**Testimony Regarding**
**H.B. 5194, An Act Requiring the Health Insurance Exchange Board to Report Additional Data**

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Insurance and Real Estate Committee
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Senator Crisco, Representative Megna and Members of the Insurance and Real Estate Committee:

I am the Advocacy Director of Connecticut Voices for Children, a research-based public education and advocacy organization that promotes the well-being of Connecticut's children, youth, and families. One of our longstanding projects directed by Mary Alice Lee, Ph.D. is the independent performance monitoring of enrollment trends and the utilization of health services in HUSKY A and HUSKY B (the Medicaid program for children, parents and pregnant women and the Children's Health Insurance Program (CHIP) for children, respectively)[1].

Now that AHCT is the portal through which families and individuals apply for, and renew coverage in qualified health plans, ***as well as HUSKY coverage***, it is imperative that policymakers have a complete picture of how well the system is working and for whom.

Based on our many years of experience analyzing data in the HUSKY program, and promoting continuity of insurance coverage to improve access to needed health care (in all domains – physical, behavioral and dental health)[2], we have the following suggestions to improve the data collection and reporting by our state health insurance exchange, Access Health CT (AHCT):

**To improve the tracking of enrollment growth or decline in coverage**, AHCT data should include not only the number of individuals who enrolled in a given plan (including HUSKY) but should include by the first day (or last day) of the month in the reporting quarter:

1. age group of the individual
2. race/ethnicity of the individual
3. county in which the individual resides

**To improve the tracking of transitions from one coverage category to another – from marketplace plan to HUSKY and vice versa,** AHCT data collection should include in the reporting quarter:

1. the number of individuals who changed without a gap in coverage
2. the number who changed with gaps in coverage (for all income levels)
3. the number who lost coverage and the reasons for which they lost coverage, for example, they failed to renew, dropped coverage, failed to pay premium, or other reason

[1] See for example, Lee MA, Fewer Children Experience Gaps or Loss of Coverage in the HUSKY Program (Jan. 2014), available at http://www.ctvoices.org/sites/default/files/h14huskycoveragegaps20102012.pdf
[2] Langer, S., Lee MA, Continuous Eligibility: A Proven Strategy for Stabilizing Children's Coverage in the HUSKY Program (Feb. 2014) available at http://www.ctvoices.org/sites/default/files/h14continuouseligibility.pdf

**To improve the tracking of application volume, processing and enrollment,** AHCT data collection should include**:**

1. the number of individuals enrolled in marketplace coverage, i.e., *paid premiums and obtained coverage*. (It is not clear from the wording of the statute whether "enrolled" only takes into account those individuals who chose a plan but did not actually pay any required premiums prior to commencement of coverage.)
2. the number of individuals enrolled in HUSKY (*Actually obtained coverage rather than only being referred to DSS for a final eligibility determination*)
3. the number of individuals who applied on-line, over the phone, with help from a community based organization (such as, a community health center, other "navigator" or "assister" agency), in AHCT store front operations (currently in New Britain and New Haven), etc).

Thank you for this opportunity to testify regarding H.B. 5194.

Feel free to contact myself or Dr. Mary Alice Lee if you have questions or need additional information. We can be reached at slanger@ctvoices.org and malee@ctvoices.org, phone: (203) 498-4240.