Connecticut Health
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FACES OF HUSKY D

The Impact of Connecticut's Medicaid Expansion

Connecticut Health Foundation
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INTRODUCTION

In 2010, Gov. M. Jodi Rell made history by making Connecticut the first state in the nation to expand Medicaid under the Affordable Care Act. The choice was made with bipartisan support and opened the health insurance program to low-income adults without dependent children – people who previously had few options for coverage if insurance didn't come with their jobs.

As of 2017, **Connecticut's Medicaid expansion – known as HUSKY D –** covered more than 200,000 state residents ages 19 through 64, including individuals from every city and town in the state.

This report combines available data* and interviews with individuals covered by HUSKY D. It identifies ways the coverage has affected individuals and the health care system, as well as challenges associated with HUSKY D.

This report examines the impact of Connecticut's Medicaid expansion, focusing on four questions:

1. Who is covered by HUSKY D?
2. What has this coverage meant to those who are covered?
3. To what extent have members been able to use the coverage to get care?
4. What role has the Medicaid expansion played in other policy areas?

Key findings:

- **The creation of HUSKY D has been an essential part of reducing Connecticut's uninsured rate** from 9.1 percent in 2010 to 4.9 percent in 2016.[1]
- **Most people covered by HUSKY D are using their insurance to get care.** Just over 80 percent of people with HUSKY D used the coverage for preventive or outpatient health services in 2016.[2]
- **Emergency department usage among HUSKY D members is down significantly.** The rate of emergency department visits fell by 36 percent from 2012 to 2016[3]
- **Outcomes have improved for diabetes patients with HUSKY D.** A review of more than 500 HUSKY D members with diabetes found that the percentage whose blood glucose was under control rose from 31 percent to 50 percent from 2012 to 2016.[4]
- **HUSKY D is a significant source of coverage for behavioral health care.** In 2016, more than one in three HUSKY D members – 36 percent – used their coverage to get care for a mental health condition or substance use disorder.[5]
- **HUSKY D is playing a crucial role in fighting the opioid crisis.** Before HUSKY D, individuals with substance use disorders were generally not eligible for Medicaid, creating a major barrier to treatment.

**This report uses the most recently available enrollment, cost, and demographic data from the Connecticut Department of Social Services, most of which is from 2016. Information technology limitations have made it challenging to obtain more recent data on HUSKY D. As a result, information from 2018 was not available for inclusion in this report.*

HUSKY D: KEY FACTS

As of September 2016[8] HUSKY D covered

204,336 people

57% male

43% female

In 2016:[9]

