

Medicaid Overview

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Connecticut General Assembly

OFFICE OF LEGISLATIVE RESEARCH

Overview

- Defining Medicaid
- Eligibility and Coverage Groups
- Services
- Service Delivery
- Access
- Long Term Services and Supports
- Fiscal Overview
- Recent and Upcoming Issues
- Medical Assistance Program Oversight Council

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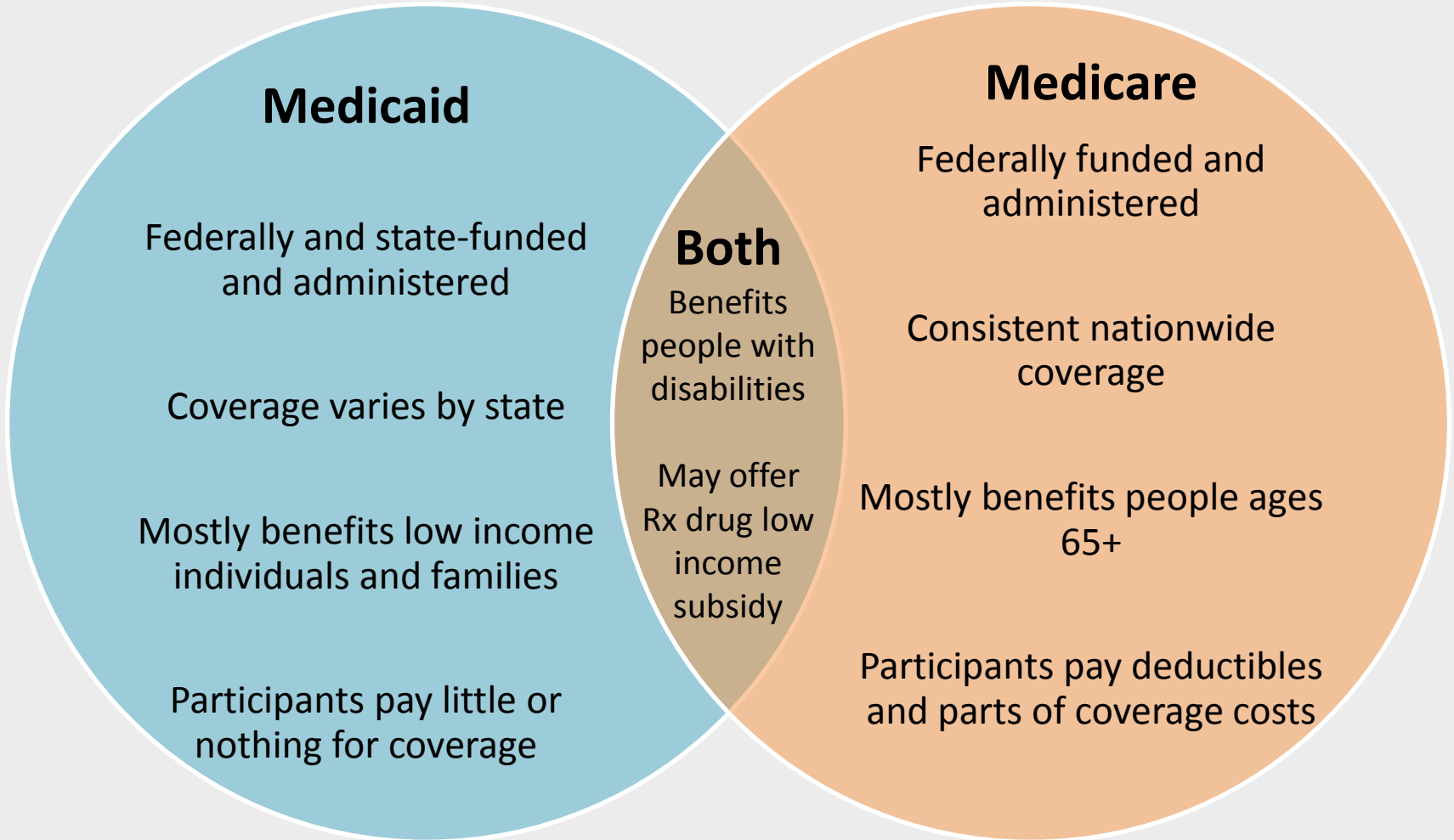
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What is Medicaid?

