

MAPOC Meeting

September 15, 2023

Agenda

- Follow Up Items from July MAPOC
 - Pharmacy
- Legislative Tracker
- Justice-Involved 1115 Waiver
- PHE Unwinding
- Readout from the National Academy for State Health Policy(NASHP) Conference

Follow Up Items from July MAPOC

Top Conditions / Diagnoses in Medicaid

Condition	Members	2022 Rate/1000 Members
Behavioral Health	313,486	341.94
Hypertension	101,956	111.69
Asthma	97,709	111.02
Diabetes	51,369	55.36
COPD	14,401	15.43
Coronary Artery Disease	13,971	15.24
Chronic Heart Failure	9,207	10.12
Other Cancer	8,844	9.42

Top 10 Conditions Driving Drug Cost in CT

Question B - Top ten conditions that drive our pharmacy costs, by condition and in aggregate

AHFS Code	AHFS Description	Common Drug Names in Class	Approx. Quarterly Net Cost (1Q 2023), state + federal
84920000	SKIN AND MUCOUS MEMBRANE AGENTS, MISC.	Dupixent, Stelara	\$26 M
08180820	HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS	Biktarvy, Genvoya	\$12 M
10000000	ANTINEOPLASTIC AGENTS	Gemcitiban, Cisplatin	\$11 M
28160804	ATYPICAL ANTIPSYCHOTICS	Seroquel, Aripiprazole	\$11 M
20281600	HEMOSTATICS	Hemlibra, Sevenfact	\$7 M
68200600	INCRETIN MIMETICS	Ozempic, Mounjaro	\$6.5 M
92360000	DISEASE-MODIFYING ANTIRHEUMATIC AGENTS	Otezla, Cosentyx	\$5 M
28081200	OPIATE PARTIAL AGONISTS	Butrans, Sublocade	\$5 M
28129200	ANTICONVULSANTS, MISCELLANEOUS	Keppra, Lamictal	\$4 M
08180812	HIV INTEGRASE INHIBITOR ANTIRETROVIRALS	Cabenuva, Isentress	\$3.5 M

Data based on 1st QTR. 2023- both State and Federal Share

Drug categories based on AHFS (American Hospital Formulary Service) descriptions

Net costs are approximate to preserve rebate confidentiality

Examples of drugs within AHFS drug class provided

Top 10 High-Cost Individual Drugs

Question A - Top ten medications and their net cost by medication and aggregate

Drug Name	Approx. Quarterly Net Cost (1Q 2023) state + federal
Skysona	\$2.5 M
Zynteglo	\$2.3 M
Zolgensma	\$2.3 M
LUXTURNA	\$0.7 M
KYMRIAH	\$0.4 M
CARVYKTI (ciltacabtagene autoleucel)	\$0.4 M
Abecma (idecabtagene vicleucel) Positive T Cells	\$0.35 M
Breyanzi (lisocabtagene maraleucel)	\$0.35 M
YESCARTA (axicabtagene ciloleucel)	\$0.35 M
TECARTUS (brexucabtagene autoleucel)	\$0.35 M

Top 10 drugs with greatest cost per individual drug-both State and Federal share

Based on 1st Qtr. 2023 data

Net costs are approximate to preserve rebate confidentiality

Top 10 High-Cost Drugs + Claims Volume

Question A - Top ten medications and their net cost by medication and aggregate

Drug Name	Approx. Quarterly Net Cost (1Q 2023), state + federal
Stelara	\$8 M
BIKTARVY	\$8 M
Dupixent	\$8 M
Skyrizi	\$5.5 M
Vraylar	\$4 M
Eloctate	\$3 M
Trikafta	\$3 M
Ozempic	\$3 M
Suboxone	\$3 M
Spravato	\$2 M

