



# 2023 Adult HUSKY Health Population and Membership Trends

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May 14, 2024

# Agenda

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1. The HUSKY Health Population

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2. Medication Prescription Prevalence

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3. Mental Health Diagnoses Prevalence

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4. Substance Use Diagnoses Prevalence

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5. Medical Diagnoses Prevalence

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6. Adult Membership Trends

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7. Discussion

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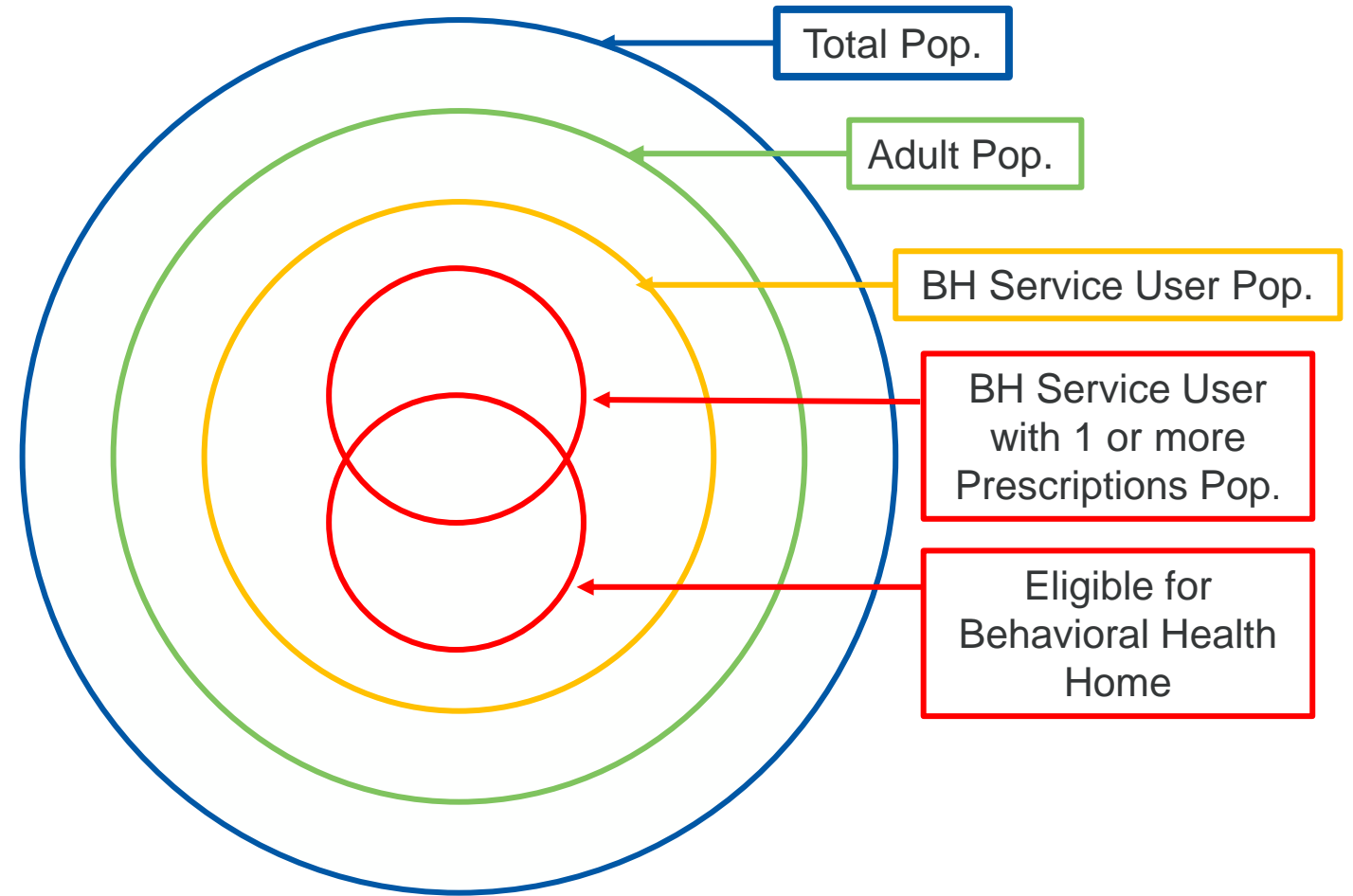


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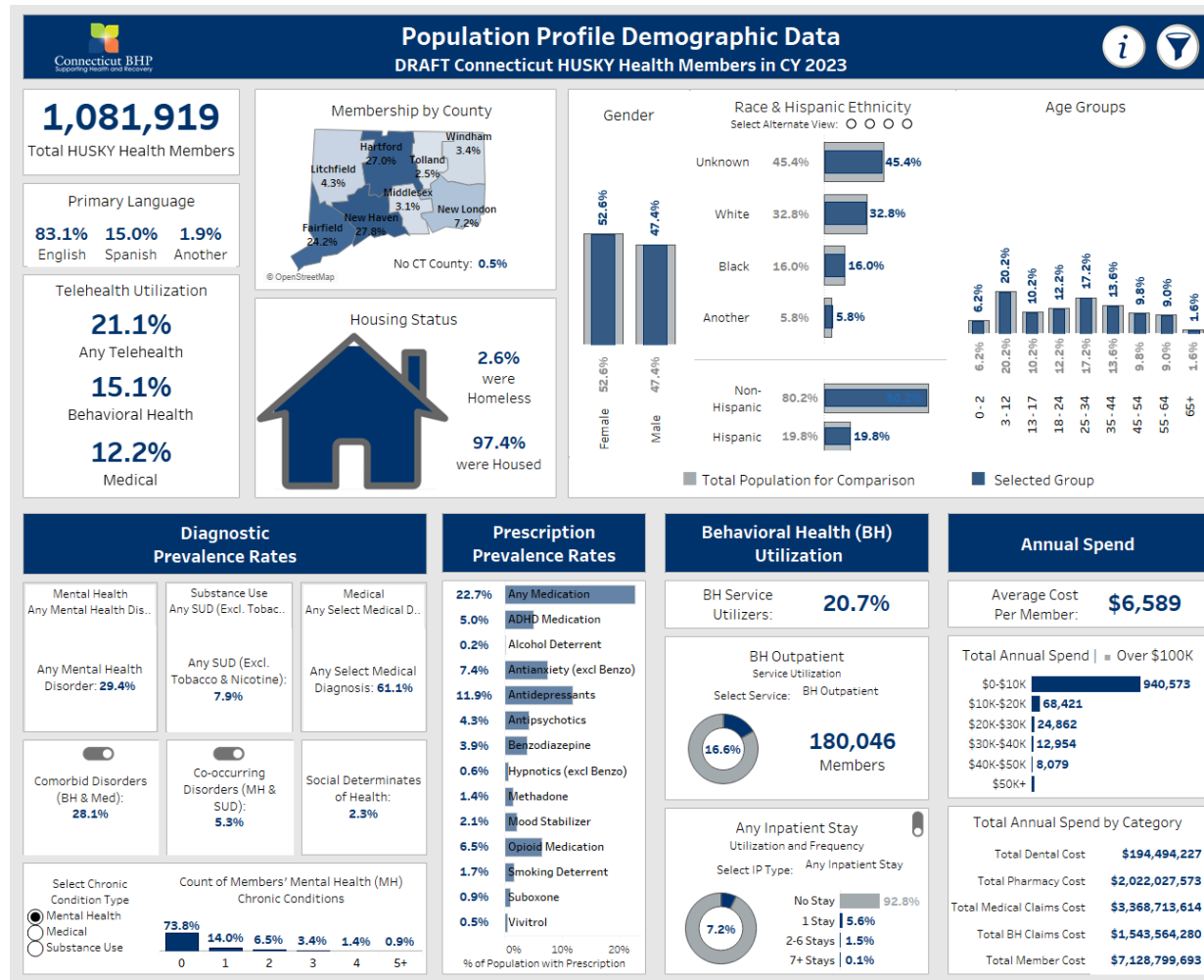
# 01