47% white

19% Hispanic

16% black

2% Asian

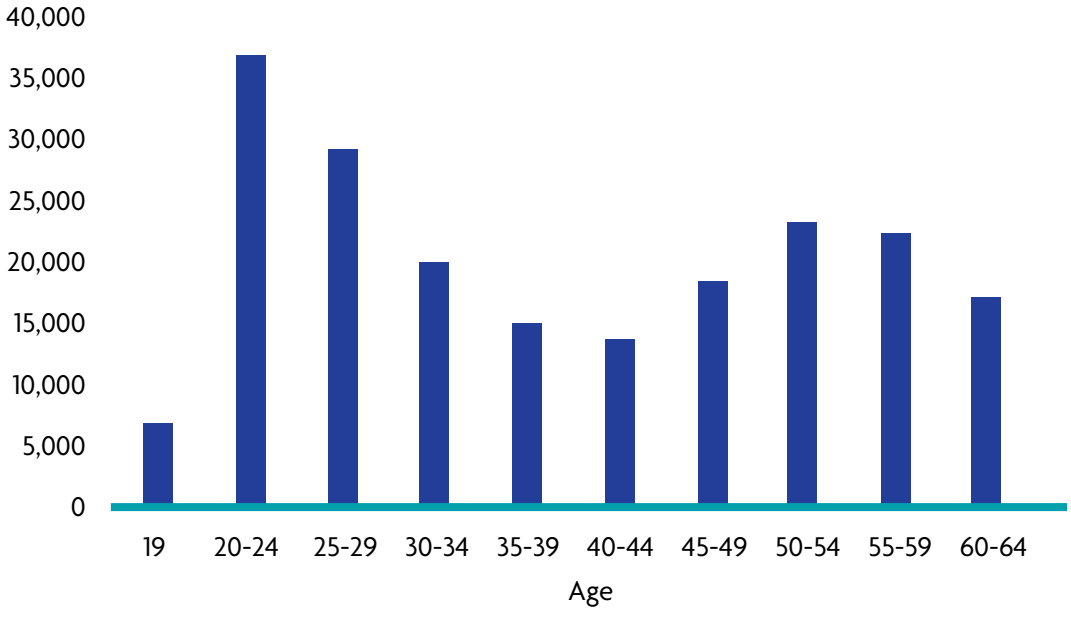
14% unknown

Before HUSKY D, low-income adults who did not get health insurance through an employer had few coverage options. Until 2010, Connecticut's Medicaid program was limited to people in three groups: children and their parents; low-income seniors; and people with disabilities. People without employer-sponsored coverage could buy insurance through the individual market, but those with pre-existing conditions could be denied coverage.

To qualify for HUSKY D, an individual must earn less than $16,643 per year.[6] That's 138 percent of the federal poverty level in 2018. For a married couple to qualify, their combined income must be below $22,411. For comparison purposes, a person working 30 hours per week at Connecticut's 2018 minimum wage – $10.10 per hour – would earn $15,756 in a year.

Connecticut's Medicaid expansion has been financed almost entirely by the federal government. As part of the Affordable Care Act, the federal government paid the entire cost of coverage for people covered by the Medicaid expansion from 2014 through 2016. The state now contributes a small portion of the cost – 6 percent in 2018; it will rise to 10 percent in 2020[7] – but unless there are changes to federal law, Connecticut will never pay more than 10 percent of the cost of HUSKY D coverage. By contrast, the federal government pays 50 percent of the cost of coverage for most other parts of Medicaid in Connecticut.

HUSKY D Enrollment by Age, 2016



THE BIG PICTURE

HUSKY in Connecticut

HUSKY D is one part of Connecticut's Medicaid program, which covers more than 750,000 people.

Medicaid is a federal-state program, run by the state in accordance with federal rules. The federal government reimburses Connecticut for a significant portion of what the state spends on HUSKY. The same is true for the Children's Health Insurance Program, known as HUSKY B in Connecticut, which covers children whose families have incomes above the Medicaid limit.

	HUSKY A	HUSKY B	HUSKY C	HUSKY D
Who is covered?	• Children under 19 and their parents or caretakers • Pregnant women • Children involved with the Department of Children and Families	• Children	• Seniors • Individuals with disabilities • Refugees	• Adults without minor children
What are the income limits to qualify? (percent of the federal poverty level)	• Parents: 138% * • Children: 201% • Pregnant women: 263%	Between 201% and 323%	Approximately 52%***	138%
How many are covered? (average monthly enrollment, October through December 2016)[10]	454,580	16,705	92,256	209,484
What is the cost per member per month? (average monthly cost, October through December 2016)[11]	$313	$188	$2,481	$564
Who pays how much?	Federal government: 50%** State government: 50%	Federal government: 88% State government: 12%	Federal government: 50% State government: 50%	Federal government: 94% State government: 6%

** Eligibility for parents will rise to 155% of the federal poverty level on July 1, 2018.*

*** Connecticut can receive an 88 percent reimbursement rate from the federal government for children in HUSKY A whose family incomes are above 138 percent of the federal poverty level.*

**** There are additional categories of HUSKY, including portions that cover working individuals with disabilities and people in nursing homes, which have different income limits and eligibility requirements.*

FACES OF HUSKY D:

ANABELA GOMES

Waterbury, Connecticut
22 years old

Anabela Gomes is a full-time student studying psychology at Naugatuck Valley Community College. She also works as a home care provider for a woman with medical needs, organizing her medications, taking her to appointments, and helping her with errands and housework.

Gomes credits HUSKY D with allowing her to work and attend school. HUSKY D covers her therapy and medications for depression and post-traumatic stress disorder.

"If I wasn't on HUSKY D, I would be in a really bad place right now because I wouldn't have the means of doing anything for my depression and PTSD," she said.

It's something she knows from experience.

