



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.





Medicaid Coverage Group	Provides services to . . .	Representing . . .
HUSKY A <ul style="list-style-type: none">Adults with incomes up to 160% of the Federal Poverty Level (FPL)Pregnant women with incomes up to 263% FPLChildren with incomes up to 201% FPL	Over 517,000 parents/caregiver relatives and children	<ul style="list-style-type: none">57.2% of total members29.6% of total Medicaid program costs
HUSKY C <ul style="list-style-type: none">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	<ul style="list-style-type: none">9.4% of total members38.2% of total Medicaid program costs
HUSKY D <ul style="list-style-type: none">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	<ul style="list-style-type: none">33.5% of total members29.6% of total Medicaid program costs



Children's Health Insurance Program (CHIP) Coverage Group	Provides services to . . .
HUSKY B Band 1 <ul style="list-style-type: none">Family income up to 254% FPL	Over 12,000 children under 19th birthday
HUSKY B Band 2 (requires premium) <ul style="list-style-type: none">Family income between 254% and 323% FPL	Almost 7,000 children under 19th birthday

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

Connecticut Department of Social Services

Making a Difference

HUSKY A,C, & D Health Program Covered Services

Medical Services:

Your doctor is the first stop for all your medical needs, such as:

- Medical check-ups
- When you are sick
- Immunizations or "shots"
- Laboratory tests, including blood tests, and X-rays

Find a primary care provider (PCP) in the Provider Directory at ct.gov/husky.



Pharmacy:

Pharmacy services and medicines that need a prescription are covered under the HUSKY Health program.

Connecticut Pharmacy Assistance Program Phone Number:

- 1.866.409.8430 Monday through Friday, 8 a.m. to 5 p.m.
- The number if you are deaf or hard of hearing is 711 or 1.866.604.3470.



Vision:

Services include medical equipment/supplies, eye exams, and eyeglasses.

Find an eye doctor in the Provider Directory at ct.gov/husky.



Non-Emergency Medical Transportation: www.ct.ridewithvevo.com

If you do not have transportation to your medical, dental, or behavioral health appointments, you may be able to get help to get there. You must request assistance in advance of your appointment.

Non-Emergency Medical Transportation Phone Number:

- 1.855.478.7350 Monday through Friday, 7 a.m. to 6 p.m.
- The number if you are deaf or hard of hearing is 711.



To view your handbook online or find a doctor/provider for any service:

Go to ct.gov/husky → For Members

or

Call Member Engagement Services at 1.800.859.9889 Monday through Friday, 8 a.m. to 6 p.m.

The number if you are deaf or hard of hearing is 711.



The HUSKY Health Program Has Gone Social

Find us on Facebook and Twitter



Behavioral Health Services: www.ctbhp.com

The Connecticut Behavioral Health Partnership (CT BHP) can help you find the mental health and/or substance abuse services you need.

CT BHP Phone Number:

- 1.877.552.8247 Monday through Friday, 9 a.m. to 7 p.m.
- The number if you are deaf or hard of hearing is 711 or 1.866.218.0525.



Translation and American Sign Language Services:

Our Member Engagement Services staff can:

- Call an interpreter line
- Translate any written material into the language you speak
- Print materials in a larger font
- Copy materials into Braille

Contact Member Engagement Services for assistance regarding interpretation services:

- 1.800.859.9889 Monday through Friday, 8 a.m. to 6 p.m.
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Dental: www.ctdhp.com

The Connecticut Dental Health Partnership (CTDHP) can help you find a dentist to provide dental services.

CTDHP Phone Number:

- 1.855.283.3682 Monday through Friday, 8 a.m. to 5 p.m.
- The number if you are deaf or hard of hearing is 711.



HUSKY B' Program Covered Services

Medical Services:

Your doctor is the first stop for all your medical needs, such as:

- Medical check-ups
- When you are sick
- Immunizations or "shots"
- Laboratory tests, including blood tests, and X-rays

Get HUSKY Plus information (supplemental services) for medically eligible members at 1.800.859.9889



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Copays may apply for some services
*Premium applies for Band 2



- 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”:

Authority	Features
1915(c) home and community-based waiver In Connecticut: CT Home Care Program for Elders, Personal Care Assistance, Acquired Brain Injury, DDS, Mental Health, Autism	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.
1115 research and demonstration waiver	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.



Authority	Features
1915(b) managed care waiver	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.
1915(i) State Plan Amendment (SPA)	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.



