Key Facts About HUSKY Health (Medicaid and CHIP)

Presentation to the Committees of Cognizance
Connecticut Department of Social Services
February 1, 2021
1. Connecticut HUSKY Health (Connecticut Medicaid and Children’s Health Insurance Program) is a major source of health care coverage, providing medical, behavioral health, dental, pharmacy, long-term services and supports (LTSS), and non-emergency medical transportation to over 928,000 children and adults.

2. Connecticut HUSKY Health is an investment in the health, economic security, school and work readiness, and independence of people across the life span.
3. Connecticut HUSKY Health is a federal-state partnership that is defined by Medicaid and CHIP State Plans and federal and state law and regulations.

4. Connecticut HUSKY Health manages its own benefit, as opposed to using capitated managed care, and is efficient and effective.

5. Connecticut Medicaid has implemented a range of reforms that have improved care and controlled costs.
Important Context
Medicare

- The federal Medicare program is basic health insurance for people over 65 and, after a 2-year waiting period, people who have been determined to have a qualifying disability.

- Its main focus is on coverage of hospital services and doctor’s visits.

- Coverage for behavioral health and long-term services and supports (LTSS) is limited, and dental care is not covered.

- Medicare is funded through payroll taxes and beneficiary cost sharing.
Medicaid

- Medicaid – a federal/state partnership - provides eligible people with medical, behavioral health, and dental benefits and is the majority payer for LTSS for older adults and people with disabilities who live in the community and in nursing homes.

- Some older adults and people with disabilities are dually eligible for Medicare and Medicaid.

- Medicaid is funded by both federal and state funds – in Connecticut the federal government pays ~ 59% of program costs (~ 63% with temporary enhanced reimbursement during the Public Health Emergency, PHE).
Children’s Health Insurance Program (CHIP)

- CHIP - a federal/state partnership - covers uninsured children in families with incomes that are modest but too high to qualify for Medicaid

- Unlike Medicaid, **CHIP is not an entitlement program** - CHIP must periodically be re-authorized, and is dependent on appropriations from Congress for funding

- **CHIP requires financial contributions from participating families**

- The federal government pays for 65% of program costs (69.34% with temporary enhanced reimbursement during the PHE)
KEY FACT 1

Connecticut HUSKY Health is a major source of health coverage, providing over 928,000 people – 1 in 4 Connecticut residents - with medical, behavioral health, dental, pharmacy, LTSS and non-emergency medical transportation benefits.
HUSKY Health touches **everyone**.

Over 928,000 people. Children. Working families and individuals. Older adults. People with disabilities. 1 in 4 Connecticut residents are helped. 4 in 10 Connecticut births are covered.
A stronger and healthier generation that avoids preventable conditions, and is economically secure, stably housed, food secure, and engaged with community.

Families that are intact, resilient, capable, and nurturing.

Choice, self-direction and integration of all individuals served by Medicaid in their chosen communities.

Empowered, local, multi-disciplinary health neighborhoods.
<table>
<thead>
<tr>
<th>Medicaid Coverage Group</th>
<th>Provides services to . . .</th>
<th>Representing . . .</th>
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<tbody>
<tr>
<td><strong>HUSKY A</strong></td>
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| • Adults with incomes up to 160% of the Federal Poverty Level (FPL) | **Over 517,000 parents/caregiver relatives and children** | • 57.2% of total members  
• 29.6% of total Medicaid program costs |
| • Pregnant women with incomes up to 263% FPL |                     |                     |
| • Children with incomes up to 201% FPL |                     |                     |
| **HUSKY C**             |                             |                     |
| • Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% FPL; home and community-based services programs have higher income limits | **Over 83,000 older adults and people with disabilities** | • 9.4% of total members  
• 38.2% of total Medicaid program costs |
| **HUSKY D**             |                             |                     |
| • Eligible adults age 19-64 with incomes up to 138% FPL (Affordable Care Act Medicaid expansion population) | **Over 307,000 adults who do not have children or specified disabilities** | • 33.5% of total members  
• 29.6% of total Medicaid program costs |

For reference:

2020 FPL for 1 person = $12,760  
2020 FPL for 4 people = $26,200
### Children’s Health Insurance Program (CHIP) Coverage Group

