

Follow up questions from the March 6<sup>th</sup> Appropriations and Human Services Committee budget subcommittee meeting with the Department of Social Services

1. Please provide a brief explanation of different HUSKY groups (slides 13-14 from the Key HUSKY Facts PowerPoint).

**HUSKY A & HUSKY B**

Connecticut children and their parents, or a relative caregiver, and pregnant women may be eligible for HUSKY A (also known as Medicaid), depending on family income. Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program). Depending on specific income level, family cost-sharing may apply under HUSKY B.

**HUSKY C (including Long-Term Services & Supports (LTSS) and Medicaid for Employees with Disabilities (MED-Connect))**

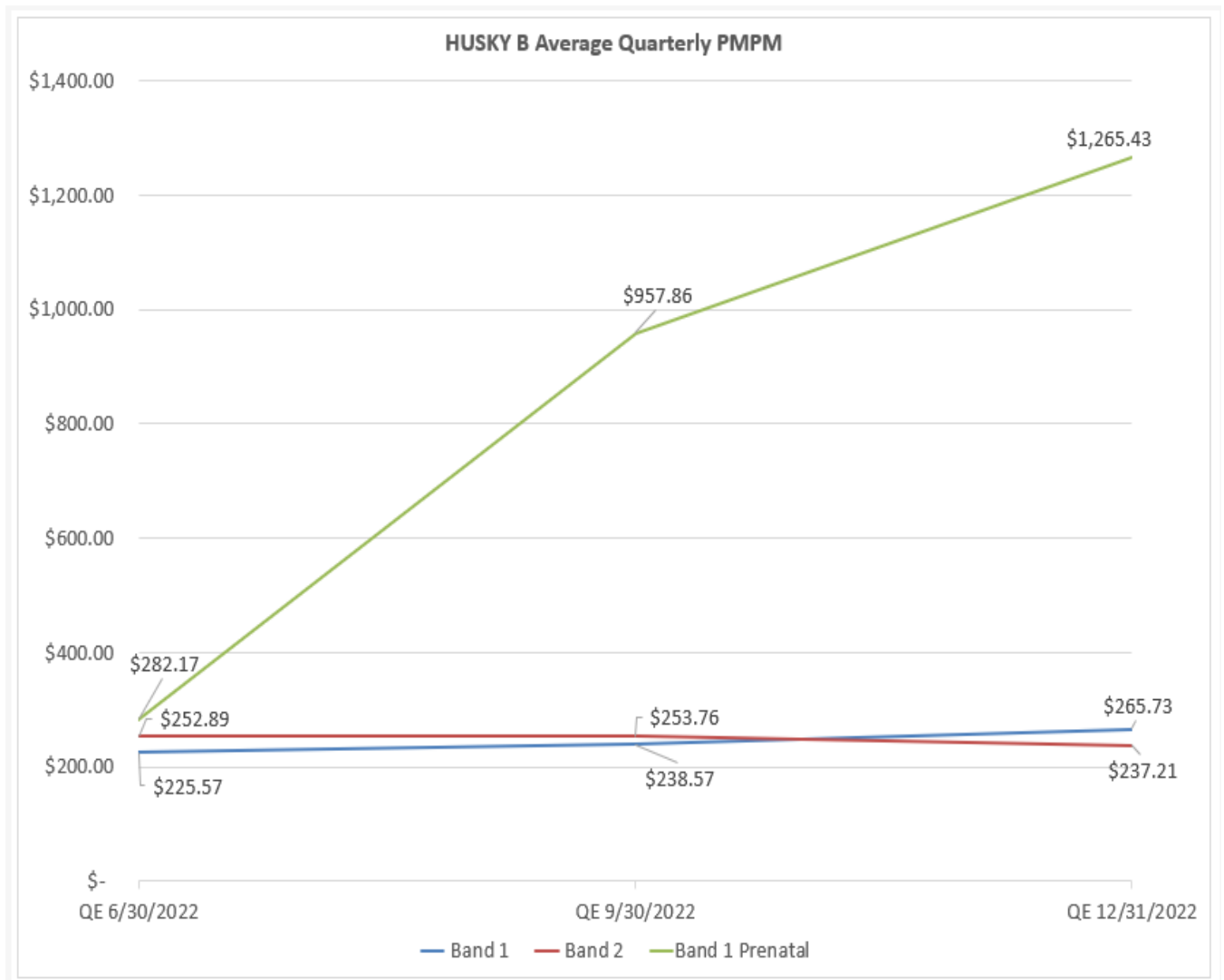
Connecticut residents who are 65 years of age or older, and/or who are blind or disabled, may qualify for Medicaid coverage under HUSKY C. Income and asset eligibility varies, depending on which part of HUSKY C the individual may qualify for.