Last year, Gomes was working three jobs. Because her income put her slightly above the income limit for HUSKY, she bought insurance through Access Health CT, the state's health insurance marketplace. But her health plan's out-of-pocket costs for getting care were too high for her to afford.

The lack of mental health care, coupled with stress over bills, caused her to have an anxiety-induced episode that required hospitalization. Her doctor at the hospital advised her to enroll in therapy after she was discharged, but Gomes said she couldn't afford the out-of-pocket costs she would have to pay under her insurance.

Because of the time she spent in the hospital, she lost one of her jobs, and took medical leave from the others. She is now in school full time while working part time, and qualifies for HUSKY D.

"I definitely have a lot more access to the resources that I need," she said. "I've been able to get very good mental health care, and that's honestly been the main blessing of HUSKY for me, and I really, really need that."

In 2016, **36%** of HUSKY D members used their coverage for mental health or substance use disorder treatment.[12]


WHS
EAGLES
VOLLEYBALL

FACES OF HUSKY D:

JULIA LANZANO

Wethersfield, Connecticut
49 years old

It all started with a headache.

For more than a year, **Julia Lanzano** struggled with headaches. Some were excruciating. They would go away but always came back.

Eventually, Lanzano had to stop working because of the headaches, giving up her job as an executive assistant.

Even so, she put off going to the doctor. She felt foolish going for "just" a headache.

Besides, because she wasn't working, she no longer had health insurance. Her two teenage children were covered under her ex-husband's policy, and she figured she could get by without coverage of her own.

When she finally saw a doctor, in June 2015, the doctor suggested a CT scan. Lanzano got the scan – after paying $700 up front because she didn't have insurance.

The result was shocking: She had a brain tumor.

What came next happened fast. She was admitted to the hospital and doctors removed the tumor during a 12-hour surgery. She spent most of the next two months in the intensive care unit.

Although Lanzano had been uninsured when she was diagnosed, she was eligible for HUSKY D, and social workers at the hospital helped her sign up. The coverage helped her avoid hundreds of thousands of dollars in bills.

"It was a godsend," she said.

Still, being in the hospital for months meant not being able to work. The financial pressures were significant. She lost her car and had to sell her home.

Once Lanzano was discharged, she pushed hard to get back to work – probably too aggressively, she now realizes. She was motivated by the need to keep a roof over her head. Although her doctors told her she wouldn't be able to work in an office again, she surpassed their expectations and began working fulltime. For a time, she was covered by an employer's health plan.

More recently, she learned she had brain damage from the tumor and needed occupational and speech therapy to regain certain skills. She applied and was approved for disability support. As part of a trial period under the disability program, she can work, and has been working temp jobs. After two years of being declared disabled, Lanzano will qualify for Medicare. In the meantime, she is covered by HUSKY.

Sometimes, she feels embarrassed to be covered by HUSKY, hesitant to name her insurance when she goes to a doctor's office. "There is a huge stereotype," she said.

Still, she's grateful for the program, for the safety net it provided her and others with brain tumors. "What are we to do if it's not there?" she said.

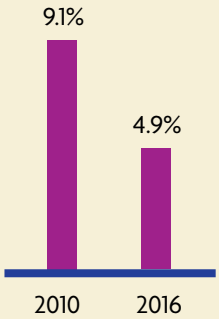
Lanzano belongs to the Connecticut Brain Tumor Alliance, where she has met many others who have faced similar situations. Nearly everyone lost their house because of their medical bills or the time they were unable to work. Now, they worry what will happen if federal law changes and once again allows insurance companies to deny coverage to people with pre-existing conditions.

"We're all absolutely terrified of what's going to happen," Lanzano said.

HUSKY D and Connecticut's uninsured rate

Connecticut officials have taken pride in the dramatic drop in the state's uninsured rate in recent years. HUSKY D played a central role in that change.

The uninsured rate[13]



These numbers equate to a reduction in the number of uninsured state residents from approximately **320,000** in 2010 to **172,000** in 2016.

46%
drop in uninsured[14]

HOW ARE HUSKY D MEMBERS USING THEIR COVERAGE?

Emergency department visits fell by

36%

Outpatient care visits rose by

19%

Having health insurance is a critical first step toward being able to access the care needed to stay healthy. Yet coverage alone isn't enough to achieve good health; people must be able to use their coverage to get care.

