Connecticut Appropriations Committee RBA Template
Part II, Program/Agency/System Accountability Summary

Program/Agency/System Purpose

To provide access to medically necessary and medically appropriate health care to uninsured children and low-income pregnant women and families.

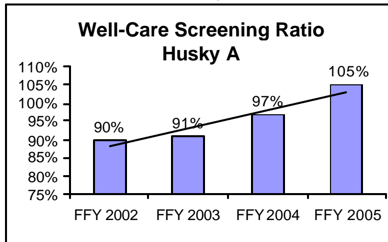
Program/Agency/System

Department of Social Services, HUSKY Program

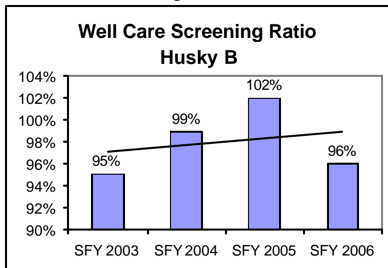
Performance Measure 1

Performance Measure 1

Well-Care Screening Ratio (HUSKY A) for children under 6

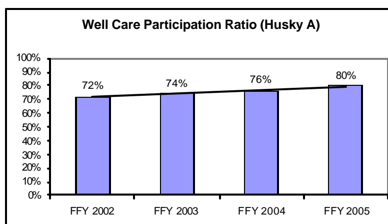


Well-Care Screening Ratio (HUSKY B) for children under 6

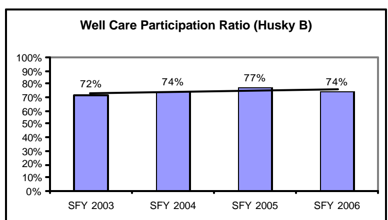


Performance Measure 2

Well-Care Participation Ratio (HUSKY A) for children under 6



Well-Care Participation Ratio (HUSKY A) for children under 6



Key Budget Information	
Total Current Program Year Funding	$752,643,805
Funding as Percent of All Funding for Population Result	
Program Funding As Percent of Total Agency Budget	18.0%
Funding Distribution	
Total Federal Funds	$380,776,582
Total State Funds	$371,867,223
Capital Projects Subtotal	
Other Funding	$0
Percent of Total Current Funding Contracted to Third Parties	100%

Story Behind the Baselines

The screening ratio represents the percentage of check-ups received compared to how many should have been received The participation ratio represents the % of children receiving at least one well child visit. Improvement has been realized over time due to concerted effort by HUSKY MCOs to educate parents about the periodicity schedule (AAP recommended schedule for check-ups) and postcard reminders to parents of when children are due for their regular check-ups. Follow-up "overdue" reminders are also sent if claims data doesn't show a billing for the check-up. A limitation of the screening measure is that it does not consider whether the well-child visits were received timely according to the AAP guidelines However since Federal specifications are used for the screening and participation data, it is useful for comparison purposes with other State's Medicaid and SCHIP programs.

Connecticut has a good immunization rate due to efforts by the Connecticut Immunization Registry System (CIRTS) to outreach to providers and families as well as HUSKY MCO postcard reminder mailings to families when children are due for their immunizations. Although Connecticut has one of the highest immunization rates in the nation for Medicaid and SCHIP children, this area needs further research to account for the discrepancy between immunization and well-child screening rates. Although young children are getting in for well-child visits, anecdotally, it appears that the visits may not be comprehensive and that some components such as immunizations and development screens may get missed.

Community based outreach through the Connecticut Covering Kids and Families (CCKF) initiative and other community based organizations has contributed to getting uninsured children enrolled in HUSKY. CCKF funding ended 12/31/05.

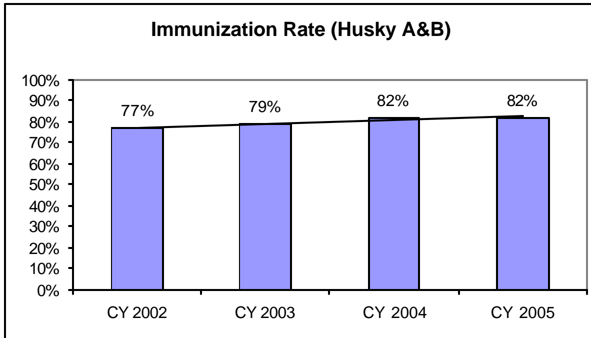
The increase from 2004 to 2005 in asthma appropriate medication is partially due to a change in the HEDIS definitions on which these rates are based and partially due to focused efforts by the HUSKY MCOs.

