

Update on HUSKY Health Strategies During the Public Health Emergency

Medical Assistance Program Oversight Council

April 9, 2021

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Public Health Emergency Declarations and Authorities

- The Secretary of the U.S. Department of Health & Human Services (HHS) has the authority under section 319 of the Public Health Service (PHS) Act to declare a public health emergency (PHE)
- A PHE declaration lasts only for the duration of the emergency, or up to 90 days, whichever ends earlier, unless it is renewed
- The timing of COVID-19 PHEs is as follows:
 - First declaration effective January 27, 2020
 - Renewed effective April 26, 2020; July 25, 2020; October 2, 2020; January 22, 2021
 - HHS has indicated intent to continue renewing through CY2021

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
Medicaid and Children’s Health Insurance Program (CHIP) 1135 waiver	<p>Increasing Access-to-Care Flexibilities by removing prior authorization requirements, expanding the ability to serve members in alternate settings such as a shelter or vehicle, waiving or adding flexibilities (settings, signatures, assessments, other) to various requirements for home and community-based 1915(c), 1915(i), and 1915(k) programs, and suspending various provider enrollment requirements to enable enrollment of new providers</p>	<p>CMS has approved many of Connecticut’s requests via letters of 3/27/20, 5/12/20, 6/17/20, 8/21/20, and 3/12/21</p> <p>The approved 1135 authorities expire at the end of the PHE</p>

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
<p>Medicaid & CHIP Disaster Relief State Plan Amendments (SPAs)</p>	<ul style="list-style-type: none"> • Eligibility (election of the new Medicaid testing group) • Coverage (add flexibility for telehealth, home health, Community First Choice (CFC), and 1915(i) state plan services) • Reimbursement (specified temporary rate increases, COVID-19 lab fee codes, telehealth audio-only codes, other) • Cost sharing (waiver of HUSKY B copayments for most medical services and prescription drugs) • Coverage of vaccines 	<p>Medicaid SPAs were approved on 8/13/20 and 2/22/21; CHIP SPA was approved on 8/27/20</p> <p>The disaster SPAs expire at the end of the PHE</p>

HUSKY Health has used three federal authorities to flexibly respond to needs of members and providers during the PHE.

Authority Type	Details	Status
1915(c) Appendix K waivers	Requests for flexibilities around remote assessments and reassessments, additional services, staffing of services, and retainer payments for home and community-based providers	CMS first approved Connecticut's Appendix K submissions on 3/27/20 and approved renewal on 3/24/21 Expire one year from the effective date

Enrollment and Eligibility

- To help people avoid loss of Medicaid or CHIP coverage, DSS took the following actions:
 - **Extended renewal end dates.**
 - DSS will extend monthly, as permitted, through the end of the PHE
 - Note the following exceptions to Maintenance of Effort requirements:
 - Not validly enrolled or ineligible due to immigration status
 - Voluntary disenrollment
 - Relocation outside of Connecticut
 - Aging out of CHIP (HUSKY B)
 - **Delayed certain changes.** To date, DSS has ensured continuity of benefits by not acting on changes that would result in adjustment of eligibility group or termination of coverage. DSS will soon start adjusting coverage groups per CMS requirements, while ensuring that all clients continue to receive Minimum Essential Coverage.

- **For HUSKY A, B and D:**
 - **Extended the period in which people can submit verification documents from 90 to 180 days**
 - **Increased the “income compatibility threshold,”** which measures how closely reported income matches with data from the federal hub, from **10% to 20%**, allowing more individuals to enroll or auto-renew without needing to submit verifications

