

ACHIEVE

Purchaser Profile HUSKY A & B

January
2001

STATE OF CONNECTICUT

OFFICE OF HEALTH CARE ACCESS

The ACHIEVE project is, in part, a purchasing initiative developed to improve State of Connecticut health care quality, cost and access. By emphasizing value-based purchasing and vendor performance management, ACHIEVE will help the State to solidify its role as a major public purchaser by adopting a new approach to buying health care.

ACHIEVE has created new partnerships among State health purchasing agencies and their staff. These partnerships are designed to encourage and stimulate a competitive marketplace, and create stability and continuity in data systems, contract requirements and pricing. This will in turn enable each agency to more effectively leverage its health care purchasing power and to enhance access to and quality of State-purchased health care.

HUSKY (Healthcare for Uninsured Kids and Youth) is Connecticut's state-designed Children's Health Insurance Program (SCHIP) authorized under Title XXI of the Social Security Act. The HUSKY Plan, which is administered by the Department of Social Services (DSS), includes Medicaid coverage for children and families as well as a health insurance program. On July 1, 1998, services began in the new HUSKY Plan providing health care coverage to uninsured children up to age 19 in working families. HUSKY is comprised of HUSKY A, HUSKY B, and HUSKY Plus. Currently these programs have 237,000 enrollees.

HUSKY A is a Medicaid program that currently includes all children up to age 19 from families with incomes up to and including 185% of the Federal Poverty Level. There are no premiums or co-payments associated with this plan. On January 1, 2001, coverage was expanded to include parents and relative caregivers of HUSKY children in families with incomes below 150% Federal Poverty Level.

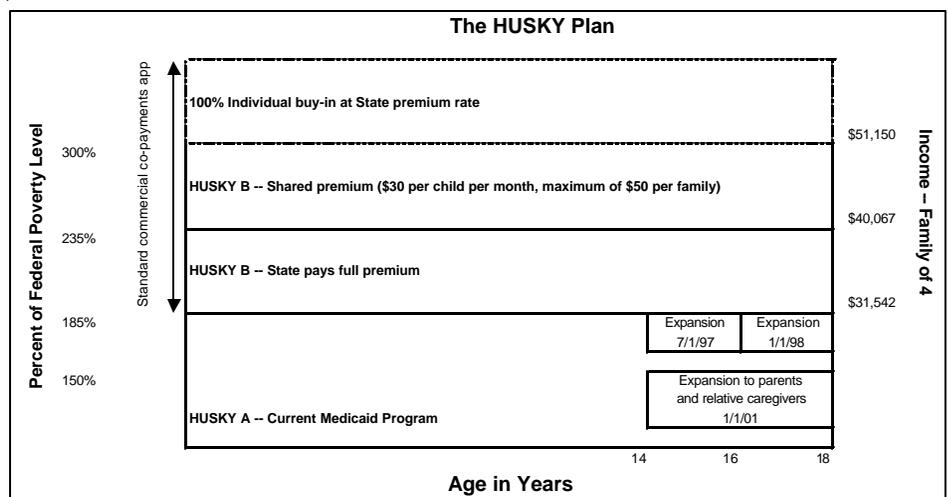
HUSKY B is a separate insurance program that covers children up to age 19 with a family income over 185% of

the Federal Poverty Level. Eligible children must be state residents and not covered by medical insurance for at least the preceding six months. There is some cost sharing associated with this plan.

- Families with income from 186% to 235% of the Federal Poverty Level pay no premiums, but have some co-payments.
- Families with income from 236% to 300% of the Federal Poverty Level pay modest premiums, and have some co-payments.
- Families over 300% of the Federal Poverty Level have the opportunity to buy into unsubsidized group premium rates.

HUSKY Plus provides supplemental health insurance coverage for children enrolled in HUSKY B who have intensive physical and/or behavioral health needs that exceed the benefits offered by the managed care plans. *(The chart below illustrates the HUSKY plan.)*