Turning The Curves: What do you propose to do over the next two years and why?

1. HUSKY Outreach to identify and enroll eligible children, includes targeted community outreach as well school based outreach and application assistance. SFY 2007funding equals $1,000,000. Governor Rell's proposed budget includes continued funding at $1million per year through SFY 09 in addition to HUSKY enrollment at birth for uninsured newborns and if family income is high enough to require a monthly premium, the premium will be waived for the first two months.

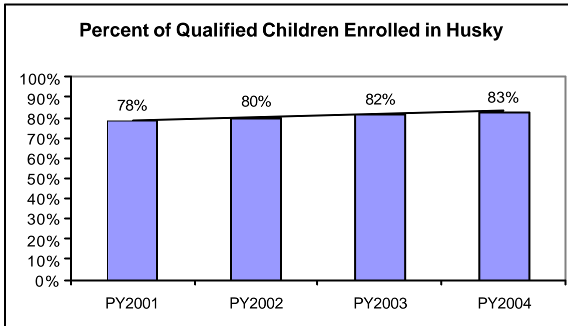
Performance Measure 3

Immunization Rate (Combined HUSKY A & B)



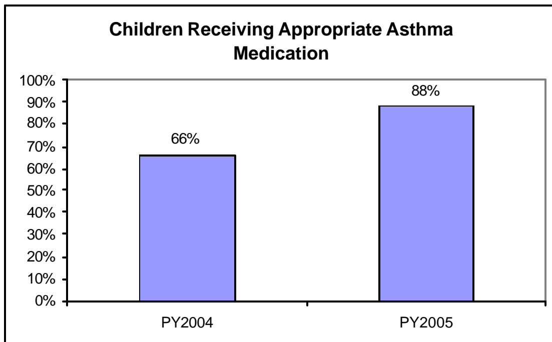
Performance Measure 4

Percent of Children Who Qualify for HUSKY That are Enrolled



Performance Measure 5

% of Children Receiving Appropriate Medication for Asthma



2. Disease Management Program (diabetes, cardiac conditions; childhood obesity, asthma) to improve health status of individuals via management of their chronic conditions. Governor Rell's proposed budget includes $2 million per year for disease management funding.
3. Medical home pilot - to pilot effectiveness of the medical home model at selected pediatric primary care sites in the delivery of care coordination and case management in addition to the traditional preventative, primary and referral services and the impact on patient quality of care.
4. Pay for Performance program – direct provider incentives initially targeting pediatric providers to meet established performance targets related to comprehensiveness of well-child visits, e.g. certain % of children in the provider's practice receiving developmental and behavioral screens, immunizations, etc.

*Indicates, low-cost, no-cost action steps, including reallocation of existing resources.

Connecticut Appropriations Committee RBA Template
Part II, Program/Agency/System Accountability

Program/Agency/System Purpose *Department of Social Services*
Program/Agency/System *HUSKY (A & B)*

Contribution to Population Result
Improved medical status of children through provision of preventative health care, comprehensive early health screens, development assessments, diagnosis and treatment.

Key Budget Information (***Dollars reported in millions)***	
Total Current Program Year Budget	$752,643,805
Funding as Percent of All Funding for Quality of Life Result	
Program Funding as Percent of Total Agency Budget	18.0%
Budget Distribution:	
Federal	$380,776,582
State	
General Fund	$371,867,223
Capital Project Funds	$ 0
Other State Funding	$ 0
Other Funds (Not Federal or State)	$ 0
Percent of Total Current Funding Spent on Direct Service	0%
Percent of Total Current Funding Contracted to Third parties	100%

Basic Program Facts: The Department's Medicaid and State Children's Health Insurance Program (SCHIP) funded managed care program is called HUSKY (Healthcare for Uninsured Kids and Youth). HUSKY A is a Medicaid program for children and pregnant women whose household incomes are at or below 185% of the federal poverty level (FPL) and families with household incomes at or below 150% FPL. HUSKY B is the SCHIP program for children whose household incomes are above 185% FPL.

