

Connecticut HUSKY Health:

Improving Outcomes, Enabling Independence
and Integration, Controlling Costs

Presentation to the Human Services, Appropriations,
Public Health and Aging Committees

Monday, February 22, 2016

Critical source of economic security and well-being to over 750,000 individuals (21% of the population of Connecticut).

- Serves adults, working families, their children, their parents and their loved ones with disabilities.
- Covers an extensive array of preventative services (primary care through Person-Centered Medical Homes, dental and behavioral health coverage) as well as care coordination.
- Successful in improving quality, satisfaction and independence through prevention and integration.

Data driven.

- Maintains a fully integrated set of claims data for all covered individuals and all covered services.
- Uses data analytics to direct policy-making, program development and operations.
- Employs predictive modeling to identify both those in present need of care coordination, and those who will need it in the future.

Already doing more with less.

- Administrative costs are 5.2%. Total staffing (131 individuals) has held relatively constant while the number of individuals served has dramatically increased.
- 59% of Connecticut Medicaid and 88% of CHIP (HUSKY B) expenditures are federally reimbursed.
- Health expenditures (70.7% of department budget) are increasing based on caseload growth, but trends in per person costs are stable and quality outcomes have improved.

HUSKY Health touches everyone.

Children. Working families and individuals.

Older adults. People with disabilities.

Your neighbor. Your cousin.

One in five CT citizens is served by HUSKY Health.



HUSKY Health . . .

- gives people financial security from the catastrophic costs of a serious health condition
- enables people to stay well, through prevention, and to work
- promotes the health, well-being and school readiness of children
- supports independence in the community



HUSKY Health is mission-driven.

DSS works in partnership with stakeholders across the health care delivery system to ensure that **eligible people** in Connecticut **receive the supports and services they need** to promote **self-sufficiency, improved well-being and positive health outcomes**. We ensure that the **delivery of these services is consistent with federal and state policies**.

HUSKY Health is person-centered.



HUSKY Health is improving outcomes while controlling costs.

Health outcomes and care experience are improving. We are enabling independence and choice for people who need long-term services and supports.

Provider participation has increased.

Enrollment is up, but per member per month costs are stable.

The federal share of HUSKY Health costs has increased.

HUSKY Health has maximized benefits under the Affordable Care Act.

- 100% federal coverage for expansion of Medicaid eligibility (HUSKY D)
- coverage of new preventative services including smoking cessation and family planning
- new resources for behavioral health integration
- \$77 million in funding under the State Balancing Incentive Program for home and community-based long-term services and supports (LTSS)

Our goals today:

- Review the reasons why HUSKY Health outcomes are improving and costs are being controlled.
- Provide important information on HUSKY Health financial trends.
- Provide detail on how we are supporting independence and choice for older people and people with disabilities, and achieving cost savings, under the Governor's Strategic Rebalancing Plan.

**HUSKY Health outcomes are improving
and costs are being controlled.**

How are we doing that?

We are improving outcomes and controlling costs through:

- a unique administrative structure that has improved access and efficiency
- a relentless focus upon data
- interventions for members
- targeted investments in preventative care

We are improving outcomes and controlling costs through a **unique administrative structure**:

- By contrast to almost all other states, HUSKY Health does not use capitated, managed care arrangements.
- HUSKY Health is self-insured, and contracts with four Administrative Services Organizations (ASOs) to help manage services and supports as follows: CHN-CT (medical), Beacon (behavioral health), BeneCare (dental) and LogistiCare (transportation)

What are results associated with our **unique administrative structure**:

- We have reduced administrative spending in Medicaid.
- Members now have a single, 1-800 number to use to contact each of the ASOs, for all kinds of member support.
- Providers now have a single, 1-800 number to use to contact each of the ASOs, for all kinds of provider support. Providers are also now paid on a biweekly claims schedule, and are paid timely for 100% of all clean claims.
- DSS withholds a percentage of the administrative fees paid to the ASOs and they must earn it back, based on outcomes.

We are improving outcomes and controlling costs through a **relentless focus upon data:**

- Our self-insured status has enabled us to compile a fully integrated set of claims data for all covered individuals and all covered services.
- We use this data to make policy recommendations and to inform primary care practices about their panels.
- We also use a Johns Hopkins data analytics tool called CareAnalyzer to predict which Medicaid members need help now or may need help in the future.

We are improving outcomes and controlling costs through **interventions for members:**

- We have implemented a **Person-Centered Medical Home (PCMH) initiative** that now serves over one-third of Medicaid members (over 274,000 individuals) with extended hours, care coordination and Electronic Health Records (EHRs).
- We have also implemented **Intensive Care Management** through the medical (nurse-led care teams), behavioral health (community care teams and peer supports) and dental (community engagement specialists) ASOs.

What are our results?

- PCMH practices achieved better results than non-PCMH practices on measures including, but not limited to, adolescent well care, ambulatory ED visits, asthma ED visits, LDL screening, readmissions and well child visits.
- Practices achieved an **overall member satisfaction** rating of 91.1% among adults and 96.1% on behalf of children.
- **Immediate access to care increased** to 92.5% of the time, when requested by adults, and 96.7% of the time, when requested on behalf of children.

What are our results?(cont.)

- Over SFY'15, through a range of strategies (such as Intensive Care Management and behavioral health community care teams) and in cooperation with the Connecticut Hospital Association, **the HUSKY Health Emergency Department visit rate was reduced** by:
 - 4.70% for HUSKY A and B
 - 2.16% for HUSKY C
 - 23.51% for HUSKY D

What are our results?(cont.)

- Over SFY'15, the medical ASO, CHN-CT, has:
 - for those members who received ICM, **reduced emergency department (ED) usage by 22.72%** and **reduced inpatient admissions by 43.87%**
 - for those members who received Intensive Discharge Care Management (IDCM) services, **reduced readmission rates by 28.08%**

What are our results?(cont.)

- Over SFY'15, we have also seen improvement in a range of other measures, including, but not limited to:
 - the rate for controlling high blood pressure
 - the rate of spirometry testing in the assessment and diagnosis of COPD
 - well child visit rate in the third, fourth, fifth and sixth year of life
 - adolescent well care visit rate
 - lead screening rate
 - immunization rates
 - timeliness and frequency of prenatal and postpartum care visits
 - use of preventative dental services by children

We are improving outcomes and controlling costs through support from the Governor and the legislature for **targeted investments in prevention:**

- Enhanced fee-for-service and performance payments in the Person-Centered Medical Home (PCMH) initiative
- Funding for Electronic Health Records
- Dental coverage
- Coverage for family planning
- Coverage for smoking cessation

What are our results?

