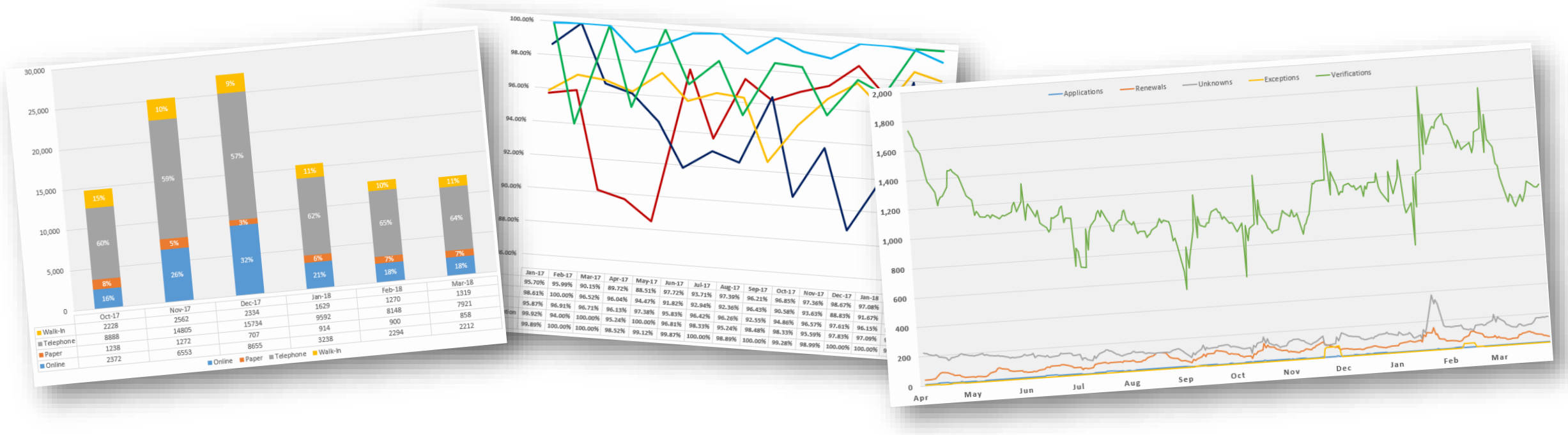
HUSKY Health Business Analytics Dashboard

Medical Assistance Program Oversight Council – January 10, 2020



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.

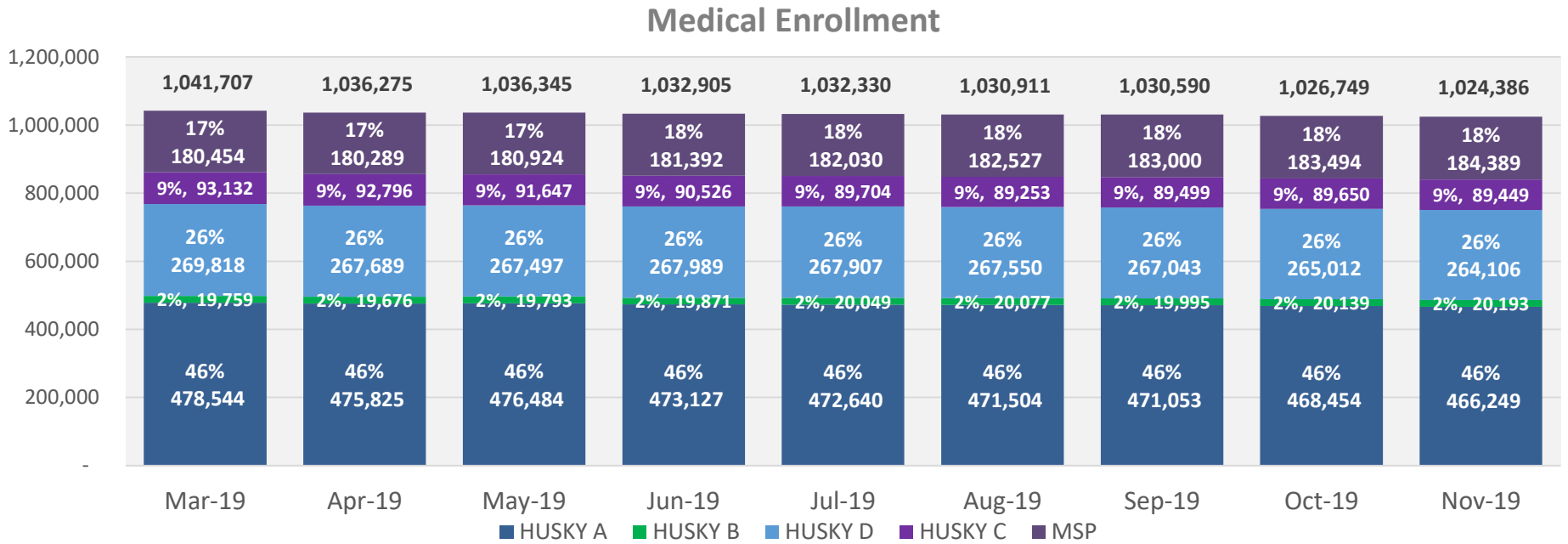
  The HIX is responsible for eligibility determination for those types of HUSKY that use the MAGI eligibility methodology (MAGI is described below), i.e., this includes most types of HUSKY A, all of HUSKY B, and all of HUSKY D. The HIX is also responsible for eligibility and enrollment in Access Health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

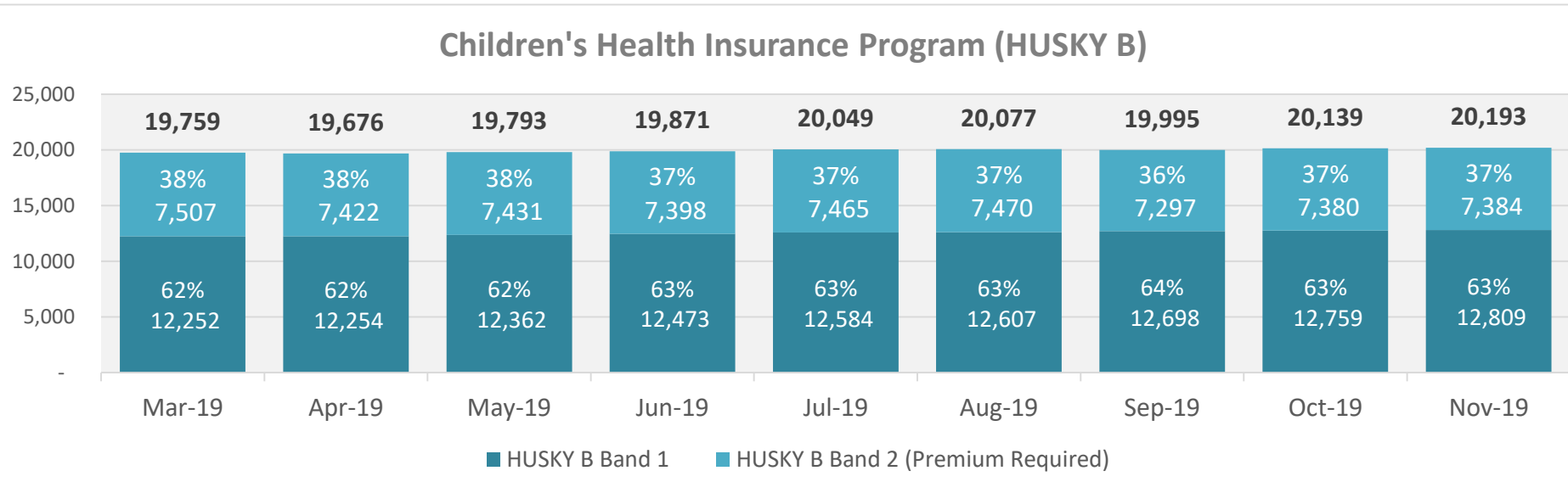
- **ImpaCT** This DSS computer system determines eligibility for specialized types of non-MAGI HUSKY A, for HUSKY C and for the Medicare Savings Program (MSP). It is also responsible for eligibility determination and benefit issuance for the Department's non-medical programs such as TFA and SNAP.

- **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 for certain Medicaid programs and the Children's Health Insurance Program. The methodology counts taxable types of income and does not consider assets. Approximately 88% of the HUSKY program uses this eligibility methodology. For example, HUSKY C does not use the MAGI methodology when calculating income and must consider assets, per federal regulations.

