

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 January 31, 2008

HUSKY Program Changes

At the January 31st meeting of the Covering Kids and Families network, Rose Ciarcia, Director of Managed Care for the Department of Social Services, announced that Anthem has advised DSS that it is now prepared to accept full compliance with state Freedom of Information disclosure rules. This will allow Anthem to stay in the program through June 30, 2008. As a result, HUSKY A enrollees will be able to choose ***Community Health Network (CHNCT), Anthem (Blue Care Family Plan), or traditional Medicaid*** (fee-for-service), as of April 1st. After March 31st, Wellcare (Preferred One) and Health Net will no longer participate in the HUSKY program.

According to Ms. Ciarcia, about 65% of HUSKY clients are currently enrolled in either CHNCT or Anthem, and therefore a majority of HUSKY clients will not be directly affected by the changes in health plan participation.

- HUSKY members currently in Wellcare or Health Net will be given 30 days to choose a new plan.
- HUSKY A members in Anthem and CHNCT will be sent a notice informing them that they can choose traditional Medicaid. If they do not choose to switch to traditional Medicaid, they will remain in their current plan.

For HUSKY members, currently in Wellcare or Health Net, who do not choose a new plan:

- In HUSKY A, clients who do not choose a plan will be assigned to traditional Medicaid (fee-for-service).
- In HUSKY B (bands 1 and 2), clients who do not choose a plan will be assigned to either Anthem or CHNCT (HUSKY B is not Medicaid and thus traditional Medicaid is not available to HUSKY B members).
- In HUSKY B (band 3, the highest-income eligibility level), clients in Wellcare (Preferred One) who do not choose a plan will be dis-enrolled, and will not get back onto HUSKY until they select a plan and pay the monthly premium. (ACS, the HUSKY enrollment broker, will be calling these clients to encourage them to choose another plan so their children do not lose coverage).

DSS began sending out formal notices to HUSKY clients about the health plan changes at the beginning of February and will continue the mailings through the end of the month on a staggered basis by county. Notices to providers will be going out this month as well.

CT Voices for Children has created a HUSKY program change resource Web page with links to information from the Covering Kids meeting and program notices at

www.ctkidslink.org/announcement_75.html. Included on this page are links to Ms. Ciarcia's Powerpoint presentation, a complete video of her presentation on HUSKY changes, and DSS notices to clients and providers about health plan and pharmacy changes.

Accessing HUSKY Pharmacy Benefits

Effective February 1, DSS began administration of pharmacy benefits for all HUSKY clients. DSS Medicaid policies, including the DSS preferred drug list (PDL), now apply. No prior authorization is necessary for clients to receive behavioral health or anti-retroviral drugs. Accordingly, DSS anticipates fewer requests for prior authorization. In addition, if a client goes to a pharmacy to obtain a medication that needs prior approval and the prior approval has not been obtained, the pharmacies have been instructed to provide a one-time, 30-day supply to the HUSKY enrollee. In that case, the pharmacy should follow up with the doctor to get approval before the next refill (if refills are authorized).

DSS is sending notices to clients that explain how to access pharmacy benefits. These notices in English and Spanish can be found on the state's Web site: www.huskyhealth.com. Pharmacists and providers also received notification of the changes.

HUSKY clients will need to use their gray CONNECT card at the pharmacy. However, if the client doesn't have a CONNECT card, s/he can give the pharmacist the client ID number on the health plan member card *or the member's Social Security number and date of birth*.

HUSKY B clients can only use the CONNECT card (not their health plan card). If they don't have a CONNECT card, they can provide their Social Security number and date of birth to the pharmacist.

If members need CONNECT cards, they can call 1-800-656-6684
Monday through Thursday from 9:00 am to 8:00 pm
Friday from 9:00 a.m. to 6:00 pm
Saturday 10:00 am to 2:00 pm

Waiver of Premiums for HUSKY B Newborns Delayed

Implementation of new rules related to newborn coverage has been delayed, in large part due to the other changes in the HUSKY program. DSS will let Covering Kids know when these rules go into effect. Once implemented, the rules will enable families that enroll uninsured newborns in HUSKY B to pay no premiums for the first four months in order to help reduce the number of uninsured babies that leave the hospital. DSS and birthing hospitals are working together to implement these new rules and procedures. (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.)