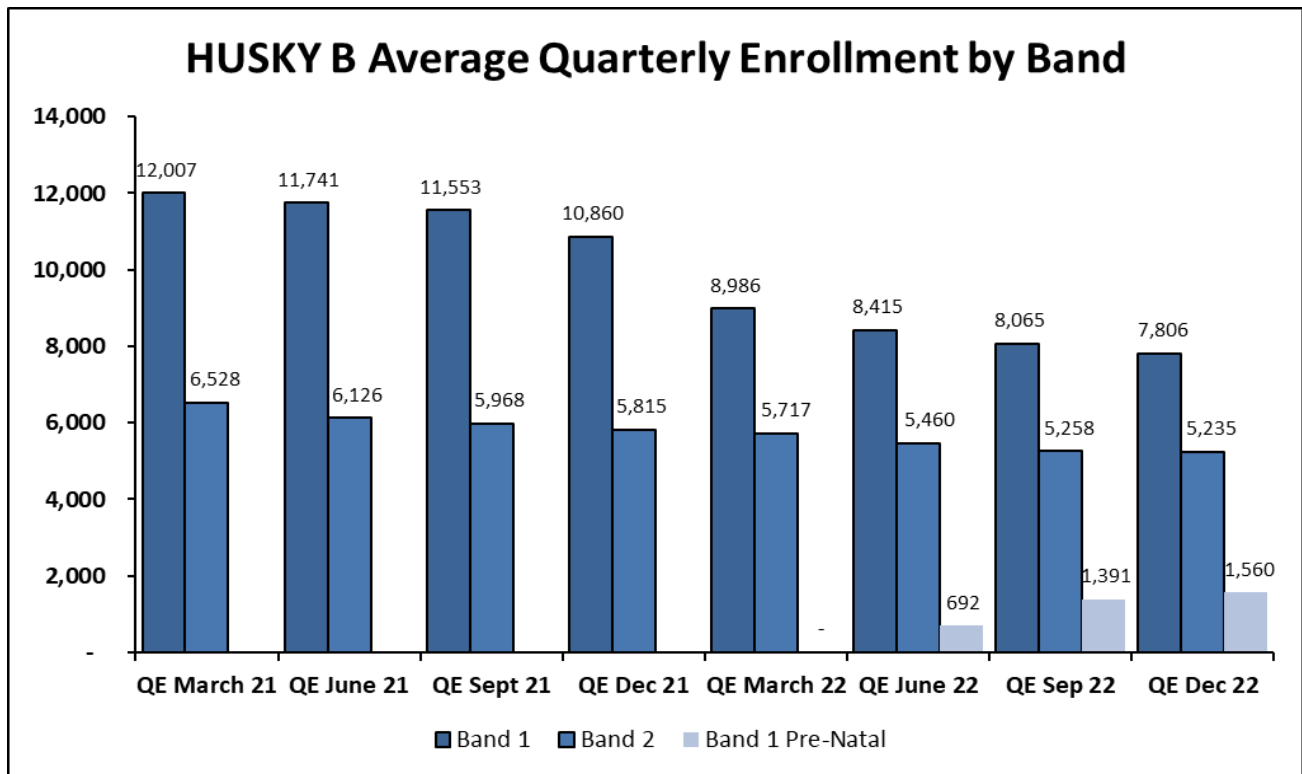
**HUSKY D**

Connecticut residents aged 19 and over but under age 65 without dependent children, who do not qualify for HUSKY A, who do not receive Medicare, and who are not pregnant, may qualify for HUSKY D (also known as the Medicaid expansion group).

All of this information and other basic eligibility information is available on our website at <https://portal.ct.gov/HUSKY/How-to-Qualify>.

2. Please provide a breakout (caseload and PMPM) of HUSKY B – kids and pregnant women (brief description of services/cost drivers may be helpful).





3. What is the baseline budget for postpartum coverage that begins 4/1/23? (Included in OFA budget sheets under the current services write-up title “Reflect Current Services Requirements for New Coverage Groups”). What is the assumed caseload and PMPM for this group?

The Governor’s recommended budget includes \$5 million in each year of the biennium to cover postpartum coverage for undocumented pregnant women. This adjustment assumed that approximately 1,390 undocumented pregnant women would receive an additional 10 months of postpartum coverage at a per member per month cost of approximately \$362. Costs may exceed the \$5 million budgeted, however, because these women were likely not receiving 2 months of postpartum coverage under emergency Medicaid.

4. Please provide the average annual state cost of non-Hyde abortions.

HUSKY covers abortion services for people enrolled in the program. DSS does not determine Hyde eligibility for our members, so we are unable to provide specific data for Hyde-eligible services as opposed to non-Hyde eligible services. We do not receive federal match on this portion of the HUSKY program.

5. Covered CT- please explain why the state pays less under Covered CT than if the state paid for this eligibility group under Medicaid. Please include PMPM assumptions/chart accidentally excluded from original response. What would the potential expansion (176-200% FPL) cost if it included premium sharing with enrollees? What are the 1115 waiver considerations under these proposals?

