

LEAVER SURVEY: Understanding Experiences With Healthcare Coverage For Those Who Lost or Dropped Medicaid/HUSKY

Prepared For



Funded by a grant from the
Connecticut Health Foundation



December 2023

Table of Contents

- Executive Summary.....3
 - Learning Objectives and Methodology.....4
 - Key Insights and Findings.....6
 - Recommendations.....9
- Detailed Findings.....10
 - Current Healthcare Coverage.....11
 - Experiences With Medicaid/HUSKY.....20
 - Experiences With Dropping or Losing Medicaid/HUSKY.....24
 - Healthcare Coverage Needs and Barriers to Access.....30
 - Feelings Towards the Medical Community.....38
 - Profile of Consumers Who Moved Out-of-State.....42
- Appendix.....44
 - Appendix A: Methodology.....45
 - Appendix B: Demographic Characteristics47
 - Appendix C: Survey Questions.....51
 - Appendix D: Additional Charts57



Executive Summary and Key Findings

Learning Objectives and Methodology Overview

About the Leaver Survey

Prior to the pandemic, HUSKYHealth (Connecticut’s Medicaid and Children’s Health Insurance Program (CHIP)) clients had to meet eligibility requirements to keep their healthcare coverage. During the pandemic, the termination process was paused, and Medicaid customers were able to keep their coverage even if they no longer qualified. Starting in March 2023, HUSKY A and D clients started to be reviewed for their eligibility, returning to pre-pandemic requirements for continued coverage. Some clients would no longer remain eligible for HUSKYHealth programs. This process has become known as “Medicaid Unwinding.” Many HUSKYHealth clients have retained their coverage since the Unwinding process began, while others have become eligible for a Qualified Health Plan (QHP) through Access Health CT or have coverage through other means (such as employer-sponsored coverage, coverage through a family member, etc.), yet others are choosing to be uninsured.

Access Health CT partnered with Market Street Research to develop and administer a “Leaver Survey.” The purpose of the research was to understand more about the population leaving HUSKY Health programs and make recommendations about how to reduce gaps in coverage.

Research Methodology Overview

What we were looking to learn:

- Did consumers know about the HUSKYRedetermination process and what they needed to do to retain coverage?
- Do consumers have healthcare coverage through other means?
 - If so, what are they?
- For consumers who do not currently have healthcare coverage, why not?
- What can AHCT do to reduce the proportion who are uninsured in this population?



Learning Objectives and Methodology Overview

Research Methodology Overview

Who we surveyed:

- Households containing 1 or more individuals whose HUSKY coverage was terminated since 5/1/2023 and as of 11/1/2023, who did not have QHP or MAGI Medicaid coverage according to the AHCT system. Respondents were screened to ensure:
 - They were a current resident of Connecticut
 - They were a healthcare decision maker

How we surveyed:

- Data was collected Nov. 6 through Dec. 4, 2023.
- Survey was available online and over phone in both English and Spanish.

Who responded:

- Nearly 700 households (N=678) with residents still living in the state of Connecticut provided feedback, with most (83%) responding for themselves, while the remainder completed the survey on behalf of a household member.

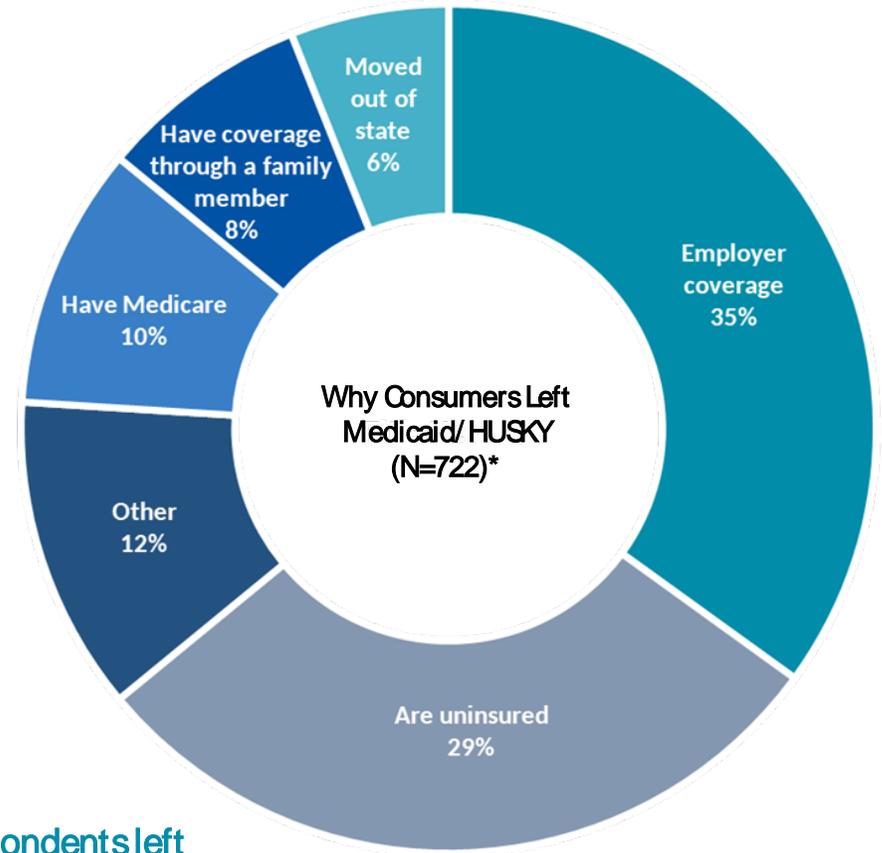


Leaver Survey: Key Findings

FINDING #1: Most customers who were no longer eligible for HUSKYHealth have other coverage, usually through a job or partner.

Survey participants were most likely to have coverage through an employer – and notable populations either aged out of Medicaid and became eligible for Medicare or found coverage through a family member. A smaller population moved out of state and was not asked to participate in the remainder of the survey findings since they would not be eligible for a QHP through Access Health CT or other options within the state. Other coverage sources were also reported, such as coverage through school, military/VA/Tricare, direct from an insurance Carrier or healthcare sharing ministry.

Less than a third of the total population surveyed were uninsured.



Top reasons why respondents left HUSKY/ Medicaid:

- Employer coverage (35%)
- Are uninsured (29%)
- Other (12%)
- Have Medicare (10%)
- Have coverage through a family member, such as a parent or partner/spouse (8%)
- Moved out of state (6%)

Questions include: Q20 and Q23

*Note. 44 respondents were not asked about current coverage because they moved out of state. Only the percentages in this donut include the 44 individuals that moved away, all other percentages in the report are based on the 678 survey participants who continue to reside in Connecticut.

Leaver Survey: Key Findings

FINDING #2: Messages from Access Health CT or the Department of Social Services are effective at encouraging consumers to look at healthcare coverage options.

Of those who browsed options, most were encouraged by a message from Access Health CT or the Department of Social Services, while others heard from friends/family or searched online for information about how to get covered.

Top 3 ways consumers were encouraged to browse healthcare coverage options through Access Health CT:



46%- Messages from Access Health CT or the Department of Social Services



14%- From friends or family



9%- Internet searches



Leaver Survey: Key Findings

FINDING #3: Cost is the largest barrier for the uninsured.

Former HUSKYHealth clients surveyed who were uninsured cited several reasons why they did not have coverage. Cost was the biggest hurdle to overcome. Many expressed that they were hoping to get coverage through an employer to help offset that cost barrier – others simply didn't have time to investigate their options, while others faced different setbacks such as not knowing how to get covered and/or feeling like it simply wasn't worth it, for several reasons including that it takes too much time to process an application, that they don't like the options available or that their preferred care providers were not covered.

Top reasons why respondents are uninsured:

- Do not qualify for HUSKY/Medicaid
- Too expensive
- Waiting to get coverage through an employer
- Have not gotten around to it
- Do not know how to get it
- Feel its not worth it
- Takes too much time
- Do not like the plans
- Providers not covered



39%

Waiting for
finances to
improve



24%

Just have not
gotten around
to it



17%

Waiting for a job
that offers
coverage



Leaver Survey: Recommendations

RECOMMENDATIONS Focus on affordability, awareness and health literacy.

Access Health CT continues to raise awareness about the redetermination process through a direct-to-consumer marketing campaign (including direct mail, email and SMS/text messaging), a state-wide media campaign and a robust outreach effort including free, in-person enrollment events throughout the state.

Health Literacy efforts include partnerships with 2,000+ community partners, “Healthy Chat” events that engage likeminded organizations and Connecticut residents, and continuous implementation of new approaches to reach targeted populations.

Continued collaboration with the Department of Social Services (DSS) is also integral to these efforts.



Leverage all available options to make coverage affordable.

- ✓ Continue to address the major barrier of cost, such as by providing a range of plans and by promoting financial assistance.



Continue to drive awareness of redetermination.

- ✓ More than half of respondents indicated that they were aware of the upcoming redetermination and the impact of not taking action.



Improve Health Literacy and expand outreach to groups that are less likely to have healthcare coverage.

- ✓ Nearly 40% of the uninsured respondents indicated that they do not understand health insurance and therefore find it difficult to sign up for coverage.



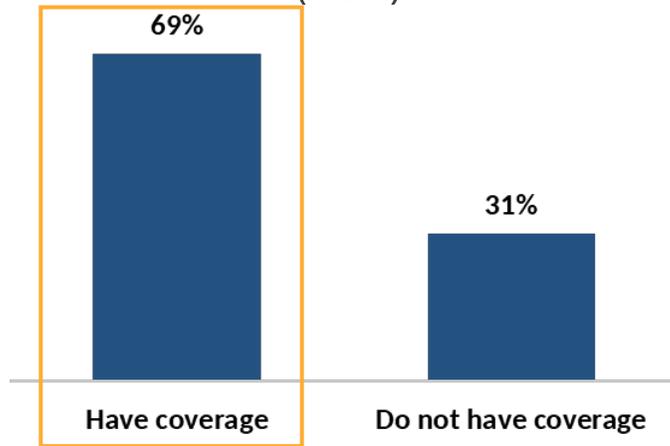
Detailed Findings

Current Healthcare Coverage

Most consumers who lost or dropped HUSKY currently have healthcare coverage, usually through their job.

Most consumers (69%) currently have healthcare coverage.

Do you/ does this person have healthcare coverage right now?
(N=678)



Consumers who are most likely to have healthcare coverage:

- Are ages 65 or older – **89%**
- Have a household income over \$50,000 – **78%**
- Own their residence – **76%**
- Used their coverage 5+ times a year while on Medicaid – **75%**
- Identify as White – **75%**
- Think they understand insurance somewhat or very well – **74%**

Over half (61%) of consumers with healthcare coverage receive it through a job (their own or a spouse or partner).

- Consistent with those over 64 being among the most likely to currently have coverage, Medicare is the 2nd most common source of healthcare coverage.
- Just over 2 in 5 consumers (41%) who currently have coverage got it through Access Health CT.

Where is the current healthcare coverage from?
(N=471)

Their job	54%
Medicare	16%
A spouse or partner's job	7%
A parent or guardian's insurance plan	4%
Bought directly through a health plan (not ACHT)	3%
Medicaid (state other than CT)	2%
None of these	9%
Not sure	3%

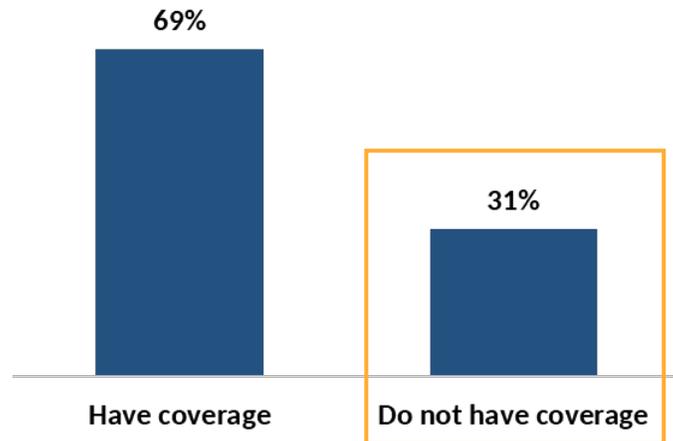
**Note. Table excludes responses offered by fewer than 2% of consumers.*



Just under 1 in 3 consumers do not currently have healthcare coverage.