- Over SFY'15, HUSKY Health:
 - increased the number of Primary Care Providers (PCPs) enrolled in Medicaid by 7.49% and specialists by 19.34%
 - recruited and enrolled 22 new practices into DSS' Person-Centered Medical Home (PCMH) program, which now includes over 100 practices (affiliated with 366 sites and 1,332 providers)

- CMS has recognized HUSKY Health as having the best access to dental care of any Medicaid program in the country

Important HUSKY Health Financial Trends

■ Programs supported:

- Medicaid, HUSKY B (Children's Health Insurance Program), long-term services and supports

■ SFY 2016 estimated staffing costs:

- \$8.3 million

■ Major operating contracts:

- Hewlett Packard Enterprises (claims processing, pharmacy, provider support)
- Mercer (actuarial)
- Administrative Services Organizations

■ Program outcome highlights:

- Supporting members in accessing primary care and avoiding use of the ED through Intensive Care Management
- Supporting providers through primary care investments, Person-Centered Medical Home initiative, and streamlined administration

■ SFY'17 proposed program budget:

- \$3.20 billion (appropriated)
- \$6.87 billion (total)

■ Administrative cost ratio: 5.2%

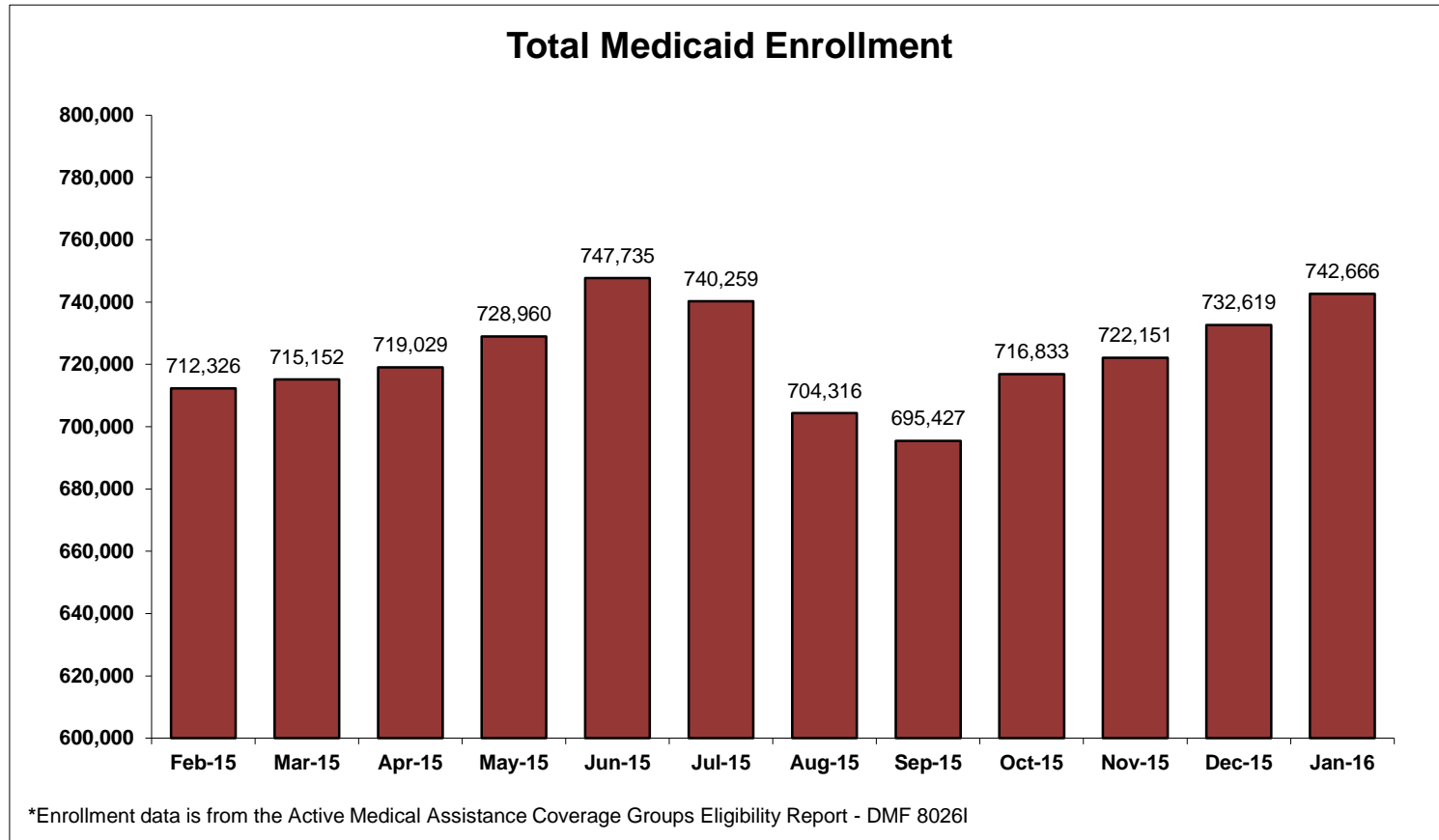
■ Estimated program federal reimbursement: 59% - Medicaid, 88% - HUSKY B

■ Estimated administrative federal reimbursement: 75% for systems, eligibility, MFP, specialized medical staff; 50% for all other activities