Enrollment	3
Applications	11
Renewals	18

Medical Enrollment





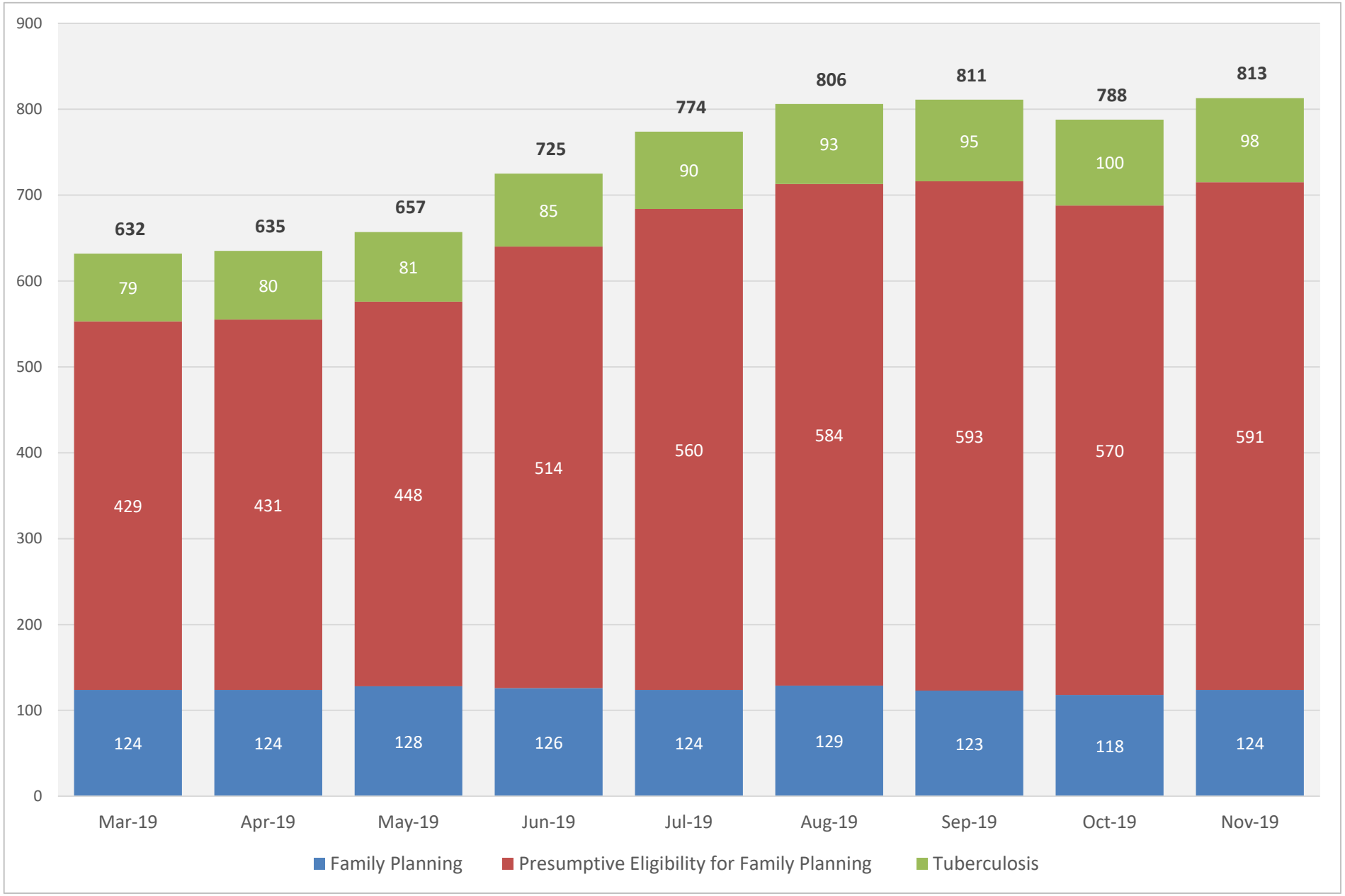
Notes:

- DSS medical consists of:
  - HUSKY programs (A, B, C & D)
  - HUSKY Limited Benefits
  - Medicare Savings Program (MSP)
  - State-funded programs
- The enrollment counts shown here are for HUSKY, HUSKY Limited Benefits and MSP.
- HUSKY is further subdivided:
  - 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
- These are mainly CMS match-funded programs. There are a small number of refugees whose health care is funded by the Office of Refugee Resettlement (ORR).

- The enrollment includes the HUSKY Limited Benefit programs; HUSKY A includes Family Planning and Family Planning Presumptive Eligibility, and HUSKY C includes Tuberculosis health care.
- 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.

Medical Enrollment – *HUSKY Limited Benefits*

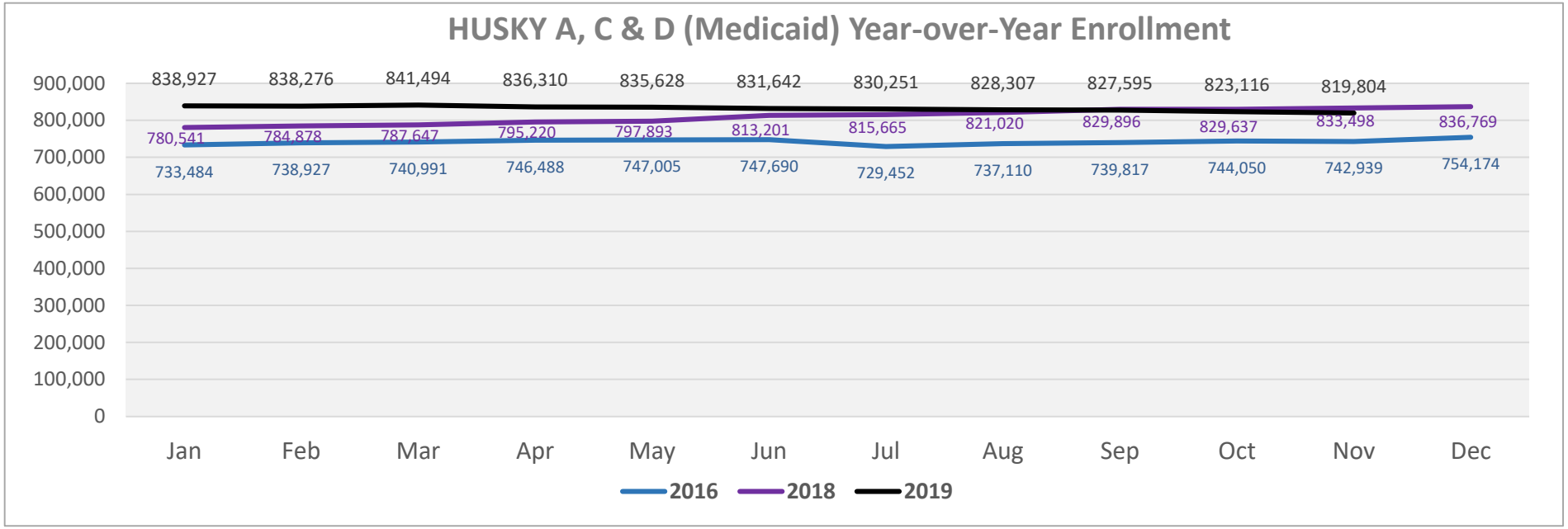
Data Source: ImpaCT

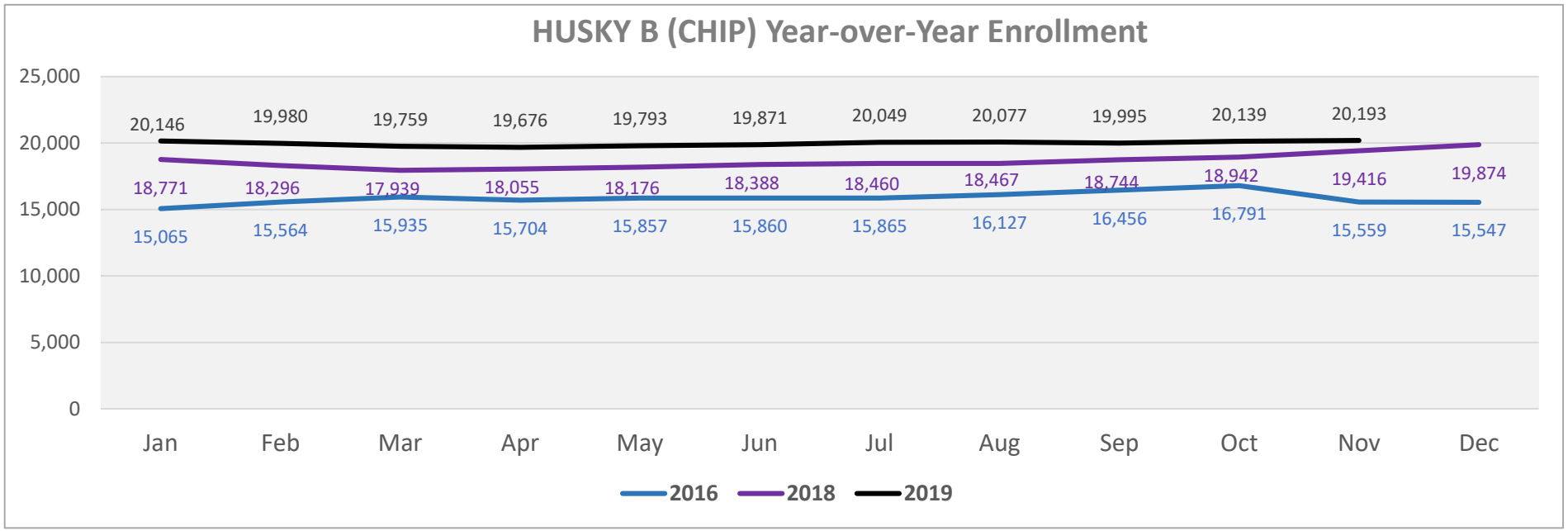


Notes:

- These coverage types are included in the previous slide.
  - Family Planning and Presumptive Eligibility for Family Planning are HUSKY A programs.
  - Tuberculosis health care is a HUSKY C program.

