



HUSKY Enrollment Update

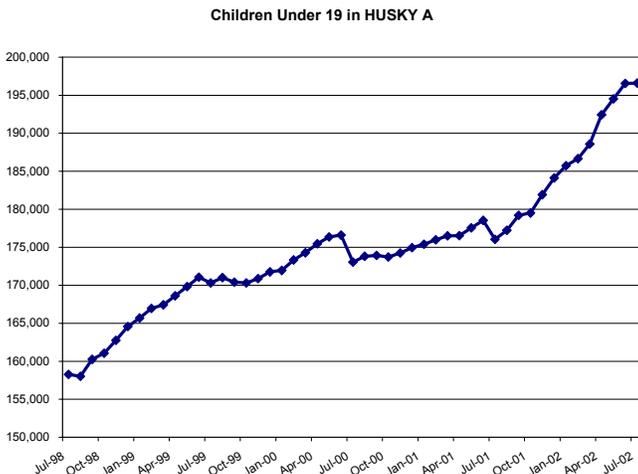
August 2002

Connecticut's HUSKY program began enrolling children and families in July 1998. Since then, significant progress has been made in reducing the number of uninsured children in the state. Connecticut, which ranked 17th in the percentage of uninsured children in 1995, now ranks second only to Rhode Island.

Enrollment of children in HUSKY Part A

In July 1998, Connecticut's Medicaid program for children and families was renamed HUSKY A. Eligibility was expanded to include all children and youth under 19 in families with income below 185% of the federal poverty level (FPL).

From July 1998 to July 2002, enrollment of children under 19 grew by 38,312 (24%) from 158,277 to 196,589.



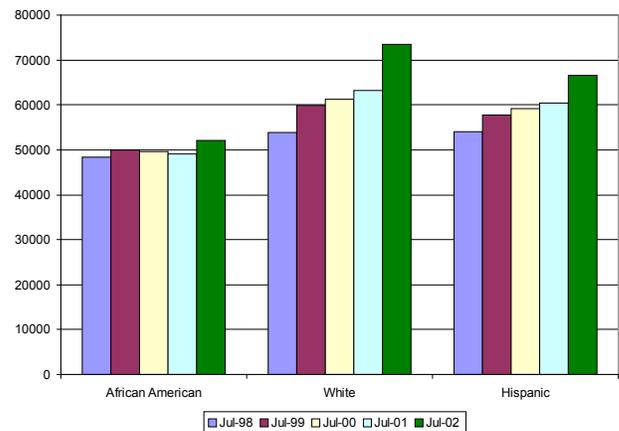
Enrollment in HUSKY Part B

In July 1998, HUSKY B, Connecticut's State Children's Health Insurance Program, began enrolling children in families with income above 185% FPL. As of July 2002, there were 13,145 children enrolled in the program.

Enrollment of African American children

Despite increased enrollment of children in HUSKY A, the number of African American children has not increased significantly. In the first four years of the program, the number of African American children enrolled in HUSKY A increased by 8% compared to a 36% increase in the number of White children and a 23% increase in the number of Hispanic children.

ENROLLMENT IN HUSKY A BY RACE/ETHNICITY (Children Under 19): JULY 1998 TO JULY 2002



Enrollment of parents and caretaker relatives

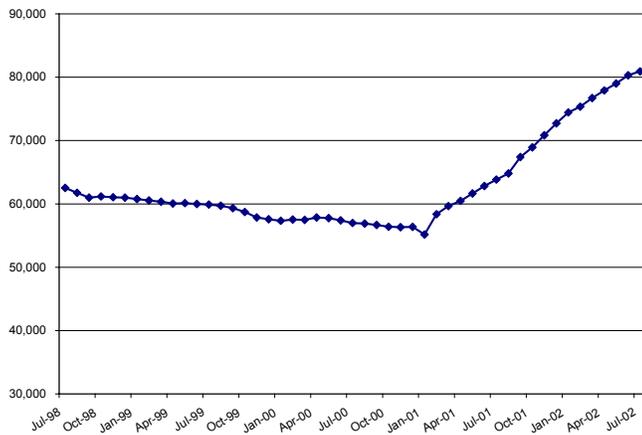
In January 2001, HUSKY eligibility was expanded to include parents and caretaker relatives of children eligible for HUSKY A in families with incomes below 150% FPL. From January 2001 to July 2002, enrollment of adults aged 19 and over increased by 47%, from 55,170 to 80,941.

OHCA 2001 Household Survey and Urban Institute Data

Two recent reports show that the increase in HUSKY enrollment has resulted in a significant decrease in the percentage of uninsured children in Connecticut.

In late 2001, the Connecticut Office of Health Care Access (OHCA) conducted a statewide survey to obtain information on health insurance coverage in

Adults (19 and over) in HUSKY A



Connecticut. Results showed that 1.3% of Connecticut children under 19 were uninsured for the entire 12-month period prior to the survey; 7.1% were uninsured at some point in the 12 months prior to the survey.¹

Among children uninsured at any time in the 12 months prior to the survey, 5% of white children, 13% of Hispanic children and 14% of African American children were uninsured. These results suggest that the slower increase in enrollment of African American children compared to other groups is not due to a lesser need for coverage.

Children in lower income families were more likely to be uninsured at some point during the 12 months prior to the survey. Uninsurance rates for children in families with annual incomes below \$40,000 ranged from 15% to 19%. For families with annual incomes above \$40,000, uninsurance rates ranged from 2% to 7%. The higher rates of uninsurance for children in lower income families is troubling, because almost all these children are eligible for subsidized HUSKY benefits.² However, because the percentage of all children uninsured for the entire year was much lower than the percentage uninsured at any point during the year, it appears that many children lose and regain coverage during the year.³

The Urban Institute recently produced national and state estimates of the number of uninsured children for The Robert Wood Johnson Foundation's Covering Kids and Families initiative. According to the Urban Institute, 3.3% of Connecticut children are uninsured, the second lowest rate in the country, compared to 7.7% in an Urban Institute analysis for 1995.⁴

Covering Connecticut's Kids and Families

Covering Connecticut's Kids and Families is part of the national Covering Kids and Families initiative. The Children's Health Council is the lead agency for the Covering Connecticut's Kids and Families coalition, a network of organizations working to reduce the number of uninsured children and parents who are eligible for HUSKY coverage but remain uninsured. In addition to the statewide coalition, four local projects work to enroll eligible children and parents in Stamford, Bridgeport and Stratford, Hartford, and five towns in the East of the River HUSKY Collaborative (East Hartford, Glastonbury, Hebron, Manchester and Vernon).

Taking into account the enrollment patterns and survey results described in this brief, Covering Connecticut's Kids and Families will continue to work to enroll more children and families in HUSKY with a special emphasis on African American and Hispanic children. In addition, the coalition will continue to work to ensure that eligible families stay enrolled in HUSKY.

Conclusion

Because of the HUSKY program, over 50,000 more children in Connecticut have health coverage. Since the expansion of coverage to parents, over 25,000 more parents have coverage. Outreach has been particularly successful in the past year, beginning with a very successful Back to School campaign in August 2001. However, with the elimination of 15 state-funded outreach projects from the budget for state fiscal year 2003, efforts must be made to continue the progress that has been made by embedding HUSKY outreach in schools, child care programs, and other community-based organizations.

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

¹ Report on Office of Health Care Access Household Survey presented to the Children's Health Council, April 2002.

² The only exception would be undocumented immigrant children.

³ See Children's Health Council: *HUSKY Retention: Helping Families Keep Health Coverage* (November 2001).

⁴ The Urban Institute's findings are available at www.coveringkids.org and www.urban.org.