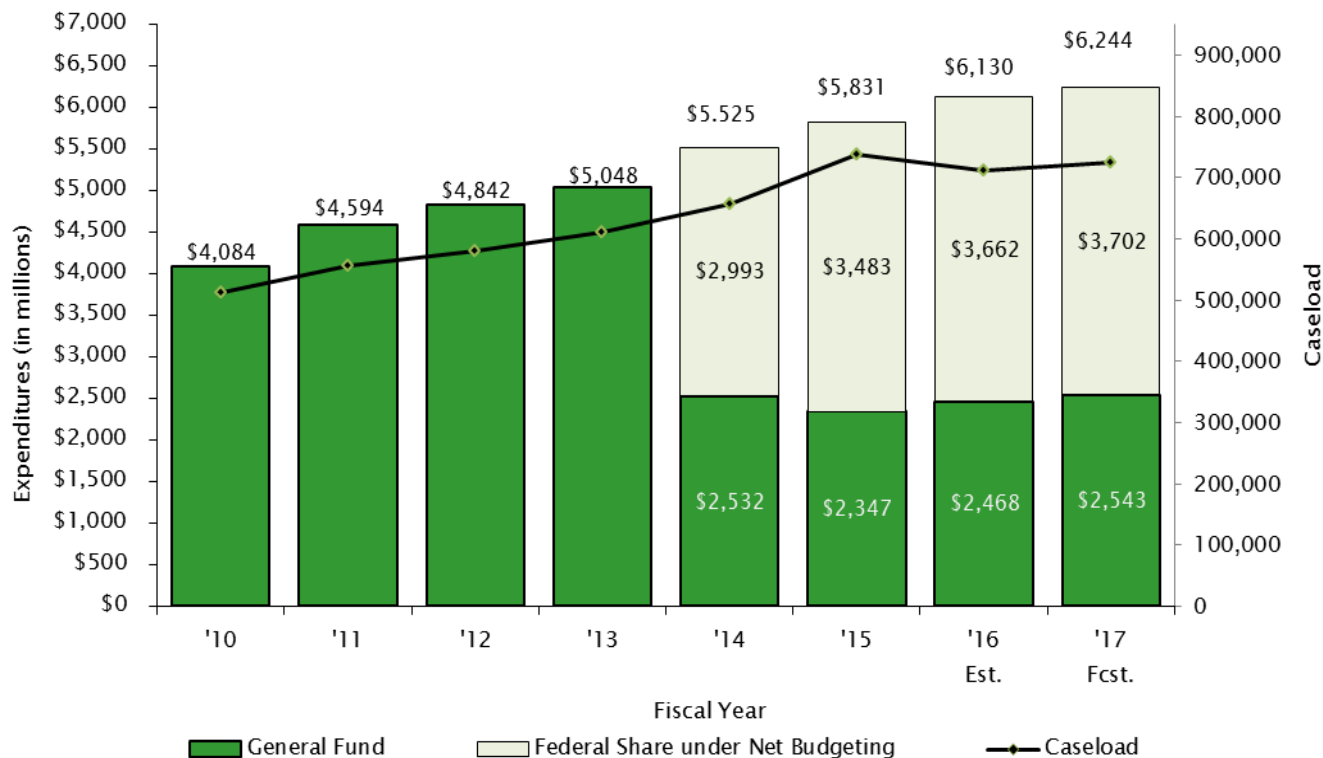


What trends are we seeing?

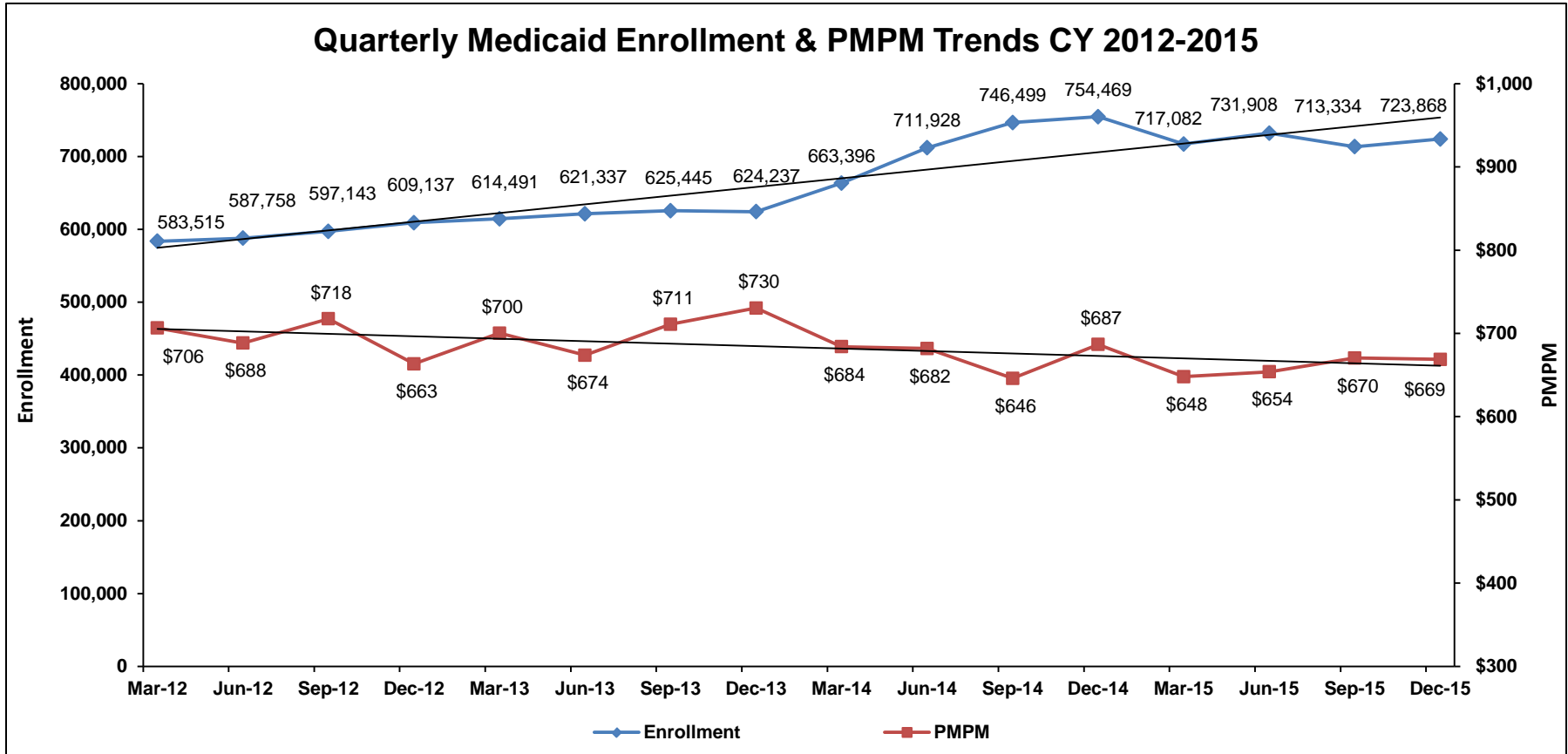
- **Enrollment** has fluctuated over the last year, but is **again increasing**.
- The **federal share** of HUSKY Health costs **has increased**.
- Expenditures have increased proportionate to the increase in enrollment, but **per member per month costs have remained remarkably steady over time**.
- HUSKY Health's **financial trends compare very favorably with national Medicaid trends**.