31% of consumers do NOT currently have healthcare coverage.

Do you/ does this person have healthcare coverage right now?
(N=678)



Those most likely not to have coverage:

- Strongly believe that doctors do not have their best interest in mind – **57%**
- Have some high school or at most a high school diploma or equivalent – **39%**
- Used their HUSKY coverage 2 times a year or less – **39%**
- Identify as non-White – **36%**
- Are under age 45 – **35%**
- Speak a language other than English at home – **35%**
- Have household income of \$50,000 or lower – **35%**
- Rent or live with other (e.g., relatives) – **34%**



Some consumers find themselves in an uncomfortable position where their income is too high to qualify for Medicaid but too low to afford other healthcare coverage.

“It’s pathetic that \$26,000 is too much income when I live paycheck to paycheck & struggle to make ends meet. It’s scary for us not having basic health insurance.”

Do any of the following describe why you/they no longer have healthcare coverage? (N=158)		
Cannot afford it/ too expensive	43%	<i>“I can’t afford it. With rent prices and inflation, I’m hardly making it.”</i>
No longer qualify for HUSKY	29%	<i>“Lost our HUSKY coverage but cannot afford to purchase healthcare.”</i>
Waiting for open enrollment	25%	<i>“Waiting for open enrollment at work.”</i>
Just haven’t gotten around to it yet	11%	<i>“Haven’t finished the sign-up process yet.”</i>
Do not know how to get it	8%	<i>“We don’t know how to get one.”</i>
Health insurance is not worth it	3%	<i>“What’s the point? Nobody covers anything, nobody does what they claimed they would do.”</i>
It takes too much time	2%	<i>“I’ve been on hold with DSS for up to 8 hours just for a temporary password.”</i>
Do not like any insurance plans	2%	<i>“Why would I pay almost \$300 per month to receive literally nothing?”</i>
Providers are not covered on available plans	2%	<i>“My doctors are not covered under most insurance that Access Health says I qualify for.”</i>
None of these	11%	

**Note. Table excludes responses offered by fewer than 2% of consumers.*

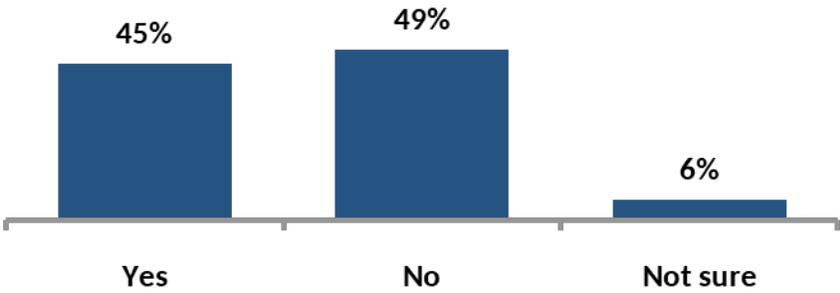


Just under half of consumers looked for healthcare coverage options through Access Health CT after dropping or losing HUSKY.

Just under half (45%) of consumers searched for healthcare coverage options through Access Health CT.

- Consumers who were on HUSKY for 3 years or less are significantly less likely to look for coverage options compared to those who were on HUSKY for longer than 3 years (59% and 42%, respectively).

Did you look at the healthcare coverage options offered by Access Health CT after you/this person dropped or lost Medicaid/ HUSKY?
(N=678)



- Messages from Access Health CT or other state agencies are effective at encouraging consumers to look at offered healthcare coverage options, as over 2 in 5 consumers (46%) who browsed options were encouraged by a message from Access Health CT or the department of social services.

Top 3 ways consumers were encouraged to browse healthcare coverage options through Access Health CT:



46%- Messages from Access Health CT or the Department of Social Services



14%- From friends or family



9%- Internet searches



For those who did not look for healthcare coverage through Access Health CT, many had other healthcare coverage or did not think they were eligible.

Those with an income of \$50,000 or less are significantly less likely to look for coverage through Access Health CT because they cannot afford it, whereas those with a household income over \$50,000 are significantly more likely to have other healthcare coverage.

- Those under the age of 35 are significantly more likely to be too busy to look for healthcare coverage or find the process too confusing (15% and 23%, respectively).

What are the main reasons for NOT looking for healthcare coverage through Access Health CT? (N=335)	
Had other healthcare coverage	31%
Did not think they were eligible	21%
Waiting to get healthcare coverage through a job	19%
Cannot afford healthcare coverage	16%
It was too confusing	12%
Were too busy at the time	7%
Do not need healthcare coverage	5%
There was a problem with the website	4%

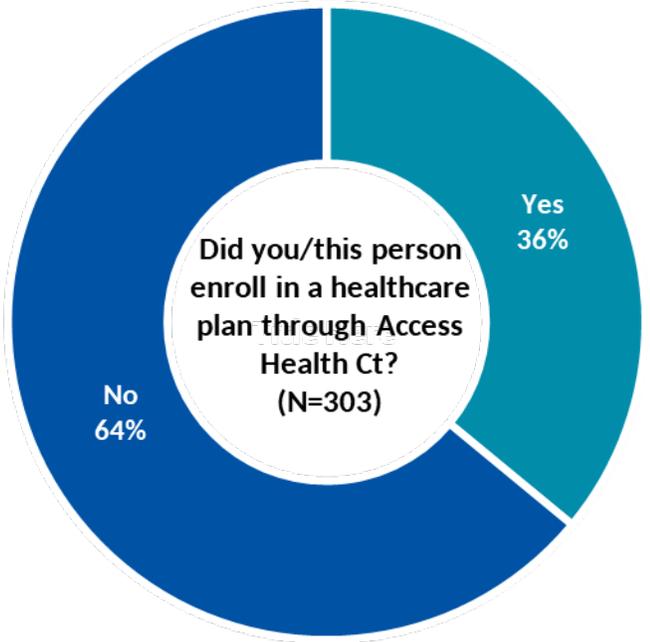
**Note. Table excludes responses offered by fewer than 4% of consumers.*



Most consumers who looked for healthcare coverage through Access Health CT did not enroll in a plan, with many unable to afford plan costs.

Over 3 in 5 consumers (64%) who browsed healthcare coverage options through Access Health CT did not enroll in a plan.

- Of those who looked at but did not enroll in any healthcare coverage plans, just under 3 in 4 (74%) checked to see if they qualified for financial assistance.



The majority (39%) of consumers who browsed plans but did not enroll felt that costs were too high.

Reasons for not enrolling after looking through healthcare coverage plans:

Costs, deductibles, or copays were too high
"..hard to compare, very high prices."

Not eligible or concern over eligibility
"Not eligible since I am over age 65."

Thought they could get a better deal elsewhere or coverage through employment
"Found better coverage with my job."

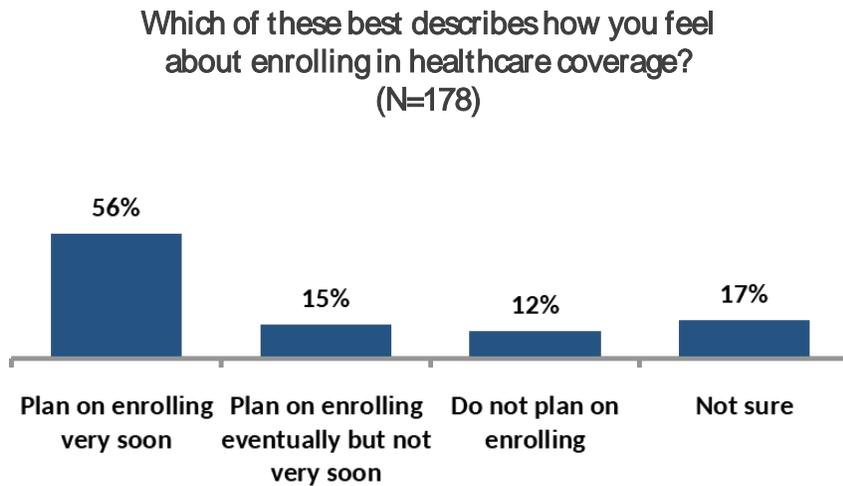
Confused by the process or website issues
"Too confusing to navigate."



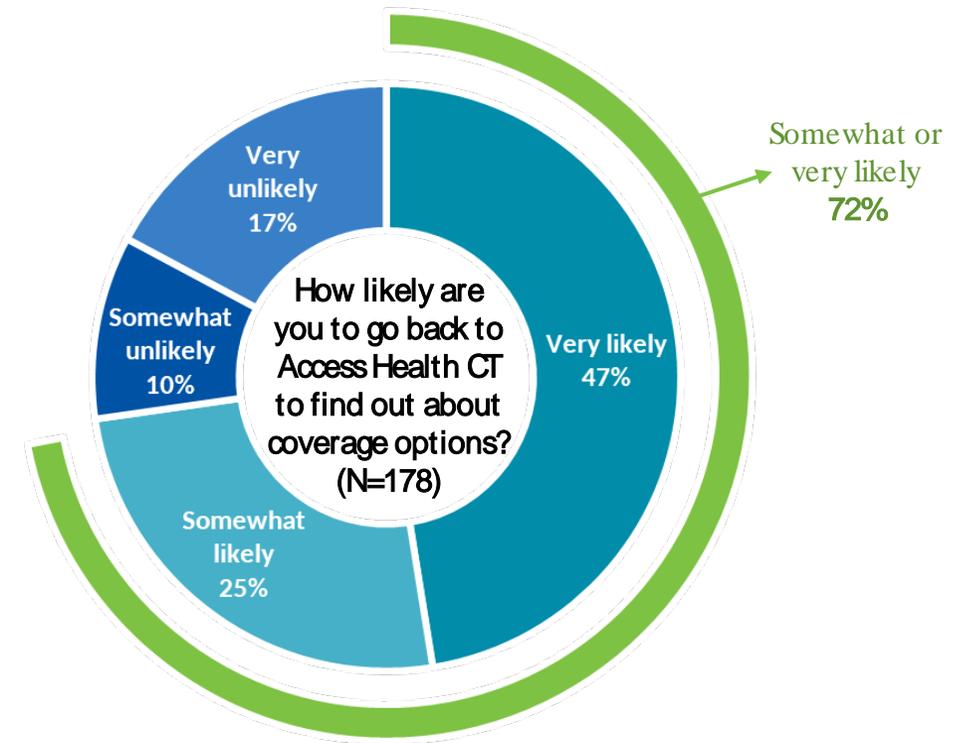
Over half of consumers who do not have healthcare coverage plan on enrolling very soon, and most are likely to go to Access Health CT to explore options.

Of the 31% of consumers who indicated they do not currently have health insurance, most (71%) plan on enrolling in a healthcare coverage plan either eventually or very soon.

- Those who identify as non-White are significantly more likely to plan on enrolling very soon compared to those who are White (68% and 45%, respectively).



- Similarly, those who identify as non-White are significantly more likely to go back to Access Health CT to look for coverage options compared to those who are White (81% and 62%, respectively).



Online applications are the top option for applying for healthcare coverage.

Of the 69% of consumers who currently have healthcare coverage, very few (6% or fewer) chose other options such as applying in-person or through the mail.

- While still a very small proportion, those who think they do not understand health insurance are most likely to want to apply in-person (13%).



