

Keeping Children and Families Enrolled in the HUSKY Program

Presentation to the Medicaid Managed Care Council

April 9, 2010

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Important Questions

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?

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Getting Enrolled

“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

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Staying Enrolled

“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

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Previous Studies

- **“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

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Additional Evidence

- **“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

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STUDY OF NEW ENROLLMENT AND RETENTION

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Methods

- 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

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RESULTS

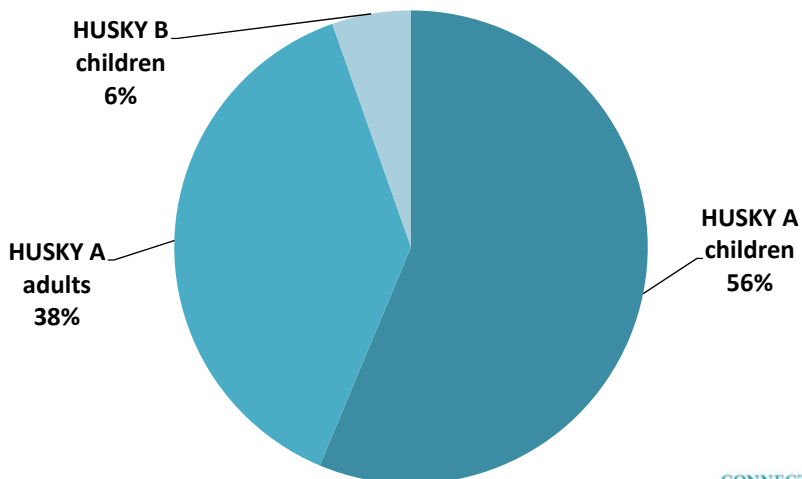
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Many Families Enrolled in the HUSKY Program ...

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



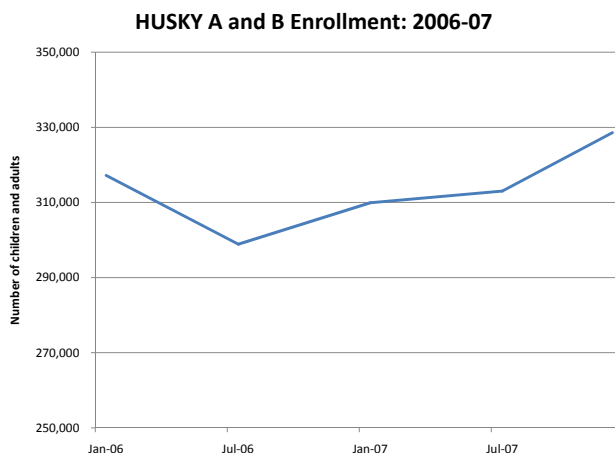
New Enrollees in the HUSKY Program: 2006-07



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... But Enrollment Increased Very Little

