

# Overview of HUSKY Health Quality and Cost Trends



- **Overview of Program Structure and Reform Agenda**
- **Access**
- **Adult and Child Measures**
- **Long-Term Services and Supports**
- **Experience of Care**
- **Cost Trends**
- **Impacts of COVID (foregone care, telehealth)**



# Overview of Program Structure and Reform Agenda

- Connecticut HUSKY Health (Medicaid and CHIP) serves 995,000 individuals (over 25% of the state population)
- Connecticut is a Medicaid expansion state, and optimized use of many other aspects of the Affordable Care Act (preventive services, health homes, Community First Choice, Balancing Incentive Program, State Innovation Model Test Grant)
- By contrast to many other Medicaid programs, Connecticut uses a self-insured, managed fee-for-service approach
- Connecticut has also implemented complementary initiatives, including justice reform and efforts to eliminate homelessness

Coverage Group	Provides comprehensive medical, dental, and behavioral health services to . . .	Representing . . .
<p>HUSKY A – Medicaid</p> <ul style="list-style-type: none"> <li>Adults with incomes of up to 160% of the Federal Poverty Level (FPL)</li> <li>Pregnant women with incomes of up to 258% FPL</li> <li>Children with incomes of up to 201% FPL</li> </ul>	Over 509,097 parents and children	57.2% of members and 29% of total Medicaid program costs
<p>HUSKY B – Children’s Health Insurance Program</p> <ul style="list-style-type: none"> <li>Band 1: Children and caretaker adults with incomes of up to 254% FPL</li> <li>Band 2: Children and caretaker adults with incomes of up to 323% FPL</li> </ul>	19,312 children and caregivers	100% of members and total CHIP costs
<p>HUSKY C – Medicaid</p> <ul style="list-style-type: none"> <li>Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% of FPL; home and community-based services programs have higher income limits</li> </ul>	Over 84,000 older adults and people with disabilities	9.5% of members and 46% of total Medicaid program costs
<p>HUSKY D – Medicaid</p> <ul style="list-style-type: none"> <li>Eligible adults age 19-64 with incomes up to 138% of FPL</li> </ul>	Over 295,000 expansion adults	33.3% of members and 25% of total Medicaid program costs

**A stronger and healthier next 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.**

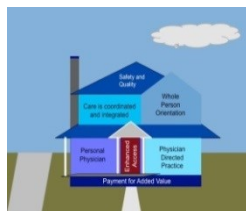
**Choice, self-direction and integration of all individuals served by Medicaid in their chosen communities.**

**Empowered, local, multi-disciplinary health neighborhoods.**



# Graphic View of Reform Agenda

On a foundation of



Preventive services and PCMH



ASO-based Intensive Care Management



Pay-for-Performance (PCMH, OB)



Data analytics/ risk stratification

we have built 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+ and other)

with the desired structural result 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
- unique, cross-departmental collaborations including administration of the Connecticut Behavioral Health Partnership, long-term services and supports rebalancing plan and an Intellectual Disabilities (ID) Partnership



Improving access to primary, preventative care through . . .

- extensive new investments in primary care (PCMH payments, primary care rate bump, EHR payments)
- comprehensive coverage of preventative behavioral health and dental benefits

Coordinating and integrating care through . . .

- ASO-based Intensive Care Management (ICM)
- PCMH practice transformation
- behavioral health homes
- Money Follows the Person “housing + supports” approach and coverage of supportive housing services under the Medicaid State Plan
- 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 + services**
- **Prevention of institutionalization**
- **Nursing home “right sizing”**
- **Workforce initiatives**
- **Consumer education**

**Implementation of Value-Based  
Payment approaches through . . .**

- **Hospital payment modernization**
- **Pay-for-performance initiatives**
- **PCMH+ shared savings initiative**
- **Emerging efforts including development of a maternity bundle, hospital VBP, substance use disorder waiver, and InCK**

## HUSKY Health is improving outcomes while controlling costs.

**Health outcomes and care experience are improving** through use of data to identify and support those in greatest need, care delivery reforms and use of community-based services.

**Provider participation has increased** as a result of targeted investments in prevention, practice transformation, and timely payment for services provided.

Enrollment is up, but **per member per month costs have been reduced**. Connecticut has maximized use of federal funds. The **state share of HUSKY Health costs is stable**.



# Summary of Quality Improvement Plan

## **HUSKY Health analyzes its performance through the following means:**

- Use of a fully integrated, statewide set of Medicaid claims data to report on a broad array of HEDIS and CMS Core Set measures (Connecticut voluntarily reported on 18 of 21 measures in the CMS Medicaid/CHIP Child Core set and on 15 of 16 measures in the CMS Adult Core set)
- Extensive use of CAHPS and mystery shopper surveys
- Geo-access analyses of provider participation
- Financial trend analyses



# Access

- On November 2, 2015, CMS published a final rule entitled, Medicaid Program; Methods for Ensuring Access to Covered Medicaid Services.\*
- CMS indicated that this rule, “provides for a transparent data-driven process for states to document whether Medicaid payments are sufficient to enlist providers to assure beneficiary access to covered care and services consistent with section 1902(a)(30)(A) of the Social Security Act (the Act)”

\* <https://www.gpo.gov/fdsys/pkg/FR-2015-11-02/pdf/2015-27697.pdf>

- Among other requirements, the rule directed Connecticut (and all other states with fee-for-service Medicaid programs) to develop, seek public comment on and submit to CMS an **access monitoring review plan (AMRP)** on several categories of service
- The purpose of the AMRP was to assure that access is available to Medicaid members to the same extent that care is available to the general population, across geographic areas in the state



- The rule did not define standards for assessing the availability of care to the general population, but instead directed states to, “analyze access issues within broad parameters in a manner that appropriately reflects the local health care delivery system of each state”
- While the Trump administration CMS proposed to rescind the access rule, the rule remains in effect. CMS provided additional guidance to states regarding access requirements. See below:

<https://www.govinfo.gov/content/pkg/FR-2019-07-15/pdf/2019-14943.pdf>

<https://www.medicaid.gov/federal-policy-guidance/downloads/CIB071119.pdf>

- DSS' contracts with its Administrative Services Organizations (ASOs) require them to support the Department in recruitment and retention of providers, as well as facilitation of access to medically necessary services
- The ASOs regularly monitor access through provider relations outreach, maintenance of detailed provider directories, geo-mapping and use of annual mystery shopper surveys

## ■ Medical Providers

- Primary care providers: 3,870
- Specialists: 17,808
- Change over calendar year 2019: 24.3%

Please note: The unusually high increase over 2019 resulted from DSS changing 3,249 providers from “out-of-state” to a “border” status.

## ■ Behavioral Health Providers

- Behavioral Health Providers: 9,682
- Change over calendar year 2019: 15.4%

## ■ Dental Providers

- Primary care providers: 1,827
- Specialists: 622
- Change over calendar year 2019: .9%
- 100% of members have access to 1 provider within 20 miles;  
98.79% of members have access to 2 providers within 5 miles

## ■ Pharmacies

- Pharmacies: 780
- Change over calendar year 2019: -.51%



## **Adult and Child Measures**

All states report extensive data to the Centers for Medicare and Medicaid Services (CMS). CMS takes this data and creates two public facing reports of performance:

- CMS Medicaid and CHIP Child and Adult Core Set. This report includes 23 child and 25 adult measure results. More detail is available at this link:

<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>

- A subset of the Core Set is reported in the form of the annual CMS Medicaid and CHIP Scorecard. That Scorecard report has 9 child and 10 adult measures and is available at this link:

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

Last released in November, 2020, the MAC Scorecard features the following:

- An overview of state health system performance in a range of health care quality domains, using data reported by states through the Transformed Medicaid Statistical Information System (T-MSIS)
- Measures of state administrative accountability, including timeliness of reporting, program integrity investigations, and application processing times
- Measures of federal administrative accountability, including timeliness of processing of State Plan Amendments and waivers

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## **Adult measures on which Connecticut performed well include the following:**

- Cervical Cancer Screening: Ages 21 to 64
- Chlamydia Screening in Women Ages 21 to 24
- Asthma Medication Ratio: Ages 19 to 64
- Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Age 18 and Older- Follow up within 7 days & 30 days

## **Adult Measures on which Connecticut has room for improvement include:**

- Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%): Ages 18 to 75
- Plan All-Cause Readmission: Ages 18 to 64
- PQI 15: Asthma in Younger Adults Admission Rate: Ages 18 to 39

## Overview of Connecticut results on adult measures:

CMS 2020 Scorecard Review - CMS TimeLine (FFY2019) - CT Measurement Year (MY) 2018 - Summary		
Total # of CT ADULT Measures based on CMS 2020 Scorecard = 10		
# of CT Adult measures <u>better</u> than CMS Median	9	
# of CT Adult measures <u>worse</u> than CMS Median	1	
TOTAL ADULT Measures in CMS Scorecard 2020	10	