63%

Apply online

Those who are significantly more likely to use **online** applications are those who:

- Are under the age of 55 – **66%**
- Feel they understand insurance at least a little – **64%**
- Speak only English at home – **64%**



21%

Apply over phone

Those who are significantly more likely to use **phone** applications are those who:

- Speak a language other than English at home – **27%**
- Identify as non-White – **25%**



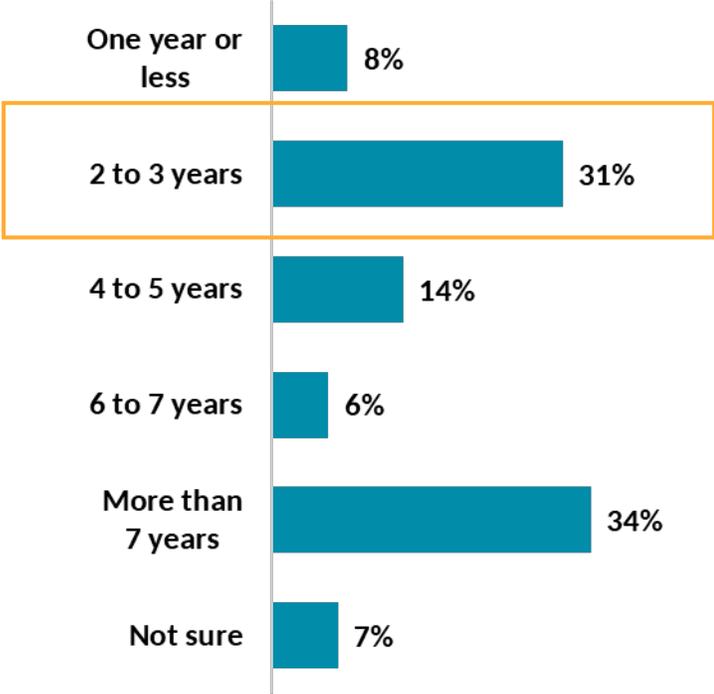
Experiences With Medicaid/ HUSKY

When consumers were covered by HUSKY, most used their coverage at least a few times per year.

Duration of Medicaid experiences varies, with a notable proportion (34%) having been on Medicaid for more than 7 years.

- There is a noticeable spike in the number of consumers on HUSKY for 2 to 3 years, which likely points to consumers enrolling during COVID-19.

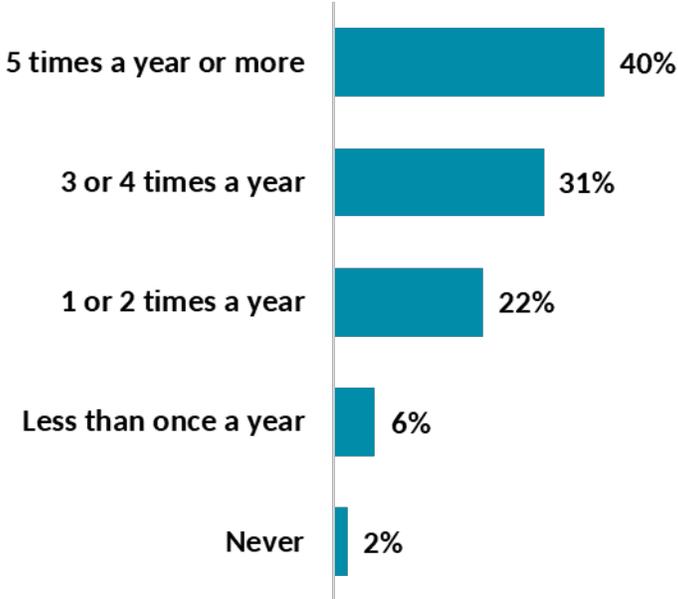
How long were you or this person on Medicaid/ HUSKY?
(N=678)



Most consumers (71%) used their Medicaid coverage 3 or more times a year.

- The majority of consumers (89%) had a primary care provider when they were on Medicaid.

How often did you or this person use the coverage?
(N=678)

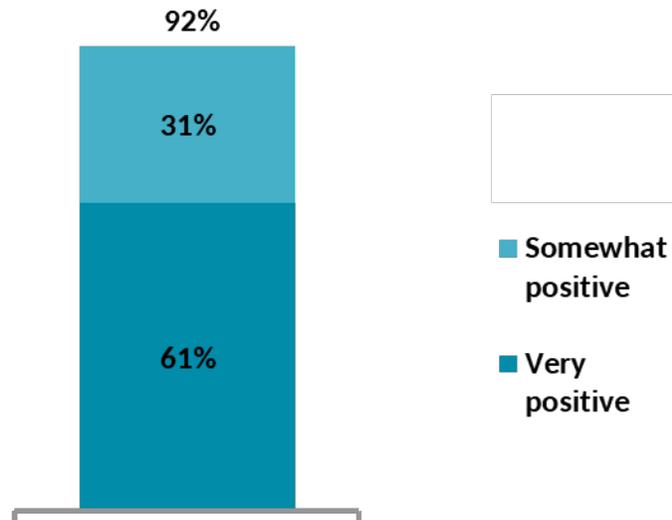


Most consumers had positive experiences with Medicaid/ HUSKY, which they primarily attributed to low costs and comprehensive coverage.

Most consumers (61%) had *very positive* overall experiences with HUSKY, and nearly all (92%) had a positive experience.

- Those who strongly believe that doctors do not have their best interests in mind are among the most likely to report negative experiences with HUSKY.

How would you describe the experience with Medicaid/ HUSKY overall? (N=678)



Consumers who had positive experiences appreciated:



32%- Low/no costs

"It was helpful to have healthcare available without worrying about cost."



32%- Comprehensive coverage

"Nice span of services covered."



15%- Accepted by many providers

"Big network of providers wherever I lived."



15%- Easy to use/understandable

"The ease of use. Lots of information online."



Limits imposed on providers, procedures, and income requirements contribute to negative experiences with Medicaid/ HUSKY.

Fewer than 1 in 10 consumers report negative experiences with HUSKY overall. Those who did (N=55) were most likely to mention struggled with a limited network of covered providers, feeling confused by their coverage, and believing they were incorrectly disqualified.



22%- Limited network of covered providers
“When I broke my leg, I couldn’t find a doctor to treat me. None of the orthopedists accepted HUSKY.”



22%- Believe incorrectly disqualified/unrealistic income eligibility
“Got disqualified even though I am barely making ends meet!”



18%- Issues with customer service
“Trying to call & speak with someone proved to be impossible.”



16%- Plan/application confusing or difficult to use
“It was a hassle to sign up, there was confusion about what I needed to pay.”

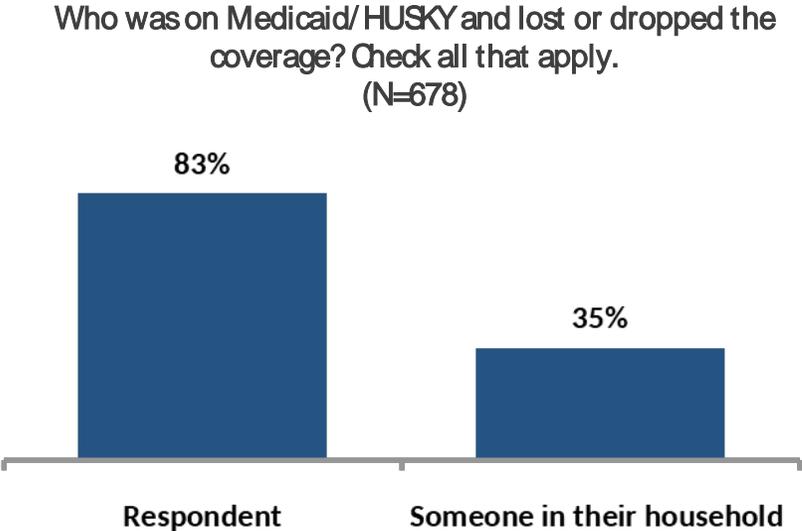


Experiences With Dropping or Losing Medicaid/ HUSKY

Of those who indicate someone in their household lost or dropped HUSKY, over 3 in 4 indicate that person is their child.

Over 4 in 5 consumers (83%) indicate they were the one to lose or drop HUSKY.

- Just over 1 in 3 consumers (35%) indicate someone in their household lost or dropped HUSKY.



Of those who indicate someone in their household lost or dropped HUSKY, most (78%) reported it was their child.

How are you related to the person in your home who lost or dropped Medicaid/ HUSKY? (N=112)

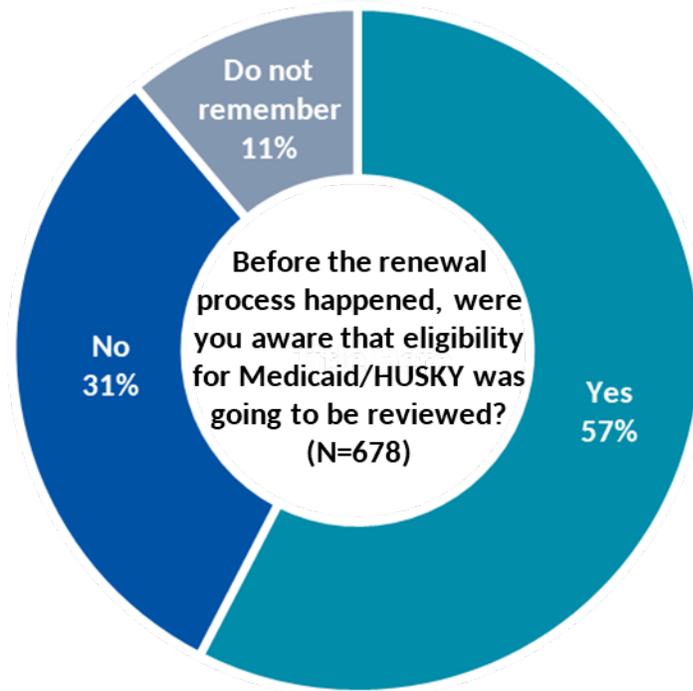
They are my child	78%
They are my spouse	13%
They are my parent	4%
Other relative	3%
They are not related to me	2%



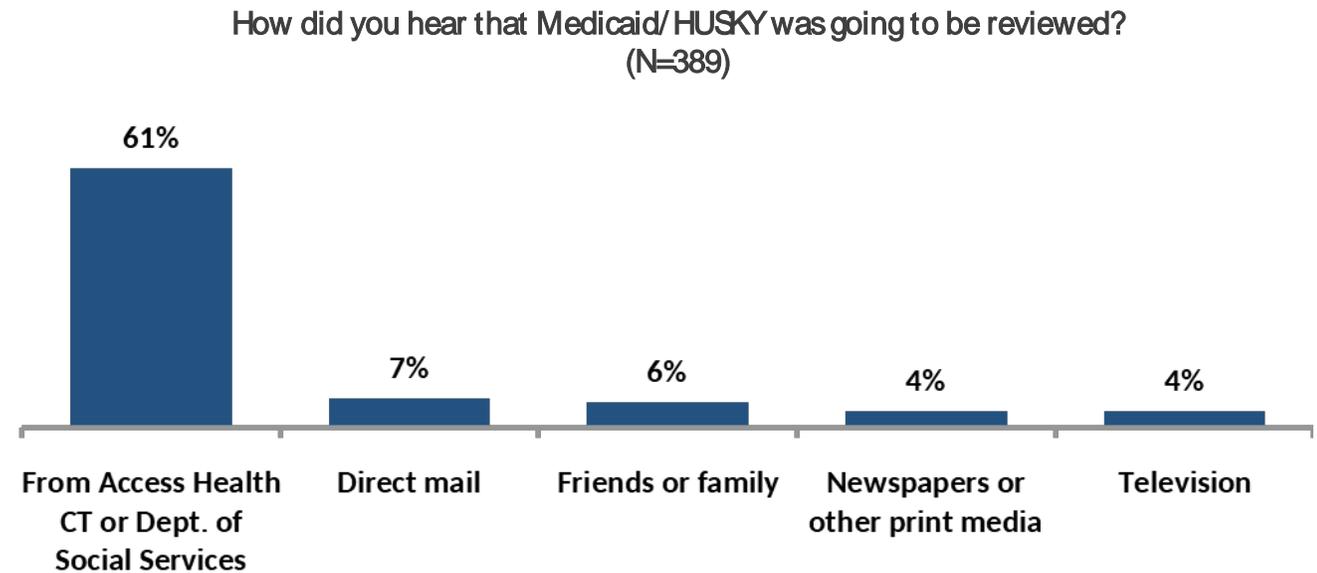
Fewer than 3 in 5 consumers were aware that eligibility would be reviewed. Most of those who were aware found out through Access Health CT.