Health care claims data for HUSKY D members offers a picture of how individuals are using their coverage.

Outpatient and preventive care

Most HUSKY D members have used their insurance to get preventive and outpatient services.[15]

- The rate of emergency department visits among HUSKY D members fell by **36 percent** from 2012 to 2016. Over the same period, the rate of outpatient care visits rose by **19 percent**.

80%

- **80 percent** of HUSKY D members aged 20 and older had at least one outpatient or preventive care visit in 2016.

65%

- **65 percent** of women aged 52 and older in 2016 had a mammogram to screen for breast cancer within the past two years.

55%

- **55 percent** of women 24 and older in 2016 had been screened for cervical cancer.

Data in this section comes from Community Health Network of Connecticut, which administers the medical portion of HUSKY, and Beacon Health Options, which administers the behavioral health portion of HUSKY. The medical measures are part of HEDIS (Healthcare Effectiveness Data and Information Set), a tool used to measure performance by health plans. The data begins in 2012 because the state changed the way HUSKY was administered at the beginning of 2012.

Asthma

For patients with asthma, a key measure of quality care – and a predictor of positive outcomes[16] – is the proportion of a person's total asthma medications that are controllers. Controllers are used on a long-term basis to maintain control of the condition, in contrast to rescue medications, which are used for acute attacks.

- **64 percent** of HUSKY D members with persistent asthma had controller medications that made up half or more of their total asthma medications in 2016 – an indication of quality asthma care.[17]

Diabetes

In 2016, **9.2 percent** of HUSKY D members had a diagnosis of diabetes.[18] For individuals with diabetes, control of HbA1c – a measure of blood glucose – is critical to reducing the risk for long-term health complications.

- In a sample of more than 500 HUSKY D members, the percentage considered to have HbA1c control rose from **31 percent to 50 percent** from 2012 to 2016. In that time, the percentage of those with poorly controlled HbA1c levels fell from **63 percent to 40 percent**.[19]

Behavioral health

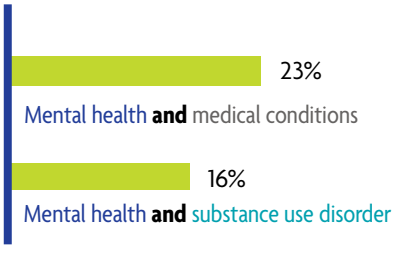
Among HUSKY D members diagnosed with alcohol or drug dependence:

- **52 percent** began treatment within 14 days of diagnosis in 2016. This figure is an increase from **37 percent** in 2012.[20]

In 2016:[21]

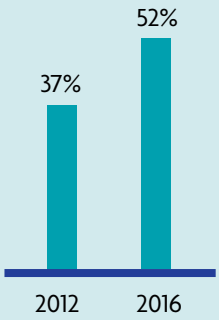
- **36 percent** of HUSKY D members received mental health or substance use disorder treatment.
- **23 percent** of HUSKY D members had both behavioral health and medical conditions.
- **16 percent** of HUSKY D members had co-occurring mental health and substance use disorders.

Behavioral health diagnoses among HUSKY D members



Timely treatment

Members diagnosed with alcohol or drug dependence who received treatment within 14 days



9.2%

of HUSKY D members had a diagnosis of diabetes

Patricia Rehmer
photo provided by Hartford HealthCare

HUSKY D AND SUBSTANCE USE DISORDERS

A recent national study examined the impact of the Medicaid expansion on treatment for opioid-use disorders by focusing on the percentage of opioid-related hospitalizations in which the patient was uninsured. The study compared states that expanded Medicaid to states that did not expand Medicaid.[25]

- In states that **expanded Medicaid**, the share of opioid-related hospitalizations in which the patient had no insurance dropped from **13.4%** in 2013 **to 2.9%** in 2015.

- In states that did **not expand Medicaid**, the rate fell from **17.3% to 16.4%.**

Like the rest of the nation, Connecticut is in the midst of a crisis. Record numbers of state residents are dying from opioid overdoses, including close to 1,000 in 2017,[22] and far more are struggling with addiction. The rate of opioid-related emergency department visits doubled in Connecticut between 2008 and 2015.[23]

In 2016, nearly one in 10 HUSKY D members – 9.5 percent – had been diagnosed with an opioid use disorder.[24]

Rebecca Allen and Patricia Rehmer have unique perspectives from which to view the epidemic, and the critical role HUSKY D has played in the state's response.