- Public health insurance program that provides coverage to numerous low-income populations
- Funded jointly by federal and state governments
- An “entitlement” program

Medicaid vs. Medicare



How is Medicaid administered?

- States operate programs within federal guidelines
 - Minimum service levels
 - Mandatory vs. optional coverage groups
- CMS approves state Medicaid plans
 - Amendments
 - Waivers
- Single state agency rule → CT Dept. of Social Services

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Medicaid Impacts

- Provides health coverage for 1 in 5 CT residents
- Main funding source for nursing home and community-based LTSS
- Largest source of federal funding for states

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Who is eligible for Medicaid?

What	Who	Enrollment November 2016
HUSKY A	Low-income children under 19.....	284,576
	Parents/caretaker relatives.....	153,090
	Children affiliated with DCF.....	7,747
	Pregnant women.....	6,653
HUSKY C	Seniors, blind, and adults with disabilities who meet income and asset levels	92,930
HUSKY D <i>(expansion)</i>	Low-income adults without dependent children	208,113

Source: CT Department of Social Services

*Does not include **HUSKY B** (*a.k.a. Children's Health Insurance Program*)

Federal poverty guidelines for FFY 2017

For the 48 contiguous states and the District of Columbia

Family Size	Poverty Level
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580
7	\$36,730
8	\$40,890

Source: U.S. Department of Health & Human Services

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Modified Adjusted Gross Income (MAGI)

- Used to calculate Medicaid eligibility under the Affordable Care Act
 - Replaced 2-step income disregard process
 - Standardized income eligibility rules across all states

Husky A

HUSKY Health Annual Income Guidelines – effective March 1, 2016

Coverage Group	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
Parents/relative caregivers	\$24,831	\$31,248	\$37,665	\$44,082	\$50,499
Children under 19	\$32,200	\$40,521	\$48,843	\$57,164	\$65,485
Pregnant women (incl. unborn child in family)	\$42,132	\$53,020	\$63,909	\$74,797	\$85,685

Source: CT Department of Social Services

- State law reduced parent/caretaker income limit from 201% to 155% of FPL eff. 8/1/2015.
- Per federal rule, parent/caretaker eligibility ends when youngest child turns 18 if not graduating before 19th birthday.

Husky C

HUSKY Health Monthly Income Guidelines – effective March 1, 2016

Coverage Group	Region A (Southwest CT)	Regions B & C (North, East, & West CT)
Seniors, blind, and adults with disabilities	Net Income Limit	Net Income Limit
Single Person	\$ 633.49	\$ 523.38
Married Couple	\$ 805.09	\$ 696.41
Institutionalized Individual	\$2,199	\$2,199

Source: CT Department of Social Services

- Disregard portion of unearned income, depending on living situation.
- Deduct monthly medical expenses in order to spend down excess income and qualify.
- Asset limits: \$1,600 for single person; \$2,400 for married couple

“Optional” Populations

- “Medically needy”
- Breast and cervical cancer patients
- Tuberculosis-related services for low-income individuals infected with TB
- Near-poor non-disabled adults without children (Medicaid expansion population)

Husky D

HUSKY Health Annual Income Guidelines – effective March 1, 2016

Coverage Group	Single	Family of 2	Family of 3	Family of 4	Family of 5
Aged 19 through 64, without children, who do not qualify for HUSKY A, do not receive SSI or Medicare, and who are not pregnant	\$16,394	\$22,107	\$27,820	\$33,534	\$39,247

Source: CT Department of Social Services

- “Medicaid expansion” population
- 100% federal reimbursement thru 2016; phasing down to 90% by 2020

Eligible Non-citizens

- In U.S. legally
 - Must have resided in U.S. for 5 years
 - SSI recipients
 - Children under 21
 - Pregnant or post-partum women
 - Exceptions include certain refugees, asylees
- Undocumented
 - Only authorized emergency medical care
 - Required by federal law

Mandatory Services

Includes:

- Early and periodic screening, diagnostic, and treatment (EPSDT) services
- Inpatient hospital services
- Outpatient hospital services
- Family planning
- Transportation to medical care

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Optional Services

May include:

- Physical and/or occupational therapy
- Optometry
- Speech, hearing, and language disorder services
- Dentures
- Prosthetics
- Respiratory care services

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Service Delivery

Managed Care	Fee for Service
<ul style="list-style-type: none">• The state pays a fee to a managed care entity for each person enrolled.• Nationwide, most Medicaid enrollees are served through managed care plans.	<ul style="list-style-type: none">• The state pays providers directly for each covered service a Medicaid recipient receives.• Nationwide, most Medicaid spending occurs under fee-for-service arrangements.

