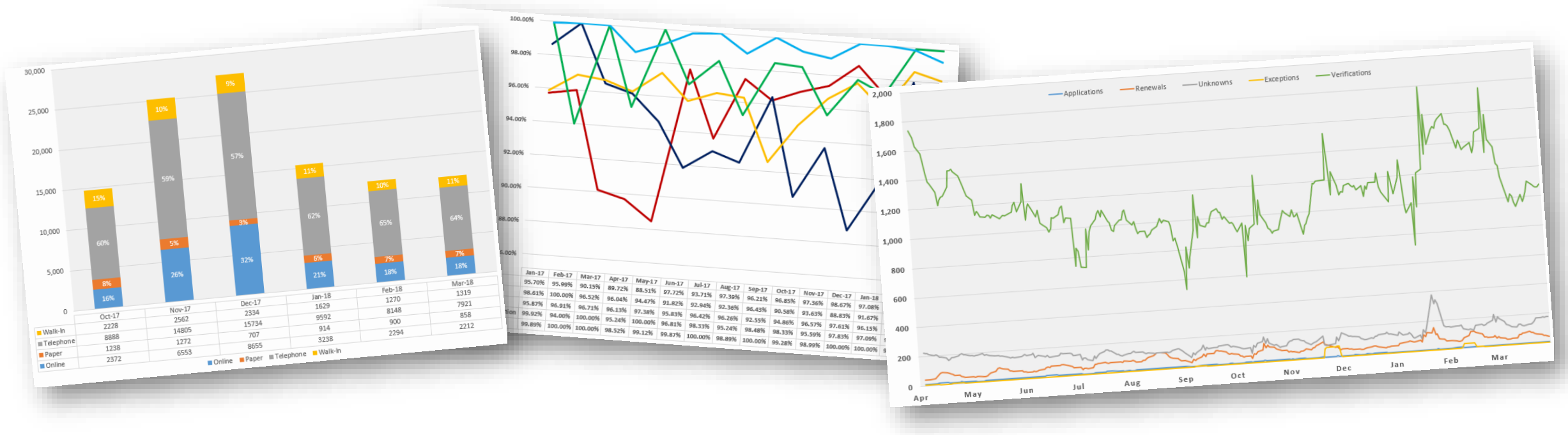
HUSKY Health Business Analytics Dashboard

MAPOC, September 2019



Connecticut Department of Social Services

Glossary of Key Terms

- **HIX** The Health Insurance Exchange (HIX) is the name used throughout this dashboard for the computer system that runs Connecticut's state-based marketplace, i.e., Access Health CT. The HIX is a jointly developed and shared DSS and Access Health CT system.

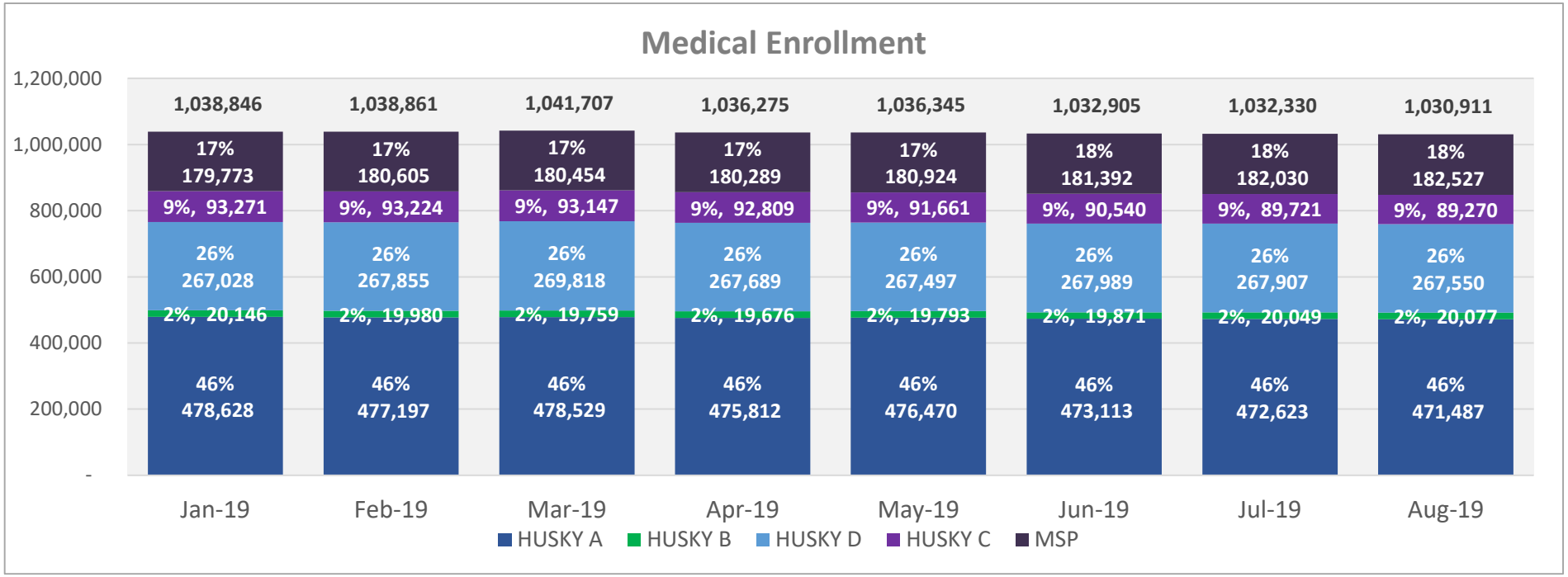
  The HIX is responsible for eligibility determination for those types of HUSKY that use the MAGI eligibility methodology (MAGI is described below), i.e., this includes most types of HUSKY A, all of HUSKY B, and all of HUSKY D. The HIX is also responsible for eligibility and enrollment in Access Health CT's Qualified Health Plans (QHPs).

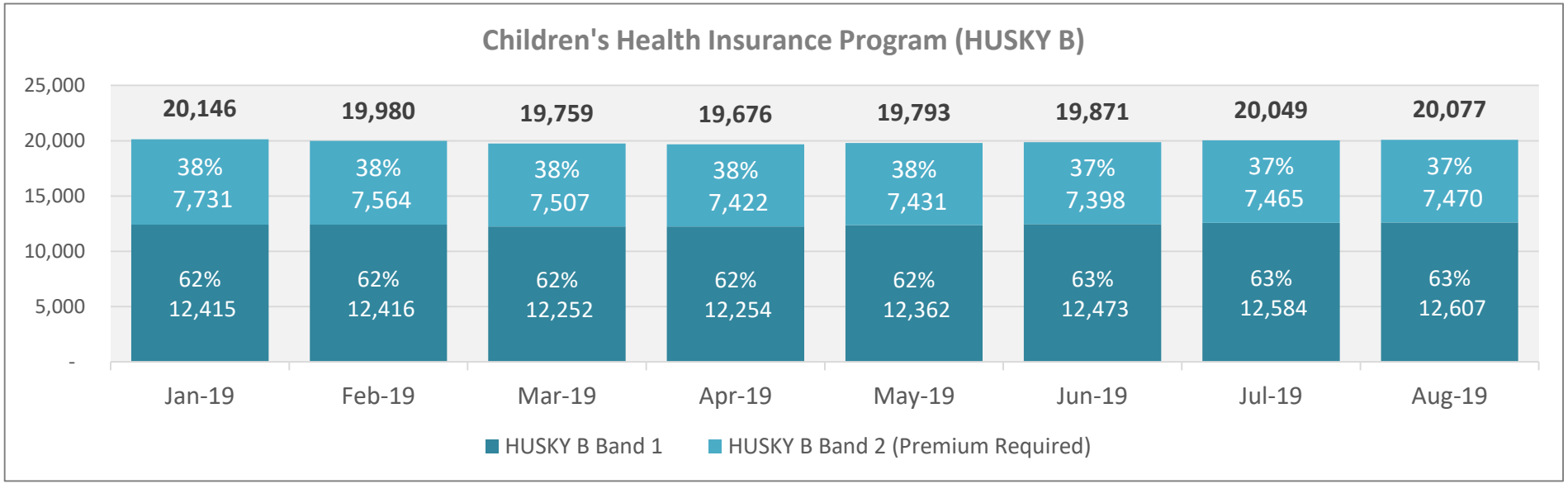
- **ImpaCT** This DSS computer system determines eligibility for specialized types of non-MAGI HUSKY A, for HUSKY C and for the Medicare Savings Program (MSP). It is also responsible for eligibility determination and benefit issuance for the Department's non-medical programs such as TFA and SNAP.

- **MAGI** Modified Adjusted Gross Income (MAGI) is the Medicaid and CHIP eligibility methodology, which was defined by the Affordable Care Act (ACA), and that came into effect on January 1, 2014. The methodology counts taxable types of income and does not consider assets. Approximately 88% of HUSKY uses this eligibility methodology. HUSKY C does not use the MAGI methodology and considers different types of income as well as assets.

