Key Facts About Connecticut Medicaid

Connecticut Medicaid improves the health and well-being of people.

- Covers over 800,000 Connecticut citizens (22% of the state population) who live in all 169 towns
- Covers four out of ten births, statewide
- Covers over 70% of all nursing home residents, and also covers home and community-based services for older adults and people with disabilities
- Has increased use of preventative care from CY 15 to CY 17 by over 16%, supporting school readiness for children and work readiness and stability for adults
- Has decreased hospital admissions from CY 15 to CY 17 by almost 5%, reflecting people receiving preventative care and resulting in cost savings

Connecticut Medicaid is efficient and financially accountable.

- Has reduced per person costs more than any other state in the country, Medicare or private plan
  
  *Health Affairs’ July 2017 issue (Vol. 36, No. 7) reported that Connecticut’s Medicaid program led the nation in controlling cost trends on a per enrollee basis.*

- Is a lean, efficient self-insured model, with administrative costs of 3.2%

- Is the largest source of federal funding in the Connecticut state budget - almost 60% of Medicaid and 88% of CHIP is federally funded

- Is a good investment in the future of people, and represents the lowest share of the state general fund budget of all New England states

- Represents almost 20% of all health care spending in the state, including commercial and self-insured