<table>
<thead>
<tr>
<th>HUSKY B Band 1</th>
<th>Provides services to . . .</th>
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<tr>
<td>• Family income up to 254% FPL</td>
<td>Over 12,000 children under 19th birthday</td>
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<th>HUSKY B Band 2 (requires premium)</th>
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<tr>
<td>• Family income between 254% and 323% FPL</td>
<td>Almost 7,000 children under 19th birthday</td>
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For reference:
- 2020 FPL for 1 person = $12,760
- 2020 FPL for 4 people = $26,200
Under Medicaid State Plans, states must cover **mandatory** services (e.g., inpatient hospital care, FQHC, physicians’ services, nursing home, NEMT) and may elect to cover **optional** services (e.g., prescription drugs, dental, clinic services, waivers)

Connecticut has elected to cover a broad range of optional services
The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid.

Under EPSDT, states are required to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines.
Another means of covering services is through “waivers”:

<table>
<thead>
<tr>
<th>Authority</th>
<th>Features</th>
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<tbody>
<tr>
<td>1915(c) home and community-based waiver</td>
<td>An option through which states can cover home and community-based long-term services and supports for target populations. Services can include care management, homemaker, home health aide, personal care, adult day health, habilitation, and respite care. Must identify a cap on participation.</td>
</tr>
<tr>
<td>In Connecticut: CT Home Care Program for Elders, Personal Care Assistance, Acquired Brain Injury, DDS, Mental Health, Autism</td>
<td></td>
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<tr>
<td>1115 research and demonstration waiver</td>
<td>An option through which states can implement demonstration projects to expand eligibility, provide services not typically covered by Medicaid, and/or use innovative service delivery systems. Must demonstrate budget neutrality and accept a cap on total expenditures over a five-year period.</td>
</tr>
<tr>
<td>Authority</td>
<td>Features</td>
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<td>1915(b) managed care waiver</td>
<td>An option under which states can implement a managed care delivery system that restricts the types of providers from which beneficiaries can receive services and use associated savings to provide other services.</td>
</tr>
<tr>
<td>1915(i) State Plan Amendment (SPA)</td>
<td>An option under which states can provide home and community-based services to individuals who meet identified functional criteria. In that it is a SPA, must serve all eligible individuals and cannot cap enrollment.</td>
</tr>
</tbody>
</table>
Medicaid does not cover:

- pilot projects or projects limited to a particular geographic area (unless through a waiver)
- most out-of-state care
- experimental care
- research
- services not coverable under federal law
HUSKY Health can expand coverage of services when:

- The federal government requires states to cover or offers incentives to cover additional services
- The program identifies that coverage would meet member needs and result in cost savings
- The legislature enacts authorizing language and appropriates funding

DSS must then define services and provider qualifications, prepare a fiscal impact analysis, and determine how to reimburse for the service.
KEY FACT 2

Connecticut HUSKY Health is an investment in the health, economic security, school and work readiness, and independence of people across the life span.
Covering kids promotes both their security and the state’s futures

Health care coverage to children supports not just their health status, but also aids their growth and development, school readiness and their ability to become actively engaged citizens in the future.
HUSKY Health . . .

➢ provides family planning services and pre- and post-natal care
➢ enables access to pediatricians through Person-Centered Medical Home (PCMH) practices
➢ is in the top three states in the country for utilization of children’s preventative dental benefits
➢ covers behavioral health and developmental screening as well as behavioral health services for children
Covering adults supports both them and the Connecticut economy

Health care coverage for adults provides financial security from the catastrophic costs of a serious health condition, improves mental health and helps keep people well and working
HUSKY Health . . .

- provides extensive preventative medical, behavioral health and dental benefits
- connects adults to PCMH practices that help them manage chronic conditions and avoid use of the emergency room
- uses data to identify members with complex needs, and provides care coordination
Covering older adults and people with disabilities supports them and their circles of support.

Coverage of long-term services and supports enables people to remain independent, make meaningful choices, and engage with community.
HUSKY Health . . .