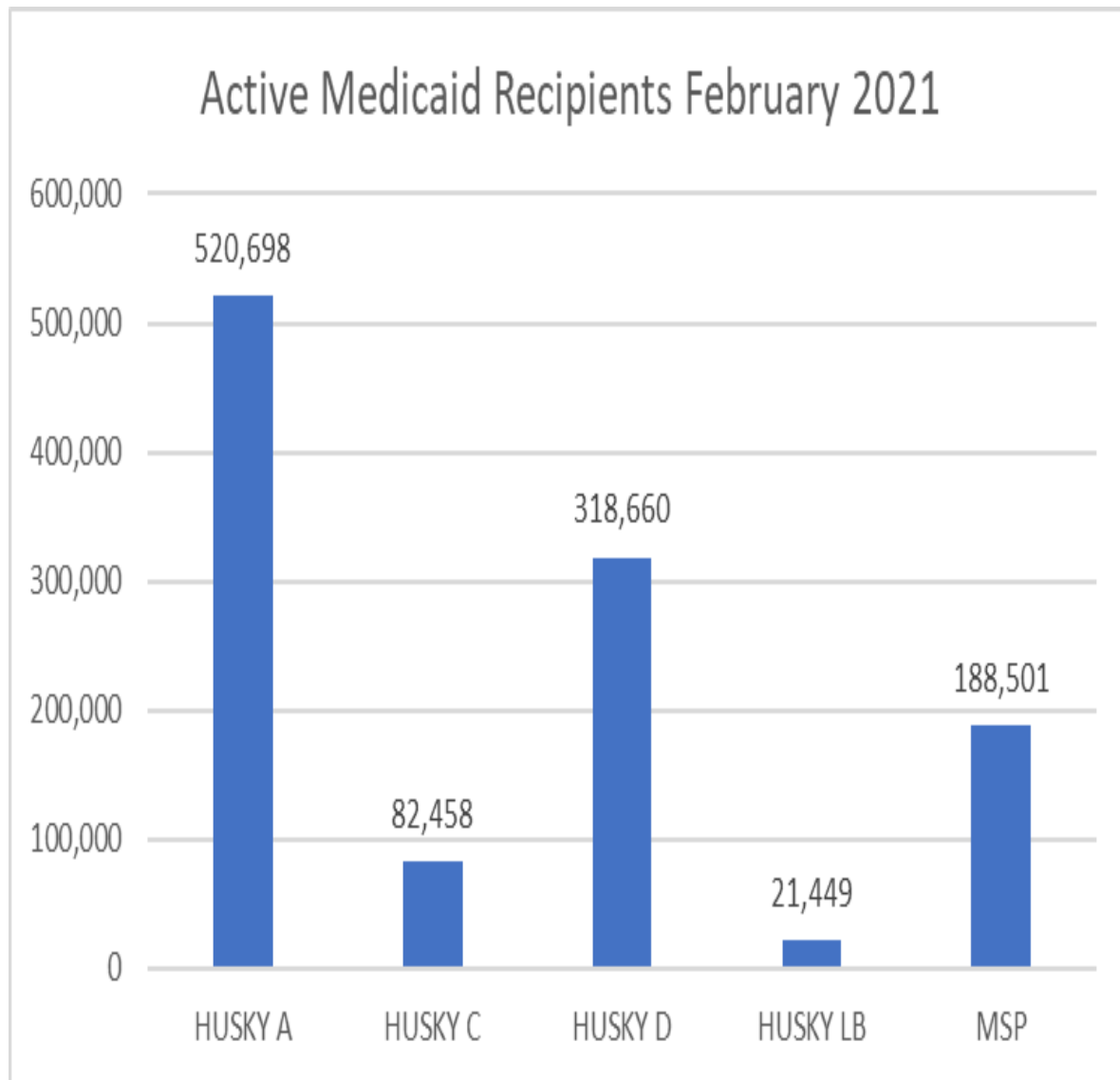
How to apply for HUSKY Health:

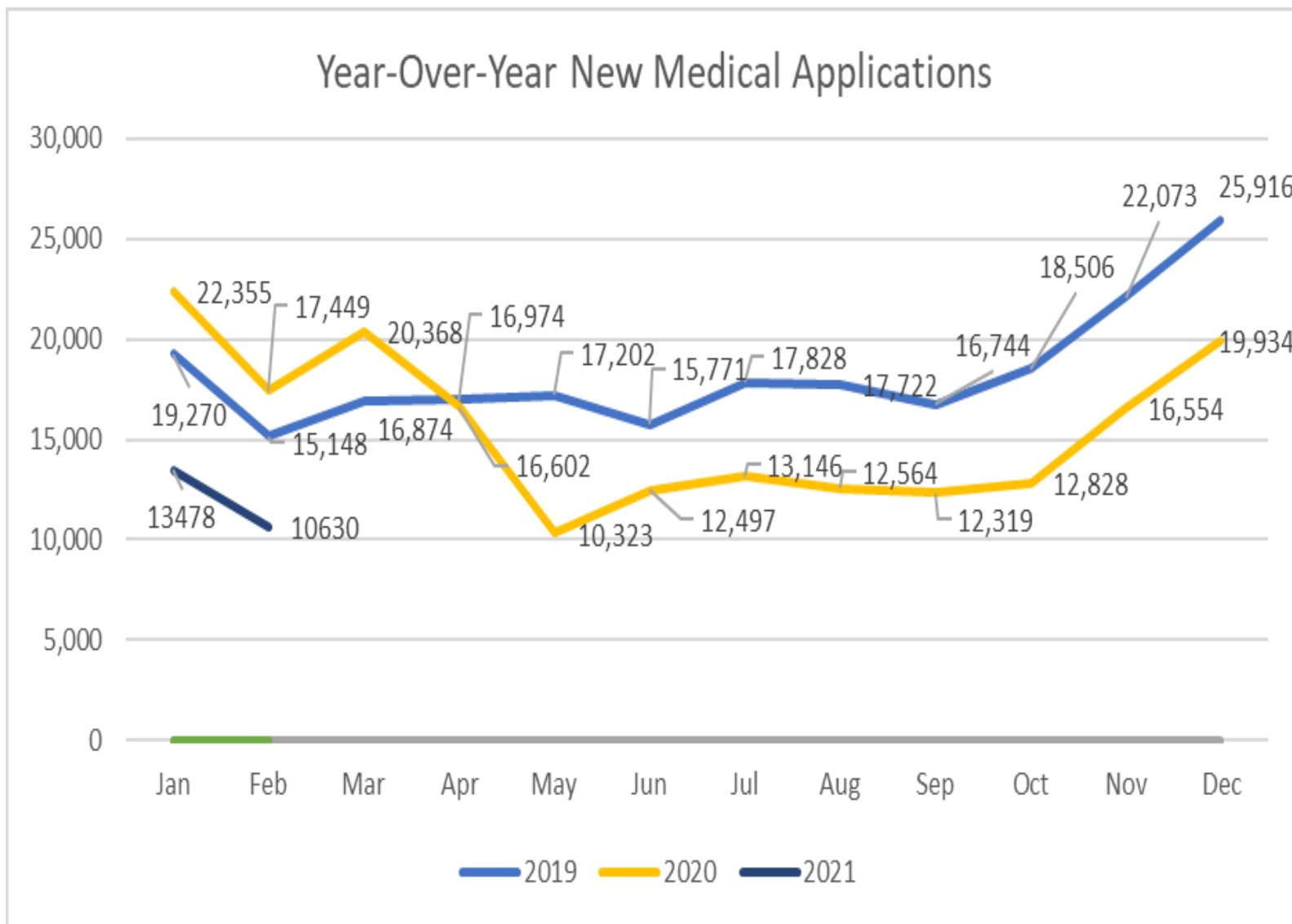
- For **HUSKY A, B and D:**
 - On-line at www.accesshealthct.com
 - Phone Access Health CT at 1-855-805-4325
 - Mail application form 'AH3,' available upon request
- For **HUSKY C or other DSS programs:**
 - www.connect.ct.gov
 - Mail application form 'W-1E' (<https://ct.gov/dss>)