Top 10 drugs with greatest cost based on drug cost and claim volume

Based on 1st Qtr. 2023 data

Net costs are approximate to preserve rebate confidentiality

Highest Cost Medication & Management

Drug Name	Indications	PA Requirements	Claim Counts (1Q23)
TRIKAFTA	TRIKAFTA is indicated for the treatment of cystic fibrosis (CF) in patients aged 2 years and older who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene or a mutation in the CFTR gene that is responsive based on in vitro data	YES Cystic Fibrosis Prior Authorization Clinical Criteria, UM	124
KESIMPTA	KESIMPTA is indicated for the treatment of relapsing forms of multiple sclerosis (MS), to include clinically isolated syndrome, relapsing-remitting disease, and active secondary progressive disease, in adults.	Yes - Preferred agent as managed on our Preferred Drug List	85
TRIPTODUR	TRIPTODUR is indicated for the treatment of pediatric patients 2 years of age and older with central precocious puberty (CPP).	Yes - Non-Preferred – requires a PA	16
ILUMYA	ILUMYA is indicated for the treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy.	Yes-Cytokine and CAM Step Therapy Prior Authorization	14

Highest Cost Medication & Management

Drug Name	Indications	PA Requirements	Claim Counts (1Q23)
ILARIS	<p>Periodic Fever Syndromes</p> <p>Cryopyrin-Associated Periodic Syndromes (CAPS)</p> <p>Familial Cold Autoinflammatory Syndrome (FCAS)</p> <p>Muckle-Wells Syndrome (MWS)</p> <p>Tumor Necrosis Factor Receptor (TNF) Associated Periodic Syndrome (TRAPS)</p> <p>Hyperimmunoglobulin D Syndrome (HIDS)/Mevalonate Kinase Deficiency (MKD)</p> <p>Familial Mediterranean Fever (FMF)</p> <p>Still's Disease (Adult-Onset Still's Disease [AOSD] and Systemic Juvenile Idiopathic Arthritis [SJIA])</p>	Yes-Cytokine and CAM Step Therapy Prior Authorization	1 ¹
SPINRAZA	SPINRAZA is indicated for the treatment of spinal muscular atrophy (SMA) in pediatric and adult patients.	Yes- ICM, clinical criteria, PA	2

First 10 Drugs for Medicare Drug Price Negotiation Program

1. Eliquis (blood clots)
2. Jardiance (diabetes, heart failure)
3. Xarelto (prevention of blood clots, reduction of risk for artery disease)
4. Januvia (diabetes)
5. Farxiga (diabetes, heart failure, chronic kidney disease)
6. Entresto (heart failure)
7. Enbrel (rheumatoid arthritis, psoriasis)
8. Imbruvica (blood cancers)
9. Stelara (psoriasis, Crohn's disease, ulcerative colitis)
10. Fiasp, Fiasp Flex-Touch, Fiasp PenFill, NovoLog (diabetes)

Current Step Therapy Medications

- Proton Pump Inhibitors
- Statins
- Anti-migraine
- Topical acne agents
- Cytokine and CAM Antagonists

Legislative Tracker

DSS Legislative Initiatives 1

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Rebase Rates for RCHs	To ensure access to this important level of care remains available, funding is added to rebase the rates for RCHs to current costs using 2022 cost reports, the most recently audited rate year. RCHs have not had their rates rebased since FY 2013 (based on 2011 cost reports). Increase of \$5.2 million in FY 24 and FY 25.	Section 277 of PA 23-204	7/1/2023
Add Periodontal Coverage For Certain Medicaid Members	Recognizing that providing preventive dental care and treatment of periodontal disease will reduce the need for more costly oral health restorations and care of chronic uncontrolled medical conditions, periodontal coverage is added for Medicaid members with certain medical conditions such as diabetes. Funding of \$400,000 in FY 24 and \$1 million in FY 25 (state share).		1/1/2024
Reflect Medicaid Savings from Additional Specialized Units	Because specialized nursing home services such as bariatric, ventilator and hemodialysis beds are not available in sufficient quantities, Medicaid members who require specialized beds are often moved out of state, resulting in higher costs to the state and creating a poor patient experience. To address this, \$4 million in ARPA funding is provided for nursing homes to access one-time funds to support capital and construction costs to build specialized care units, which is expected to result in Medicaid savings of \$1 million in FY 25.		7/1/2023