➢ provides both home health care and an array of Medicaid “waivers” that pay for home and community-based services

➢ enables self-direction of services under Community First Choice

➢ has helped over 6,600 people to transition from nursing homes to the community under Money Follows the Person
KEY FACT 3

Connecticut HUSKY Health is a federal-state partnership that is defined by Medicaid and CHIP State Plans and federal and state law and regulations.
The purpose of Medicaid is to enable states "to furnish rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care"

Further, the Medicaid Act requires that each state medical assistance program be administered in the "best interests of the recipients"

The purpose of CHIP is to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid
Medicaid and CHIP State Plans

Contracts between a State and the federal Centers for Medicare and Medicaid Services (CMS) that outline eligibility standards, provider requirements, payment methods, and health benefit packages. These plans are frequently amended as states expand or revise coverage or eligibility, implement new federal requirements, or change reimbursement
KEY FACT 4

Connecticut HUSKY Health manages its own benefit, as opposed to using capitated managed care, and is efficient and effective.
DSS is the single state Medicaid agency for Connecticut.

DSS partners with several sister state agencies (DMHAS, DCF, DDS, DOH) that have roles in managing Medicaid benefits and related services.

DSS works with DPH, state healthcare licensing agency and the federally identified state survey and certification agency, to ensure quality.

DSS oversees contracts with three Administrative Services Organizations (ASOs) (for medical, behavioral health, dental) and a non-emergency medical transportation broker.
By contrast to most other state Medicaid programs, Connecticut Medicaid does not contract with capitated managed care organizations. Instead, like most large employers, the program is self-insured and uses a managed fee-for-service approach.

<table>
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<tr>
<th>Self-Insured</th>
<th>vs.</th>
<th>Capitated Managed Care</th>
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<tr>
<td>Connecticut Medicaid does not make payments to managed care plans. It pays administrative costs and costs of health care claims.</td>
<td>Payments</td>
<td>Medicaid agency pays monthly premiums to a Medicaid managed care organization (MCO).</td>
</tr>
<tr>
<td>Connecticut Medicaid controls and has standardized coverage, utilization management and provider payment statewide.</td>
<td>Plan Design</td>
<td>Each Medicaid MCO determines its own coverage, utilization management, provider network, and provider payments.</td>
</tr>
<tr>
<td>Connecticut Medicaid has a fully integrated, statewide set of claims data.</td>
<td>Data</td>
<td>Each Medicaid MCO produces limited “encounter data” for the Medicaid program.</td>
</tr>
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</table>
KEY FACT 5

Connecticut Medicaid has implemented a range of reforms that have improved care and saved money
On a foundation of Person-Centered Medical Homes, ASO-Based Intensive Care Management (ICM), Pay-for-Performance (PCMH, obstetrics) and Data Analytics/Risk Stratification, we are building in Community-based care coordination through expanded care team (health homes, PCMH+, Money Follows the Person), Supports for social determinants (transition/tenancy sustaining services, PCMH+ connections with community organizations), Value-based payment (PCMH, PCMH+, obstetrics pay-for-performance) with the goal of creating Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods.
HUSKY Health’s key means of addressing cost drivers include:

Streamlining and optimizing administration of Medicaid through . . .

- a self-insured, managed fee-for-service structure and contracts with administrative services organizations (ASOs)
- unique, cross-departmental collaborations including administration of the Connecticut Behavioral Health Partnership (DSS, DCF, DMHAS), long-term services and supports rebalancing plan (DSS, DMHAS, DDS, DOH) and the ID Partnership (DDS and DSS)
| Improving access to primary, preventive care through . . . | • extensive new investments in primary care (PCMH payments, primary care rate bump, electronic health record, EHR, payments) • comprehensive coverage of preventive behavioral health and dental benefits |
| Coordinating and integrating care through . . . | • ASO-based Intensive Care Management (ICM) • PCMH practice transformation • DMHAS-led behavioral health homes • Money Follows the Person “housing + supports” approach and Medicaid supportive housing services • PCMH+ shared savings initiative |
**Re-balancing long-term services and supports (LTSS) through . . .**

A multi-faceted Governor-led re-balancing plan that includes:

- Transitioning institutionalized individuals to the community with housing vouchers and services
- Prevention of institutionalization
- Nursing home “right sizing” (diversification of services) and closure
- Workforce initiatives
- Consumer education

**Implementing value-based payment approaches through . . .**

- Hospital payment modernization
- Pay-for-performance initiatives
- PCMH+ shared savings initiative
Key Quality Indicators