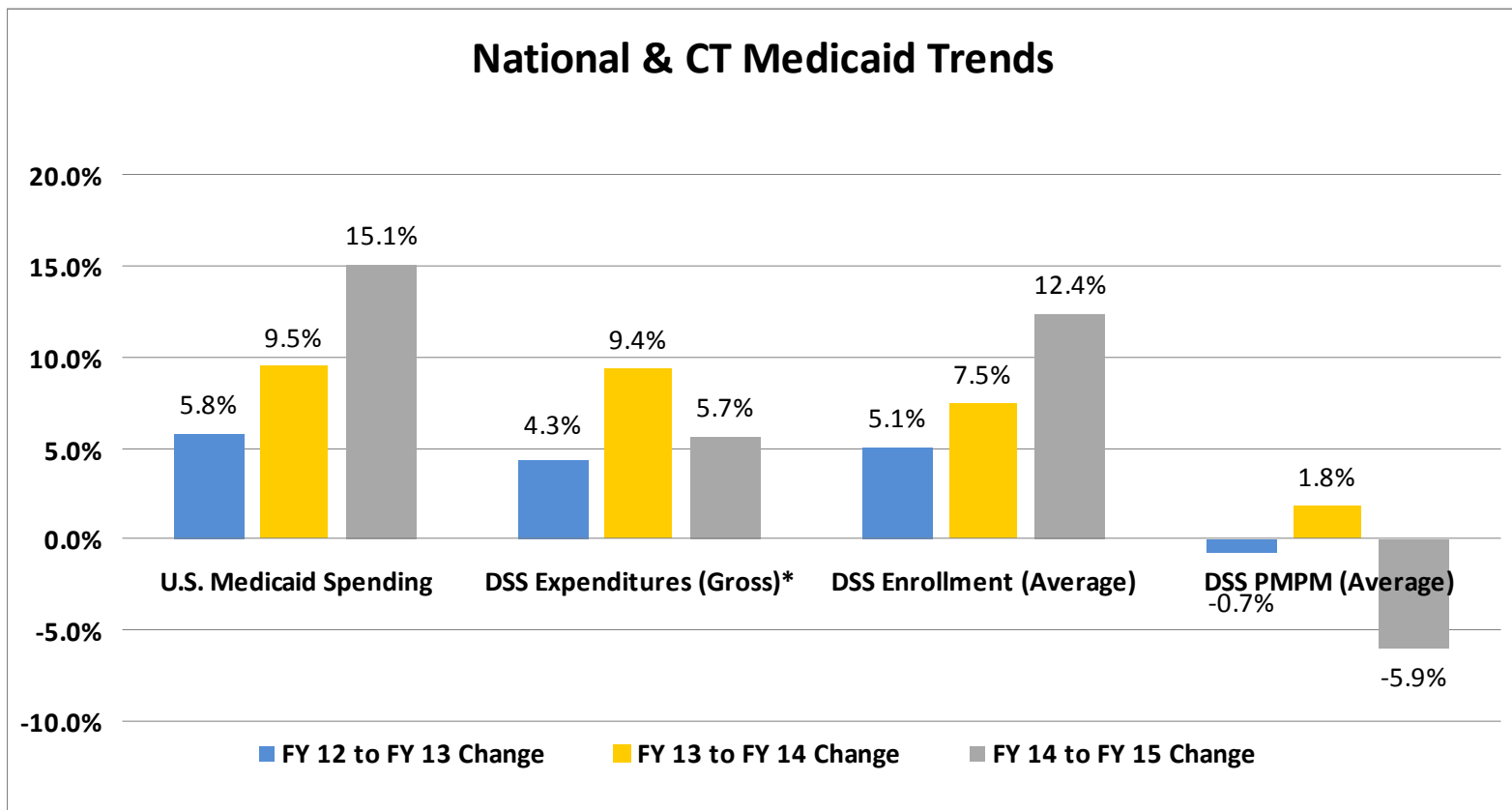
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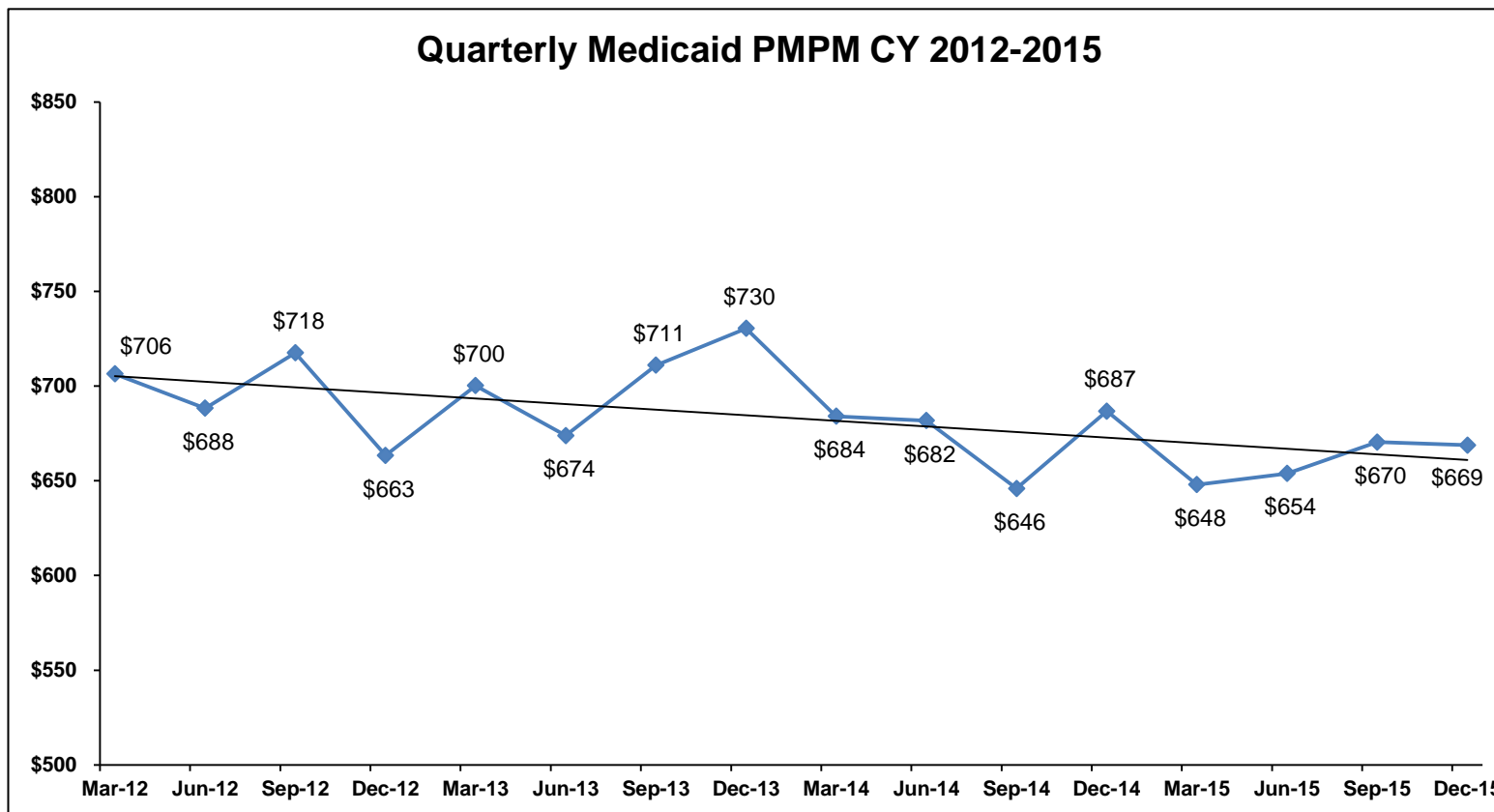
The federal share of HUSKY Health costs has increased to 59%, up from 50% pre-ACA. This takes into account 100% federal funding for HUSKY D.