DSS Legislative Initiatives 2

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Double Asset Limit under TFA	The asset limit under TFA is increased from \$3,000 to \$6,000 to allow families to earn and save a modest amount of money without losing access to TFA benefits and services. Increasing the asset limit will encourage families to save and help them achieve financial security and economic independence. Funding of \$760,000 in FY 24 and \$3.26 million in FY 25.	Section 266 of PA 23-204	10/1/2023
Increase Earned Income Disregard under TFA	To encourage TFA participants to pursue and continue on career paths that lead to higher-paying jobs, the earned income disregard is increased from 100% FPL and adjusted to reduce benefit cliffs. Families with income (1) at or below 100% FPL can remain on the program with no impact to their benefits; (2) above 100% FPL but at or below 170% FPL can remain on the program for six months with no impact to their benefits; and (3) above 170% FPL but at or below 230% FPL can remain on the program for six months with a 20% reduction in their benefit level. Increasing the earned income disregard from 100% FPL to 230% FPL (from \$30,000 to \$69,000 for a family of four) will allow families to remain on TFA longer while pursuing their careers. Funding of \$1.23 million in FY 24 and \$3.1 million in FY 25.	Section 266 of PA 23-204	1/1/2024
Double Asset Limit under SAGA	The asset limit under SAGA is increased from \$250 to \$500. Increasing the asset limit will help to ensure recipients do not risk exceeding the asset limit due to the issuance of their monthly benefit. Funding of \$140,000 in FY 24 and \$480,000 in FY 25.	Section 271 of PA 23-204	10/1/2023

DSS Legislative Initiatives 3

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Allow for Retroactive Start Date under State Supplement	To help stabilize payments for residential care homes and rated housing facilities and help residents with the costs of care and room and board, funding is added to align State Supplement rules concerning the start date of assistance with the rules that apply for Medicaid beneficiaries in need of nursing home care. This change will allow individuals seeking coverage under the program to receive State Supplement benefits for up 90 days prior to the date of the application if otherwise eligible for the program. Funding of \$383,800 in FY 24 and \$513.26 million in FY 25.	Section 272 of PA 23-204	10/1/2023
Add Agency-Based Services under Community First Choice	Prior to this change, services under CFC had to be self-directed with consumer employers or their authorized representatives responsible for hiring, managing and training personal care attendants, respite workers and companions of their choosing. Recognizing that this is difficult for many, CFC is expanded to include an agency-based option for these services. This change supports consumer choice and increases access to long-term services and supports in the community while also leveraging enhanced federal reimbursement of 6% under CFC on all agency-based services provided under DSS' home and community-based services waivers. Savings of \$12.3 million in FY 24 and cost of \$3.1 million in FY 25.		7/1/2023
Provide Additional Migrant Support	Provide funding of \$1 million in both FY 24 and FY 25 for integrative community services for refugees provided through the following agencies: Integrated Refugee and Immigrant Services (IRIS), Jewish Family Services of Greenwich, Connecticut Institute for Refugees and Immigrants (CIRI), and Jewish Federation Association of Connecticut (JFACT).		7/1/2023

DSS Legislative Initiatives 4

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Expand Nutrition Assistance	Awaiting further details - Legislative add		7/1/2023
Increase Rates for Specialists/Physicians	Increased rates paid to specialists in SFY 25 after the rate study has been completed. Funding of \$7.0 million in FY 25 (state share).		7/1/2024
Increase Rates for Ambulances	Increased rates paid to ambulance providers in SFY 25. Funding of \$5.0 million in FY 25 (state share).		7/1/2024
Align Adult Complex Care Rates with Pediatric Rates	Provide funding of \$600,000 in FY 24 and \$1.35 million in FY 25 (state share) to support aligning adult complex care rates with pediatric rates.	Section 282 of PA 23-204	1/1/2024

DSS Legislative Initiatives 5

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Expand Coverage for Undocumented Children to Age 15	Provide funding of \$3 million in FY 25 to expand HUSKY health coverage for children, regardless of immigration status, from age 12 to age 15. Funding of \$3.0 million in FY 25.	Sections 283 and 285 of PA 23-204	7/1/2024
Increase TFA Time Limits to 36 Months	Provide funding of \$230,000 in FY 24 and \$1.2 million in FY 25 to increase the TFA time limit to 36 months. Additional funding of \$1.2 million is carried forward for system updates to support this change.	Sections 264-265, 267-270 and 41(b)(2) of PA 23-204	4/1/2024
Increase Burial Benefit to \$1,800	Provide funding of \$1.2 million in FY 25 to increase the funeral and burial allowance by \$450 to \$1,800.	Sections 286-287 of PA 23-204	7/1/2024
Increase Waiver Rates for Meals	Provide funding of \$500,000 in FY 24 and FY 25 (state share) to support increased Medicaid rates for delivered meal services under home and community-based services waivers, including the Connecticut Home Care Program.		7/1/2023