Administrative Service Organizations

By law, DSS may contract with ASOs to provide:

- Care coordination
- Utilization management
- Disease management
- Customer service
- Review of grievances
- Network management
- Provider credentialing

(CGS § 17b-261m)

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ASOs

- Community Health Network of Connecticut (CHN-CT) (medical)
- Beacon (behavioral health)
- BeneCare (dental)
- Logisticare (non-emergency medical transportation)

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Other Programs/Initiatives

- Intensive care management
- Person Centered Medical Homes (PCMH)
- PCMH+ (Medicaid Quality Improvement and Shared Savings Program)

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Access to Services

States must:

*Provide such methods and procedures relating to the utilization of, and the payment for, care and services available under the plan as may be necessary to safeguard against unnecessary utilization of such care and services and to ensure that payments **are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers** so that care and services are available under the plan at least to the extent that such care and services are available to the generation population...*

42 USC § 1396a(30)(A)

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Access

Requirements under 2015 federal rule include:

- SPAs seeking to reduce or restructure provider payments
 - Access review
 - Analysis of effect of rate changes on service access
 - Analysis of stakeholder concerns
 - Monitor continued access for three years
- Medical care advisory committee
- State access plan

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Long Term Services and Supports

Typically for individuals who experience difficulty completing self-care tasks as a result of **aging, chronic illness, or disability**.

Activities of daily living

- eating
- bathing
- dressing

Institutional Settings

- Nursing facilities
- Chronic care hospitals

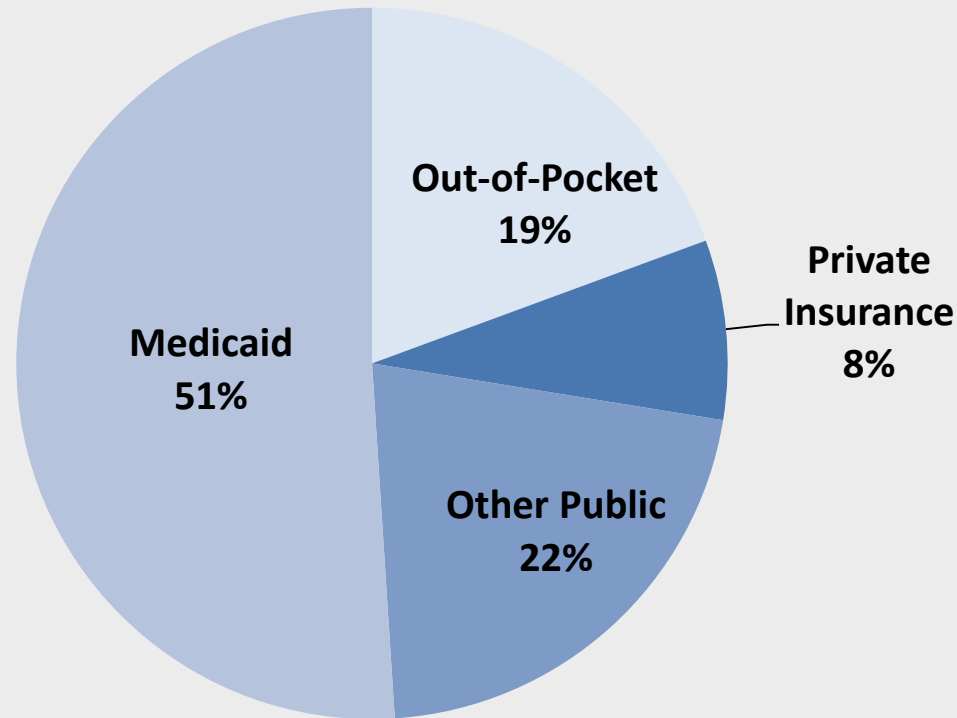
Instrumental activities of daily living

- meal preparation
- managing medication
- housekeeping

Home and community based settings

- 1915(c) waivers
- Community First Choice

Long Term Services and Supports



(Nationwide, 2013, KFF)