## This table shows the nine adult measures on which Connecticut performed better than the CMS Median Rate:

Items#	Med/ BH Dental	9 Adult Measures that CT Rates are Better than CMS Median Rate	CT Rate for CMS (FFY 2019) (CT MY 2018)	CMS Median Rate	Difference from CMS Median
1	Med	Breast Cancer Screening: Ages 50 to 74	60.7%	53.4%	7.1%
2	Med	Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%): Ages 18-75 (Lower Rate is Better)	36.9%	38.8%	-1.9%
3	Med	Prenatal and Postpartum Care: Postpartum Care	68.2%	61.2%	7.0%
4	Med	Asthma Medication Ratio: - % with Persistent Asthma who had a Ratio of Controller Medications to Total Asthma Medications of 0.50 or greater - Ages 19 to 64	64.2%	54.6%	9.6%
5	Med	PQI 01: Diabetes Short-Term Complications Admission Rate: Age 18 and Older (Lower Rate is Better)	15.2	19.1	-3.9
6	Med	Controlling High Blood Pressure: Ages 18-64	60.3%	60.0%	0.3%
7	BH	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 to 64: 7 Days After ED Visit	45.4%	38.4%	7.0%
8	BH	Follow-Up After Hospitalization for Mental Illness: Age 18 to 64: 7 Days After Discharge	43.3%	32.3%	11.0%
9	BH	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment: Age 18 and Older: Total AOD Abuse or Dependence Treatment Initiation	45.9%	42.0%	13.5%

**This table shows the one adult measure on which Connecticut performed worse than the CMS Median Rate:**

Items#	Med/ BH Dental	1 ADULT Measures that CT Rates are <i>Worse</i> than CMS Median Rate	CT Rate for CMS (FFY 2019) (CT MY 2018)	CMS Median Rate	Difference from CMS Median
1	BH	Use of Opioids at High Dosage in Persons Without Cancer: Age 18 -64 (Lower Rate is Better)	9.7%	6.4%	3.3%

## **Child Measures on which Connecticut performed well:**

- Adolescent Well-Care Visits: Ages 12 to 21
- Well-Child Visits in the First 15 Months of Life
- Childhood Immunization Status: Age 2 - % up to date on immunizations by 2nd birthday
- Developmental Screening in the First Three Years of Life: Ages 0 to 3
- Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk
- Follow-Up after Hospitalization for mental illness Ages 6-17 - within 7 Days After Discharge
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 17
- Contraceptive Care: Postpartum Women Ages 15 to 20 - % provided with Most Effective or Moderately Effective Method of Contraception within 3 days of Delivery

## **Child Measures on which Connecticut has room for improvement:**

- 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

## Overview of Connecticut results on child measures:

CMS 2020 Scorecard Review - CMS TimeLine (FFY2019) - CT Measurement Year (MY) 2018 - Summary

**Total # of CT CHILD Measures based on CMS 2020 Scorecard = 9**

# of CT Child measures <u>Higher</u> than CMS Median	7	
# of CT Child measures <u>Lower</u> than CMS Median	2	
TOTAL CHILD Measures in CMS Scorecard 2020	9	

**This table shows the seven child measures on which Connecticut performed better than the CMS Median Rate:**

Items #	Med/ BH/ Dental	7 CHILD Measures that CT Rates are <u>Better</u> than CMS Median Rate	CT Rate for CMS (FFY 2019) (CT MY 2018)	CMS Median Rate	Difference from CMS Median
1	Med	Adolescent Well-Care Visits: Ages 12 to 21	69.5%	50.6%	18.9%
2	Med	Immunizations for Adolescents: Age 13 - % receiving Meningococcal Conjugate and Tdap vaccines ( Combination 1) by 13th Birthday	87.8%	78.6%	9.2%
3	Med	Well-Child Visits in the First 15 Months of Life	87.2%	64.0%	23.2%
4	Med	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	78.8%	69.0%	9.8%
5	Med	Live Births Weighing Less Than 2,500 Grams (Lower Rate is Better)	9.2%	9.5%	0.3%
6	Dental	Percentage of Eligible Who Received Preventive Dental Services: Ages 1 to 20	61.5%	49.1%	12.4%
7	BH	Follow-Up after Hospitalization for mental illness Ages 6-17 - within 7 Days After Discharge	64.6%	41.9%	22.7%

**This table shows the two child measures on which Connecticut performed worse than the CMS Median Rate:**

Items #	Med/ BH Dental	2 CHILD Measures that CT Rates are <u>Worse</u> than CMS Median Rate	CT Rate for CMS (FFY 2019) (CT MY 2018)	CMS Median Rate	Difference from CMS Median
1	Med	Ambulatory Care: Emergency Department (ED) Visits: Ages 0 to 19 (Lower Rate is Better)*	48.3	43.6	4.7
2	Med	Asthma Medication Ratio: Ages 5 - 18 - % with persistent Asthma who had a ratio of controller medications to total Asthma medications of 0.50 or more - Ages 5-18	66.5%	69.4%	-2.9%

\*Rate per 1,000 Member Months



Please also see below important indicators for Connecticut Medicaid, detailing performance over time. These results reflect the trend from Calendar Year 2015 through Calendar Year 2018:

Indicator	Trend
Routine care – physician services	Up 16.5%
Hospital admissions per 1,000	Down 8.1%
Hospital re-admissions per 1,000	Up 0.2%
Average length of stay hospital	Down 3.5%



## **Long-Term Services and Supports**

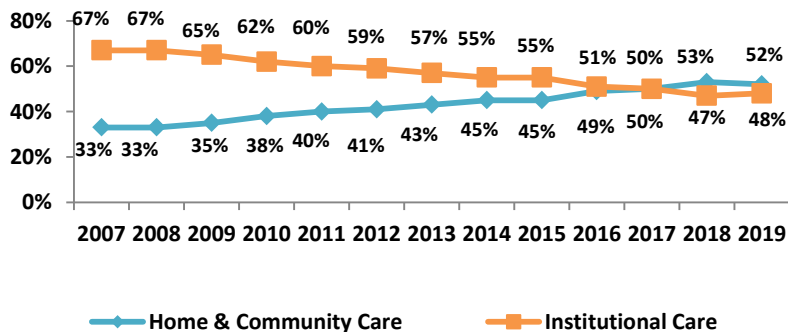
Governor Lamont is deeply committed to ensuring that people served by Medicaid receive high quality **long-term services and supports (LTSS)** in the setting of their choice - be that in the community or in a nursing home. Under the Governor's strategic "rebalancing" plan, Connecticut has implemented a range of tools and strategies designed to support these aims.

***Rebalancing** refers to reducing reliance on institutional care and expanding access to **home and community-based services (HCBS)**. A rebalanced LTSS system gives Medicaid members greater choice in where they live and from whom they receive services. It also delivers LTSS that are integrated, effective, efficient, and person-centered.*

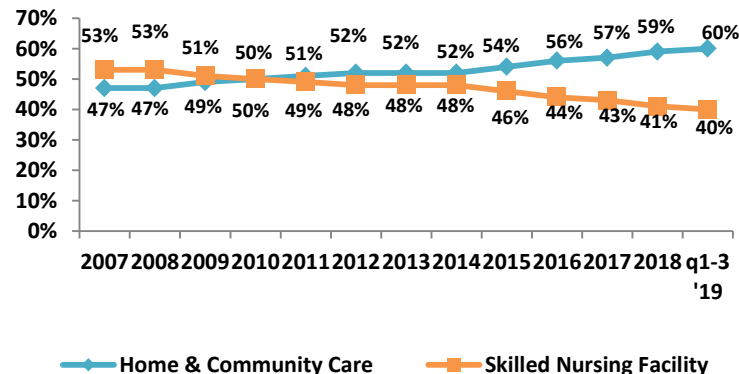
The UConn Center on Aging, DSS' longtime principal investigator for rebalancing work, tracks and analyzes numerous data points related to LTSS rebalancing and dashboards these on a quarterly basis. The latest report is available at this link:

<https://health.uconn.edu/aging/wp-content/uploads/sites/102/2020/11/2020-Q3-MFP-report.pdf>

**Benchmark 2**  
CT Medicaid Long-Term Care Expenditures



**Benchmark 3**  
Percentage of Hospital Discharges to Home and Community Care vs. Skilled Nursing Facility





# Equity

- DSS acknowledges that there remain serious disparities of access and outcomes for people of color served by HUSKY Health
- Non-exclusive examples include maternal health outcomes including mortality rates and various measures related to chronic conditions
- Connecticut HUSKY Health routinely collects self-reported member race and ethnicity data as a part of the Medicaid and CHIP eligibility process

- Because HUSKY Health is self-insured, DSS is able to maintain a fully integrated, statewide set of claims data that enables its Administrative Services Organizations (ASOs) to perform analyses of access, utilization and outcomes by race and ethnicity – this is a longstanding interest and a major area of current focus
- An example of current work is that CHN is using Admissions, Discharge and Transfer (ADT) data received from the Connecticut Hospital Association to track incidence of COVID by features including race and ethnicity

**2020 All Hospital ADT Registration Events by Race/Ethnicity**

Member Race	Unique Member Count - All Hospital Registrations*	% of Total
All Other/Multiple Races/Unknown	4,762	30.78%
Asian Non-Hispanic	291	1.88%
Black/African American Non-Hispanic	2,884	18.64%
Hispanic	3,386	21.89%
White/Caucasian Non-Hispanic	4,147	26.81%
<b>Total (unique members)</b>	<b>15,470</b>	

\* Includes Admissions (to ED, IP and hospital OP), Discharges, and Transfers

Member Race	Inpatient Registrations	Unique Member Count	% of Total
All Other/Multiple Races/Unknown		442	26.37%
Asian Non-Hispanic		42	2.51%
Black/African American Non-Hispanic		406	24.22%
Hispanic		377	22.49%
White/Caucasian Non-Hispanic		409	24.40%
<b>Total</b>		<b>1676</b>	

Black/African American/Non-Hispanics make up 14.4 % of the HUSKY population, but 18.6% of unique members with an ADT event, and 24.2% of those with an inpatient ADT event.