Consumers who were not aware of the review are significantly more likely to not have looked for other healthcare coverage options from Access Health CT compared to those who were aware (58% and 44%, respectively).

- This may point to a fracture in trust due to perceived lack of notification.



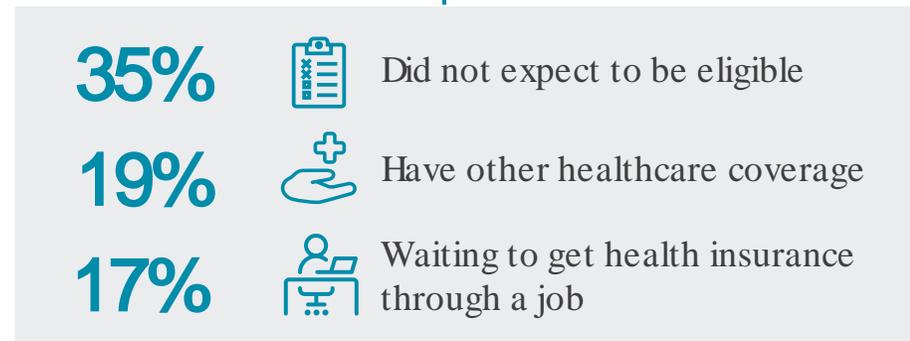
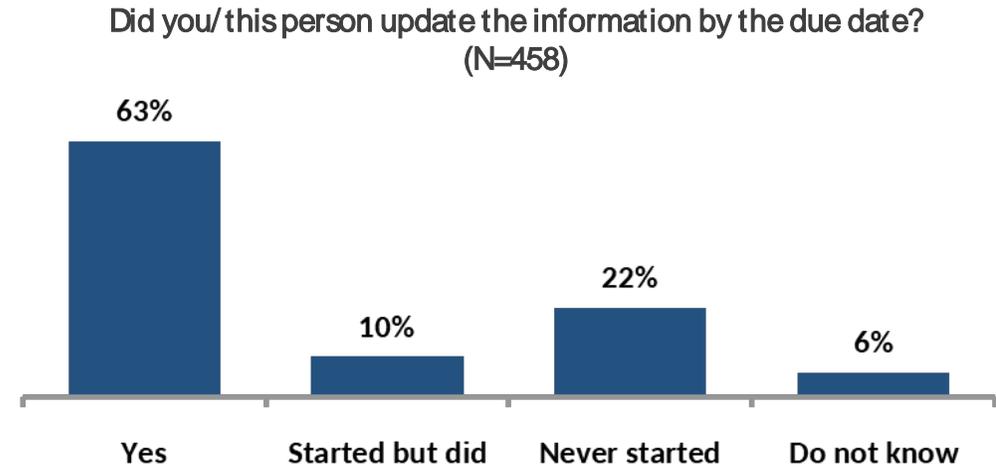
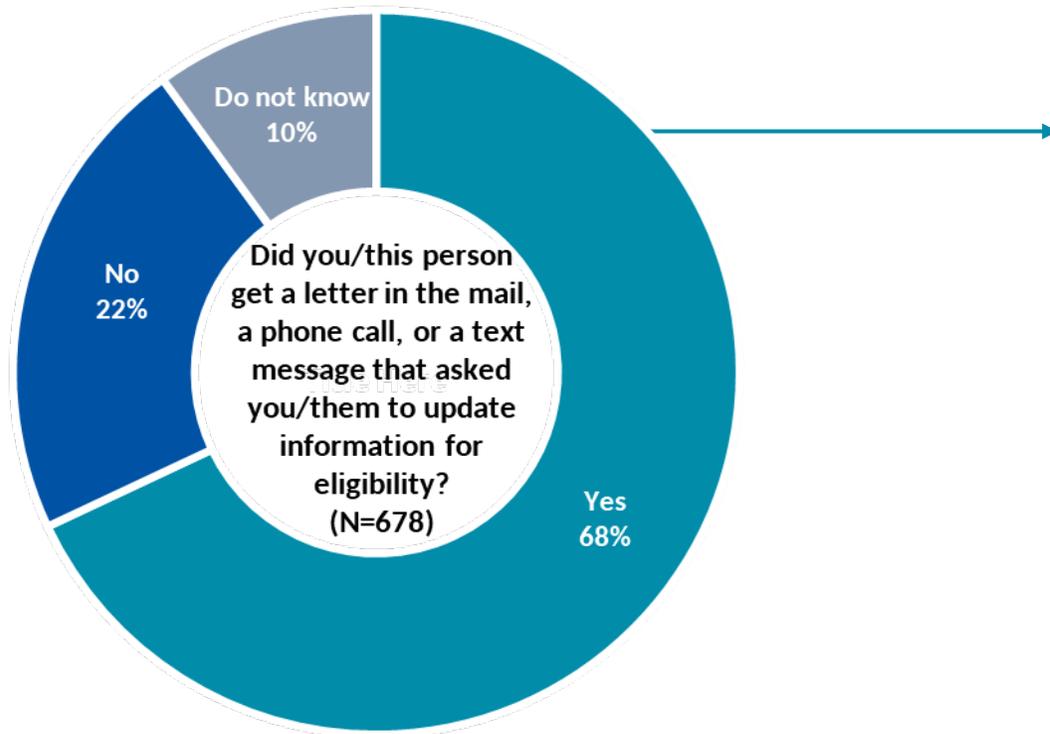
61% of consumers learned eligibility would be reviewed from Access Health CT or the Department of Social Services.



Most consumers recall being asked to update their information to determine eligibility, and over 3 in 5 of those consumers updated their information by the due date.

Just under 7 in 10 consumers (68%) recall receiving a request via mail, a phone call, or a text message to update their information to determine eligibility.

- Most consumers (73%) at least started to update their information, and 63% finished the process.



Q50 Did you/this person get a letter in the mail, a phone call, or a text message that asked you/them to update information to see if you/they still qualify for Medicaid/HUSKY?

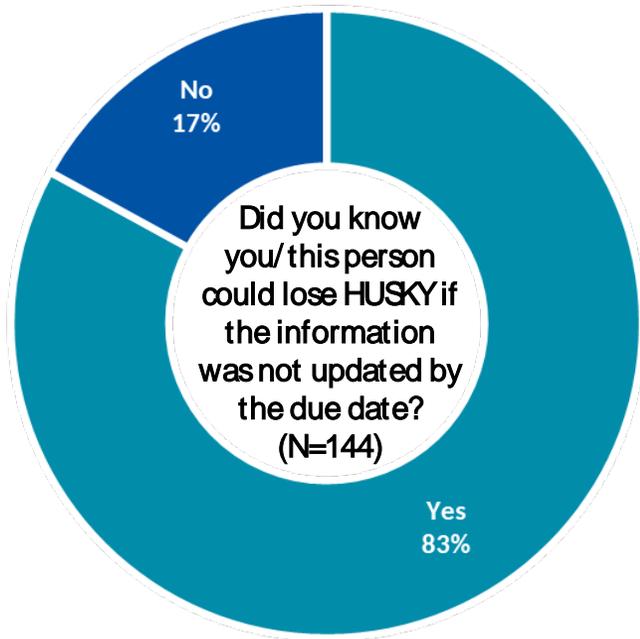
Q51 Did you/this person update the information by the due date?

Q52-60 What are some of the reasons you/they did not update the information by the due date? Check all that apply.

Many consumers felt surprised and very worried when they learned they would no longer have HUSKY.

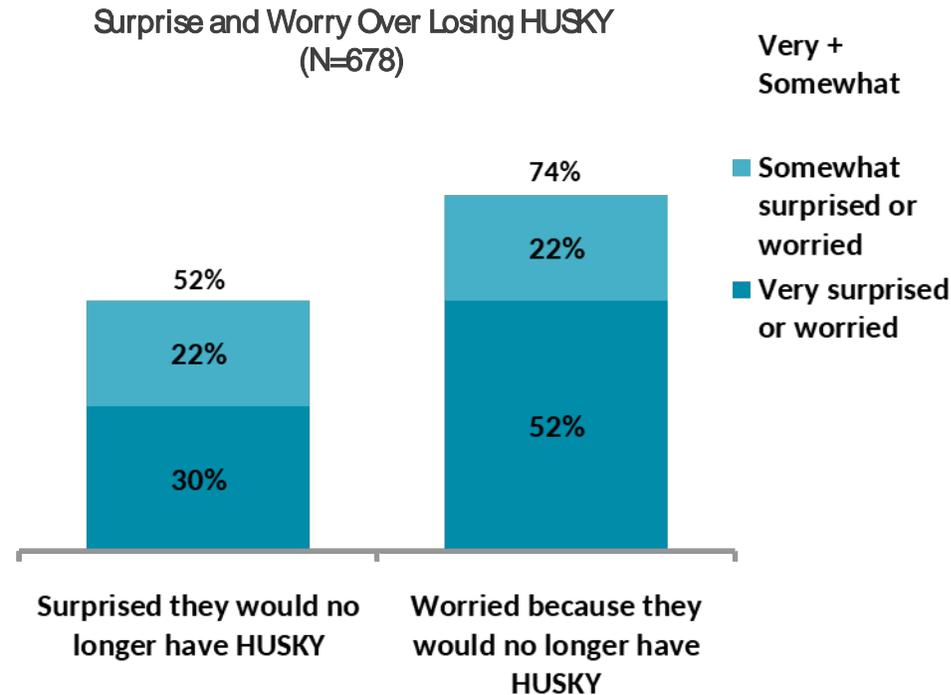
Over 4 in 5 consumers (83%) who did not update their information by the due date were aware that they could lose HUSKY coverage.

- Those who feel having healthcare coverage is very important are significantly more likely to be aware of the risks of not updating their information compared to those who think healthcare coverage is somewhat or not important (85% and 60%, respectively).



Many consumers were surprised and most were worried about losing HUSKY.

- Those who have been on Medicaid/HUSKY for 4 years or more are significantly more likely to have felt very surprised when they learned they were no longer covered than those who were on HUSKY for a shorter period (37% and 21%, respectively).



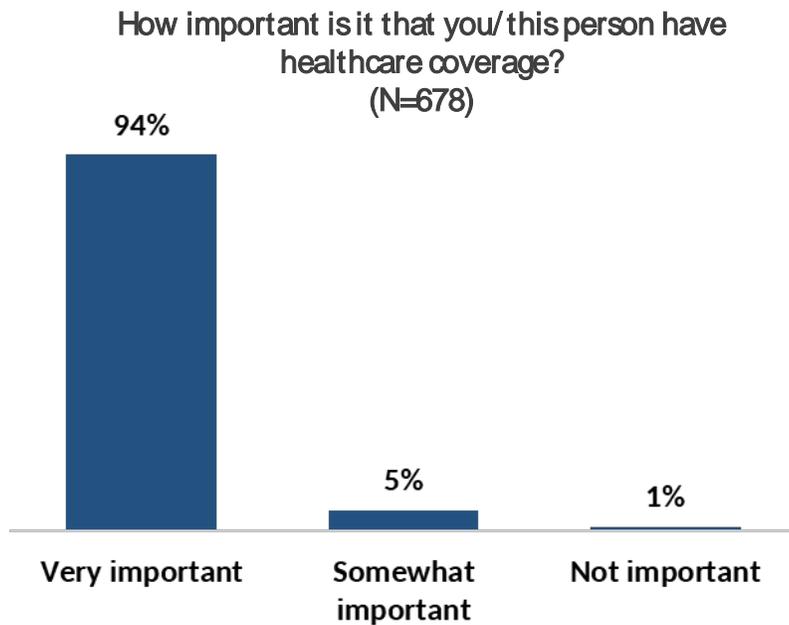
- Those most likely to be somewhat or very worried:**
- Indicate poor health – 88%
 - Women – 78%
 - Speak a language other than English at home – 77%
 - Income of \$50,000 or less – 84%
 - Highest degree is high school diploma or equivalent – 84%



Over 9 in 10 consumers think it is very important that they have healthcare coverage.