Year-over-Year HUSKY Enrollment



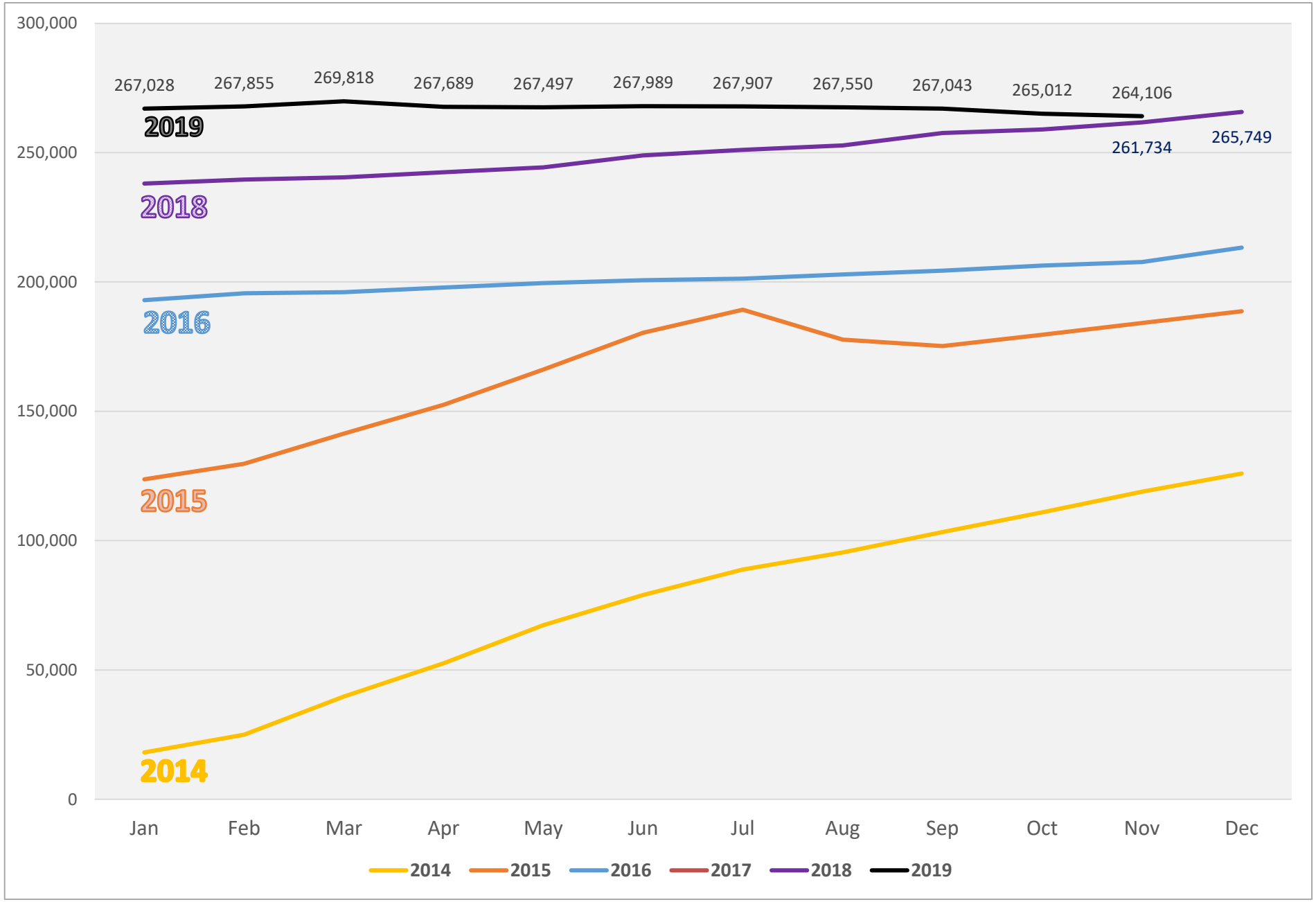


Notes:

- 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 federal poverty level (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 FPL level 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.

- 2016 data is sourced from EMS.
  - HUSKY A does not include the non-MAGI individuals (~10k). These are included in 2018.
- 2018 onwards HUSKY 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

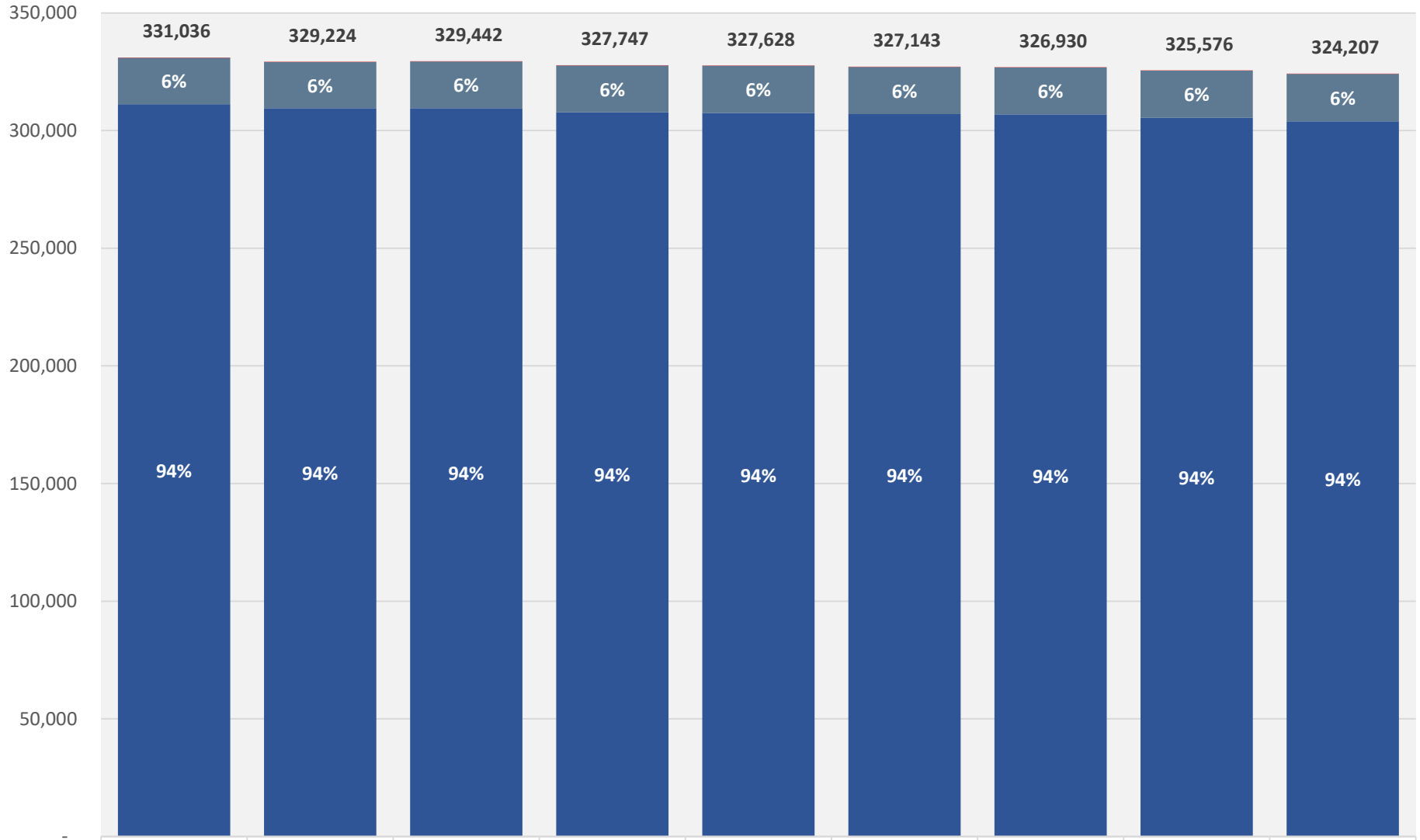


Notes:

- 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 and ImpaCT (~1000 institutionalized non-disabled consumers).