## Experience of Care

- Through its medical Administrative Services Organization, CHN, DSS contracts with GreatBlue Research to conduct Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys for PCMH+ practices and separately with SPH Analytics for the Medicaid population at large
- During the latest PCMH+ CAHPS survey cycle (July 8, 2019 to October 21, 2019), the sample universe consisted of adults enrolled in the HUSKY Health Program and measured their satisfaction with their healthcare over the previous six months. GreatBlue completed 5,875 surveys.
- GreatBlue utilized the adult version of the PCMH+ CAHPS survey, augmented by six additional behavioral health questions.

- PCMH+ survey results, which are shown on the next slide, show the following:
  - 11 of 12 measures improved in 2019 compared to 2018
  - 9 of 12 measures scored above 90%
  - In 2019, the vast majority of adult HUSKY Health members reported their provider “showed respect for what they had to say” (96.8% over 96.1% in 2018) and “listened carefully to them” (95.4% over 94.8% in 2018)
  - Areas of improvement include questions pertaining to specific health goals
- It is exciting to note that in a 2018 cycle of CAHPS surveys that was conducted by the Yale School of Public Health across payers under the auspices of the State Innovation Model grant, Medicaid recipients tended to report better care experiences than did commercially insured patients.

## PCMH+ Results

	2017	2018	2019
<b><i>Overall satisfaction...</i></b>			
Overall satisfaction (adult)	92.5	93.0	93.6
<b><i>Questions pertaining to access...</i></b>			
Access to routine care (adult)	92.7	90.5	92.9
Access to care needed right away (adult)	89.8	90.8	91.0
<b><i>Questions pertaining to specialists...</i></b>			
Providers being up-to-date on care received from specialists (adult)	89.0	88.8	90.4
<b><i>Questions pertaining to contact with providers...</i></b>			
Able to get answers to medical questions the same day during regular office hours (adult)	85.0	86.4	87.1
<b><i>Questions pertaining to clerks and receptionists...</i></b>			
Clerks/receptionists were helpful (adult)	89.9	91.7	92.4
Clerks/receptionists were courteous and respectful (adult)	94.4	94.1	95.0
<b><i>Questions pertaining to providers...</i></b>			
Showing respect for what you had to say (adult)	95.5	96.1	96.8
Listening carefully to you (adult)	94.2	94.8	95.4
<b><i>Questions pertaining to specific health goals...</i></b>			
Talking about specific goals for your health (adult)	68.0	66.7	68.6
Talking about things that make it hard to take care of your health (adult)	50.0	55.5	53.7
<b><i>Questions pertaining to smoking cessation...</i></b>			
Advising you to quit smoking or using tobacco	90.1	88.3	90.4

- SPH Analytics (SPH) a National Committee for Quality Assurance (NCQA) certified HEDIS<sup>®</sup> survey vendor was selected by the HUSKY Health program to conduct its 2020 CAHPS<sup>®</sup> 5.0H Medicaid Survey.
- During the latest CAHPS surveys for the Medicaid population cycle (April 3, 2020 to June 16, 2020), the sample universe included adults, children, children with chronic care conditions (CCC) and HUSKY B children.
- The survey measures how well plans are meeting their members' expectations and goals; to determine which areas of service have the greatest effect on members' overall satisfaction; and to identify areas of opportunity for improvement, which could aid plans in increasing the quality of provided care.

The following slides provide summary results and comparisons to Quality Compass for the HUSKY A/C/D adult survey (*Quality Compass is a tool developed by NCQA that allows for comparative ratings of health plans nationally, ranking an individual plan's performance compared to national averages by percentile*).

- All survey responses were above the 50<sup>th</sup> percentile compared to national adult Medicaid responses
- Responses to four questions rated at or above the 75<sup>th</sup> percentile compared nationally:
  - Getting Care Quickly (85.5% favorable responses, 75<sup>th</sup> percentile)
  - How Well Doctors Communicate (93.6% favorable responses, 75<sup>th</sup> percentile)
  - Customer Service (92.8% favorable responses, 90<sup>th</sup> percentile)
  - Rating of Personal Doctor (85% favorable responses, 75<sup>th</sup> percentile)
- Areas of greatest opportunity:
  - Getting Needed Care (83.3%, 51<sup>st</sup> percentile)
  - Rating of Health Care (76.3%, 59<sup>th</sup> percentile)

# Summary of Key Measures

## HUSKY A/C/D ADULT

Composite Measures	2017 %	2018 %	2019 %	2020 %	2020 n	2020 Margin of Error	2019 Quality Compass
Getting Care Quickly	86%	83%	83%	85%	148	+/- 8	82%
How Well Doctors Communicate	93%	91%	96%	94%	179	+/- 7	92%
Getting Needed Care	82%	86%	85%	83%	177	+/- 7	83%
Customer Service	91%	88%	90%	93%	98	+/- 10	89%
<b>Overall Rating Measures</b>							
Health Care	72%	74%	77%	76%	224	+/- 7	75%
Personal Doctor	82%	80%	85%	85%	240	+/- 6	82%
Specialist	83%	82%	88%	85%	121	+/- 9	82%
Health Plan	79%	78%	77%	80%	295	+/- 6	78%
<b>HEDIS® Measures</b>							
Flu Vaccinations (Ages 18-64)	44%	41%	48%	48%	268	+/- 6	42%
Advising Smokers and Tobacco Users to Quit*	76%	77%	75%	79%	140	+/- 8	77%
Discussing Cessation Medications*	55%	59%	55%	54%	138	+/- 8	53%
Discussing Cessation Strategies*	50%	52%	45%	45%	140	+/- 8	46%
Care Coordination	83%	84%	93%	86%	106	+/- 10	84%

↑/↓ Statistically higher/lower compared to prior year results.

\*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.

# Comparison to Quality Compass

## HUSKY A/C/D ADULT

Adult Medicaid Survey Questions	2020	Percentile	2019 Adult Medicaid Quality Compass							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	85.5	78th	81.97	73.66	76.06	80.02	82.34	85.08	86.74	87.89
How Well Doctors Communicate (% Always/Usually)	93.6	76th	91.99	88.01	88.84	90.83	92.04	93.39	94.73	95.35
Getting Needed Care (% Always/Usually)	83.3	51st	82.48	73.96	76.88	80.53	83.06	85.47	86.84	88.18
Customer Service (% Always/Usually)	92.8	94th	88.75	82.89	83.90	87.12	88.93	90.95	92.39	92.84
Q17 Care Coordination (% Always/Usually)	85.8	70th	83.64	75.33	78.02	81.46	84.15	86.36	88.89	90.08
Q8 Rating of Health Care (% 8, 9, 10)	76.3	59th	75.35	67.84	70.19	72.83	75.43	78.11	81.29	82.12
Q18 Rating of Personal Doctor (% 8, 9, 10)	85.0	78th	82.10	76.29	77.53	79.78	82.34	84.62	86.54	88.08
Q22 Rating of Specialist (% 8, 9, 10)	85.1	74th	82.29	75.66	77.00	79.40	82.62	85.22	86.67	87.59
Q28 Rating of Health Plan (% 8, 9, 10)	80.0	68th	77.56	68.24	70.87	74.31	78.45	80.92	83.00	84.13

**Legend:**

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan score falls below 10th percentile

The 2019 Adult Medicaid Quality Compass consists of 165 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).



