

Sunday, January 21, 2018 at 11:22:01 AM Eastern Standard Time

Subject: FW: Public Hearing Invitation - Commission on Fiscal Stability and Economic Growth
Date: Sunday, January 21, 2018 at 11:21:27 AM Eastern Standard Time
From: Benjamin Krynick
To: Benjamin Krynick
Attachments: image001.jpg, image002.png, image003.png, image004.png

From: "McEvoy, Kate" <Kate.McEvoy@ct.gov>

Date: January 19, 2018 at 2:46:46 PM EST

To: "'repatricelli@gmail.com'" <repatricelli@gmail.com>, "'paul@cthealth.org'" <paul@cthealth.org>

Cc: "Bremby, Roderick L." <Roderick.Bremby@ct.gov>, "Gilbert, Michael J." <mike.gilbert@ct.gov>

Subject: sincere thanks and immediately available information [not-secure]

Dear Bob and Paul:

Thank you very much for the opportunity to join the discussion today, and to contribute to your important process.

I understand that the Department will have the chance to present more detailed information to the Commission, but as we agreed would be helpful am forwarding some of the material that you requested on a more immediate time basis.

Wishing you all the best,

Kate

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Effect of Hospital Avoidable Health Care Use and Costs on State Health Ranking

The most recent annual Commonwealth State Health System Ranking shows that overall **Connecticut ranks 8th among states, with favorable rankings for access, prevention and treatment and the best ranking in the country for health lives**. What stands out very starkly,

however, is that **we rank 39th for avoidable hospital use and costs.**



Here is a link to the entire Connecticut report:

<http://datacenter.commonwealthfund.org/scorecard/state/8/connecticut/?>

CMS Star Ratings for CT Hospitals

<https://www.medicare.gov/hospitalcompare/results.html#dist=25&state=CT&lat=0&lng=0>

Eligibility Limit Ranges

Sourced from Kaiser State Health Facts (<https://www.kff.org/statedata/>):

Medicaid income eligibility limits for adults as a percentage of FPL as of January 1, 2017:

- Parents (in a family of three): 138% FPL; U.S. median value 138% FPL; range from 18% (Alabama) to 221% (DC)
- Other adults (for an individual): 138% FPL; U.S. median value 138% FPL; range from 0% (non-expansion states) to 215% (DC)

Medicaid income eligibility limits for children as of January 1, 2017:

- Infants age 0-1: Connecticut 201% of FPL; U.S. median value 195%; range from 144% (Utah) to 380% (Iowa)
- Children age 1-5: Connecticut 201% of FPL; U.S. median value 149%; range from 138% of FPL (Oregon) to 324% of FPL (DC)
 - * Children age 6-18: Connecticut 201% of FPL; U.S. median value 138%; range from 133% FPL (many) to 324% DC

Medicaid income eligibility for pregnant women as of January 1, 2017:

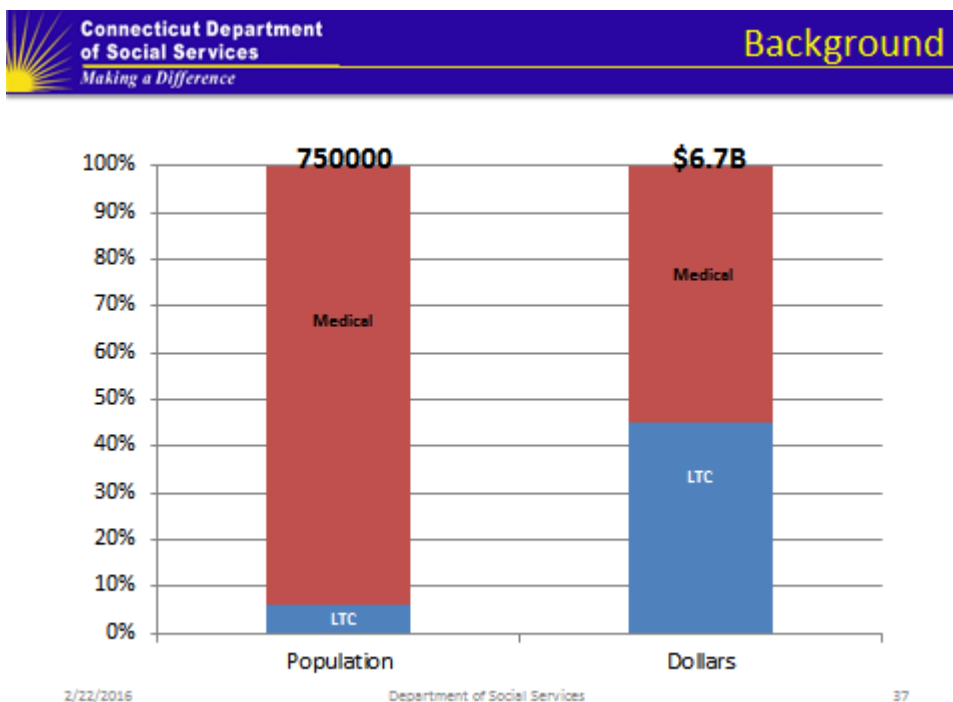
- 263% of FPL; U.S. median value 200%; range from 138% (Idaho, South Dakota) to 380% (Iowa)