Please note that DSS offices are open for drop-off of documents but require appointments for in-person visits

- The Department expanded coverage for COVID-19 testing:
 - **New Medicaid for the Uninsured/COVID-19 optional coverage group.** Uninsured state residents – both citizens and qualified non-citizens - of any income level may be eligible for free coverage of COVID-19 testing and testing-related visits between March 18, 2020, and end of the PHE. In the period from March 18, 2020 to March 1, 2021, **over 16,000 people have been served.** The ARPA extended this coverage to include vaccinations.
 - **Guidance interpreting Emergency Medicaid for Non-Citizens/COVID-19.** State residents - including undocumented people - who meet financial eligibility requirements, but do not qualify for full Medicaid due to their immigration status, are eligible for coverage of an emergency medical condition, including COVID-19 testing and testing-related provider visits. In the period from March 18, 2020 to March 1, 2021, **over 4,000 people have been served.**

- The enrollment counts shown are for the HUSKY Health Medicaid programs including HUSKY Limited Benefits Programs (LB) and the Medicare Savings Program (MSP).
- HUSKY Health includes:
 - HUSKY A –Medicaid for children, parents and caretakers, pregnant women
 - HUSKY C –Medicaid for the aged, blind and disabled
 - HUSKY D –Medicaid for low-income adults
 - HUSKY LB - Family Planning (FP), FP Presumptive Eligibility, Tuberculosis and the COVID-19 Testing group







Member Supports

To support members during the PHE, HUSKY Health:

- Covers COVID-19 testing, treatment and vaccinations with no cost share
- Extended coverage to 90-day periods for prescription drugs, medical surgical supplies, hearing aid batteries, parenteral/enteral supplies, respiratory equipment and supplies
- Implemented a broad portfolio of telehealth options in support of primary care, behavioral health services, birth to three, physical/occupational/speech therapy, rehab clinics, autism spectrum disorder services, school-based child health, our long-term services and supports waivers, evaluation in support of customized wheelchairs, speech and language pathology, respiratory care, and dental

Please note that extended coverage and telehealth flexibilities are authorized by Executive Order and are subject to legislative/executive review.



- Through CHNCT, DSS' medical administrative services organization (ASO), is maintaining a 24/7 nurse care line, supporting referrals to providers, and using data to identify people in need of intensive care management
- Through Beacon Health Options, DSS' behavioral health ASO, has implemented a peer staff warm line
- Expanded long-term services and supports under the home and community-based services waivers
- Is ordering and distributing Personal Protective Equipment (PPE) to consumer employers who participate in self-directed care under Community First Choice
- Implemented a specialized Non-Emergency Medical Transportation (NEMT) service for COVID-positive people
- Partnered with DPH, the ASOs and Veyo on vaccine education, outreach, warm reservation line, NEMT for appointments and equity efforts





Provider Supports

HUSKY Health has supported providers by . . .

- Implementing coverage for telemedicine at the same rates that are paid for in-person visits
- Providing administrative flexibilities (e.g. removal of prior authorization) in where and how care can be provided
- Continuing to pay 100% of clean claims on a timely, bi-weekly basis
- Making payment advances and provider relief payments
- Advocating at the federal level for further financial relief

- Connecticut has provided financial and in-kind assistance to nursing homes through the following mechanisms:
 - **financial assistance** through:
 - a **10% Medicaid rate increase** effective for the period March 1 through April 30, 2020 – the total value of this is \$23.4 million
 - **Coronavirus Relief Fund grant payments** approximating the value of an **additional 10% increase for April and 20% for May and June 2020** – the total value of this is \$48.0 million
 - **Coronavirus Relief Fund hardship grant payments**, for homes determined by the Commissioner to be at risk– the total value of this is \$929,155
 - **\$600 per day per day** payments for the care of COVID-19 positive residents to COVID Recovery Facilities (\$12.1 million currently allocated)
 - **Coronavirus Relief Fund grant payments** approximating the value of an **additional 10% increase for November and December** – the total value of this is \$21.1 million
 - a **5% Medicaid rate increase** for the months of January and February 2021, and a **10% Medicaid rate increase** for the month of March – the total value of this is \$16.1 million

See more detail at this link: <https://portal.ct.gov/dss/Health-And-Home-Care/Medicaid-Nursing-Home-Reimbursement/Medicaid-Nursing-Home-Reimbursement>

- **In-kind support through:**
 - **Testing of residents and staff** – over \$94 million to date (CRF funding less insurance billing)
 - **Direct distribution of millions of pieces of PPE, including masks, gowns, face shields and coveralls**

- Connecticut has also provided \$40 million in CRF grant funding to hospitals

See more detail at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicaid-Hospital-Reimbursement/Medicaid-Hospital-Reimbursement>