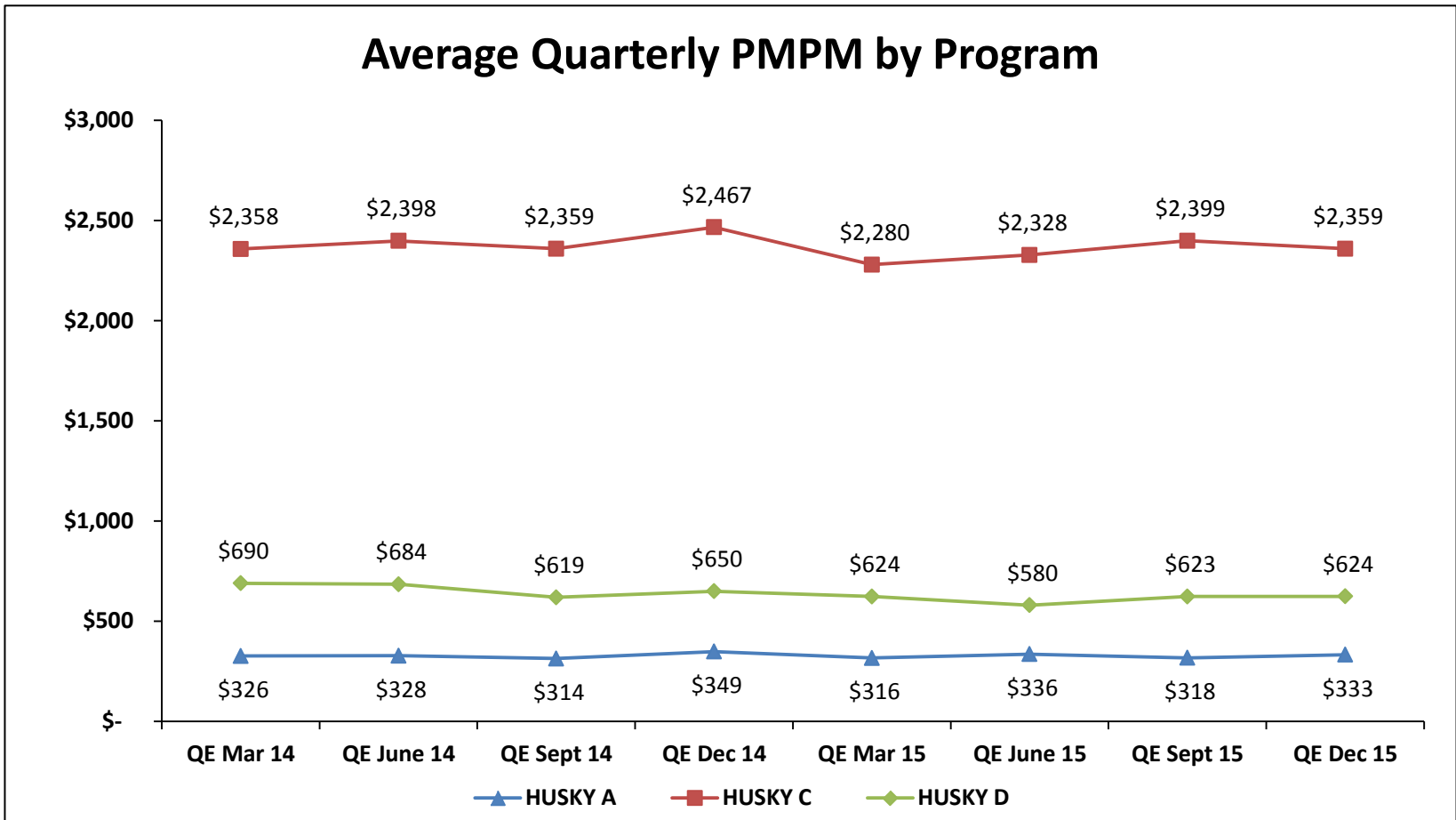
Expenditures have increased proportionate to the increase in enrollment, but per member per month costs have remained remarkably steady.



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



Quarterly PMPM trends have continued to decline under the Administrative Services Organization (ASO) framework.



PMPM for HUSKY C (services for older adults and people with disabilities) has been stable.

In summary . . .

- **Health outcomes are improving.**
- **Care experience and access to care is better.**
- **Provider engagement with Medicaid has been streamlined.**
- **Per member, per month costs went down by 5.9% over the course of the last year.**
- **HUSKY Health is performing well.**

Questions?

The Governor's Strategic Rebalancing Plan for Long-Term Services and Supports

What is “rebalancing”?

Rebalancing refers to reducing reliance on institutional care and expanding access to community-based Long-Term Services and Supports (LTSS).