HUSKY A, B & C Children Enrollment



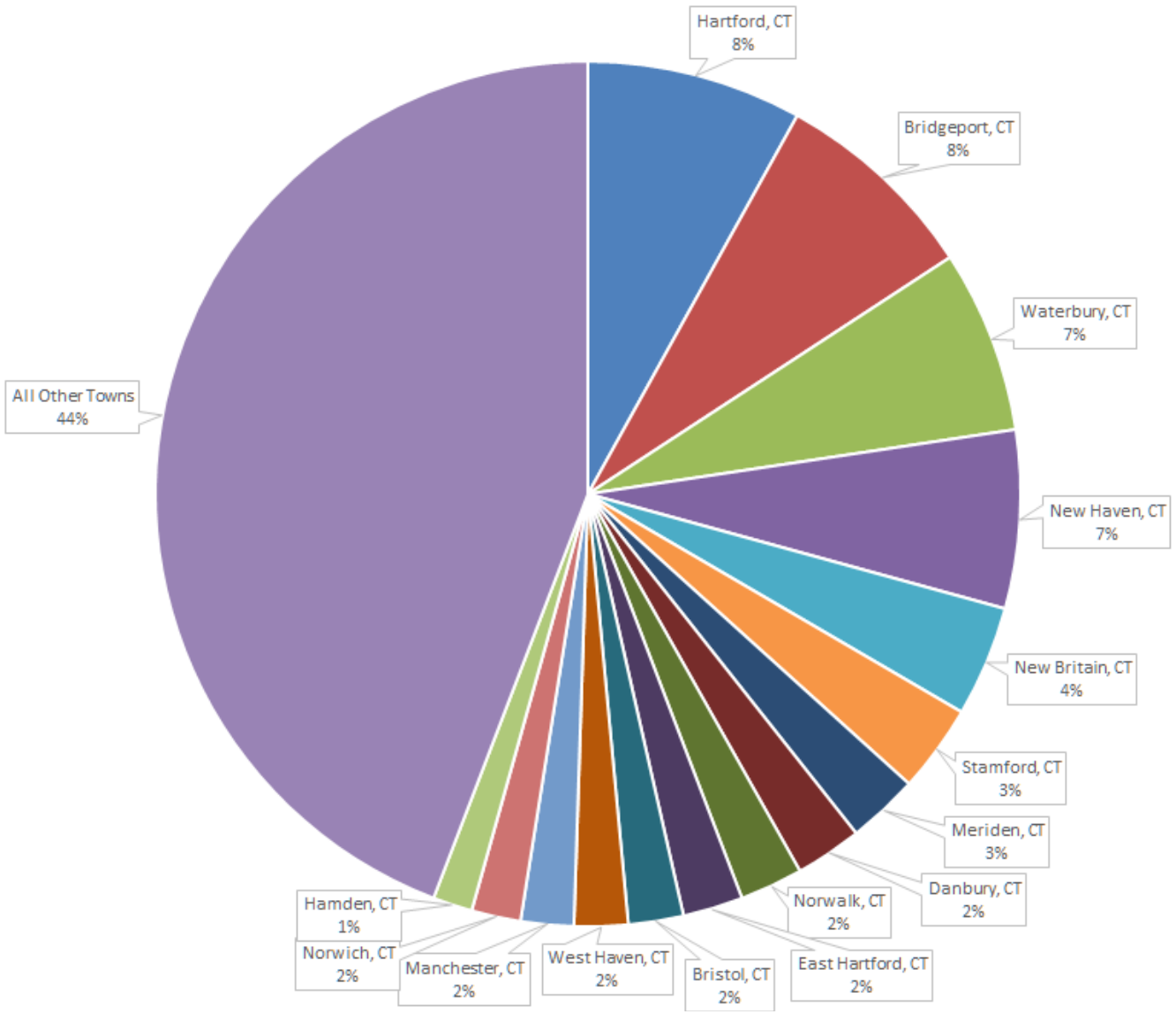
	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
HUSKY C	75	80	87	90	86	83	86	85	84
HUSKY B	19,759	19,676	19,793	19,871	20,049	20,077	19,995	20,139	20,193
HUSKY A	311,202	309,468	309,562	307,786	307,493	306,983	306,849	305,352	303,930
Total	331,036	329,224	329,442	327,747	327,628	327,143	326,930	325,576	324,207

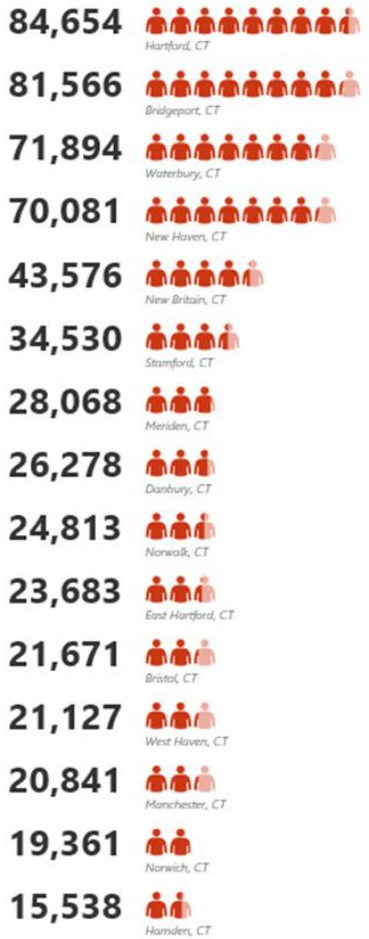
Notes:

- Shows the HUSKY children, i.e., the under 19s and including newborns.
- HUSKY B is equivalent to the CMS Performance Indicator 8.h.
- MAGI and non-MAGI are mixed across HUSKY A and C.

- The data is sourced from ImpaCT and HIX as appropriate for the coverage type.

Geographical Enrollment – Medical Enrollment by Largest Towns

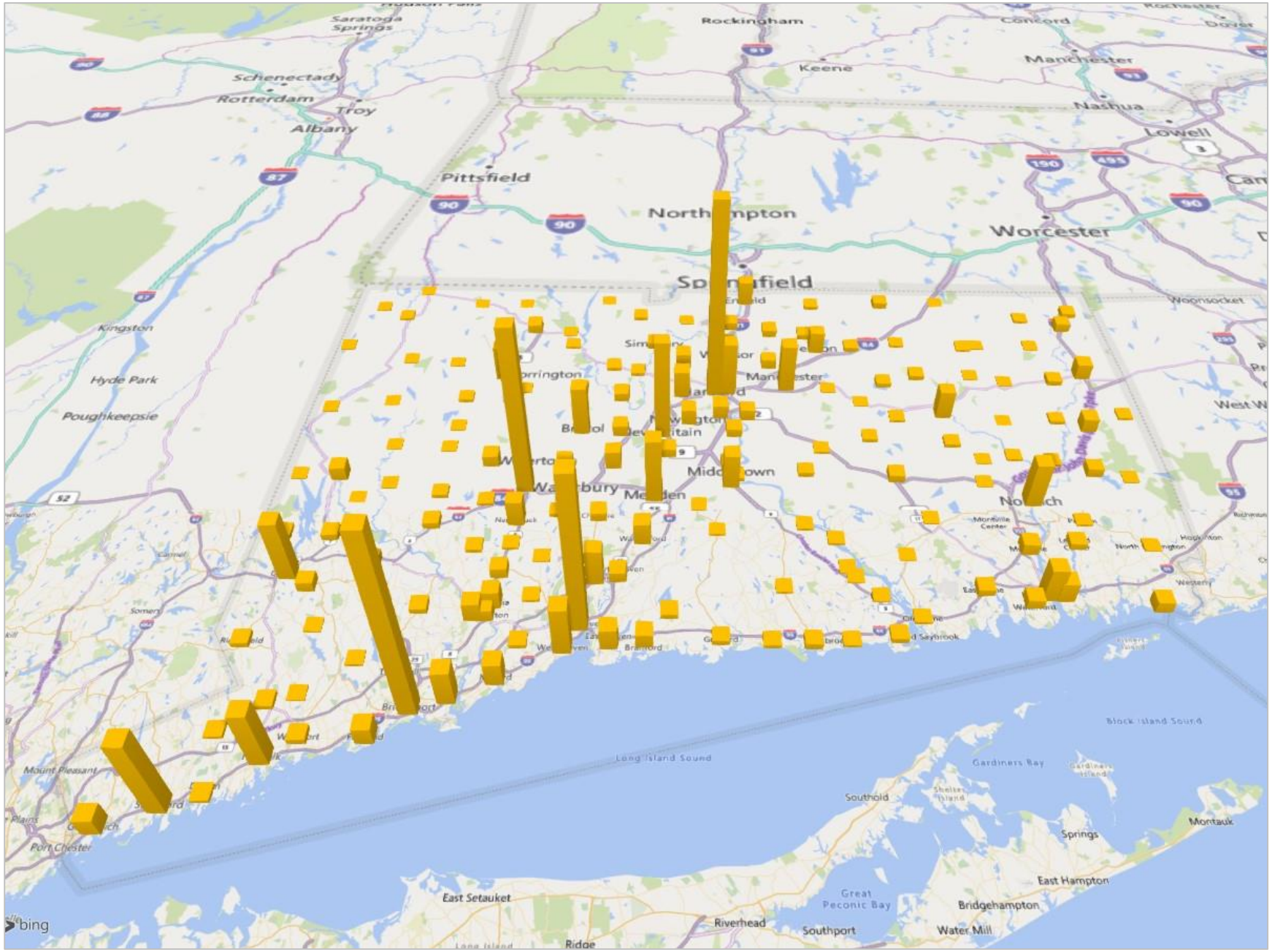




Notes:

- 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



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.

Enrollment	3
Applications	11
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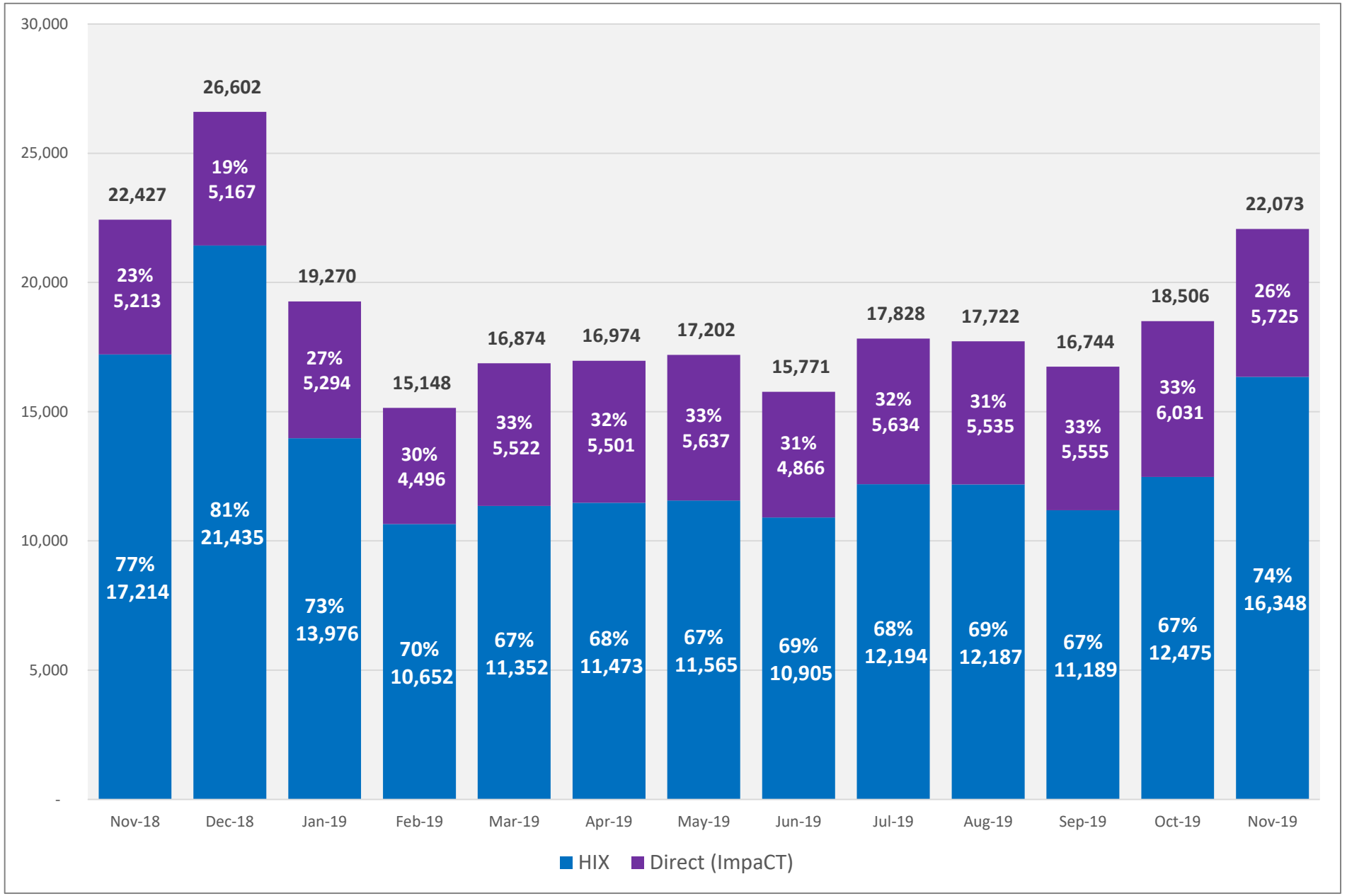
Medical Applications