- Finally, Connecticut has provided CRF grants equivalent to a 10% Medicaid rate increase to home health, waiver and behavioral health providers

See more detail at this link: <https://portal.ct.gov/DSS/Health-And-Home-Care/CRF-Grants>

Please see this link for a comprehensive Frequently Asked Questions document that includes links to all of the provider bulletins issued by the Department as well as an inventory of all codes approved for telehealth:

[https://www.ctdssmap.com/CTPortal/Information/Get Download File/tabid/44/Default.aspx?Filename=COVID_19_IM.pdf&URI=Important_Message%2fCOVID_19_IM.pdf&PopUp=Y](https://www.ctdssmap.com/CTPortal/Information/GetDownloadFile/tabid/44/Default.aspx?Filename=COVID_19_IM.pdf&URI=Important_Message%2fCOVID_19_IM.pdf&PopUp=Y)



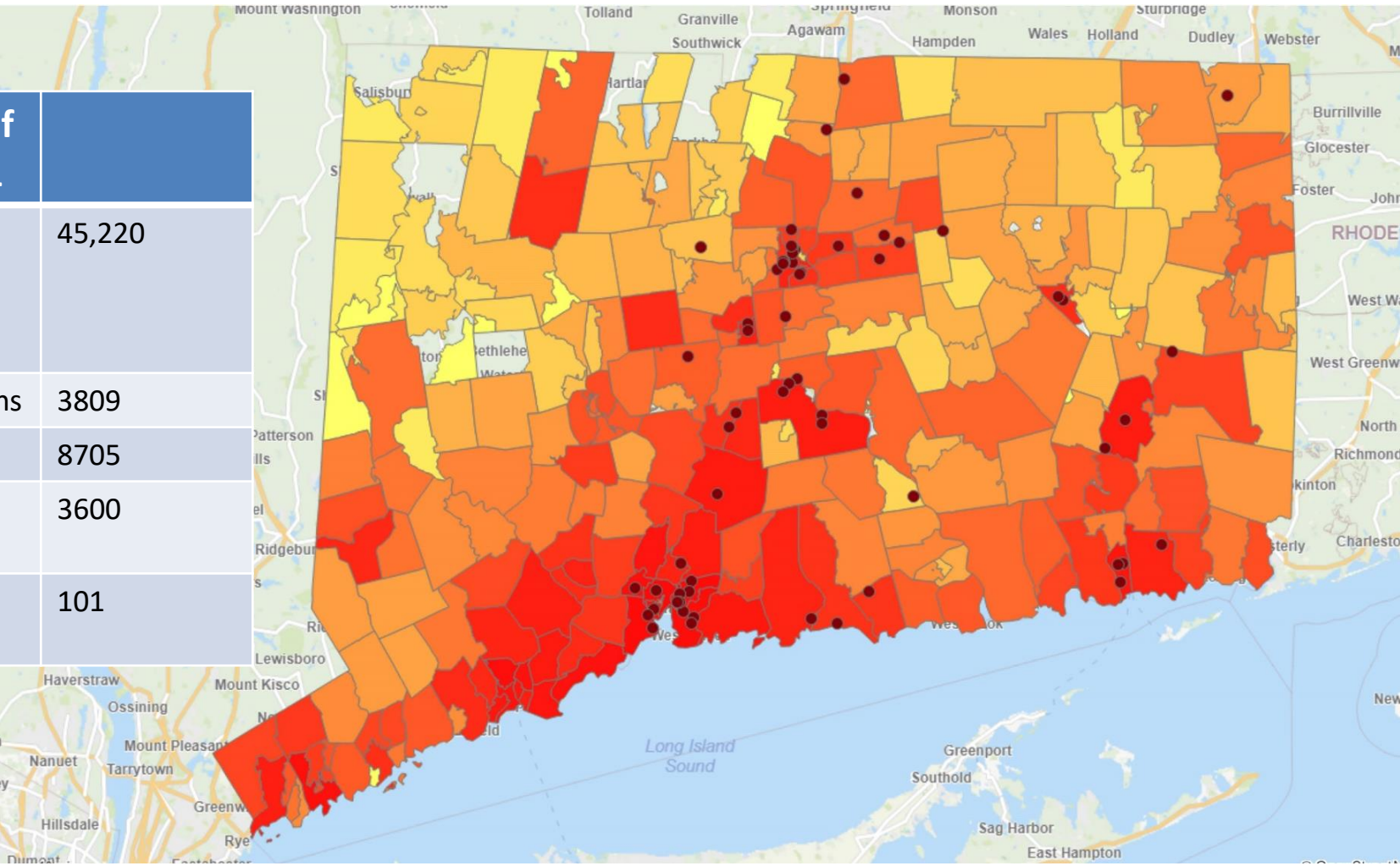
Data

- DSS receives data daily from CHNCT that illustrates the impact of COVID-19 on members of HUSKY Health. This includes a “heat” map as well as analysis of “registration events” (COVID-involved admissions, discharges and transfers – known as ADT) by age, gender, race and ethnicity
- As of April 6, 2021, there have been a total of 45,220 registration events, with 3,809 inpatient admissions, 101 of whom remain hospitalized as of that date
- DSS and the UConn Center on Aging have also maintained a dashboard of indicators for people who receive community-based long-term services and supports