View from the frontlines

Rebecca Allen is the director of recovery support services at Connecticut Community for Addiction Recovery. She oversees a team of "recovery coaches" – individuals who get dispatched to emergency rooms when someone comes in after overdosing.

That moment, after an overdose, can be an opening, a time when a person considers getting treatment. Allen's team is there to help facilitate it.

While there are many barriers to getting someone into treatment, since the creation of HUSKY D, insurance hasn't been one of them.

"I've been working in this field for close to 20 years now, and the difference the expansion of HUSKY has made to people suffering from alcohol or substance use disorders is huge," Allen said. "Twenty years ago, even 10 years ago, it was so difficult to get people into treatment."

Now, Allen's team often works with people who are uninsured but qualify for HUSKY D. They can get signed up in the hospital – an important step, because having health insurance is critical to getting a treatment bed.

"The window, sometimes, for people that want treatment or need treatment, is small," Allen said. "So being able to link people to treatment that quickly is really great."

A statewide lens

Patricia Rehmer has viewed the expansion of HUSKY from two vantage points. In 2010, when Medicaid was expanded, Rehmer was Connecticut's commissioner of mental health and addiction services. She now leads the Behavioral Health Network of Hartford HealthCare, a health system that includes six hospitals as well as Rushford, a provider of substance use disorder and mental health treatment programs.

"It really was the door opening up for individuals, especially young, single men who were struggling with opioid addiction," Rehmer said. That population included young adults who were too old to remain on their parents' health plans and those who had grown up in the foster care system. It also included young adults with addiction issues who were no longer connected with their families.

"Many families cut off their young adults because they've kind of been through hell and back, lost a lot of money, trust has been broken," Rehmer said. "Our work is to get them reconnected with their families, but if they don't have HUSKY D, it makes it very, very difficult."

Although people with disabilities were eligible for Medicaid before HUSKY D, many people with substance use disorders did not meet qualifications for that coverage, Rehmer noted.

Rehmer worries about the possibility of cutbacks to HUSKY D and what that would mean for those who would lose coverage.

"My fear is that we're going to end up with a lot more overdoses," she said. "If they cut it, we will have (emergency departments) that are seeing people that overdose...The recovery coaches will have a harder time finding beds for the individuals that don't have HUSKY coverage."

HUSKY D AND RE-ENTRY

Jerry Smart
Photo courtesy of The Health Justice Lab

People in prison are more likely to have medical and mental health[26] needs than the general population[27] – and those needs don't go away when they return to their communities. Each year, approximately 23,500 people are released from Connecticut Department of Correction facilities.[28]

Judi Gaudet and her colleagues at Generations Family Health Center work with some of them, helping to coordinate the health care and other needs of people leaving prison.

"The goal is: Keep them healthy, keep them working, off the streets, and out of jail," said Gaudet, who oversees the care coordination program at Generations, a community health center with sites in Norwich, Willimantic, Danielson, and Putnam.

For most of her team's clients, HUSKY D is key to addressing their health care needs. Without the state's Medicaid expansion, many would not have health care coverage.

"It's almost imperative for them to have that HUSKY D when they come out," Gaudet said.

Research backs up that premise.

"Improving the health coverage of people upon their release from jail could considerably improve public health and reduce costs, and it may also improve employment outcomes and reduce reoffending," wrote the authors of a 2016 report[29] on a pilot program to facilitate Medicaid enrollment among pretrial detainees in Connecticut. They cited studies published a decade earlier that found that individuals with severe mental illness who were covered by Medicaid when they were released from jail were less likely to return to jail[30] and more likely to use health services compared those not covered by Medicaid.[31]

Many of the men and women Gaudet's team works with leave prison with health care needs, whether for dental, vision, or behavioral health care, or treatment for hepatitis C or chronic diseases such as diabetes and hypertension.

One man received care coordination through Generations after spending 10 ½ years in prison. He had overcome a significant addiction while incarcerated and wanted to stay clean and sober when he got out. Working with the Generations team in Norwich helped. He received behavioral health treatment for his anxiety, as well as care for his underlying hypertension. He has now worked for more than two years at one company and was recently promoted.