Almost all consumers (94%) think having healthcare coverage is very important.

- Consumers who used their HUSKY coverage 3 or more times a year are significantly more likely to think having healthcare coverage is very important compared to those who used their coverage less frequently (96% and 88%, respectively).



For the few people who do not think having healthcare coverage is very important, most feel there is no need because they are healthy.

Why do you believe it is not very important to have healthcare coverage? (N=43)		
Reasons	Number of Respondents	Quote
Generally healthy/ no need	25	<i>"I never go to the doctors, so paying for healthcare can be frustrating because I never use the benefits."</i>
View insurance as a scam (takes money without covering necessities)	6	<i>"The amount of money paid to insurance companies versus the amount of care received is grossly disproportionate."</i>
Only use providers not covered by insurance	3	<i>"I don't go to conventional doctors... Insurance doesn't cover naturopaths."</i>
Cannot afford it	3	<i>"It's important to have coverage, but it's so expensive to go to the doctor so I don't really go anymore."</i>
Prefer to directly pay providers	2	<i>"It's cheaper to pay cash for every procedure."</i>
Nothing/ don't know	2	<i>"I just don't."</i>
Other	6	<i>"I trust in God to take care of me."</i>



Healthcare Coverage Needs and Barriers to Access

Interpreting Max Diff Statements.

For the Max Diff visualization on the following slide, respondents viewed combinations of the statements below that they ranked by most and least important.

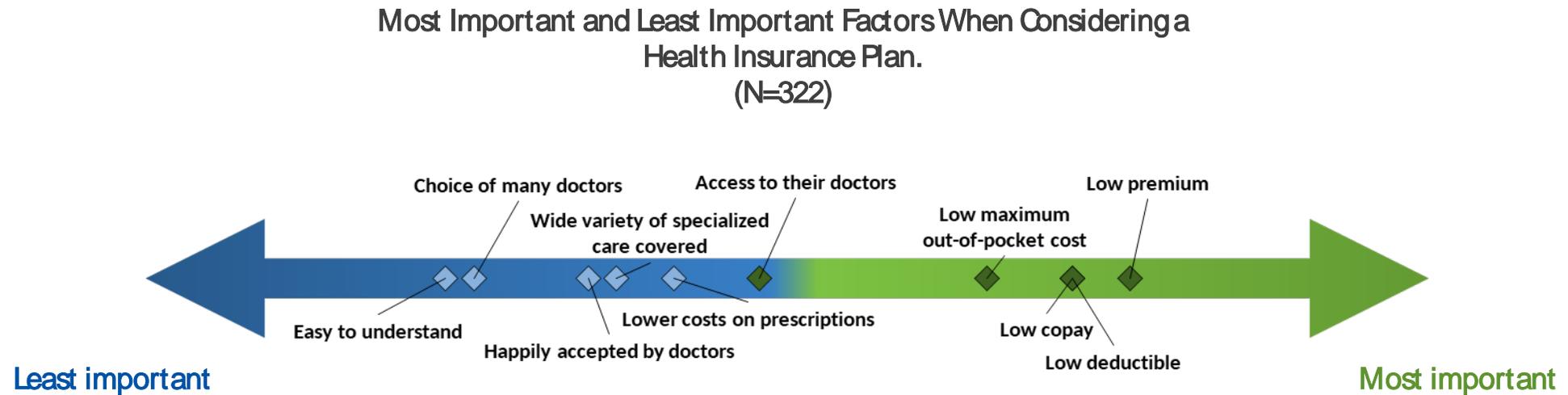
Statement appearing in the visualization	Statement seen by respondents
Low premium	Having a low premium (how much you pay for insurance coverage)
Low deductible	Having a low deductible (how much you have to pay for health care before your insurance starts to pay part of the cost)
Low copay	Having a low copay (your share of the cost each time you get care)
Low out-of-pocket cost	Having a low maximum out-of-pocket cost (the highest amount you would have to pay each year for care)
Access to their doctors	Having access to your doctors
Lower costs on prescriptions	Having lower costs on your prescriptions
Wide variety of specialized care covered	Having a plan that covers a wide variety of specialized care
Happily accepted by doctors	Having a plan that is happily accepted by doctors
Choice of many doctors	Having a plan that gives you several doctors to choose from for the same type of care
Easy to understand	A plan that makes it easy to understand your cost for healthcare



Cost, including premiums, deductibles, co-pays and out-of-pocket maximums, is by far the most significant factor when considering health insurance plans.

When considering health insurance plans, consumers find low premiums most important.

- Affording healthcare is a major concern for many consumers, which may explain why they consider aspects related to the quality of the plan, like access to a wide range of doctors, among the least important factors.

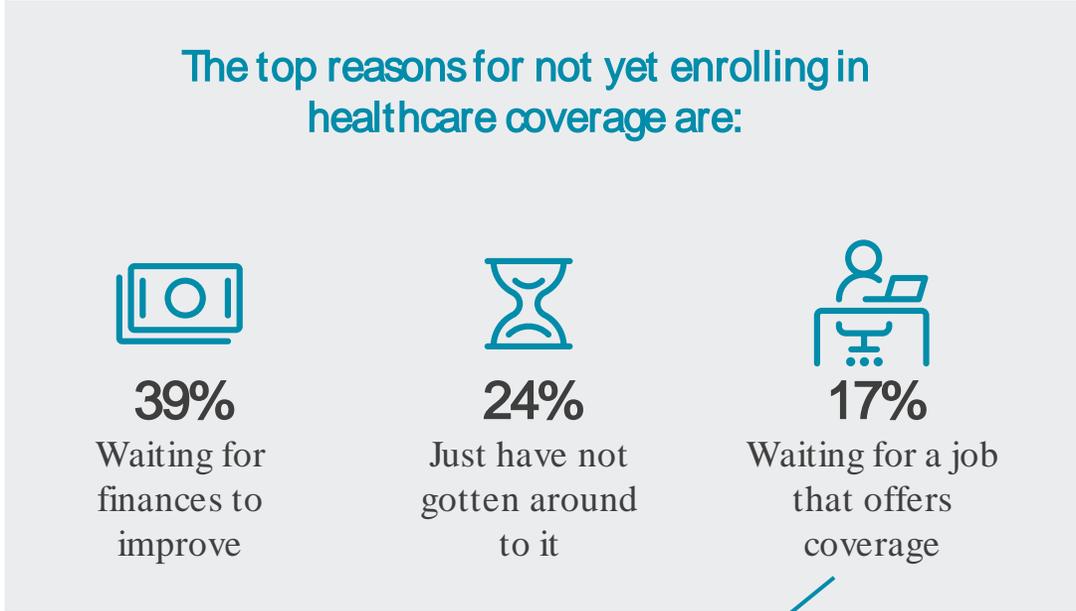


Most consumers who plan to enroll in healthcare coverage but have not enrolled yet are waiting for their financial situation to improve.

For over half of those who are uninsured (52%), enrolling in healthcare coverage appears to be a waiting game, whether that be waiting for finances to improve, waiting for a job that offers coverage, or waiting for marriage.

Are any of the following reasons for not yet enrolling in healthcare coverage? (N=127)	
Waiting for finances to improve	39%
Have not gotten around to it	24%
Waiting for a job that offers healthcare coverage	17%
Have applied for insurance, waiting for approval or open enrollment	6%
Planning on moving to a different state	2%
Waiting to get married to someone with healthcare coverage	2%
Have gotten different insurance coverage	2%
None of these	20%

**Note. Table excludes the 2% of consumers who selected "other."*

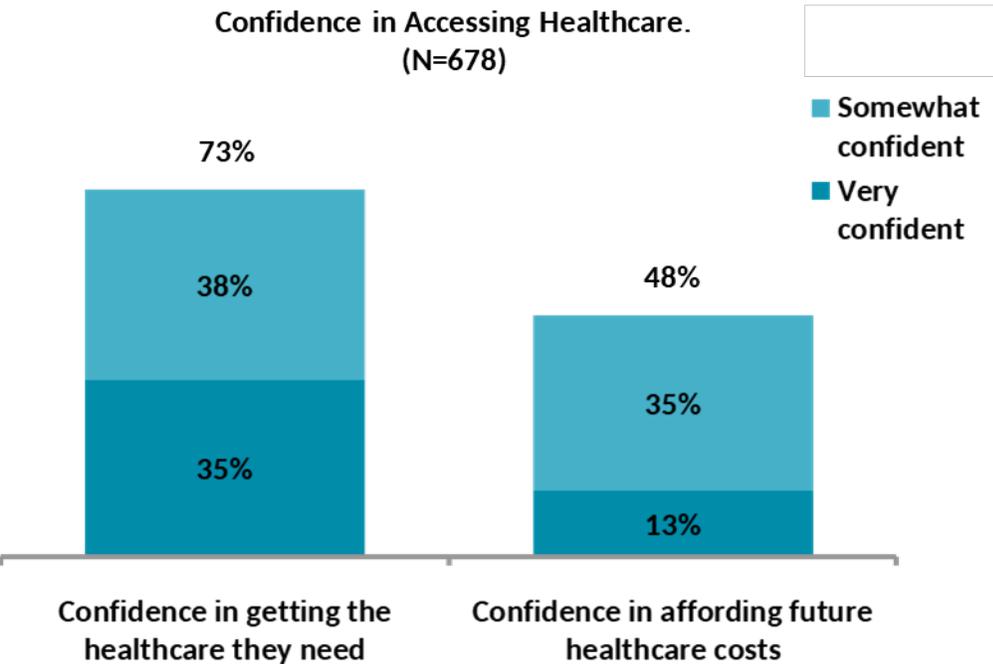


Those who have a household income over \$50,000 and those under the age of 35 are most likely to be waiting for a job that offers coverage (30% and 29%, respectively).



While consumers are generally confident that they can get the healthcare they need, they are not confident they can afford it.

- Greater confidence in *getting* healthcare compared to *affording* healthcare may suggest that services are available in their area or they are familiar with navigating the healthcare system, and their largest barrier is cost.



- Consumers who were covered by HUSKY for 5 years or less are significantly more likely to feel very confident in getting the healthcare they need and affording future healthcare costs.