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

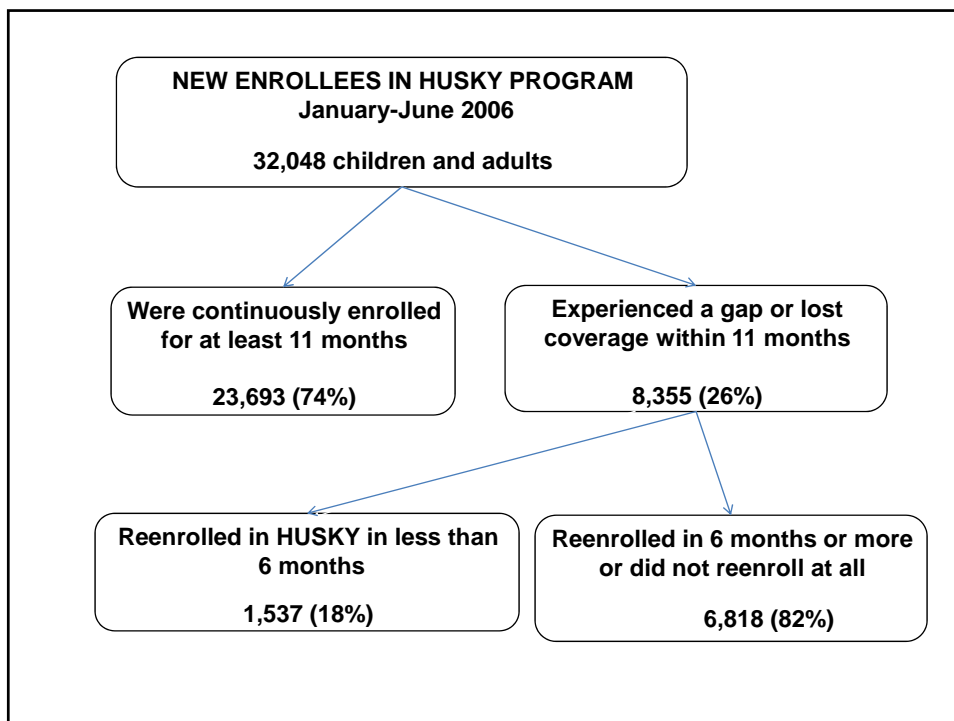


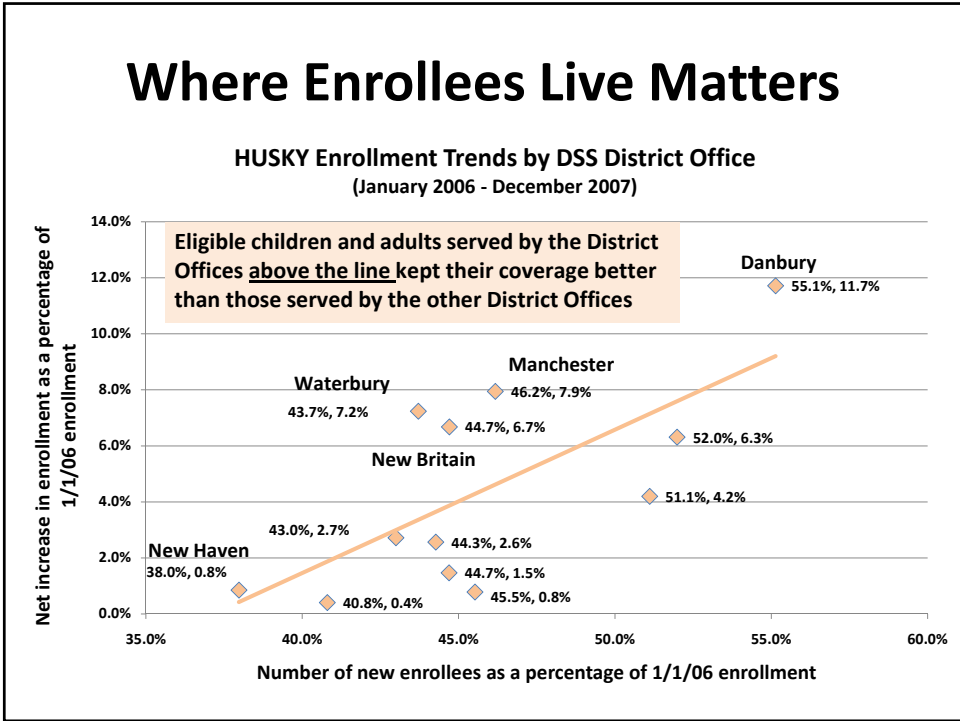
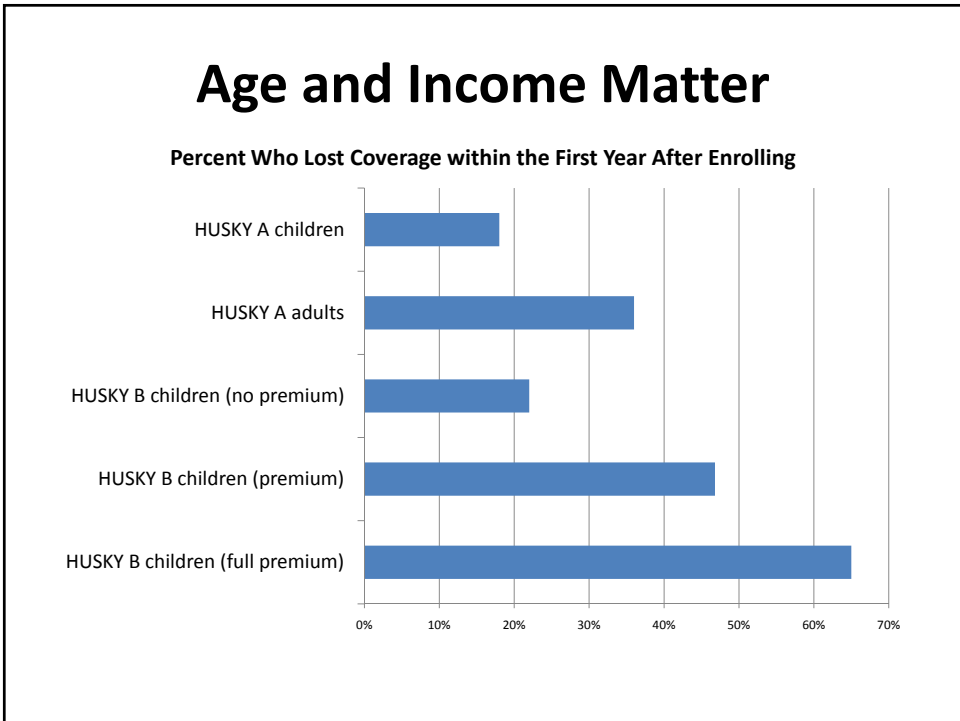
What These Data Tell Us About HUSKY Enrollment

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

Who Loses Coverage?

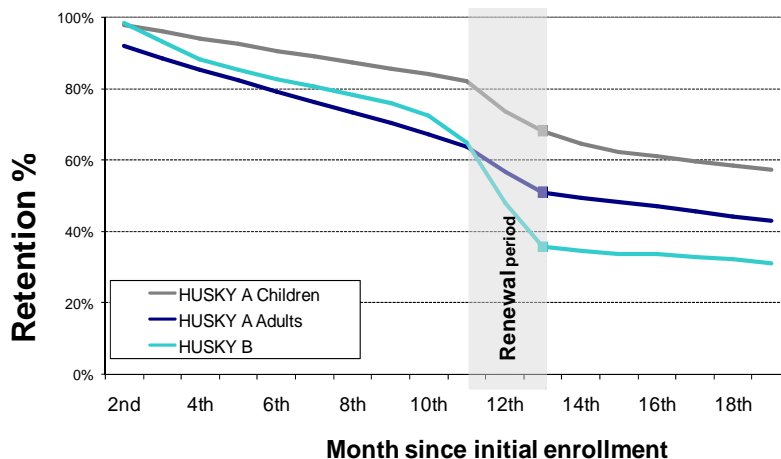
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Program Matters When Renewing

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

Gaps disrupt:

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



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Impact on Health Care Providers

Gaps jeopardize:

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



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Impact on Use of State Tax Dollars

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



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

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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.

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Recommendation # 2

Restore 12-month continuous eligibility.

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Recommendation # 3

Align eligibility and enrollment cycles for family members.

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Recommendation # 4

Adopt administrative or “ex parte” renewal.

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If Louisiana Can Do It ...

- 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

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How did Louisiana Do it?

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

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