

# Keeping Children and Families Enrolled in the HUSKY Program

Presentation to the Medicaid Managed Care Council

April 9, 2010

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**VOICES**  
FOR CHILDREN

# Important Questions

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How are we doing on enrolling children and families?

How are we doing keeping children and families enrolled?

Who loses HUSKY coverage?

How can we do better?

# Getting Enrolled

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## “Take-up” depends on:

- Effective targeted outreach
- Readily available application assistance
- Simplified application and procedures
- Timely follow-up with families who do not complete the application
- Timely, error-free application processing and eligibility determination

# Staying Enrolled

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**“Retention”** depends on:

- Families knowing how long they are covered
- Simplified renewal procedures
- Timely follow-up with families who do not complete the renewal
- Timely, error-free application processing and eligibility redetermination

# Evidence of a Problem

# Previous Studies

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- **“Supporting Families”** (2001): DSS conducted self-assessment that identified intra-departmental factors contributing to the retention problem
- **“Medicaid Eligibility Determination Process”** (2004) CGA Legislative Program Review and Investigations Committee identified problems with application and renewal processing

# Additional Evidence

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- **“Helping Families Keep Health Coverage”**  
(2001): Children’s Health Council reported large increase in new enrollees but little net increase
- **Calls to HUSKY Infoline:** Based on calls from families with enrollment problems, system-wide and region-specific eligibility barriers of coverage have been identified

# **STUDY OF NEW ENROLLMENT AND RETENTION**

# Methods

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- Created a longitudinal HUSKY A and B enrollment database
- Counted new enrollees in a recent 24-month period (Jan 2006-Dec 2007)
- Identified coverage gaps and loss of coverage in the 18 months following new enrollment for those enrolled Jan-Jun 2006

# RESULTS

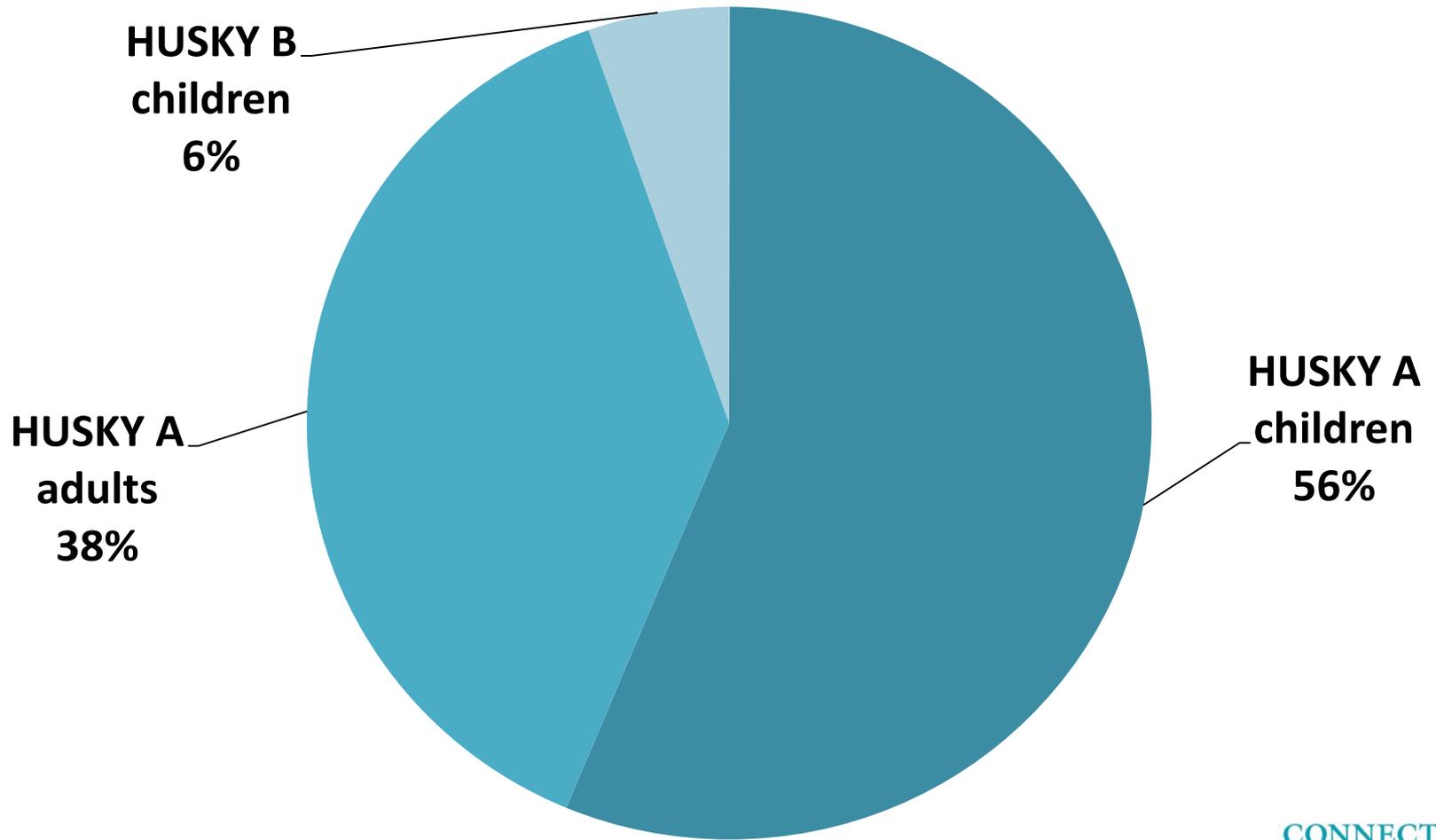
# Many Families Enrolled in the HUSKY Program ...

