

Connecticut Medicaid 101

Overview, Vision, Structure, Strategies, Key Facts

January 2019

Medicaid is . . . a program through which people who meet financial and other eligibility criteria receive health care. It is a partnership, through a “State Plan”, between the state and the federal government. The **federal government pays for 59%** of Connecticut Medicaid program costs overall.

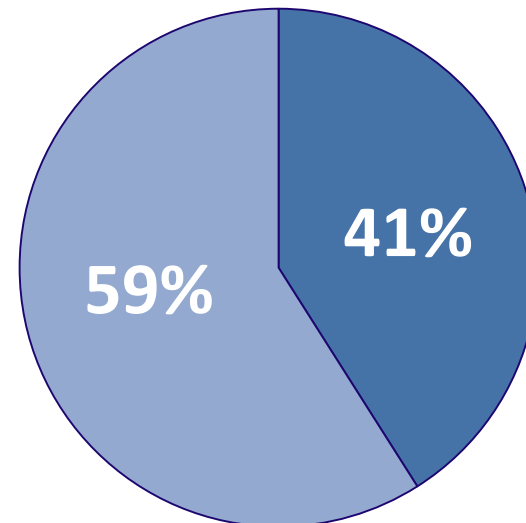
Connecticut Medicaid touches everyone.

Children. Working families and individuals. Older adults. People with disabilities. Over 1 in 5 residents are helped. 4 in 10 CT births are covered.

By contrast to **Medicare**, which is basic health insurance for retirees and some people with disabilities, **Medicaid** services also include dental, vision, and comprehensive behavioral health, as well as long-term care services for older adults and people with disabilities of all ages who live in nursing homes and the community.

Connecticut Medicaid Funding

■ State share ■ Federal share



<p>Medicaid Coverage Group For reference: 2018 FPL for 1 person = \$12,140 2018 FPL for 4 people = \$25,100</p>	<p>Provides comprehensive medical, dental, and behavioral health services to . . .</p>	<p>Representing . . .</p>
<p>HUSKY A</p> <ul style="list-style-type: none"> Adults with incomes up to 155% of the Federal Poverty Level (FPL) Pregnant women with incomes up to 263% FPL Children with incomes up to 201% FPL 	<p>Over 450,000 parents/guardians and children</p>	<ul style="list-style-type: none"> 69% of total members 29% of total Medicaid program costs
<p>HUSKY C</p> <ul style="list-style-type: none"> Older adults, individuals with disabilities, and refugees with incomes up to approximately 52% FPL; Home and community-based services programs have higher income limits 	<p>Almost 94,000 older adults and people with disabilities</p>	<ul style="list-style-type: none"> 11% of total members 46% of total Medicaid program costs
<p>HUSKY D</p> <ul style="list-style-type: none"> Eligible adults age 19-64 with incomes up to 138% FPL (Affordable Care Act Medicaid expansion population) 	<p>Almost 240,000 adults who do not have children or specified disabilities</p>	<ul style="list-style-type: none"> 29% of total members 25% of total Medicaid program costs

Note: HUSKY B is Connecticut’s Children’s Health Insurance Program (CHIP), which is also administered by DSS and provides health insurance for uninsured children whose incomes are above the Medicaid eligibility limits.

A stronger and healthier 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.



DSS is the single state Medicaid agency for Connecticut.

DSS partners with several sister state agencies that have roles in managing Medicaid benefits.

DSS works with DPH, the identified state licensing and survey agency, in support of quality.