There are no co-payment or premium requirements for HUSKY A families. HUSKY B has nominal co-payments for some services and premiums depending on family income. Eligible children in families with incomes between 185% - 235% FPL pay no premiums, those with incomes between 235% to 300% FPL pay a monthly premium of $30.00 for one child or $50.00 for two or more children and families with incomes exceeding 300% FPL pay the full group rate premium negotiated by the state.

HUSKY A benefits and services are the same as those covered in the Medicaid fee-for-services(FFS) program. The HUSKY B benefit package is modeled after the Connecticut state employee benefit plan. Children who are enrolled in HUSKY B and who have intensive physical health needs may qualify for wrap-around services under the HUSKY Plus program.

Medical and Dental care are provided through contracts with four managed care organizations (MCOs) with responsibility for arrangement and payment of services. Behavioral health services are managed through an administrative services arrangement

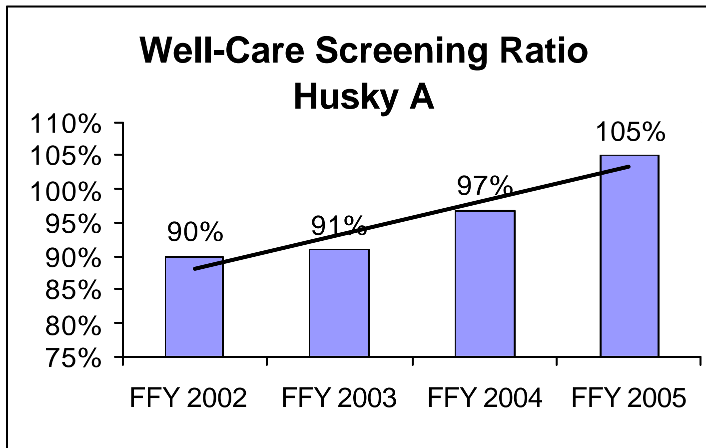
with a behavioral management company with the Department retaining responsibility for provider reimbursements.

Performance Measures and Story Behind the Baselines

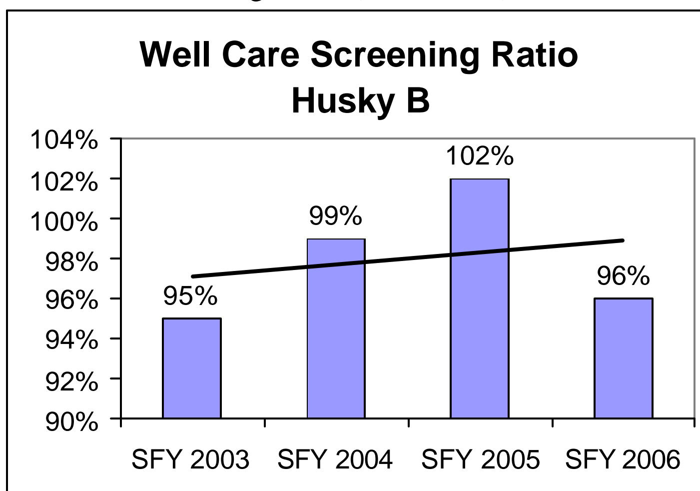
Summary of Story Behind the Baselines:

Performance Measure 1

Well-Care Screening Ratio (HUSKY A) for children under 6



Well-Care Screening Ratio (HUSKY B) for children under 6

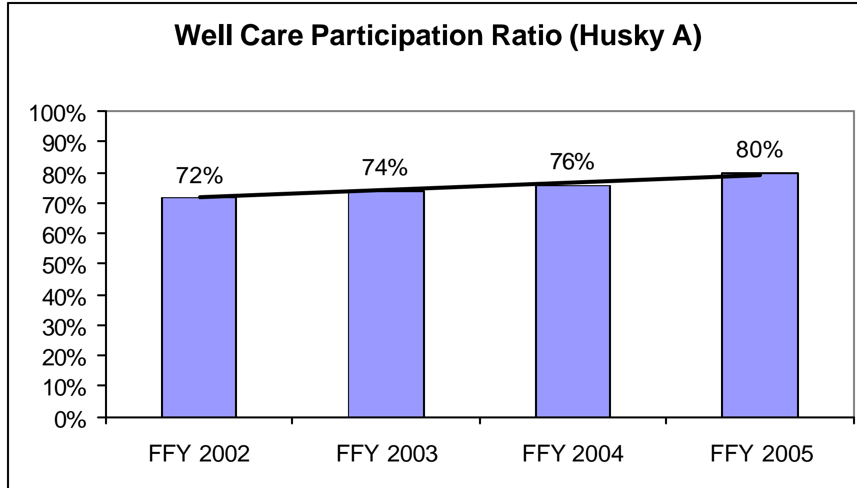


Story Behind Measure 1

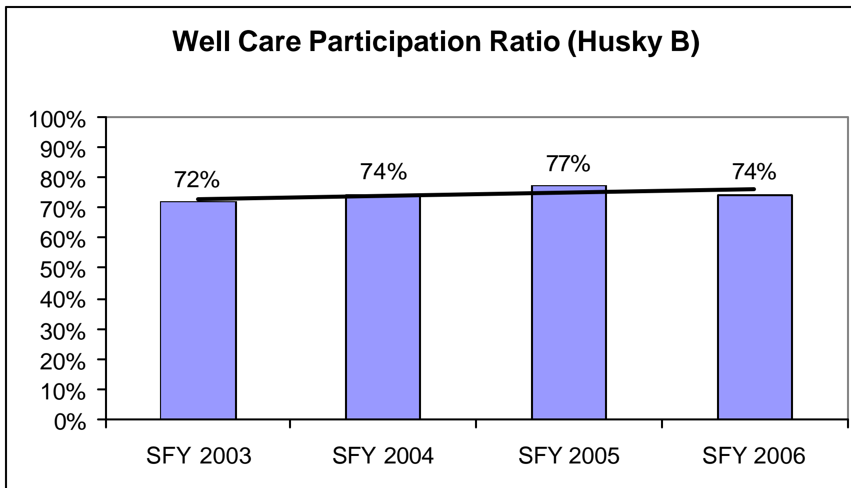
The screening ratio represents the percentage of well-child visits (check-ups) received compared to how many should have been received for enrolled children, including those who were enrolled for part of the year. Improvement has been realized over time due to concerted effort by HUSKY MCOs to educate parents about the periodicity schedule (AAP recommended schedule for check-ups) and postcard reminders to parents of when children are due for their regular check-ups. Follow-up “overdue” reminders are also sent if claims data doesn’t show a billing for the check-up. A limitation of this measure is that it does not consider whether the well-child visits were received timely according to the

AAP guidelines, however since Federal specifications are used this data is useful for comparison purposes with other State's Medicaid and SCHIP programs.

Performance Measure 2
Well-Care Participation Ratio (HUSKY A) for children under 6

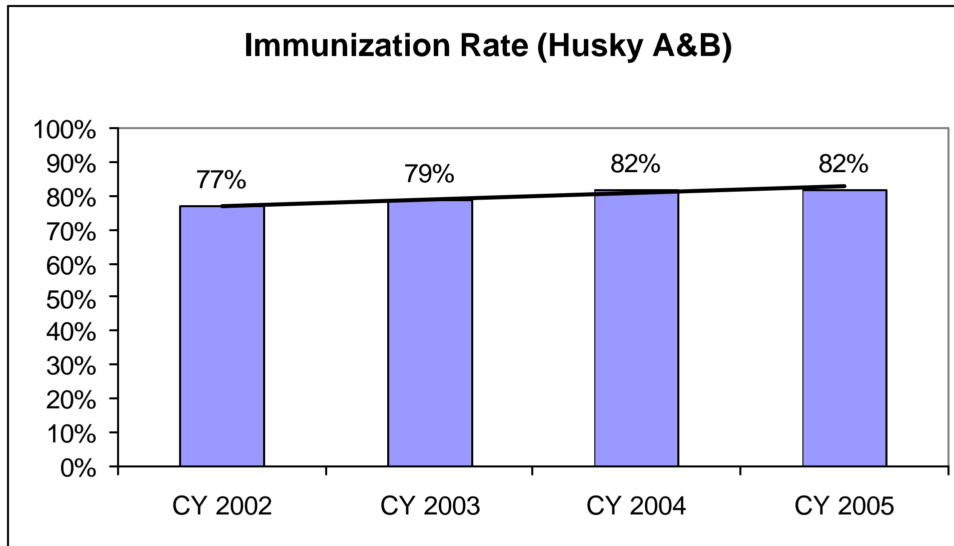


Well-Care Participation Ratio (HUSKY A) for children under 6



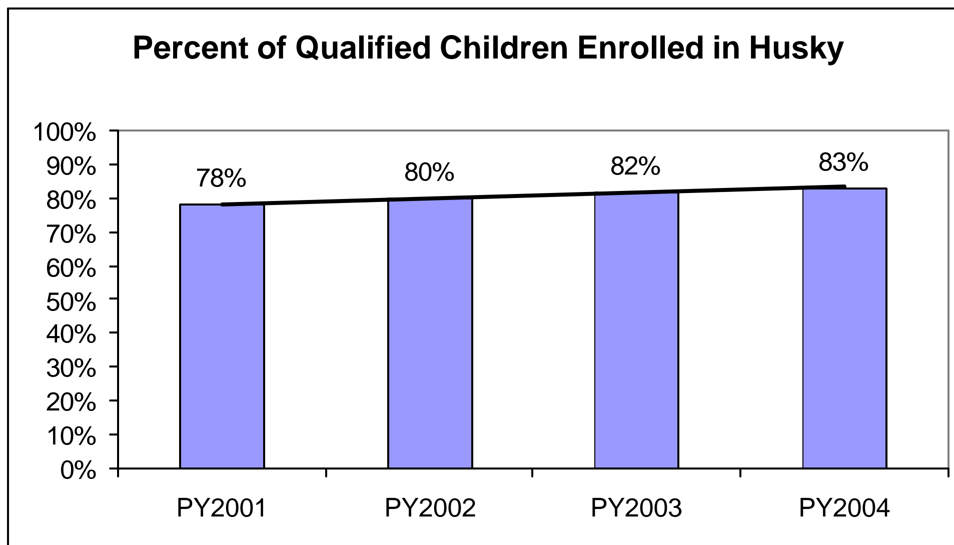
Story Behind Measure 2
The participation ratio represents the % of children receiving at least one well child visit, regardless of whether the child was enrolled for the full or part of the year. Improvement has been realized over time due to concerted effort by HUSKY MCOs to educate parents about the periodicity schedule (AAP recommended schedule for check-ups) and postcard reminders to parents of when children are due for their regular check-ups. Follow-up "overdue" reminders are also sent if claims data doesn't show a billing for the check-up. This report is based n Federal specifications therefore allows for comparison with other State's Medicaid and SCHIP programs.

Performance Measure 3
Immunization Rate (Combined HUSKY A & B)



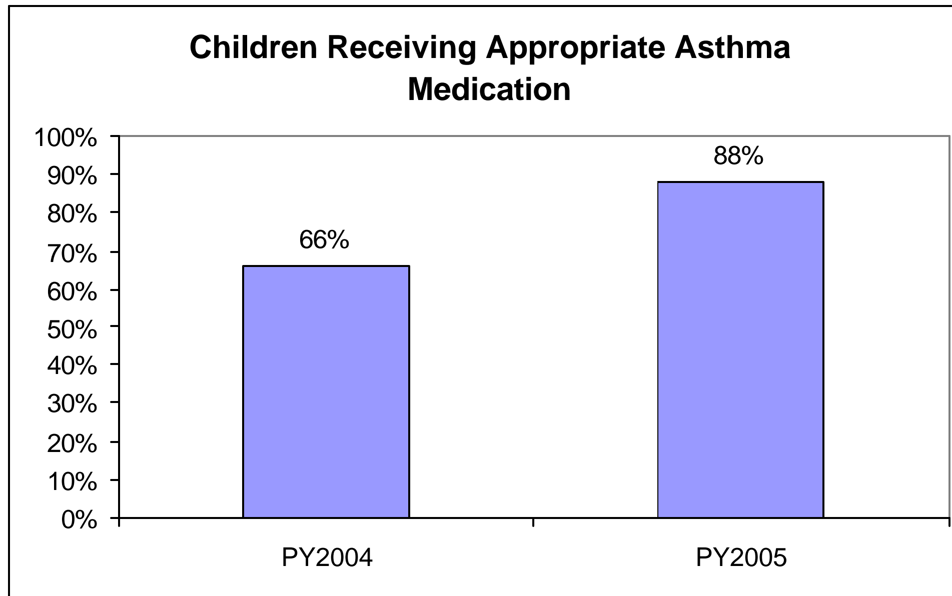
Story Behind Measure 3
Percent of children born 2 years before that meet the definition of fully immunized as of their second birthday. Connecticut has a good immunization rate due to efforts by the Connecticut Immunization Registry System (CIRTS) to outreach to providers and families as well as HUSKY MCO postcard reminder mailings to families when children are due for their immunizations. Although Connecticut has one of the highest immunization rates in the nation for Medicaid and SCHIP children, this area needs further research to account for the discrepancy between immunization and well-child screening rates. Although young children are getting in for well-child visits, anecdotally, it appears that the visits may not be comprehensive and that some components such as immunizations and development screens may get missed.

Performance Measure 4
Percent of Children Who Qualify for HUSKY That are Enrolled



Story Behind Measure 4
The percent of eligible children enrolled was calculated by comparing the number of HUSKY enrolled children to CPS estimates of uninsured children in Connecticut. Community based outreach through the Connecticut Covering Kids and Families (CCKF) initiative and other community based organizations has contributed to getting uninsured children enrolled in HUSKY. CCKF funding ended 12/31/05. Limitation of CPS data is that it is not very timely to be used for outreach evaluation purposes.

Performance Measure 5
% of Children Receiving Appropriate Medication for Asthma



Story Behind Measure 5
The increase from 2004 to 2005 is partially due to a change in the HEDIS definitions on which these rates are based and partially due to focused efforts by the HUSKY MCOs resulting from the addition of appropriate use of asthma medication as a mandatory quality measure for all four MCOs.

Partners and Their Roles: Contracted partners include the HUSKY Managed Care Organizations (Anthem Blue Care Family Plan; Community Health Network of CT; HealthNet Healthy Options; WellCare Preferred One) who arrange, provide for and reimburse either directly or through arrangements with others, the Medicaid or SCHIP covered services, with the exception of behavioral health services which are currently provided by the CT Behavioral Health Partnership; CT Voices for Children provides EPSDT monitoring; United Way HUSKY InfoLine manages a call-in hotline; ACS provides HUSKY application screening, HUSKY B eligibility determinations and enrollment brokering services (assists clients with and process MCO selection); Mercer Inc. conducts external quality reviews of HUSKY MCOs.

What do you propose to do to improve performance in the next 3-5 years and why?

1. HUSKY Outreach to identify and enroll eligible children – includes targeted community outreach as well school based outreach and application assistance. This initiative will provide statewide HUSKY outreach coverage beginning in early Spring 2007, after more than a year without outreach funding and very limited and localized outreach activities. SFY 2007funding equals $1,000,000. Governor Rell's proposed budget includes continued funding at $1million per year through SFY 09 in addition to HUSKY enrollment at birth for uninsured newborns and if family income is high enough to require a monthly premium, the premium will be waived for the first two months.
2. Disease Management Program (diabetes, cardiac conditions; childhood obesity, asthma) to improve health status of individuals via management of their chronic conditions. Although MCOs currently have various disease management programs in place, there is some variability among them. DSS will be issuing a disease management RFP for competitive procurement of a statewide program to better coordinate disease management efforts across all four MCOs and the Medicaid fee-for-service populations. Governor Rell's proposed budget includes $2 million per year for disease management funding.
3. Medical home pilot - to pilot effectiveness of the medical home model at selected pediatric primary care sites in the delivery of care coordination and case management in addition to the traditional preventative, primary and referral services and the impact on patient quality of care. Currently although some pediatric practices offer components of the medical home model, there is inconsistency and few provide services beyond the traditional check-up, such as care coordination and case management. DPH has committed $100,000 towards the pilot. Size of the pilot will be dependent on availability of additional funding from HUSKY budget.
4. Pay for Performance program (P4P)– direct provider incentives initially targeting pediatric providers to meet established performance standards related to comprehensiveness of care, with goals including such things as meeting certain targets of percentage of children receiving developmental and behavioral screens, timely visits, immunizations, etc. Scope of the P4P program will be dependent on available funding in next bi-annual budget.

Appendix A, Data Development Agenda

The EPSDT (well-child care) reporting specifications are federally required under the Medicaid program so that there is consistency in reporting across all the states. The uniform reporting allows for comparisons to be made across all states. For consistency purposes, DSS decided to use the Medicaid EPSDT reporting specifications for HUSKY B so that we can compare performance amongst the two programs.

Immunization reporting is also based on uniform federal specifications. The report uses HUSKY enrollment data provided by DSS and data from DPH's CIRTS system.

Asthma appropriate medication is based on HEDIS specifications. HEDIS provides uniform standards so that comparisons can be made across different states' Medicaid programs as well as across different payers (i.e. commercial vs. Medicaid).

Claims data is the data source used for asthma, EPSDT and well-child reporting. Billing time lags impact the completeness of the data source, which could lead to underreporting if the reports are run too soon after the end of the reporting time period. DSS usually allows a six-month lag to allow for claims run-out. Consequently at time of report issuance, the information is usually six to eighteen months old. CIRTS data has similar limitations as claims data related to timeliness of data, that is there is a lag between the date of service and when the data gets uploaded into the system.

Additional data, such as birth certificate and lead data is provided by DPH to DSS or some of our contractors under a memorandum of agreement.

Identification of additional data sources and collection will be explored under the Pay for Performance program and the medical home pilot. This new data will be used in conjunction with existing data to support and evaluate both programs.

Appendix B

Funding Details

The Budget for HUSKY breaks out as follows:

	SFY 06 Exp.
HUSKY A	$722,945,943
HUSKY B	$ 29,697,862

HUSKY A expenditures are reimbursed at 50% by the Federal government under Medicaid.

HUSKY B expenditures are reimbursed at 65% by the Federal government under the State Children's Health Insurance Program (SCHIP).

Both HUSKY A and HUSKY B programs are administered through contracts with Managed Care Organizations (MCOs), so we have categorized all funding as contracted to third parties.

Appendix C, Information and Research Agenda

To support the Department's efforts towards utilization of research and data for analysis, measurement and program improvement, the Department has applied for a technical assistance grant from the Centers for Health Care Strategies (CHCS). The CHCS initiative is titled *Return on Investment* (ROI) and would train DSS analysts to identify and risk-stratify target populations from administrative claims data, evaluate baseline utilization trends, and estimate the costs of implementing and operating proposed quality improvement programs, such as disease management programs or other program performance improvements.

DSS staff is also currently participating in a similar CHCS grant related to Pay-for-Performance. Both initiatives provide access to subject matter experts and consultants, research material and literature from other states' experiences and the opportunity to learn directly from other states with similar programs. Both initiatives include training on performance and quality measurement.

Appendix D, Partners (Optional)

Additional partners include Connecticut Children's Medical Center, who manages and coordinates HUSKY Plus program services. DSS staff also work closely with other State agencies such as DPH (initiatives such as Medical Home), DCF (related to health care delivery to DCF children); SDE (HUSKY outreach); Children's Trust Fund (coordination between Health Start and Nurturing Families programs); Commission on Children. Other partnerships include the Hartford Foundation for Public Giving; Children's Health and Development Institute; Covering Kids and Families; Bridgeport Child Advocacy Coalition on various access and outreach initiatives.

Appendix E, What Works (Optional)

Based on the areas where improvement has been noted, it appears that education and aggressive outreach to families is effective for a portion of the HUSKY population. Family outreach coupled with provision of information and data to providers (such as list of patients due for check-ups or immunizations) provides better results.