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**Over 141,000 adults  
and children were  
NEWLY enrolled in  
HUSKY A and B**

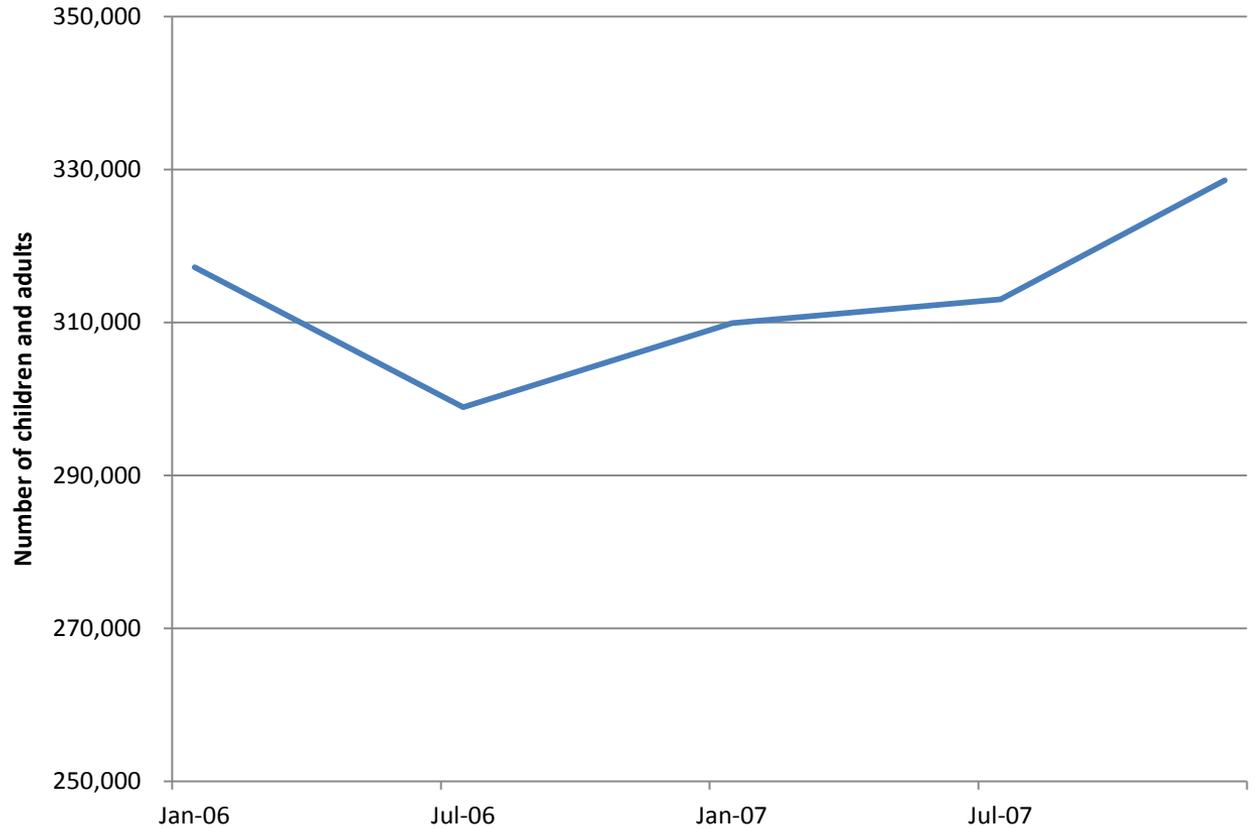


# New Enrollees in the HUSKY Program: 2006-07



# ... But Enrollment Increased Very Little

HUSKY A and B Enrollment: 2006-07



**Enrollment increased by just over 11,000 in the same period**

# What These Data Tell Us About HUSKY Enrollment

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- Outreach is largely successful
- Difference between NEW and NET enrollment suggests problems with retention and renewal

