

## Gaps or Loss of Coverage for Children in the HUSKY Program: A 2016 Update

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### KEY FINDINGS

Continuous health insurance coverage is an important aspect of *quality* in Connecticut's HUSKY Program, ensuring uninterrupted access to preventive care and treatment for acute and chronic conditions. For a variety of reasons, however, children often lose their HUSKY coverage for periods of time, with the result that eligible children may go without needed health care. This study investigated gaps or loss of HUSKY coverage in each of two years, 2014 and 2015, for children under 19 who were enrolled in HUSKY A (Medicaid) and B (CHIP). Results were compared to 2012 and 2013. Findings:

- **Coverage continuity:** In 2014, most children who were enrolled in January 2013 were enrolled for the entire year (92.5%), without gaps in coverage; however, in 2015, just far fewer were continuously enrolled (76.6% overall). In both years, the percentage of children who were continuously enrolled was greater for children who started the year in HUSKY A, compared with children in HUSKY B.
- **Gaps in coverage for eligible children:** Among children enrolled in January *and* December 2014, less than two percent had a gap in coverage; however, that rate increased to 10 percent for children enrolled in January *and* December 2015. It is likely that these children were *eligible* when they lost coverage.
- **Gaps associated with age-related eligibility redetermination:** As was the case in previous years, babies turning one and adolescents turning 18 were more likely than other children to have experienced gaps or loss of coverage in 2014 and 2015 when age triggered a review of eligibility.

In 2014 and 2015, many changes in the HUSKY Program may have aggravated common, long-standing problems with coverage continuity in Medicaid and CHIP seen nationwide and in Connecticut. To address risks of losing coverage at the time of renewal, the Department of Social Services has adopted "passive renewal," a procedure for using information from the state's databases or collected in the course of renewing other benefits such as food stamps. The percentage of renewals that can be processed this way has not been reported by the Department of Social Services.

Coverage continuity is fundamental to program quality, so it is important to know just how tax dollars are used to ensure that children and their families have ongoing access to preventive services and needed care. The Department of Social Services and Access Health CT should design and implement an approach to monitoring and reporting on coverage continuity within and across the public health insurance options for Connecticut's families.