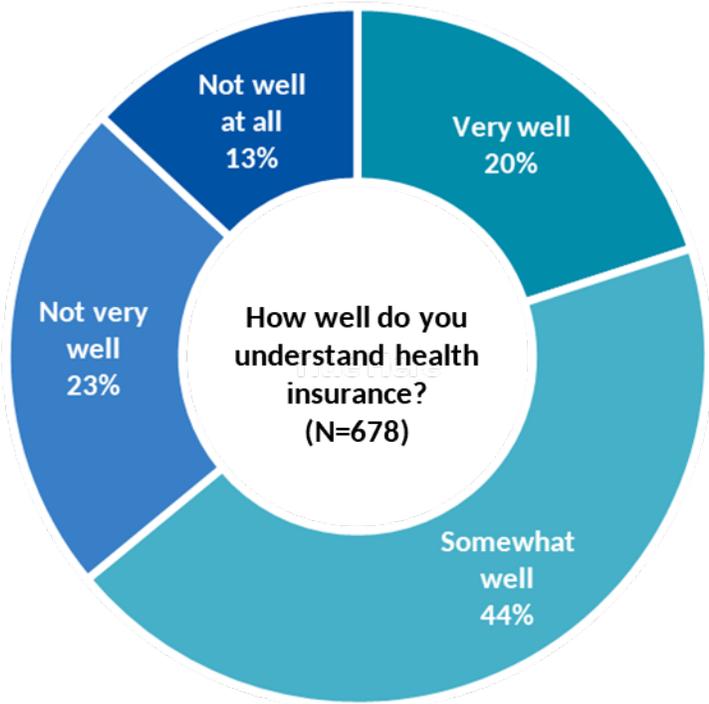
Confidence in Getting Healthcare and Affording Future Costs by Duration of HUSKY Coverage.	Covered by HUSKY for 5 years or less (N=360)	Covered by HUSKY for 6 years or more (N=272)
Very confident they can get the healthcare they need	40% ^B	31%
Very confident they can afford future healthcare costs	16% ^B	10%
<i>Column Names</i>	A	B



While many consumers think they understand health insurance, those who do not may feel inhibited in pursuing health insurance options.

Just over 3 in 5 consumers (64%) think they understand insurance somewhat or very well.

- However, those who were covered by HUSKY for 6 years or more are among the most likely to **not** think they understand health insurance very well or at all (43%), which may explain why they are marginally less likely to currently have coverage (65% compared to the overall 69%).



Additional groups that are most likely to think they struggle with understanding health insurance:

Not well at all:

- Those with poor health – **29%**
- Those with a household income of \$50,000 or lower – **16%**

Not very well:

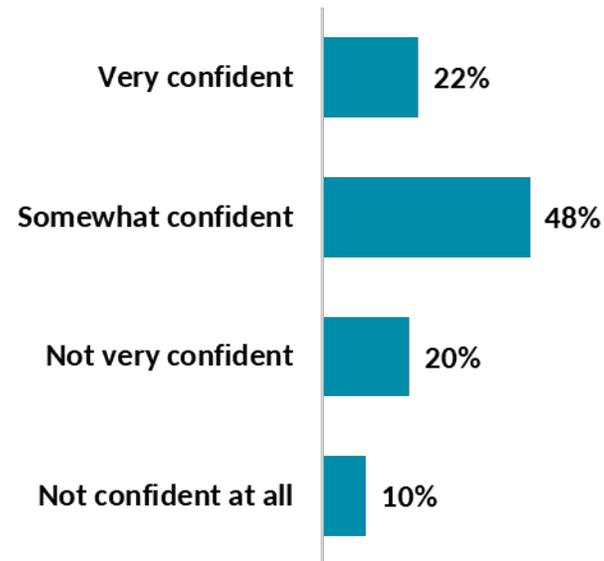
- Those under the age of 55 – **26%**



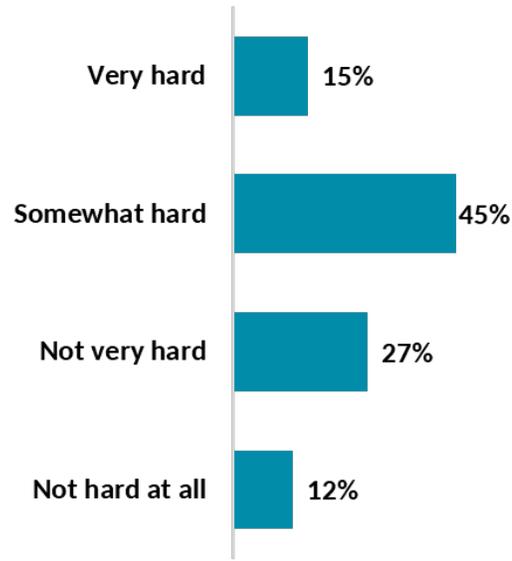
Understanding health insurance greatly impacts the ease with which people enroll in plans and their confidence in choosing the right plan for them.

Overall, most consumers are somewhat or very confident in their ability to choose and sign up for a plan that works for them, though many find it difficult to sign up for health insurance (70% and 60%, respectively).

Confidence in Choosing and Signing Up for a Plan That Works for Them. (N=678)



Difficulty of Signing Up For Health Insurance. (N=678)



- Consumers who do not think they understand health insurance are significantly more likely to think it is difficult to sign up for health insurance and to not feel confident in choosing a plan that suits their needs (83% and 57%, respectively).

Difficulty Signing Up for Health Insurance and Confidence in Choosing a Plan by Understanding of Health Insurance.

	Think they understand Health Insurance Somewhat or Very Well (N=435)	Think they understand Health Insurance Not at all or Not Very Well (N=243)
Think it is somewhat or very hard to sign up	48%	83% ^A
Not very or not at all confident choosing	16%	57% ^A
<i>Column Names</i>	A	B

Q106 How well do you understand health insurance including how to buy it how to get care that's covered by insurance and how much insurance will pay for your care?

Q107 In your opinion, how hard is it to sign up for health insurance including understanding plan options and which is best for you?

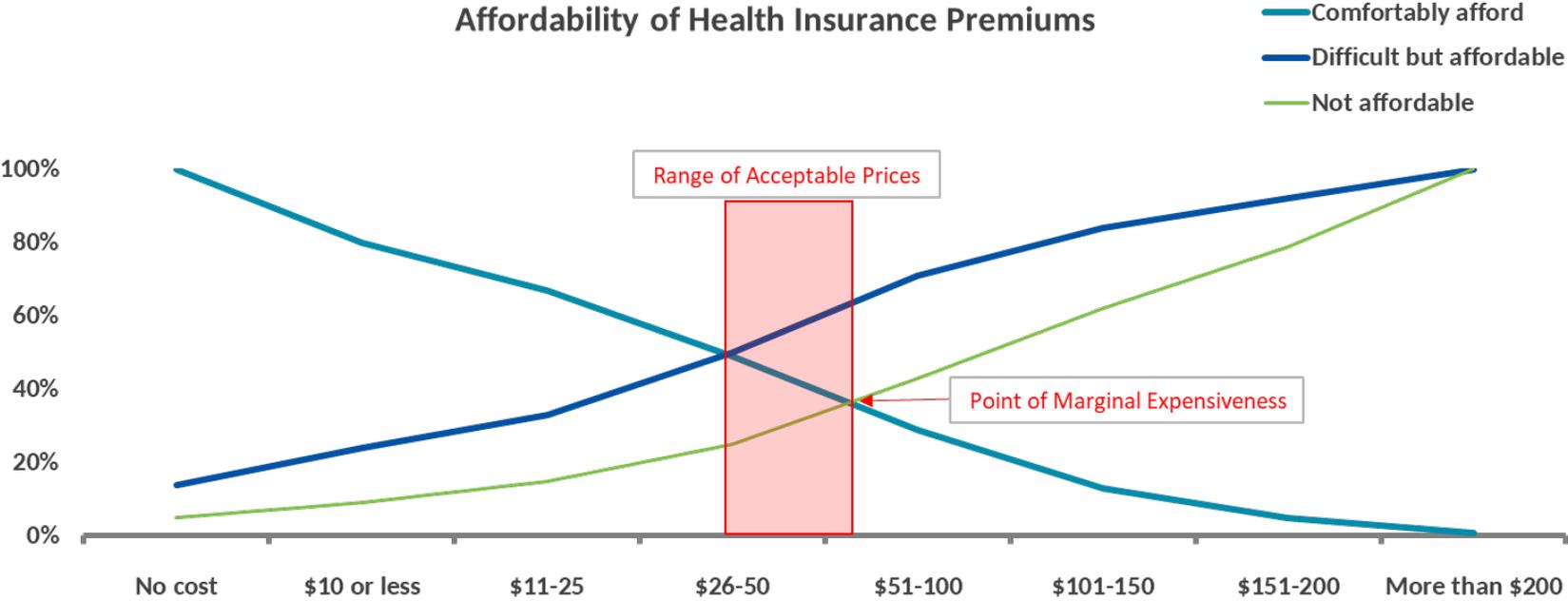
Q108 How confident are you that you can choose and sign up for a health insurance plan that will work well for you?



In terms of consumer sentiment toward insurance affordability, the optimal range for a monthly premium is between about \$40 and \$60.

A monthly premium between approximately \$40 and \$60 minimizes the number of people who report being unable to afford the cost while maximizing the number who can theoretically afford coverage.

- Using a modification of the Van Westendorp pricing model, respondents were asked at what monthly premium they could comfortably afford coverage, at what premium they could afford it but it would be difficult, and at what premium they could no longer afford coverage. The intersection of these factors provides an understanding of consumer sentiment toward insurance premiums.



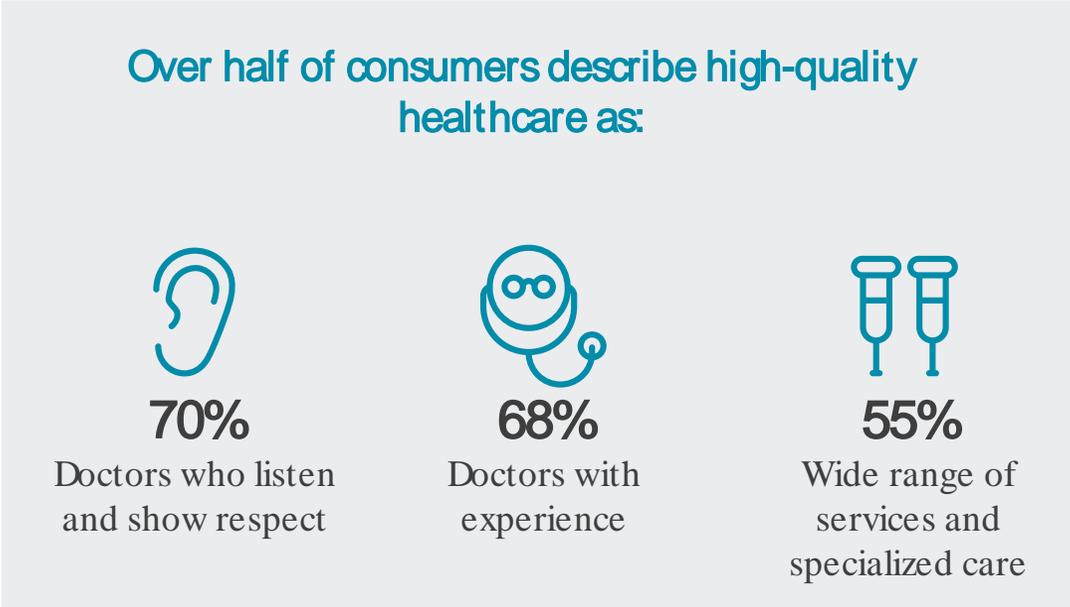
Feelings Towards the Medical Community

Most consumers describe high-quality healthcare as having doctors who listen and have sufficient experience.

Doctors set the stage for high-quality healthcare, as they are responsible for the most-endorsed aspects of high-quality care.

- However, consumers also expect a wide range of available services and up-to-date technology and equipment from high-quality healthcare.