Enrollment

Medical Enrollment



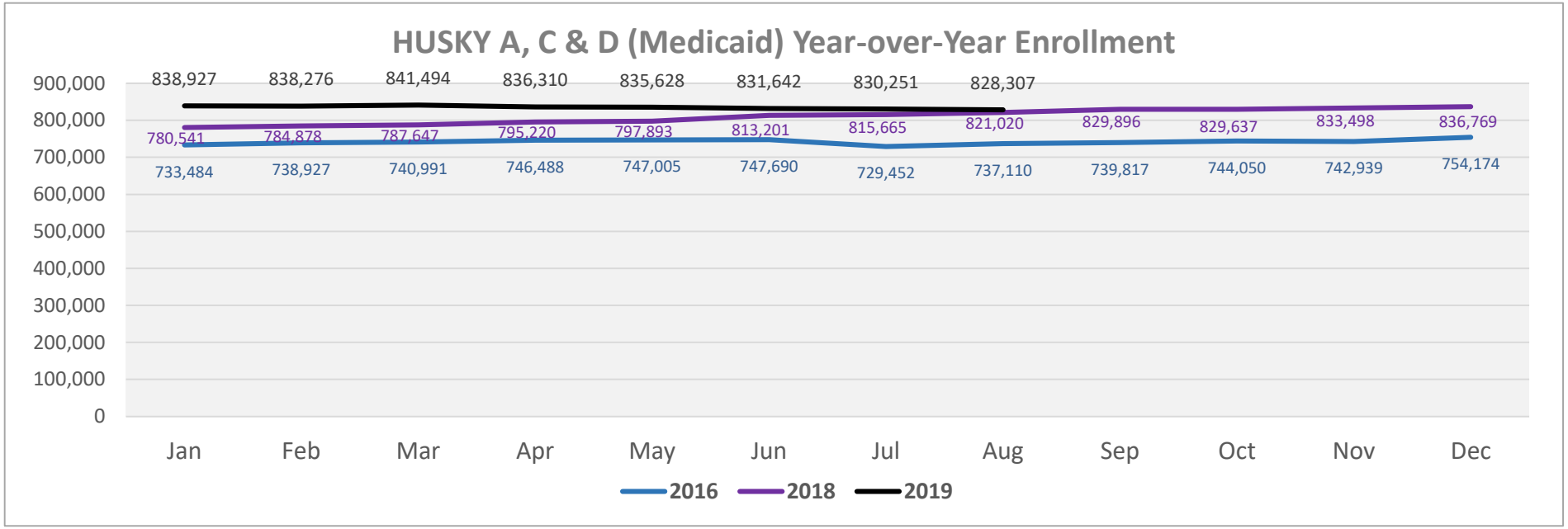


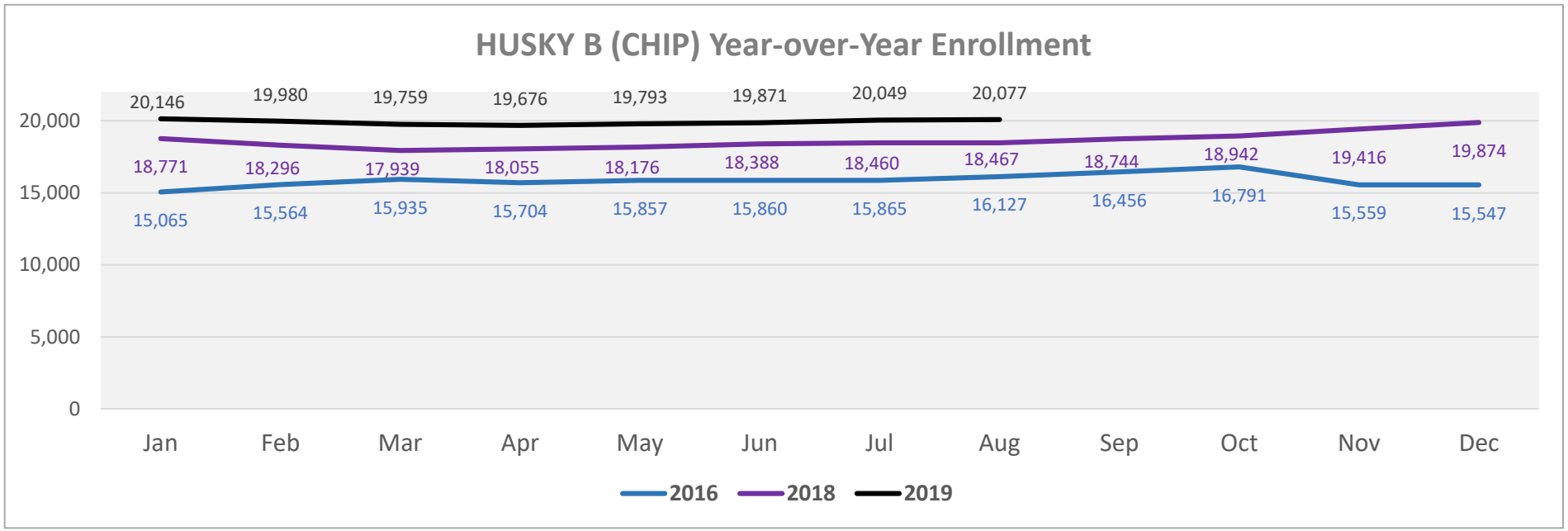
Notes:

- Medical consists of the HUSKY programs (A, B, C & D) and the Medicare Savings Program (MSP).
  - HUSKY A – Medicaid for children, parents, pregnant women, etc.
  - HUSKY B – Children's Health Insurance Program (CHIP)
  - HUSKY C – Medicaid for the aged, blind and disabled
  - HUSKY D – Medicaid for low income adults
- For the most part HUSKY A, B and D use the streamlined ACA/MAGI eligibility regulations.
- The rules for HUSKY C can be complex and can include asset tests and disability assessments.

- DSS recently identified a discrepancy of about 1.7% between HUSKY A data on this report and the Open Data portal. DSS is working to reconcile the data.
- Dual eligible MSP and HUSKY C recipients are duplicated in the counts
- HUSKY B band 2 includes individuals who have yet to pay their first premium and so while otherwise-eligible are not truly enrolled.

Year-over-Year HUSKY Enrollment



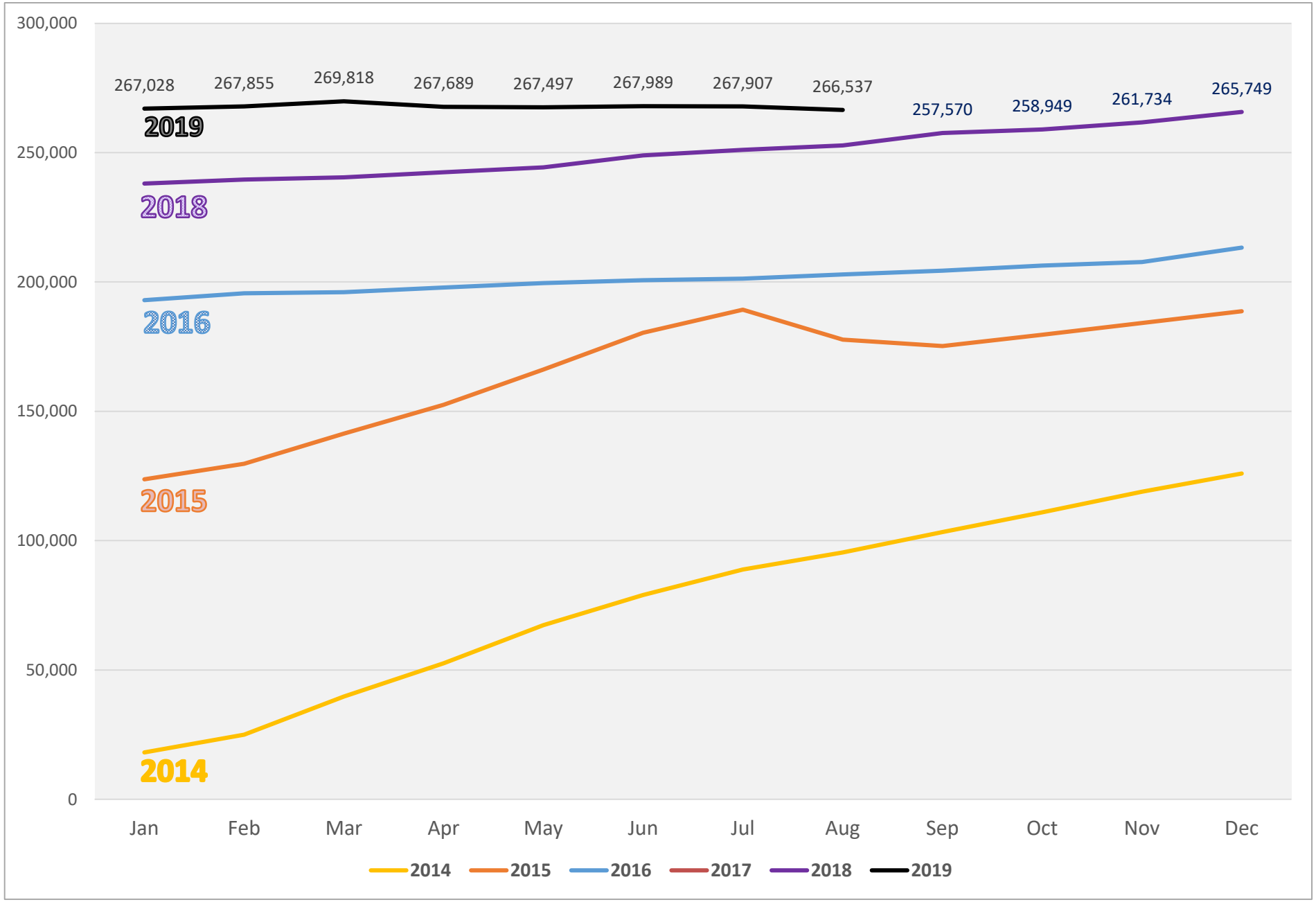


Notes:

- Shows year-over-year growth.
- 2017 data is missing as it was a period of complex system and program transitions.
- In July 2015, the parent FPL was reduced to 155%. It took a year to see the full effect as most parents received Transitional Medical Assistance (TMA).
- In December 2017, the State reduced the Parent FPL threshold to 138% and then effective July 1, 2018 the FPL% was reinstated. Most individuals moved to TMA coverage for that period and were then reinstated. The Department notified those who were determined ineligible during this period.