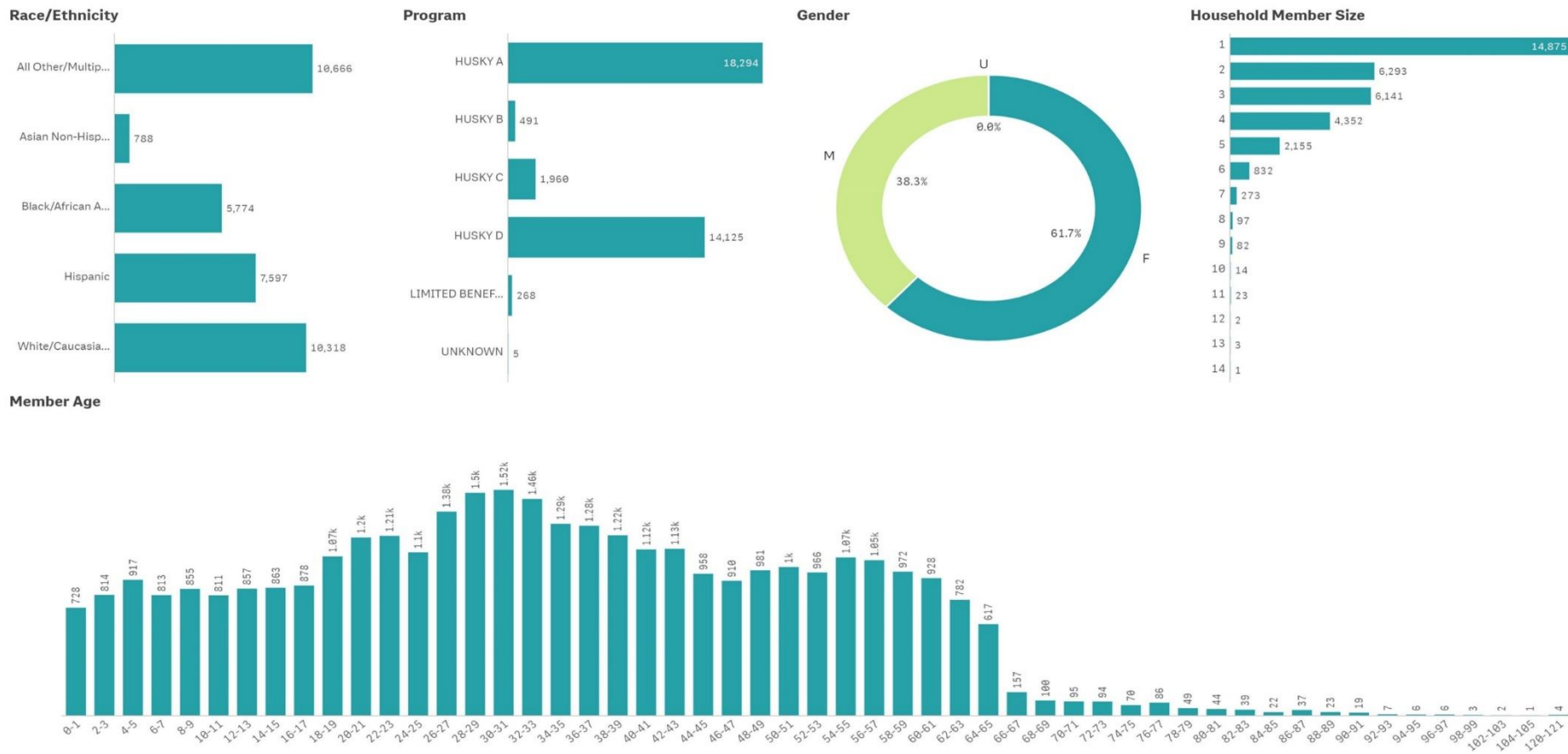


HUSKY Health COVID Hospitalization Report – Admission, Discharge and Transfer Data

Data as of 4/6/2021	
Total Registration Events	45,220
IP Admissions	3809
ED visits	8705
OP visits	3600
Currently Admitted	101



HUSKY Health COVID Hospitalization Report – Race, Program Gender and Age Breakdown





Telehealth

Telehealth Claims Analysis

Claims Service Dates Between 3/1/2020 and 3/19/2021

Claims Paid Thru 3/19/2021

Telehealth Claims by COE

COE	COE Description	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
100	Medicare Crossover	26,217	108,661	\$3,386,157.40	1,562	6,196
120	Hospital Outpatient – Emergency Room	157	165	\$60,105.70	14	85
122	Hospital Outpatient – All Other	11,830	46,302	\$8,709,743.42	42	1,605
130	Physician Services – All	191,184	452,037	\$34,860,105.86	1,276	6,933
131	Other Practitioner	107,162	850,836	\$88,713,741.61	4,004	6,072
145	Home Health Services	316	2,529	\$597,354.64	8	172
150	FQHC – Medical	133,300	374,853	\$0.00	19	844
152	FQHC – Mental Health	36,662	403,763	\$0.00	18	736
160	Dental	11	11	\$274.56	1	1
161	Vision	245	398	\$15,917.83	34	55
162	Clinic Services	58,033	626,690	\$64,348,430.80	240	1,143
999	All Other	15,738	214,935	\$21,821,286.78	183	522
Total		422,088	3,081,180	\$222,513,118.60	5,967	16,483

Telehealth Claims by Call Type

Call Type	Members*	Claims	Paid Amount	Billing Providers	Performing Providers
Audio Only	197,457	540,201	\$10,762,336.89	1,616	7,992
Audio/Video	339,929	2,551,675	\$211,750,781.71	5,864	15,859
Total	422,088	3,081,180	\$222,513,118.60	5,967	16,483

* Distinct members per category might include duplicates when aggregated. Distinct members are shown in the Totals.