What does it mean to get high quality healthcare? (N=479)	
Doctors who listen to and respect you	70%
Experienced doctors	68%
Having a wide range of services and specialized care	55%
Up-to-date technology and equipment	47%
Appointment times that allow you to be seen quickly	43%
Convenient locations	35%
Short wait times in the waiting room	21%
Being part of a large health system	15%
Doctors who share your race, language, ethnicity, or culture	10%
None of these	1%



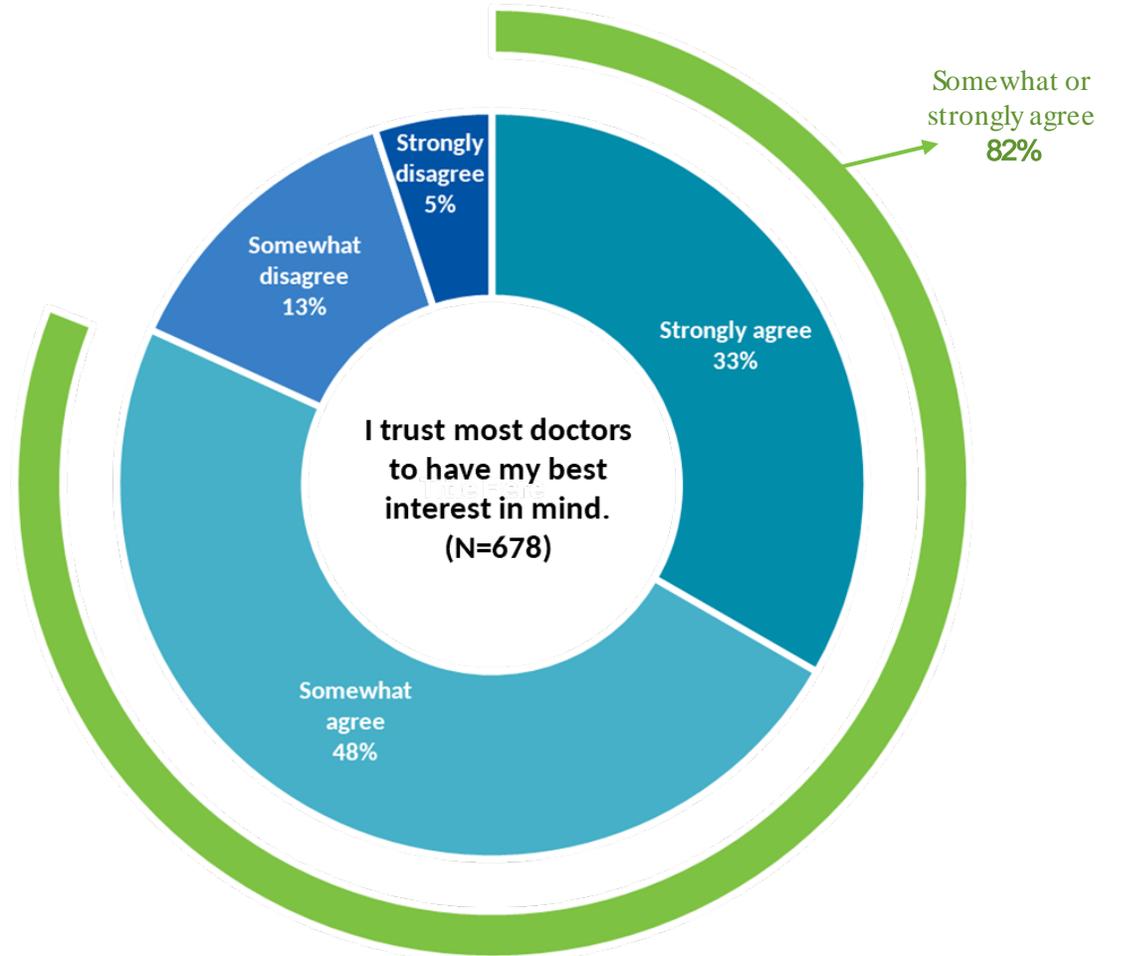
When describing high-quality healthcare, consumers who identify as non-White are significantly more likely to note doctors who share their identities compared to White consumers (19% and 2%, respectively).



Most consumers trust doctors to have their best interests in mind.

Over 4 in 5 consumers (82%) either somewhat or strongly agree that most doctors have their best interests in mind.

- Those who **strongly disagree** are among the most likely to not have current healthcare coverage (57%).
- Those who are most likely to **strongly disagree** are those who:
 - Had somewhat or very negative experiences with HUSKY – 18%
 - Used their Medicaid/HUSKY coverage less than once a year – 15%
 - Think healthcare coverage is somewhat or not important – 14%
 - Do not currently have healthcare coverage – 10%



Among the 18% of people who don't trust doctors, just over 1 in 3 consumers (34%) worry that doctors prioritize profits over patients.

Many question the ability of doctors to provide adequate care due to how rushed and over-worked many doctors are.

"Some doctors don't [have] the time to diagnose properly. They are usually in a rush."

"Most just seem like they are in a hurry, don't want to listen or answer questions."

Others dislike how insurance companies dictate the type of care they can receive.

"Imagery and treatments are tailored to the insurance company's coverage, not what is best for the patient."

"From my experience, they will turn me away if they do not work with my insurance."

Some worry that doctors will not understand them or treat them appropriately due to the identities they hold.

"They don't share my ethnicity, and it's been proven non-melanated doctors don't understand diseases or pain level of people of color."

"I have observed doctors dissuade me from seeking better care, or only necessary care, because of my socioeconomic background."

While others think modern medicine focuses on blocking symptoms rather than exploring and treating underlying conditions.

"Most treatments are directed at pharmaceuticals that merely block symptoms and do nothing to address the root causes of sickness and disease."

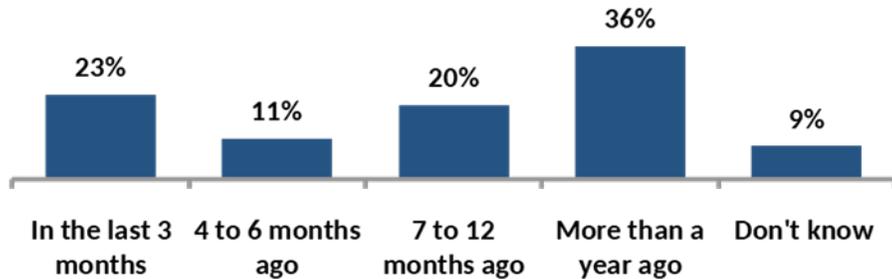


Profile of Consumers Who Moved Out-of-State

Of the few consumers who moved out-of-state, just over half moved within the last year.

Data was collected for the respondents who were disqualified from completing the survey due to moving out-of-state. Among these people, 54% moved within the last year.

When did the person who lost or dropped coverage move out of Connecticut?
(N=44)



- Of the 44 consumers who moved, 8 of them moved to the neighboring states of MA or NY.

What state does the person who lost or dropped coverage live in?
(N=44)

California	6
Florida	6
Massachusetts	4
New York	4
Arizona	2
Georgia	2
South Carolina	2
Texas	2

**Note. Table excludes states with 1 person living there or fewer.*

- The median age of those who moved out-of-state is 28.

Age of Consumers Who Moved Out of State
(N=17)

Under 18	4
18 to 44	12
45 to 64	0
65 or older	1



Appendix

Appendix A: Methodology

Methodology



Telephone & Online Survey

- Between November 6, 2023 and December 4, 2023, a total of 678 healthcare consumers completed a telephone or online survey, including:
 - 479 online
 - 199 by telephone
- Furthermore, among respondents who completed the survey:
 - 566 completed the survey about their own redetermination
 - 112 completed the survey about another person in their household



Sample Information

- Respondents for the telephone and online studies were former Medicaid/ HUSKY clients and were contacted via a list provided by Access Health CT.
- Further, all respondents were screened to ensure:
 - They are a current resident of Connecticut
 - They, or another person in their household, had recently lost Medicaid/ HUSKY coverage
 - They are a healthcare decision-maker for the household



Sampling Processes

- Between November 6, 2023 and November 10, 2023, the initial survey email was sent to 26,348 people from the list provided by Access Health CT.
 - There were 2,112 bounce backs from the initial survey email.
- After the initial survey email, initial phone calls took place between November 17, 2023 and November 29, 2023.
 - Initial phone calls were made to 12,188 people, or 46% of those who received the initial email, from the list provided by Access Health CT.
 - Between November 17, 2023 and November 29, 2023, 3,732 retry call attempts were made.
- Overall, this resulted in 479 completions online and 199 completions by phone, for a total of 678 completions.
 - 487 respondents started but did not complete the survey online and 556 partially completed the survey by phone, for a total of 1,043 partial completions.



Technical Information

- The margin of error for this study is \pm 2.3 to 3.8 percentage points.



Appendix B: Demographic Characteristics

Characteristics of Respondents Compared to Full List of Leavers

		Survey Respondents (N=678)	List of Leavers (N=26,347)
Age	Under 18	0%	0%
	18 to 25	5%	5%
	26 to 34	21%	26%
	35 to 44	28%	28%
	45 to 54	22%	22%
	55 to 64	17%	14%
	65 to 74	6%	4%
	75 or older	0%	0%
	Prefer not to answer	1%	0%
	<i>Median Age</i>	<i>43</i>	<i>42</i>

		Survey Respondents (N=678)	List of Leavers* (N=26,347)
Gender	Female	67%	67%
	Male	30%	33%
	Questioning/ not sure/ prefer not to answer	3%	0%

		Survey Respondents (N=678)	List of Leavers* (N=26,347)
Race/ ethnicity	American Indian or Alaska Native	1%	0%
	Asian	4%	3%
	Black or African American	21%	18%
	Hispanic/ Latino/ a/ Spanish	17%	31%
	Native Hawaiian or Pacific Islander	0%	0%
	White	52%	44%
	Multi-racial or some other race	5%	5%

*Note. The list of leavers shows percentages among those for whom the information is known.



Characteristics of Respondents

		Respondents (N=566)	Other Recipient (N=112)
Age	Under 18	0%	1%
	18 to 25	4%	8%
	26 to 34	23%	12%
	35 to 44	27%	35%
	45 to 54	22%	21%
	55 to 64	16%	20%
	65 to 74	7%	2%
	75 or older	0%	1%
<i>Median Age</i>		<i>43</i>	<i>43</i>

Race/ ethnicity	American Indian or Alaska Native	1%	1%
	Asian	3%	7%
	Black or African American	19%	24%
	Hispanic/ Latino/ a/ Spanish	17%	14%
	Native Hawaiian or Pacific Islander	0%	0%
	White	51%	42%
	Identify with more than one race or ethnicity	3%	6%
	Some other race	1%	1%

Gender	Female	72%	44%
	Male	27%	50%
	Questioning/ not sure/ prefer not to answer	1%	6%

Annual Household Income	Less than \$25,000	16%	32%
	\$25,000 to \$50,000	43%	38%
	\$50,001 to \$75,000	22%	16%
	\$75,001 to 100,000	12%	6%
	\$100,001 to \$150,000	6%	6%
Over \$150,000	1%	2%	

Education	Less than high school	2%	24%
	High school or GED	36%	44%
	Trade/technical/vocational training	11%	4%
	Associate degree	18%	7%
	Bachelor's degree	23%	17%
	Advanced Degree	10%	4%

Employment	Employed	76%	59%
	Self-employed	4%	5%
	Unemployed	10%	6%
	High school student	0%	13%
	College student	2%	8%
	Homemaker/stay at home parent	3%	2%
	Retired	7%	9%
	Prefer not to answer	2%	7%
		N=451	N=72

Employment Type	One full-time job	71%	64%
	One part-time job	14%	22%
	Multiple part-time jobs	4%	4%
	Multiple full-time jobs	1%	1%
	A combination of a full-time and part-time	10%	8%



¹ Medians represent the midpoint of a sample. For example, about one-half of adults among the general population in this research are younger than the median age of 43 years and about one-half are older.
Demographic questions include: Q159-167, Q168, Q174, Q175, Q176, and Q198.

