

Health Care Coverage for Connecticut's Families: The HUSKY Program and Beyond

Connecticut Voices for Children
presentation to
Connecticut General Assembly
Human Services Committee
January 18, 2007

Background for Understanding the Issues

- Uninsured in Connecticut
- Medicaid for Connecticut families
 - Eligibility
 - Enrollment
 - Outreach
 - Benefits
 - Access to care
- How health care coverage for Connecticut families can be improved

Children's Health Care Needs

- Children are generally healthy
- Children need preventive care and early intervention for common health conditions (injuries, asthma, dental caries, vision problems)
- Children undergo developmental changes that have profound effects on future health, learning, and social function

Children in Low Income Families Have Greater Health Care Needs

- Poor children are more likely to be:
 - Low birthweight or preterm at birth
 - Exposed to environmental, nutritional and other health risk factors
 - In need of health care
 - Uninsured

Health Insurance Is Strongly Associated With Access to Care

- Compared with those who have coverage, uninsured children are:
 - Less likely to have usual source of care
 - Less likely to have seen provider in past year
 - More likely to have gone without needed care
- ***Children are more likely to be insured if their parents are insured.***

Who is uninsured in Connecticut?

Uninsured in Connecticut

- 392,000 persons under 65 (12.9%) were uninsured for the entire year in 2005, including...

68,000 children under 18 (8.2%) who were uninsured for 12 months

US Census Bureau, 2006

Uninsured Connecticut Children In Low Income Families

- 37,000 children under 19 in low income families were uninsured

US Census Bureau, 2006

- ***Nearly every uninsured Connecticut child is eligible for HUSKY coverage***



Who Are the Uninsured in Connecticut?

- Low income families earning less than 300% of federal poverty level (FPL)
- Hispanics
- Young adults 19 to 29, especially if single
- Working adults, including permanent full-time workers
 - 2/3s employed by firms that do not offer coverage
 - Some are not eligible for coverage from employer

CT Office of Health Care Access, 2006

What is the HUSKY Program?

Health Care Coverage for Connecticut's Families



- **HUSKY A = Medicaid**
 - Children <19 in families with income <185% FPL
 - Parents and caretaker relatives in families with income <150% FPL
- **HUSKY B = SCHIP**
 - Uninsured children <19 in families with income 185-300% FPL and over

HUSKY A and B

HUSKY A

- Medicaid (Title XIX)
- Covers all necessary care for children, parents and relatives caregivers, and pregnant women
- Federal government reimburses \$.50 for every dollar CT spends

HUSKY B

- State Children's Health Insurance Program (Title XXI)
- Covers primary care, hospital care, prescription meds
- HUSKY Plus covers additional services for children with special needs
- Federal government reimburses \$.65 for every dollar CT spends

The HUSKY Program is a Managed Care Program

- Managed care plans are paid per member per month and assume “risk” for covering all care (except behavioral health) for all members
- Four managed care plans participate:
 - BlueCare Family Plan
 - Community Health Network of Connecticut
 - Health Net (HUSKY A only)
 - Wellcare/Preferred One
- Managed care plans are required to maintain provider networks that are adequate to assure access to care and to reimburse for services

Who is eligible for HUSKY?

HUSKY Income Guidelines for Children

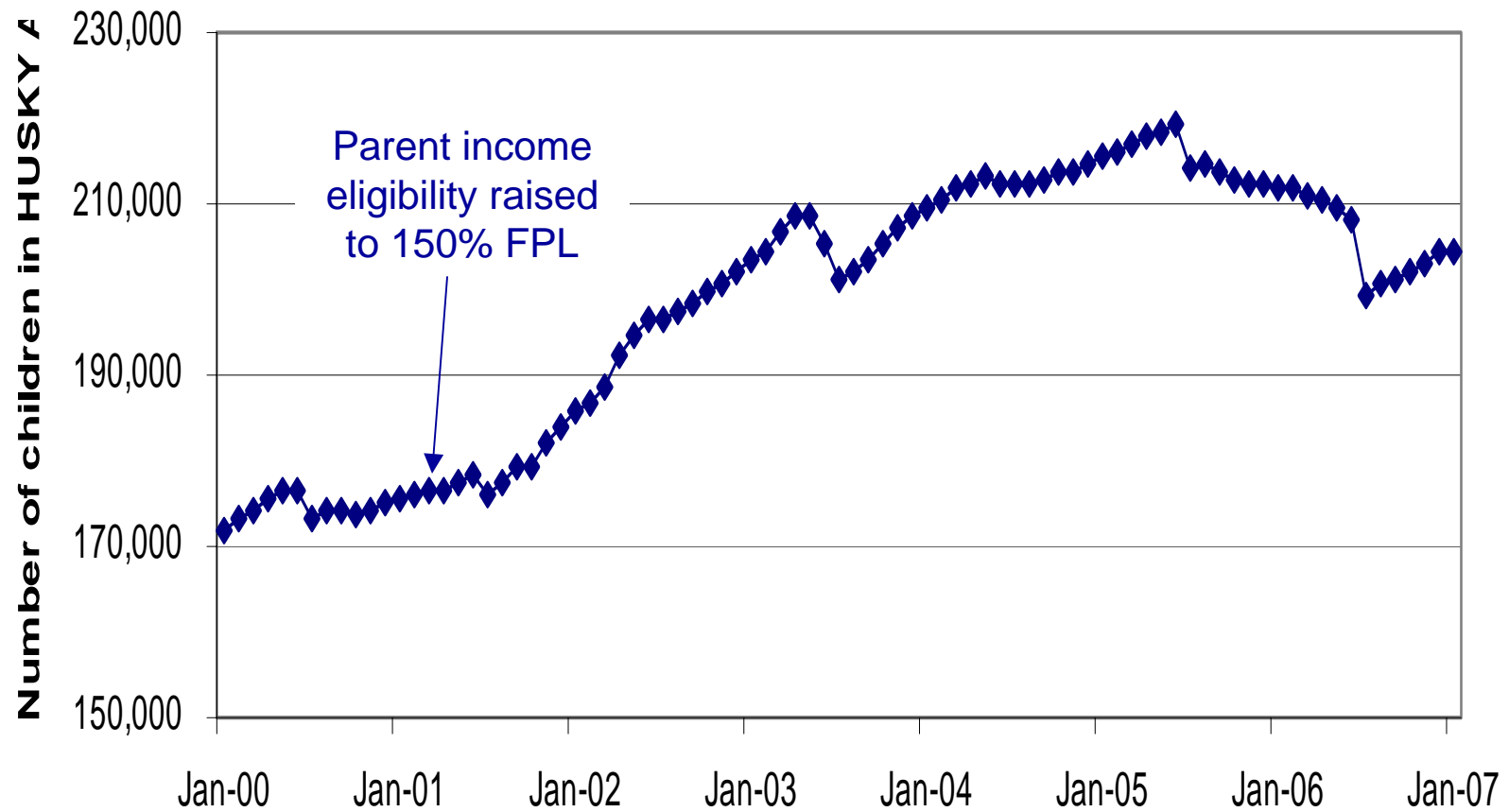
%FPL	Family of 2	Family of 3	Family of 4
<185%	under \$24,420	under \$30,710	under \$37,000
185-235%	\$24,420 to \$31,020	\$30,710 to \$39,010	\$37,000 to \$47,000
235-300%	\$31,021 to \$39,600	\$39,011 to \$49,800	\$47,001 to \$60,000
> 300%	over \$39,600	over \$49,800	over \$60,000