Race/Ethnicity	2019 Population	2019 Services	2020 Population	2020 Services	Telehealth 2020*	Audio Only 2020*	Audio/Video 2020*	Audio Only Utilization
All Other/Multiple Races/Unknown	30.39%	29.90%	32.21%	31.12%	29.81%	29.20%	29.34%	45.88%
Asian Non-Hispanic	2.77%	2.67%	2.80%	2.61%	2.17%	1.95%	2.07%	42.26%
Black/African American Non-Hispanic	14.66%	14.55%	14.30%	14.04%	13.56%	14.84%	12.85%	51.28%
Hispanic	21.36%	22.07%	20.56%	21.47%	22.37%	26.70%	20.72%	55.91%
White/Caucasian Non-Hispanic	30.82%	30.81%	30.12%	30.76%	32.10%	27.31%	35.02%	39.85%

The 2nd and 4th columns reflect the overall incidence of each group as a segment of the HUSKY Health membership, comparing 2019 and 2020

The 3rd and 5th columns use a denominator reflecting the total of members receiving “telehealth eligible services” (i.e. services were permitted to be billed as telehealth in 2020 with the telehealth modifier) and reflect the racial breakout of members with those services in 2019 and 2020. Again, totals are 100%

The 6th column reflects use of telehealth eligible services that were billed with the telehealth modifier, by each group, for 2020

The 7th (audio only 2020) and 8th (a/v 2020) columns use a denominator reflecting the total membership receiving that type of service, and reflects the racial breakdown of those services

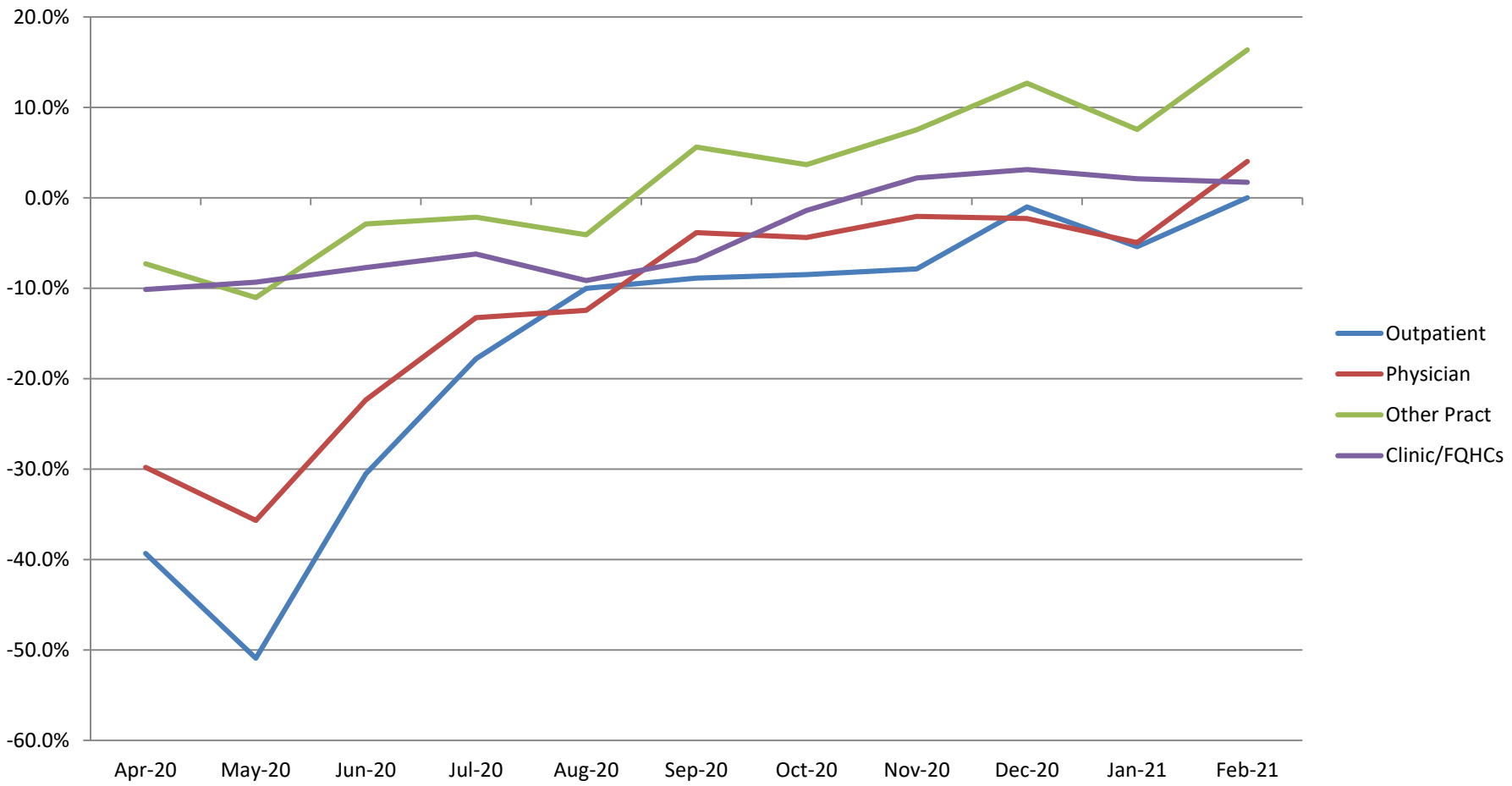
The 9th column represents the % of each racial group that used audio-only services (note that this does not equal 100%)