# HUSKY Health Population

# Drill Down Strategy



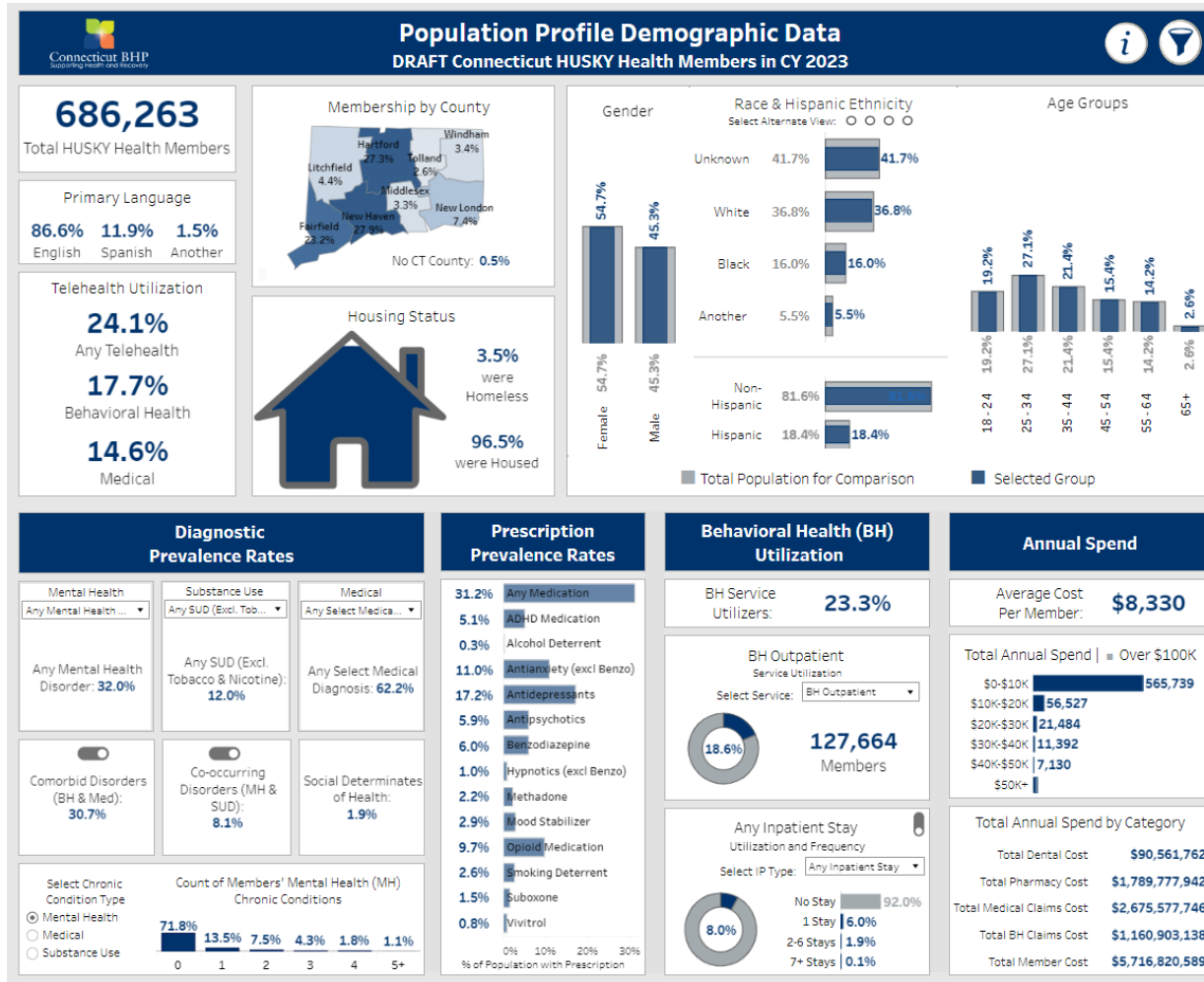
# Total HUSKY Health Membership



Total HUSKY Health adult and youth population: 1,081,919 members, excluding members with dual eligibility, Title XIX, and Do5 (DCF limited benefit group)

- 20.7% ( $n = 224,425$ ) of all members utilized at least one BH service
- 22.7% ( $n = 245,686$ ) of all members had at least one filled prescription in 2023
- Average annual expenditure (all services) per member was \$6,589

# HUSKY Health Adults



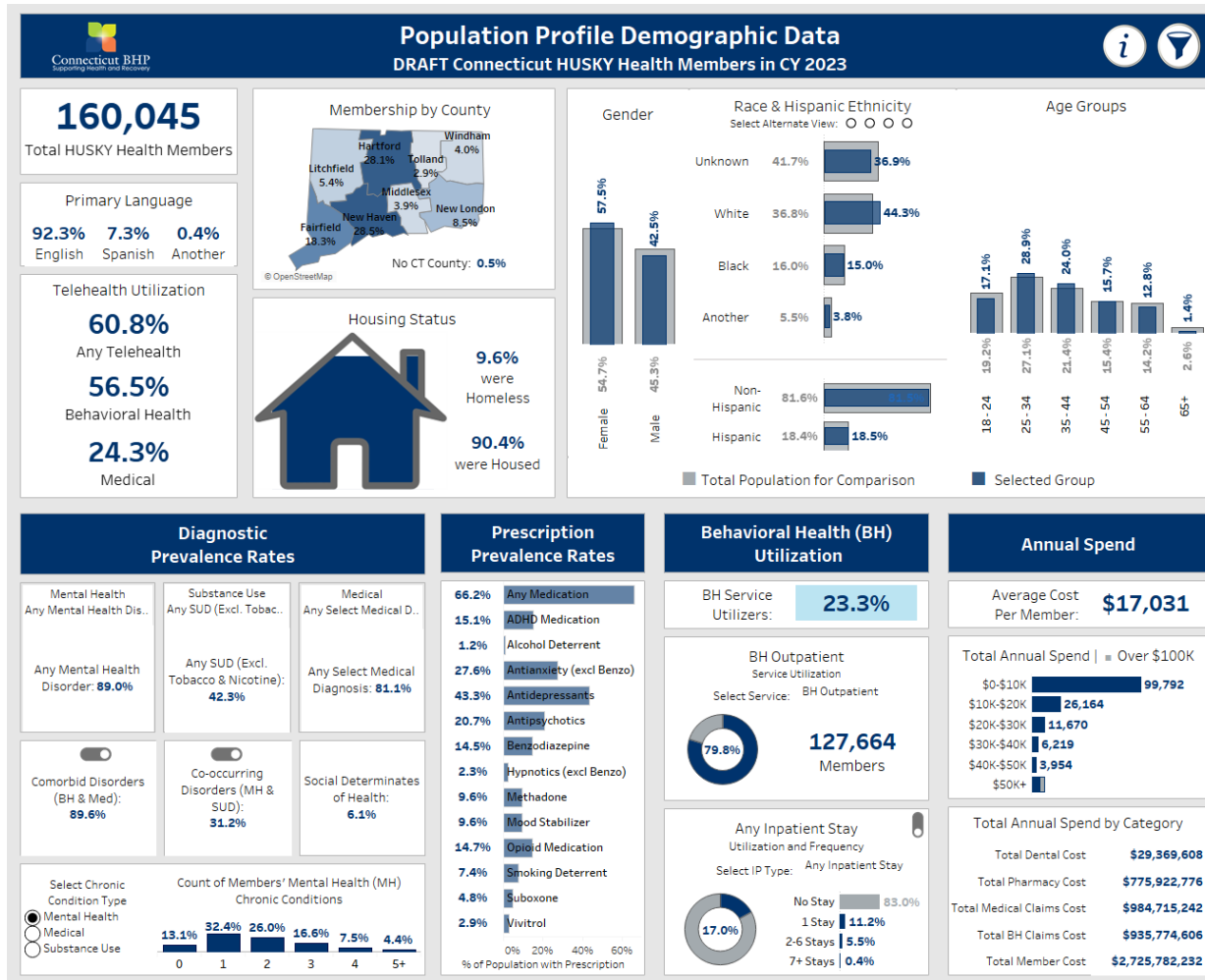
63.4% ( $n = 686,263$ ) of all HUSKY Health members were 18 or older

