

A Snapshot of Connecticut Medicaid





Agenda

- Medicaid context and vision
- Provisions of the Governor's budget relating to Medicaid



Medicaid Context and Vision

Medicaid Context

- Medicaid is a major payer of health services and currently serves over **710,000** beneficiaries (almost 20% of the state population)
- **4 out of 10 births in Connecticut** are to mothers who are Medicaid beneficiaries (this is 7 or 8 out of 10 in Connecticut cities)
- Through early and ACA eligibility expansion, Connecticut is now serving almost **170,000** adults without dependent children

Medicaid Context (cont.)

- As of February, 2015, Medicaid was serving:
 - **448,424** HUSKY A adults and children
 - **13,532** HUSKY B children
 - **95,472** HUSKY C older adults, blind individuals, individuals with disabilities and refugees
 - **168,430** HUSKY D low-income adults age 19-64
 - **~ 2,700** limited benefit individuals (includes behavioral health for children served by DCF, tuberculosis services, and family planning services)

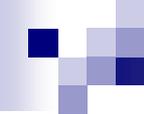
Medicaid Context

- By contrast to most other states, Connecticut is not using any managed care arrangements
- Instead, Connecticut Medicaid is self-insured and has entered into contracts with single, statewide Administrative Services Organizations (ASOs) for each of the four major service types – medical, behavioral health, dental and Non-Emergency Medical Transportation (NEMT)

Medicaid Context (cont.)

This is our hypothesis:

Centralizing management of services for all Medicaid beneficiaries in self-insured, managed fee-for-service arrangements with Administrative Services Organizations, as well as use of predictive modeling tools and data to inform and to target beneficiaries in greatest need of assistance, will yield improved health outcomes and beneficiary experience, and will help to control the rate of increase in Medicaid spending.