Data Source: HIX & ImpaCT

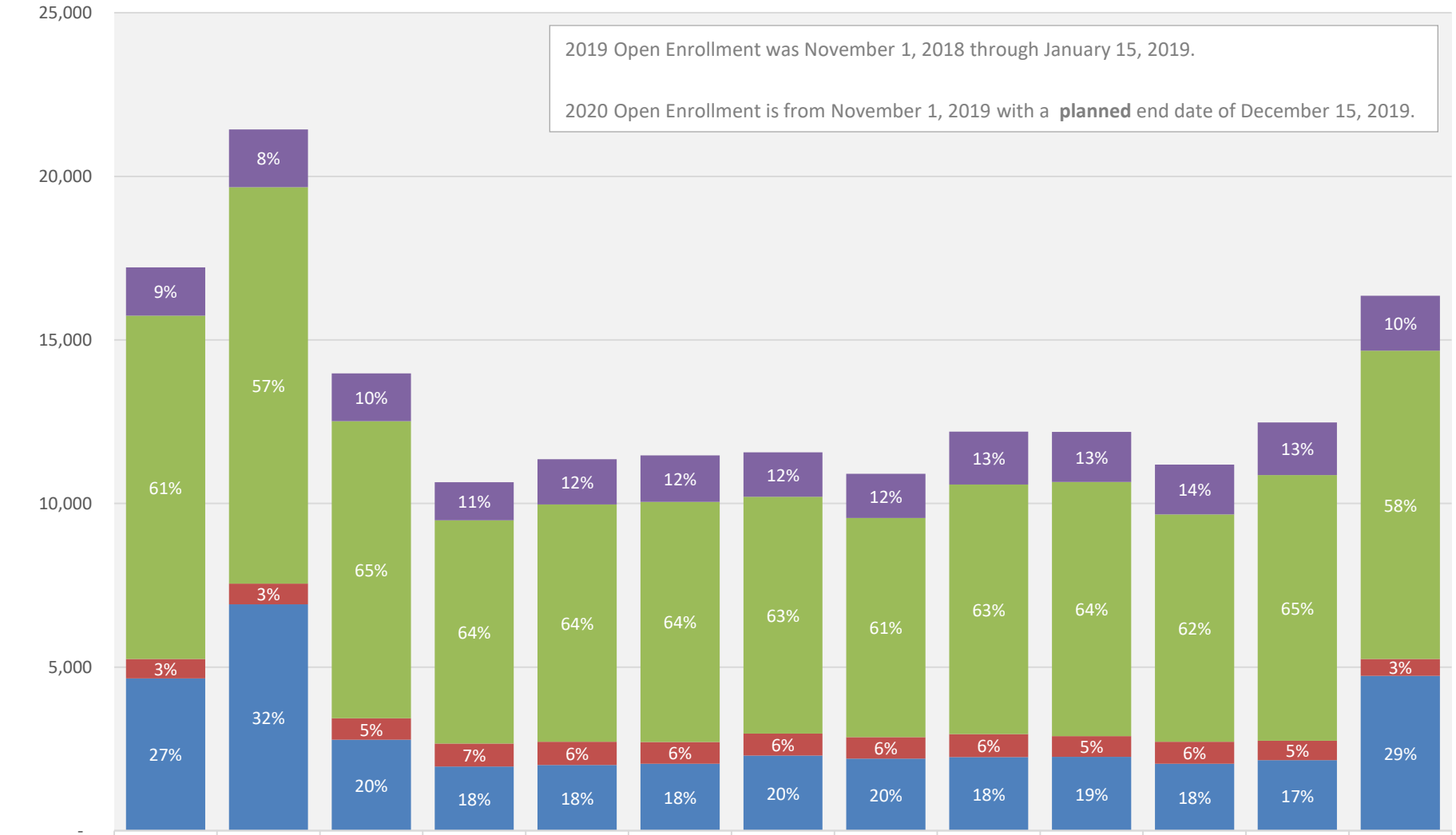


Notes:

- 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
- 2019 Open Enrollment was November 1, 2018 through January 15, 2019.
- 2020 Open Enrollment is from November 1, 2019 with a planned end date of December 15, 2019.

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

Data Source:



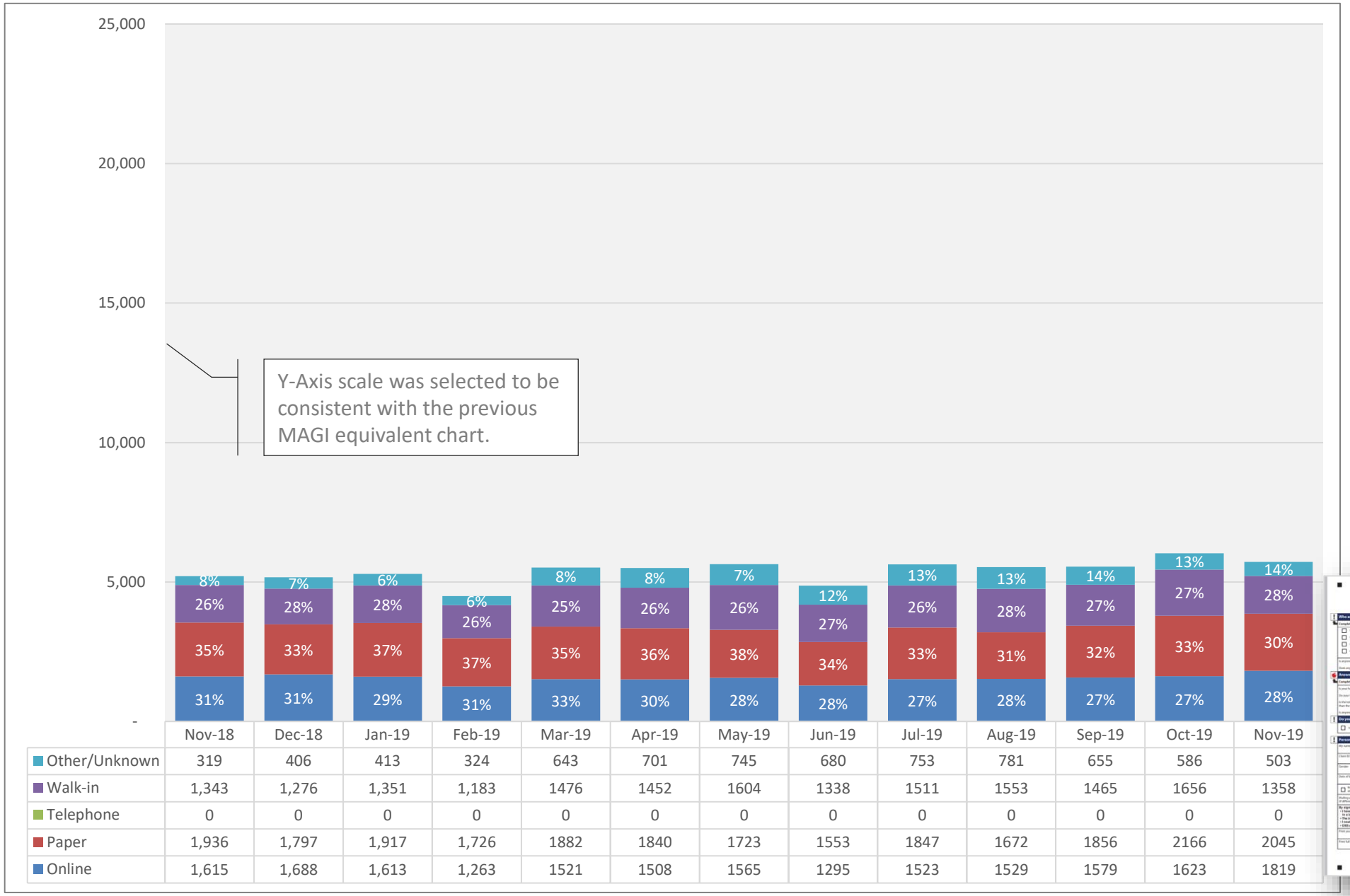
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Walk-in	1,475	1,766	1,458	1,164	1,384	1,425	1360	1351	1614	1531	1521	1604	1679
Telephone	10,495	12,120	9,079	6,824	7,247	7,337	7234	6692	7629	7767	6953	8124	9418
Paper	587	632	661	706	713	665	676	663	698	630	669	588	519
Online	4,657	6,917	2,778	1,958	2,008	2,046	2295	2199	2253	2259	2046	2159	4732

