to participate in HUSKY, now that the fees for dental fees have been raised, and the administration of dental services will be simplified and improved under the new dental program. (See below for more information about the dental initiative).

The Commissioner also updated the audience about the HUSKY/Charter Oak contract, which has attracted three bidders – Community Health Network of CT (CHNCT) which currently serves HUSKY families, as well as Aetna and United Health (Americhoice). Currently, the bids are being reviewed by the state. Assuming one or more of the bids are accepted by DSS, Commissioner Starkowski anticipates that HUSKY families will be gradually enrolled into the new health plans one county at a time over a three to six month period so long as there are an adequate number of health care providers to serve HUSKY members. No date was given for when this transition will begin or end. DSS is working with Anthem (Blue Care Family Plan) - which did not submit a bid for the new HUSKY/Charter Oak Health Plan contract- to ensure a smooth transition. Anthem currently serves over one-half of the 325,000 members enrolled in HUSKY. Commissioner Starkowski also announced that ACS (the HUSKY enrollment broker) will determine eligibility for the Charter Oak Health Plan. ACS currently screens for HUSKY A or HUSKY B eligibility, refers HUSKY A applicants to DSS, determines HUSKY B eligibility, and enrolls all HUSKY members into health plan (which includes Medicaid fee for service at present).

The Commissioner anticipates that DSS will renew most of the HUSKY outreach contracts for Fiscal Year 2009, which begins in July. The contracts will include requirements for outreach to adults who may be eligible for the new Charter Oak Health Plan, including parents of HUSKY B children who do not have access to health insurance through their employment.

Rose Ciarcia, Director of Managed Care for the Department of Social Services, provided an update of the recent HUSKY transitions, which included the exit of Wellcare (Preferred One) and Health Net on March 31, 2008, the enrollment of some HUSKY families in traditional fee-

for-service Medicaid (TM), and the carve out of pharmacy services from managed care effective February 1, 2008. See Rose Ciarcia's PowerPoint on *Covering Kids and Families HUSKY Transition Update* on the CT Voices Web site (link above). According to Ms. Carcia, as of April 1:

- Over 180,000 HUSKY members are in Anthem (Blue Care Family Plan) – up from about 129,000 in February.
- Almost 92,000 are enrolled in CHNCT up from about 67,000 in February.
- Over 44,000 were in traditional Medicaid (TM) (HUSKY members who didn't choose a plan were assigned to TM; however, all HUSKY members may switch plans at any time).

We continue to update the HUSKY program change resource page on the CT Voices for Children Web site with links to program change summaries and notices to clients and providers at http://www.ctkidslink.org/announcement_75.html. Client notices can also be found on the state's HUSKY Web site at www.huskyhealth.com.

HUSKY Dental

Attorney Jamey Bell of Greater Hartford Legal Aid provided an overview of the settlement of the longstanding dental litigation (*Carr v. Wilson-Coker*) and Donna L. Balaski, D.M.D., Manager of the HUSKY Dental Program at DSS, explained the many aspects of the new dental program. (See information on the *Carr v. Wilson-Coker* Settlement Highlights and the DSS PowerPoint on the New HUSKY Dental Improvements Initiative on the Voices Web site.) Highlights include:

- With a target date of July 1st, DSS will take over the administration of dental services for HUSKY families. The state will contract with one Administrative Services Organization (ASO), which will have no financial responsibility for dental services provided. (The ASO will not be “at risk” for the amount of dental services a member receives).
- The new program simplifies procedures: it has one credentialing process, one uniform administrative process, and one network of providers. It promotes the concept of “primary care dentist.”
- \$20 million additional dollars to increase pediatric dental fees (in effect since April 1, 2008), which increases pediatric dental rates significantly. However, adult dental fees are pegged at 52% of pediatric rates.

Enrollment of Newborns in HUSKY

Frances Freer, DSS Regional Administrator in Bridgeport, updated the audience about the newborn initiative, which would enroll uninsured newborns at the time of their birth through the help of all birthing hospitals in the state. Ms. Freer anticipates that this initiative will be underway in the near future. Hospital personnel will help families complete four forms: the HUSKY application, the Notice of Newborn (hospital form), the HUSKY enrollment form (for HUSKY B babies), and the HUSKY A identity document (to satisfy HUSKY A/Medicaid federal US citizenship documentation requirements). The hospitals will fax the information to ACS (the HUSKY enrollment broker). ACS will be given a special designation as a “qualified entity” that can immediately grant eligibility for the newborn. To the extent that follow-up is

necessary to complete a full HUSKY application, ACS and/or DSS will ask Allied Community Resources, its statewide HUSKY outreach contractor to contact the family for further information.

Ms. Freer says that there are an estimated 1,200 to 2,500 uninsured newborns born in the state's birthing hospitals according to statistics provided by the Connecticut Hospital Association.

Reminder: Waiver of HUSKY B premiums for newborns

In 2007, state legislation calls for the first four months of HUSKY premiums for newborns to be paid by the state rather than the family. ACS has already begun to process those premium waivers. (Note: HUSKY B is divided into three income bands. The first income band already pays no premiums. That means that the new rules apply to bands 2 and 3 only – families with income above 235% of the federal poverty level.)

Medicaid Citizenship Documentation Regulations

Kevin Loveland, Director of Assistance Programs at DSS, gave an update about the state regulations that will formally implement federal Medicaid citizenship documentation requirements that were enacted in 2006. DSS anticipates publishing the proposed regulations in May. Once they are published, the Department will begin to send termination notices in June at the earliest to HUSKY families that have not responded to multiple attempts by DSS and HUSKY Infoline to contact them. The notices will only go out after all other avenues to reach families have been exhausted. This includes two letters mailed by DSS, at least one phone call from a DSS worker, and at least two calls from HUSKY Infoline staff. DSS is producing several new forms, letters, and a revised brochure related to the Medicaid citizenship documentation requirements that Covering Kids and Families will distribute and post on its Web site once they are available. Mr. Loveland anticipates that the first termination notices will be effective June 30th. Please note that termination notices trigger fair hearing rights. If families request a hearing within 10 days of the notice, they can keep their HUSKY health coverage, while the fair hearing request is pending. Families always have the right to reapply.

HUSKY A applications are now processed by DSS Regional Processing Units (RPUs)

In 2007 state legislation required that all HUSKY applications be processed centrally. DSS is divided into three regions (Western, Northern and Southern) and has instituted regional processing of all HUSKY A (Medicaid) applications beginning April 1st in an attempt to reducing the number of HUSKY A applications that are processed in all of its offices and as a way of addressing the intent of the 2007 legislation to consolidate the processing of applications. ACS, which screens for HUSKY A eligibility, will send all HUSKY A applications to the three Regional Processing Units, as well as HUSKY applications for children who are no longer eligible for HUSKY B, but instead are eligible for HUSKY A.

Primary Care Case Management

Ms. Ciarcia mentioned that the Primary Care Case Management pilot is scheduled to be implemented on October 1, 2008. A work group involving DSS staff, legal services, and other advocates, have been developing the plan, which will pay HUSKY physicians to provide case

management, care planning and referrals for their patients in Medicaid fee for service, as an alternative to enrolling with a managed care plan.