- Expenditures of adults for BH claims accounted for 75.2% of the total for BH claims

Comparing the adult population to the total HUSKY Health population showed that:

- The adult population had a higher percentage of English as their primary language (86.6% vs. 83.1%)
- Average annual expenditure (all services) per adult member was higher (\$8,330 vs. \$6,589)
- A higher percentage of adults utilized a BH service (23.3% vs. 20.7%)

# HUSKY Health Adult Utilizers of BH Services

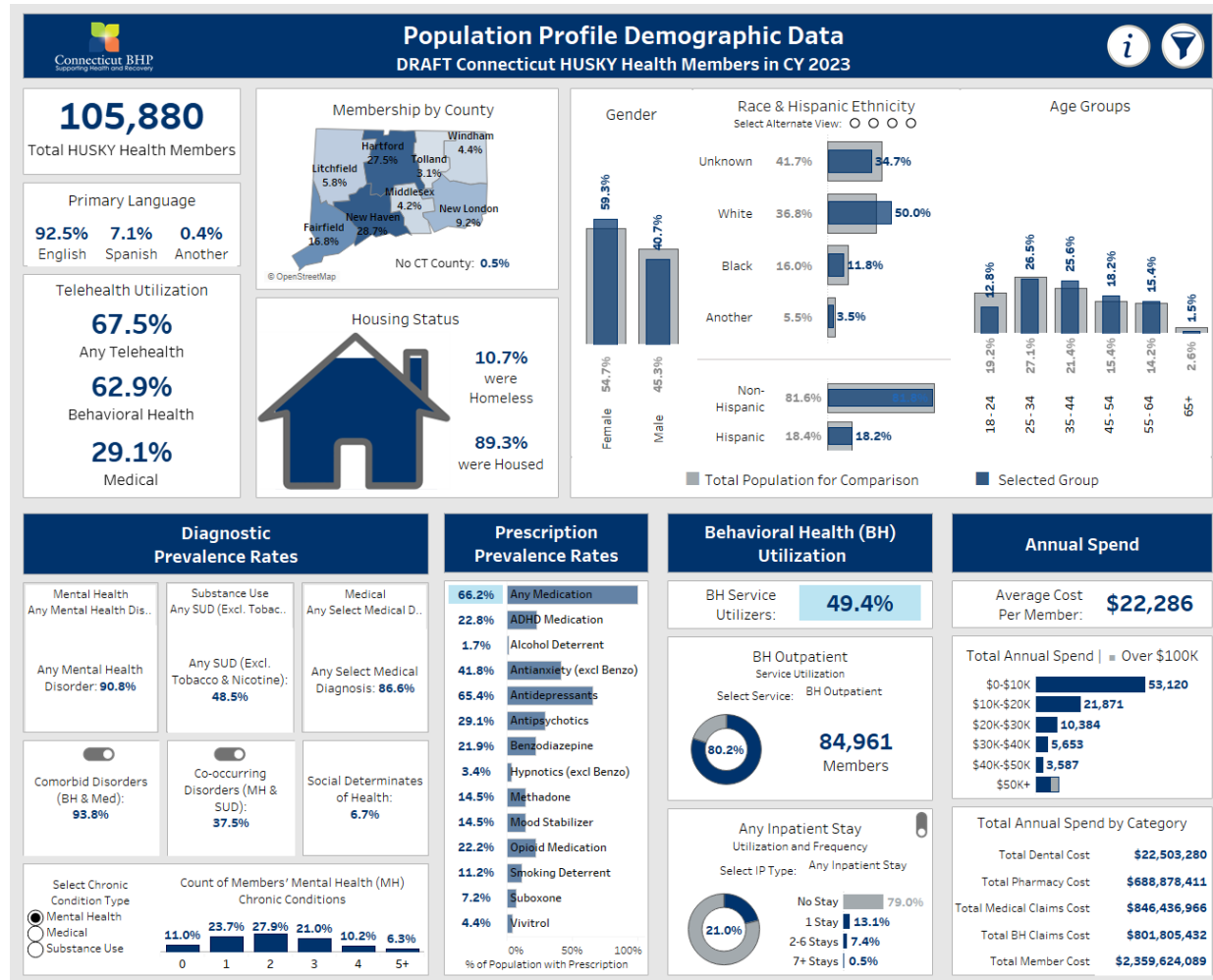


23.3% ( $n = 160,045$ ) of adult members had at least one BH service claim

Comparing this population to the total adult HUSKY Health population showed:

- Differences in demographics –Adults with BH utilization were more likely to:
  - Speak English as their primary language
  - Be female
  - Identify as White
  - Experience homelessness/housing insecurity
  - Fall within the 25-44 age group
- Average annual expenditure (all services) per adult member was higher (\$17,031 vs. \$8,330)

# HUSKY Health Adult Utilizers of BH Services w/ one or more Prescription



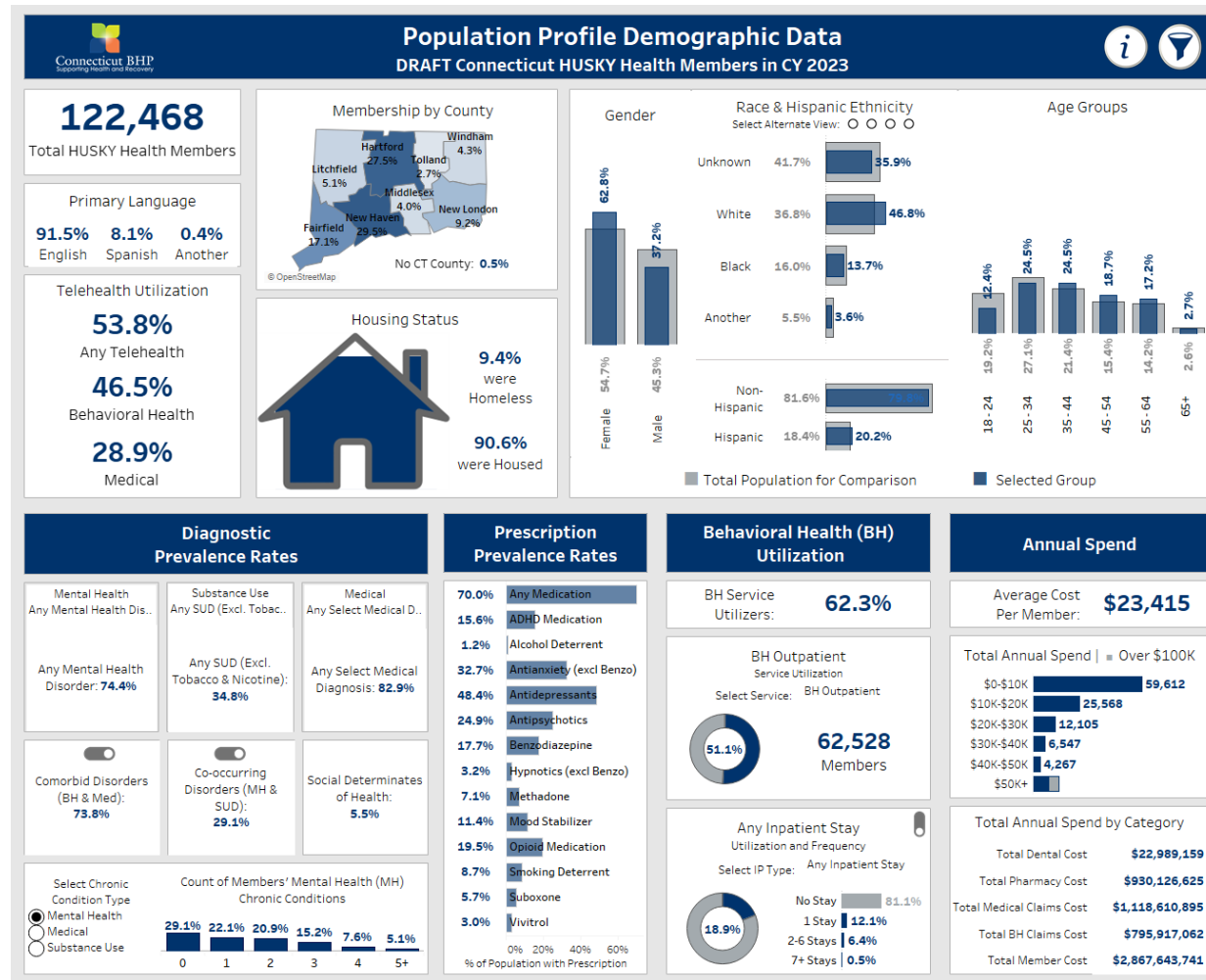
66.2% ( $n = 105,880$ ) of adult BH service utilizers filled at least one prescription

Comparing this population to the total adult HUSKY Health population showed:

- Differences in demographics –Adults with BH utilization and a prescription were more likely to:
  - Speak English as their primary language
  - Be female
  - Identify as White
  - Experience homelessness/housing insecurity
  - Fall within the 35-54 age group
- Average annual expenditure (all services) per adult member was higher (\$22,286 vs. \$8,330)



# HUSKY Health Adults Eligible for Behavioral Health Home (BHH)



17.8% ( $n = 122,468$ ) of all adult HUSKY Health members were BHH eligible (at least one severe and persistent mental illness (SPMI) diagnosis and total annual spend of at least \$10,000)

Comparing the BHH population to the total adult HUSKY Health population showed:

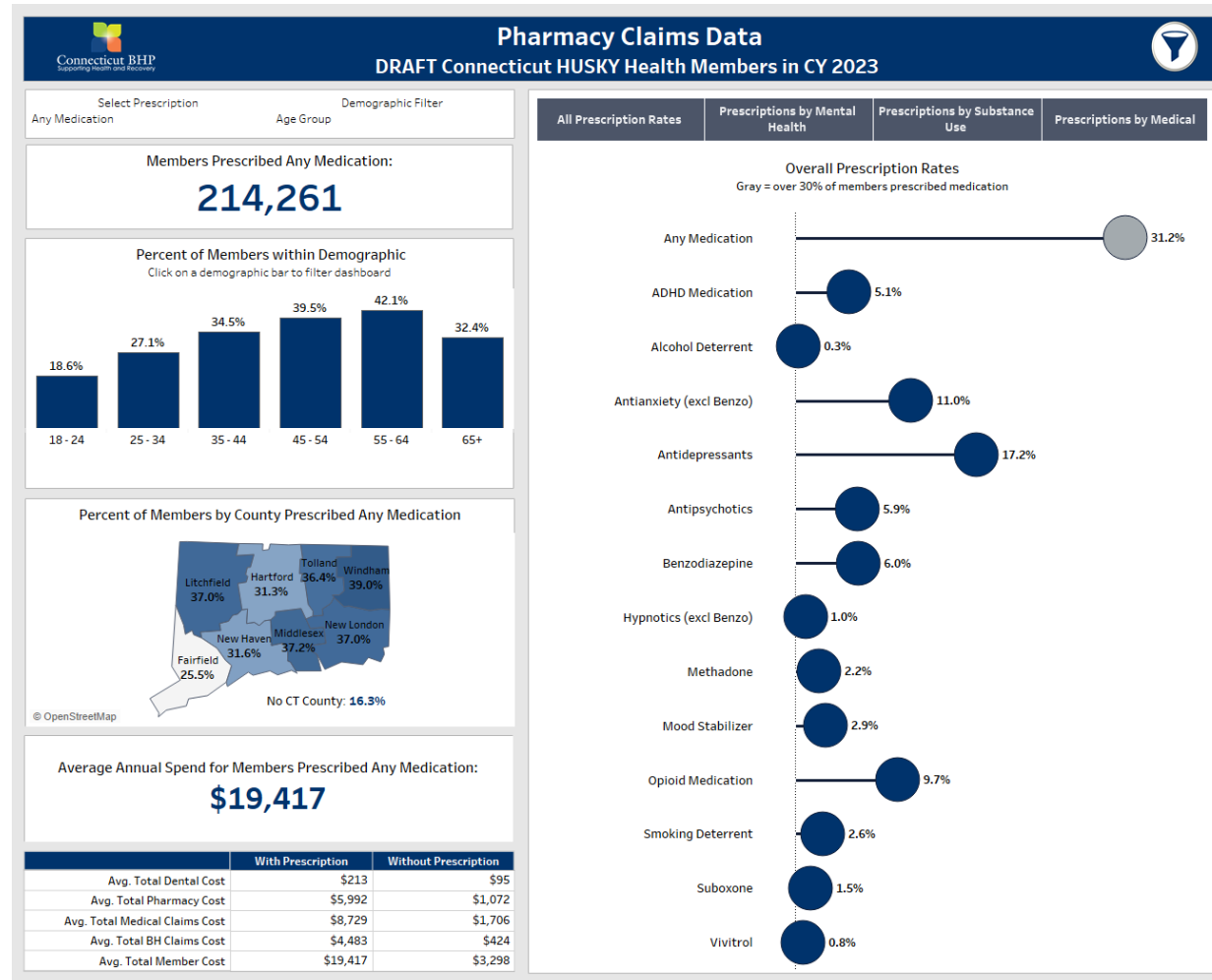
- Differences in demographics –Adults eligible for BHH were more likely to:
  - Speak English as their primary language
  - Be female
  - Identify as White
  - Experience homelessness/housing insecurity
  - Fall within the 35-64 age group
- Average annual expenditure (all services) per adult member was higher (\$23,415 vs. \$8,330)

Chapter

# 02

# Medication Prescription Prevalence

# Psychotropic Medication Prescription Prevalence\* – Adults



214,261 adults (31%) had one or more filled behavioral health prescriptions

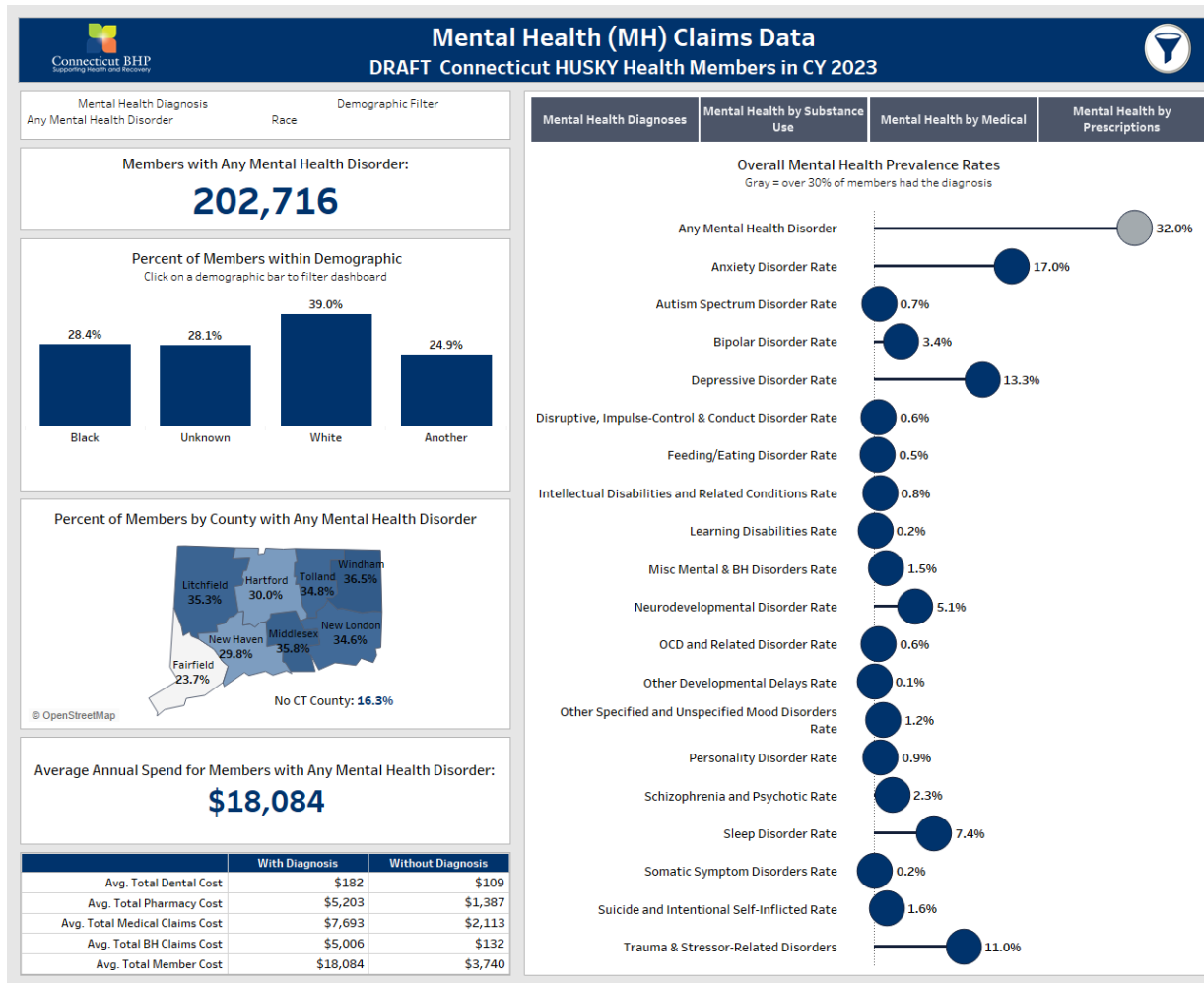
- Members identifying as White were more likely to have a filled prescription than members identifying as Black (39.8% vs. 24.4%)
- Members in rural counties (e.g., Tolland and Windham Counties) were more likely to have a filled prescription than members in more populated counties (e.g., New Haven and Fairfield Counties)
- Antidepressants and antianxiety had highest filled prescription rates (17.2% and 11.0%, respectively)
- While not an antipsychotic, rates were quite high for filled opioid prescriptions (9.7%)

Chapter

# 03

## Mental Health Disorder Prevalence

# Mental Health Disorder Prevalence – Adults



202,716 adults (32%) had a diagnosis for a MH disorder

- Members identifying as White were more likely to have a MH diagnosis than members identifying with other races
- Rates tracked highest in counties with a predominantly White population (e.g., Litchfield County)
- Anxiety disorder was the most common diagnosis (17.0%) followed by depression (13.3%), then trauma and stress-related disorders (11.0%)

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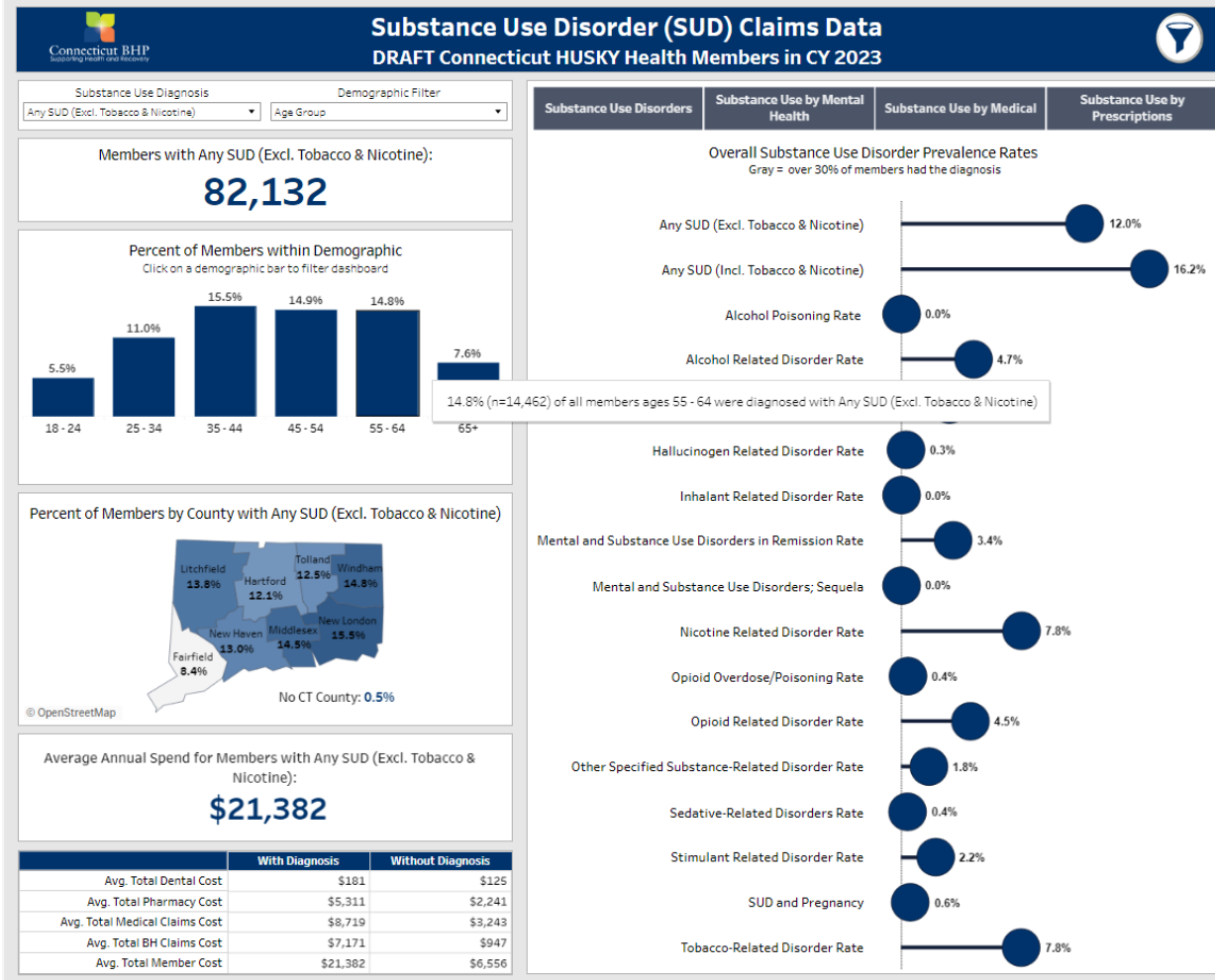
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## Substance Use Disorder Prevalence

# Substance Use Disorder Prevalence – Adults

82,132 adults (12%) had a SUD diagnosis (excl. nicotine)

- Members identifying as White were more likely to have an SUD diagnosis than members identifying with other races, but the disparities were less stark than they were for MH diagnoses
- Highest rates were for tobacco and nicotine and for nicotine-related disorders (16.2% and 7.8%, respectively)
- Alcohol-related and opioid-related disorders were relatively common too (4.7% and 4.5%, respectively) followed by disorders in remission (3.4%) and cannabis-related disorder (3.1%)



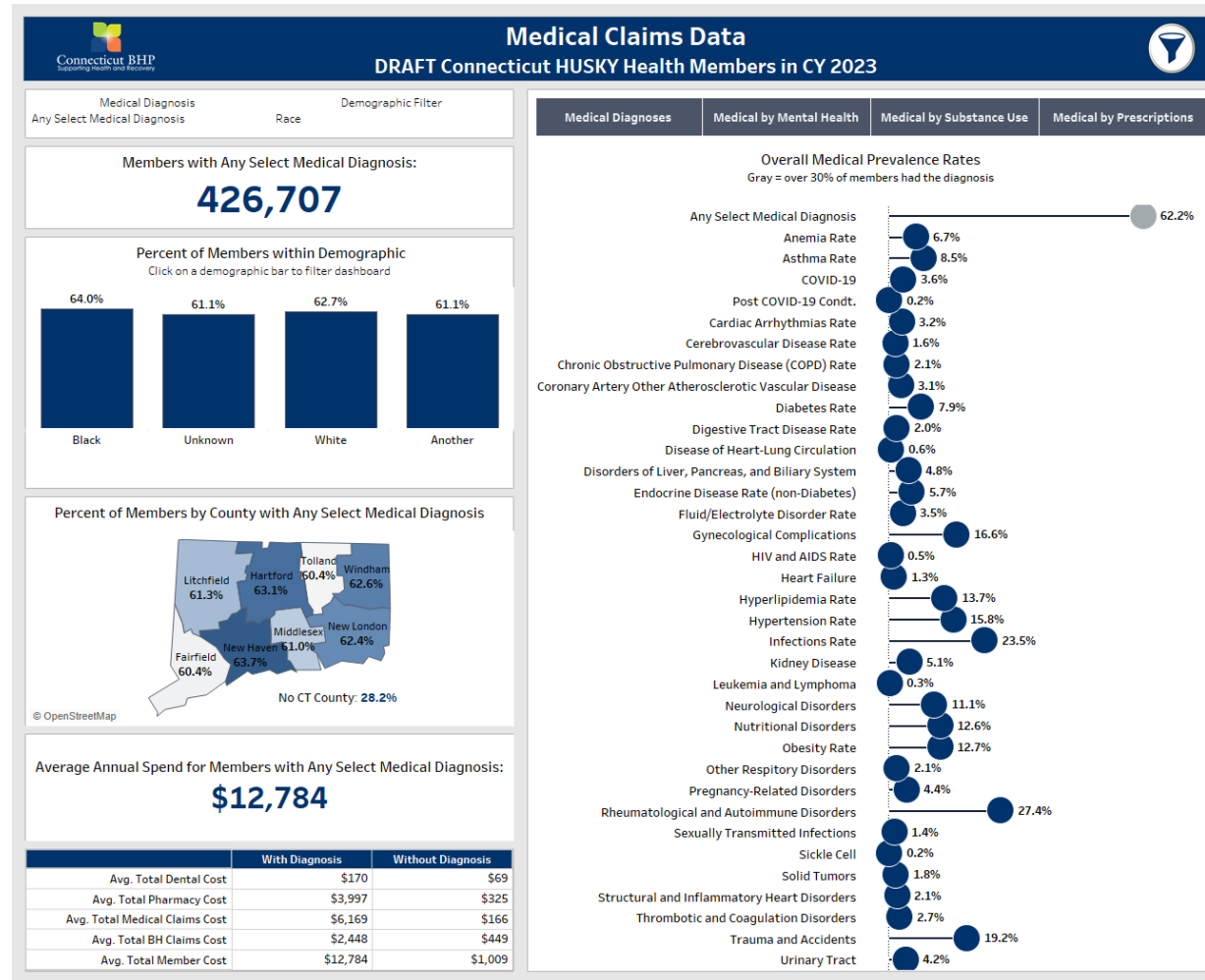
Chapter

# 05

## Medical Disorder Prevalence



# Medical Disorder Prevalence – Adults



426,707 adults (62%) had one or more medical diagnoses

- Members identifying as Black were more likely to have a medical diagnosis than members identifying with other races
- Highest rates seen for:
  - Rheumatological & Autoimmune (27.4%)
  - Infections (23.5%)
  - Trauma & Accidents (19.2%)
  - Gynecological (16.6%)
  - Hypertension (15.8%)

Chapter

# 06

## Adult HUSKY Health Membership Trends

# Total HUSKY Health Membership Trends – 2020 through 2023

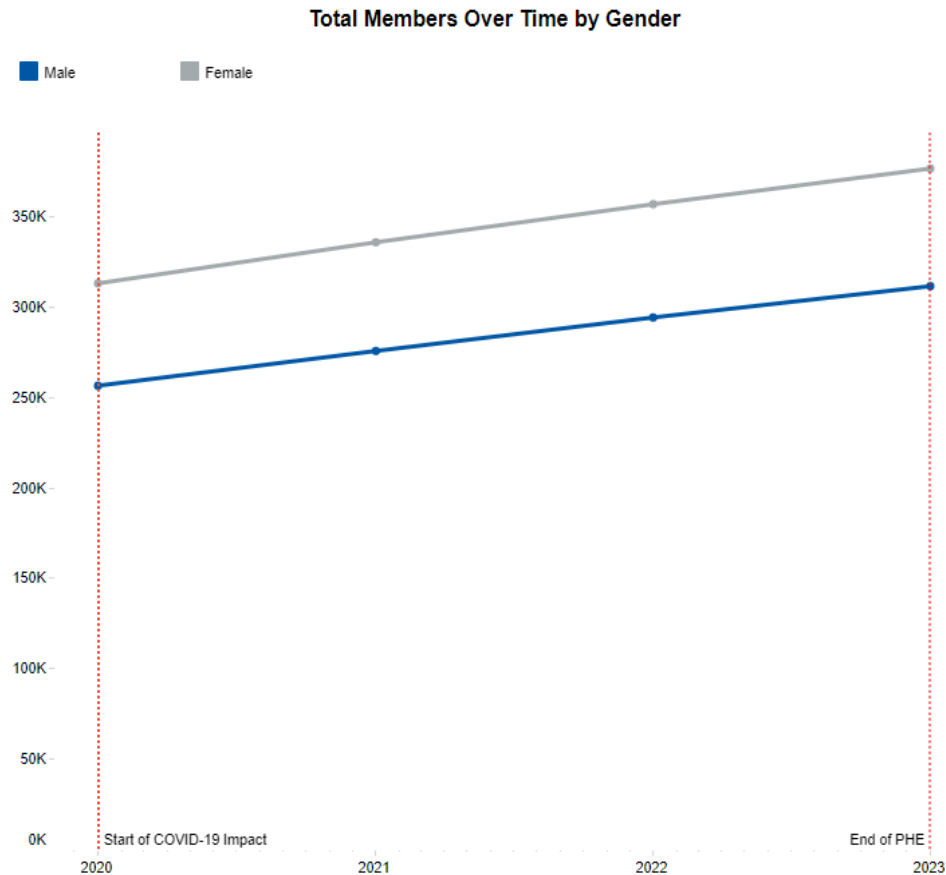


- Total youth and adult membership ( $n = 1,154,450$ ) and adult membership ( $n = 759,448$ ) have trended upwards since 2020
- Adult dual-only membership ( $n = 74,885$ ) has been relatively stable over time

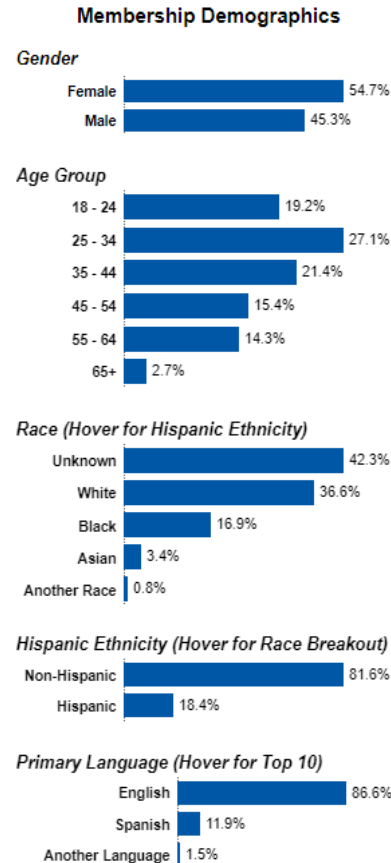
Note: The first red dotted line indicates the start of the impact of COVID-19, and the second indicates the end of the COVID-19 public health emergency (PHE), which went into effect May 11, 2023.

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# Adult HUSKY Health Membership Trends by Sex – 2020 through 2023



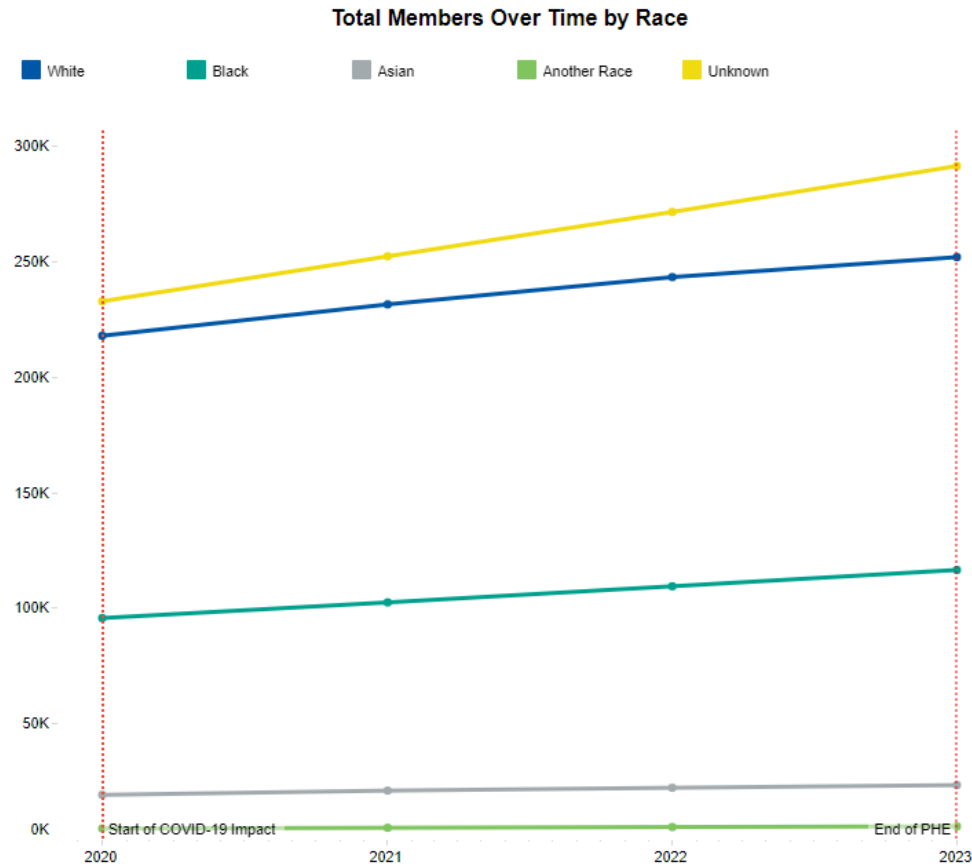
Note: The first red dotted line indicates the start of the impact of COVID-19, and the second indicates the end of the COVID-19 public health emergency (PHE), which went into effect May 11, 2023.



- Females accounted for 54.7% ( $n = 376,325$ ) of the adult population (w/o duals)
- Males accounted for 45.3% ( $n = 311,256$ )
- Steady upward trend in membership for both sexes

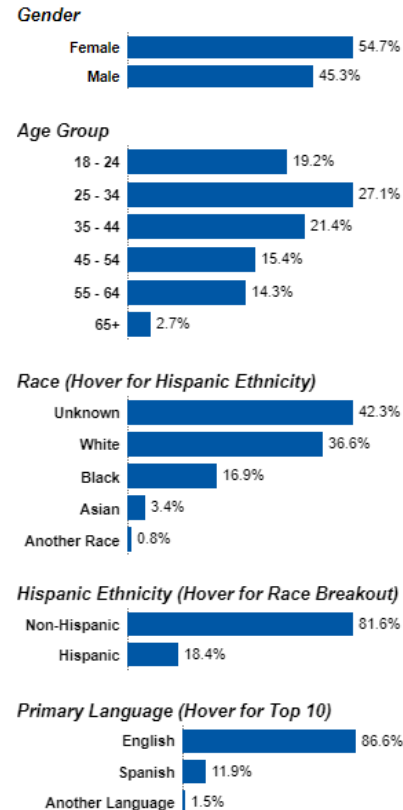
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# Adult HUSKY Health Membership Trends by Race – 2020 through 2023



Note: The first red dotted line indicates the start of the impact of COVID-19, and the second indicates the end of the COVID-19 public health emergency (PHE), which went into effect May 11, 2023.

## Membership Demographics

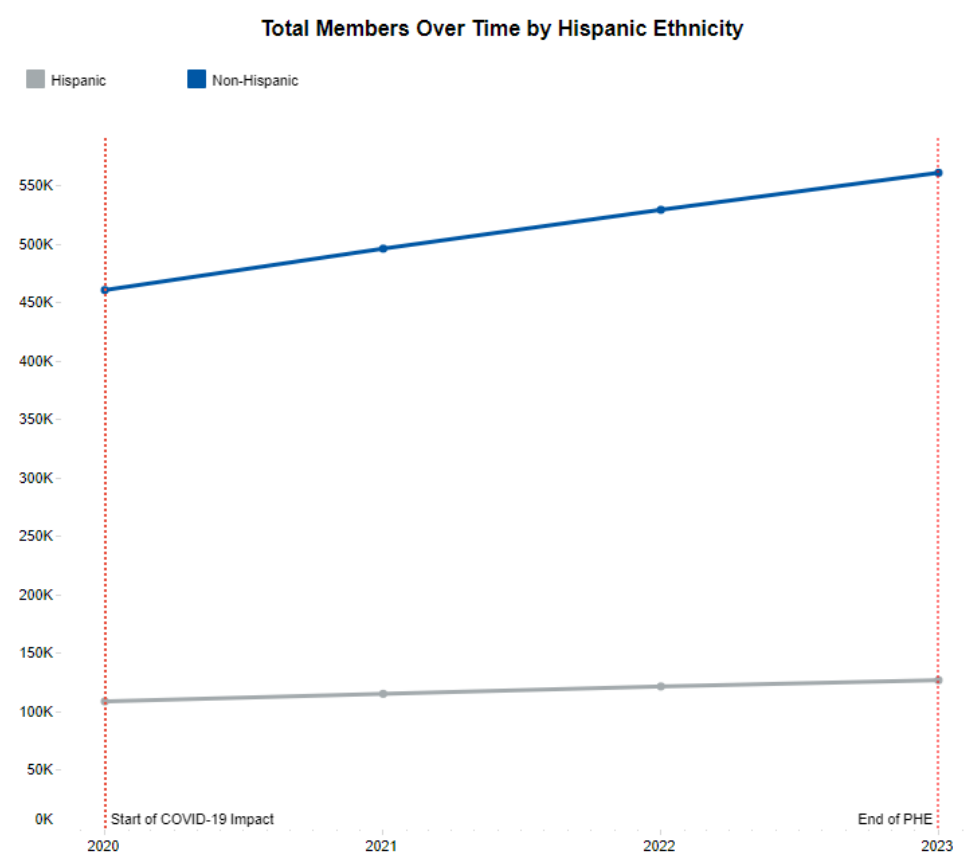


From 2020 to 2023:

