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Contact: Mary Alice Lee (203) 498-4240 x104, malee@ctvoices.org  
Sharon Langer, (203) 498-4240 x121, slanger@ctvoices.org

33 Whitney Avenue  
New Haven, CT 06510  
Voice: 203-498-4240  
Fax: 203-498-4242  
www.ctvoices.org

## Report: Fewer Children in HUSKY Experience Interruptions in Their Health Coverage

### Improvements Attributed to Educational Efforts and Changes in State Agency Practices

A new report on the enrollment of children in the state's HUSKY health insurance program finds that fewer children are experiencing interruptions in or loss of their health care coverage. Families with HUSKY health coverage must renew their coverage through a re-application process at least once per year, and previous national and state evidence has shown that many children lose their coverage during this renewal process, even though they remain eligible. The report by Connecticut Voices for Children attributed the improvement in continuity and stability of health care coverage for children to efforts to raise awareness about common problems with renewing coverage and to improve state agency practices.

"Connecticut's progress in keeping eligible children enrolled in HUSKY means that many more children are getting the health care they need," said Sharon Langer, Senior Policy Fellow at Connecticut Voices for Children. "We congratulate the Department of Social Services and its community partners for their effectiveness in educating families and streamlining the eligibility and enrollment process."

In Connecticut and other states, the risk of losing health coverage increases during of the renewal process. Medicaid programs nationwide have long been plagued with "churning," that is, eligible families going on and off coverage during the year. This often occurs because of confusion about eligibility rules or problems with processing paperwork.

Among the findings of the report:

- **Between 2010 and 2012, the share of children enrolled in HUSKY who experienced gaps in or loss of health care coverage over the course of a year decreased from 17.9% to 13.5%.**
- **Infants and older adolescents were most likely to have experienced gaps in or loss of coverage.** For these children, their age alone automatically triggers a review of their eligibility for HUSKY, and many children in these age groups lose coverage at the time of renewal. More than one of every five babies who turned one while enrolled in HUSKY in 2012 (22.0%) and one in four adolescents turning 18 (25.3%) had gaps or lost coverage during the year. However, even among these higher-risk age groups, there were improvements in the continuity of their health coverage between 2010 and 2012.
- **Children in the HUSKY B program, which serves moderate-income children whose families are over-income for HUSKY A, were more likely to have lost coverage during**

**the year.** Among children enrolled in HUSKY B, 28.6% lost coverage for a month or more, compared to 12.8% of children in HUSKY A. The share of children in HUSKY B who had gaps in or lost coverage improved substantially between 2010 and 2012, dropping from 55.6% to 28.6%. (The improvement in this measure may be due in part to improved data collection.)

This report attributed the improvement in the share of children in HUSKY with continuous, uninterrupted coverage to the efforts of the Department of Social Services, policy makers, advocates, and community-based providers, who have worked to raise awareness, provide hands-on assistance to families with applications, simplify notices to families, and improve state agency practices. The Department has also shared information and engaged in problem solving with local health and social service organizations through regular meetings of the Covering Connecticut's Kids and Families Coalition. The federal government recently awarded Connecticut a \$1.7 million performance bonus in recognition of the state's efforts to increase child enrollment by simplifying eligibility and enrollment.

Connecticut Voices' report made recommendations to avoid gaps in and loss of coverage in HUSKY, suggesting that state policy makers and the Department of Social Services should:

- Continue collaborative, state and community-based efforts to keep eligible families enrolled in HUSKY.
- Adopt "continuous eligibility" for children and parents, a policy change that would enable families to maintain uninterrupted HUSKY coverage for one year once their eligibility is approved and avoid the need for more paperwork during that period.

"We know what works. Years of experience have demonstrated that one-on-one assistance to families is an essential part of enrolling uninsured families and keeping eligible children covered," said Mary Alice Lee, author of the report and Senior Policy Fellow at Connecticut Voices. "This, along with further improvements in state agency procedures, can help ensure that all children have the health care they need."

Connecticut Voices for Children is a research-based think tank that works to advance policies that benefit the state's children, youth and families. The report, "Fewer Children Experience Gaps or Loss of Coverage in the HUSKY Program," is available on the Connecticut Voices website at [www.ctvoices.org](http://www.ctvoices.org).

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