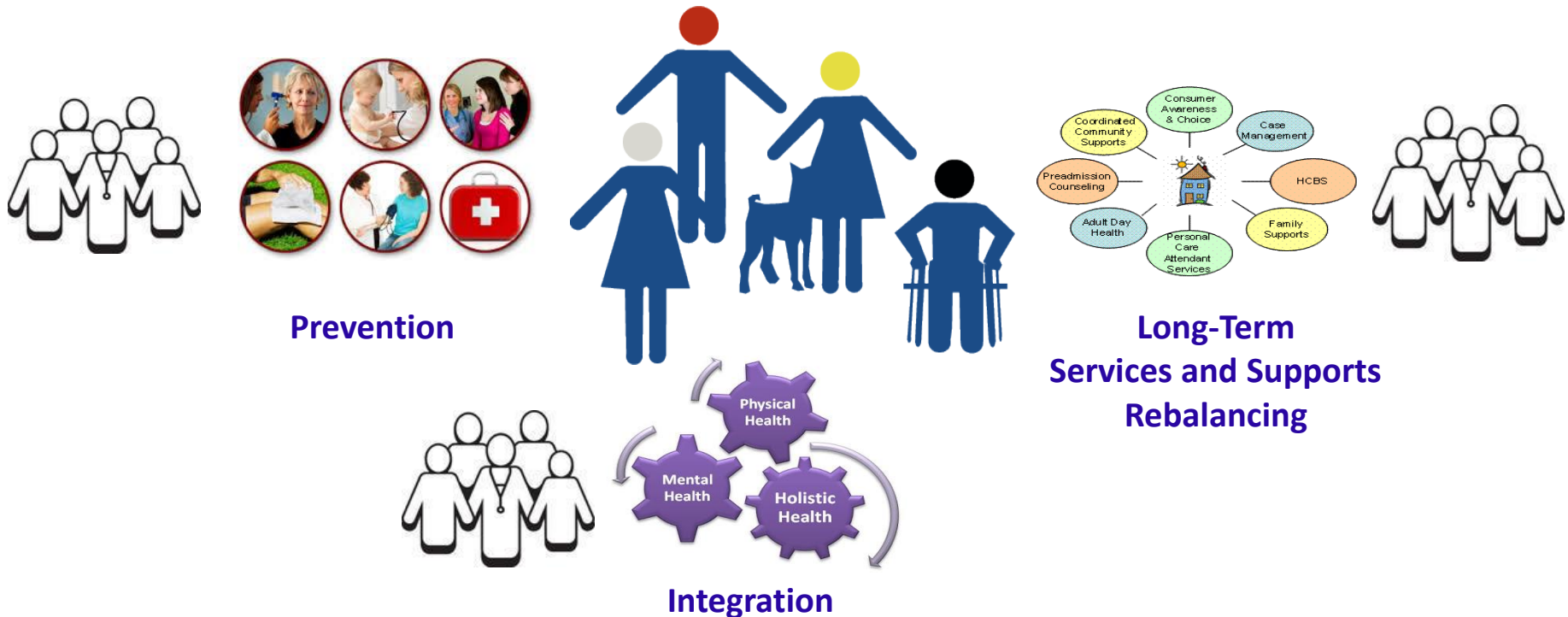
DSS oversees three Administrative Services Organizations (medical, behavioral health, dental) and a non-emergency medical transportation broker, which administer day-to-day operations of the program.



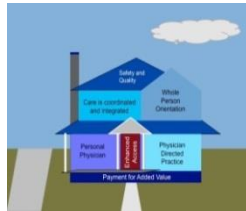
By contrast to most other state Medicaid programs, Connecticut Medicaid does not contract with capitated managed care organizations. Instead, like most large employers, the program is self-insured and uses a managed fee-for-service approach.

Self-Insured	vs.	Capitated Managed Care
Connecticut Medicaid does not make payments to managed care plans. It pays administrative costs and costs of health care claims.	Payments	Medicaid agency pays monthly premiums to a Medicaid managed care organization (MCO).
Connecticut Medicaid assumes financial risk.	Assumption of Risk	The Medicaid MCO assumes financial risk.
Connecticut Medicaid controls and has standardized coverage, utilization management and provider payment statewide.	Plan Design	Each Medicaid MCO determines its own coverage, utilization management, provider network, and provider payments.
Connecticut Medicaid has a fully integrated, statewide set of claims data.	Data	Each Medicaid MCO produces limited “encounter data” for the Medicaid program.

Connecticut Medicaid uses data and partners with health care providers to connect members to preventative services; support members holistically through integrated medical, behavioral health and dental services; and provide older adults and people with disabilities with long-term services and supports.



On a foundation of



Person-Centered Medical Homes



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 team (health homes, PCMH+)



Supports for social determinants (ICM, transition/tenancy sustaining services, interventions for childhood trauma)



PCMH+

with the desired structural result of creating



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

- **Connecticut Medicaid is a major health plan that covers over 830,000 people, including over 1/3 of Connecticut children. Connecticut Medicaid has improved health outcomes and member care experience while decreasing unnecessary use of the emergency department and inpatient hospital care.**

- **Connecticut Medicaid is efficient and effective.**
 - **Low administrative load:** program has administrative costs of **only 3.2%**
 - **Favorable per member, per month (PMPM) cost trends:**
 - reforms have reduced PMPM more than any other state in the country
 - Connecticut went from being in one of the three most costly states to being ranked 22nd in the country – lower than all New England states, New York and New Jersey
 - **Low spending growth rate:** the program's growth rate is **less** than the national average, **less** than Medicare, and **less** than private health insurance
 - **Stable state costs:** the program has maximized federal funding and the state share of funding for Connecticut Medicaid has **remained stable** since 2014
 - **Low percentage of total state budget:** Connecticut Medicaid has the **lowest** Medicaid expense as a percentage of total state budget of any New England state and is below the national average.

10 Things to Know About Connecticut Medicaid:

<https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/10-Things-to-Know-About-HUSKY-Health-November-2018.pdf?la=en>

Connecticut Medicaid Issue Briefs

<https://portal.ct.gov/-/media/Departments-and-Agencies/DSS/Communications/Overview-of-HUSKY-Health---consolidated-issue-briefs-9-12-18.pdf?la=en>