- DSS recently identified a discrepancy of about 1.7% between HUSKY A data on this report and the Open Data portal. DSS is working to reconcile the data.
- 2016 data is sourced from EMS.
  - HUSKY A does not include the non-MAGI individuals (~10k). These are included in 2018.
- 2018 onwards A, B & D data is sourced primarily from the HIX.
- HUSKY C data is sourced from ImpaCT.
- HUSKY B includes individuals who have yet to pay their first premium and so while eligible are not truly enrolled.

Year-over-Year HUSKY D (Adult Expansion Group) Enrollment

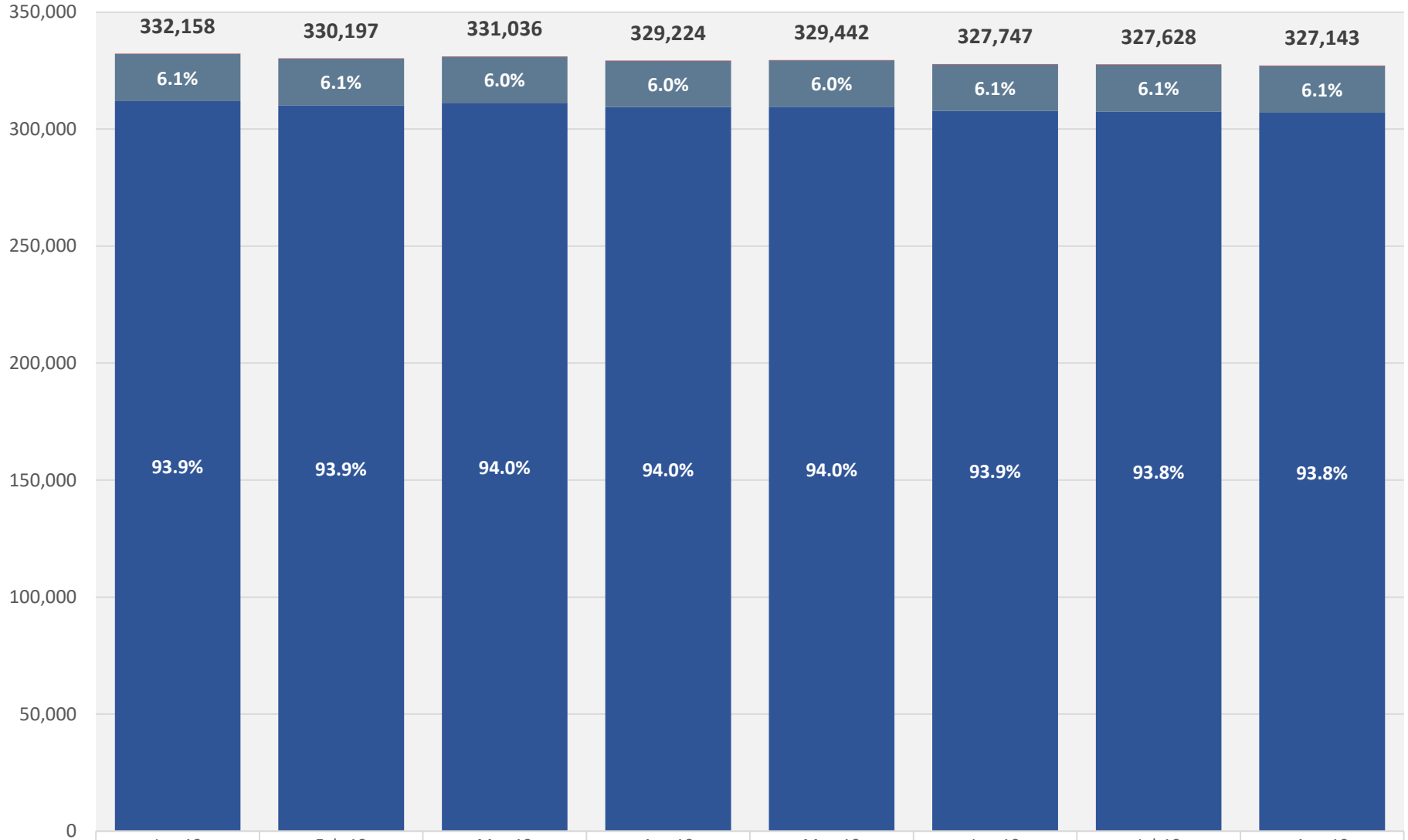


Notes:

- Shows year-over-year growth of the Medicaid expansion population (the Adult group is included in the totals in the prior graphs).
- 2015 drop is attributable to catching up on backlogged discontinuance actions.
- 2017 data is missing (a period of complex system transition).

- 2014 - 2016 data is sourced from EMS.
- 2018 onwards the HUSKY D data is sourced from the HIX.
  - Does not include a small population (~1000) of institutionalized non-disabled consumers who are determined eligible by ImpaCT.

HUSKY A, B & C Children Enrollment



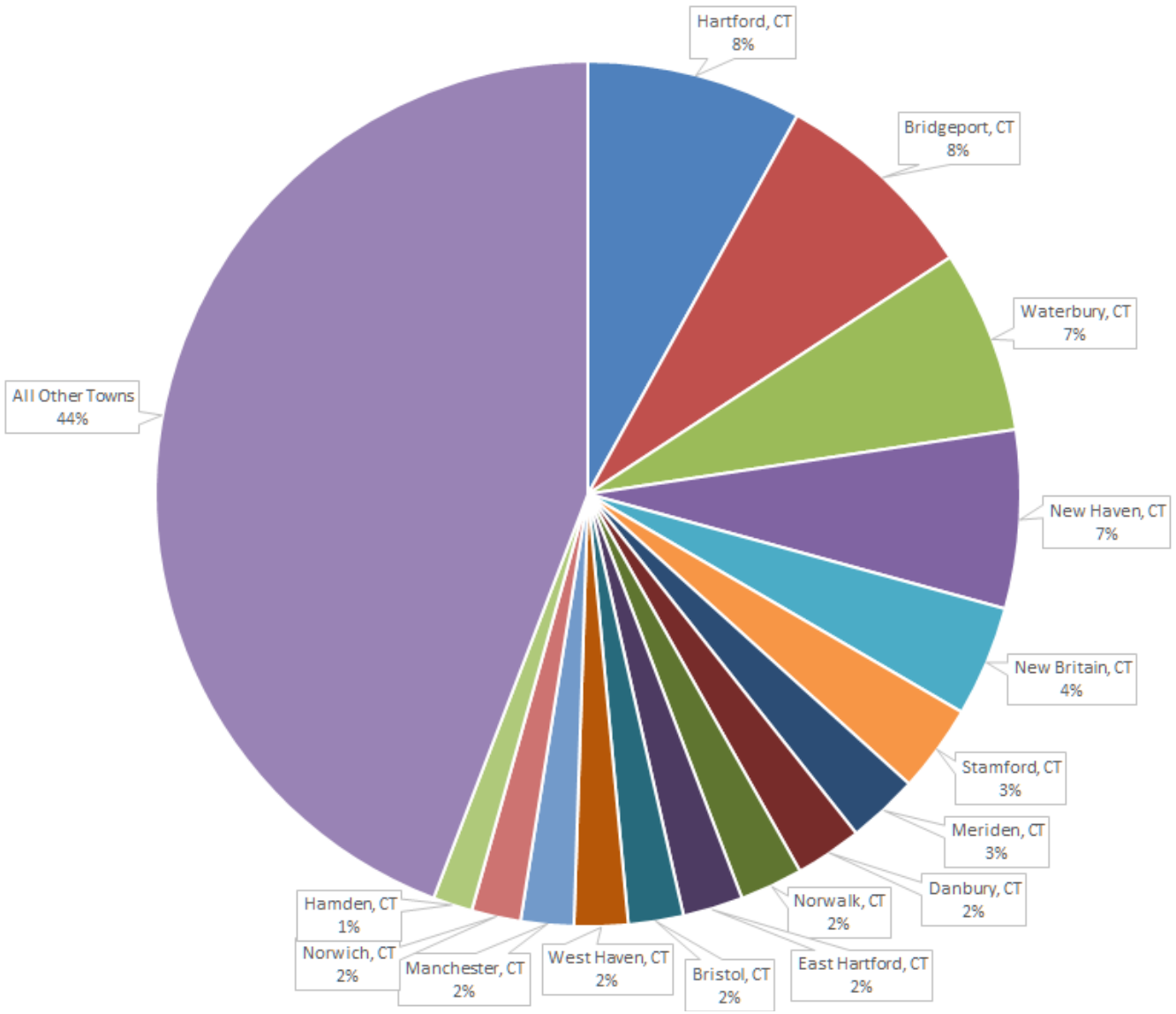
	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
HUSKY C	89	87	89	93	101	104	103	99
HUSKY B	20,146	19,980	19,759	19,676	19,793	19,871	20,049	20,077
HUSKY A	311,923	310,130	311,188	309,455	309,548	307,772	307,476	306,967
Total	332,158	330,197	331,036	329,224	329,442	327,747	327,628	327,143