Medicaid eligibility through the Aged, Blind and Disabled Pathway as of January 1, 2017:

- Annual income limit: Connecticut \$6,276; U.S. median value \$8,820; range from \$6,276 (Connecticut) to \$13,860 (Hawaii)
- % of FPL for an individual: Connecticut 52%; U.S. median value 73%; range from 52% (Connecticut) to 100% (many including, for example, DC, Illinois, Maine)
- Asset limit: Connecticut \$1,600; U.S. median value \$2,000; range from \$1,600 to \$7,280 (South Carolina) and no limit (Arizona)

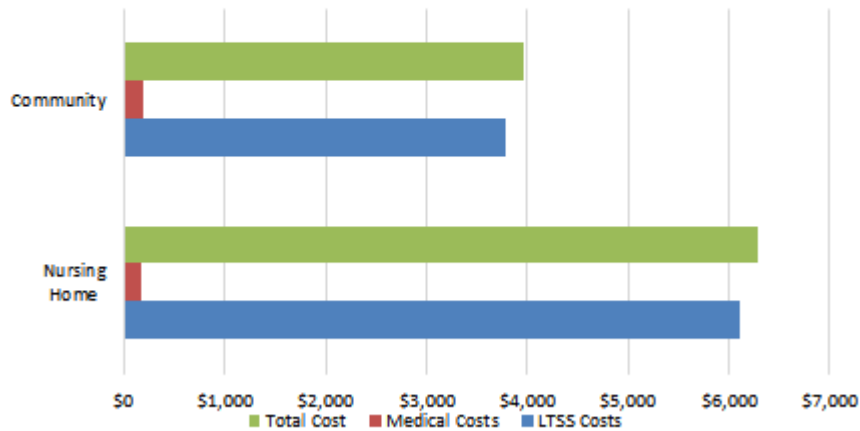
Information on Members and Spend on Long-Term Services and Supports (LTSS)

We are using diverse strategies (e.g. support for individuals in transitioning to the community from nursing homes, bond funding for diversification of nursing home services, workforce development activities, consumer education) under a Governor-led “rebalancing plan” to enable older adults and people with disabilities (categorically high need, high cost individuals) to meaningfully access Medicaid-funded long-term services and supports (LTSS) in the community, as opposed to in institutional settings.





A comparison of average community and institutional costs for
individuals at nursing home level of care (2012)



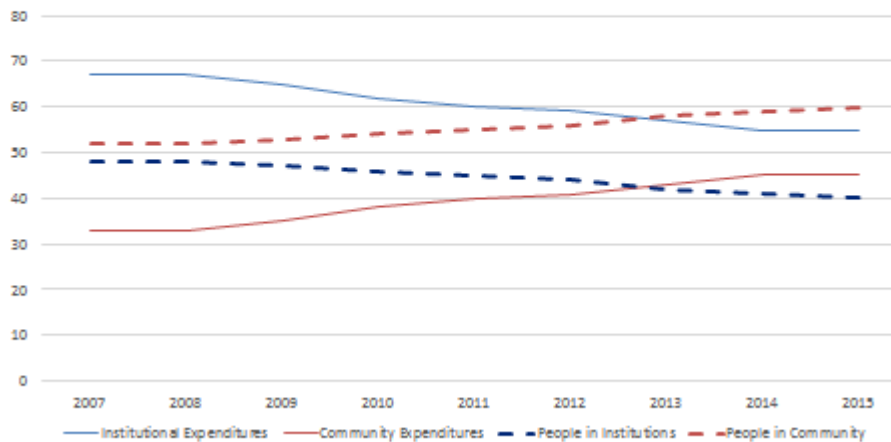
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Benchmarks
Percentage of LTSS Expenditures and People
Community vs. Institution



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