- CHNCT conducted surveys of HUSKY Health members and providers to seek their feedback on experience with telehealth
 - CHNCT surveyed **801 HUSKY Health members**. Key survey results showed the following:
 - 58.2% of respondents reported using “video with audio/telephone” for their appointment, compared to 47.2% of respondents who utilized “audio-only”
 - 79.6% of respondents either “strongly agree/agree” that “overall, [they] liked using telehealth” and 72.0% reported they either “strongly agree/agree” that “telehealth worked just as good for as an in-person appointment”
 - When asked to identify features that members *liked*, 76.0% indicated that they “did not have to travel to the office” and another 42.9% reported having “less time waiting for the appointment to start”
 - When asked to indicate features they *did not like*, 64.2% indicated “nothing,” 12.4% noted they “found it too hard to talk to the doctor/felt less personal,” and another 8.4% reported “it was hard to use/had problems connecting”

- CHNCT surveyed **1,800 medical providers** who submitted a telehealth claim. Based on 203 provider responses, key survey results showed:
 - 69.6% of providers used video with audio; 27.0% audio only; and 3.3% advised they didn't offer telehealth
 - 45.8% of providers noticed a decrease in missed appointments
 - 66.0% of providers did not experience any technical difficulty when visiting with their patient during a telehealth visit
 - 73.9% of providers surveyed indicated they found telehealth an adequate replacement for an in-person visit
 - 83.3% said they would continue to use telehealth after the COVID-19 crisis
- Following up on the previous surveys, the Child and Family Advisory Council has just convened a listening session on lived experience with telehealth, focusing on feedback from HUSKY Health members



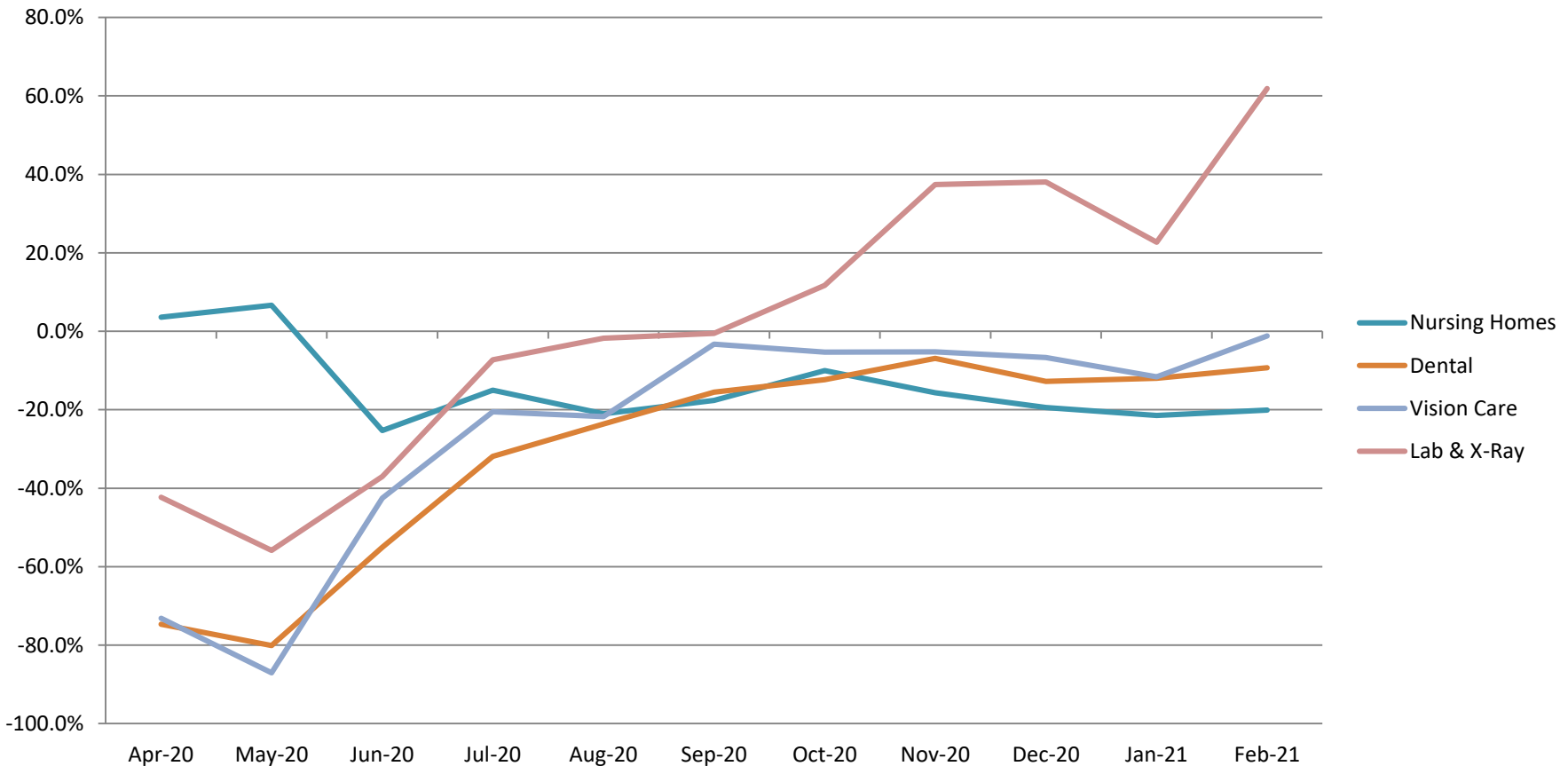
Utilization Trends by Category of Service