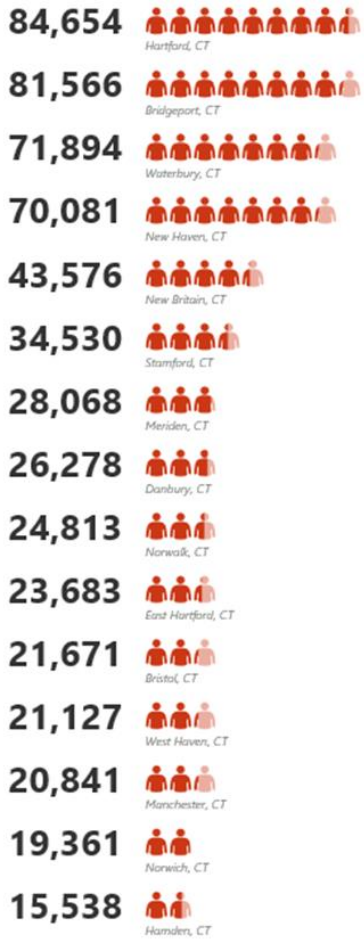
Notes:

- Shows the HUSKY children, i.e., the under 19s and including newborns.

- DSS recently identified a discrepancy of about 1.7% between HUSKY A data on this report and the Open Data portal. DSS is working to reconcile the data.
- The data is sourced from ImpaCT and HIX as appropriate for the coverage type.

Geographical Enrollment – Medical Enrollment by Largest Towns as of April 2019

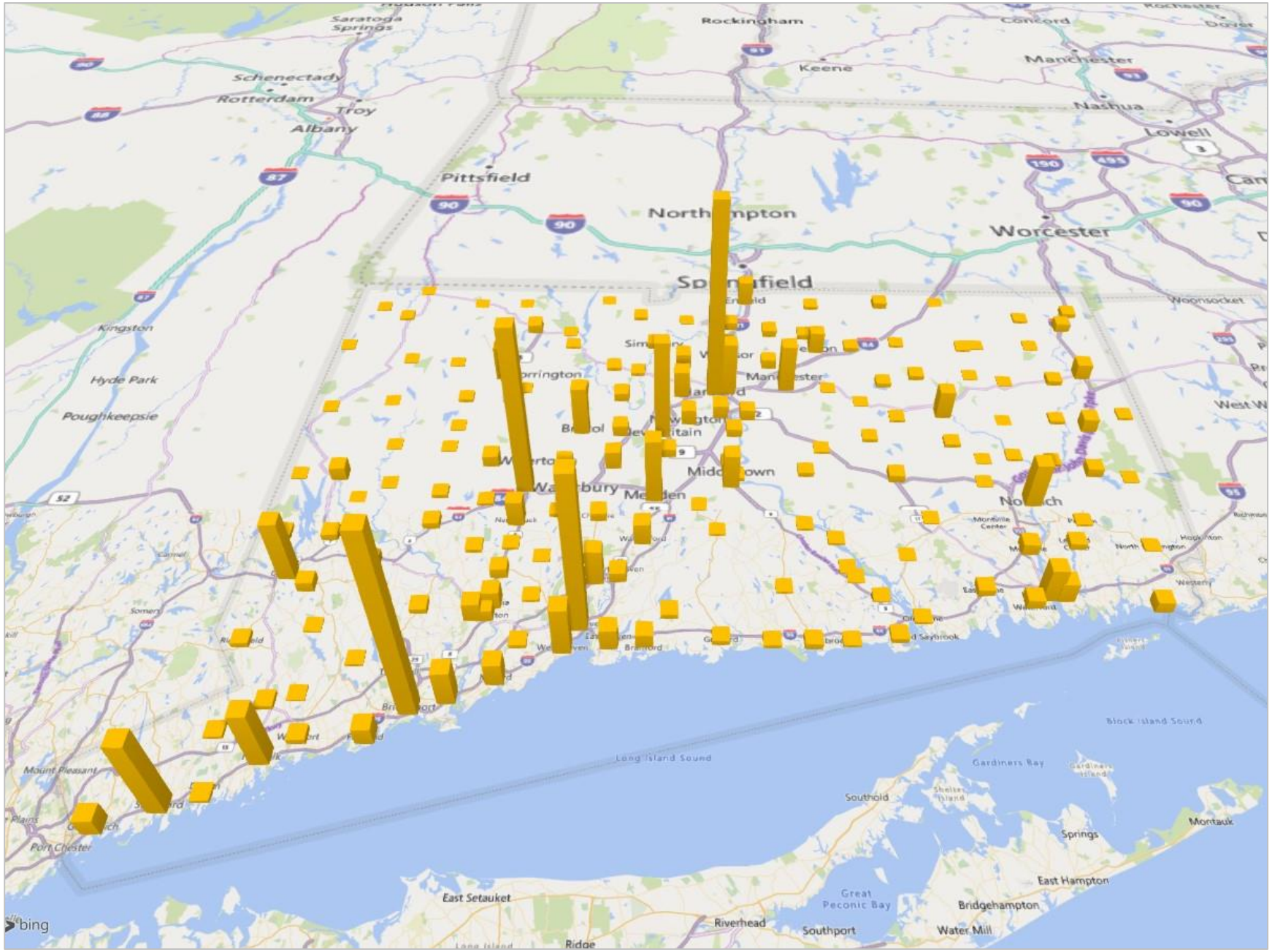




Notes:

- These are DSS medical enrollments for the largest 15 towns that account for 56% of the enrollment.
- The remaining 154 towns account for 44% of the medical recipients, i.e., most of these “remaining towns” have less than 1% of the enrollees each.

Geographical Enrollment – Medical Enrollment by Largest Towns as of April 2019



84,654	Hartford, CT
81,566	Bridgeport, CT
71,894	Waterbury, CT
70,081	New Haven, CT
43,576	New Britain, CT
34,530	Stamford, CT
28,068	Meriden, CT
26,278	Danbury, CT
24,813	Norwalk, CT
23,683	East Hartford, CT
21,671	Bristol, CT
21,127	West Haven, CT
20,841	Manchester, CT
19,361	Norwich, CT
15,538	Hamden, CT

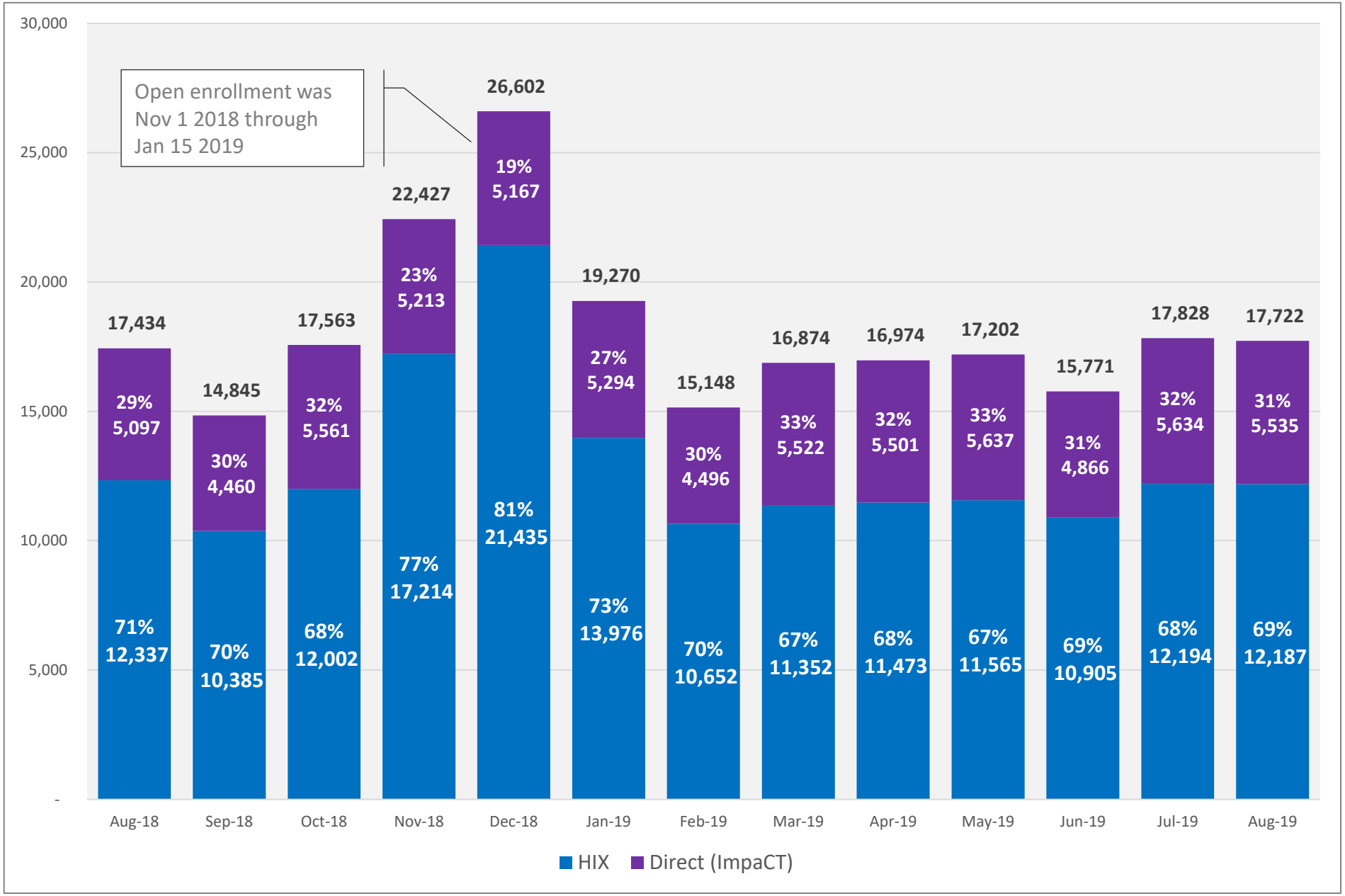
Notes:

- The DSS medical enrollments for the largest 15 towns that account for 56% of the enrollment.
- The map shows the relative enrollment by town.