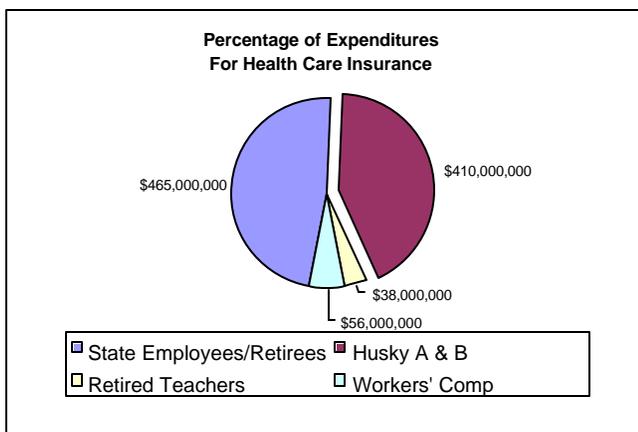
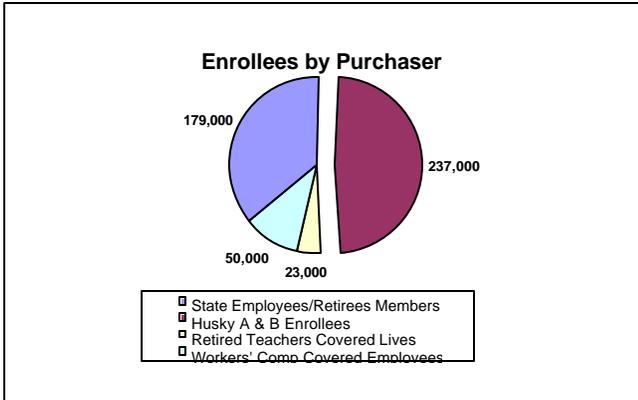
Together these programs provide access to health insurance coverage for all of CT's uninsured children.



Oversight:

The **Medicaid Managed Care Council** was established under C.G.S. 17b-28 as a collaborative body consisting of legislators, Medicaid consumers, advocates, health care providers, insurers and state agencies to advise DSS on the development of Connecticut's Medicaid Managed Care program and for legislative and public input to monitor the implementation of the program.

ACHIEVE is a 3-year grant initiative funded by the Robert Wood Johnson Foundation. The Office of Health Care Access functions as the lead agency for the grant.



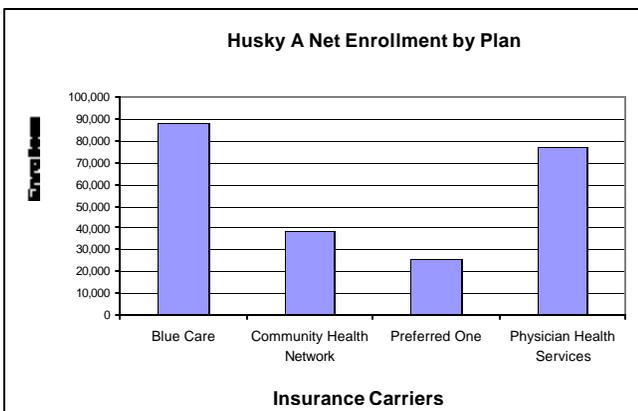
The figures for the two charts above were provided by OSC, DAS, DSS, and TRB.

Current Contract: February 1, 1999 to June 30, 2001 with an option for DSS to extend coverage for an additional year.

Enrollee means an eligible beneficiary who receives services from a managed care plan under the HUSKY Plan.

Health Plans: The current four vendors are:

- Anthem Blue Cross/Blue Shield of Connecticut
- Community Health Network
- First Choice Health Plan of Connecticut (Preferred One)
- Physicians Health Services Healthy Options (HUSKY A only).



The State's objective is to provide access to quality health care for all children in the state, and to maximize participation through outreach and enrollment.

Current Challenges:

- Decreased number of Medicaid managed care vendors has reduced market place competition.
- Limited purchasing power over vendors.
- Access issues pertinent to behavioral health and dental services.
- Outreach and enrollment effectiveness.

Next Steps:

Develop and implement a strategy to hold health plans accountable for cost, quality and access. The ACHIEVE project team members are working together to help each purchaser agency identify solutions to their respective health purchasing challenges. The purpose of the initiative is to leverage the purchasing power of the State to:

- Achieve the most cost-competitive fees, rates and financial arrangements for each population for whom the State purchases health care coverage;
- Create purchasing efficiencies that minimize administrative burdens for both the State and its vendors;
- Establish a performance-based foundation for how the State will interact with and hold accountable its health care benefit vendors for high quality care, service and performance;
- Determine how standardizing electronic transmissions for certain administrative and financial health care transactions under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 will impact the purchasing process.

This Purchaser Profile was created by the Office of Health Care Access in cooperation with the staff of the State of Connecticut Department of Social Services.