"It's a no-brainer," Gaudet said. "Having the HUSKY D is tantamount to being successful and decreasing the recidivism for incarceration."

Jerry Smart, a community health worker at the Yale Transitions Clinic in New Haven, has a similar perspective.

"Having HUSKY is huge," he said. Like Gaudet and her colleagues, Smart works with people recently released from prison, helping with their re-entry to their communities.

All his clients are covered by HUSKY D.

"You have people coming home with all different types of chronic illnesses," he said. "If we did not have Medicaid, how would it be treated? Who would treat them?"

Many people with long sentences enter prison as healthy young adults and come out older and sicker.

Smart describes HUSKY D as a safety net "until a person could do better" – get married or get a job that comes with private insurance.

"All of us should have health care regardless of whether we were incarcerated," Smart said. "Kids, senior citizens, everybody, we need it. It's important, because without insurance, it's like we're playing Russian roulette with our life."

FACES OF HUSKY D:

LINDA YANNONE

Sherman, Connecticut
58 years old

Linda Yannone worked for most of her life as a gardener and horticulturalist. She and her husband usually got their health insurance through his work as an auto mechanic. But when he lost his job at a car dealership in 2006, they lost their health care coverage too.

"We were really hurting," she said.

Yet she knew she needed to maintain her health insurance. Yannone is a cancer survivor and lives with lupus, an autoimmune disease. She was afraid of what could happen if she were uninsured.

"I was just petrified," she said. "If I had to have surgery and had no coverage, I don't know how we would've paid for it."

Buying her own insurance was a sacrifice. The cost of premiums was unsustainable and eventually drained her family's savings. She knew they could rely on their church to help with basic needs, but she and her husband were hesitant to seek social services or other assistance.

Then, something changed: When Connecticut expanded the Medicaid program as part of the Affordable Care Act, Yannone and her husband were among those who qualified for HUSKY D.

Because of HUSKY D, she can go to her doctor regularly and receive preventative care and treatment for her lupus. Her medications are covered. She no longer has to worry about scraping together thousands of dollars each year in premiums.

She calls it a blessing, and a source of stability.

"It's such a relief," Yannone said. "It's made all the difference in my life."

For the past few years, Yannone has worked as a substitute teacher. It's a job she loves, but it comes without benefits. She's still applying for other jobs, but isn't optimistic, particularly because of her age. Sometimes, she said, it feels like "all the cards are stacked against you."

"You work so hard your whole life to have a good life, and then when you're sick, and you can't get care or you can't afford care, what kind of life is it?" she said.

A 2016 national survey of adults asked what coverage they had before getting Medicaid:[32]

62% had been uninsured

20% had employer-sponsored insurance

2% had individual-market coverage

5% had coverage through an insurance marketplace

FACES OF HUSKY D:

BRENDA HARRIS

New Haven, Connecticut
55 years old

Brenda Harris works as a school bus aide, helping special needs children on the way to and from school. It's a part-time job that does not provide health insurance.

As a result, Harris is covered through HUSKY D. She signed up for the program after being laid off from her previous job as an assistant teacher, where she'd had good private health care coverage.

Harris is grateful for the coverage HUSKY D provides, but she is also worried. With efforts at the federal level to scale back health care coverage, Harris wonders what she would do if HUSKY D were not an option.

Something she's sure about: Without HUSKY D, she would not be able to pay for her medications for diabetes, high blood pressure, and high cholesterol.

"With what little bit you do make, you're trying to make sure you have a roof over your head," she said.

Harris knows she's not alone in worrying about losing coverage. She is involved in many community organizations, including New Haven Healthy Start and Mothers for Justice, and she hears people talk about their lives and health issues.

"It's very, very scary," she said of the prospect of losing coverage. "People already can't sleep because they're worried about if they're going to have medical (coverage) or be able to have food."

A 2016 national survey found that among people who enrolled in Medicaid under the Affordable Care Act and had gotten care, **70%** said they would not have been able to access or afford the same care before getting Medicaid.[33]

WHERE DO HUSKY D ENROLLEES LIVE?

