



STATE OF CONNECTICUT  
OFFICE OF THE CHILD ADVOCATE  
999 ASYLUM AVENUE, HARTFORD, CT 06105

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Connecticut Chapter



**Legal Assistance Resource Center**

**◆ of Connecticut, Inc. ◆**

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(860) 278-5688 ♦ FAX (860) 278-2957

March 19, 2008

**Re: Need to Stabilize and Study HUSKY Program Before Making Further Changes**

We are a diverse group of organizations writing to urge that you maintain the current HUSKY management system until at least January 1, 2010 in order to:

- prevent unnecessary turmoil for participants, providers and administrators and
- provide time to study the impact of different administrative systems on healthcare, outcomes and cost.

The HUSKY program has seen many changes in the past two years:

- Administration of behavioral health services was “carved out” of the services provided by Managed Care Organizations (MCOs) in 2006.
- The role of MCOs was fundamentally changed on January 1, 2008, so that they are providing only administrative services. DSS is now making all policy, provider rate and medical decisions.
- As of February 1 of this year, pharmacy services are no longer provided as part of the MCO contracted services; they are now administered directly by DSS, as they are under DSS’ “fee for service” program for elderly/disabled Medicaid recipients.
- On April 1, contracts with two of the four MCOs currently providing administrative services will terminate. In preparation for the April 1 changes, 112,000 participants in the HUSKY program must select or be assigned to one of the two remaining administrative organizations - or to direct administration by DSS under fee for service - and the remaining 208,000 participants are this month being asked to consider whether they want to change from their current MCO.
- Dental services are expected to be administered directly by DSS in the near future.
- A Primary Care Case Management (PCCM) pilot project is being developed to deliver health care for some HUSKY families.

All of these are positive changes - but there are many of them. The April 1 changes in particular will cause substantial, though unavoidable, confusion. To avoid changing doctors, families must ensure that their providers participate in the plan they pick, or convince their providers to enroll in that plan. Already, some patients are having trouble seeing their doctors because of concern by these providers about the ability to be reimbursed. DSS is working with advocates and providers to try to reduce the disruption, but, based on past experience, some enrollees will go to their doctors after April 1st and be told that they cannot be seen because the doctor does not take their new insurance plan. Inevitably, it will take at least a few weeks to straighten out all the glitches.

Under current plans, all 320,000 HUSKY participants will have to go through another round of transition in May or June of this year, just as all the problems from the April 1st changes are being worked out. Contracts with MCOs which respond to the outstanding combined HUSKY/Charter Oak Health Plan RFP are scheduled to be in effect by July 1 of this year. At least one (and probably two) of these new contracts will be with MCOs which have never delivered services to Connecticut HUSKY participants.

Families in HUSKY and their health care providers should not be required to go through two transitions in three months. Many enrollees will be so confused by the last round of changes that they will simply not respond to the second round of letters, forcing a default placement into an MCO which likely will not include some or all of their doctors. And many providers, having heard rumors of DSS' intention to change the program yet again in July, are not inclined to sign up now with a plan (the remaining administrative organizations or fee for service) that may have a longevity of only three months.

On behalf of the 320,000 HUSKY participants, including 231,500 children, we urge you to stabilize the program, and to take the time necessary to study the various delivery systems already or soon to be in effect (PCCM), so that we can methodically adopt or improve a system that works best for families seeking health care, their providers and the taxpayers of the state. If necessary to accomplish this, Charter Oak and HUSKY should be implemented, studied and improved on their own time schedules. Certainly, this is not the time to impose another disruptive change on the delivery of health care to the vulnerable HUSKY population.

Thank you for considering this urgent request.

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*On behalf of the undersigned organizations:*

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Advocacy for Patients with Chronic Illness  
AIDS Life Campaign  
Branford Pediatrics and Allergy  
Bridgeport Child Advocacy Coalition  
Center for Children's Advocacy  
Christian Community Action  
Clifford W. Beers Guidance Clinic  
Collaborative Center for Justice  
Connecticut Academy of Family Physicians  
Connecticut AIDS Resource Coalition  
Connecticut Alliance for Basic Human Needs  
Connecticut Association for Human Services  
Connecticut Call to Action  
Connecticut Center for a New Economy  
Connecticut Citizen Action Group  
Connecticut Conference of United Church of  
Christ  
Connecticut Council on Child and Adolescent  
Psychiatry  
Connecticut Early Childhood Alliance  
Connecticut Family-to-Family Health Information  
Center  
Connecticut Legal Rights Project

Connecticut Legal Services  
Connecticut Lifespan Respite Coalition  
Connecticut Oral Health Initiative  
Connecticut Parent Power  
Connecticut Voices for Children  
Connecticut Women's Consortium  
Department of Social Work at Stamford Hospital  
End Hunger Connecticut!  
FAVOR, Inc., A Statewide Family Advocacy  
Organization  
Greater Hartford Legal Aid  
Health Care For All  
Jewish Community Relations Council of Greater  
New Haven  
Middlesex Coalition for Children  
National Association for Social Workers/  
Connecticut Chapter  
New Haven Legal Assistance Association  
Pediatrics Plus\* PC  
Permanent Commission on the Status of Women  
South Central Behavioral Health Network  
Together We Shine  
Waterbury Health Access Program  
Willimantic Housing Authority