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Concerns Persist Over Charter Oak

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Yesterday

Nearly a year after the launch of Gov. M. Jodi Rell's Charter Oak Health Plan for uninsured adults, the state has denied almost twice as many applications as it has accepted, while officials remain unclear on how many doctors are enrolled in the highly controversial plan.

During the life of the program, which opened for applications July 1, 2008, enrollments climbed to as high as 11,026 but currently stand at 9,262. At the same time, 19,840 applications have been denied, due to various factors, but overwhelmingly because of "incomplete documentation."

David Dearborn, a spokesman for the Department of Social Services, which administers the program, said there have been many instances in which individuals have not answered all application questions, especially regarding household income, which determines premiums and deductibles.

Dearborn said attempts are made to get the missing information and applicants have 45 days to respond before their application is denied.

Denial letters also indicate that clients may reapply at any time.

"The program requirements were set through legislation," Dearborn said. "We need to ask about certain income information to determine when costs are reduced for the consumer. If applicants don't follow through, there is nothing we can do."

Governor Pleased

Rell spokesman Chris Cooper said the Republican governor is pleased with the progress of the \$13 million program for uninsured adults of all incomes.

“The fact that we have 9,000 people getting access to care that they previously did not have is a good thing,” Cooper said.

Cooper said that it will take time to build up the network and that he thinks “the number of participants will continue to go up.”

Dearborn also said an additional 4,052 individuals have been determined eligible for the program after applying, but have not yet enrolled with one of the three insurance providers contracted with Charter Oak.

Health care Advocate Kevin P. Lembo said the number of applicant rejections, especially due to incomplete documentation, is troublesome.

“To have their applications rejected because of paperwork seems like a simple administrative issue that needs to be corrected,” Lembo said.

State Sen. Jonathan Harris, D-West Hartford, said he isn’t surprised by the current enrollment numbers.

“I guess it’s performed as well as I thought it would,” said Harris, co-chair of the Public Health Committee.

Meanwhile, health care advocates have taken issue with how DSS documents physician participation in Charter

Oak and Husky, the state's Medicaid program, which was originally tied to Charter Oak before the two were separated in November 2008.

They say the department's monthly statistics on doctor enrollments are bloated.

Data from the Medicaid Managed Care Council as of May 5 lists the combined size of the three contracted insurance networks — Aetna Better Health, AmeriChoice and Connecticut Community Health Network — at 14,484 primary care doctors and specialists enrolled in Charter Oak and Husky, while another 20 doctors are enrolled in Charter Oak only.

Those numbers are down from an April 14 report, which showed 14,579 doctors enrolled in both programs and 26 in Charter Oak.

But determining how many individual doctors are enrolled is impossible under the department's current reporting system.

Currently, DSS counts a physician for each managed care organization they are contracted with, meaning a doctor signed up for all three Charter Oak and Husky insurance providers would be counted three times in DSS reports.

However, doctors are only counted once per plan, regardless of how many office locations they have.

"We are currently working on a process to identify 'unique' providers," Dearborn said.

Critics Rip DSS

Attorney Sheldon V. Toubman, a longtime Charter Oak critic, slammed DSS for not providing an accurate

representation of doctors enrolled in the Charter Oak and Husky programs. Sheldon said he's raised the same reporting issue encountered in the Husky program "for years."

"No one seems to be calling them out on the fact that the numbers are bogus," Toubman said.

Lembo said the physician-reporting model is especially troubling for Connecticut residents weighing enrollment in either Charter Oak or Husky. "Consumers do rely on that when they're making a decision if they want to participate," Lembo said.

Harris said he still has some concerns with the program, and he wonders what type of care participants are actually receiving.

Those concerns include the limited nature of certain benefits like a \$7,500 annual cap on prescription drugs.

"Health care is expensive and people can blow through that cap," Harris said. "The jury is still out."

Connecticut State Medical Society president William Handleman said doctors remain reluctant to sign up for Charter Oak because of poor reimbursement compared to Medicaid rates.

"Physicians may choose to sign up with Medicaid at those same rates because they may feel some social obligation because the patients can't afford private insurance, but for Charter Oak, you're talking about a population that's not an indigent population," Handleman said.