HUSKY D covers people in every city and town in Connecticut.[34]

In 2016, 6.5% of HUSKY D members were homeless.[35]

Town	Number covered by HUSKY D	Percent covered by HUSKY D
Andover	108	3%
Ansonia	1,378	7%
Ashford	200	5%
Avon	274	1%
Barkhamsted	128	3%
Beacon Falls	221	4%
Berlin	641	3%
Bethany	175	3%
Bethel	665	3%
Bethlehem	140	4%
Bloomfield	1,284	6%
Bolton	156	3%
Bozrah	109	4%
Branford	1,297	5%
Bridgeport	16,330	11%
Bridgewater	40	2%
Bristol	3,664	6%
Brookfield	509	3%
Brooklyn	395	5%
Burlington	203	2%
Canaan	161	14%
Canterbury	231	5%
Canton	304	3%
Chaplin	127	6%
Cheshire	628	2%
Chester	133	3%
Clinton	565	4%
Colchester	566	4%
Colebrook	45	3%
Columbia	176	3%
Cornwall	58	4%
Coventry	440	4%
Cromwell	453	3%
Danbury	4,131	5%
Darien	306	1%
Deep River	191	4%

Town	Number covered by HUSKY D	Percent covered by HUSKY D
Derby	893	7%
Durham	142	2%
East Granby	154	3%
East Haddam	287	3%
East Hampton	490	4%
East Hartford	4,366	9%
East Haven	1,871	6%
East Lyme	573	3%
East Windsor	558	5%
Eastford	47	3%
Easton	148	2%
Ellington	470	3%
Enfield	1,858	4%
Essex	193	3%
Fairfield	1,445	2%
Farmington	673	3%
Franklin	49	3%
Glastonbury	764	2%
Goshen	78	3%
Granby	223	2%
Greenwich	1,457	2%
Griswold	720	6%
Groton	1,496	4%
Guilford	548	2%
Haddam	194	2%
Hamden	2,884	5%
Hampton	109	6%
Hartford	18,404	15%
Hartland	47	2%
Harwinton	150	3%
Hebron	253	3%
Kent	130	5%
Killingly	1,070	6%
Killingworth	201	3%
Lebanon	493	7%
Ledyard	529	4%

Town	Number covered by HUSKY D	Percent covered by HUSKY D
Lisbon	168	4%
Litchfield	255	3%
Lyme	70	3%
Madison	376	2%
Manchester	4,080	7%
Mansfield	430	2%
Marlborough	165	3%
Meriden	4,817	8%
Middlebury	156	2%
Middlefield	147	3%
Middletown	3,375	7%
Milford	2,271	4%
Monroe	549	3%
Montville	891	5%
Morris	90	4%
Naugatuck	1,751	6%
New Britain	8,439	12%
New Canaan	252	1%
New Fairfield	371	3%
New Hartford	213	3%
New Haven	15,583	12%
New London	2,851	11%
New Milford	1,095	4%
Newington	1,191	4%
Newtown	684	2%
Norfolk	64	4%
North Branford	452	3%
North Canaan	43	1%
North Haven	787	3%
North Stonington	194	4%
Norwalk	4,468	5%
Norwich	3,926	10%
Old Lyme	237	3%
Old Saybrook	363	4%
Orange	328	2%
Oxford	321	2%
Plainfield	978	6%
Plainville	899	5%
Plymouth	610	5%
Pomfret	127	3%
Portland	360	4%
Preston	201	4%
Prospect	306	3%
Putnam	641	7%
Redding	192	2%
Ridgefield	360	1%
Rocky Hill	547	3%
Roxbury	53	2%
Salem	161	4%