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Long Term Services and Supports

- Minimum Monthly Needs Allowance
- Community Spouse Protected Amount
- Personal Needs Allowance

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Long Term Services and Supports

- Minimum Monthly Needs Allowance (between \$2002.50 and \$3022.50)
- Community Spouse Protected Amount (greater of (a) \$24,180 or (b) half of combined assets up to \$120,900)
- Personal Needs Allowance (\$60)

Home and Community-Based Waivers

What's required?

- Cost neutrality
- Protections for health and welfare
- Adequate and reasonable provider standards
- Individualized and person-centered plan of care

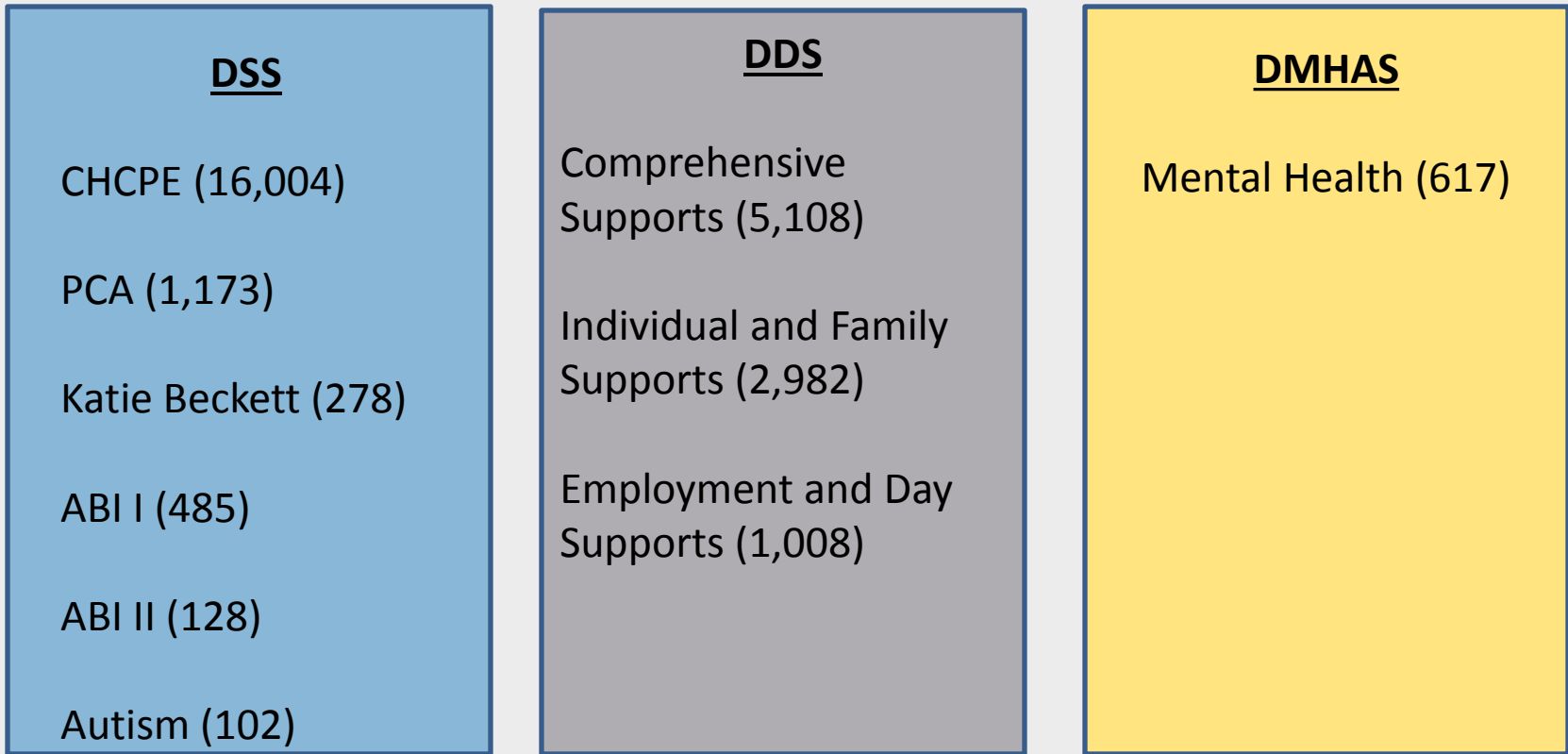
What's waived?