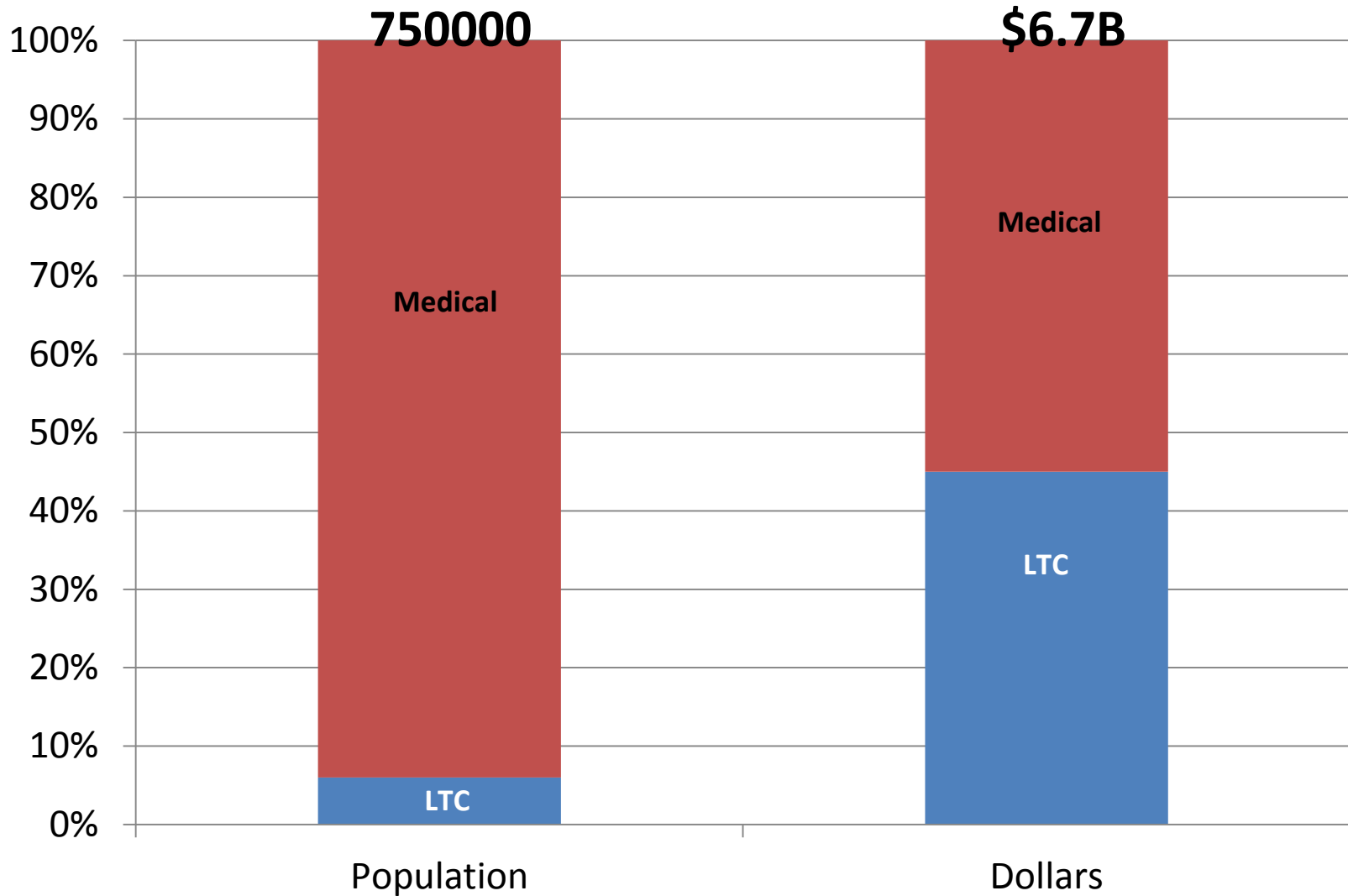
A rebalanced LTSS system gives Medicaid beneficiaries **greater choice in where they live and from whom they receive services.** It also delivers LTSS that are **integrated, effective, efficient, and person-centered.**

Why rebalance the system?

- **Consumers overwhelmingly wish to have meaningful choice in how they receive needed LTSS.**
- In Olmstead v. L.C. (1999), the Supreme Court held that Title II prohibits the unjustified segregation of individuals with disabilities. **Medicaid must administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.**

Why rebalance the system? (cont.)

- A relatively small number of individuals use LTSS, but their **costs are a significant proportion of the Medicaid budget.**
- Individuals who use LTSS typically have **high needs and high costs** and **benefit from coordination** of their services and supports
- Average per member per month **costs are less in the community.**



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



Why rebalance the system? (cont.)

- **People have historically faced barriers** in Medicaid to receiving community-based LTSS
 - lack of sufficient services, supply, and information
 - inadequate support for self-direction and person-centered planning
 - lack of housing and transportation
 - lack of a streamlined process for hospital discharges to the community
 - lengthy process for accessing Medicaid as a payer
 - lack of a sufficient workforce

How are we rebalancing LTSS?

- We are guided by a **comprehensive, Governor-led, legislature-supported rebalancing plan** with these key goals:
 - *Improve effectiveness and efficiency of Connecticut's Home and Community-Based Services (HCBS) system*
 - *Decrease hospital discharges to nursing facilities among those requiring care after discharge*
 - *Transition 8000 people from nursing homes to the community by 2020*
 - *Build capacity in the community workforce sufficient to sustain rebalancing goals*
 - *Increase availability of accessible housing and transportation*
 - *Adjust supply of institutional beds and community services and supports based on demand projections*

Connecticut's plan 'Strategic Rebalancing Plan: A Plan to Rebalance Long-Term Services and Supports 2013- 2015 is found at the following link: [http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_\(2\).pdf](http://www.ct.gov/dss/lib/dss/pdfs/frontpage/strategic_rebalancing_plan_1_29_13_final2_(2).pdf)

- We and our state agency partners are supported by a consumer-led, diverse, and engaged group of stakeholders:



- We have an **unwavering focus on data.**
 - The University of Connecticut Center on Aging has, since inception of Connecticut rebalancing efforts, been DSS' research and evaluation partner.
 - The Center on Aging supports DSS in tracking and trending a broad range of system-wide and individual indicators – for more detail on this, please see this link:
http://www.uconn-aging.uhc.edu/money_follows_the_person_demonstation_evaluation_reports.html

- We are giving people **access to information** that supports informed choice.
 - We have launched a comprehensive LTSS web resource called **“My Place”**: <http://www.myplacect.org/>.
 - We are using federal dollars to **design systems to enable access to information**, including information on eligibility, the results of functional assessments, and implementation of Personal Health Records.

My Place is an incredible resource for individuals, families and providers.



 MY PLACE CT

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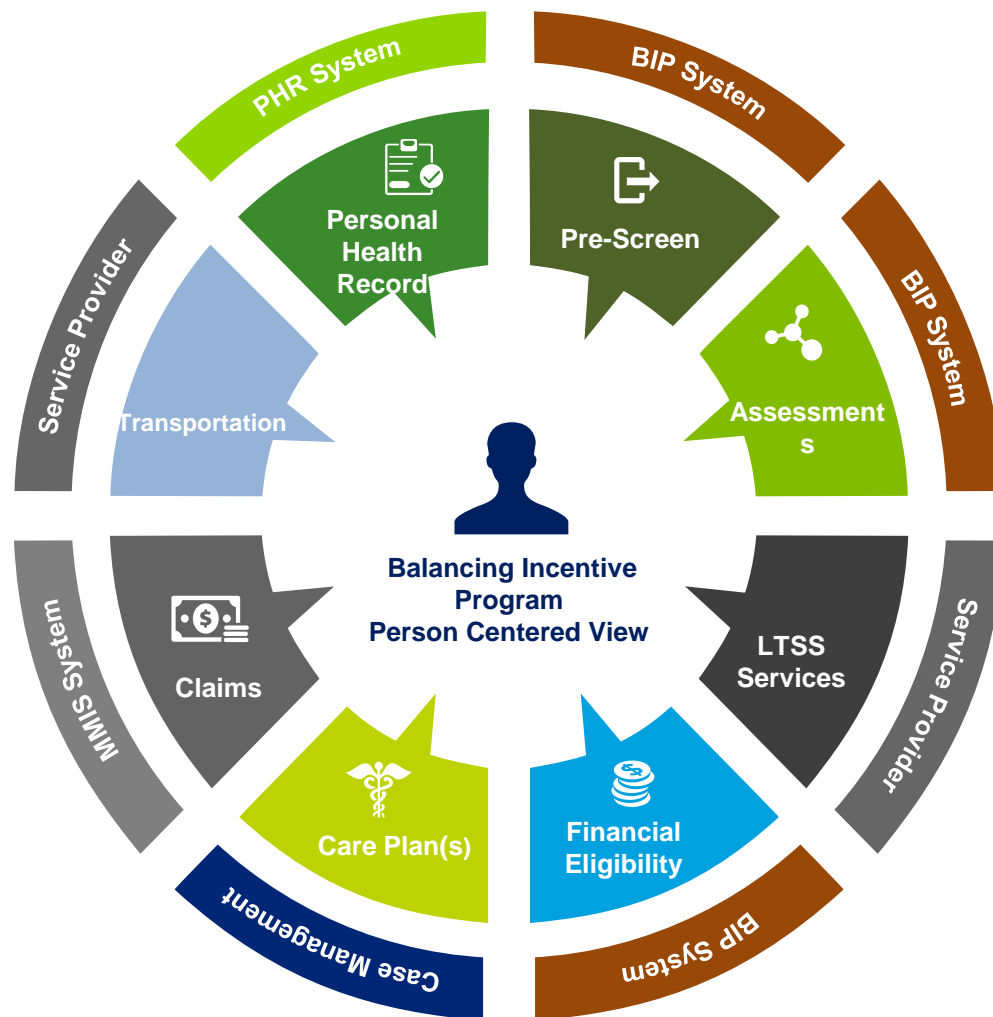
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State of Connecticut 

The Balancing Incentive Program (BIP) is allowing us to take a **systems approach to supporting peoples' need to access and use information.**



- We are **supporting self-direction**.
 - Connecticut is one of the early adopters of the ACA **Community First Choice (CFC) option**, which permits states to cover personal care assistants and other self-direction supports under the Medicaid State Plan.
 - Connecticut implemented CFC in July, 2015.

- We are **enabling access to affordable, accessible housing.**
 - Connecticut’s Money Follows the Person (MFP) model is a unique **“housing plus supports” model** under which people receive both services and housing vouchers.
 - Both MFP and Medicaid waivers also support **accessibility modifications** to housing.

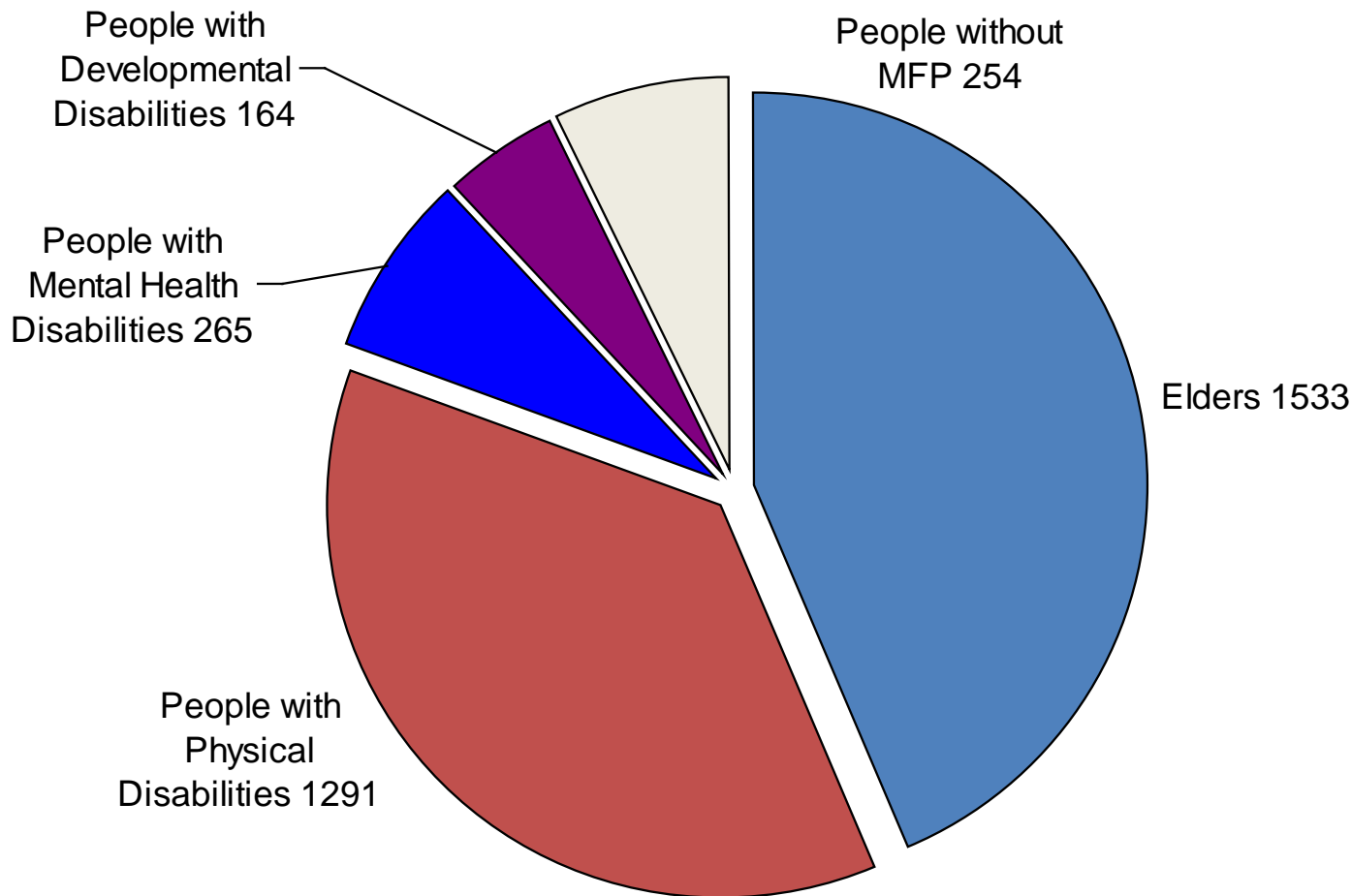
- We are **streamlining the LTSS eligibility process.**
 - We have created a **dedicated HCBS eligibility processing unit** in Hartford that now handles all applications for HCBS waiver services, statewide.
 - BIP is enabling a **systems approach** to effectively integrating LTSS eligibility within the Department's project to replace its entire Eligibility Management System (EMS).

- We are **supporting development of an adequate community workforce.**
 - The Governor has directed bond funds and other resources to a grant process through which nursing homes have applied for and received funds for **“right-sizing”** (diversifying their services to include HCBS).
 - We are using My Place to create a **forum for direct care workers.**

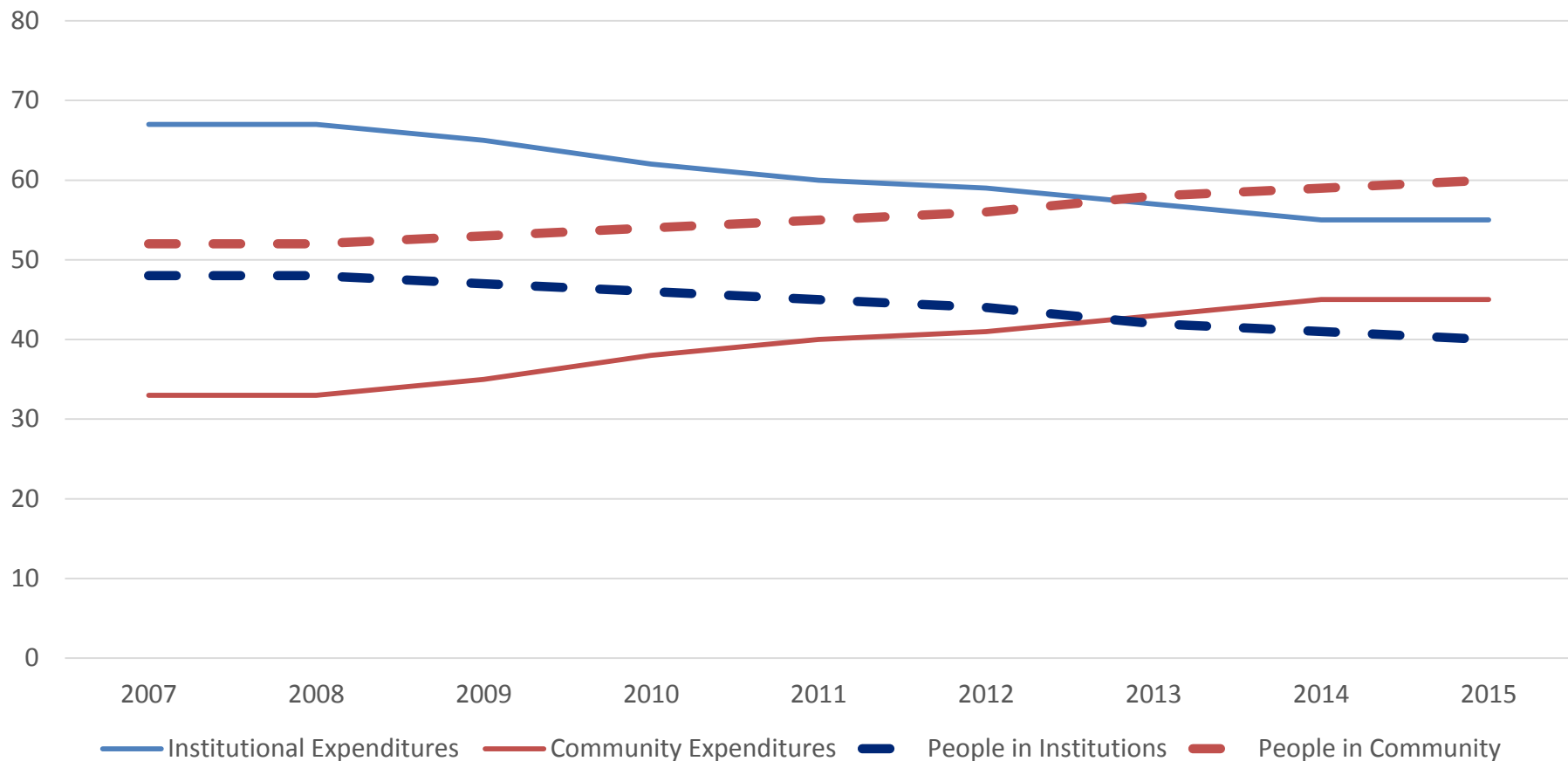
And what are our results?

- Through 2/11/2016, we have transitioned 3,507 individuals from nursing facilities to the community under MFP.
- This figure has continued to increase year over year.
- In SFY'14, we served 61% of individuals who receive Medicaid LTSS in community settings, and spent 29% of Medicaid LTSS dollars on HCBS.
- **We have proven results concerning integration and life satisfaction, for individuals who have transitioned.**

Detail on Transitions through 2/11/16



Benchmarks Percentage of LTSS Expenditures and People Community vs. Institution



- We have increased the percentage of people who:
 - **are happy with the way they live their lives** - from 62% while institutionalized to 79% after their move to the community
 - **report that they are doing fun things in their communities** - from 42% while institutionalized to 60% after their move to the community
 - **report that they are being treated the way in which they wish to be** - from 82% while institutionalized to 93% after their move to the community

- We are the **first Money Follows the Person project in the country to be featured in a peer-reviewed journal** – *Health Affairs*

*The results of this study show that **Connecticut’s Money Follows the Person program has largely succeeded in addressing concerns raised by policy makers, advocates, families, and residents of institutions about safety, quality of life, and life satisfaction following a transition to the community . . . National and state policy makers can gain insights from these findings to identify areas to target that could prevent the use of acute care services and reinstitutionalization after transition, as well as to ensure high quality of life and global life satisfaction for older adults and people with disabilities living in the community.***

In summary . . .

- **We have enabled thousands of people to avoid institutionalization with community-based supports, and have transitioned a significant number of people from nursing facilities to independent living in the community.**
- **We use data to examine and address each and every barrier that inhibits choice and independence.**
- **We are partnering with diverse entities including nursing facilities to create the LTSS system of the future.**

Questions?