



HUSKY A Enrollment: More Children are Keeping Health Coverage

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Since July 2001, enrollment of children in the HUSKY A program has increased significantly. In July 2001, there were just over 176,000 children under 19 years of age enrolled in the program. By January 2003, enrollment increased by 15% to over 203,000. New information from the Children's Health Council shows that the increase in HUSKY A enrollment is due not only to children enrolling for the first time but to a significant increase in the number of children staying enrolled.

Soon after the HUSKY program began enrolling children in July 1998, the Children's Health Council reported that many eligible children were losing coverage at the end of enrollment periods.¹ Despite significant outreach efforts, enrollment increases were small. However, information from a longitudinal database showed that these outreach efforts were successful in enrolling thousands of new children in HUSKY A.² For example, from July 2000 to July 2001, almost 34,000 new children enrolled in HUSKY A, but enrollment increased by less than 3,000. While some turnover in enrollment is to be expected when children turn 19, families move out of the state, family income increases, or parents obtain employer-sponsored insurance coverage, this small increase in enrollment definitely showed that many eligible children were losing HUSKY coverage.

Responding to the retention problem, the Department of Social Services took a number of

steps to ensure that eligible families keep their HUSKY coverage, including simplification of the renewal form, a new HUSKY envelope that can be forwarded to a family's new address, and better notices for families reaching the end of their continuous eligibility period.³ In addition, state law was changed to do away with burdensome income verification requirements. The most recent data from the longitudinal enrollment database shows that these efforts have paid off.

From July 2001 to July 2002, over 41,000 new children enrolled in HUSKY. During this same period, enrollment increased by over 20,000 (11.6%). While 7,500 more new children enrolled during this year than in the previous year, the increase in enrollment this year was about 17,500 greater than the previous year. Thus the recent increase in HUSKY A enrollment is due both to more new children enrolling in the program and to more eligible children staying enrolled.

Stamford: A Community Mobilizes to Insure its Children

While data from the longitudinal database shows improvement in retention throughout the state, the city of Stamford has achieved exemplary results. *Every Child Matters* is a program of the Stamford Department of Health and Human Services⁴ that seeks to identify and enroll every uninsured child in the city. Uninsured children are identified through school records, and letters are sent to their families

¹ See Children's Health Council: *HUSKY Retention: Helping Families Keep Health Coverage* (November 2001).

² New children are those never previously enrolled in HUSKY A, at least since August 1997. About one-third of new enrollees are babies who are automatically enrolled in HUSKY A based on their mothers' eligibility at the time of their birth.

³ These changes are more fully described in the November 2001 issue brief on retention.

⁴ *Every Child Matters* is part of Covering Connecticut's Kids and Families, funded by the Robert Wood Johnson Foundation under its *Covering Kids and Families* initiative. The Children's Health Council is lead agency for Covering Connecticut's Kids and Families.

about HUSKY. An outreach worker follows up with a telephone call, and provides additional program details, answers questions, and offers to schedule in-person, one-on-one assistance with the application.

Soon after *Every Child Matters* was established, it became clear that families also needed help with HUSKY renewals. In 2001, the project worked out an arrangement with the Stamford Department of Social Services office so that the project's outreach worker is informed when renewal is necessary at the same time the client is informed. The outreach worker contacts the client to see if the family needs help with renewal. Most families that received assistance with the application also need assistance with renewal.

Analysis of the enrollment data demonstrates the success of the systematic approach of *Every Child Matters*. From July 2000 to July 2001, enrollment in Stamford increased by only 3%. While 1,146 new children enrolled in the program during this time period, the enrollment increase was only 144. However, from July 2001 to July 2002, enrollment increased by 924 (19%), with 1,557 new children enrolling in the program.

Conclusion

While HUSKY enrollment has increased and eligible children are more likely to stay enrolled, the current budget crisis threatens to derail the progress that has been made, leaving more children uninsured or with gaps in coverage. State funding for local outreach projects has been eliminated. The Governor has proposed to eliminate presumptive eligibility, continuous eligibility, self-declaration of income, and parent coverage. In addition, layoffs of Department of Social Services workers and office closings make it difficult to establish collaborative relationships between programs like *Every Child Matters* and local DSS offices, and are likely to result in delays in processing HUSKY applications.

The Children's Health Council will continue to monitor and report on HUSKY enrollment and retention.