- Comparability of services
- "Statewideness"
- Income and resources rules

Home and Community-Based Waivers

<u>DSS</u>	<u>DDS</u>	<u>DMHAS</u>
CHCPE	Comprehensive Supports	Mental Health
PCA	Individual and Family Supports	
Katie Beckett	Employment and Day Supports	
ABI I		
ABI II		
Autism		

Home and Community-Based Waivers

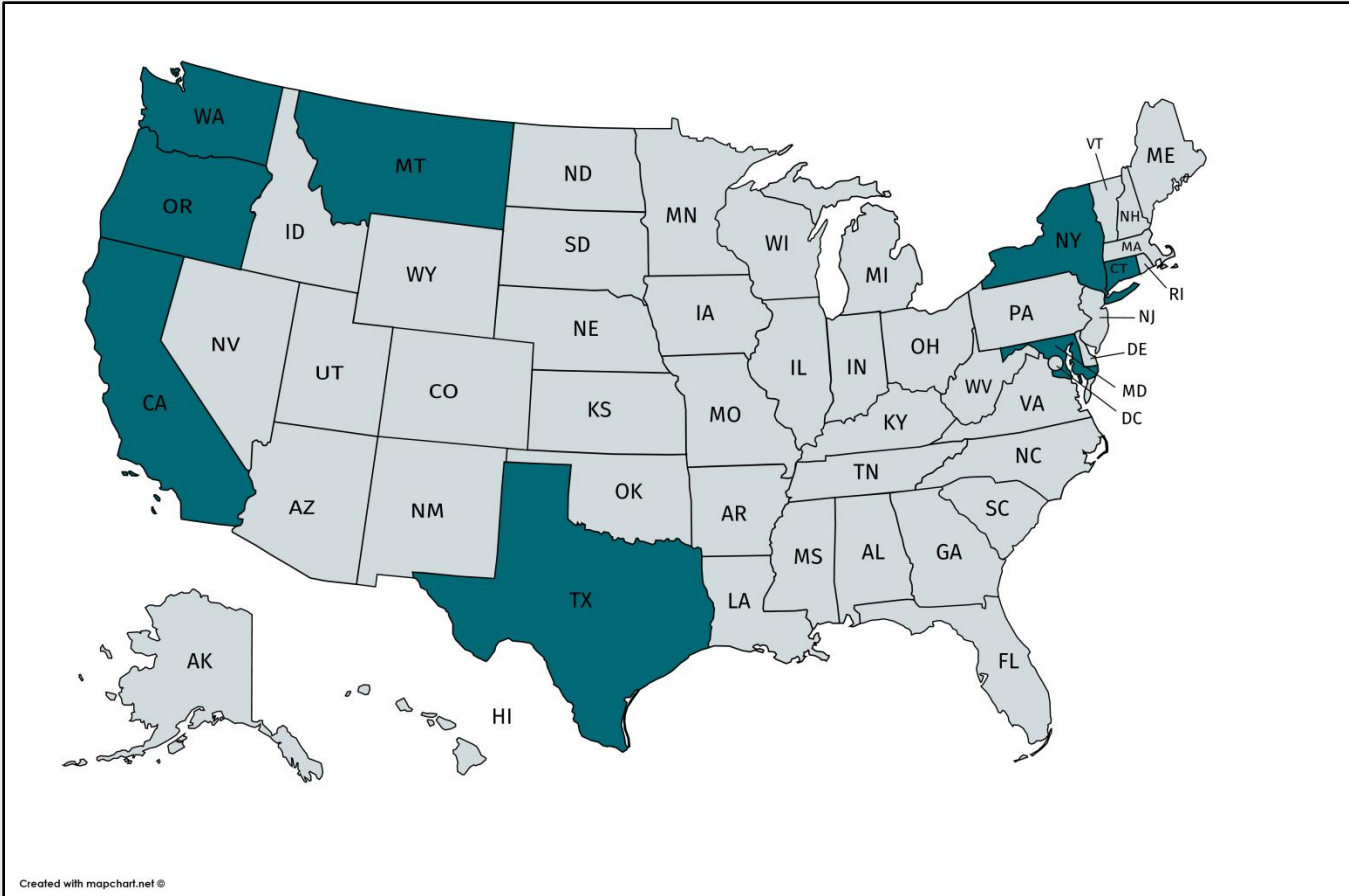


(SFY 2016)

Community First Choice

- 1915(k) option allows states to provide home and community based services and supports under the state's Medicaid plan
 - No enrollment caps
- 6% increase in federal matching funds
- Enrollees must have an institutional level of care
- Person centered planning

Community First Choice



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Medicaid Funding

- Medicaid appropriation in the Department of Social Services (DSS) represents the state's share of Medicaid expenditures.
