Connecticut Health Policy Project

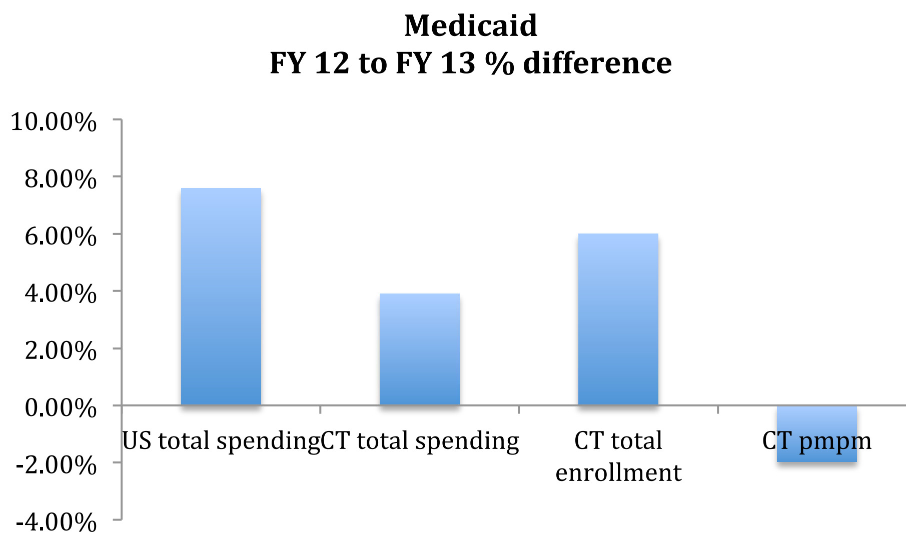
Issue Brief February 2014

Connecticut's Medicaid program success:

Significant improvements in access, quality care and cost control

January 1, 2012 Connecticut's Medicaid program shifted payment models from capitated managed care organizations to self-insuring with an Administrative Services Organization and person-centered medical homes to coordinate care for clients. Since that time, access to care, the number of participating providers and most quality measures are up; costs per member per month are down.

Between Fiscal Years 2012[1] and 2013, Medicaid spending rose by 3.9%[2] while enrollment in the program grew by 6%[3], bringing per member per month costs down 2%. In comparison, total Medicaid spending across all states grew by 7.6%.[4]



Between 2012 and 2013, Connecticut's Medicaid program has enjoyed significant improvements in access to high quality care, and lower costs.

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1 The change in payment model was only effective for half of FY 2012, lowering savings estimates.
2 Annual Reports of the State Comptroller -- Budgetary Basis, 2012 and 2013
3 DSS Active Assistance Unit reports
4 State Expenditure Report FY 2011-2013, November 2013, NASBO

Connecticut Medicaid cost, quality and access to care[5]			
Metric		Performance	Timeframe
Providers participating in Medicaid	↑	Up 5,180 32% increase	Jan 2012 to June 2013
Person centered medical homes (PCMHs) -- providers	↑	Up 243 35% increase	Q3 2012 to Q2 2013
PCMHs – clients in one	↑	205,905 25% increase	Q3 2012 to Q2 2013
Hospital admissions	↓	Down 3.2%	Q1 2012 to Q1 2013
Days in hospital	↓	Down 5.0%	Q1 2012 to Q1 2013
Inpatient costs per member per month	↓	Down 1.8%	Q1 2012 to Q1 2013
Cost per hospital admission	↓	Down 2.7% or $200 each	Q1 2012 to Q1 2013
ED visits	↓	Down 3.2%	Q1 2012 to Q1 2013
Non-urgent ED visit costs	↓	Down 11.7%	Q1 2012 to Q1 2013

Particularly encouraging is the expansion of person-centered medical homes. Medicaid clients cared for in PCMH practices rather than non-PCMHs are

- **23% more likely** to receive adolescent well care
- **20% more likely** to receive well-child visits in the 3rd, 4th, 5th and 6th years of life
- **26% more likely** to receive adult preventive health services
- **27% more likely** to receive an eye exam as part of diabetes care
- **wait less time** for an appointment for care that is needed right away
- **more likely** to get appointments for a check up or routine care with their provider
- **more likely** to have their child's provider listen carefully and know important information about their child's medical history[6]

Bottom line: Connecticut's Medicaid program has improved access to quality care and controlled costs since shifting away from a capitated managed care payment model to a self-insured model that focuses on care coordination.

[5] DSS presentation to MAPOC, Oct 11, 2013
[6] DSS presentation to MAPOC, January 10, 2014