

HUSKY D: KEY FACTS

10 things to know about HUSKY D

Connecticut expanded its Medicaid program in 2010 as part of the Affordable Care Act, creating a new form of coverage for low-income adults without minor children. HUSKY D, as the Medicaid expansion is known, covers more than 200,000 Connecticut residents.

1

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

2

To qualify for HUSKY D, an individual must earn less than \$16,643 per year.² 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.

3

As of September 2016, **HUSKY D covered 204,336 people**, including individuals from every city and town in Connecticut.

4

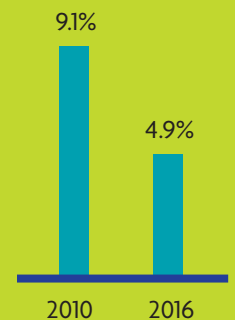
Most people covered by HUSKY D are using their insurance to get care. Just over 80 percent of people with HUSKY D used the coverage for preventive or outpatient health services in 2016.³

5

Emergency department usage among HUSKY D members is down significantly. The rate of emergency department visits fell by 36 percent from 2012 to 2016.⁴



CT's uninsured rate*



* U.S. Census Bureau

For more on HUSKY D,
visit [www.cthealth.org/
publication/huskyd](http://www.cthealth.org/publication/huskyd)

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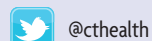
ENDNOTES

- 1 U.S. Census Bureau, "Percent Without Health Insurance Coverage – United States – States; and Puerto Rico," American FactFinder, accessed March 6, 2018. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_YR_GCT2701.US01PR&prodType=table
- 2 Connecticut Department of Social Services, "Connecticut HUSKY Health Program Income Guidelines – Effective January 1, 2018," last updated Nov. 17, 2017. <http://www.ct.gov/hh/lib/hh/pdf/HUSKYAnnualIncomeChart.pdf>
- 3 Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016. This data was obtained through a records request from the Connecticut Department of Social Services.
- 4 Ibid.
- 5 This data was obtained through a records request from the Connecticut Department of Social Services.
- 6 Community Health Network of Connecticut HEDIS data for HUSKY D, 2012 through 2016.
- 7 Beacon Health Options HUSKY D data dashboard for HUSKY D members, 2015-2016. This data was obtained through a records request from the Connecticut Department of Social Services.

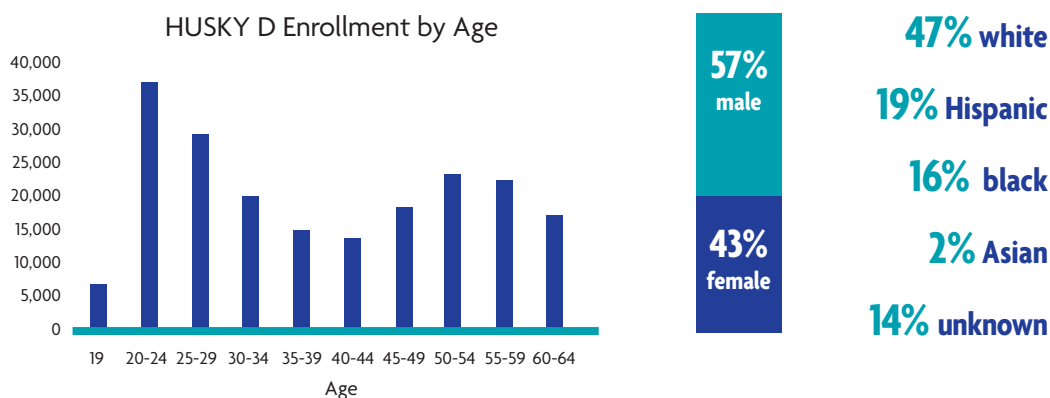
For more on HUSKY D, visit www.cthealth.org/publication/huskyd



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6 Among HUSKY D members in 2016:⁵



7 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 2016.⁶

8 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.⁷

9 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.

10 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 – but unless there are changes to federal law, Connecticut will never pay more than 10 percent of the cost of HUSKY D coverage.