The following slides provide summary results and comparisons to Quality Compass for the HUSKY A/C child- general population survey:

- 7 of 9 questions were at or above the 50th percentile nationally
- 3 questions had favorable response rates at or above the 75<sup>th</sup> percentile
  - Rating of Health Care (90.9%, 75<sup>th</sup> percentile)
  - Rating of Personal Doctor (92.4%, 75<sup>th</sup> percentile)
  - Rating of Health Plan (91.0%, 90<sup>th</sup> percentile)
- Areas of opportunity: 2 questions were below the 50<sup>th</sup> percentile
  - Getting Care Quickly (88.6%, 25<sup>th</sup> percentile)
  - Customer Service (80.9%, <5<sup>th</sup> percentile)

# Summary of Key Measures

## Child General Population

	General Population				
Composite Measures	2019 %	2020 %	2020 n	2020 Margin of Error	2019 Quality Compass
Getting Care Quickly	90%	89%	191	+/- 7	89%
How Well Doctors Communicate	96%	95%	252	+/- 6	94%
Getting Needed Care	92%	86%	192	+/- 7	85%
Customer Service	91%	81% ↓	97	+/- 10	88%
CCC Composite Measures					
Access to Prescription Medicines	93%	90%	175	+/- 7	NA
Access to Specialized Services	86%	79%	124	+/- 9	NA
Family-Centered Care: Personal Doctor Who Knows Child	93%	92%	274	+/- 6	NA
Family-Centered Care: Getting Needed Information	88%	90%	287	+/- 6	NA
Coordination of Care for Children with Chronic Conditions	76%	75%	134	+/- 9	NA
Overall Ratings Measures					
Health Care	92%	91%	286	+/- 6	88%
Personal Doctor	91%	92%	328	+/- 5	90%
Specialist	85%	88%	90	+/- 10	87%
Health Plan	92%	91%	402	+/- 5	86%
Care Coordination	86%	86%	114	+/- 9	84%

↑/↓ Statistically higher/lower compared to prior year results.  
 NA=Data not available; NCQA does not provide data for this measure

# Comparison to Quality Compass

## Child General Population

Child Medicaid with CCC Survey Questions	2020	Percentile	2019 Child Medicaid Quality Compass General Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
<b>Getting Care Quickly</b> (% Always/Usually)	88.6	34th	89.38	80.94	82.95	87.01	89.98	92.43	94.17	95.30
<b>How Well Doctors Communicate</b> (% Always/Usually)	95.3	68th	93.97	90.20	91.08	92.44	94.13	95.70	96.57	97.05
<b>Getting Needed Care</b> (% Always/Usually)	86.5	64th	84.50	77.08	78.40	81.49	84.85	88.01	89.98	91.04
<b>Customer Service</b> (% Always/Usually)	80.9	<5th	88.36	83.89	85.14	86.50	88.56	89.98	92.00	92.53
<b>Q35 Care Coordination</b> (% Always/Usually)	86.0	69th	83.77	75.63	78.57	81.11	84.06	87.18	89.33	89.83
<b>Q9 Rating of Health Care</b> (% 8, 9, 10)	90.9	87th	87.53	80.17	82.97	85.76	88.24	90.12	91.29	92.46
<b>Q36 Rating of Personal Doctor</b> (% 8, 9, 10)	92.4	77th	90.05	84.65	86.55	88.69	90.49	92.02	93.16	93.63
<b>Q43 Rating of Specialist</b> (% 8, 9, 10)	87.8	56th	87.45	83.92	84.25	85.83	87.29	89.00	91.18	91.78
<b>Q49 Rating of Health Plan</b> (% 8, 9, 10)	91.0	90th	86.49	79.03	81.40	84.48	87.15	89.38	90.95	92.22

**Legend:**

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan score falls below 10th percentile

The 2019 Child Medicaid Quality Compass consists of 112 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

The following slides provide summary results and comparisons to Quality Compass for the HUSKY A/C child- with chronic conditions (CCC) survey

- 10 of 14 measures at or above the 50<sup>th</sup> percentile nationally
- 4 measures at or above the 75<sup>th</sup> percentile
  - Care Coordination (86.3%, 75<sup>th</sup> percentile)
  - Rating of Health Plan (88.3%, 75<sup>th</sup> percentile)
  - Access to Specialized Services (83.5%, 90<sup>th</sup> percentile)
  - Family Centered Care: Personal Doctor Who Knows Child (92.6%, 75<sup>th</sup> percentile)
- Areas of opportunity:
  - Getting Care Quickly (92.1%, 25<sup>th</sup> percentile)
  - How Well Doctors Communicate (94.4%, 25<sup>th</sup> percentile)
  - Rating of Specialist (84.7%, 5<sup>th</sup> percentile)
  - Family-Centered Care: Getting Needed Information (92.1%, 25<sup>th</sup> percentile)

# Summary of Key Measures

## CCC Population

Composite Measures	CCC Population				
	2019 %	2020 %	2020 n	2020 Margin of Error	2019 Quality Compass
Getting Care Quickly	92%	92%	278	+/- 6	93%
How Well Doctors Communicate	96%	94%	257	+/- 6	94%
Getting Needed Care	92%	88%	285	+/- 6	87%
Customer Service	88%	86%	92	+/- 10	90%
<b>CCC Composite Measures</b>					
Access to Prescription Medicines	96%	92%	262	+/- 6	92%
Access to Specialized Services	84%	84%	109	+/- 9	77%
Family-Centered Care: Personal Doctor Who Knows Child	92%	93%	238	+/- 6	91%
Family-Centered Care: Getting Needed Information	90%	92%	266	+/- 6	91%
Coordination of Care for Children with Chronic Conditions	82%	79%	126	+/- 9	77%
<b>Overall Ratings Measures</b>					
Health Care	88%	87%	266	+/- 6	87%
Personal Doctor	89%	90%	310	+/- 6	89%
Specialist	92%	85%	137	+/- 8	88%
Health Plan	87%	88%	324	+/- 5	84%
Care Coordination	87%	86%	153	+/- 8	84%

No significant differences compared to prior year results are noted

# Comparison to Quality Compass

CCC Population			2019 Child Medicaid Quality Compass CCC Population Results							
Child Medicaid with CCC Survey Questions	2020	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	92.1	39th	92.55	87.16	88.24	91.41	92.59	94.58	95.76	96.31
How Well Doctors Communicate (% Always/Usually)	94.4	43rd	94.22	87.41	90.94	93.70	94.63	95.69	97.13	97.55
Getting Needed Care (% Always/Usually)	88.0	57th	86.82	81.22	82.61	84.50	86.30	89.72	91.36	91.58
Customer Service (% Always/Usually)	85.6	4th	89.65	86.43	87.58	88.30	89.45	90.35	92.86	94.33
Q35 Care Coordination (% Always/Usually)	86.3	78th	83.74	78.18	80.00	81.56	83.50	85.61	88.32	89.78
Q9 Rating of Health Care (% 8, 9, 10)	87.2	54th	86.89	82.54	83.33	85.43	87.01	88.35	90.31	91.16
Q36 Rating of Personal Doctor (% 8, 9, 10)	89.7	52nd	89.35	85.93	86.11	87.46	89.49	91.10	92.39	93.82
Q43 Rating of Specialist (% 8, 9, 10)	84.7	8th	87.83	82.57	85.19	86.21	87.85	89.35	91.60	93.64
Q49 Rating of Health Plan (% 8, 9, 10)	88.3	89th	84.09	77.06	78.54	81.99	83.77	86.62	89.66	91.48
Access to Prescription Medicines (% Always/Usually)	92.4	68th	91.56	87.17	87.61	90.03	91.59	93.35	94.85	96.71
Access to Specialized Services (% Always/Usually)	83.5	94th	77.16	69.60	70.64	74.69	77.50	80.20	82.79	85.74
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	92.6	77th	90.97	87.89	88.26	90.01	91.29	92.23	93.32	93.66
Family-Centered Care: Getting Needed Information (% Always/Usually)	92.1	49th	91.40	83.59	86.48	90.38	92.29	93.40	94.49	95.10
Care Coordination for Children with Chronic Conditions (% Yes)	78.6	69th	76.91	71.92	73.33	74.82	77.40	79.15	79.62	79.87

**Legend:**

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan score falls below 10th percentile

The 2019 Child Medicaid with CCC Quality Compass consists of 54 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

The following slides provide summary results and comparisons to Quality Compass for the HUSKY B general population survey:

- 7 of 9 measures were at or above the 50<sup>th</sup> percentile
- 6 measures were at or above the 75<sup>th</sup> percentile
- 3 measures were at or above the 90<sup>th</sup> percentile
  - How Well Doctors Communicated (96.7%, 90<sup>th</sup> percentile)
  - Rating of Health Care (92.4%, 90<sup>th</sup> percentile)
  - Rating of Personal Doctor (94.0%, 95<sup>th</sup> percentile)
- **Areas of opportunity: 2 measures were below the 50<sup>th</sup> percentile**
  - Customer Service (88.4%, 25<sup>th</sup> percentile)
  - Rating of Health Plan (84.4%, 10<sup>th</sup> percentile)