DSS Legislative Initiatives 6

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Provide Funding for Spanish Community of Wallingford	Provide funding of \$150,000 in both FY 24 and FY 25 to support the Spanish Community of Wallingford.		7/1/2023
Rebase ICF Rates	Provide funding of \$1.9 million in FY 24 and \$2.1 million in FY 25 (state share) to reflect increased payments to ICF rates as follows: (1) Rebase FY 24 rates based on 2022 cost reports with a two percent adjustment factor and a full hold harmless, and (2) Rebase FY 25 rates based on 2023 cost reports and a hold harmless of \$501 per bed per day.	Section 274 of PA 23-204	7/1/2023
Increase Funding for Fatherhood Initiative	Provide funding of \$69,504 in both FY 24 and FY 25 to increase Fatherhood Initiative grants by \$11,584 each.		7/1/2023
Fund Room and Board Costs Related to DDS Waiver Slots	Provide funding of \$140,000 in FY 24 and \$500,000 in FY 25 in the Aid to the Disabled account to support room and board costs for DDS consumers receiving group home placements as part of the Waiting List Initiative funded in DDS.		7/1/2023

DSS Legislative Initiatives 7

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Fund Additional Autism Waiver Slots	Provide funding of \$117,500 in FY 24 and \$1,641,400 in FY 25 (state share) to support approximately 120 additional individuals on the autism waiver in FY 25. Personal Services funding supports additional case managers while Medicaid funding supports waiver services for clients.	Section 5 of PA 23-137	7/1/2023
Expand HUSKY C Eligibility	Provide funding of \$8.5 million in FY 25 (state share) to support increasing income eligibility for the HUSKY C program from 97% of the federal poverty level (FPL) to 105% FPL inclusive of applicable disregards. Personal Services funding supports seven eligibility services workers, three eligibility services specialists and one supervisor. Other Expenses costs are one-time in nature and support system modifications to accommodate the eligibility changes.	Section 302 of PA 23-204	10/1/2024
Increase Methadone Rates	Provide funding of \$361,000 in FY 25 (state share) to support a 2.3% rate increase for methadone rates under		7/1/2024

DSS Legislative Initiatives 8

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Increase Adult Day Rates	Provide funding of \$500,000 in both FY 24 and FY 25 (state share) to increase Medicaid rates for adult day services. A portion of increased funding may support transportation costs.		7/1/2023
Provide Supplemental Funding for Bristol Hospital	Provide total funding of \$5 million in FY 24 and \$2 million in FY 25 for Bristol Hospital. Funding will support the development and implementation of a plan to maintain essential health services aligned with community need and a path to financial viability.	Section 50 of PA 23-204	7/1/2023
Provide Additional Funding for Roca	Provide funding of \$500,000 in FY 24 and \$1 million in FY 25 to support Roca Hartford Young Mothers Program		7/1/2023
Provide Additional Funding for Person to Person	Provide funding of \$500,000 in FY 24 and \$1 million in FY 25 to support Person to Person.		7/1/2023

DSS Legislative Initiatives 9

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Provide Funds for Catholic Charities' Outpatient Clinic in New Haven	Provide funding of \$270,000 in both FY 24 and FY 25 to support Catholic Charities of New Haven's outpatient clinic.		7/1/2023
Provide Funding for Junta - Big Turtle Village	Provide funding of \$50,000 in FY 24 to support Junta for Progressive Action's Big Turtle Village summer camp.		7/1/2023