- Medicaid Funding = State Share + Federal Share



- DSS receives the federal dollars, and, combined with the state Medicaid appropriation, utilizes these to pay bills.
- Unless otherwise noted, figures used in this presentation reflect the combined federal and state cost of services.

Categories of Service

Estimated DSS Medicaid Expenditures By Category of Service

Category	FY 17 \$	% of Total
Hospital Services	1,792,498,872	30.0%
Professional Medical Care	1,307,539,020	21.9%
Other Medical Services	933,172,896	15.6%
Home and Community Based	698,761,733	11.7%
Long-Term Care Facilities	1,411,683,465	23.6%
Administrative Services & Adjustments	(171,414,431)	-2.9%
Medicaid - Total Expenditures	5,972,241,555	100.0%

Federal Share	3,525,000,294
State Appropriation	2,447,241,261

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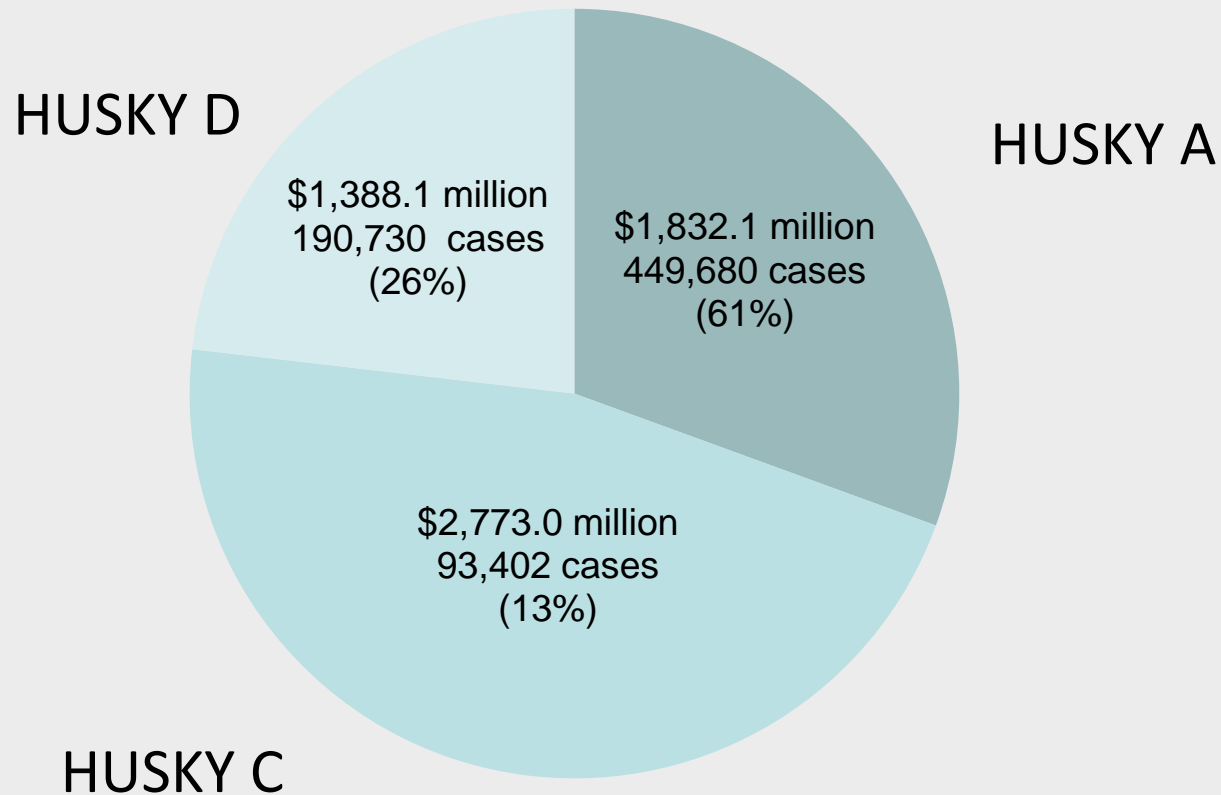
MAPOC

