



HUSKY B AND HUSKY PLUS

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HUSKY B COST SHARING

Families under both HUSKY Bands 1 and 2 must pay co-pays for medical services, but those in Band 2 must also pay a monthly premium of \$30-\$50 per month, depending on the number of children in the family. Annual cost sharing for both coverage bands is capped at 5% of the family's gross income. According to the Department of Social Services, when a family reaches the 5% maximum, the department issues a new ID card that shows that there are no additional cost-sharing obligations for the remainder of the eligibility year.

ISSUE

Provide an overview of HUSKY B and HUSKY PLUS Physical health coverage.

SUMMARY

HUSKY B provides medically necessary health care coverage including prescription, dental, and mental health coverage, for uninsured children under age 19 who do not qualify for HUSKY A (Medicaid). HUSKY B also provides intensive care management services for children with special health care needs. As of November 2015, 14,928 children were participating in HUSKY B.

To be eligible for HUSKY B, a family's income must fall within 196% and 318% of the federal poverty level (FPL). HUSKY B coverage is further divided into two bands: Band 1 (196%-249% FPL) and Band 2 (250%-318% FPL). ([PA 15-5 June Special Session](#) (§§ 373 & 374) eliminated

the third band of HUSKY B coverage, effective August 1, 2015. This band provided unsubsidized health coverage for children in families with income over 318% FPL.) Families receiving HUSKY B services must contribute towards the care cost, with these contributions rising as family income rises.

HUSKY PLUS Physical is a supplemental health program for HUSKY B members whose physical needs exceed the services provided under HUSKY B. There are no cost-sharing requirements for members who qualify for HUSKY PLUS services.



HISTORY

Congress established the State Children's Health Insurance Program (CHIP) as part of the 1997 Balanced Budget Act. The program was designed to provide lower income families who were ineligible for Medicaid with an opportunity to receive affordable health coverage for their children. According to a [report](#) from the American Academy of Pediatrics, under this program, Congress provided \$40 billion in block grants for states, which were given the option to expand their Medicaid coverage to these children or establish separate CHIP programs. For those states that chose to expand Medicaid coverage, the benefits they offered to the new population had to mirror those already in place for Medicaid recipients. The stand-alone programs had more discretion over what types of coverage and services would be offered. In October 1997, Connecticut established HUSKY B as the state's stand-alone CHIP program and HUSKY PLUS as the supplemental program for HUSKY B recipients with intensive physical health care needs ([PA 97-1, October Special Session](#)).

Under the 2007 Medicare, Medicaid, and S-Chip Extension Act, the federal program was authorized through March 2009. The 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) once again reauthorized the program through 2013, and the Affordable Care Act (ACA) extended that authorization through September 2015. Most recently, the program was once again reauthorized through fiscal year (FY) 17 under the 2015 Medicare Access and CHIP Reauthorization Act.

FUNDING AND PROVIDER REIMBURSEMENT

According to the Centers for Medicare and Medicaid Services (CMS), CHIP is funded by both federal and state funds. The federal funding is determined through a formula based on the Medicaid Federal Medical Assistance Percentage (FMAP). Prior to the ACA's implementation, federal reimbursement to states for CHIP was generally about 15% higher than such reimbursement for Medicaid (on average, 71% and 57% respectively). The ACA increased the federal match for CHIP, starting October 1, 2015, to a national average of 93%. According to the [Kaiser Family Foundation](#), Connecticut will receive an 88% match for FY 17. The enhanced match is scheduled to continue until September 30, 2019.

Health care providers who wish to be reimbursed for services they provide to HUSKY B recipients must enroll as providers in the Connecticut Medical Assistance Program (CMAP). The same requirement applies to providers who wish to receive reimbursement for services to Medicaid recipients. Providers are reimbursed at the same rates for services they provide to Medicaid and HUSKY B recipients.

HEALTH COVERAGE

HUSKY B provides coverage for a variety of services, such as physician and radiology services, ambulatory surgery, emergency care, clinic and hospital services, laboratory work, and pharmacy services. HUSKY B recipients may also receive mental health and dental coverage (see below). The [2015 HUSKY B Member Handbook](#) provides more details about all the services covered under the program. The handbook also specifies certain services not covered under the program, including experimental treatments, cosmetic or plastic surgery, services that are not medically necessary, and educational services (see pp. 24-25 of the handbook for the full list).