Connecticut pays less under Covered CT than if the Medicaid eligibility group was expanded to include this population because it allows the state to build upon the federal Advanced Premium Tax Credits (APTCs) and Cost Sharing Reductions (CSRs) enacted through the Affordable Care Act (ACA), the American Rescue Plan Act (ARPA) and the Inflation Reduction Act (IRA) to maximize the federal contribution to lower premiums for eligible individuals. After the APTCs and CSRs are applied, the state share is further reduced by federal reimbursement allowed through the Covered CT 1115 waiver. Below is a summary of enrollees, PMPMs and overall costs for the program as included in the Governor's recommended budget. The cost estimates below are developed after all federal subsidies have been applied. A re-calculation of the federal share, including ARPA subsidies, would reflect a federal share of 93% of the cost. In comparison, the state would not be eligible for federal reimbursement for adults who would otherwise qualify for HUSKY D but have incomes over 138% FPL due to the income cap of 138% FPL for the Medicaid expansion population. While there is a potential that the state could seek a waiver, there are no assurances it would be approved and, as noted above, it would result in higher costs to the state. In addition, if it were to be approved, expenditures would be eligible for 50% federal reimbursement rather than the 90% enhanced federal reimbursement that the state currently receives for those at or below 138% FPL. For adults who would otherwise qualify for HUSKY A but have incomes over 160% FPL, DSS could seek approval of a state plan amendment to increase the income limits from the current level of 160% FPL but, again, it would result in higher costs to the state. (Note also that [Connecticut currently has the highest income eligibility threshold for parent/caretakers of any state in the country.](#)) The current model, under Covered CT, also has a broader impact overall on the state's residents as it serves to strengthen Access Health CT, the state's health insurance exchange, by adding more covered lives, potentially attracting additional carriers and competitive rates.

It also may be helpful to provide some context to better understand the budget estimates provided below and included in the Governor's recommended budget. Enrollment for SFY 2023 and 2024 is expected to be below earlier forecasts due to the delay in the unwinding of the public health emergency (PHE). Earlier estimates at the time of the waiver budget neutrality submission had assumed a 7/1/22 PHE unwind start date; with the 4/1/23 revised date, we will experience lower enrollment for those years because individuals were able to stay on Medicaid due to the suspension of most discontinuances. By the end of SFY 2025, however, our current projections as captured in the Governor's recommended budget are fully consistent with the 40,000 enrollment level originally projected.

Earlier projections also did not anticipate an adjustment to reimburse the carriers for the possibility of additional costs due to higher service utilization given the removal of cost

sharing requirements and the availability of continuous, selective enrollment. A program charge adjustment was provided to carriers to account for this expected higher utilization. While still under review for possible adjustment, the Governor’s budget recognizes these costs. As a result, overall budget projections for the program are somewhat higher than earlier projections for SFY 2023 and 2024, as the effect of the program charge exceeds the effect of the lower enrollment. (Earlier projections did not include a full roll out through the biennium so that comparison does not exist.)

It is important to note that the funding levels included in the Governor’s budget fully acknowledge all adjustments to recent cost and enrollment data. As a result, there are no anticipated “excess” funds included in the Governor’s budget for Covered CT.

	<b>Governor's Recommended Budget Estimate</b>		
	SFY 2023	SFY 2024	SFY 2025
<b>Total Enrollees (Average)</b>	<b>14,615</b>	<b>29,469</b>	<b>39,015</b>
<b>Estimated Costs</b>			
<b>Total</b>	<b>\$28,820,000</b>	<b>\$60,730,000</b>	<b>\$84,430,000</b>
<b>State</b>	<b>\$20,560,000</b>	<b>\$29,860,000</b>	<b>\$42,210,000</b>
<b>Overall PMPM</b>	<b>\$164</b>	<b>\$172</b>	<b>\$180</b>

*Note: State share is higher in SFY 2023 due to CMS’ waiver approval date of December 15, 2023.*

We estimate the expansion of Covered CT to 200% FPL would result in state costs of \$30-\$40 million, assuming no premium sharing for members. If premium sharing was introduced, for every \$10 of premium sharing per member per month, the estimated cost to the state would decrease by \$1.8 million. Waiver considerations for potential expansion would require a request to CMS for an amendment to the waiver and a review and approval process, which could take approximately six months and, depending on the time of the request, modification to the required evaluation design plan and monitoring protocol.

6. Please provide further details on the 211 contract and inability to meet 24/7 services. Are you able to share a point of contact for United Way?

The call center and all services that require 24/7 response for DSS have been maintained. We have not reduced any contracted hours. In her testimony, Lisa Tepper Bates, United Way’s president and CEO, spoke to the inability to meet the contracted 24/7 services but this was in relation to the housing crisis line, which is funded under the Department of Housing. For more information, please contact:

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