Characteristics of Respondents

		Respondents (N=566)	Other Recipient (N=112)
Transgender	Yes	1%	2%
	No	97%	93%
	Not sure	1%	0%
	Prefer not to answer	2%	5%
Housing	Own residence	36%	23%
	Rent residence	52%	39%
	Neither (live with relatives, etc.)	12%	38%
Adults Living in Residence	1 (live alone)	30%	10%
	2	40%	31%
	3	18%	32%
	4 or more	12%	27%
Parent or Guardian	Yes	34%	36%
	No	64%	62%
	Prefer not to answer	1%	3%
		N=194	N=40
Children in Household	None	4%	8%
	1	47%	50%
	2	34%	28%
	3 or more	15%	15%

Current Health	Excellent	11%	19%
	Good	51%	47%
	Fair	31%	25%
	Poor	5%	3%
	Not sure/prefer not to answer	2%	6%

		N=92	N=15
Language Spoken in Household	Spanish all of the time	12%	2
	Spanish more than half of the time	9%	3
	Spanish and English equally	34%	3
	English more than half of the time	27%	3
	English all of the time	18%	4
	Other	0%	0

SDOH	Did not have a steady place to live	7%	3%
	Trouble paying for basics (food, housing, etc.)	45%	36%
	Trouble with reliable transportation	16%	17%

- 123 respondents identified as Hispanic/Latino/a or Spanish (17%, N=113), or identified with more than one race or ethnicity and one of those is Hispanic/Latino/a or Spanish (N=10)
- Among respondents who identify as Hispanic/Latino/a or Spanish, most (79%, N=89) speak English in the home, with N=90 speaking Spanish in the home
- The survey was offered online and by phone in English and Spanish, with N=14 respondents choosing to complete in Spanish



Appendix C: Questions

Introduction, Screening, and Current Coverage

Introductory and Screening Questions

1. Would you like to take the survey in English or in Spanish?
2. Access Health CT's records show that you or someone in your home was on Medicaid/HUSKY and lost or dropped coverage. Is this right?
- 3-4. Who was on Medicaid/HUSKY and lost or dropped the coverage? Check all that apply.
5. Do you make decisions about your healthcare or does someone make them for you?
6. How are you related to the person in your home who lost or dropped Medicaid/HUSKY? If this applies to more than one person, please answer about the oldest person.
7. Do you help this person make healthcare decisions?
8. *(By phone only)* May I speak to the person who helps this person make healthcare decisions?
9. How old is the person who lost or dropped Medicaid/HUSKY?
10. What state do you/does this person live in?
11. When did you/this person move out of Connecticut?

Current Coverage and Attitudes Towards Healthcare Coverage

12. How do you describe yourself/how would you describe this person?
- 13-19. Check all the ways that you/they identify.
20. Do you/does this person have healthcare coverage right now?
21. Where is your/this person's healthcare coverage from?
22. Please describe your/this person's alternative healthcare plan: who offers this plan and what does it cover?
23. Why don't you/doesn't this person have healthcare coverage right now? Please be as detailed as possible!
- 24-34. Do any of the following describe why you no longer have/this person no longer has healthcare coverage? Check all that apply.
35. Given everything in your life these days how important is it that you/this person have healthcare coverage?
36. Why do you believe it is not very important that you/this person have healthcare coverage?



Renewal Process and Browsing and Enrolling in Coverage

Renewal Process

- 37. Before the renewal process happened, were you aware that your/this person's eligibility for Medicaid/HUSKY was going to be reviewed?
- 39-49. How did you hear that Medicaid/HUSKY was going to be reviewed?
- 50. Did you/this person get a letter in the mail a phone call or a text message that asked you/them to update information to see if you/they still qualify for Medicaid/HUSKY?
- 51. Did you/this person update the information by the due date?
- 52-61. What are some of the reasons ABX[you / they] did not update the information by the due date? Check all that apply.
- 61. Did you know that you/this person could lose Medicaid/HUSKY if the information was not updated by the due date?
- 62. How surprised were you to learn that you/this person would no longer have Medicaid/HUSKY?
- 63. How worried were you when you found out that you/this person would no longer have Medicaid/HUSKY?

Browsing and Enrolling in Coverage

- 64. Did you look at the healthcare coverage options offered by Access Health CT after you/this person dropped or lost Medicaid/HUSKY?
- 65-76. Who or what encouraged you/this person to look at Access Health CT for options after dropping or losing Medicaid/HUSKY? Check all that apply.
- 77. Did you/this person enroll in a healthcare plan through Access Health CT?
- 78. What is the main reason you chose NOT to enroll/you chose NOT to enroll this person in a plan offered by Access Health CT?
- 79. Financial help to reduce the cost of healthcare coverage is available through Access Health CT for those who qualify. Did you give information about you /this person's income to see if you/they could get help paying for healthcare coverage?
- 80-88. What are the main reasons why you/this person didn't look for healthcare coverage through Access Health CT? Check all that apply.



Enrolling in Coverage, Applying for Coverage, and Experiences on HUSKY

Enrolling in Coverage (continued)

- 89. Which of these best describes how you feel about enrolling yourself/this person in healthcare coverage?
- 90. How likely are you to go back to Access Health CT to find out about coverage options?
- 91-96. Are any of the following reasons why you have not yet enrolled yourself/this person in healthcare coverage?
- 97. How did you or would you apply for healthcare coverage?

Experiences on Medicaid/HUSKY

- 98. How long were you/was this person on Medicaid/HUSKY?
- 99. While you were/this person was on Medicaid/HUSKY about how often did you/they use the coverage such as to see a doctor or visit an urgent care center or emergency department?
- 100. While on Medicaid/HUSKY did you/they have a primary care provider or a clinic that you/they would use for most healthcare needs?
- 101. How would you describe your/their experience with Medicaid/HUSKY overall?
- 102. What made Medicaid/HUSKY a negative experience?
- 103. What made Medicaid/HUSKY a positive experience?



Understanding of Coverage, Access to Healthcare, and Monthly Premiums

Confidence in Navigating Healthcare, Understanding of Coverage

- 104. How confident are you that you can get the healthcare you need?
- 105. Thinking about the future how confident are you that you and your family can afford all the healthcare services you need?
- 106. How well do you understand health insurance including how to buy it how to get care that's covered by insurance and how much insurance will pay for your care?
- 107. In your opinion, how hard is it to sign up for health insurance, including understanding plan options and which is best for you?
- 108. How confident are you that you can choose and sign up for a health insurance plan that will work well for you?

Monthly Premiums and Attitudes Towards Healthcare and Doctors

- 129-136. Which of the following monthly premiums would you be able to comfortably afford? Check all that apply.
- 137-144. Which of the following monthly premiums would you be able to afford but it might be hard? Check all that apply.
- 145-152. Which of the following monthly premiums would you be unable to afford? Check all that apply.
- 153-156. What does it mean to get high quality healthcare? Check up to 4.
- 157. I trust most doctors to have my best interest in mind.
- 158. Why don't you trust doctors to have your best interest in mind?



Demographic Questions

- 159-167. What is your/is this person's current employment status? Check all that apply.
168. Which of the following best describes your/their employment?
169. Which describes your/their current housing situation?
170. How many adults live with you/this person, not including roommates?
171. Are you/they the parent or guardian of any children under 18?
172. How many children under the age of 18 are part of the household?
173. How would you describe your/this person's current physical health?
174. What is the highest level of school you/they have completed?
175. Which of the following includes your/their total HOUSEHOLD income for the past year before taxes, not including the income of roommates?
176. What is your/their gender identity?
177. Are you/they transgender?

*Note. We asked about race and ethnicity towards the beginning of the survey with the intention of using it to ensure a representative sample (see questions 12 and 13-19).

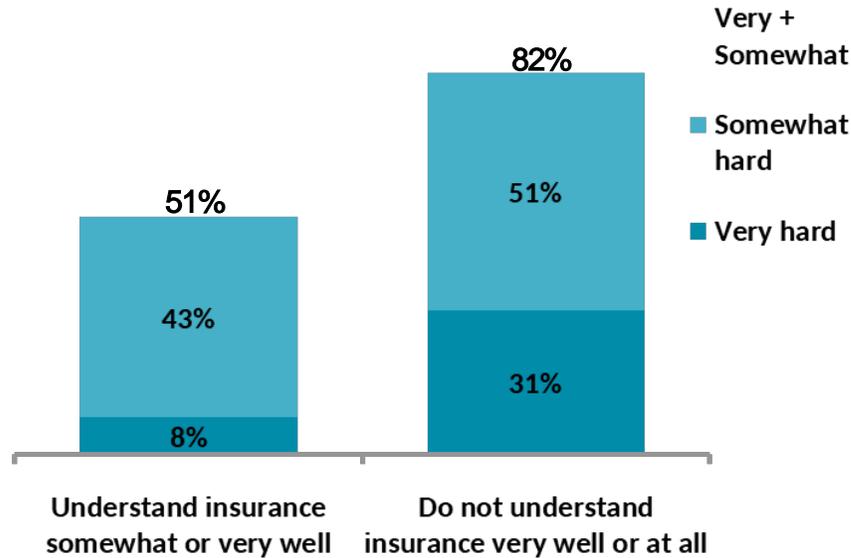
178. In the past 12 months, have you/they experienced any of the following?
Problems with a steady place to live.
179. In the past 12 months, have you/they experienced any of the following?
Trouble paying for basics like food housing medical care and heating.
180. In the past 12 months, have you/they experienced any of the following?
Trouble with a reliable way to get to medical appointments, work, or places needed for daily living.
- 181-196. What languages are spoken in your home? Check all that apply.
197. Would you say that in your home you speak...? (*range of mostly English to mostly Spanish*)
198. Are you between the ages of:
199. In order to send you your \$10 e-card, we need to get your email address. We will only use this address to deliver your e-card and will purge your email from our files immediately after delivering your e-card. Do you want to provide your email address in order to receive your \$10 e-card?
200. What email can we use to send you your \$10 e-card? Please note that while we try to send e-cards as quickly as possible, it may take up to 10 days for you to receive your e-gift card. We are often able to send them sooner but appreciate your patience if it takes up to 10 days.



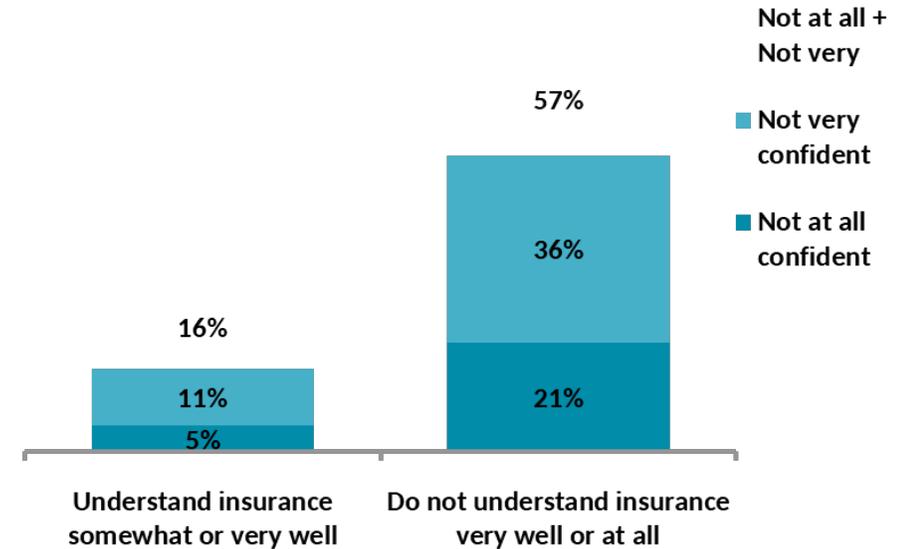
Appendix D: Additional Charts

Confidence in Choosing and Difficulty Signing Up For Health Insurance Plans by Understanding of Health Insurance.

Difficulty Signing Up For Health Insurance by Perceived Understanding of Health Insurance. (N=678)



Confidence in Choosing a Plan That Works For Them by Perceived Understanding of Health Insurance. (N=678)



Q106 How well do you understand health insurance including how to buy it how to get care that's covered by insurance and how much insurance will pay for your care?

Q107 In your opinion, how hard is it to sign up for health insurance including understanding plan options and which is best for you?

Q108 How confident are you that you can choose and sign up for a health insurance plan that will work well for you?