HUSKY B recipients with intensive physical health care needs may also receive additional supports and services through HUSKY PLUS Physical, including:

1. care coordination;
2. advocacy;
3. family support and case management;
4. long-term rehabilitation;
5. some medical and surgical supplies;
6. some durable medical equipment (e.g., walkers, nebulizers);
7. power wheelchairs; and
8. hearing aids for children over age 12.

Medical Necessity

As is the case under Medicaid, for a HUSKY B recipient to receive services, the treatment must be "medically necessary." By law, a service is medically necessary if it is required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate a medical condition or its effects to attain or maintain the child's health and independent functioning. Such services must also be:

1. consistent with generally accepted standards of medical practice;
2. clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury, or disease;
3. not primarily for the convenience of the individual, the individual's health care provider, or other health care providers;

4. not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and
5. based on an assessment of the individual and his or her medical condition ([CGS § 17b-259b](#)).

Mental Health Services

The Connecticut Behavioral Health Partnership (BHP), consisting of the Departments of Children and Families, Mental Health and Addiction Services, and Social Services; Beacon Health Options; and a legislatively mandated oversight council, provides a range of behavioral health services to individuals on Medicaid and HUSKY B recipients. Beacon Health, a national managed behavioral health care company, serves as the BHP's administrative services organization (ASO) and as such, provides administrative services for the partnership. Providers must be Medicaid-certified to be included within BHP's provider network. Services available to HUSKY B recipients include:

1. inpatient mental health;
2. inpatient substance abuse detoxification (up to 60 days per year for drugs and up to 45 days per year for alcohol);
3. outpatient mental health and substance abuse services (including individual, group, and family therapy; day programs; and, for substance abuse treatment, methadone maintenance);
4. home health care (medication administration); and
5. residential services, including Department of Children and Families residential treatment, crisis stabilization, group home, shelter, safe home, foster care, community housing assistance, and transitional living.

Dental Services

The Dental Health Partnership serves as the ASO for HUSKY B recipients. HUSKY B covers 100% of costs for dental preventive services, including periodic oral exams, x-rays, and fluoride treatments. Most other dental services involve cost-sharing (e.g., fillings, extractions, periodontal surgery, braces, etc).

Prescription Coverage

HUSKY B pays all but a \$5 co-pay on prescribed generic medications and all but a \$10 co-pay for brand-name prescribed medication. HUSKY B also covers all but a \$5 or \$10 co-pay for over-the-counter medications prescribed by a health care provider. Brand name drugs typically require prior authorization from the

Connecticut Pharmacy Assistance Program (the prescription ASO) to be covered by HUSKY B. The program additionally covers 100% of the cost of certain oral contraceptives and intrauterine devices (IUDs).

Intensive Care Management

HUSKY B members with chronic health conditions or other special health needs may also receive intensive care management (ICM) services. Through ICM, health providers such as nurses and social workers collaborate with the member's primary care physician and the member to create a care plan to best address the member's specific needs. ICM also provides ongoing support to members in a variety of ways, including helping them (1) schedule appointments, (2) get answers to health care questions, and (3) talk to providers about concerns.

ADDITIONAL RESOURCES

American Academy of Pediatrics: "Children's Health Insurance Program (CHIP): Accomplishments, Challenges, and Policy Recommendations." January 2014.

<http://pediatrics.aappublications.org/content/early/2014/01/22/peds.2013-4059>

Centers for Medicare and Medicaid Services: "CHIP Financing."

<https://www.medicaid.gov/chip/financing/financing.html>

HUSKY Health Member Services. *HUSKY Health Program Member Handbook: HUSKY B*. September 2015.

http://www.huskyhealthct.org/members/member_postings/member_benefits/HUSKY%20B%20Handbook_9-15.pdf

Kaiser Family Foundation: "Enhanced Federal Medical Assistance Percentage for CHIP."

<http://kff.org/other/state-indicator/enhanced-federal-matching-rate-chip/>

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