- The latest annual CMS Medicaid and CHIP Scorecard details that Connecticut’s performance was well above the national median for the majority of State Health System Performance Measures, including:
  
  - well-child visits
  - immunizations for adolescents
  - preventive dental visits
  - diabetes short-term complications admission
There are, however, continuing opportunities for improvement on measures including:

- Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%): Ages 18 to 75
- Plan All-Cause Readmission: Ages 18 to 64
- Ambulatory Care: Emergency Department (ED) Visits: Ages 0 to 19
- Asthma Medication Ratio: Ages 5-18
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication: Ages 6 to 12
These results on key measures reflect the trend from Calendar Years 2015 through 2019:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Trend</th>
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<tr>
<td>Routine care – physician services</td>
<td>Up 17.1%</td>
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<tr>
<td>Hospital admissions per 1,000</td>
<td>Down 10.1%</td>
</tr>
<tr>
<td>Hospital re-admissions per 1,000</td>
<td>Up 3.6%</td>
</tr>
<tr>
<td>Average length of stay hospital</td>
<td>Down 2.0%</td>
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## Connecticut HUSKY Health Provider Participation CY 2015 – CY 2020

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<tr>
<td>Total Primary Care Providers (PCPs)*</td>
<td>3,454</td>
<td>3,511</td>
<td>3,602</td>
<td>3,750</td>
<td>3,870</td>
<td>4,061</td>
<td>4.94%</td>
</tr>
<tr>
<td>Total Specialty/Ancillary/Facility Providers*</td>
<td>16,940</td>
<td>17,154</td>
<td>17,764</td>
<td>18,272</td>
<td>22,724**</td>
<td>23,829</td>
<td>4.86%</td>
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* Totals include in-state and border providers
** In 2019, state billing location for 3,249 providers was changed from out-of-state to border provider
Administrative expenses of approximately 3.0% are well under Medicaid managed care norms of close to 12%*

Investments in services (e.g., increased spending on primary care and community-based long-term services and supports) have aligned with policy priorities

The DSS Medicaid account Per Member Per Month (PMPM) has been very stable, reflecting only a 1.35% average annual increase from SFY 2015 to SFY 2020

*Administrative loss ratio per 2018 Milliman Medicaid Managed Care Financial Results report, June 2019
SFY 2020 state share of Medicaid expenses was only $108 million, or 4.4%, higher than the estimated SFY 2013 state share. This equates to an average annual increase of less than 1.0% (1.4% if adjusted to remove the temporary enhanced federal reimbursement under the public health emergency).

Connecticut’s percentage of Medicaid costs to overall State budget costs compares very favorably to both national averages and “peer” regional states.
Overall, quarterly PMPM trends have increased on average for the recent calendar year compared to the prior calendar year. Enrollment at the end of the two-year period under review is comparable to the beginning of the two-year period.
Continued Areas of Focus
In response to the **COVID-19 Public Health Emergency**, HUSKY Health is:

- covering COVID-19 testing and vaccine administration without co-payment
- offering broad coverage of telehealth services, both by videoconferencing and telephone
- supporting members through a behavioral health “warm line”, remote visits, medical transportation, and intensive care management
- supporting providers with administrative flexibilities and targeted financial assistance
HUSKY Health is also continuing to evolve . . .

Pursuing actionable steps (data collection and stratification, targeted interventions around maternal health and other urgent areas of focus) to improve equity of access, utilization and outcomes for all HUSKY Health members.

Developing additional value-based payment strategies, with a focus on maternity care, behavioral health integration, pharmacy and hospital-based opportunities.

Accelerating efforts to serve people who need long-term services and supports in the community, as opposed to in institutional settings.
Appendix

Links to Resources
For a summary of covered services under HUSKY A (children and parents/relative caregivers), C (older adults and people with disabilities) and D (single childless adults age 19-64), please use this link:

https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HUSKY_ACD_Member_Handbook.pdf
For a summary of covered services under HUSKY B (Children’s Health Insurance Program/CHIP, uninsured children under age 19), please use this link:

https://www.huskyhealthct.org/members/Member%20PDFs/member_benefits/HuskyB_MemberHandbook.pdf
The CMS Medicaid and CHIP Scorecard is available at this link:

For a detailed overview of HUSKY Health financial trends, see this link: