

# Five Key Points About Connecticut HUSKY Health (Medicaid and CHIP)

April, 2018

- Key Point 1** HUSKY Health is a **major payer** that covers over 800,000 Connecticut citizens (22% of the population), enrolls over 43,000 providers, and provides comprehensive health benefits
- Key Point 2** HUSKY Health is a **self-insured**, managed fee-for-service program that is administratively efficient and effective
- Key Point 3** HUSKY Health has **implemented significant care delivery and payment reforms** under State Plan authority (not through an 1115 waiver)

**Key Point 4** HUSKY Health is **improving health and care experience outcomes**, resulting in effectively controlled costs

**Key Point 5** HUSKY Health **continues to evolve** to meet current and future needs

## HUSKY Health touches everyone.

1 in 4 Connecticut children. 1 in 2 Connecticut births.

Working families and individuals.

Older adults. People with disabilities.

Your neighbor. Your cousin. Your friend.

Connecticut's past and present. And most important, its future.



4/2018



Department of Social Services



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- HUSKY A clients (parents and children) represent **60% of enrollees** but account for only **29% of program costs**
- HUSKY C clients (older adults and people with disabilities) make up **11% of the enrollees** but represent **46% of program costs**
- HUSKY D clients (expansion adults) represent **29% of enrollees** and **25% of program costs**
- HUSKY B is the Connecticut CHIP Program



### 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](http://ct.gov/husky).



#### Behavioral Health Services: [www.ctbhp.com](http://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.
- The number if you are deaf or hard of hearing is 711.



#### 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](http://ct.gov/husky).



#### Dental: [www.ctdhp.com](http://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.



#### Non-Emergency Medical Transportation: [www.ct.ridewithvevo.com](http://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](http://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.



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### 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



#### Behavioral Health Services: [www.ctbhp.com](http://www.ctbhp.com)

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

- By contrast to most other states, Connecticut is not using capitated managed care arrangements for its medical, behavioral health and dental services
- Like most large employers, and for the same reasons, HUSKY Health is self-insured and has entered into contracts with Administrative Services Organizations (ASOs)
- A simplified, streamlined, statewide structure, rates, and policies enable a “one call does it all” approach and ensures lean administrative costs of only 3.2%

	Past	Present	Future
<b>Administrative/ financial model</b>	A mix of risk-based managed care contracts and central oversight	<b>Self-insured, managed fee-for-service model; contracts with four Administrative Services Organizations (ASOs)</b>	Self-insured, managed fee-for-service model that incorporates health neighborhoods and Value-Based Payment (VBP) approaches
<b>Financial trends</b>	Double digit year-over-year increases were typical	<b>Overall expenditures are increasing proportionate to enrollment; per member per month spending is trending down</b>	Quality-premised VBP strategies will enable further progress on trends
<b>Data</b>	Limited encounter data from managed care organizations	<b>Fully integrated set of claims data; program employs data analytics to risk stratify and to make policy decisions</b>	Data match across human services and corrections data sets will enable more intelligent policy making





	Past	Present	Future
<b>Member experience</b>	Members had different experiences depending on which MCO oversaw their services; MCOs relied upon traditional chronic disease management strategies	<b>ASOs provide streamlined, statewide access points and Intensive Care Management; PCMH practices enable coordination of primary and specialty care; health homes enable integration of medical, behavioral health and social services</b>	Health neighborhoods will address both health needs and social determinants of health (e.g. housing stability)
<b>Provider experience</b>	Provider experience varied across MCOs; payment was often slow or incomplete	<b>ASOs provide uniform, statewide utilization management and ICM; providers can bill on a bi-weekly basis</b>	Consideration of migration to health neighborhood self-management of provider relationships



**HUSKY Health's care delivery and payment reforms, all of which use State Plan authority and not an 1115 waiver, include:**

Improving access to primary, preventive care through . . .

- extensive new investments in primary care (Person-Centered Medical Home payments, primary care rate bump, Electronic Health Record payments)
- comprehensive coverage of preventative medical, behavioral health and dental benefits

**Coordinating and integrating care  
through . . .**

- **Administrative Services  
Organization-based Intensive Care  
Management (ICM)**
- **Person Centered Medical Home  
(PCMH) primary care practice  
transformation (serves 48% of  
members)**
- **DMHAS-led behavioral health  
homes**
- **Money Follows the Person  
“housing + supports” approach  
PCMH+ enhanced care  
coordination (e.g. behavioral  
health integration)**

**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 (almost 5,000 people to date)**
- **Prevention of institutionalization**
- **Systemic reforms including diversification of nursing home services, workforce initiatives and consumer education**

**Incorporating Value-Based Payment approaches through . . .**

- **Hospital payment modernization**
- **Pay-for-performance initiatives: Person-Centered Medical Home quality and year-over-year improvement payments and obstetrics P4P**
- **PCMH+ upside-only shared savings initiative with seven FQHCs and two Advanced Networks**



## HUSKY Health . . .

**is continuously improving health and care experience outcomes and effectively controlling costs** through a range of strategies (Person-Centered Medical Homes, Intensive Care Management, behavioral health community care teams), emphasizing:

***the right care at the right time in the right setting . . .***

## **HUSKY Health realizes positive outcomes through a focus on primary and preventive care.**

- Enabling immediate access to primary care visits, preventive dental care, and behavioral health care, for both adults and children, through broad coverage and provider incentives lessens reliance on more expensive sites of care.
- Person Centered Medical Homes have achieved better results than non-PCMH practices on a variety of health outcome measures.

**HUSKY Health also uses predictive modeling to identify our neediest members and help them access a wide variety of services, and promotes good outcomes through Intensive Care Management (ICM).**

Over CY'16, Connecticut Medicaid's medical ASO, CHNCT:

- **reduced emergency department (ED) usage for members engaged in the CHNCT ICM program by 19.25% and inpatient admissions by 43.46%**
- **reduced readmissions by 53.57% for those members who received Intensive Discharge Care Management (IDCM) services**

**HUSKY Health measures everything it does with a mixture of national standards and targeted measures, including:**

- a broad array of HEDIS (Healthcare Effectiveness Data Information Set) measures
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys
- mystery shopper surveys
- review of financial trends: overall expenditures and per member per month spend, spending in major service categories

## So how is HUSKY Health doing?

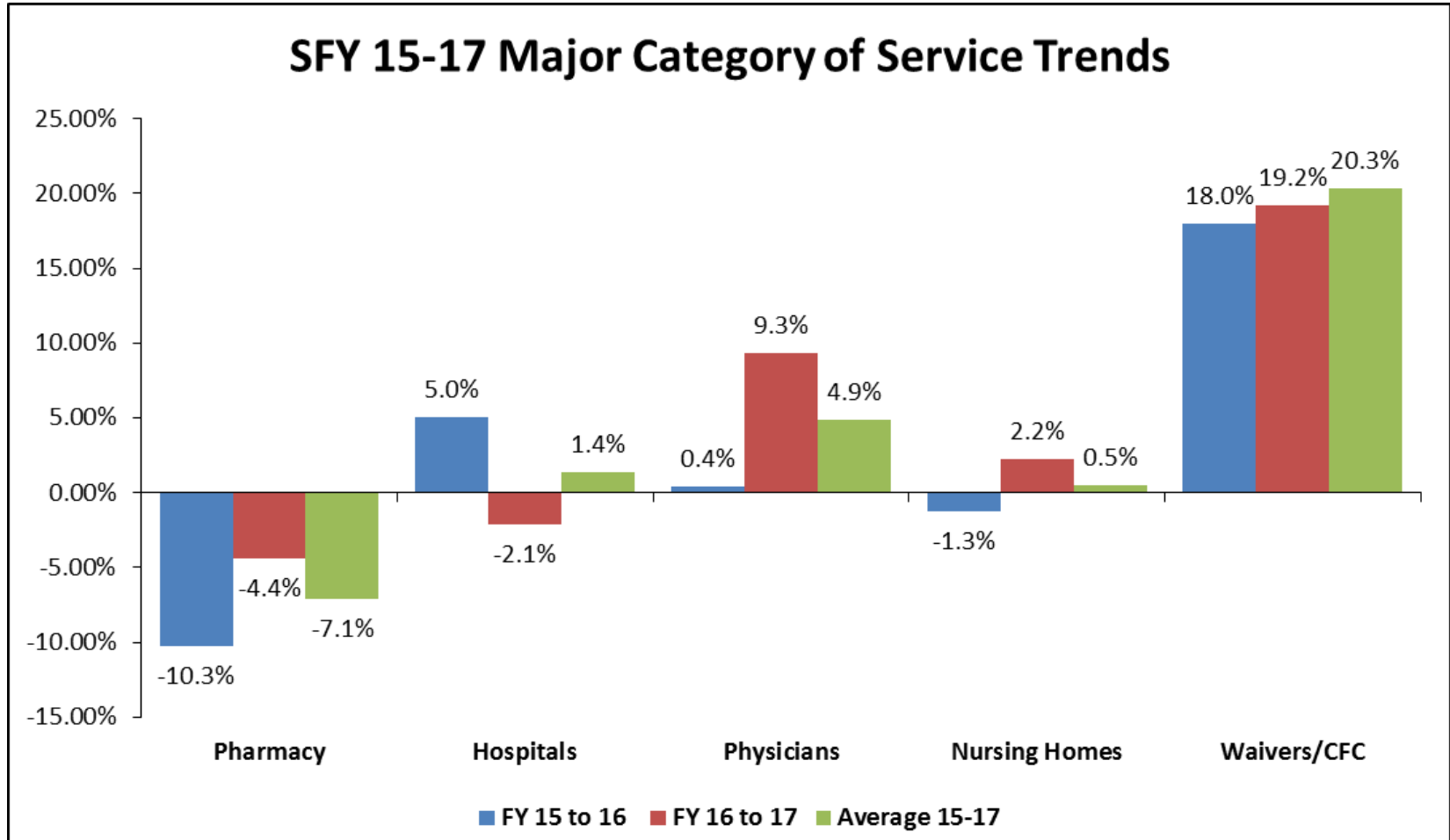
Over SFY'17:

- Inpatient days per 1,000 member months (MM) decreased by 1.3%
- The average length of stay decreased by 2.9%
- Utilization per 1,000 MM for emergent medical visits decreased by 1.1%
- Utilization per 1,000 MM for non-emergent medical visits decreased by 7.3%



## What financial trends are we seeing?

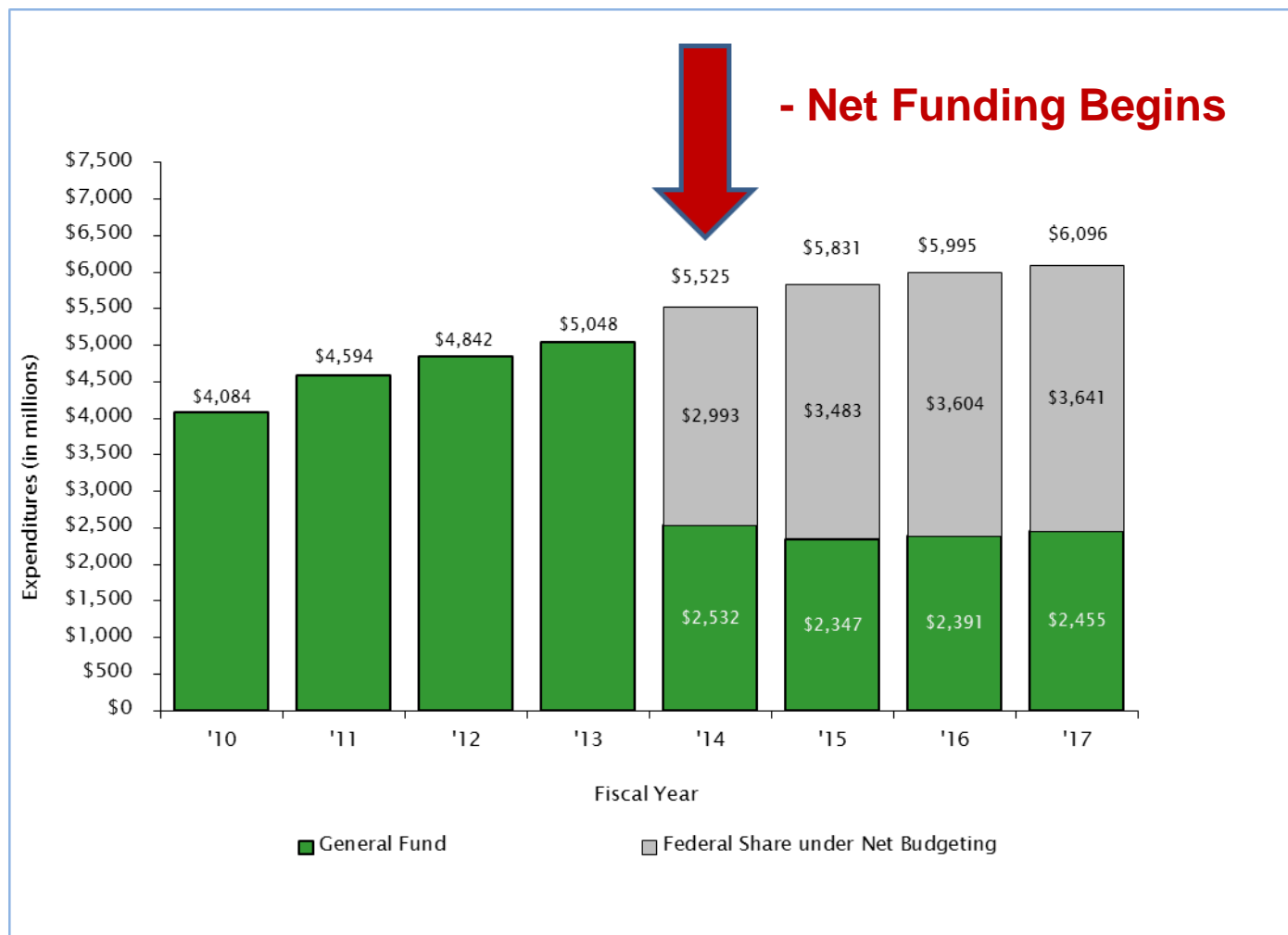
- **Cost trends** in select service categories **align with strategic objectives.**
- The state share of HUSKY Health costs are stable while the **federal share has increased.**
- Total expenditures have increased due to increases in enrollment, but **per member per month costs have remained remarkably steady over time.**
- HUSKY Health's **financial trends compare very favorably with national Medicaid trends.**

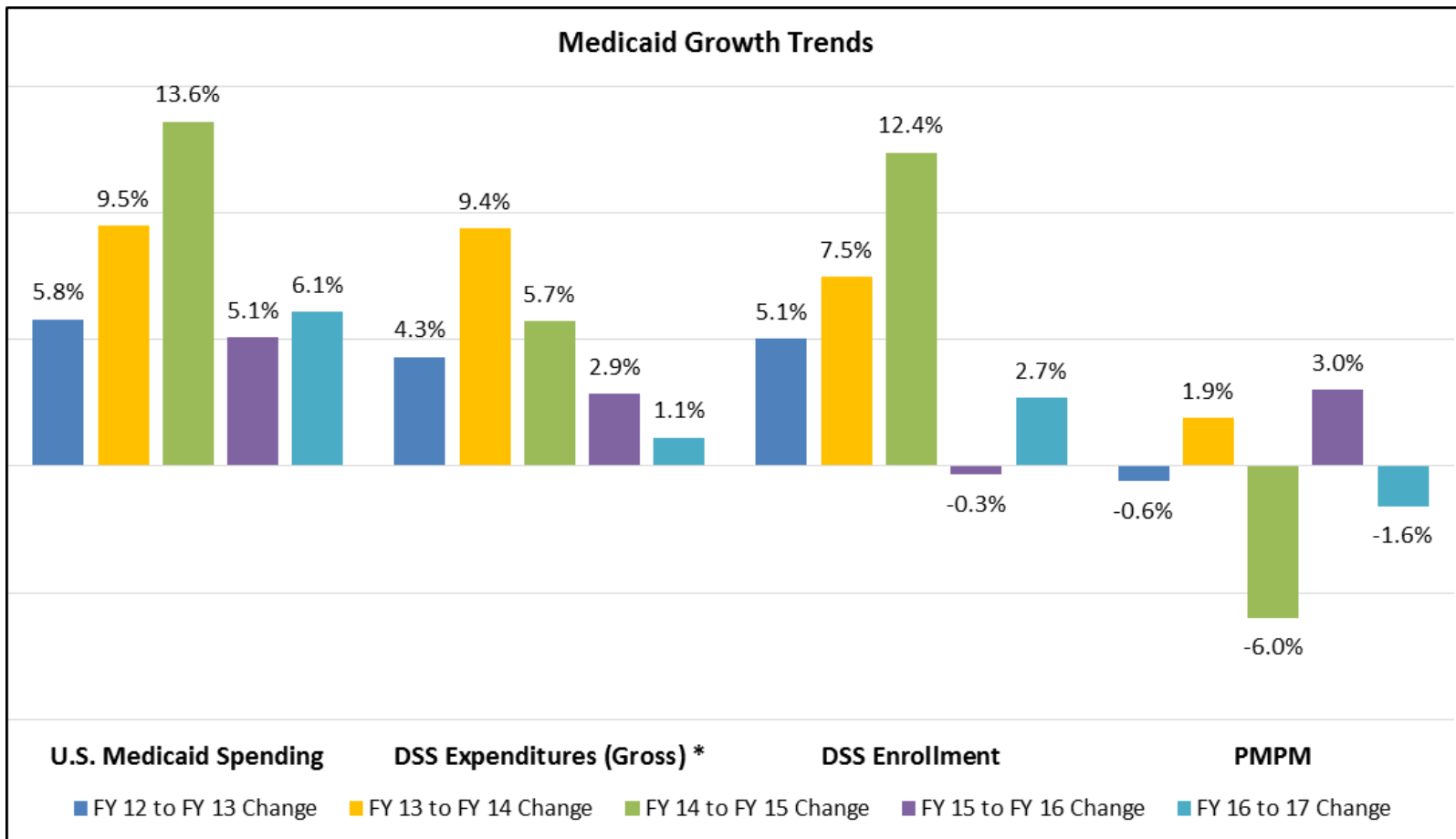


CT's state share of Medicaid costs have dramatically stabilized.

State share of costs was lower in SFY 2017 than it was in SFY 2014.

SFY 2017 state share was only \$34 million, or 1.4%, higher than the estimated SFY 2012 state share.





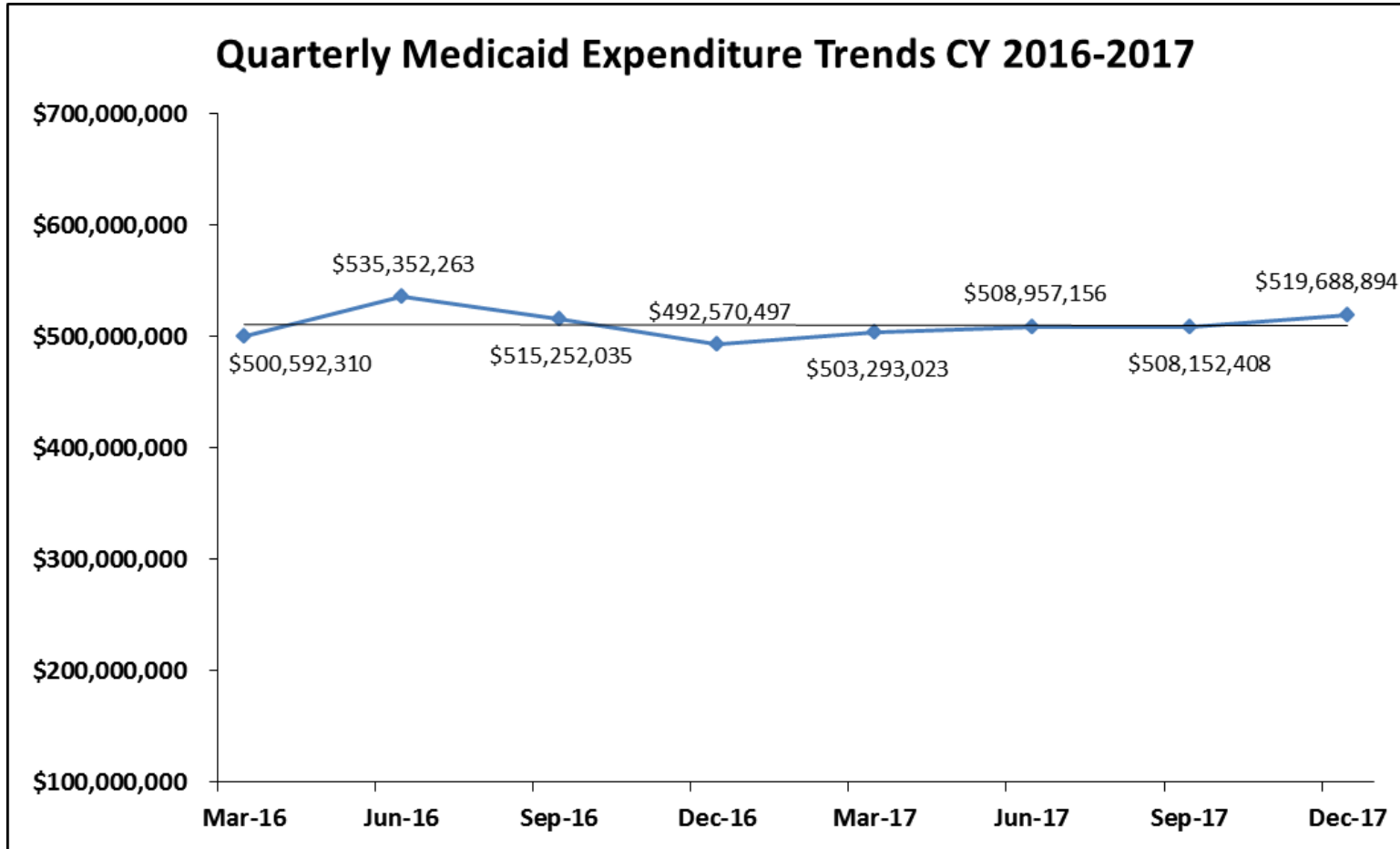
\* Expenditures are net of drug rebates and include DMHAS' behavioral health costs claimable under Medicaid.

- *Health Affairs'* June 2017 issue reported that Connecticut's Medicaid program led the nation in controlling cost trends on a per enrollee basis for the 2010-2014 period.
- Connecticut was reported as having reduced its per-person spending by a greater percentage (5.7%) than any other state in the country.
- Overall and in Connecticut, Medicaid tracked lower nationally than both private health insurance and Medicare in the cost trend comparisons.

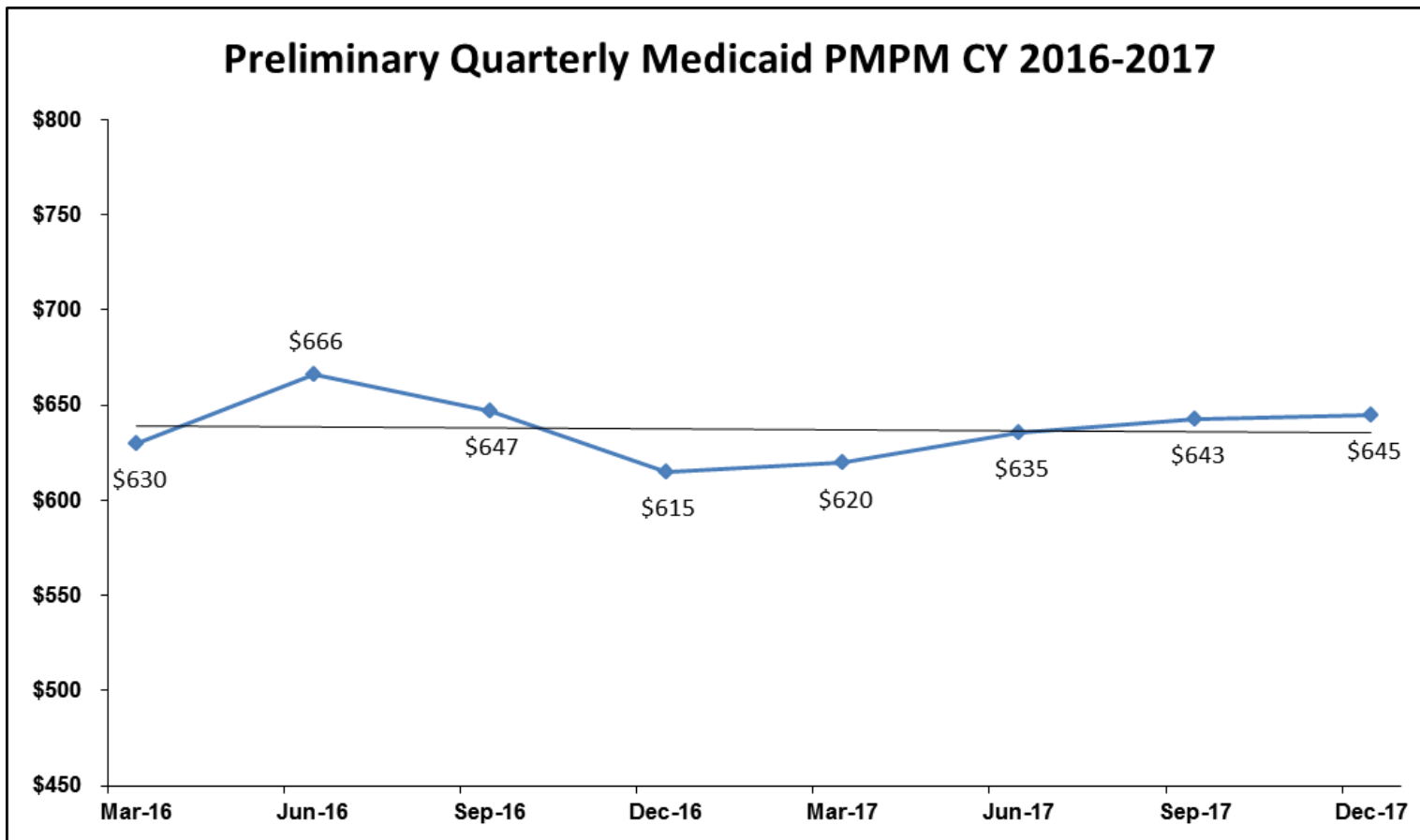


**HUSKY Health represents a lower percentage of state spending than the national average, and is lower than any New England State:**

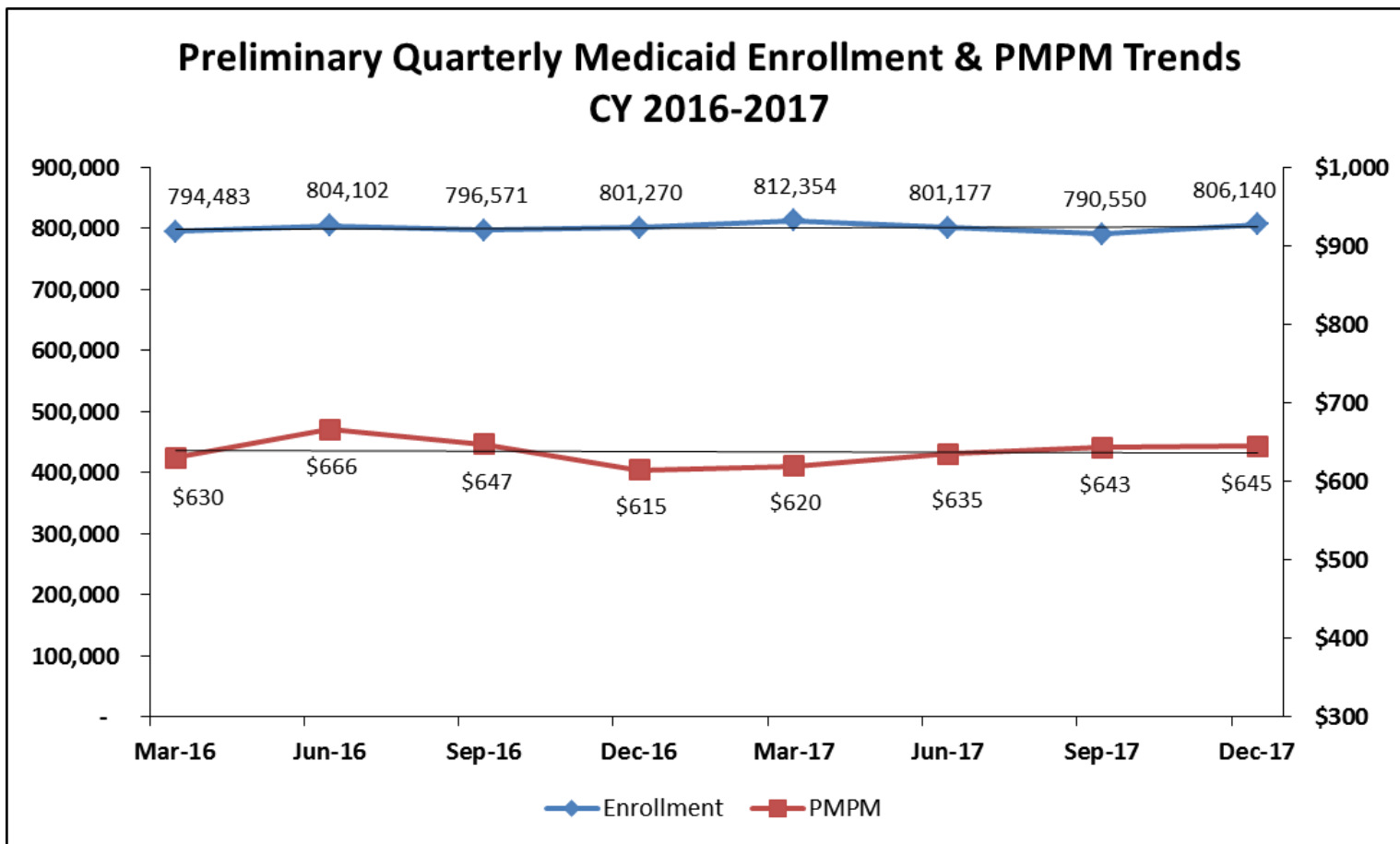
- In SFY 2016, the “all states” average Medicaid expenditures as a percentage of total State expenditures: 28.7%\*
- Connecticut’s SFY 2016 Medicaid expenditures as a percentage of total State expenditures: 22.7%\*



Expenditure trends have remained relatively steady over the past eight quarters



Quarterly PMPM trends have similarly remained steady over the last eight quarters



Relatively stable enrollment growth and PMPMs are evident over the last eight quarters.

On a foundation of



Preventive Services/ PCMH



ASO-Based Intensive Care Management (ICM)



Pay-for-Performance (PCMH, OB)



Data Analytics/ Risk Stratification

we are building in



Community-based care coordination through expanded care teams (health homes, PCMH+)



Supports for social determinants (transition/tenancy sustaining services, connections with community-based organizations)



Value-based payment approaches (PCMH+)

with the desired structural result of creating



Multi-disciplinary (medical, behavioral health, dental services; social supports) health neighborhoods/health enhancement communities



There remain **significant opportunities to address high cost, high need members and to make the program as efficient and effective as possible:**

- Implementation of regional health neighborhoods composed of Person Centered Medical Home (PCMH) practices, specialties, and non-medical services and supports
- Development of additional value-based payment strategies, with a focus on pharmacy purchasing
- Acceleration of efforts to serve people who need long-term services and supports in the community, as opposed to in institutional settings



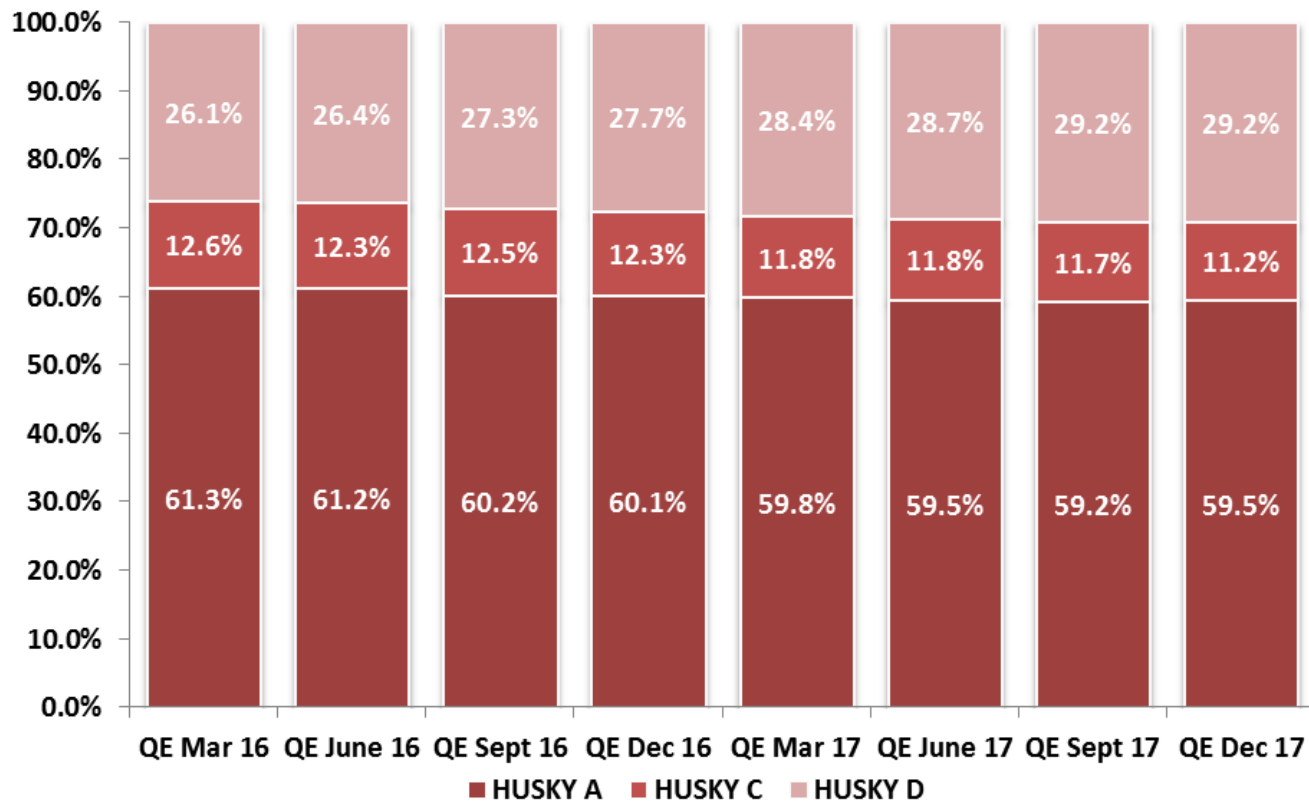
# Appendix

Term	Acronym	Detail
Administrative Services Organization	ASO	DSS has contracted with three organizations (CHN, Beacon, and Benecare) to act as statewide ASOs. The ASOs perform many traditional member support functions , but are also responsible for data analytics and ICM.
Behavioral health home	BHH	DMHAS and DSS have partnered to implement this new means of integrating behavioral health, medical care and social service supports for individuals with Serious & Persistent Mental Illness.
Expansion group	HUSKY D	Connecticut’s Medicaid expansion group includes adults at 18-64 who are not otherwise eligible for another Medicaid coverage group.
Fee for Service	FFS	A method in which doctors and other health care providers are paid for each service performed. Examples of services include tests and office visits.
Intensive Care Management	ICM	A set of services that help people with complex health care needs to better understand and manage their care.
Long-term services and supports	LTSS	LTSS are a spectrum of health and social services that support elders or people with disabilities who need help with daily living tasks.
Pay-for-performance	P4P	P4P rewards health care providers for attaining targeted service goals, like meeting health care quality or efficiency standards.
Person-Centered Medical Home	PCMH	PCMH is a model for the organization of primary care that ensures effective delivery of the core functions of primary health care.
Person-Centered Medical Home Plus	PCMH+	MQISSP is a Connecticut Medicaid initiative under which DSS will enter into shared savings arrangements with FQHCs and advanced networks.
Social determinants of health		These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors.
Value-Based Payment	VBP	VBP links provider payments to improved performance on quality measures.

## HUSKY Health includes the following eligibility categories:

Eligibility Category	Details
<sup>63</sup> <b>HUSKY A</b>	Adults with incomes of up to 138% of Federal Poverty Limit (FPL) Pregnant women with incomes of up to 263% of FPL Children with incomes of up to 201% of FPL
<b>HUSKY B/Children’s Health Insurance Program (CHIP)</b>	Children with household incomes between 201% and 323% of FPL
<b>HUSKY C</b>	Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% of FPL; waiver programs have higher thresholds
<b>HUSKY D</b>	Eligible adults age 19-64 with incomes up to 138% of FPL

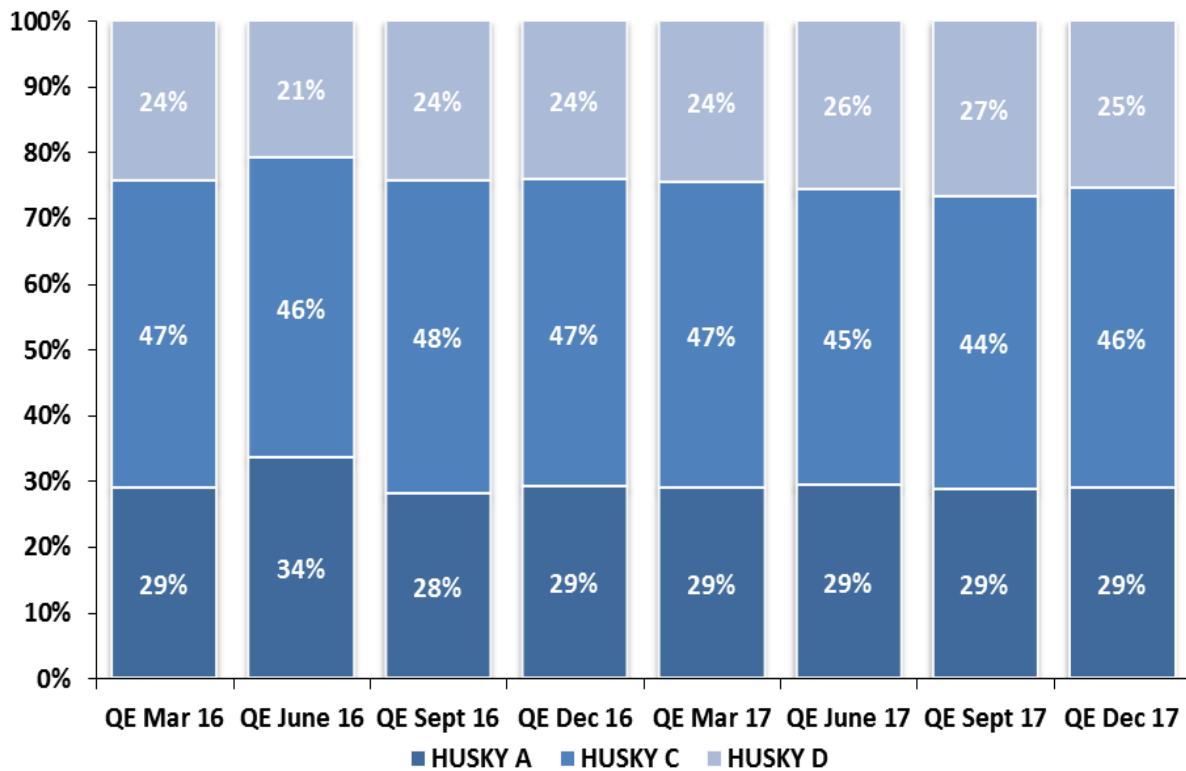
**Quarterly Percentage of Enrollment by Program**



Significant HUSKY D enrollee growth has contributed to its increasing share of overall Medicaid enrollees, resulting in slightly smaller shares of both HUSKY C and HUSKY A enrollees

HUSKY A – Families and children  
 HUSKY C – Aged and disabled  
 HUSKY D – ACA single adults

**Quarterly Percentage of Expenditures by Program**



HUSKY D clients represent 29% of enrollees compared to 25% of overall expenditures

HUSKY A clients comprise 60% of enrollees but account for only 29% of program costs

HUSKY C clients make up 11% of the enrollees but comprise 46% of expenses



- In SFY 2016, the “all states” average Medicaid expenditures as a percentage of total State expenditures:
  - 28.7%\*
- Connecticut’s SFY 2016 Medicaid expenditures as a percentage of total State expenditures:
  - 22.7%\*
- Based upon NASBO data, going back to SFY 2010, CT compares extremely favorably to its “peer” states (New England, NY and NJ). For the entire period, we consistently were among the three states with lowest percentage. In SFY 2015 and 2016, Connecticut had the lowest percentage share of the total state budget of all our peer states.

\*Per the most recent National Association of State Budget Officers (NASBO) State Expenditure Report; includes both federal and State Medicaid shares

- Total Medicaid expenditures as a percentage of the total state budget - detail on peer states and national data for SFY 2015 and 2016

	SFY 2015	SFY 2016
All States	27.9%	28.7%
Maine	32.8%	33.0%
Massachusetts	23.7%	24.7%
New Hampshire	29.7%	33.6%
New York	31.7%	31.9%
New Jersey	24.2%	25.0%
Rhode Island	30.4%	29.8%
Vermont	28.5%	29.5%
Connecticut	23.1%	22.7%

CT exceeded its peers in both SFY 2015 and 2016 in terms of having the lowest Medicaid expense as a percentage of the total state budget

Per the most recent National Association of State Budget Officers (NASBO) State Expenditure Report; includes both federal and state Medicaid shares