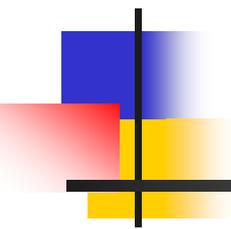


# NAVIGATING THE CONNECTICUT MEDICAID SYSTEM



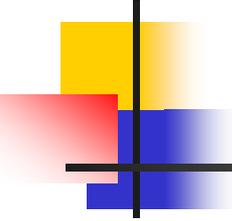
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Nurse Management Team  
Training  
October 1, 2008



From The Desk Of :

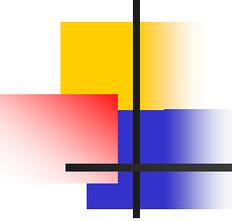
Cheryl Wamuo  
Health Program Associate/  
Health Advocate  
Department of Children & Families



# What We Will Cover

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- Overview Of the Medicaid System
- Medicaid & Your DCF Child
- Health Advocate Role
- New Medicaid Changes
- Contact Information
- Practical Tips



# Overview of the Medicaid System

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- Established by Social Security Act – Title 19. Became law in 1965.
- Medical assistance for individuals and families with low incomes and resources and who meet eligibility criteria.
- Largest source of funding for medical/health related services for the poor.
- Jointly funded by federal and state governments.

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# Overview of the Medicaid System

- Terminology may be confusing
  - > Unmanaged Medicaid Terms:  
Title 19, Medicaid,  
Traditional Medicaid, Straight  
Title 19, SAGA
  - > Managed Medicaid Terms:  
HUSKY A, HUSKY B
  
  - > Medicare
- Income guidelines apply to be eligible for Medicaid.
- Not all poor individuals are eligible.

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# Overview of the Medicaid System: Services

- HUSKY A = Managed Care
  - > Also called MCO (Managed Care Organization) Plan
  - > 3 health plans
  - > Must use network providers unless in-network care not available
  - > Plans administer medical services but sub-contract out for the other services.
  - > mental health services through the CT Behavioral Health Partnership
- Medicaid = Fee- for- service
  - > no managed care organization (MCO)
  - > can use any participating provider

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# Medicaid & Your DCF Child



Types of insurance a child may have when they come into DCF care:

No insurance

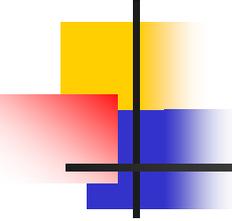
Child's own Medicaid insurance

Parents Medicaid insurance

Parent's commercial insurance

Parent's Medicaid & commercial insurance

All children in DCF custody and adopted children with medical subsidies at least have CT Medicaid coverage.



# Medicaid & Your DCF Child

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- Applying for Medicaid:
  - > done by DCF social worker
  - > Health Advocate sometimes involved.
- DCF children must be enrolled in a managed care plan.
  - > exceptions: medically fragile, DMR involved children.
- In-network rules apply but out-of-network providers available
  - > Health Advocate involvement.

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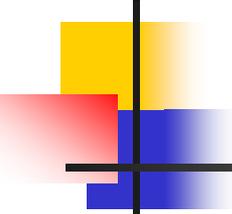
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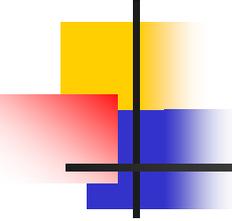


# Who We Are

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There are 5 Health Advocates covering CT:

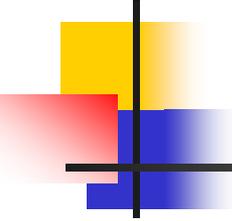
<u>Name</u>	<u>Offices</u>	<u>Phone</u>	<u>Coverage Day</u>
Mary Ann Daddario	Supervisor	860-550-6537	N/A
Cheryl Wamuo (Unit Leader)	Manchester, Meriden	860-5605033	Monday
Holly Wertz	Waterbury, Torrington, Bridgeport	203-597-4193	Tuesday
James George	Hartford ,Middletown, Norwalk, Stanford	860-418-8467	Wednesday
Laura Morris	New Britain, Norwich, Danbury	860-832-5441	Thursday
Adrienne Bryant	New Haven (Greater & Metro), Willimantic	203-786-2518	Friday



# The Role Of The Health Advocate

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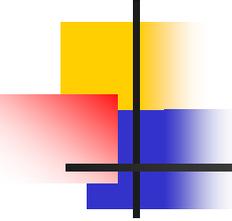
- Verify Medicaid eligibility.
- Facilitate managed care plan enrollment or exemption.
- Explain how to access services within the managed care system.
- Resolve problems with health care access
- Resolving Pharmacy Issues.
- Facilitating payment of bills.
- Training foster parents, DCF staff, staff in congregate care settings.
- Making MDE referrals to foster care clinics.