# Summary of Key Measures

## HUSKY B: General Population

Composite Measures	General Population				
	2019 %	2020 %	2020 n	2020 Margin of Error	2019 Quality Compass
Getting Care Quickly	93%	91%	231	+/- 6	89%
How Well Doctors Communicate	96%	97%	318	+/- 5	94%
Getting Needed Care	89%	90%	219	+/- 7	85%
Customer Service	88%	88%	121	+/- 9	88%
<b>CCC Composite Measures</b>					
Access to Prescription Medicines	93%	90%	195	+/- 7	NA
Access to Specialized Services	80%	84%	42	+/- 15	NA
Family-Centered Care: Personal Doctor Who Knows Child	90%	92%	172	+/- 7	NA
Family-Centered Care: Getting Needed Information	91%	89%	341	+/- 5	NA
Coordination of Care for Children with Chronic Conditions	78%	73%	77	+/- 11	NA
<b>Overall Ratings Measures</b>					
Health Care	92%	92%	343	+/- 5	88%
Personal Doctor	91%	94%	431	+/- 5	90%
Specialist	88%	89%	83	+/- 11	87%
Health Plan	87%	84%	493	+/- 4	86%
Care Coordination	86%	89%	113	+/- 9	84%

No significant differences to prior year are noted

NA=Data not available; NCQA does not provide data for this measure



The following slides provide summary results and comparisons to Quality Compass for the HUSKY B with chronic conditions (CCC) survey

- 12 of 15 question survey responses were at or above the 50<sup>th</sup> percentile
- 10 question responses were at or above the 75<sup>th</sup> percentile
- 3 questions were at or above the 90<sup>th</sup> percentile
  - Getting Care Quickly (96.2%, 90<sup>th</sup> percentile)
  - How Well Doctors communicated (97.8%, 95<sup>th</sup> percentile)
  - Rating of Health Care (92.5%, 95<sup>th</sup> percentile)
- Areas of opportunity: 2 questions were below the 50<sup>th</sup> percentile
  - Rating of Specialist (87.1%, 25<sup>th</sup> percentile)
  - Rating of Health Plan (80.9%, 10<sup>th</sup> percentile)

# Comparison to Quality Compass

## HUSKY B: General Population

Child Medicaid with CCC Survey Questions	2020	Percentile	2019 Child Medicaid Quality Compass General Population Results							
			Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.0	61st	89.38	80.94	82.95	87.01	89.98	92.43	94.17	95.30
How Well Doctors Communicate (% Always/Usually)	96.7	91st	93.97	90.20	91.08	92.44	94.13	95.70	96.57	97.05
Getting Needed Care (% Always/Usually)	89.6	88th	84.50	77.08	78.40	81.49	84.85	88.01	89.98	91.04
Customer Service (% Always/Usually)	88.4	47th	88.36	83.89	85.14	86.50	88.56	89.98	92.00	92.53
Q35 Care Coordination (% Always/Usually)	88.5	87th	83.77	75.63	78.57	81.11	84.06	87.18	89.33	89.83
Q9 Rating of Health Care (% 8, 9, 10)	92.4	94th	87.53	80.17	82.97	85.76	88.24	90.12	91.29	92.46
Q36 Rating of Personal Doctor (% 8, 9, 10)	94.0	97th	90.05	84.65	86.55	88.69	90.49	92.02	93.16	93.63
Q43 Rating of Specialist (% 8, 9, 10)	89.2	76th	87.45	83.92	84.25	85.83	87.29	89.00	91.18	91.78
Q49 Rating of Health Plan (% 8, 9, 10)	84.4	24th	86.49	79.03	81.40	84.48	87.15	89.38	90.95	92.22

**Legend:**

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan score falls below 10th percentile

The 2019 Child Medicaid Quality Compass consists of 112 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

# Summary of Key Measures

## HUSKY B: CCC Population

Composite Measures	CCC Population				
	2019 %	2020 %	2020 n	2020 Margin of Error	2019 Quality Compass
Getting Care Quickly	95%	96%	163	+/- 8	93%
How Well Doctors Communicate	96%	98%	202	+/- 7	94%
Getting Needed Care	90%	90%	175	+/- 7	87%
Customer Service	91%	91%	78	+/- 11	90%
<b>CCC Composite Measures</b>					
Access to Prescription Medicines	94%	92%	214	+/- 7	92%
Access to Specialized Services	83%	83%	75	+/- 11	77%
Family-Centered Care: Personal Doctor Who Knows Child	89%	93%	196	+/- 7	91%
Family-Centered Care: Getting Needed Information	91%	93%	226	+/- 7	91%
Coordination of Care for Children with Chronic Conditions	79%	78%	94	+/- 10	77%
<b>Overall Ratings Measures</b>					
Health Care	89%	93%	226	+/- 7	87%
Personal Doctor	91%	92%	264	+/- 6	89%
Specialist	88%	87%	116	+/- 9	88%
Health Plan	85%	81%	277	+/- 6	84%
Care Coordination	82%	87%	124	+/- 9	84%

No significant differences compared to prior year results are noted

# Comparison to Quality Compass

## HUSKY B: CCC Population

## 2019 Child Medicaid Quality Compass CCC Population Results

Child Medicaid with CCC Survey Questions	2020	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
<b>Getting Care Quickly</b> (% Always/Usually)	96.2	93rd	92.55	87.16	88.24	91.41	92.59	94.58	95.76	96.31
<b>How Well Doctors Communicate</b> (% Always/Usually)	97.8	97th	94.22	87.41	90.94	93.70	94.63	95.69	97.13	97.55
<b>Getting Needed Care</b> (% Always/Usually)	89.9	75th	86.82	81.22	82.61	84.50	86.30	89.72	91.36	91.58
<b>Customer Service</b> (% Always/Usually)	91.0	80th	89.65	86.43	87.58	88.30	89.45	90.35	92.86	94.33
<b>Q35 Care Coordination</b> (% Always/Usually)	87.1	80th	83.74	78.18	80.00	81.56	83.50	85.61	88.32	89.78
<b>Q9 Rating of Health Care</b> (% 8, 9, 10)	92.5	96th	86.89	82.54	83.33	85.43	87.01	88.35	90.31	91.16
<b>Q36 Rating of Personal Doctor</b> (% 8, 9, 10)	91.7	81st	89.35	85.93	86.11	87.46	89.49	91.10	92.39	93.82
<b>Q43 Rating of Specialist</b> (% 8, 9, 10)	87.1	43rd	87.83	82.57	85.19	86.21	87.85	89.35	91.60	93.64
<b>Q49 Rating of Health Plan</b> (% 8, 9, 10)	80.9	16th	84.09	77.06	78.54	81.99	83.77	86.62	89.66	91.48
<b>Access to Prescription Medicines</b> (% Always/Usually)	92.1	65th	91.56	87.17	87.61	90.03	91.59	93.35	94.85	96.71
<b>Access to Specialized Services</b> (% Always/Usually)	82.8	88th	77.16	69.60	70.64	74.69	77.50	80.20	82.79	85.74
<b>Family-Centered Care: Personal Doctor Who Knows Child</b> (% Yes)	92.5	77th	90.97	87.89	88.26	90.01	91.29	92.23	93.32	93.66
<b>Family-Centered Care: Getting Needed Information</b> (% Always/Usually)	93.4	72nd	91.40	83.59	86.48	90.38	92.29	93.40	94.49	95.10
<b>Care Coordination for Children with Chronic Conditions</b> (% Yes)	77.9	52nd	76.91	71.92	73.33	74.82	77.40	79.15	79.62	79.87

**Legend:**

- 95th = Plan score falls on or above 95th percentile
- 90th = Plan score falls on 90th or below 95th percentile
- 75th = Plan score falls on 75th or below 90th percentile
- 50th = Plan score falls on 50th or below 75th percentile
- 25th = Plan score falls on 25th or below 50th percentile
- 10th = Plan score falls on 10th or below 25th percentile
- 5th = Plan score falls below 10th percentile

The 2019 Child Medicaid with CCC Quality Compass consists of 54 public and non-public reporting health plan products (All Lines of Business excluding PPO/EPOs).