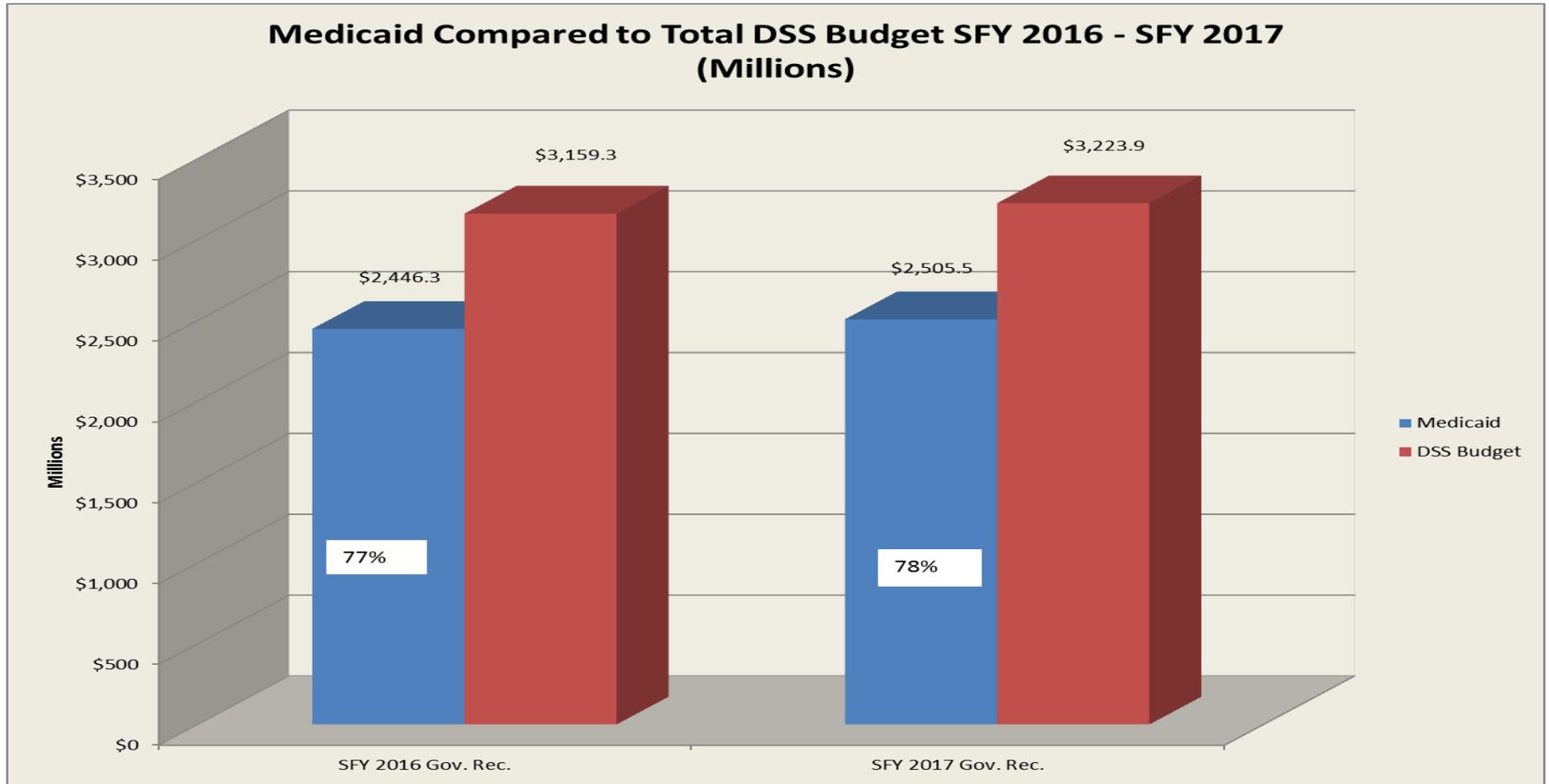


Medicaid Vision

An effective, person-centered health care delivery system for eligible people in Connecticut that promotes:

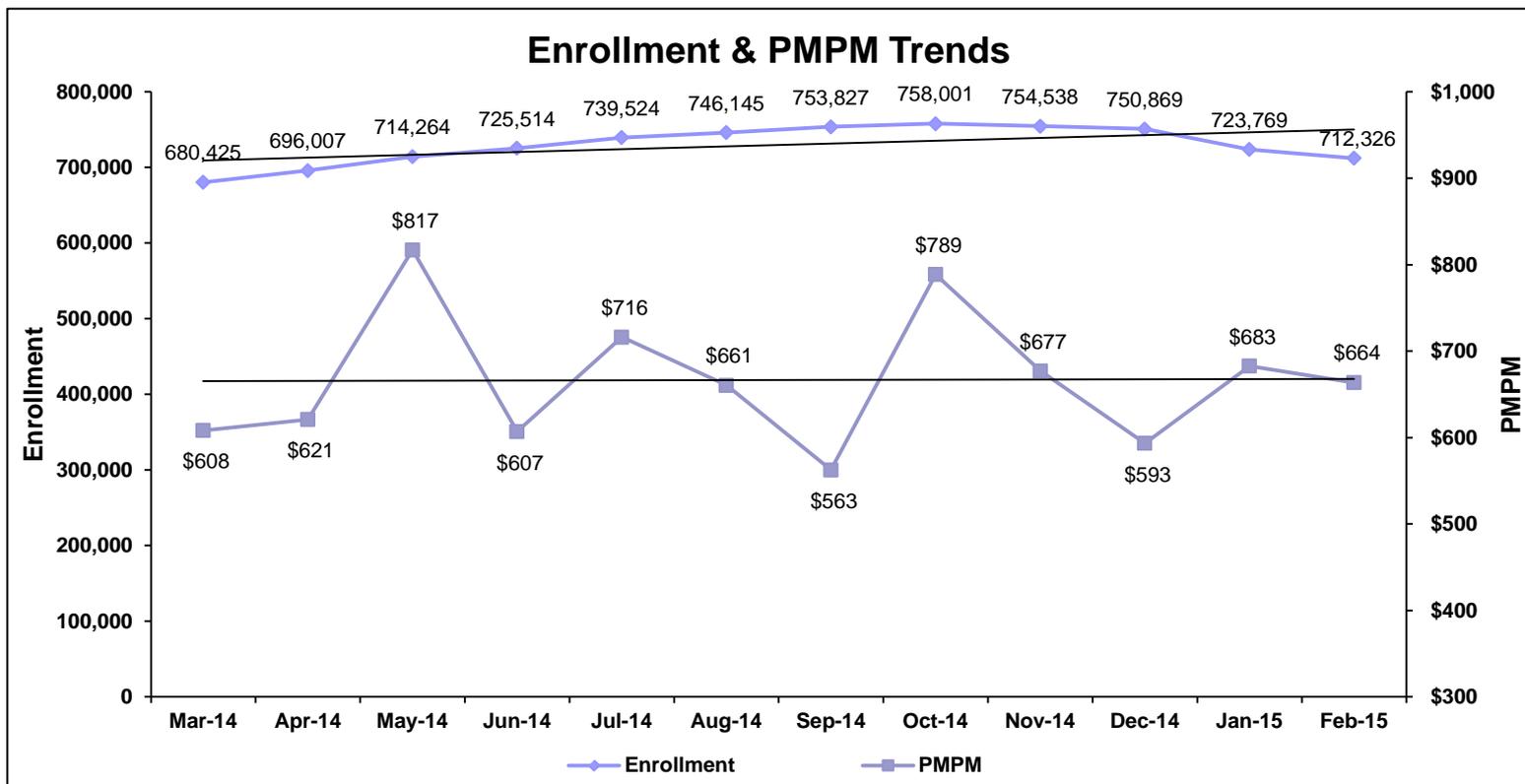
- well-being with minimal illness and effectively managed health conditions;
- maximal independence; and
- full integration and participation in their communities.