# New Medicaid Changes

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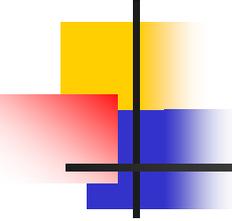
- The HUSKY program is changing some of the health plans it is offering.
- Current plans: Blue Care Family Plan (BCFP), Community Health Network (CHN), and Traditional Medicaid.
- As of 9/1/08: Available managed care HUSKY plan choices will be Community Health Network, Americhoice by United Healthcare, and Aetna Better Health. Straight Title 19 insurance will continue to exist for non-HUSKY members.
- Blue Care Family Plan and Traditional Medicaid will be terminated as of 12/31/08. Clients in these plans will have to change to one of the available plans by 11/24/08.
- As of 8/11/08 enrollment into Blue Care Family Plan & Traditional Medicaid is frozen. These plans are no longer options. Exception: DCF children placed out of state can be enrolled in BCFP.
- DSS has started notifying clients of the Medicaid changes.



# HUSKY County Transition Process

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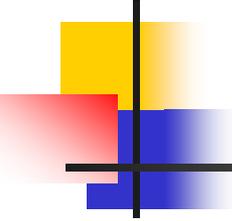
- Voluntary Enrollment by County:
  - > 9/1 – Middlesex county
  - > 10/1 – Litchfield, New Haven, Tolland counties
  - > 11/1 – Fairfield, Hartford, New London, Windham counties
  
- DSS assesses the provider networks of all 3 MCO plans before “turning on” counties
  
- Voluntary plan choice ends on 11/24. Clients who do not choose a plan during the voluntary period, will be defaulted into one of the 3 available plans as of 12/1/08.
  
- DCF children will be defaulted into plans, if a plan choice has not been made by 11/24.
  
- Contact your DCF Social Worker, if you have access issues → Health Advocate referral.



# DCF MCO Transition Project Goal

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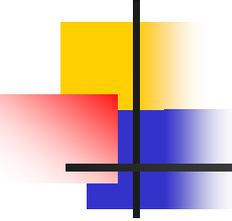
To successfully transition DCF committed children with Blue care Family Plan or Traditional Medicaid coverage to either Community Health Network, Aetna Better Health or Americhoice by United Healthcare by 11/24/08 in a way that enables DCF committed children to remain involved with their existing Primary Care Physicians and Specialists (if applicable).



# DCF WORKPLAN – MCO Transition

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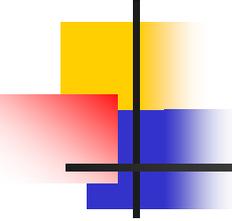
- Project timeframe: 9/15/08 – 11/15/08.
- DSS will send letters to the general Medicaid population, including DCF adoptive parents, explaining the new Medicaid changes.
- DSS will not send letters to DCF out of home children. DCF will handle the insurance changes for these children.
- DCF Project Leads: Dr. Wolman, Mary Ann Daddario, Health Advocates.
- Project has officially started. All Area Office Directors have received an agency wide letter explaining the HUSKY changes and a work plan detailing the process to be followed.
- Area offices have received a list of all their children requiring insurance plan changes. Social Workers and Health Advocates will work closely to ensure insurance plans are changed by the 11/24 deadline.
- DCF Project Team members meet weekly to ensure project is on schedule and to resolve problems as they arise.
- Meetings are held with DSS and MCO plans as needed.



# DCF WORKPLAN – MCO Transition

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- DCF will notify foster parents in mid-September of the changes and will instruct them to work with their Social Worker to select a new plan.
- Children currently on CHN insurance will keep this coverage, unless this becomes problematic (i.e. provider mismatch)
- Plan selections can be changed. Clients are not locked into their plan.
- Children with complex medical needs who currently have Traditional Medicaid will need to have an MCO exemption to continue to be on Straight title 19. DCF children must meet eligibility requirements in order to receive an exemption.

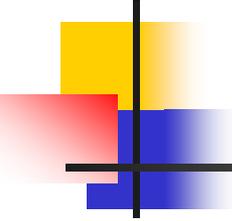


# OTHER MEDICAID CHANGES

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## Pharmacy Carve Out: Effective 2/1/08

- DSS began administering Medicaid Pharmacy Services as of 2/1/08. Previously each MCO had their own pharmacy vendor.
- The pharmacy insurance number is the client id# on the grey Connect Card (i.e. 001234567).
- Preferred Drug List (PDL): The Connecticut Preferred Drug List is a listing of prescription products recommended by the Pharmaceutical & Therapeutics Committee as efficacious, safe, and cost effective choices for Medicaid clients. Most FDA approved drugs not listed on the PDL are available with prior authorization.
- Psychotropic and HIV related medications do not require prior authorization. They are always preferred drugs.
- If a drug is not on the PDL, it will require prior authorization.
- Early Refills:
  - Non-Controlled Drugs - Pharmacists should call EDS to request an override
  - Controlled Drugs – Doctors should call EDS to request an override.
- Diagnosis codes are required on the prescription for certain drugs
- Access the DSS website @ [www.ctdssmap.com](http://www.ctdssmap.com) for a current PDL list and other information

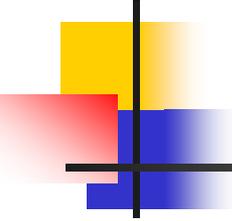


# OTHER MEDICAID CHANGES

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## **Behavioral Health Carve Out: Effective 1/1/06**

- HUSKY Behavioral Health Services - administered by the Connecticut Behavioral Health Partnership (CTBHP)
- Fee for Service Behavioral Health Services – administered by DSS.