Notes:

- This is a count of the financial-assistance type 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 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]

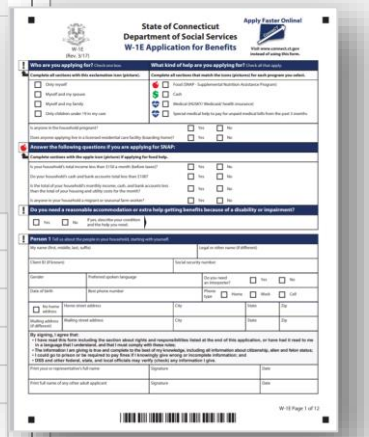
Data Source: ImpaCT



	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Other/Unknown	319	406	413	324	643	701	745	680	753	781	655	586	503
Walk-in	1,343	1,276	1,351	1,183	1476	1452	1604	1338	1511	1553	1465	1656	1358
Telephone	0	0	0	0	0	0	0	0	0	0	0	0	0
Paper	1,936	1,797	1,917	1,726	1882	1840	1723	1553	1847	1672	1856	2166	2045
Online	1,615	1,688	1,613	1,263	1521	1508	1565	1295	1523	1529	1579	1623	1819

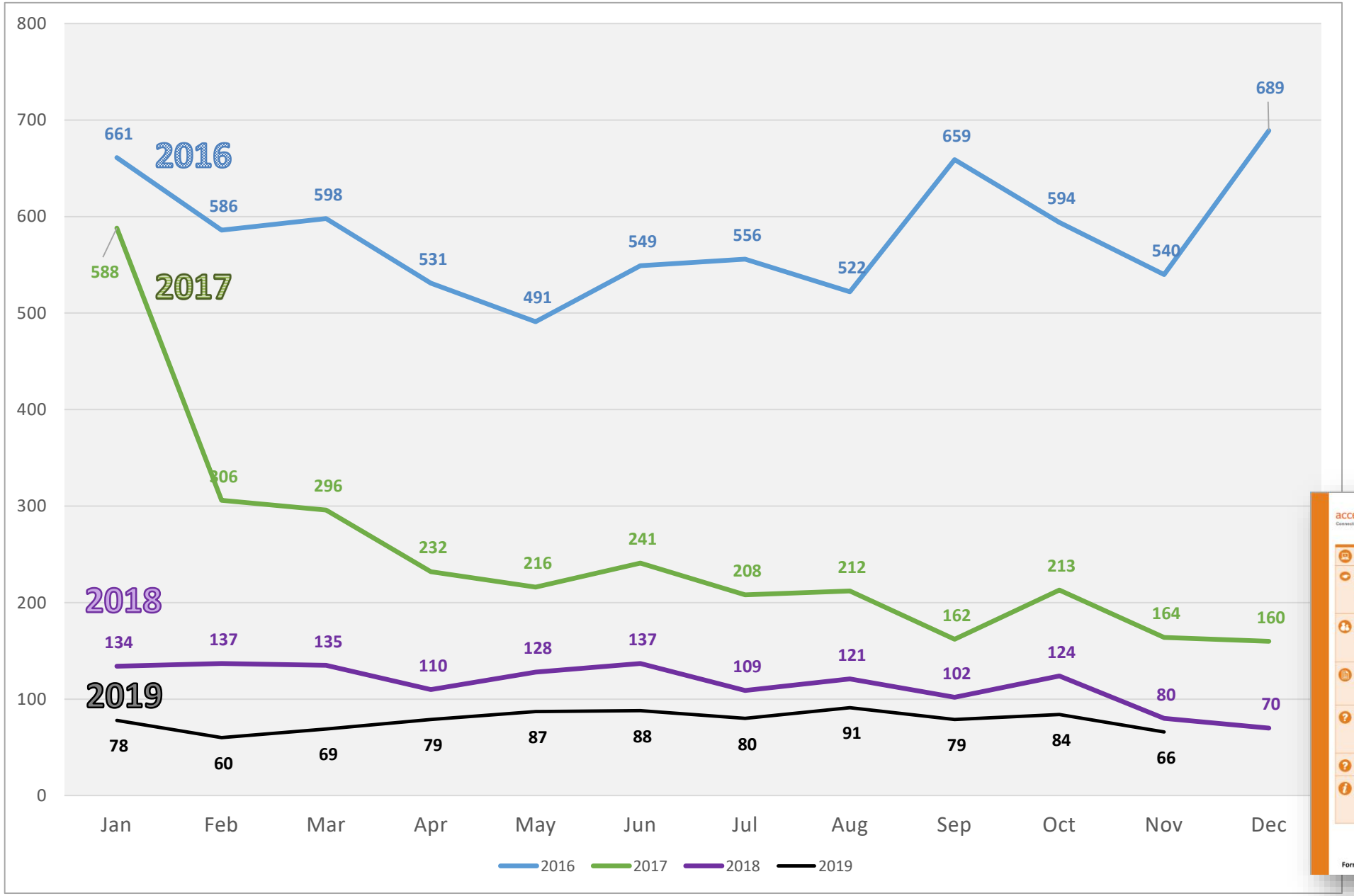
Notes:

- This 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).


State of Connecticut
Department of Social Services
W-1E Application for Benefits

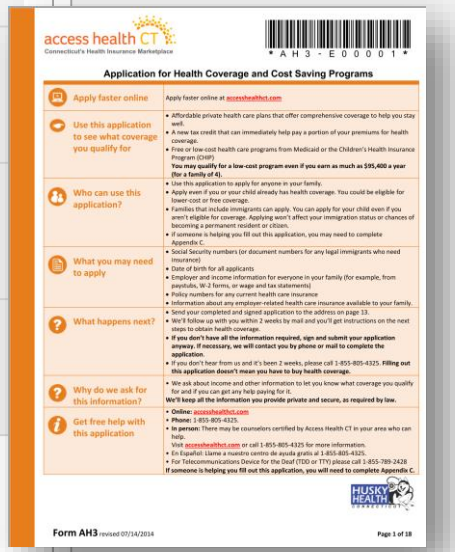
Year-over-Year Single Streamlined Paper Applications

Data Source: ScanOptics



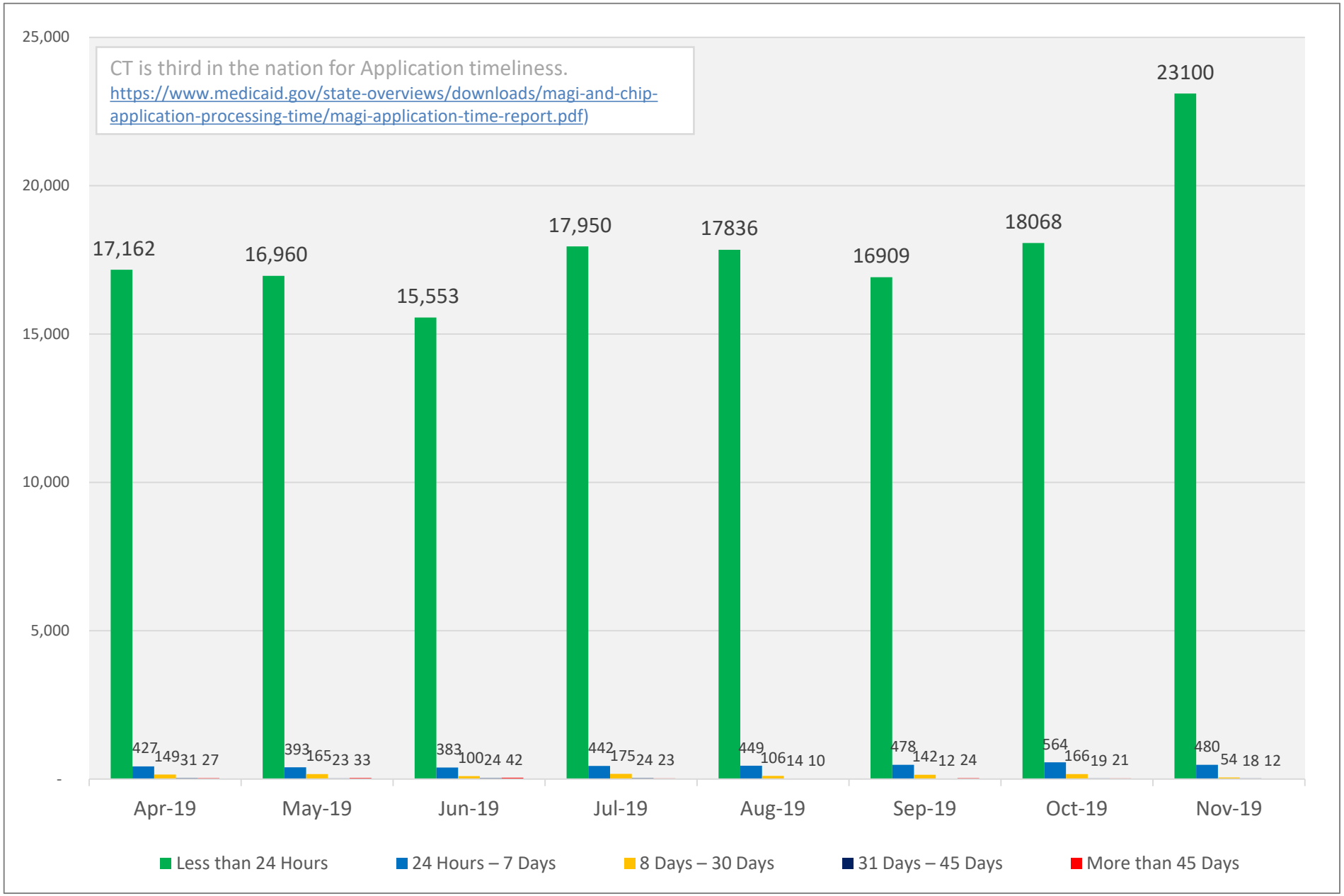
Notes:

- 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

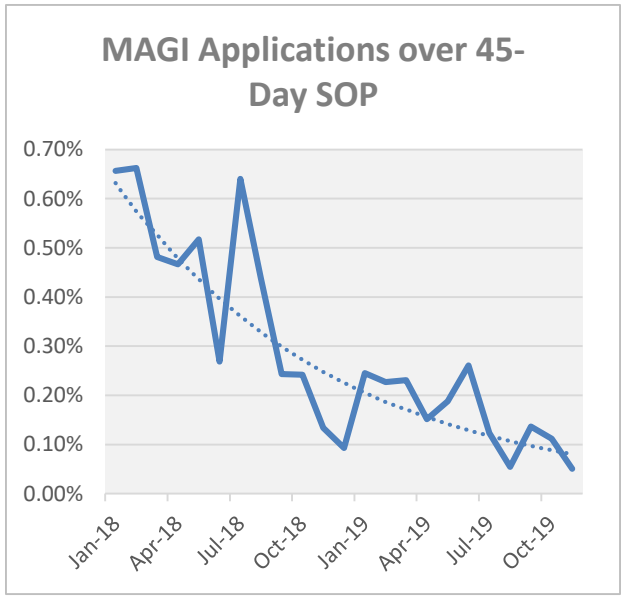
MAGI Application Timeliness by Individual

Data Source: HIX



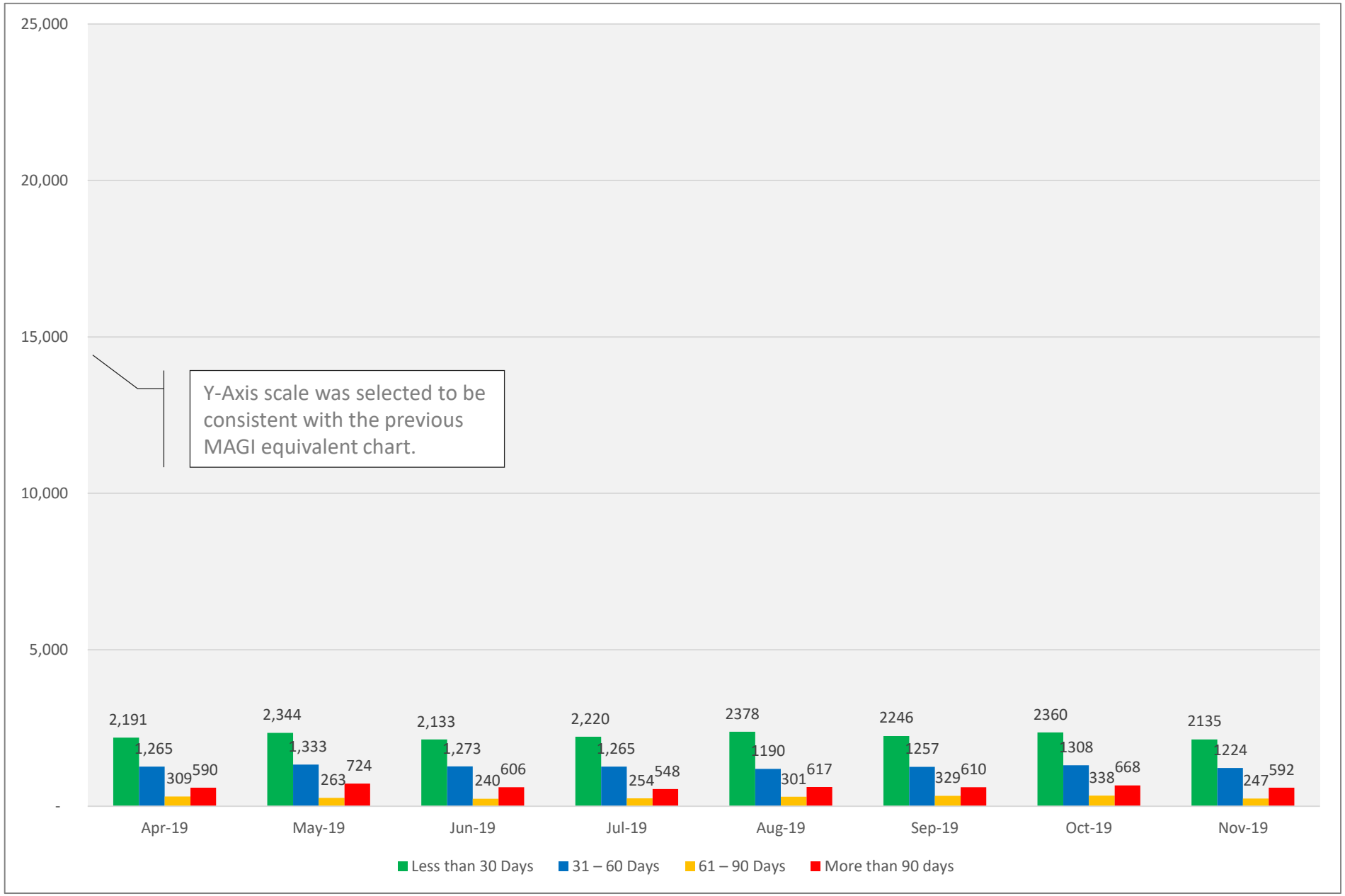
Notes:

- The median processing time is zero (0) days.
- Note that this report counts unique applicants and not applications, i.e., there can be multiple applicants on a single application.
- There are very few applications that fall outside the 45-day standard of promptness (SOP). This is trending positively



Non-MAGI Application Timeliness by Individual

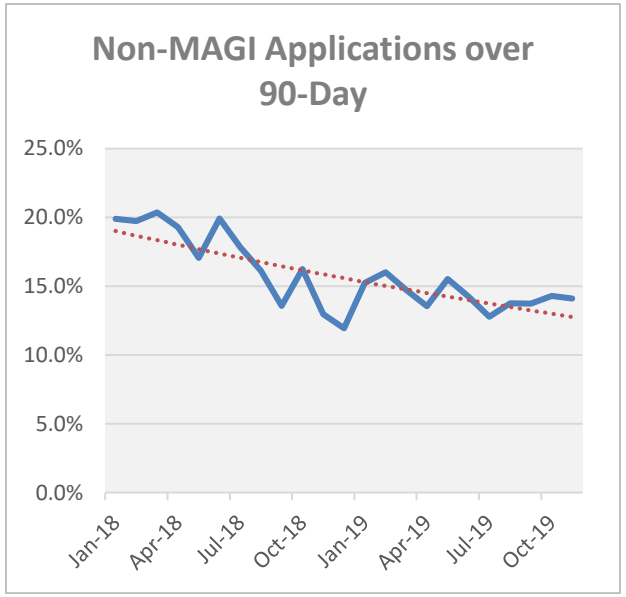
Data Source: ImpaCT



Notes:

- The standard of promptness for long-term-care is 90 days.
- The median processing time is typically about 30 days.