2020 CAHPS® 5.0H Adult Medicaid Survey

^K112^



## Cost Trends

- The recently issued annual CMS Medicaid and CHIP quality scorecard for the first time includes both results on adult and child quality measures and state-by-state detail on per capita Medicaid expenditures
- This has enabled DSS to compare HUSKY Health's per capita expenses to Medicaid programs in all of the New England states, New York and New Jersey
- **Excitingly, Connecticut had the lowest per capita expenditures among those states in 2017, and second lowest in 2018**

State	2018 per capita	2017 per capita
Connecticut	\$8,890	\$7,960
Maine	\$10,673	\$10,221
Massachusetts	\$10,386	\$9,561
New Hampshire	\$9,905	\$9,425
New Jersey	\$9,420	\$9,246
New York	\$11,831	\$11,796
Rhode Island	\$7,986	\$8,145

- Connecticut achieved these results through use of a managed fee-for-service approach; expansive eligibility guidelines that promote access; comprehensive coverage of preventative medical, behavioral health and dental services; and coordination and integration of care

- Connecticut's administrative expenses of approximately 3.0 to 3.5% are well under Medicaid managed care norms of close to 12%\*
- Connecticut's category of service expenditures are closely aligned to policy goals, including enhanced use of preventative services and community-based LTSS
- The DSS Medicaid account has shown great stability in PMPM cost, reflecting only a 1.35% PMPM average annual increase from SFY 2015 to SFY 2019

\*Administrative loss ratio per 2018 Milliman Medicaid Managed Care Financial Results report, June 2019



- This is also the case for the more comprehensive CMS-64 (quarterly expenditure report) representation of PMPM – the global PMPM has grown on average at 2.1% annually since SFY 2015
- The SFY 2019 state share of Medicaid expenses was only \$151 million, or 6.1%, higher than the estimated state share in SFY 2013 – an average annual increase of only 1.0%
- Connecticut also compares very favorably with respect to the share of the state budget appropriated to Medicaid costs, compared to both national averages and “peer” regional states (~ 5-6% less)

- **DSS has actively maximized federal revenue, including, but not limited to:**
  - 90% federal match on Medicaid expansion group
  - 75% match on eligibility staff and systems operations
  - 90% federal match on systems changes
  - Enhanced match on long-term services and supports (LTSS)
- **Inclusive of one-time system development costs, the federal share of Connecticut Medicaid administrative costs has increased from 56.7% in 2013 to 61.5% in FFY 2018**
- **Enhanced systems reimbursement resulted in an estimated \$400 million in federal reimbursement for projects pursued over the past several years**

- **Connecticut's Medicaid structure also ensures that all financial benefits accrue directly to the state, as opposed to managed care organizations. This includes:**
  - All pharmacy rebates - note that 1) Connecticut Medicaid had a rebate rate of 68.9% in SFY 2019 (11<sup>th</sup> highest in the country); and 2) **net pharmacy spend after rebates declined** by \$119 million from SFY 2015 to SFY 2019
  - Any lapse of funds including current under-spending related to COVID pandemic (e.g., reduced utilization)

- **Areas of current focus for revenue maximization include:**
  - Efforts to create a Medicaid state plan benefit that will allow federal reimbursement for a portion of state-funded residential care home services, while integrating those services into a continuum of Medicaid LTSS
  - Development of an 1115 waiver to enhance substance use disorder services through additional reimbursement for Institution for Mental Disease (IMD) services
  - Review of certified public expenditure claiming processes to ensure continued access to federal reimbursement for a wide array of services managed by DSS' sister agencies



# Impacts of COVID

**The COVID public health emergency has, despite implementation of telehealth, had dramatic effects on utilization. Please see in the next several slides some nonexclusive examples of year-over-year comparison.**

Registrations  
**15,743**

IP Admissions  
**1,852**

ED Visits  
**3,676**

OP Visits  
**1,374**

Discharges  
**6,724**

Facility Count  
**27**

Currently Inpatient  
**100**



**Q. Admit Status**

- Admitted
- Discharged
- Registered

**Facility**

**Q. Diagnosis Type**

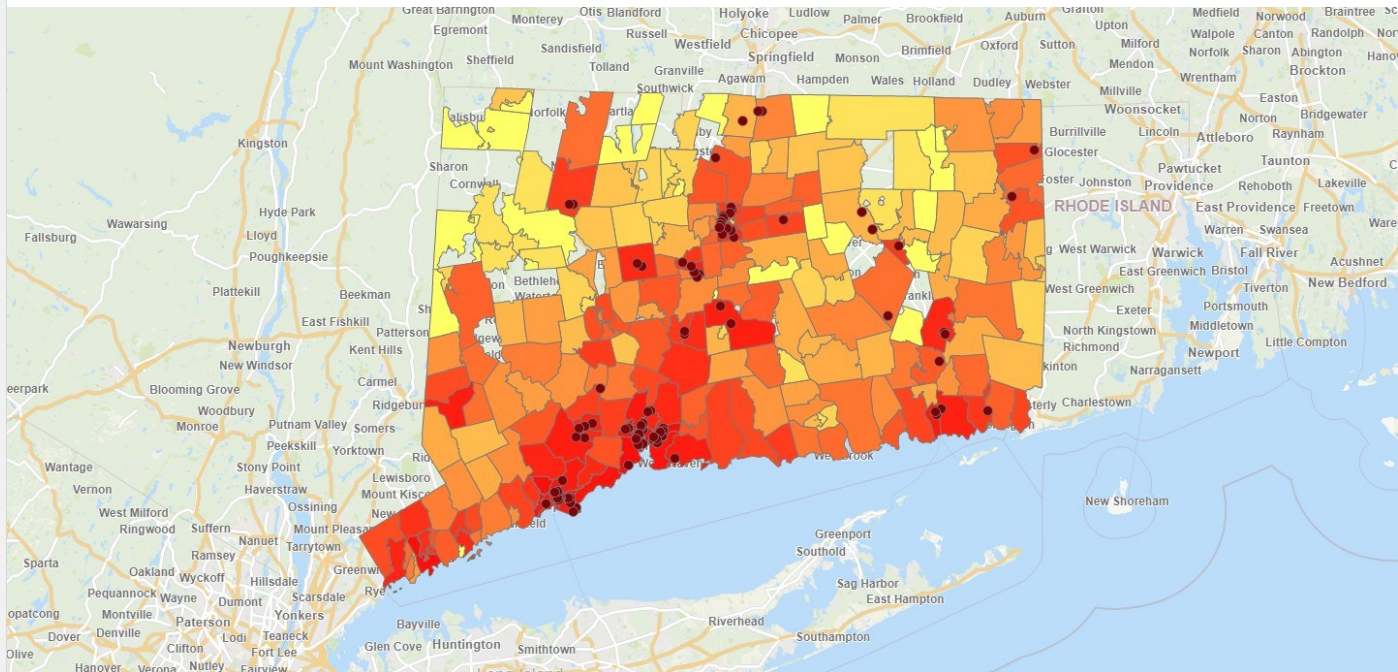
- Exposure
- Other
- Positive

**Member City**

**Q. MemberState**

- CT
- NY
- MA

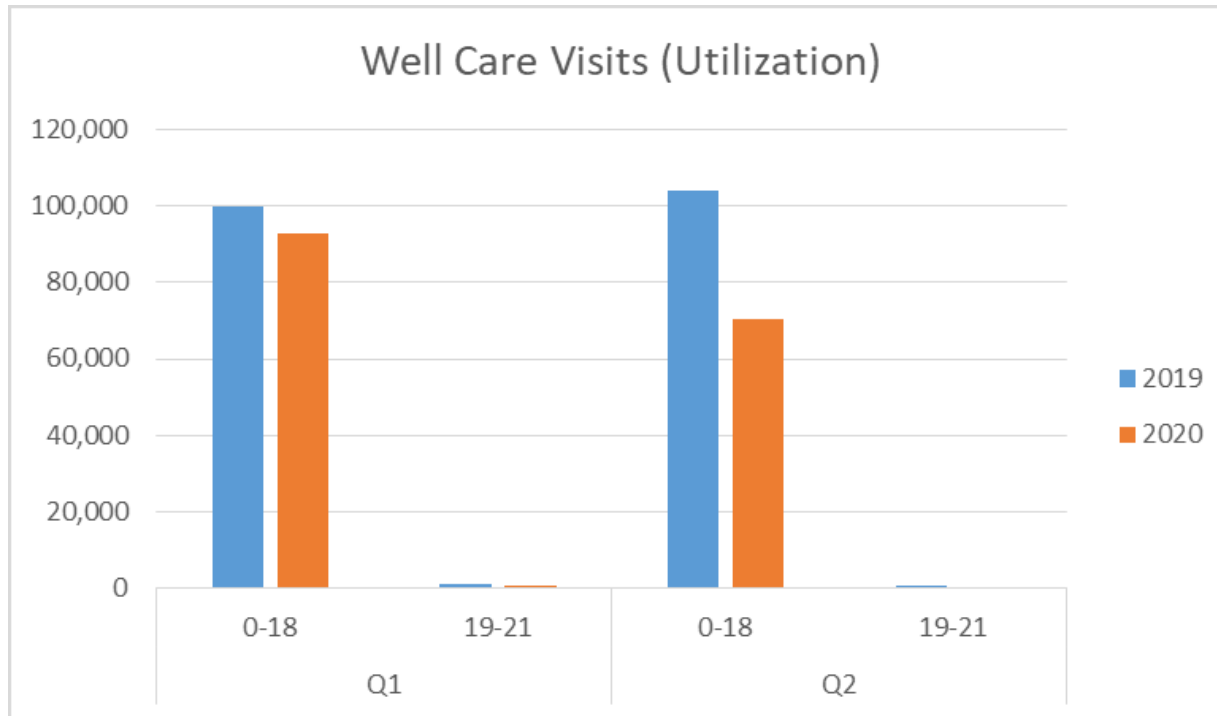
**Member Zip Code**



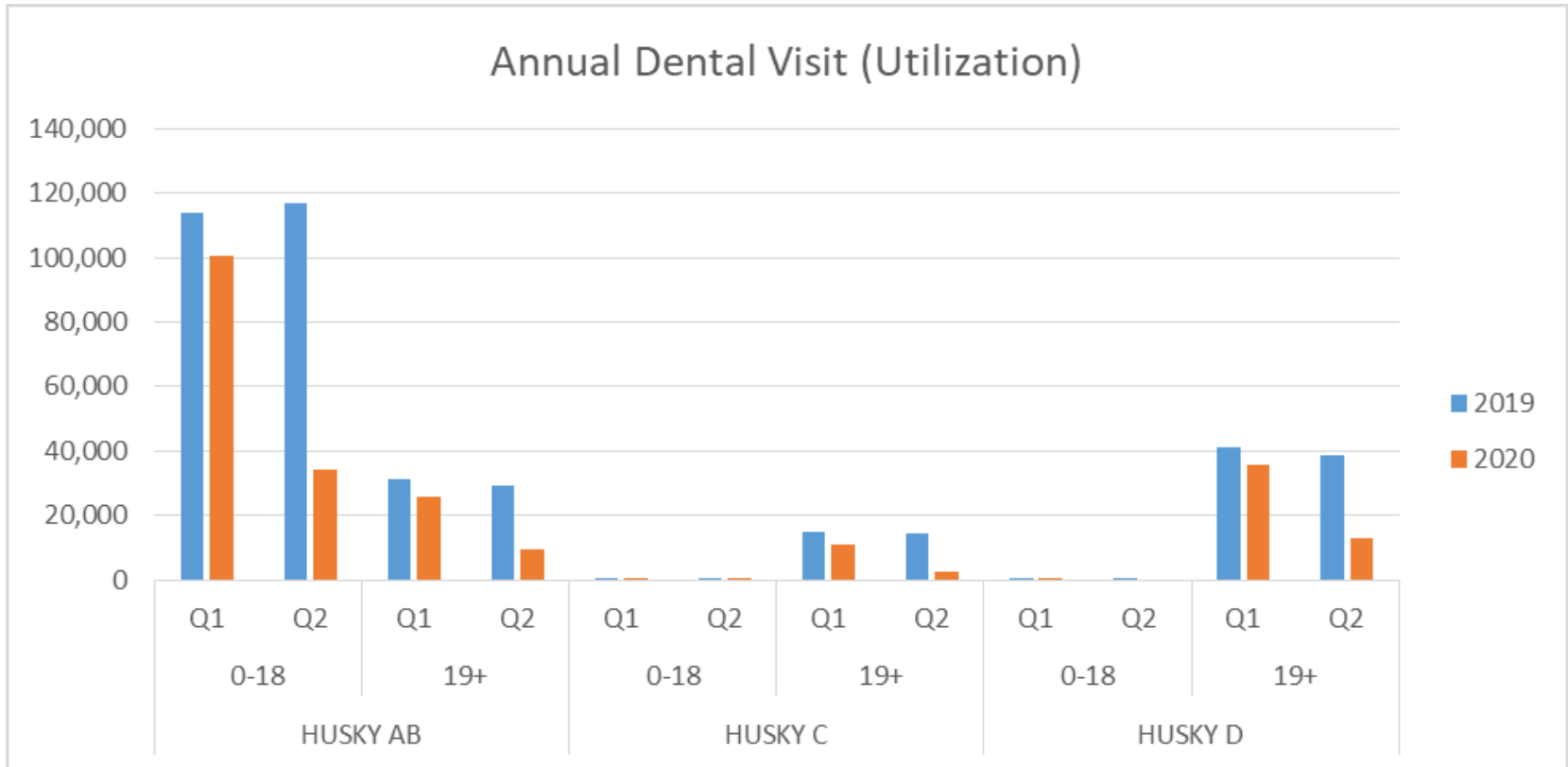
## Hospital Admission, Discharge and Transfer Data by Zip Code

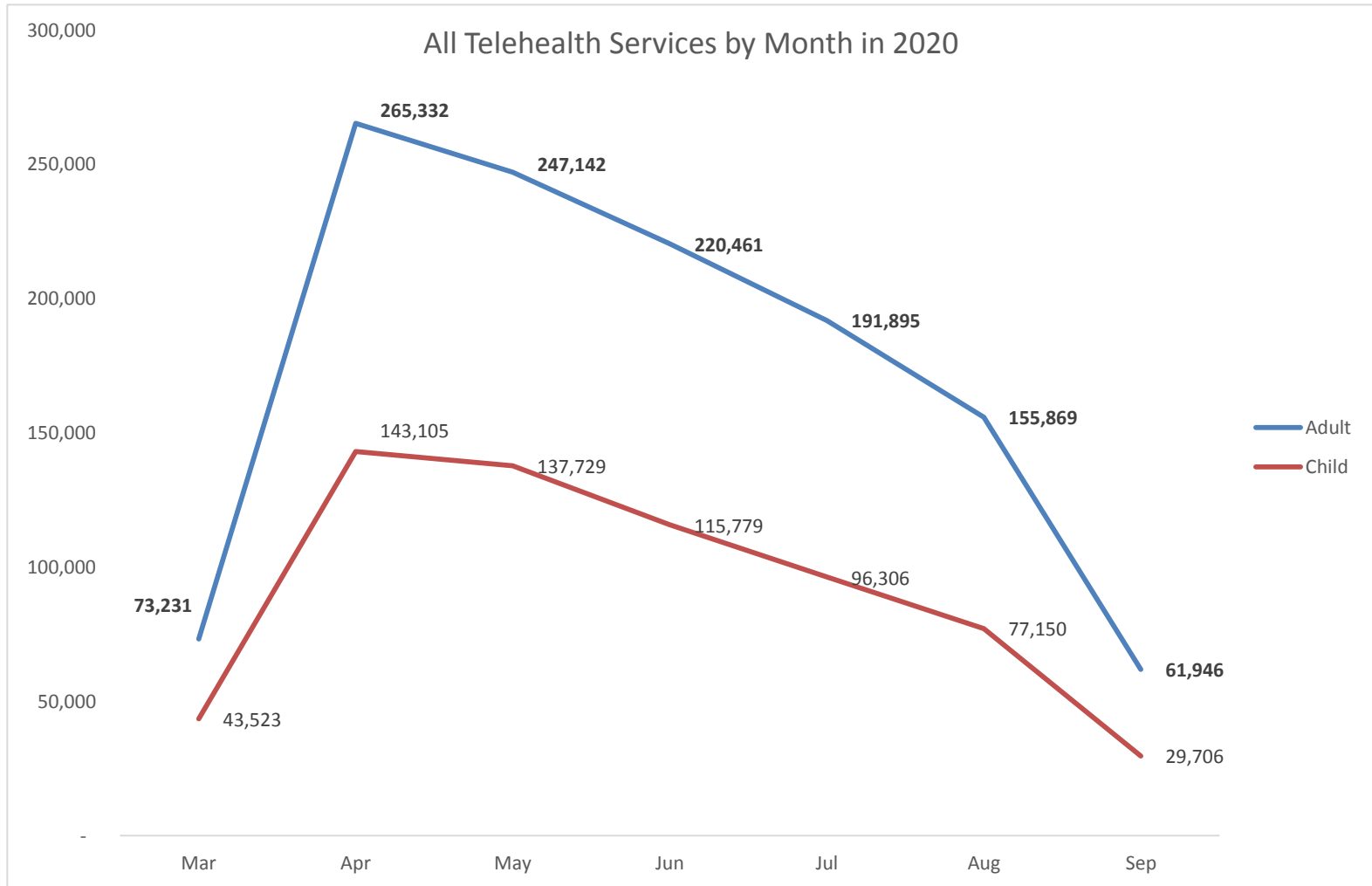
10 mi

\* Currently showing a limited data set.



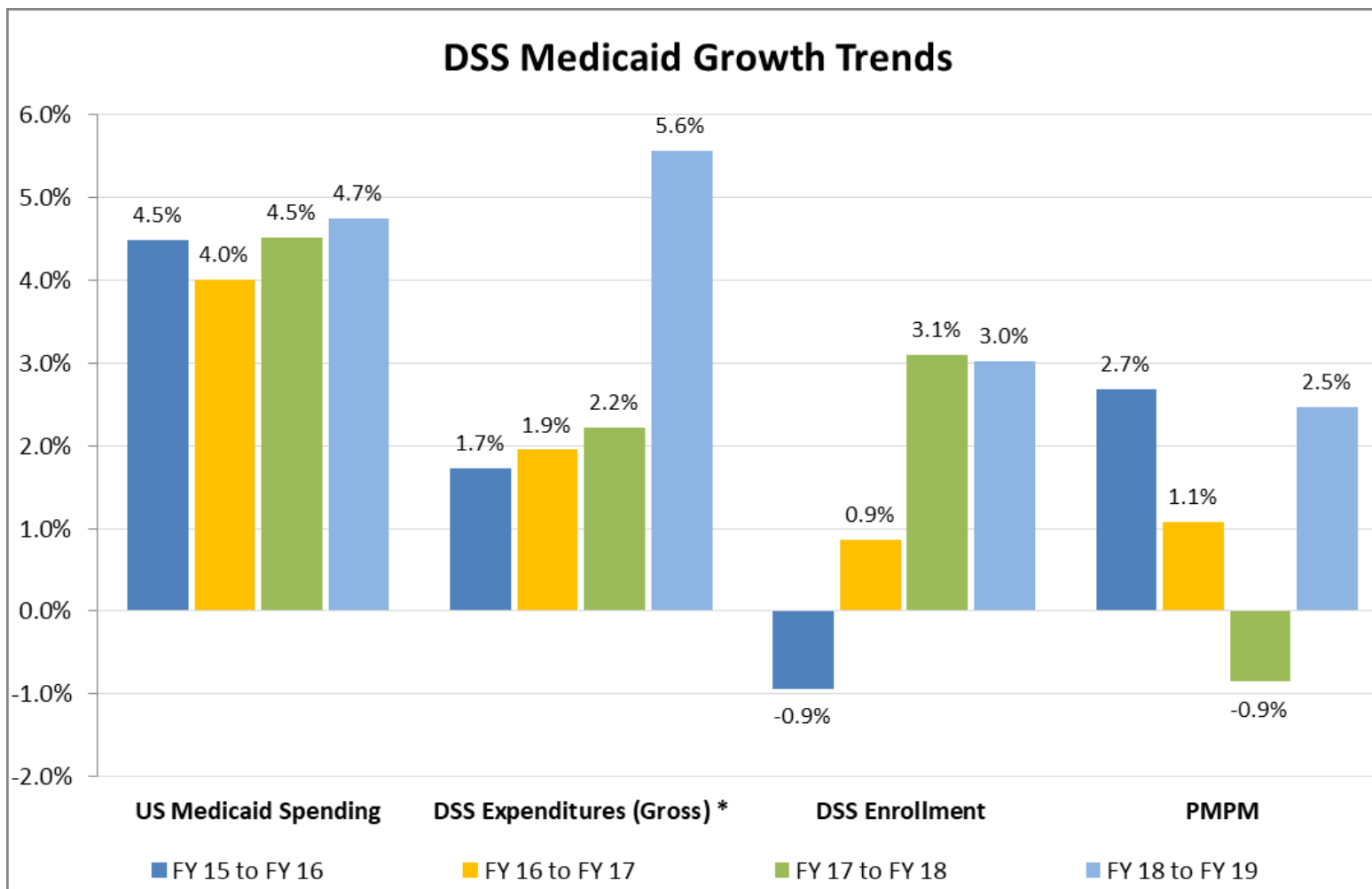








## **Appendix: Additional Detail on Connecticut Medicaid Finances**



*\* Expenditures are net of drug rebates and exclude hospital supplemental payments given the significant variance in that area over the years*

- **Review of Global Per Member Annual Costs\***
  - MACPAC publishes data on the annual cost per enrollee, which they call the spending per full year equivalent enrollee
  - The table below summarizes data for a peer state cohort that includes New England states, New York and New Jersey

<b>Spending per Full Year Equivalent Enrollee</b>		
New York	\$11,864	2nd highest
New Hampshire	\$11,355	3rd highest
Maine	\$10,507	9th highest
Massachusetts	\$9,788	12th highest
Vermont	\$8,999	17th highest
Connecticut	\$8,857	18th highest
New Jersey	\$8,764	19th highest
Rhode Island	\$8,475	23rd highest
Average of peer cohort	\$9,826	

CT is the third lowest cost state in this cohort with costs that are close to \$1,000 lower than the group average

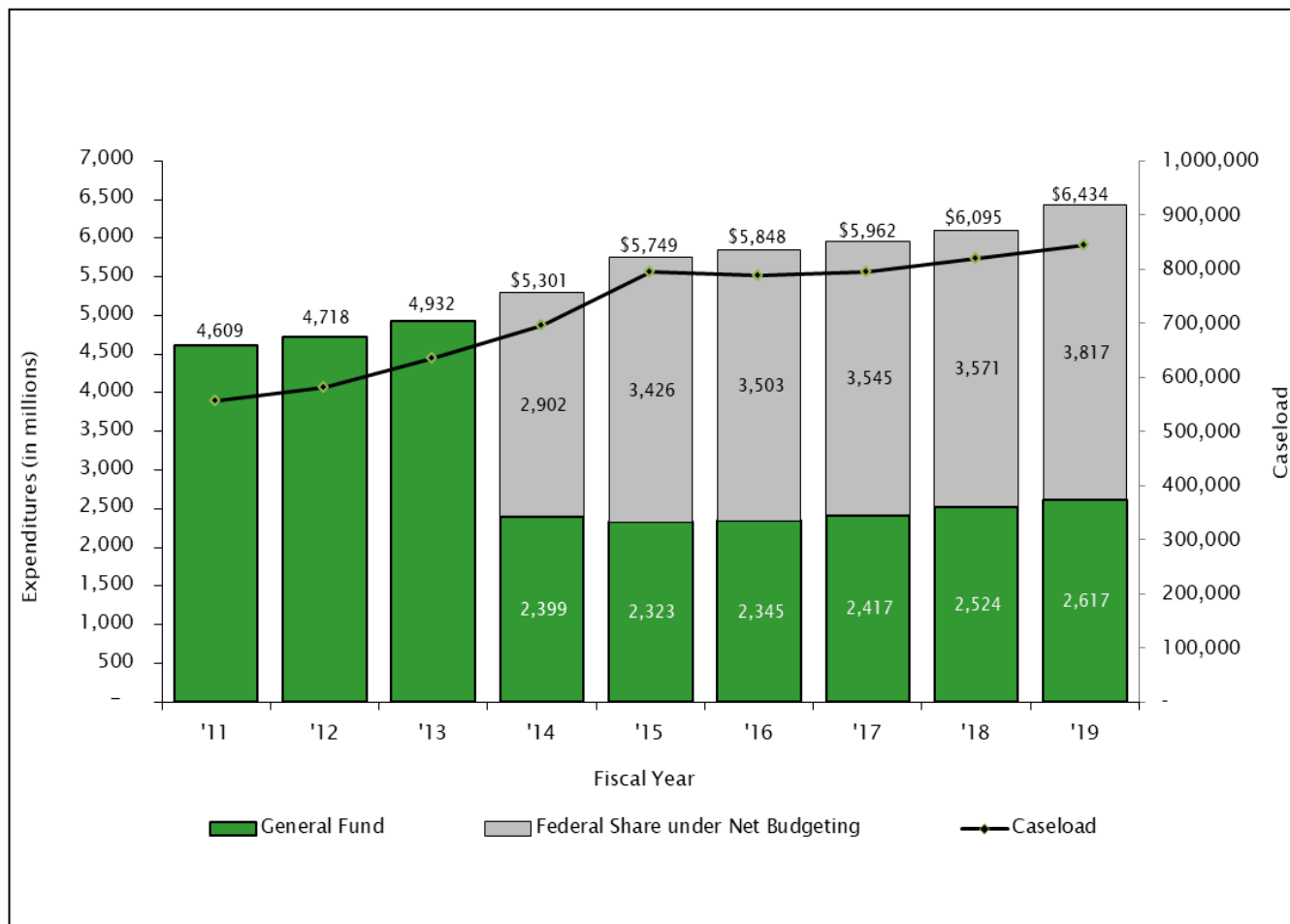
\*from FFY 2018 MACPAC report, Exhibit 23

CT's state share of Medicaid costs have remained stable

State share of costs was virtually unchanged from SFY 2013 to 2017

SFY 2019 state share was only \$151 million, or 6.1%, higher than the estimated SFY 2013 state share. This equates to an average annual increase of 1.0%

SFY 2018 and 2019 began to rise due to lower federal reimbursement for single adults and hospital rate increases



\*Excludes hospital supplemental payments

- In SFY 2019, the “all states” average Medicaid expenditures as a percentage of total State expenditures: 28.9%\*
- Connecticut’s SFY 2019 Medicaid expenditures as a percentage of total State expenditures: 23.8%\*
- Going back as far as 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 the lowest percentage
- In SFY 2015 through 2017, Connecticut had the lowest percentage share of the total state budget of all our peer states and had the second lowest percentage in SFY 2018 and 2019 (0.1% higher than NJ in both years)

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