# Who Loses Coverage?

**NEW ENROLLEES IN HUSKY PROGRAM**

**January-June 2006**

**32,048 children and adults**

**Were continuously enrolled  
for at least 11 months**

**23,693 (74%)**

**Experienced a gap or lost  
coverage within 11 months**

**8,355 (26%)**

**Reenrolled in HUSKY in less than  
6 months**

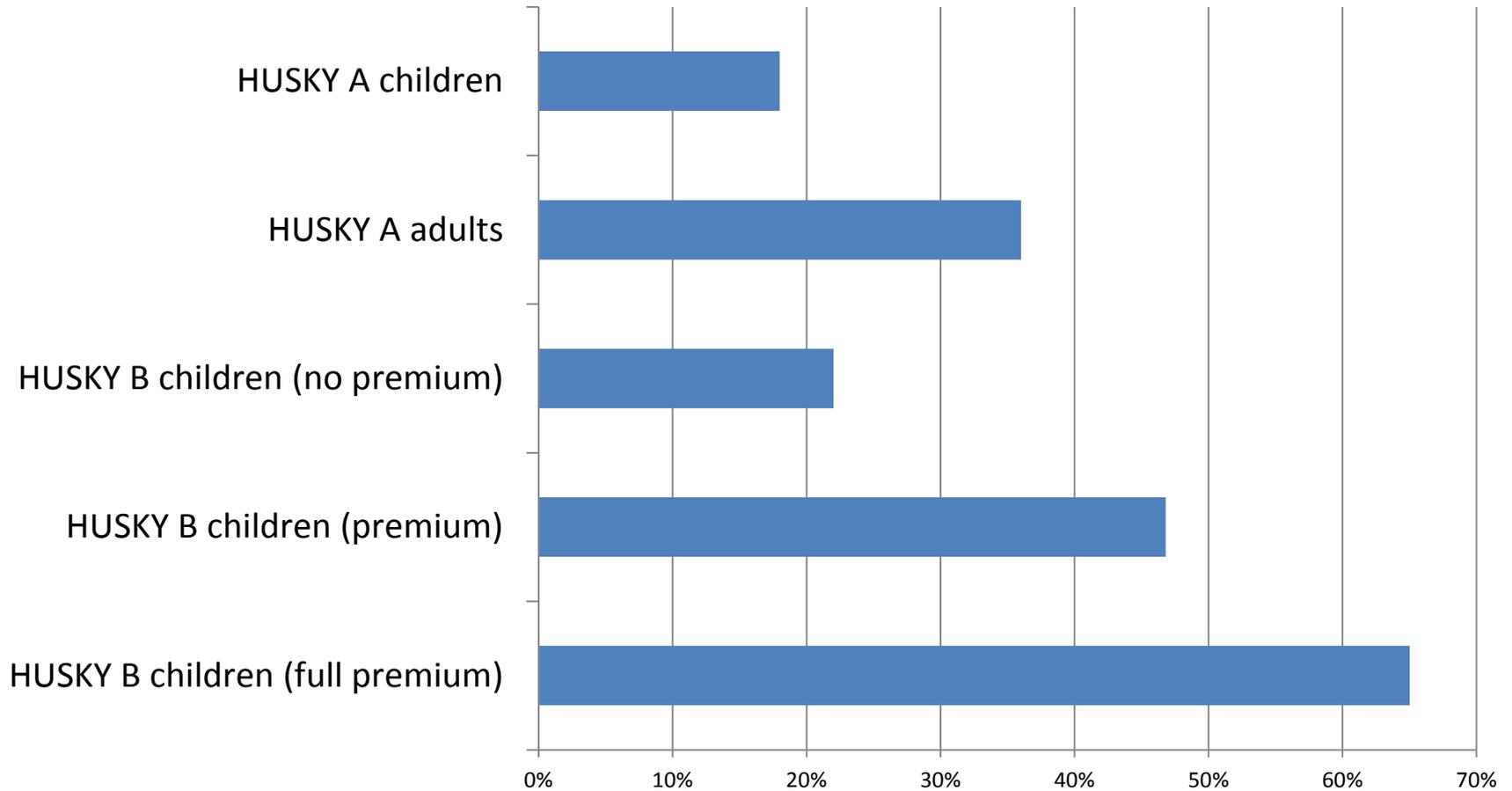
**1,537 (18%)**

**Reenrolled in 6 months or more  
or did not reenroll at all**

**6,818 (82%)**

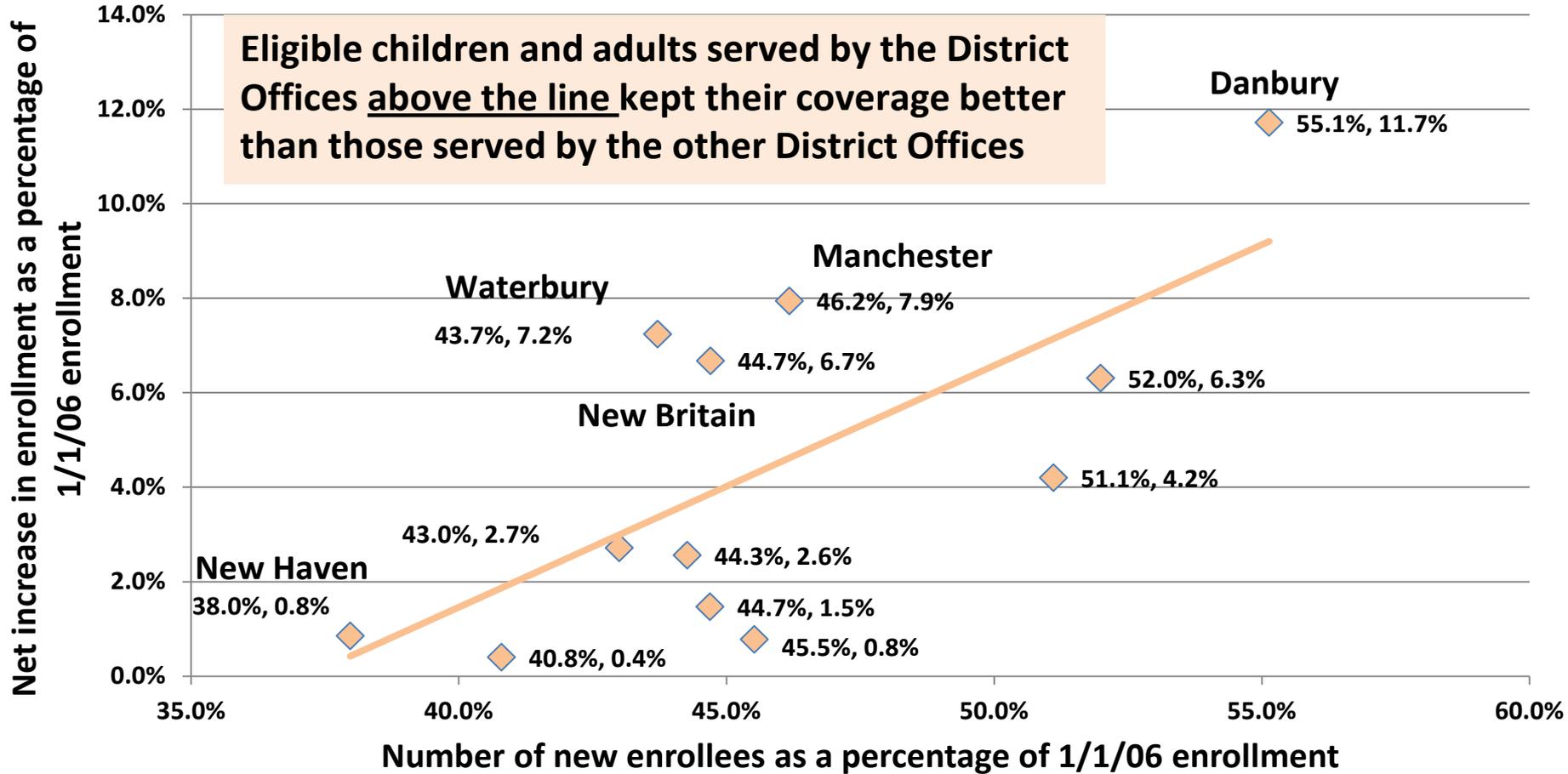
# Age and Income Matter

Percent Who Lost Coverage within the First Year After Enrolling



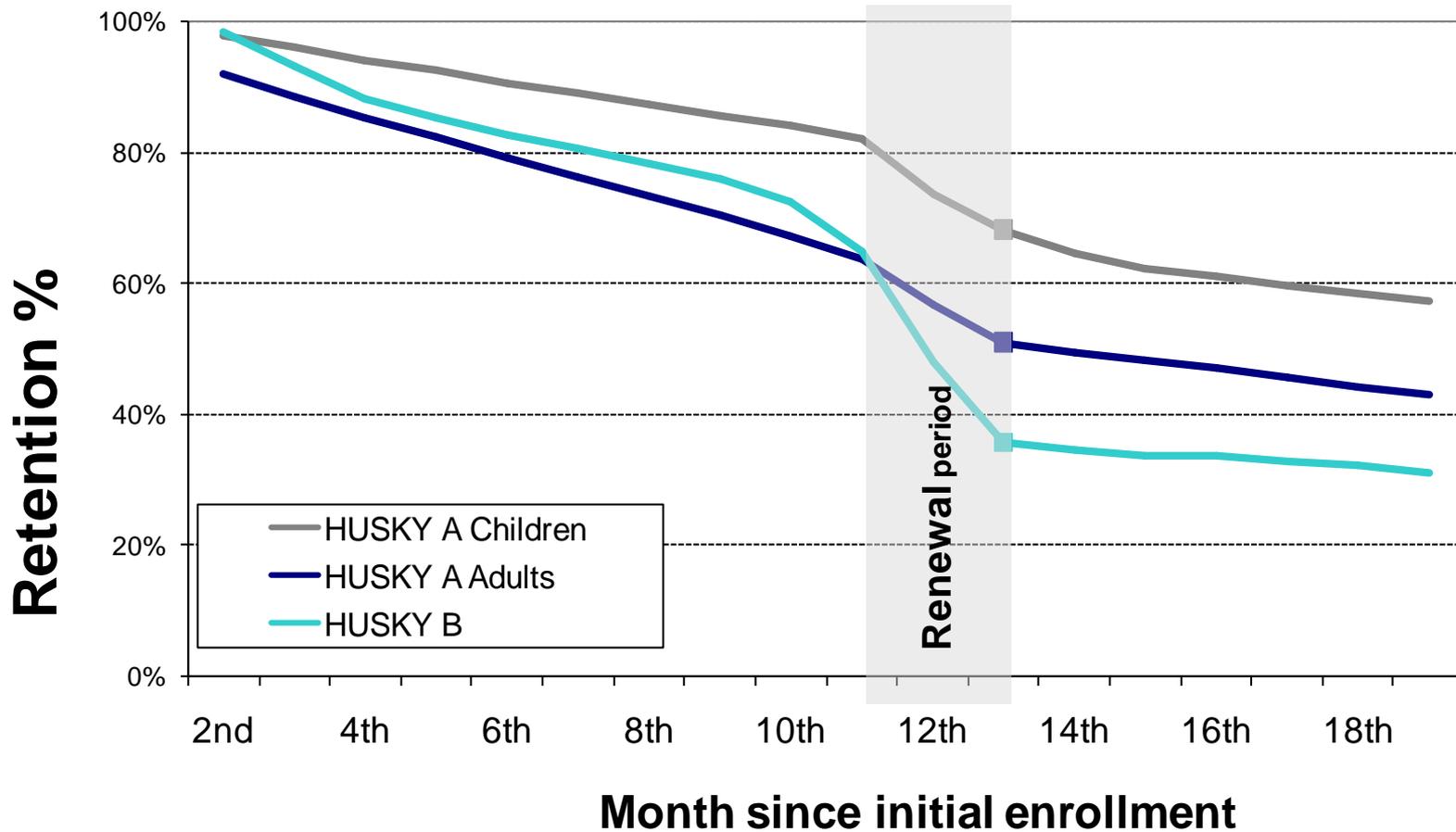
# Where Enrollees Live Matters

HUSKY Enrollment Trends by DSS District Office  
(January 2006 - December 2007)



