





# Medicaid in Connecticut

2024

## **MEDICAID**

Medicaid provides health care coverage to low-income residents in every state. It is administered by each state under federal rules and serves as a critical safety net for one in five U.S. residents. The federal government pays more than half of the state's Medicaid costs. Medicaid is separate from Medicare, which covers seniors and people with disabilities.

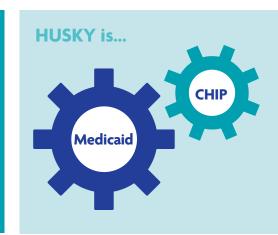
#### One in five

U.S. residents are covered by Medicaid



## **HUSKY**

HUSKY is Connecticut's name for Medicaid and the Children's Health Insurance Program (CHIP), which covers children whose family incomes are above the Medicaid limit.

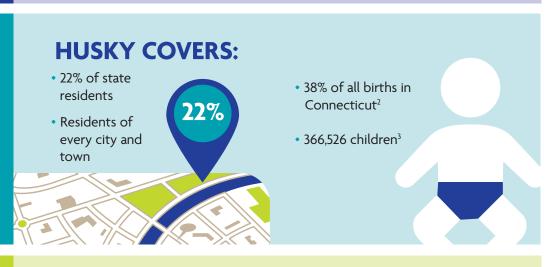


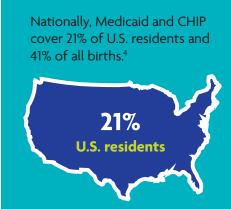


## WHY MEDICAID MATTERS:

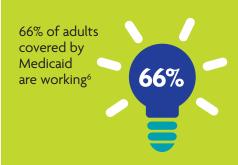
- Medicaid provides health care coverage to more than 900,000 state residents – including more than 366,000 children.<sup>1</sup>
- Medicaid makes it possible for people to receive preventive care to stay
  healthy and to get medical care, behavioral health services, and dental care
  when they need it.
- Medicaid is the largest payer of long-term care in the state, covering residents in nursing homes and those receiving home health care.







# OF MEDICAID MEMBERS:<sup>5</sup> Two of five are children



## WHAT ROLE DOES MEDICAID PLAY IN THE ECONOMY?

Medicaid is one of the major funders of health care services – money that goes to hospitals, community health centers, behavioral health providers, and others who deliver care.

#### **Medicaid covers:**

25% of hospital discharges<sup>7</sup>

60% of community health center patients8



## What are HUSKY A B C and D?

There are four parts of HUSKY.

Name	Who's covered?	Income limit	How many people <sup>10</sup>	Average monthly per-person cost <sup>11</sup>	Federal government pays
HUSKY A	Children Parents Pregnant people	201% FPL 138% FPL* 263% FPL	515,900	\$307	50%
HUSKY B (CHIP)	Children whose family incomes are too high for Medicaid	323% FPL	22,100	\$196	65%
HUSKY C	Seniors People with disabilities	105% FPL	83,800	\$2,590	50%
HUSKY D	Adults without minor children	138% FPL	311,400	\$519	90%

Enrollment data is as of October 2024; cost data is from fall 2021 (most recent available) Enrollment numbers are rounded to nearest hundred

**To qualify for HUSKY A**, a family of three would have to earn less than \$35,631 per year (138% of FPL). **To qualify for HUSKY D**, a single person would have to earn less than \$20,782 per year.

## WHAT ARE THE LONG-TERM OUTCOMES OF MEDICAID?

Research<sup>12</sup> has linked Medicaid coverage of children and pregnant women to long-term health and economic benefits. These include:

- **Better health during adulthood:** improved overall health, reduced obesity, decreased hospitalizations, lower rates of disability, and reduced mortality.
- **Greater educational attainment:** higher reading test scores, reduced high school dropout rates and increased likelihood of college attendance and degree completion.
- Increased employment, higher earnings, higher tax payments in adulthood.

Research  $^{13 \, 14}$  has also found that the expansion of Medicaid to low-income adults without minor children – which occurred under the Affordable Care Act – has been linked to:

- Improved access to medical care and behavioral health treatment.
- More early-stage cancer diagnosis and treatment.
- Less medical debt and fewer unpaid bills among low-income people.

Some studies also found that gaining Medicaid coverage made it easier for people to look for jobs or continue working, which benefit individuals as well as the state's overall economy.



FPL: Federal poverty level
\*Eligibility for parents and other caretakers of minor children was cut from 150% FPL to 138% during the 2024 legislative session.





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#### How can I learn more?

Read: Medicaid 101 by KFF

Medicaid in Connecticut by KFF

Medicaid's role in Connecticut's economy, health system, and budget by Edwin Park, Georgetown Center for

Children and Families

Faces of HUSKY D: The impact of Connecticut's Medicaid expansion by the Connecticut Health Foundation

Attend: Stay tuned for a briefing on Medicaid from DSS and KFF at the start of the 2025 session.

### **Endnotes**

- 1 KFF, Monthly Child Enrollment in Medicaid and CHIP, August 2024.
- 2 KFF, Medicaid in Connecticut, August 2024.
- 3 KFF, Monthly Child Enrollment in Medicaid and CHIP, August 2024.
- 4 KFF, Medicaid in United States, August 2024.
- 5 KFF, Medicaid in Connecticut, August 2024.
- 6 KFF, Medicaid in Connecticut, August 2024.
- 7 Connecticut Office of Health Strategy, <u>Annual Report on the Financial Status of Connecticut's Acute Care Hospitals, for the Fiscal Year 2022,</u> September 2023.
- 8 KFF, Community Health Center Patients by Payer Source, 2023.
- 9 KFF, Medicaid in Connecticut, August 2024.
- 10 CT Data, DSS Types of Assistance Participation by Month CY 2012-2024, October 2024 data.
- 11 Connecticut Department of Social Services, Medicaid Cost Transparency Data, November 2022.
- 12 Edwin Park, Medicaid's Role in Connecticut's Economy, Health System, and Budget, Connecticut Health Foundation, August 2018.
- 13 Madeline Guth, Rachel Garfield, and Robin Rudowitz, <u>The Effects of Medicaid Expansion Under the ACA: Studies from January 2014 to January 2020</u>, KFF, March 17, 2020.
- 14 Rose C. Chu, Christie Peters, and Thomas Buchmueller, Medicaid: The Health and Economic Benefits of Expanding Eligibility, U.S. Department of Health and Human Services, September 2024.