The General Fund budget for Medicaid represents almost 77% of the total DSS budget in SFY 2016 and 78% in SFY 2017.



Medicaid Eligibility and Spending Trends

Connecticut is one of the very few Medicaid programs whose expenditures have remained fairly constant. Per member per month (PMPM) costs have also been held constant.





For more information on Connecticut's Medicaid reform strategies, please see “A Précis of the Connecticut Medicaid Program”, which is available at this link:

www.ct.gov/dss/medicaid

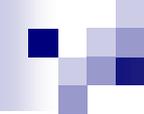
Contacts and Process - Coverage

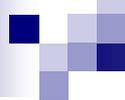
Type of coverage:	Contact:	Telephone Number:	Web Site:
Medical coverage (CHNCT)	HUSKY Health Member Services	1-800-859-9889	www.huskyhealthct.org
Behavioral health coverage (Value Options)	Connecticut Behavioral Health Partnership (CTBHP)	1-877-552-8247	http://www.ctbhp.com/
Dental coverage (Benecare)	Connecticut Dental Health Partnership (CTDHP)	866-420-2924 855-CTDENTAL (855-283-3682)	www.ctdhp.com
Non-Emergency Medical Transportation (NEMT) (Logisticare)	Logisticare	1-888-248-9895 Reservations: 1-866-684-0409	http://www.logisticare.com/members-riders.php
Pharmacy coverage (DSS with HP)	DSS Division of Health Services Pharmacy Unit/ HP	Member services: 1-866-409-8430 Prior authorization assistance: 1-866-409-8386	www.ctdssmap.com



Provisions of the Governor's Budget Relating to Medicaid

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- While the Governor's budget recommendations recognize the difficult challenges facing the State, it continues support for several of the Department's key strategies:
 - supporting an Administrative Services Organization (ASO) structure to manage medical, behavioral health, dental, and non-emergency medical transportation (NEMT) benefits
 - enabling use of preventive, primary care
 - facilitating the shift from institutional to home and community-based services

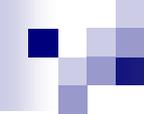
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- supporting investments in coverage and services made under the provisions of the Affordable Care Act (ACA)
 - continuing investment in infrastructure associated with ImpaCT, the Department's upcoming fully modernized integrated eligibility system
 - supporting operating expenses associated with the Access Health CT program, in recognition of its role in expanding coverage to individuals and families under Medicaid

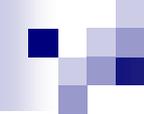
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- Given the availability of coverage for HUSKY A adults with incomes above 138% of the federal poverty level through Access Health CT, the Governor's recommended budget proposes to limit Medicaid eligibility to those under the 138% threshold.
 - Upon full implementation, this change is estimated to impact approximately 34,200 individuals.
 - This change is expected to save the State \$44.6 million and \$82.1 million in SFY 2016 and 2017 respectively.

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- The Governor's recommended budget includes changes in reimbursement across a wide array of services.
 - The largest of these is a provider rate reduction with an expected State savings of \$43 and \$47 million in SFY 2016 and 2017 respectively.
 - This reduction is not specified, however, FQHC's are excluded and it is not expected that recent primary care rate increases will be affected.
 - The Department has been tasked with determining the composition of this proposed reduction.

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- The Governor's recommended budget includes the removal of funding to support the federal demonstration to integrate care for dually eligible clients for a State savings of \$10.5 and \$15.0 million in SFY 2016 and 2017 respectively.
 - This funding adjustment is a reflection of the difficult financial challenges facing the State.

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- The Governor's recommended budget includes the following reimbursement adjustments to Medicaid pharmacy:
 - Reduction of the reimbursement for brand name drugs from Average Wholesale Price (AWP) minus 16% to AWP minus 8%.
 - Reduction of the dispensing fee for prescriptions from \$1.70 to \$1.40.

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- Other adjustments in the Governor's recommended budget includes the following:
 - Reduction in the Personal Needs Allowance for individuals in long term care facilities from \$60 to \$50 per month.
 - Elimination of the limited adult chiropractic services benefit (\$250,000 each year) and payment of Medicare Part D copays for dually eligible clients.

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- The Governor's proposed biennial budget includes two changes to the Connecticut Home Care Program (CHCP). The first involves increasing the client cost sharing under the program from the current 7% to 15%.
 - The second recommended change to the CHCP proposes to freeze intake for Category 1 clients who represent the lowest assessed level of need under the program.



Questions?