FY 16 HUSKY Enrollment and Gross Expenditures

Medicaid Program	Enrollees		Expenditures	
	Monthly Average	Percent of Total	Total Annual \$	Percent of Total
HUSKY A	449,680	61%	1,832,047,437	31%
HUSKY C	93,402	13%	2,773,032,901	46%
HUSKY D	190,730	26%	1,388,134,231	23%
Total	733,812		5,993,214,569	

Comparative Costs

FY 16 HUSKY Enrollment & Gross Expenditures



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Historical Spending

Total Medicaid Gross Expenditures & Enrollment

Fiscal Year	Amount \$	% Change	Enrollment	% Change
2008	3,470,655,785	10.1%	412,312	4.9%
2009	3,851,691,907	11.0%	436,334	5.8%
2010	3,855,090,206	0.1%	468,460	7.4%
2011	4,465,884,094	15.8%	557,099	18.9%
2012	4,714,305,682	5.6%	581,174	4.3%
2013	4,897,950,603	3.9%	610,527	5.1%
2014	5,519,663,430	12.7%	656,252	7.5%
2015	5,830,583,309	5.6%	737,490	12.4%
2016	5,994,862,573	2.8%	735,008	-0.3%

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Other Medicaid Expenditures

- Approximately \$1 billion of expenditures in other agencies are related to Medicaid.
- These agencies include:
 - Department of Developmental Services (DDS)
 - Department of Mental Health and Addiction Services (DMHAS)
 - Department of Children and Families (DCF)
 - Department of Veterans' Affairs (DVA)
- While other agencies work with DSS to identify relevant expenses, DSS submits the claims to the feds for reimbursement, as the single state agency for Medicaid.

Recent and Upcoming Issues

- Recent Legislation
 - ABLE Act
 - HUSKY A decrease
 - Autism from DDS to DSS
 - New MAPOC IDD subcommittee

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Areas Implemented through or Affected by the ACA

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Coverage Groups

- HUSKY A
- HUSKY C
- **HUSKY D**
- Dual Eligibles

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- ASOs
- ICM
- **PCMH / PCMH +**

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- **HCBS**
- **CFC**

Access

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Medical Assistance Program Oversight Committee (MAPOC)

Legislators

- Chairs and ranking members of aging, human services, public health, and appropriations committees
- Two legislators (House speaker, Senate president pro tempore)

Medicaid recipients

- Aged, blind, disabled*
- HUSKY health benefit recipient
- Dually-eligible Medicaid/Medicare beneficiary*
- Low-income adult*

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Providers

- Community provider of adult Medicaid health services
- FQHCs
- Connecticut Hospital Association
- Home health care industry
- Primary care medical home provider
- Dental provider
- Nursing home industry (for profit and nonprofit)
- School-based health center
- Physicians
- Hospitals

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Advocates

- DCF foster families
- People with substance abuse disabilities
- People with disabilities

Executive Branch

- DSS, DPH, DDS, DMHAS, SDA
- Comptroller
- OPM

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Additional Members

- ASO
- Business community (2)
- Commission on Women, Children, and Seniors (2)
- Long-term Care Advisory Council

(CGS § 17b-28)

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More Information

MAPOC website: cga.ct.gov/med

CMS website: www.medicaid.gov

Office of Legislative Research

Office of Fiscal Analysis

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