Applications

Medical Applications

Data Source: HIX & ImpaCT

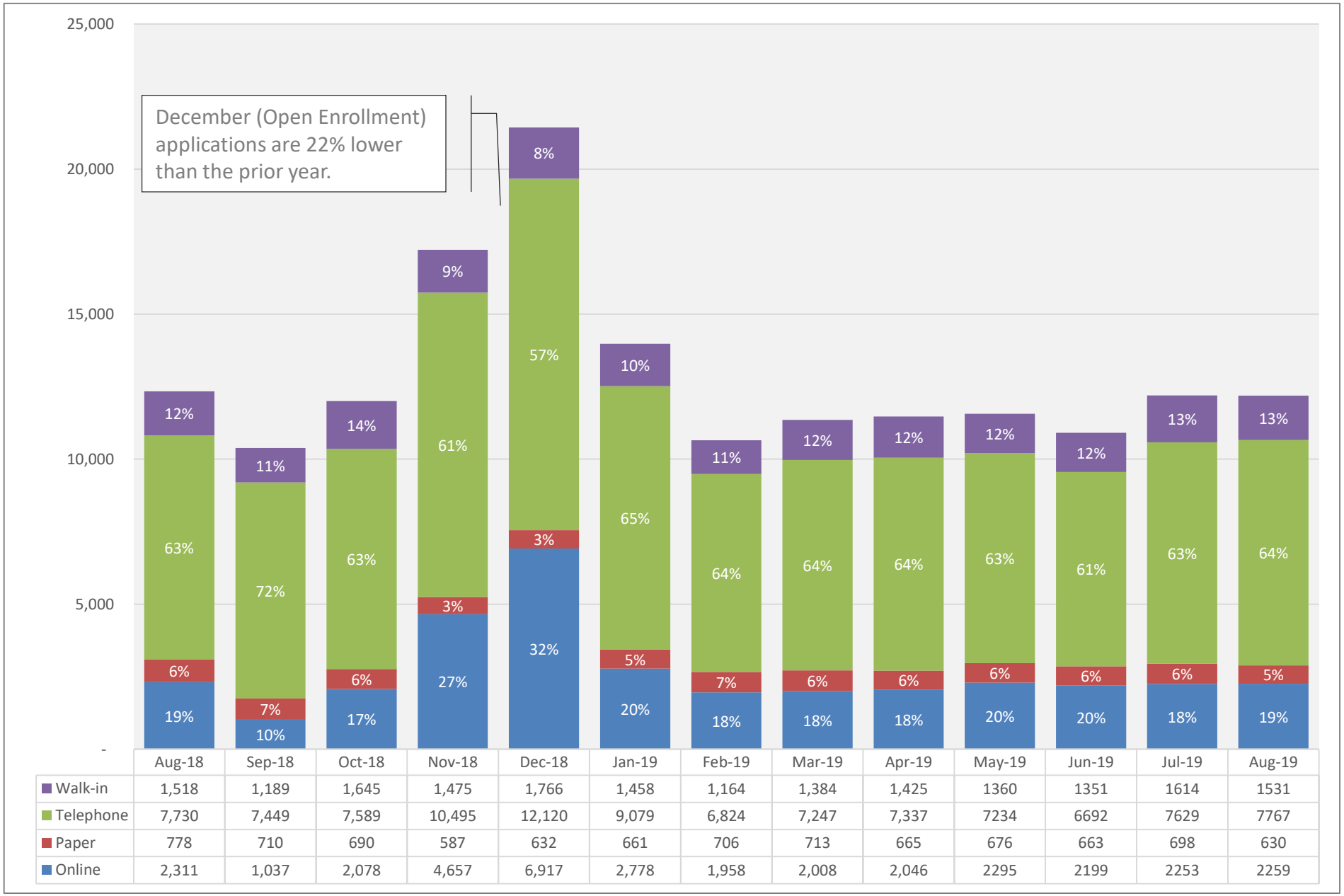


Notes:

- This is a count of the subsidized applications with a filing (application) date in the month and:
  - Application status is in-process or determined (not inactive or canceled);
  - Application is not a change, renewal or in the renewal reconsideration period.
- This includes HUSKY and MSP applications

HIX Applications by Channel [walk-in/phone/paper/online]

Data Source: HIX



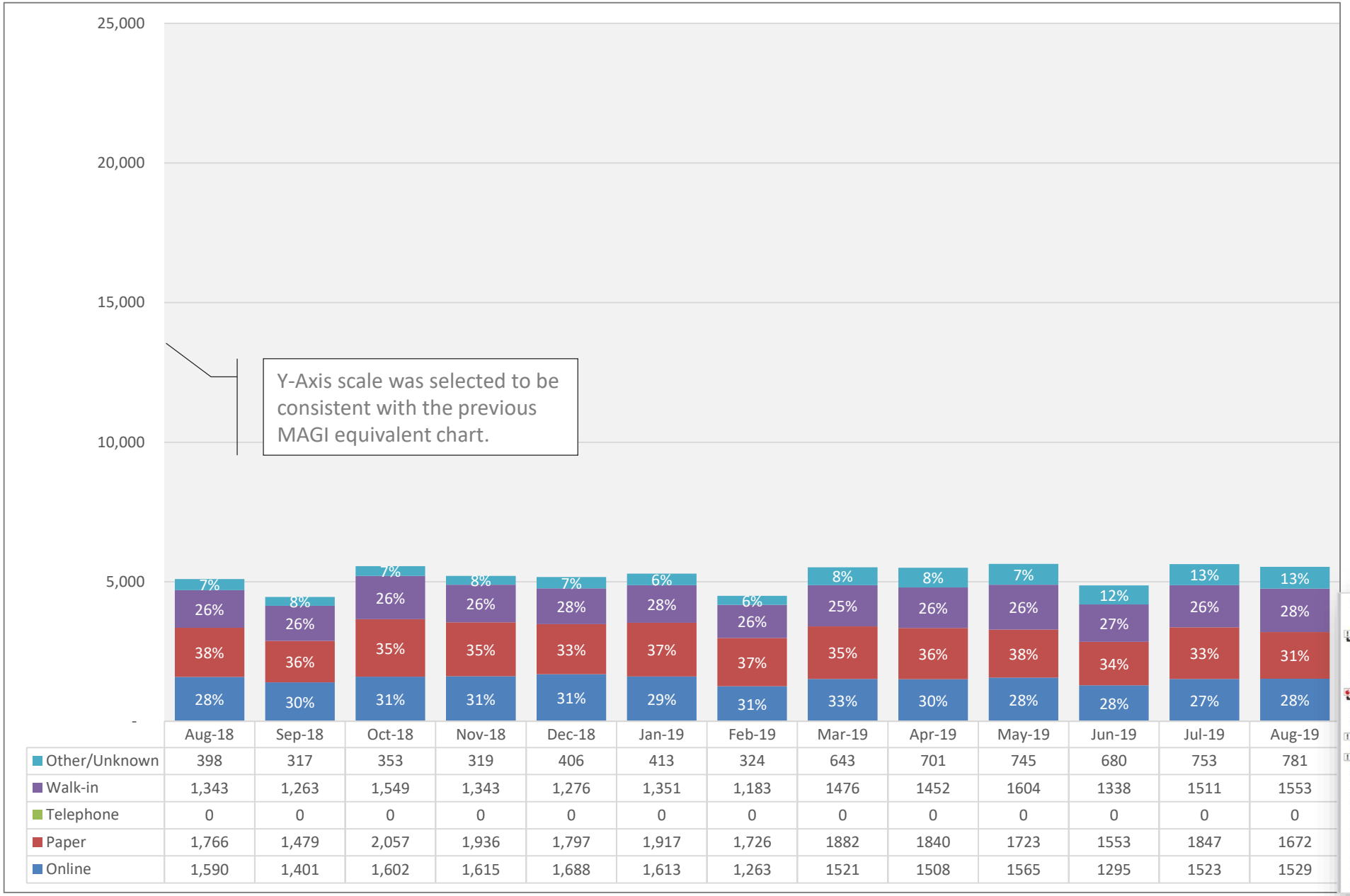
	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Walk-in	1,518	1,189	1,645	1,475	1,766	1,458	1,164	1,384	1,425	1360	1351	1614	1531
Telephone	7,730	7,449	7,589	10,495	12,120	9,079	6,824	7,247	7,337	7234	6692	7629	7767
Paper	778	710	690	587	632	661	706	713	665	676	663	698	630
Online	2,311	1,037	2,078	4,657	6,917	2,778	1,958	2,008	2,046	2295	2199	2253	2259

Notes:

- This is a view of the applications submitted via the HIX. It is a count of the medical applications that include a request for financial assistance, by channel, with a filing (application) date in the month and:
  - Application status is in-process or determined (not inactive or canceled);
  - Application is not a change, renewal or in the renewal reconsideration period.
- The HIX paper channel is small, but higher than expected when compared to the actual paper processing tasks performed in the HIX channel, i.e., typically process less than 5 per day.
  - We attribute much of this to clients incorrectly using the W1-E paper form and mailing channel; DSS workers identify these and enter them into the HIX.