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

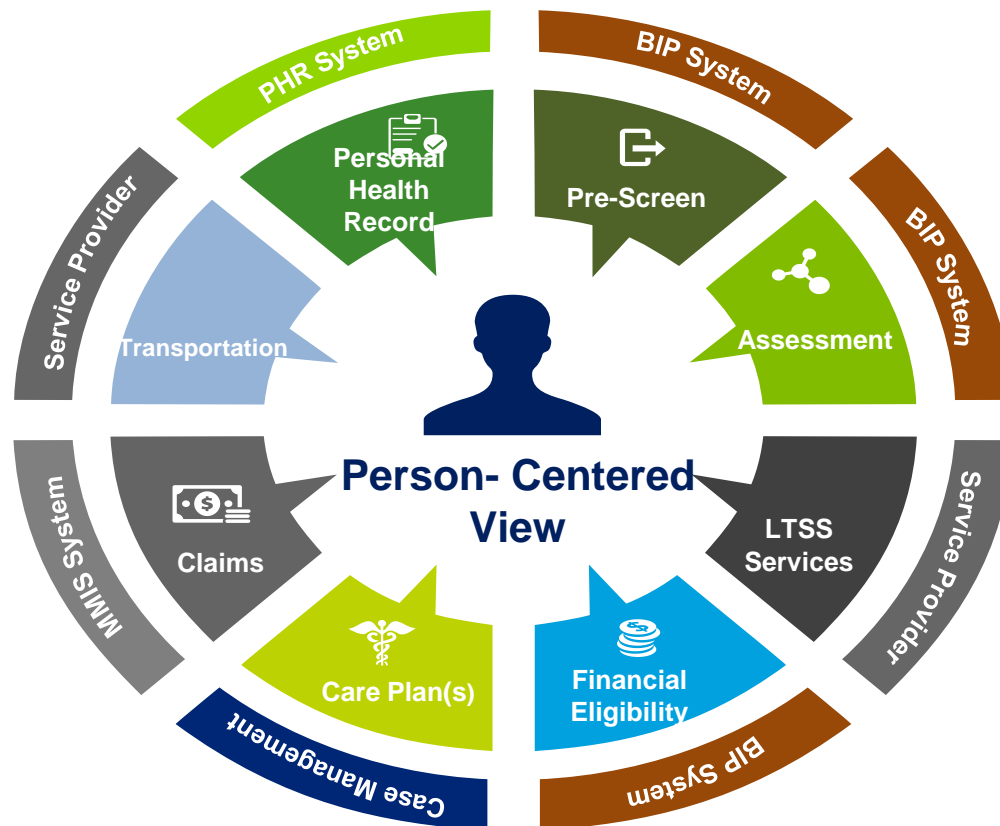


HUSKY Health . . .

- 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

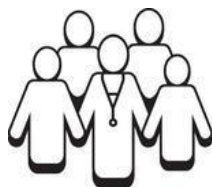
DSS works with DPH, state healthcare licensing agency and the federally identified state survey and certification agency, to ensure quality

DSS oversees contracts with three Administrative Services Organizations (ASOs) (for medical, behavioral health, dental) and a non-emergency medical transportation broker

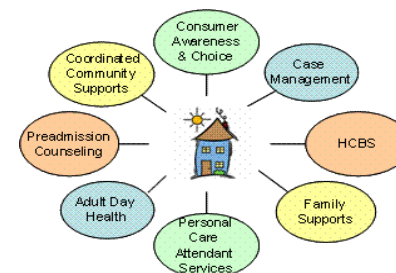




Prevention Agenda



Integration Agenda



Long-Term Services and Supports
Rebalancing Agenda





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.

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



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)



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:

Indicator	Trend
Routine care – physician services	Up 17.1%
Hospital admissions per 1,000	Down 10.1%
Hospital re-admissions per 1,000	Up 3.6%
Average length of stay hospital	Down 2.0%



Connecticut HUSKY Health Provider Participation CY 2015 – CY 2020

	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020	Percent Change CY 2019- CY 2020
Total Primary Care Providers (PCPs)*	3,454	3,511	3,602	3,750	3,870	4,061	4.94%
Total Specialty/Ancillary/ Facility Providers*	16,940	17,154	17,764	18,272	22,724**	23,829	4.86%