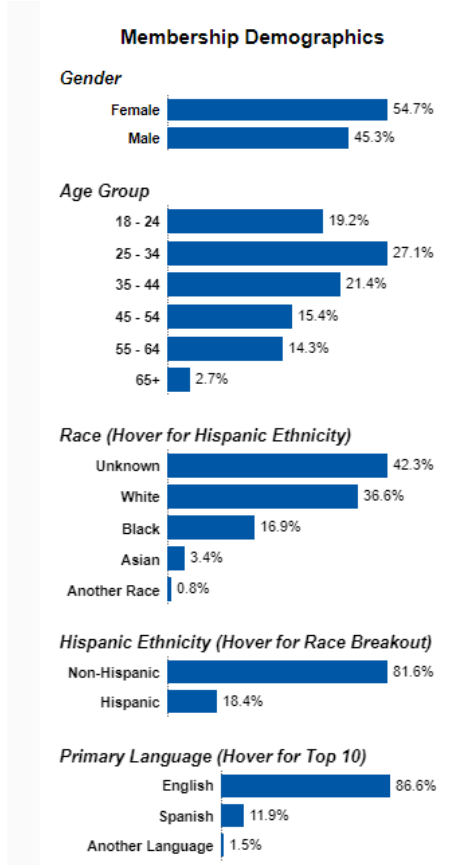
- Adults who did not report a racial identity ( $n = 291,126$ ; 42.3%) and those identifying as White ( $n = 251,679$ ; 36.6%) grew by 25.2% and 15.6%, respectively
- Adults identifying as Black ( $n = 116,283$ ; 16.9%) increased by 21.8%
- Membership for adults self-identifying as Asian ( $n = 23,171$ ; 3.4%) grew by 22.3%
- Membership for adults identifying with another race ( $n = 5,322$ ; 0.8%) grew by 21.1%

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# Adult HUSKY Health Membership Trends by Ethnicity – 2020 through 2023

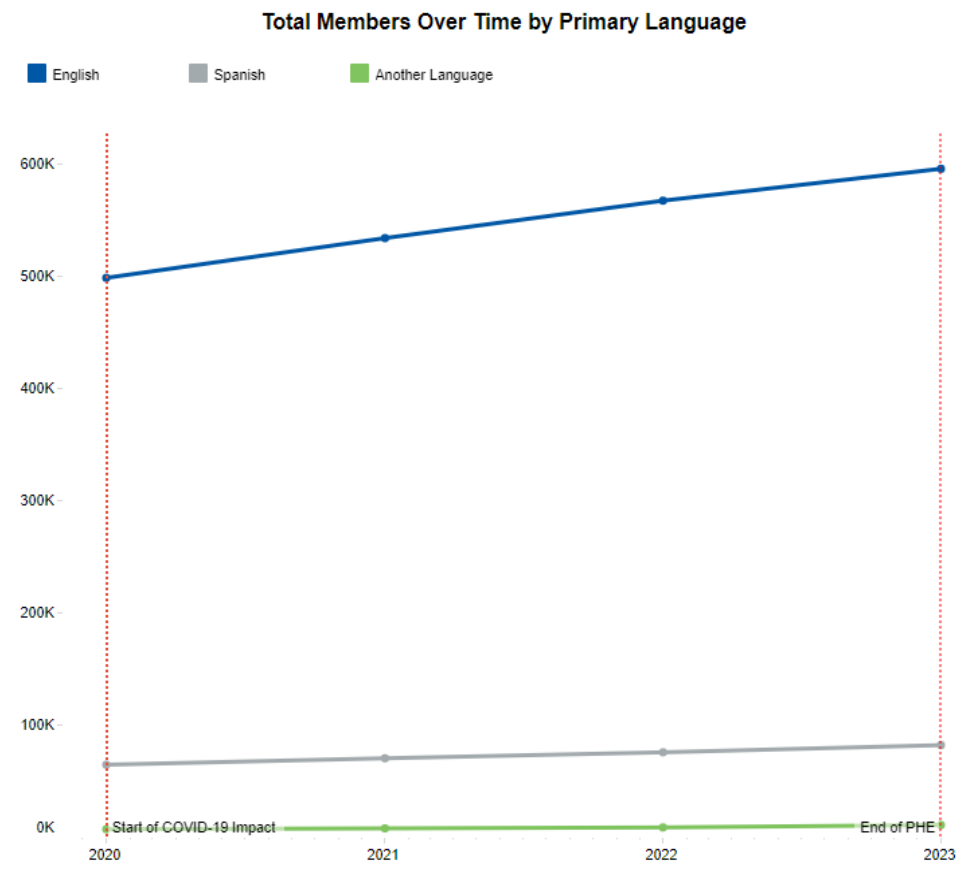


Note: The first red dotted line indicates the start of the impact of COVID-19, and the second indicates the end of the COVID-19 public health emergency (PHE), which went into effect May 11, 2023. DRAFT

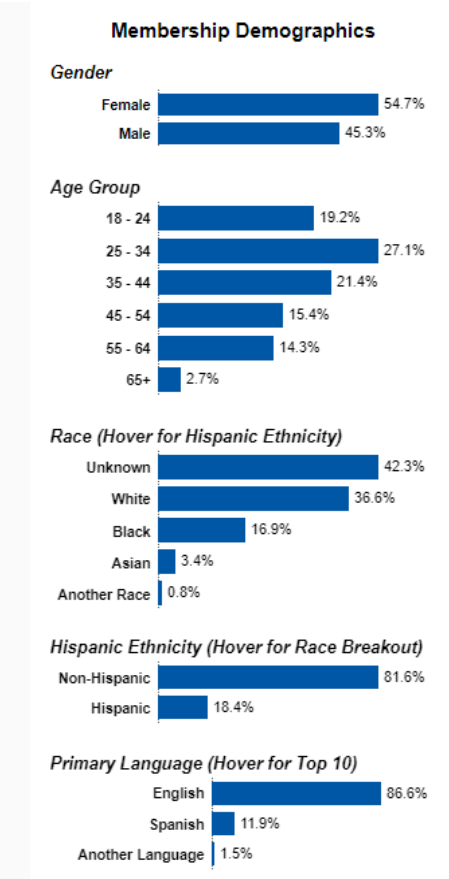


- Adult Non-Hispanic/not reported members accounted for 81.6% of the adult population ( $n = 560,866$ )
- Adult Hispanic members accounted for 18.4% of the adult membership ( $n = 126,715$ )
- Membership for people not identifying as Hispanic or not responding to the question on Hispanic ethnicity rose 21.8% between 2020 and 2023
- During the same period, membership for adults identifying as Hispanic grew more slowly at 16.8%

# Adult HUSKY Health Membership Trends by Primary Language – 2020 through 2023



Note: The first red dotted line indicates the start of the impact of COVID-19, and the second indicates the end of the COVID-19 public health emergency (PHE), which went into effect May 11, 2023.



- Primary English-speaking members accounted for 86.6% of adult membership ( $n = 595,641$ )
- Primary Spanish-speaking members accounted for 11.9% ( $n = 81,577$ )
- “Another Language”-speaking members accounted for 1.5% ( $n = 10,363$ )
- Since 2020, the English-speaking group has grown by 19.5%, the Spanish-speaking group has grown by 27.3%, and “Another Language” grew by 57.3%

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# 07

## Discussion



# Services Covered by CT Medicaid

**Outpatient Services for MH and/or SUD Treatment:** Outpatient, Intensive Outpatient Program, Partial Hospitalization Programs, and Extended Day Treatment

**Inpatient Services for MH and/or SUD Treatment:** State Inpatient Hospital, Inpatient Hospital, Medical Managed Intensive Inpatient Withdrawal Management (4-WM), Crisis Stabilization Bed

## Mental Health Services

- Home Based Services
- Autism Spectrum Disorder Services
- Home Health Care
- Electroconvulsive Therapy
- Transcranial Magnetic Stimulation
- Psychological and Neuropsychological Testing
- Observation Services

## SUD Services:

- Medically Monitored Inpatient Withdrawal Management
- Residential Rehabilitation for Substance Use Disorder
- Methadone Maintenance
- Ambulatory Withdrawal Management

## Other

- Case Management
- CT-based Emergency Services
- Pharmacy

## Emerging Best Practices for Treatment

In the April 5<sup>th</sup> email requesting this overview for QAP, Dr. Trocchi asked to address the following:

“Does Medicaid offer appropriate continuum of interventions based on Medicaid BH patient clinical presentation?”

# Questions?

# Thank You

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## Contact Us

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