



HUSKY Outreach Funding is Key to Reducing the Uninsured

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Most uninsured children and many uninsured parents and pregnant women are eligible for HUSKY health insurance, but many don't realize it. An estimated 68,000 Connecticut children under 18 (8.2%) were uninsured for the entire year in 2005.¹ A majority (54%) of these uninsured children lived in families with income at or below 200% of the federal poverty level. Virtually all these children are eligible for coverage in the HUSKY program, but are not enrolled.²

National research has found that most parents of uninsured children (72%) who were eligible for but not enrolled in their State Children's Health Insurance Program (such as HUSKY) believed they would not be eligible to get coverage for their kids.³ However, most also said that they would be very likely to enroll if they knew that they were eligible.

Community-based outreach is the most effective means of enrolling eligible families and keeping them enrolled. Central to the success of this effort is hands-on, one-on-one application assistance and follow-up to help families through the process of applying for or renewing their HUSKY coverage. As anyone who has filled out a tax return can confirm, government forms and notices can be complex and confusing. Nationally, the most common problem cited by families who enroll in Medicaid (HUSKY A in Connecticut) is "too much paperwork,"⁴ and the practical "hassles" encountered in the application process can be a deterrent to families.

In recent years, the Governor and General Assembly have enacted numerous eligibility restrictions, cutbacks, and other program changes that have discouraged families from enrolling and complicated the enrollment process. Some, though not all, of these changes were reversed, but the resulting confusion has had the lasting effect of reducing

enrollment.⁵ More recently, the federal government has imposed new requirements that U.S. citizen applicants (including children) must provide original documentation of their citizenship and identity. This new and unnecessary federal burden complicates the enrollment process and discourages eligible citizens from enrolling.⁶

Local and regional organizations that can provide hands-on education, assistance and follow-up through the process of applying for and renewing HUSKY coverage are essential to improving enrollment and reducing the numbers of uninsured residents. In addition, statewide coordination and training for these local efforts will help ensure that community organizations and providers have up-to-date and accurate information.

The state dismantled its once-strong HUSKY outreach infrastructure and eliminated most funding for community-based outreach in 2002.

In 2001, the state funded 15 community-based organizations to conduct HUSKY outreach and application assistance. In the fall of 2001, an advertising campaign promoting HUSKY, combined with 60 outreach events around the state, resulted in an increase in HUSKY enrollment of almost 12,000 children in a six-month period, more than three times the increase in enrollment for the same six-month period in the previous year.

State funding for the Children's Health Council supported statewide trainings and technical assistance to local outreach grantees, health and social service providers, and others, as well as the production and distribution of a wide variety of educational and outreach materials aimed at improving HUSKY enrollment and access to health care for those enrolled in HUSKY.⁷

However, Governor Rowland and the General Assembly cut back dramatically on funding for both local and statewide outreach and application assistance. Most local grants were eliminated and funding for statewide outreach by the Children's Health Council ended. The state printed no new HUSKY brochures between 2002 and 2007.

Although Connecticut Voices for Children received foundation funding to maintain the Covering CT's Kids and Families network to share information about state and federal policy changes and encourage HUSKY enrollment, these efforts are far less than what had previously been in place.

Governor Rell's recent funding for HUSKY outreach restores some, but not all of the funds cut in recent years. In September 2006, the Governor announced \$1 million in grants for outreach, targeting low-income communities and school districts.⁸ In recent years, funding for HUSKY outreach has not been consistently listed as a separate line item in state budget summaries, so tracking funds dedicated to outreach is difficult. However, even with the restored outreach funds in the Governor's proposed Fiscal Year 2008 budget, the combined funding for HUSKY outreach, Healthy Start, and HUSKY performance monitoring in the budget will have declined by 34%, or \$1.7 million, in inflation-adjusted terms since FY 2002.⁹ Funding for coordinated statewide and local outreach, education, and performance monitoring should at least be restored to their previous levels.

Connecticut can greatly reduce the number of uninsured children and families and realize the promise of the HUSKY program by increasing funding for outreach, education, and application assistance. Effective strategies for building and sustaining HUSKY outreach should include:

- Supporting community-based, one-on-one outreach that is culturally and linguistically appropriate to inform and enroll eligible families, and to help enrolled families renew their HUSKY coverage;
- Providing statewide, on-going, and timely training and technical assistance to local outreach organizations, and health and social service providers;
- Instituting a targeted media campaign to market HUSKY;

- Supporting coordination, collaboration, and communication among all HUSKY stakeholders, including the Department of Social Services, other state agencies, the HUSKY enrollment broker, HUSKY Infoline, health care providers, schools, health departments, and HUSKY health plans;
- Utilizing a computerized tracking and coding system to facilitate follow-up and to gather information about the barriers faced by families, problem resolution, and outreach outcomes to inform administrators and policy makers of needed changes in the program;
- Simplifying the application and enrollment processes (including implementing a web-based, on-line application); and
- Ensuring assistance in gaining timely access to health care for people enrolled in HUSKY through person-to-person contacts from knowledgeable outreach workers.

¹ Connecticut Voices for Children. Uninsured Children in Connecticut: 2005. February 2007.

² HUSKY provides free or low-cost health care to children, parents, and pregnant women. Children in families with income under 300% of the Federal Poverty Level can get HUSKY coverage without premiums or with state-subsidized premiums, depending on their income. Children in families with income above 300% of FPL pay an unsubsidized monthly premium.

³ Wirthlin Worldwide. Addressing the Barriers to Covering Kids: A Values-based Strategic Framework, April 2001. Available at coveringkidsandfamilies.org.

⁴ Ibid.

⁵ CT Voices for Children. Covering Connecticut's Children: How Policy Changes Affect HUSKY Program Enrollment. November 2006. Enrollment in HUSKY dropped by 19,000 between June 2005 and January 2007, with 15,000 fewer children enrolled.

⁶ CT Voices for Children. New Federal Medicaid Citizenship and Identity Documentation Rules Mean Delays and Denials of Care, March 2007. Caught in the Red Tape: How New Medicaid Paperwork Rules Will Hurt Connecticut Families, March 2007.

⁷ The Children's Health Council provided a broad range of program support, including community education and training, operation of the Children's Health Infoline, and performance monitoring (monitoring the health care that children in HUSKY A received). Independent performance monitoring for HUSKY A is now conducted by CT Voices for Children.

⁸ As of this writing, the outreach contracts have not yet been implemented. The Governor later added \$100,000 to these outreach grants.

⁹ Healthy Start programs provide services to improve maternal and child health for low-income families, including outreach. Also, for several years, The Robert Wood Johnson Foundation provided CT organizations with substantial outreach funding, which ended in 2005.