# OTHER MEDICAID CHANGES

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## **Dental Carve Out: Effective 9/1/08**

- BeneCare Dental Plans will manage all the Dental Benefits in the HUSKY A, HUSKY B, Fee-for-service, State Administered General Assistance (SAGA) programs.
- Change should provide access to more dentists across the state.
- Case managers will be available to assist with access issues.
- All HUSKY and Fee-for-Service Medicaid clients will be switched to the BeneCare Dental Plan.
- As of 9/19/08, there were 674 dental providers enrolled in Benecare.
- Out of state dental services will also be covered by BeneCare. Out of state providers willing to become BeneCare providers must enroll with EDS. The enrollment process can take 30 – 45 days.
- For more details access their website @ [www.benecare.com](http://www.benecare.com)

# Practical Tips: No Insurance

## What do I do if the child does not have insurance?

- Inform the child's social worker ASAP
- Social worker will normally contact his/her Health Advocate
  - > reactivation of Medicaid
  - > reactivation of managed care plan.
  - > PCP assignment, if needed.



# Practical Tips: Pharmacy

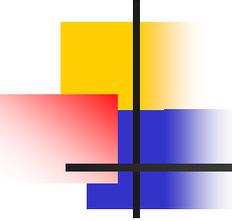


**What if I do not know the child's medical number and the pharmacist instructs me to pay cash?**

- Ask pharmacist to find the number electronically by using the child's name and date of birth.
- Ask pharmacist to provide you with enough medications at no cost for a few days. Tell social worker to contact his/her Health Advocate ASAP.
- Contact your DCF Health Advocate directly for assistance.
- For after hours problems, call DCF Hotline Supervisor– (800) 842-2288
- Last resort: If possible pay for enough medication to last until the next business day.

**SAVE YOUR RECEIPT!!!**

Contact you Health Advocate to explain the reimbursement procedure

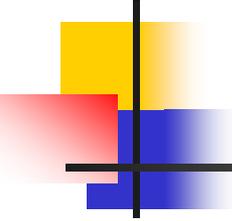


# Practical Tips: Pharmacy



## What if a child is placed in my facility without enough medication?

- Inform social worker of problem. An adequate supply of medication should be provided at time of placement.
- Call pharmacy to re-fill medication, if re-fills still left.
- Contact the doctor for another prescription.
- There are DCF medication protocols. Social worker needs to be informed of all medication problems.
- If there are still problems > Health Advocate



# Practical Tips: Pharmacy



## What do I do if the medication is not covered under my child's plan?

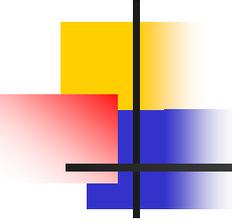
- Rejections are usually due to prior authorization requirements.
- Contact the prescribing doctor and ask them to request prior authorization from EDS @ 800-842-8440.
- Contact your Health Advocate if there are still problems.

# Practical Tips: Dentists



## What if I can not locate a dentist near my facility?

- Medicaid dental providers are hard to find.
- Contact BeneCare for a list of participating dentists.
- If you can not locate a dentist close to home or can not get an appointment soon enough, inform your social worker > Health Advocate referral
- If a problem persists, inform your social worker > Health Advocate referral.



# Practical Tips: Dentists

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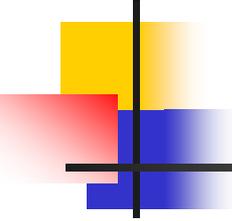
## **Are braces covered under the Medicaid plans?**

Yes, braces are a covered managed care Medicaid benefit but only if the child's dental condition is disabling. Medicaid will not pay for braces for cosmetic purposes.

Certain criteria must be met.

Dentists should call BeneCare to find out the approval process

Contact your Health Advocate if you have questions.



# Resources

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## Managed Care Medicaid Plans – Member Services

- Blue Care Family Plan: 800-554-1707
- Community Health Network: 800-859-9889
- Aetna Better Health: 866-742-3120
- Americhoice by United Healthcare: 866-315-2323

HUSKY Infoline – 800-656-6684

## Websites

- [www.CHNCT.org](http://www.CHNCT.org)
- [www.AetnaBetterHealth.com](http://www.AetnaBetterHealth.com)
- [www.Americhoice.com](http://www.Americhoice.com)
- [www.benecare.com](http://www.benecare.com)
- [www.ctdssmap.com](http://www.ctdssmap.com)
- [www.cms.hhs.gov](http://www.cms.hhs.gov)