# Program Matters When Renewing

Figure 3. Retention by HUSKY Program and Age Group



**Conclusion:  
Outreach is Successful, but  
We Don't Do As Good A Job  
Keeping Children and Families  
Enrolled**

# Impact on Children and Families

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## Gaps disrupt:

- Timely access to preventive care
- Timely access to care for acute conditions
- Timely access to ongoing care for chronic conditions



# Impact on Health Care Providers

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Gaps jeopardize:

- Continuity of care
- Reimbursement for services rendered
- Willingness to care for children and families in the HUSKY Program



# Impact on Use of State Tax Dollars

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Gaps are costly:

- Administrative costs for re-enrolling eligible children and adults
- Cost shifted to other sectors of the health care system
- Cost of ongoing efforts to reduce the number of uninsured



# **How We Can Do Better Keeping Children and Families Enrolled**

# **Recommendation # 1**

Unify and centralize the eligibility determination and renewal processes for HUSKY A and B, and increase accountability for retention at all administrative levels.

## **Recommendation # 2**

Restore 12-month continuous eligibility.

## **Recommendation # 3**

Align eligibility and enrollment cycles for family members.

## **Recommendation # 4**

Adopt administrative or “ex parte” renewal.

# If Louisiana Can Do It ...

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- Louisiana took steps to ensure ongoing coverage for eligible children, including:
  - Online application and electronic processing
  - Administrative renewal
  - Worker accountability for renewal rates
- Results:
  - Only 1% do not renew coverage
  - Only 3% renew using a paper form
  - Error rate (1.3%) is less than national average

# How did Louisiana Do it?

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- Agency Leadership
- Support of Governor and Legislature
- Process Improvements
- Staff Flexibility (97% “reasonable certainty standard”)
- Investments in technology

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