Town	Number covered by HUSKY D	Percent covered by HUSKY D
Salisbury	120	3%
Scotland	35	2%
Seymour	745	5%
Sharon	175	6%
Shelton	1,493	4%
Sherman	84	2%
Simsbury	451	2%
Somers	258	2%
South Windsor	635	2%
Southbury	489	2%
Southington	1,347	3%
Sprague	206	7%
Stafford	536	5%
Stamford	6,110	5%
Sterling	206	6%
Stonington	1,045	6%
Stratford	2,897	6%
Suffield	304	2%
Thomaston	335	4%
Thompson	415	4%
Tolland	338	2%
Torrington	2,669	8%
Trumbull	889	2%
Union	26	3%
Vernon	1,721	6%
Voluntown	128	5%
Wallingford	1,643	4%
Warren	39	3%
Washington	137	4%
Waterbury	13,989	13%
Waterford	741	4%
Watertown	917	4%
West Hartford	1,983	3%
West Haven	4,194	8%
Westbrook	287	4%
Weston	150	1%
Westport	450	2%
Wethersfield	995	4%
Willington	195	3%
Wilton	226	1%
Winchester	701	7%
Windham	2,682	11%
Windsor	2,102	7%
Windsor Locks	598	5%
Wolcott	597	4%
Woodbridge	215	2%
Woodbury	300	3%
Woodstock	251	3%

Source: Connecticut Department of Social Services. Data reflects enrollment in September 2016.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HUSKY D: CHALLENGES AND OPPORTUNITIES

In many ways, the creation of HUSKY D has been an unquestionable success. It has provided a new health care safety net for low-income adults, reduced Connecticut's uninsured rate, and ensured that thousands of individuals can access preventive health care and needed treatment. Still, data suggests that some challenges remain.

Health care utilization: It is clear from claims data that HUSKY D members have been able to use their coverage to get care. However, the rates at which HUSKY D members use outpatient and preventive services are below the rates of use by privately insured Connecticut residents,[36] indicating there is more work to be done to ensure that members can and do use their coverage to get appropriate care.

Provider payment rates: The reduction in Connecticut's uninsured rate has meant that hospitals are treating fewer patients who don't have coverage.[37] However, hospital officials and other health care providers frequently raise concerns that Medicaid payment rates do not cover the cost of care, making it a challenge to treat a high volume of patients covered by HUSKY. In 2016, Medicaid paid Connecticut hospitals an average of 61 cents for every dollar of cost.[38]

Changes in federal funding: HUSKY D is almost entirely funded by the federal government, and the federal payments are based on what the state spends for the coverage. Federal lawmakers have considered multiple proposals in recent years to fundamentally change the way Medicaid is funded, shifting it from a system in which the federal government pays states based on a percentage of the cost of coverage to one in which states receive a fixed allotment to use to pay for coverage. This type of shift could significantly challenge Connecticut's ability to maintain this coverage for more than 200,000 state residents who need it.

Photo provided by Hartford HealthCare

CONCLUSION

Nearly eight years after Connecticut expanded HUSKY to cover more low-income adults, HUSKY D has made a significant impact on the state's uninsured rate and the lives of thousands of people. The majority of those covered are using this insurance to get preventive care, and the rate of emergency department usage has declined, a promising trend. The federal government has financed more than 90 percent of the cost of the program, allowing Connecticut to cover more than 200,000 people with a relatively small budgetary impact.

While every person covered by HUSKY D has a unique story, those highlighted in this report illustrate common themes. HUSKY D has provided coverage to individuals whose jobs do not offer insurance or who lose access to an employer-sponsored plan. It has enabled people with behavioral health needs to get care and helped those with chronic conditions keep up with their routine care. It helps individuals obtain lifesaving care without incurring catastrophic bills. It covers people from all corners of the state and a wide range of experiences, from students entering into adulthood to those close to retirement age. Many never expected themselves to rely on Medicaid.

The expansion of HUSKY has been a critical tool in the fight to address the opioid crisis and other substance use disorders, helping people get into treatment. It has been instrumental in ensuring that the thousands of people who leaven prison each year can continue receiving medical and mental health treatment in the community.

National data and research from other states correspond to the experiences in Connecticut, indicating that those newly eligible for Medicaid under the Affordable Care Act have been able to use their coverage to get preventive care, connect to a regular health care provider, and receive treatment for chronic conditions.[39] [40] Studies have also indicated that gaining Medicaid coverage has reduced unmet medical needs and medical debt, increased people's ability to keep or find jobs, and allowed enrollees more easily to cover other basic needs such as food and housing.[41] [42]

As is the case with all new initiatives, HUSKY D has challenges and opportunities for improvement. Nonetheless, HUSKY D has played a key role in creating a safety net for individuals who might otherwise go without coverage and care and provided more than 200,000 Connecticut residents a pathway to better health.

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