Direct Medicaid Applications by Channel [walk-in/phone/paper/online]

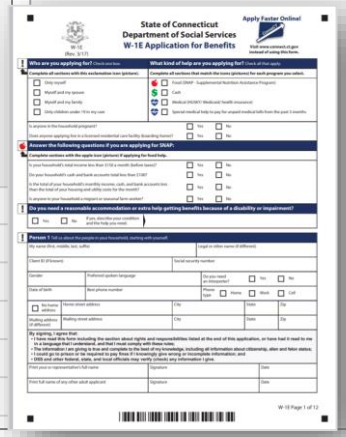
Data Source: ImpaCT



	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Other/Unknown	398	317	353	319	406	413	324	643	701	745	680	753	781
Walk-in	1,343	1,263	1,549	1,343	1,276	1,351	1,183	1476	1452	1604	1338	1511	1553
Telephone	0	0	0	0	0	0	0	0	0	0	0	0	0
Paper	1,766	1,479	2,057	1,936	1,797	1,917	1,726	1882	1840	1723	1553	1847	1672
Online	1,590	1,401	1,602	1,615	1,688	1,613	1,263	1521	1508	1565	1295	1523	1529

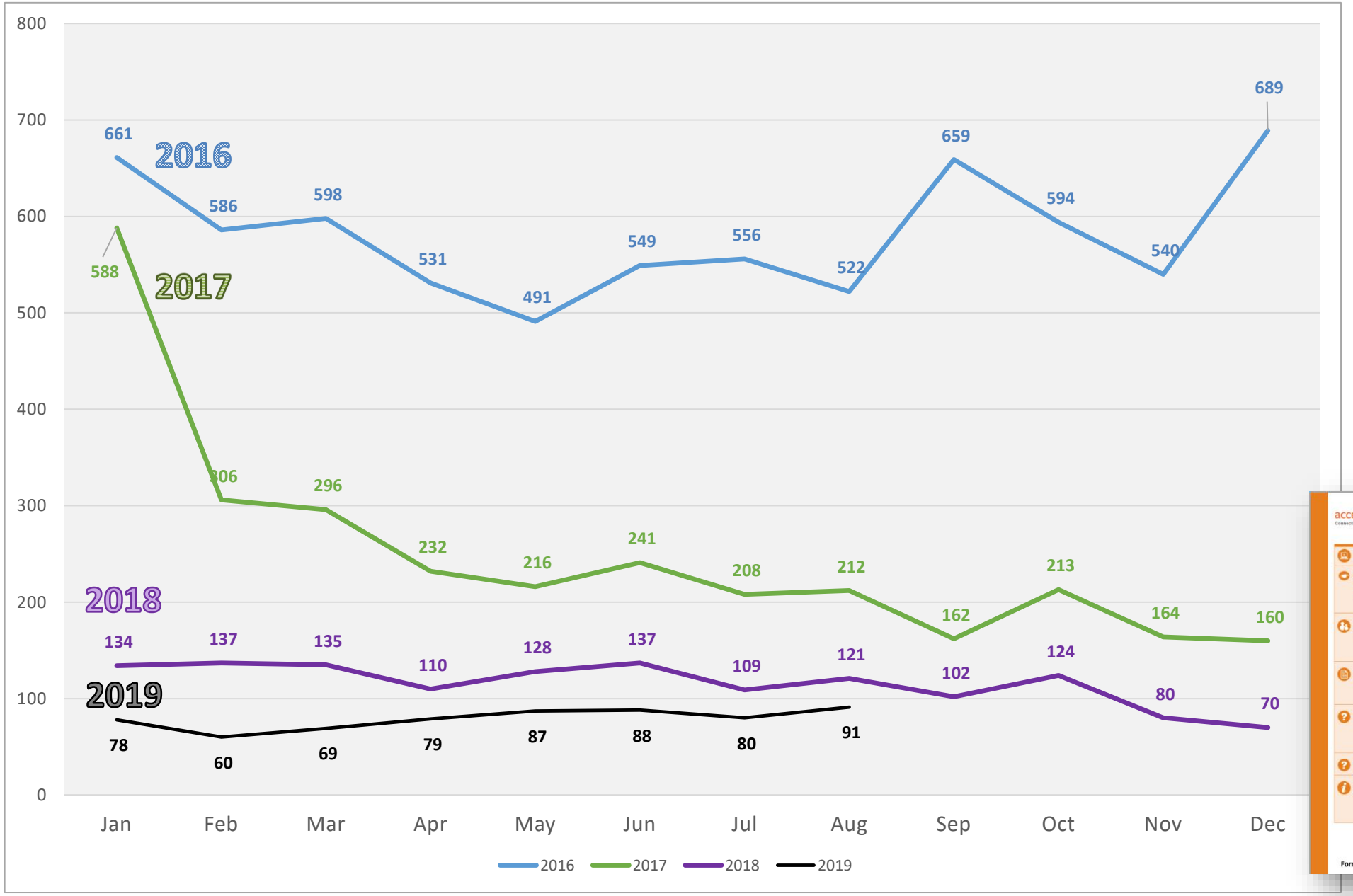
Notes:

- This is a view of the applications submitted via the ImpaCT, i.e., directly to the agency. It is a count of the applications, by channel, with a filing (application) date in the month and:
  - Application status is in-process or determined (not inactive or canceled);
  - Application is not a change, renewal or in the renewal reconsideration period.
- The "Other/Unknown" channel consists of fax applications and "add a program" activity (the system does not capture the channel).



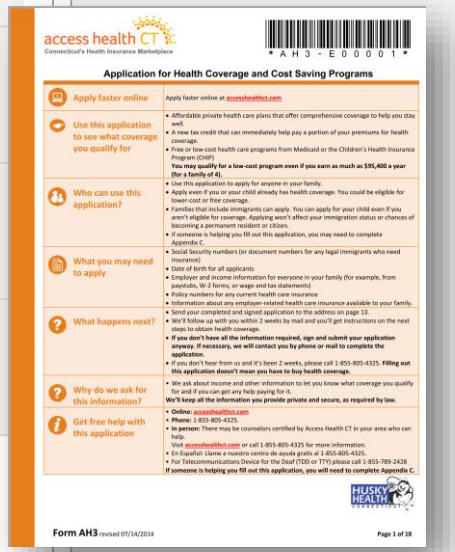
Year-over-Year Single Streamlined Paper Applications

Data Source: ScanOptics



Notes:

- Paper applications (AH2 & AH3) volume is low.
  - Online and call center channels are preferred.
- Typically less than 5 forms per business day.
  - Usually processed the same day as they are received.
- Paper W-1E applications that come through the DSS scanning channel and that are entered into the HIX (clients used the wrong form) are missed from these numbers.


access health CT
Connecticut's Health Insurance Marketplace

Application for Health Coverage and Cost Saving Programs

Apply faster online

Use this application to see what coverage you qualify for

Who can use this application?

What you may need to apply

What happens next?