* 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

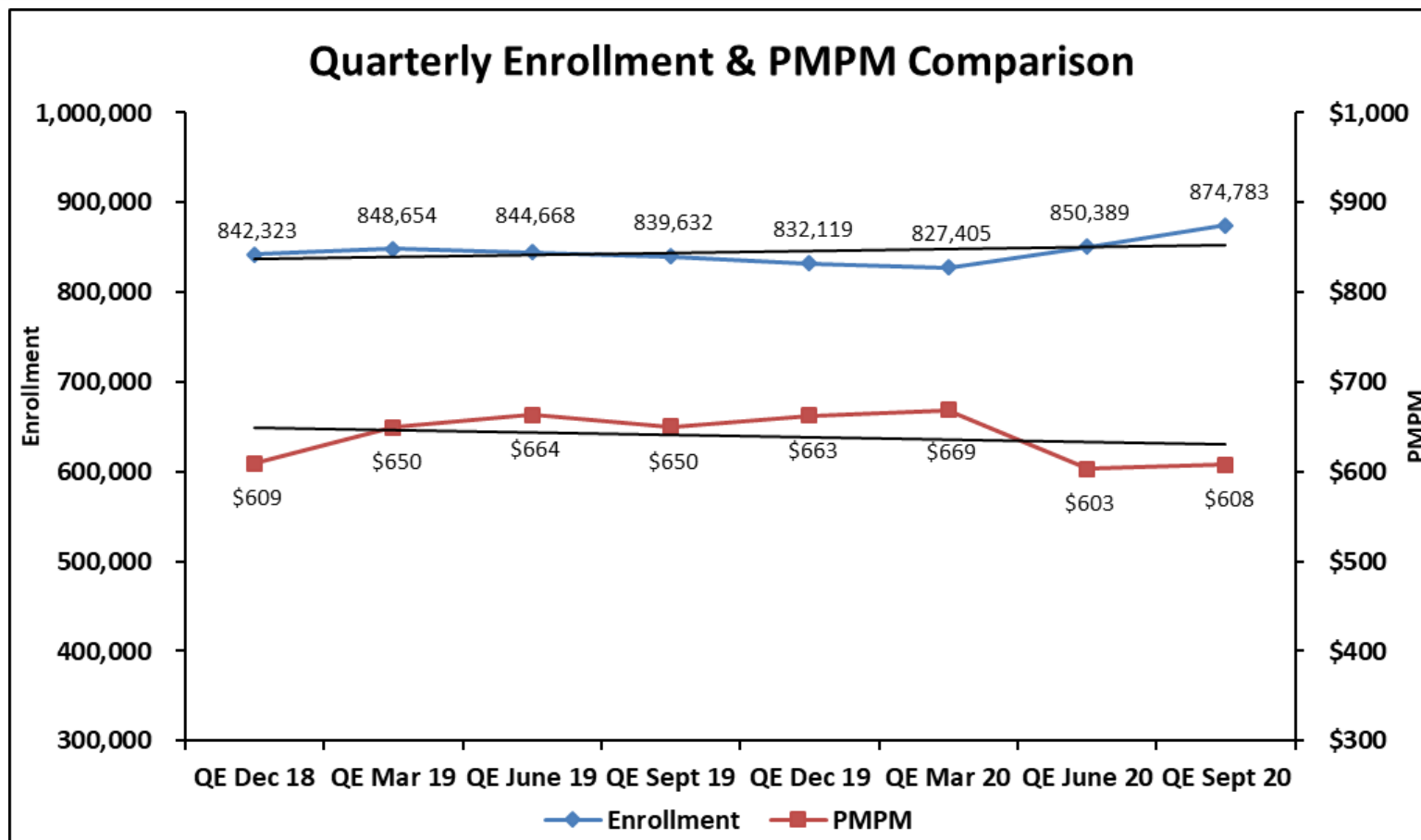


- Administrative expenses of approximately 3.0% are well under Medicaid managed care norms of close to 12%*
- Investments in services (e.g., increased spending on primary care and community-based long-term services and supports) have aligned with policy priorities
- The DSS Medicaid account Per Member 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](https://www.huskyhealthct.org/members/Member%20PDFs/member%20benefits/HUSKY%20ACD%20Member%20Handbook.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](https://www.huskyhealthct.org/members/Member%20PDFs/member%20benefits/HuskyB%20MemberHandbook.pdf)



The CMS Medicaid and CHIP Scorecard is available at this link:

<https://www.medicaid.gov/state-overviews/scorecard/index.html>



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

https://www.cga.ct.gov/ph/med/related/20190106_Council%20Meetings%20&%20Presentations/20210108/HUSKY%20Financial%20Trends%20January%202021%20.pdf