HUSKY Income Guidelines for Adult Family Members

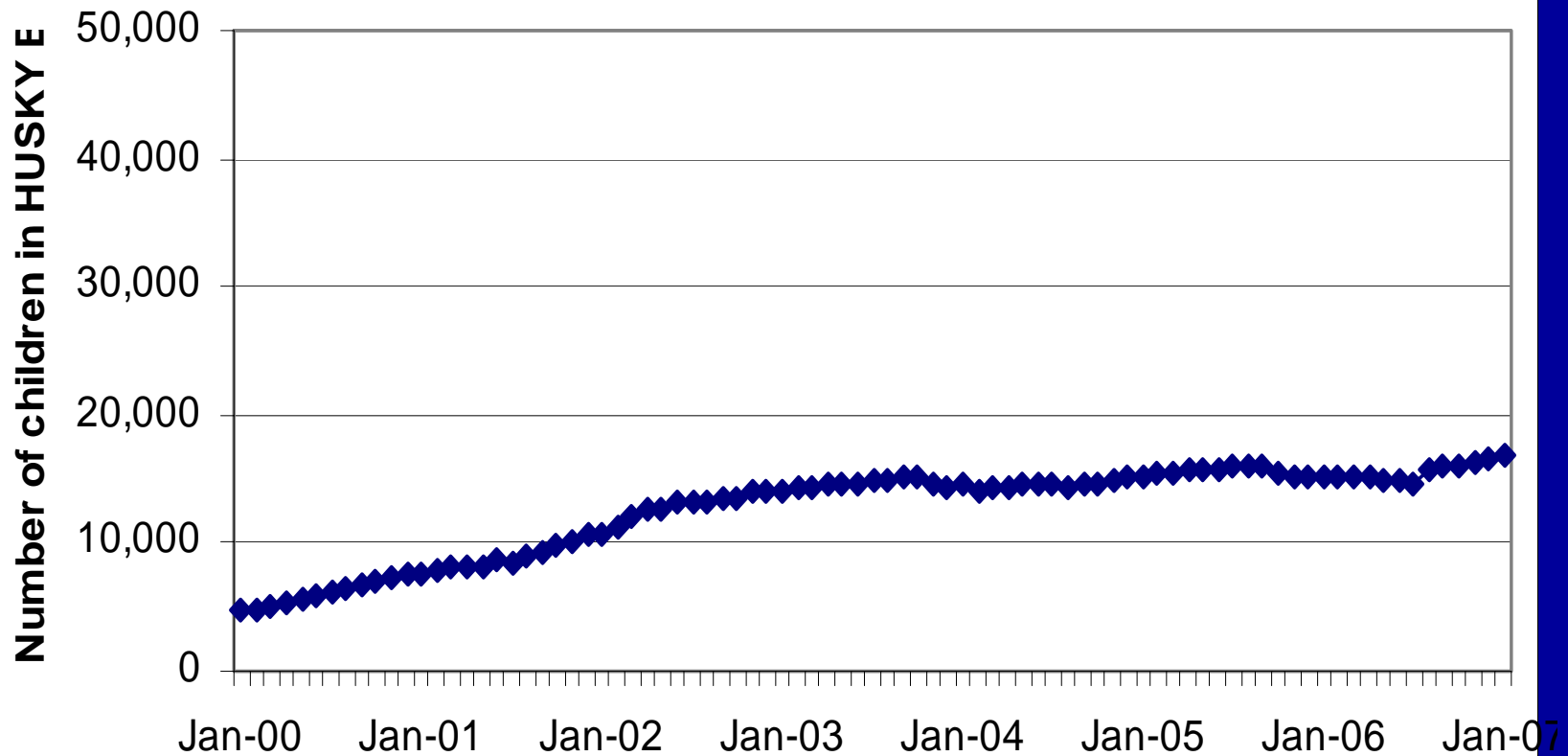
	%FPL	Family of 2	Family of 3	Family of 4
Parents and relative caregivers	<150%	Under \$19,800	Under \$24,900	Under \$30,000
Pregnant women	<185%	Under \$24,420	Under \$30,710	Under \$37,000

How many children and parents are enrolled in HUSKY A?

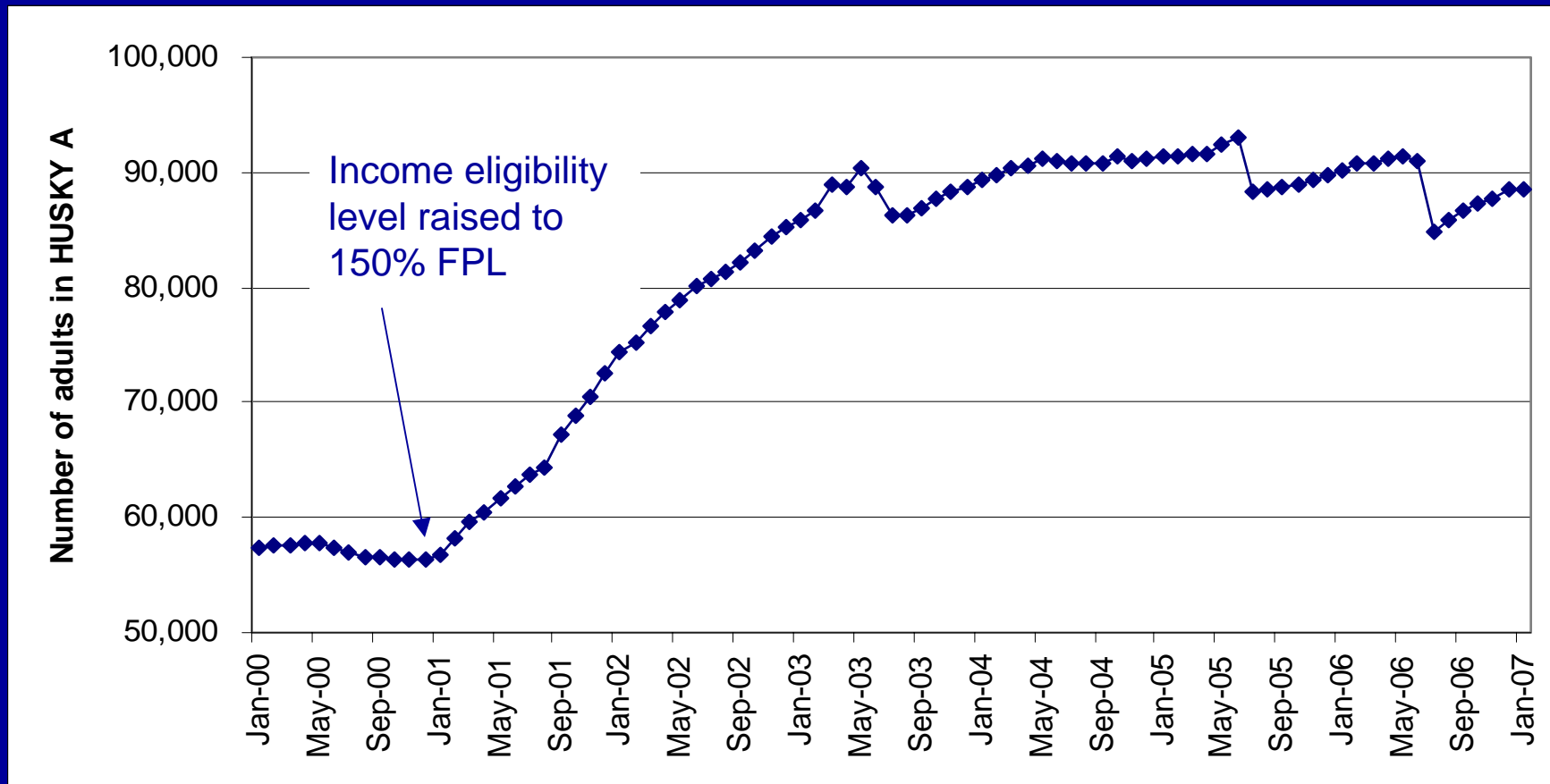
Enrollment: Children Under 19 in HUSKY A



Enrollment: Children Under 19 in HUSKY B



Enrollment: Parents and Relative Caregivers in HUSKY A



How do families find out about the HUSKY Program?

Outreach & Application Assistance

- **HUSKY Infoline** (1-877-CT HUSKY): information and application assistance by *phone* (state-funded)
- **Community-based organizations** (community health centers, Healthy Start, Nurturing Families, school-based health centers, health departments): information and application assistance *face-to-face*
- Governor released \$1M funding for community-based and school-based outreach this fiscal year

What benefits are covered in the HUSKY Program?

Medicaid Provides Comprehensive Care for Children

- Timely well-child visits
- Preventive dental care and treatment
- Acute care, hospitalization for illness or injuries
- Specialty care and services
- Assistance with appointment scheduling and transportation (HUSKY A)
- Care management when needed (HUSKY A)
- Additional services for some children with special needs in HUSKY B (HUSKY Plus)



Medicaid Provides Care For Mothers and Babies

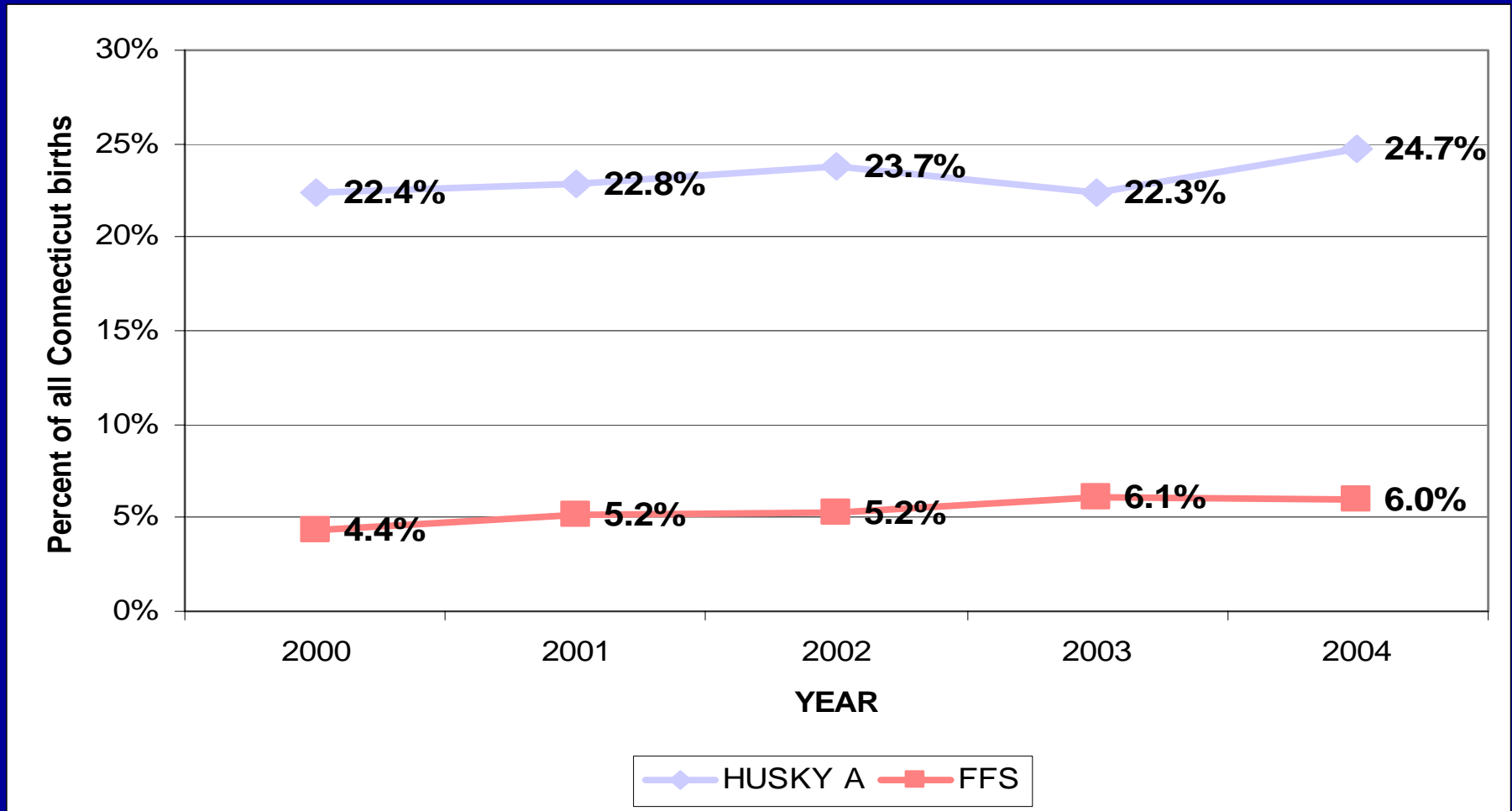
- **Timely prenatal care and postpartum visits**
- **Prenatal vitamins and other meds**
- **Care at time of birth**
- **Diagnostic tests**
- **Care management**
- **Other health care during pregnancy**



Births to Mothers with Medicaid Coverage

- **Nearly one in three Connecticut babies are born to mothers in HUSKY A and FFS Medicaid, including...**
 - **Emergency Medicaid to cover hospital charges for births to undocumented immigrant women whose babies are US citizens but not automatically eligible for coverage**

Births to Mothers with Medicaid: 2000-2004



What does HUSKY coverage cost?

Connecticut's Costs Per HUSKY Enrollee

	Statewide average
HUSKY A (cost to state)	\$2,396/year
HUSKY B (cost to state)	\$1,855/year
HUSKY B (cost to family for unsubsidized coverage; no cost to state)	\$1,896-\$2,760/year

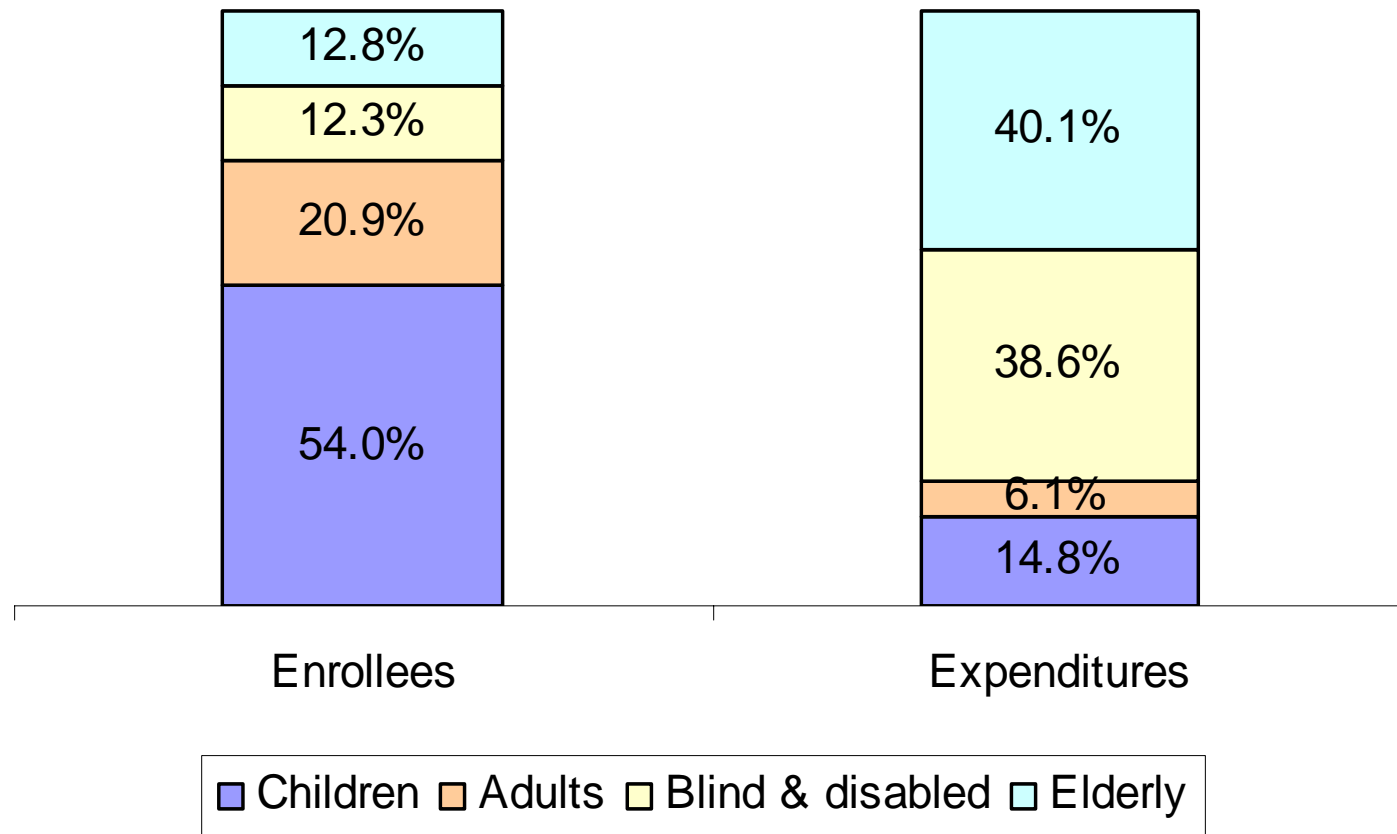
Comparison to Annual Cost for State Employee Health Benefits

	Individual	Individual + One	Family
State share	\$5,234	\$10,452	\$12,443
Employee share	\$452	\$2,142	\$2,592
Total per capita	\$5,685	\$12,594	\$15,035

Family Costs for Coverage

	Premiums	Co-payments
HUSKY A (children)	None	None
HUSKY A parents	Proposed for income 100-150% FPL	
HUSKY B (185-235% FPL)	None	Nominal co-payment for some services
HUSKY B (235-300% FPL)	\$30/month/child (\$50/month/family)	Nominal co-payment for some services`
HUSKY B (over 300% FPL)	\$158-230/ month/child	Nominal co-payment for some services

Medicaid Coverage for Families is Not Expensive



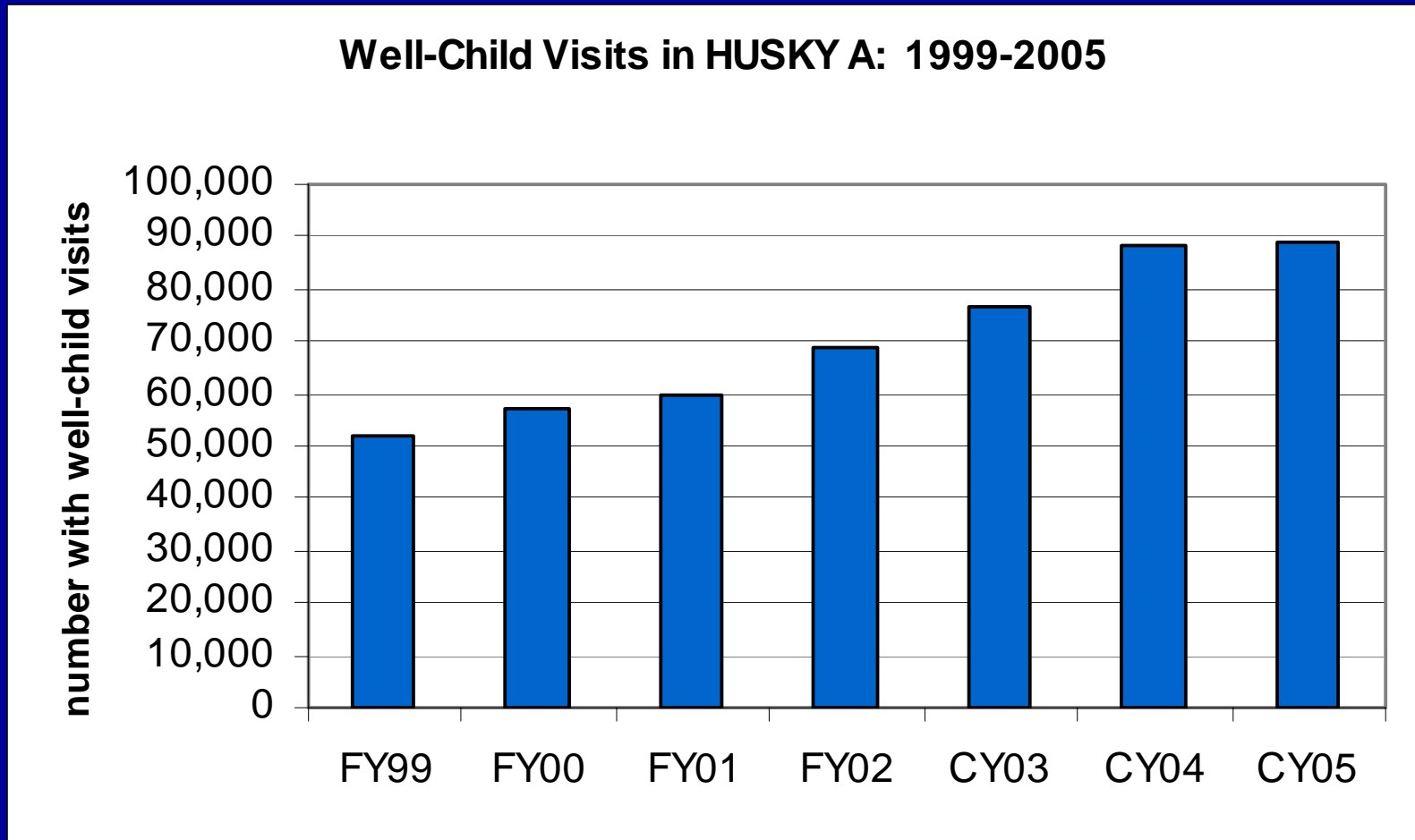
Medicaid Coverage For Families Is Not Expensive

	Connecticut Cost/beneficiary	United States Cost/beneficiary
Children	\$1,859	\$1,400
Adults	\$1,967	\$1,782
Blind & disabled	\$21,274	\$11,547
Elderly	\$21,105	\$10,971

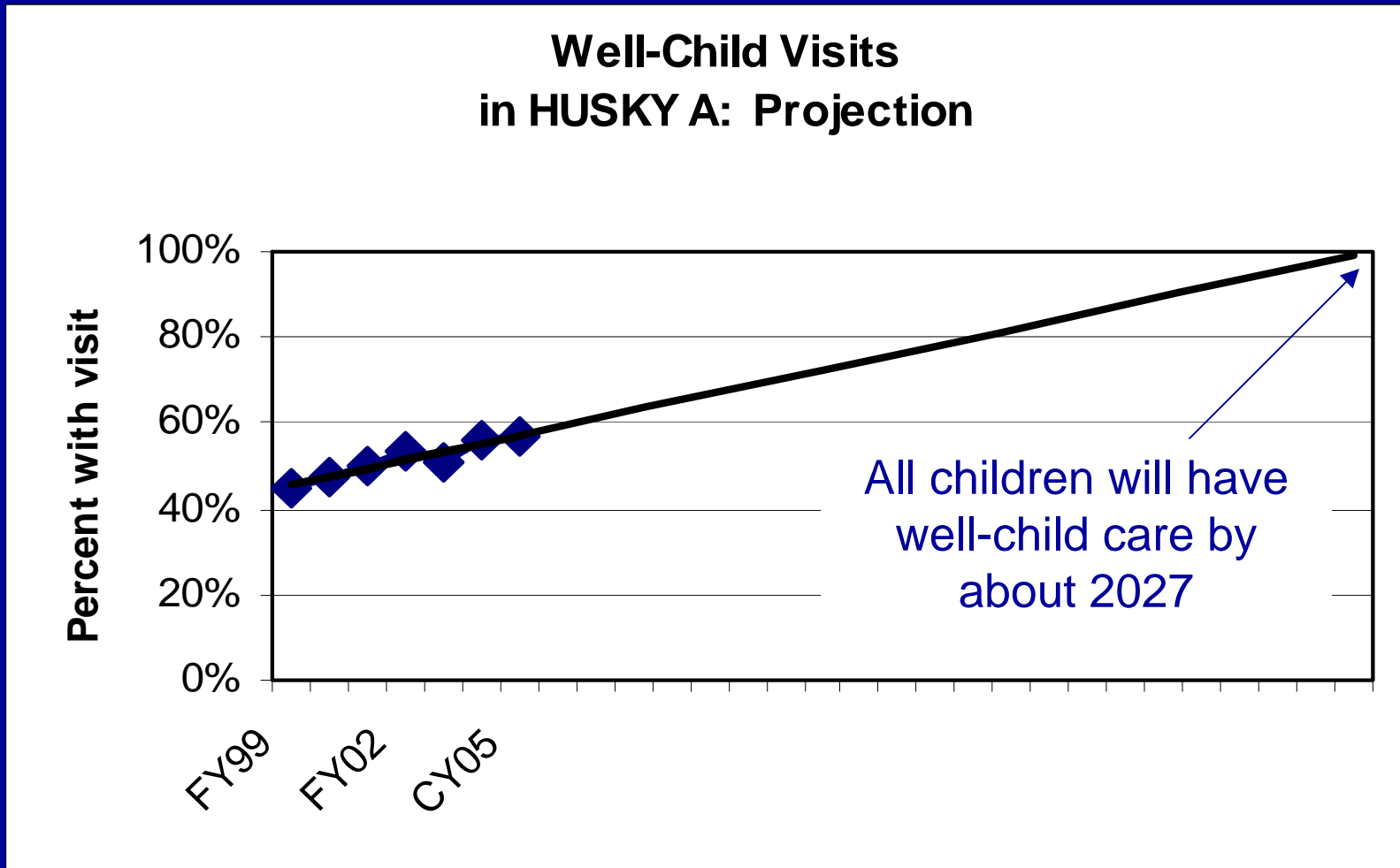
The Kaiser Commission on Medicaid and the Uninsured estimate for 2004

Has access to care improved in HUSKY A?

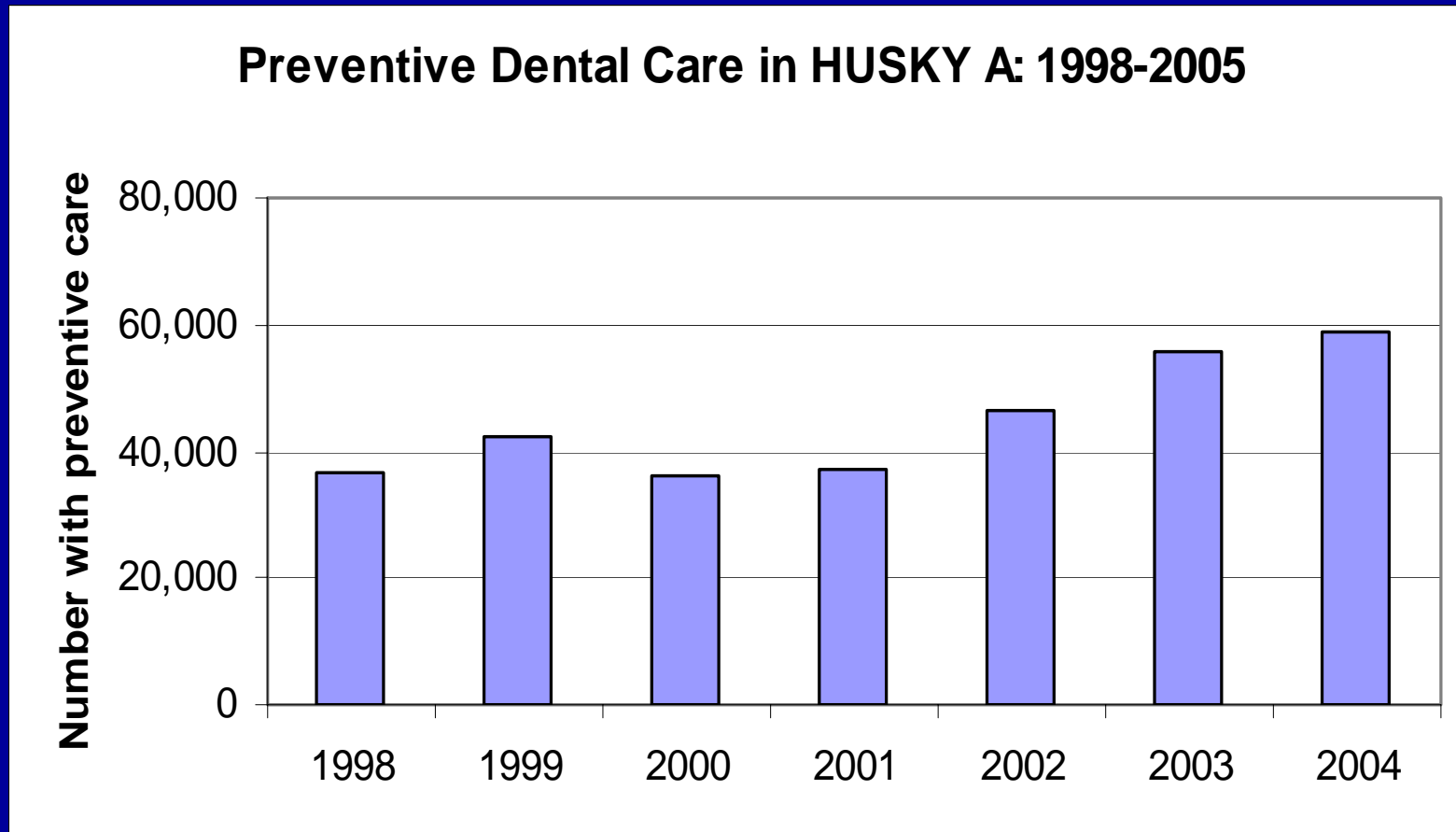
More children get well-child care...



But at the rate we're going...

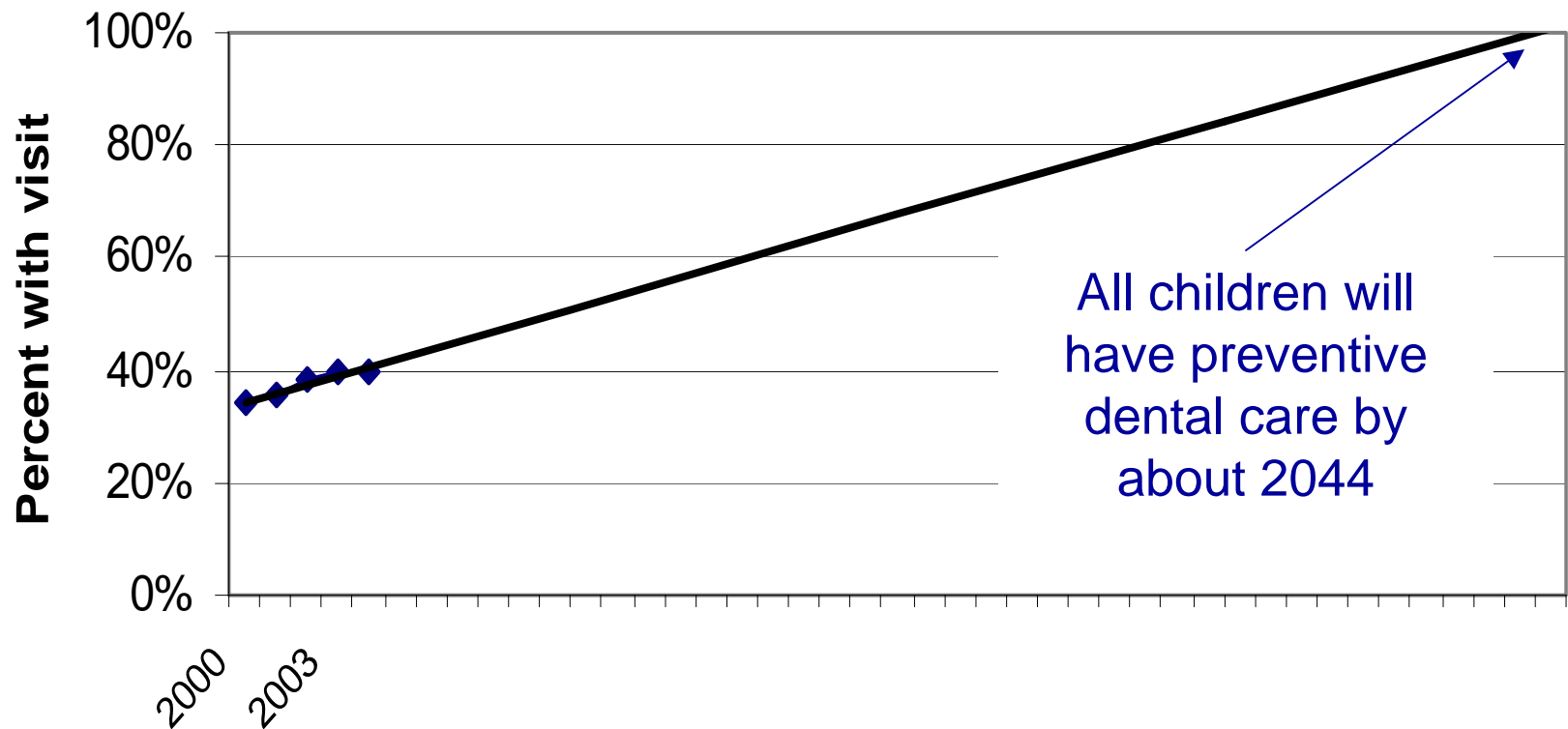


More children get dental care...



But at the rate we're going...

Preventive Dental Care in HUSKY A: Projection



Do HUSKY member have
problems getting needed care?

Mystery Shopper Study

- Commissioned by DSS and conducted by Mercer, Inc.
- Attempts to scheduled appointments for routine care for newly enrolled child in HUSKY A
- Only 26% of 1,851 calls resulted in scheduled appointments for care:
 - 34% with pediatrician
 - 27% with dentist
 - 30% with dermatologist
 - 16% with neurologist
 - 17% with orthopedic surgeon

Provider Reimbursement in Medicaid is Low

For problem-oriented evaluation and management services provided
in physician's office for a new patient:

Procedure code	Medicaid FFS rates			Medicare rates	Medicaid: Medicare
	Clinic	Pediatric	Medical		
99201	\$19.34	\$34.44	\$17.87	\$39.39	45.4%
99202	\$30.61	\$55.16	\$29.74	\$68.29	43.5%
99203	\$37.61	\$82.42	\$46.77	\$100.81	46.4%
99204	\$43.71	\$117.13	\$62.26	\$152.08	40.9%
99205	\$44.67	\$148.93	\$83.52	\$190.31	43.9%

What can be done to reduce the number of uninsured children and families in Connecticut?

At the very least...

- Restore continuous eligibility for children
- Align parent and child income eligibility
- Fund community-based outreach and application assistance
- Reduce cost-sharing for families with income over 300% FPL (“the cliff”)
- Cover undocumented pregnant women during pregnancy

Enhance Access to Care

- Update Medicaid fee structure to ensure access to needed primary, specialty, and ancillary services
- Ensure that any enhanced funding for selected services is passed on to providers

Expand Coverage

- Raise income eligibility for parents and pregnant women to 300% FPL
- Allow families with income 300-400% FPL to buy-in with graduated cost-sharing or partial subsidy of employer-sponsored coverage, if available

**What can be done to improve
program efficiency?**

Redesign HUSKY Program

- Merge HUSKY A and B to reduce administrative costs and gaps in coverage
- Move from risk-based contracting (managed care) to administrative management of services with:
 - Fee-for-service reimbursement for care
 - Provider incentives to provide care management
 - Oversight and accountability

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