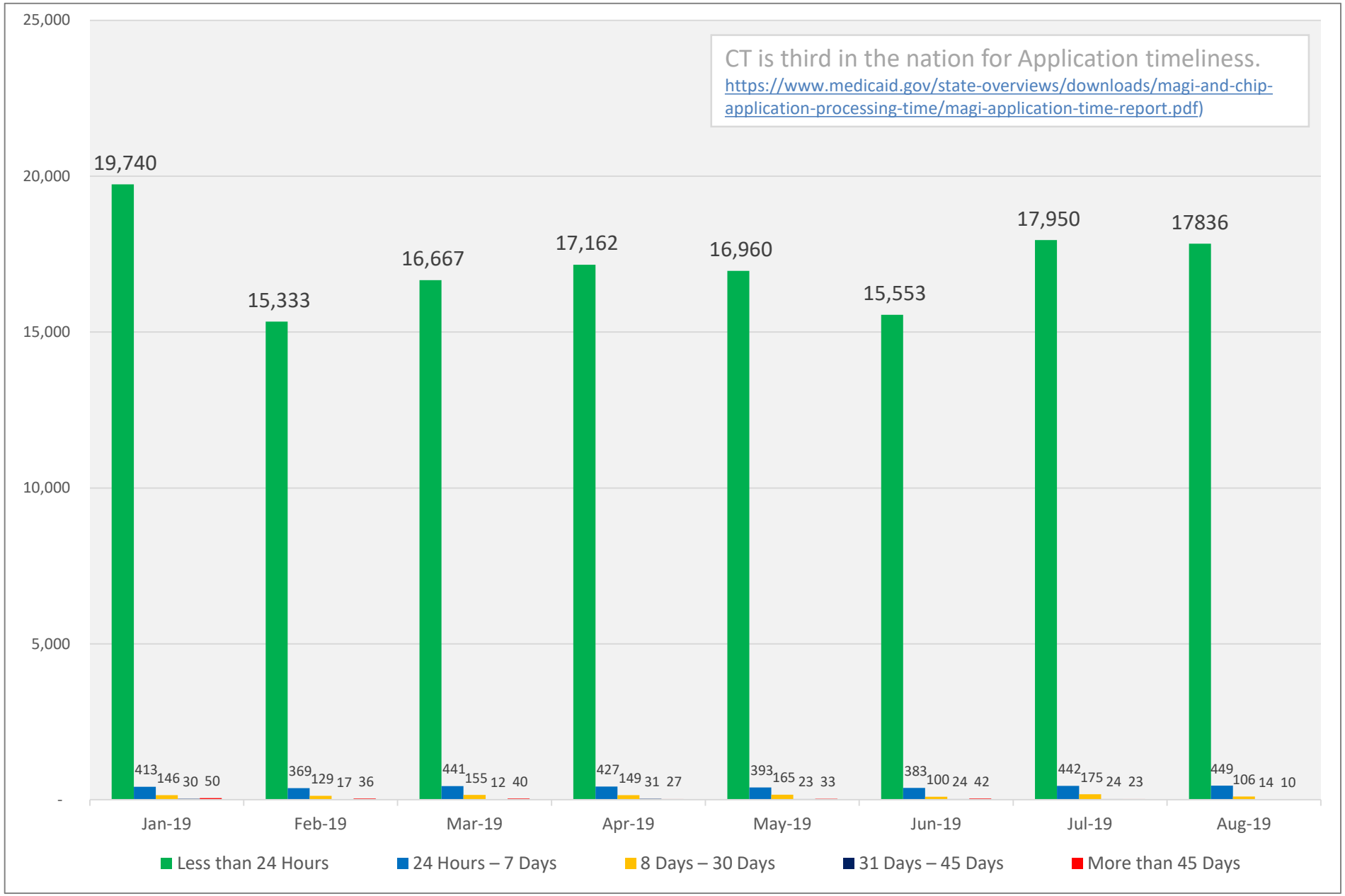
Why do we ask for this information?

Get free help with this application

Form AH3 revised 07/14/2014

MAGI Application Timeliness by Individual

Data Source: HIX

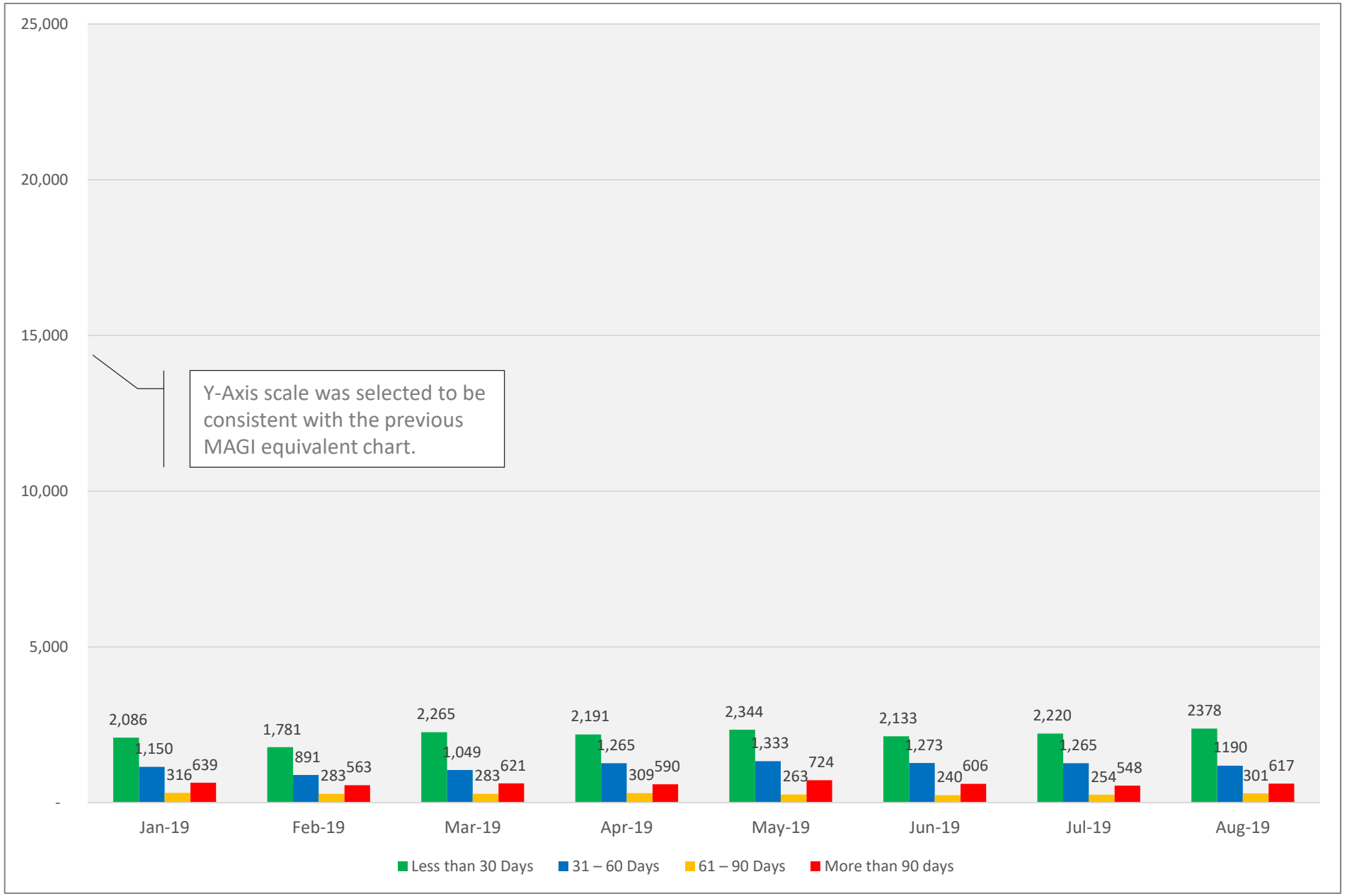


Notes:

- The median processing time is zero (0) days.
- There are very few applications that fall outside the 45-day standard of promptness (SOP). The Department conducted a review to understand the scenarios that were causing these exceptions; most of the late applications are false-positives.

Non-MAGI Application Timeliness by Individual

Data Source: ImpaCT



Notes:

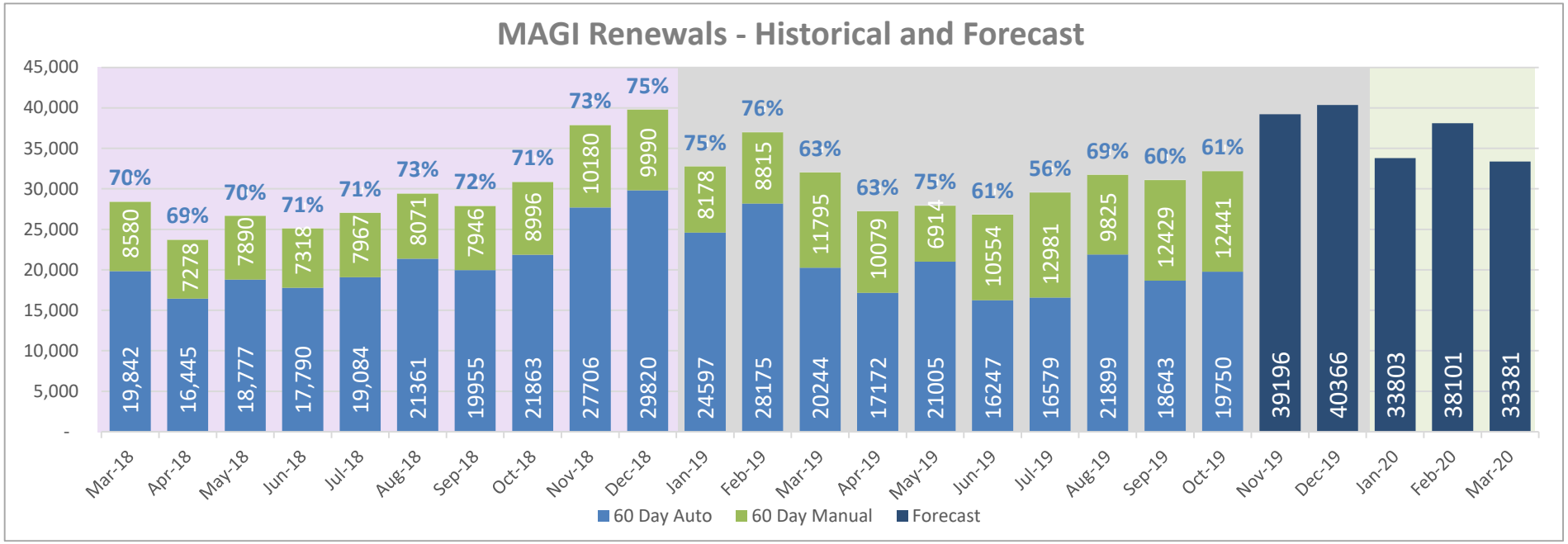
- The standard of promptness for long term care is 90 days.
- The median processing time is typically about 31 days.