Connecticut Department of Social Services

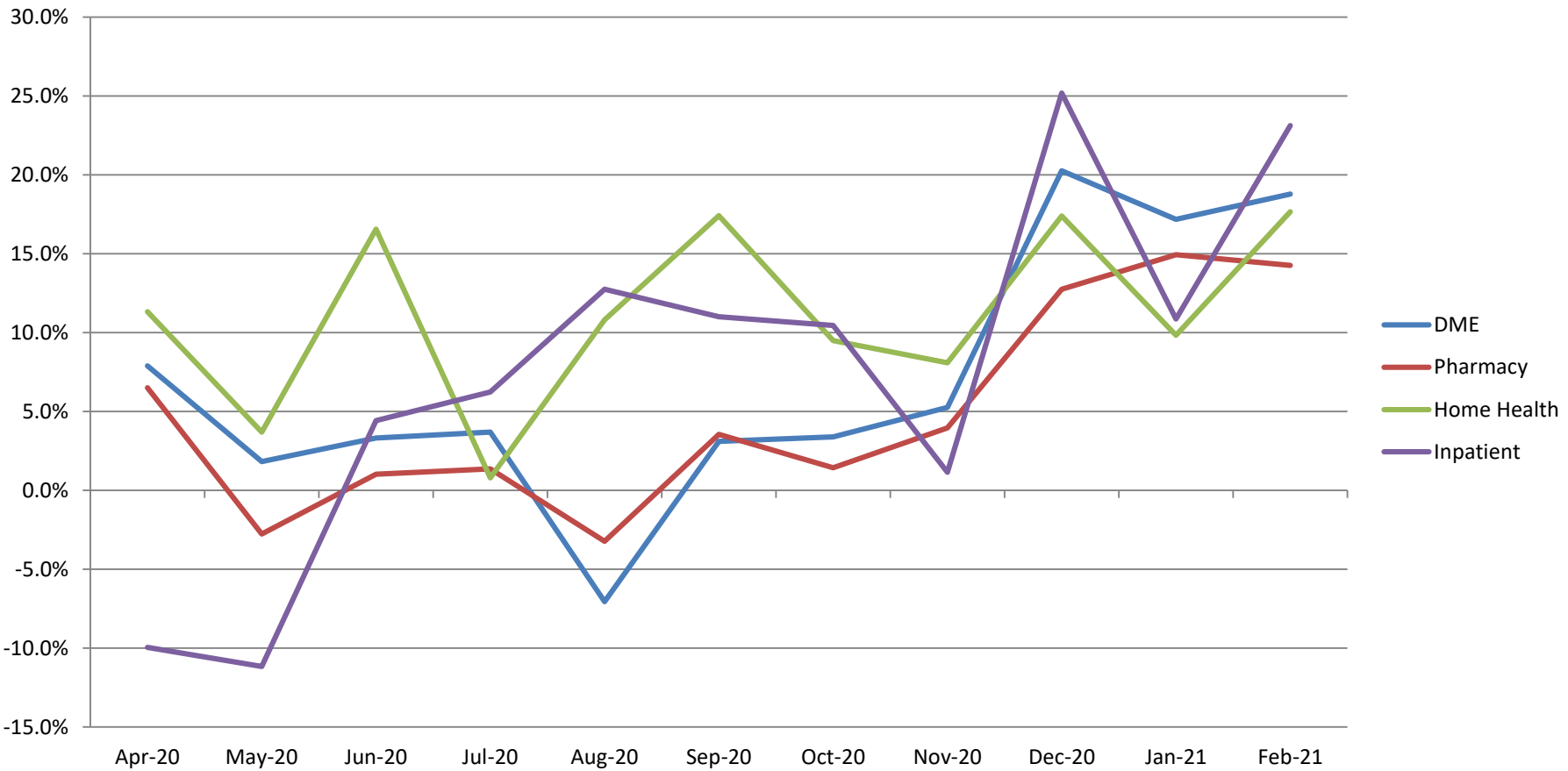
Making a Difference





Connecticut Department of Social Services

Making a Difference





Appendix: Other Resources

- The federal Families First Coronavirus Response Act (FFCRA) included a 6.2% increase in the Federal Medical Assistance Percentage (FMAP; federal match) for all states, exclusive of the Medicaid expansion group
- This was implemented retroactive to January 1, 2020
- Prior to this adjustment, Connecticut's overall FMAP was approximately 59% - this reflects a blend of traditional 50% FMAP with the higher FMAP associated with HUSKY D, our Medicaid expansion group
- States have continued to receive enhanced FMAP under extensions of the federal PHE

- HHS prioritized \$15 billion in federal funds for distribution to Medicaid providers, based on Medicaid claims and other data provided by states:
 - **Eligibility:** Any provider that had not previously received a funding award from the first \$50 billion in provider awards (Medicare-focused) and that directly billed a state Medicaid program or Medicaid managed care plan between January 1, 2018 and May 31, 2020
 - **Process:** Providers were required to attest to information through a provider relief fund portal established by HHS
 - **Award Amounts:** Minimum of 2% of gross patient care revenues, with final amount determined by provider-specific data including number of Medicaid patients served

- More information on the Provider Relief Fund is available at the following links:

Overview:

[https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html,](https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/for-providers/index.html)

FAQs:

<https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/faqs/index.html#medicaid-targeted>

Questions?