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




Enrollment
3


Applications
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Renewals
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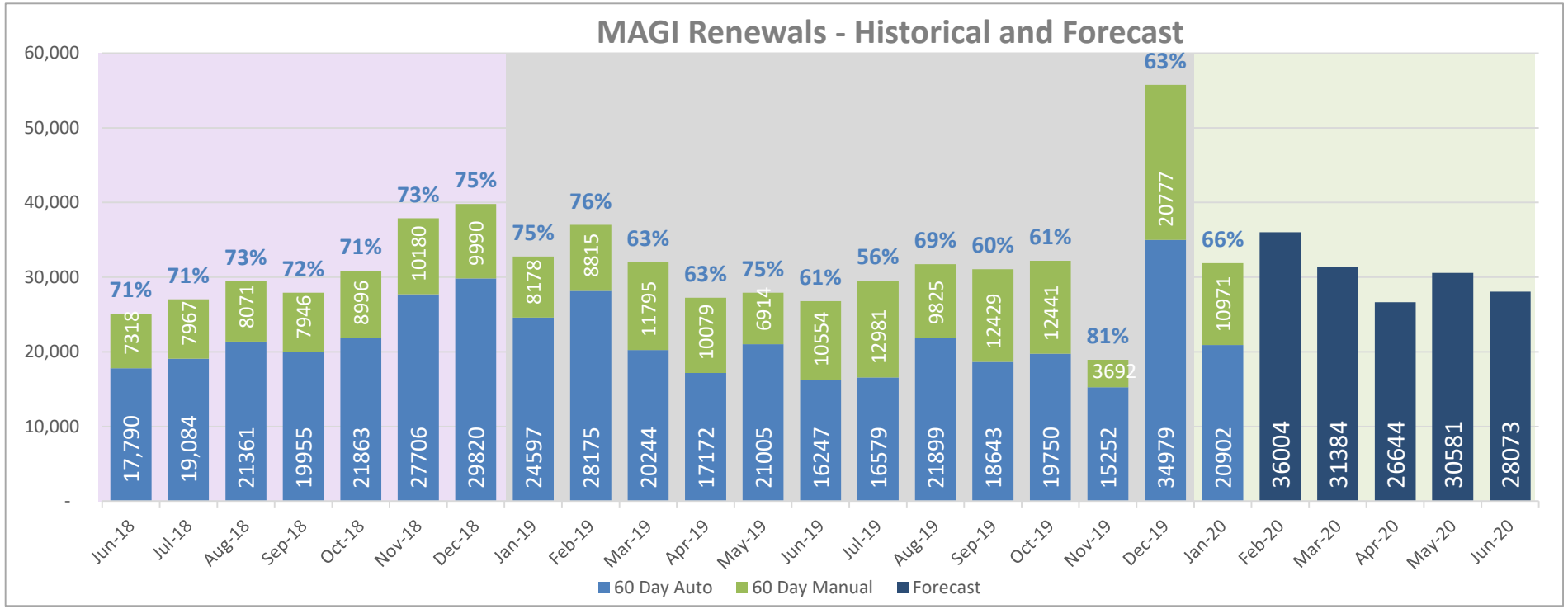
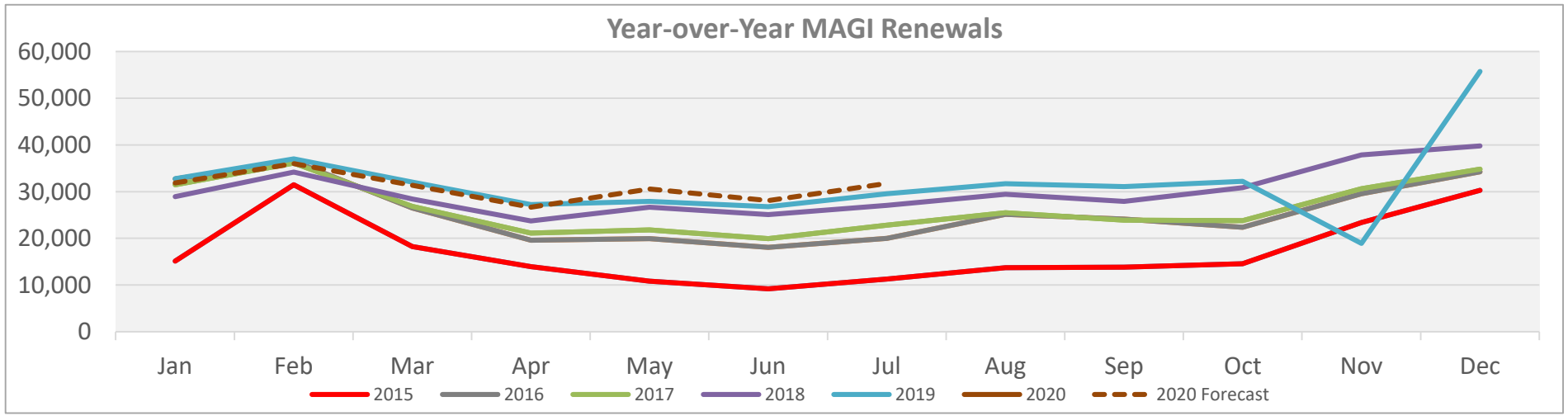
MAGI-Based Renewals

Data Source: HIX



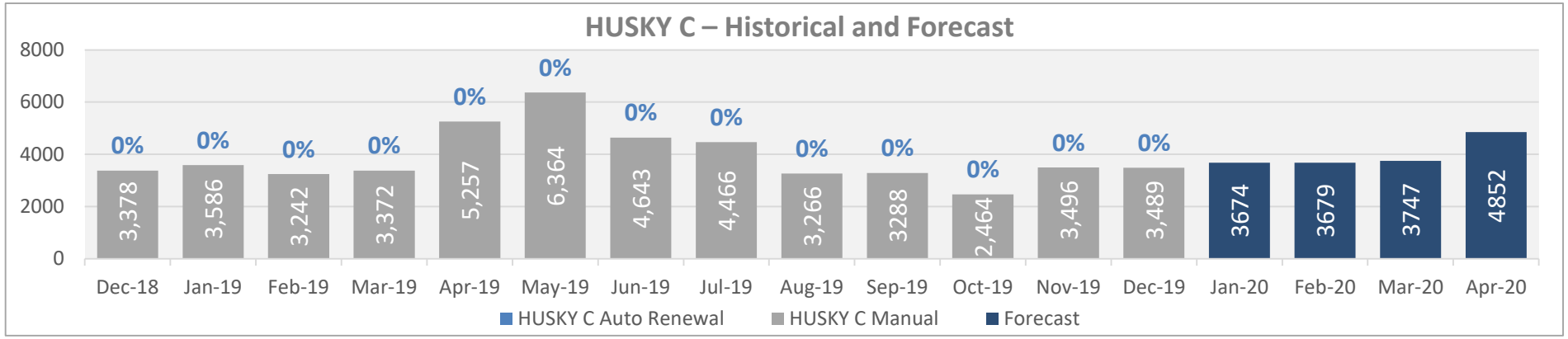


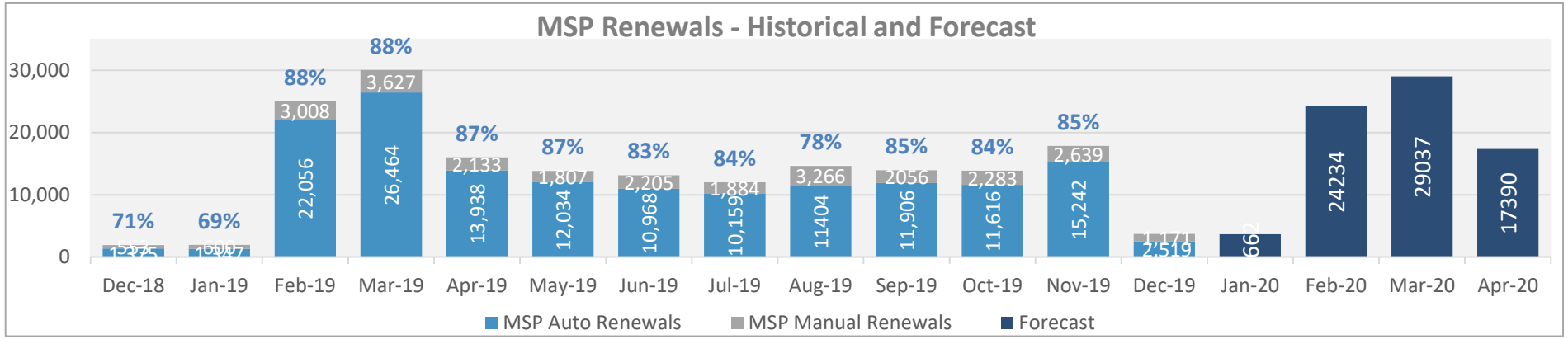
Notes:

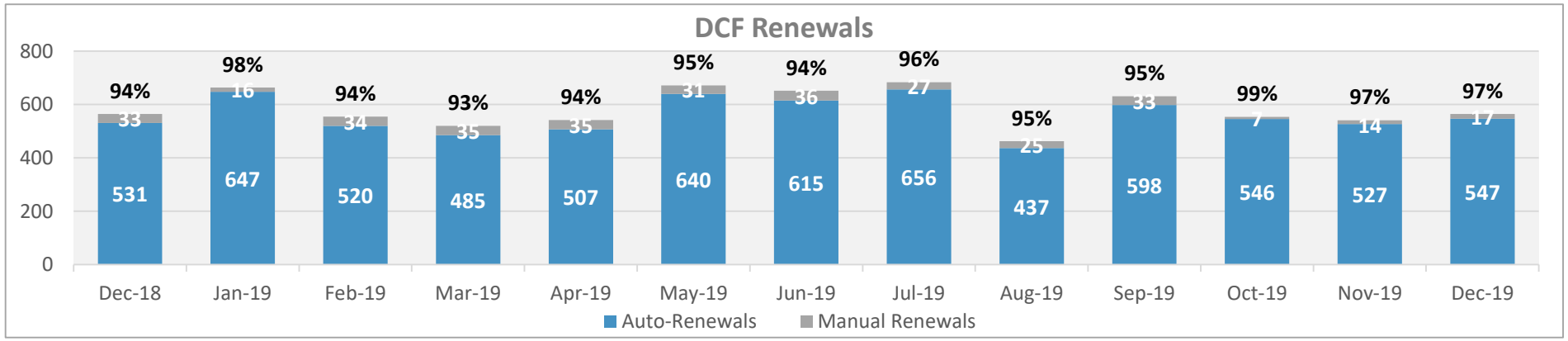
- At renewal time the HIX system attempts to auto-renew households by electronically verifying data.
- Approximately **8%** of the auto-renewals will report some changes to the Department.
- Each month approximately **15%** of the renewals are manual and non-responsive by the middle of the month, i.e., 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.
- November 2019 was an anomaly:
  - Projection was for a reduced population for technical reasons (50% moved to December).
  - The unavailability of updated DOL data resulted in reliance on older IRS data and a household-level of income verification. This increased the auto-renewal rate.

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.