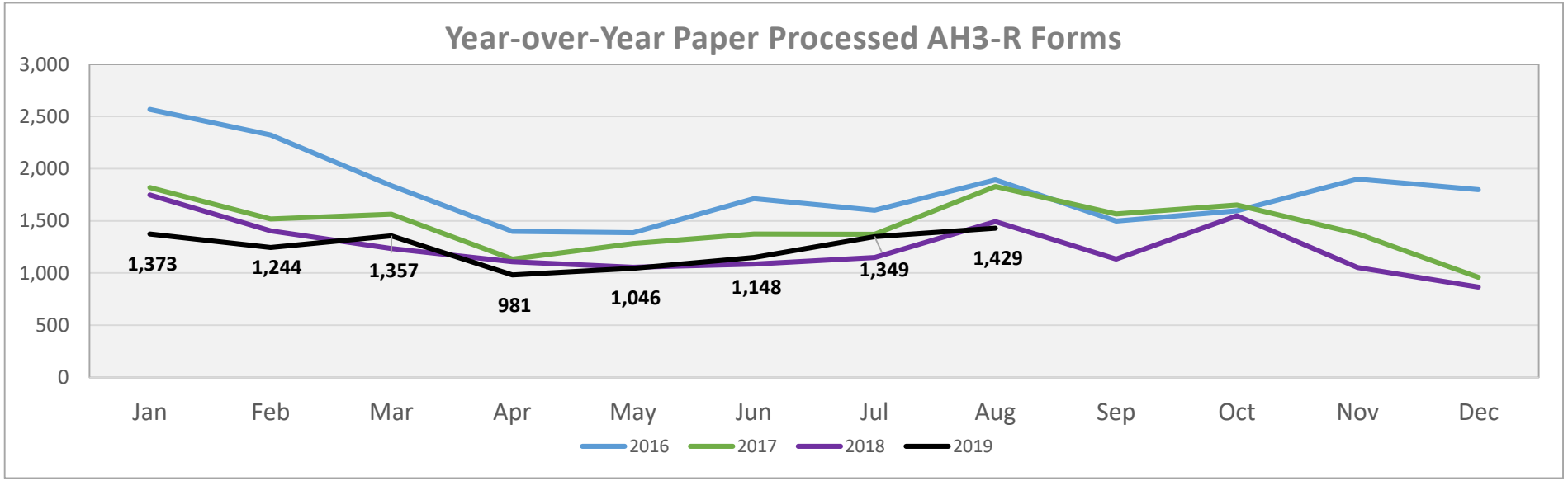
- This data is sourced from the ImpaCT system.
- The results are primarily for HUSKY C and MSP applicants.

Renewals

MAGI-Based Renewals

Data Source: HIX & ScanOptics



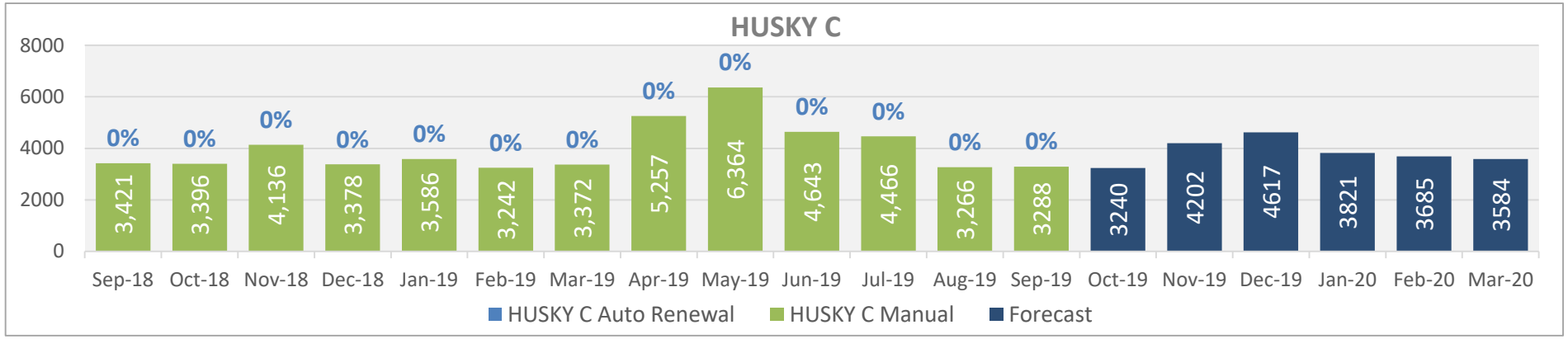


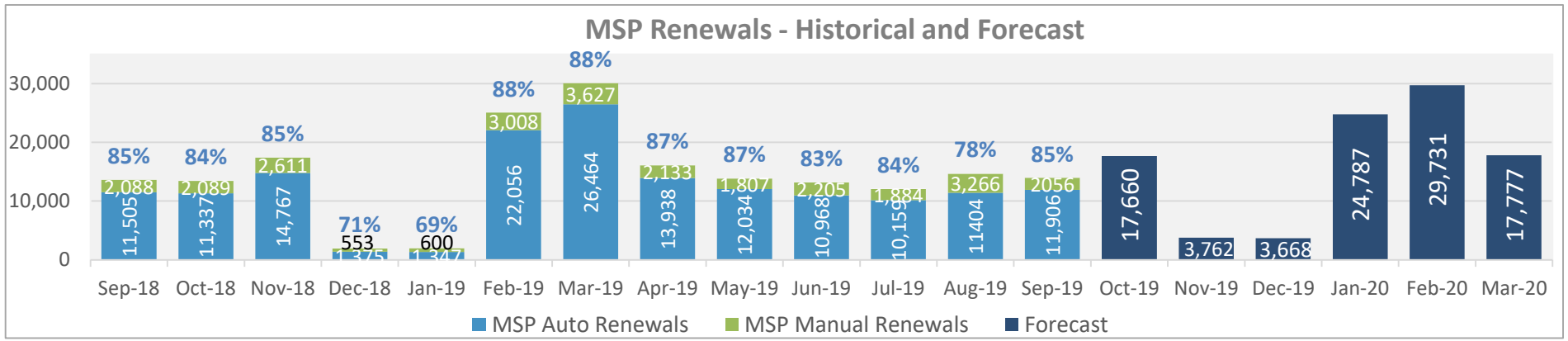
Notes:

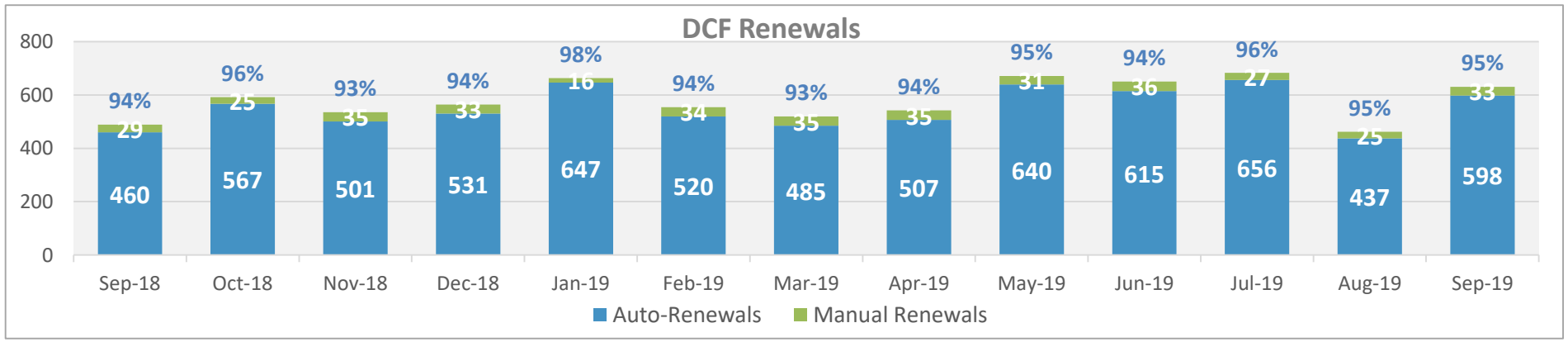
- At renewal time the HIX system attempts to auto-renew households by electronically verifying data.
- Approximately **8%** of the auto-renewals will report some changes to the Department.
- Each month approximately **15%** of the renewals are manual and non-responsive by the middle of the month, i.e., they are sent a discontinuance notice.
  - There is a 90-day *reconsideration window* in which someone can submit a late renewal. In this case their start date will be backdated to eliminate gaps in coverage.

Non-MAGI-Based Renewals

Data Source: ImpaCT







Notes:

- There are three types of non-MAGI renewals in ImpaCT
- Currently, HUSKY C does not have an auto-renewal process.
- While DSS plans to implement auto-renewals for HUSKY C, that must be done in context of fulfilling a federal requirement to implement an automated Asset Verification System (AVS). DSS is in process of determining the best solution for AVS.
- The Medicare Savings Program (MSP) and the DCF children's group do not have to consider assets and therefore have their own specialized auto-renewal processes.