DSS Legislative Initiatives 10 – Carryforward Items

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Provide Temporary Grants to Federally Qualified Health Centers (FQHCs).	Provide total funding of \$32 million to support one-time grants to FQHCs.		7/1/2023
MED-Connect Study	Provide funding of \$100,000 to support a study of MED-Connect and the potential for expanding eligibility for the program.		7/1/2023
Grant to Brian's Angels	Provide funding of \$25,000 to Brian's Angels for one-time operational support.		7/1/2023
Grant to Branford Counseling and Community Services	Provide funding of \$100,000 to Branford Counseling and Community Services for programming.		7/1/2023
Grant to Harriott Home Health	Provide funding of \$2.0 million to Harriott Home Health for operational support.		7/1/2023

DSS Legislative Initiatives 11– Carryforward Items

Budget Item	Overview	Bill Reference (if applicable)	Effective Date
Food2Kids Grant	Provide funding of \$25,000 for Food2Kids operational support.		7/1/2023
Human Resources Agency (HRA) of New Britain Grant	Provide funding of \$100,000 for HRA of New Britain's campus improvements.		7/1/2023

DSS Legislative Initiatives 12 – ARPA-Funded Items

Budget Item	FY 24 Funding	FY 25 Funding
Expand Infant and Early Childhood Mental Health Services		\$4,000,000
Provide Additional Client Support Funds	\$10,000,000	
Provide Two Months of Premiums for Qualified Health Plans	\$10,000,000	
Provide Additional Funding for Day Kimball Hospital	\$8,000,000	\$2,000,000
Provide Capital for RCHs Grandfathered under Outdated Codes	\$5,000,000	
Establish Nursing Home Specialized Unit Infrastructure Fund	\$4,000,000	
Provide Additional Funding for Migrant Support	\$3,250,000	
Fund Medicaid Provider Rate Study / Implementation Strategy	\$1,000,000	\$2,000,000
Provide Targeted Outreach Related to PHE Unwinding	\$1,000,000	
Fund Hospital-Based Autism Service Pilot	\$500,000	\$500,000
Provide Capital Grants for Mobile Vans for Free Health Clinics	\$500,000	
Transfer FY 23 Charter Oak Funding to Charter Oak Health Care	\$230,000	
Provide Funding to Support HUSKY Eligibility	\$150,000	

Justice-Involved Medicaid 1115 Demonstration Waiver

Context: Justice-Involved Medicaid 1115 Demonstration Waiver

History

Long-standing Medicaid prohibition

- No Medicaid reimbursement for services provided to individuals incarcerated in a public institution, except inpatient hospitalization
- This is known as the "inmate exclusion"

In 2018, Congress passed the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (**SUPPORT Act**): required federal Health and Human Services (HHS) to provide guidance to states on how to seek 1115 demonstration authority to waive the inmate exclusion in order to improve care transitions to the community for incarcerated individuals.

Recent developments

Prior to the release of this guidance, 12 states submitted a request to waive the inmate exclusion prohibition.

An additional 3 states have submitted applications post CMS guidance

California received approval from the Centers for Medicare and Medicaid Services (CMS) to waive the inmate exclusion rule with agreed upon rules and procedures in January 2023 and Washington state recently received their approval.

Justice-Involved (JI) Demonstration Waiver

- CMS has advised states to align JI waiver applications with what has already been authorized under the California and Washington models if states want an expedited review of their applications.

Target Population

- **Youth:**

- All incarcerated youth (under age 19) who are Medicaid eligible are eligible to receive services – no demonstrated health care need is required.

- **Adults:**

- Medicaid eligible
- Meet one of the following health care need criteria:
 - Mental illness
 - Substance use disorder
 - Chronic conditions/significant clinical condition
 - Intellectual or developmental disability
 - Traumatic brain injury
 - HIV/AIDS
 - Pregnant/postpartum

Proposed Services

- Three core services that must be operational at start of waiver:
 1. Transitional Case Management (pre and post-release)
 2. Medication for Addiction Treatment (MAT)
 3. Medication in-hand at release
- Additional Services:
 - Physical and behavioral health clinical consultation
 - Lab and radiology
 - Community health worker with lived experience related to incarceration
 - Family Planning

CMS Milestones

- **Milestone 1:** Increasing coverage and ensuring continuity of coverage for individuals who are incarcerated.
- **Milestone 2:** Covering and ensuring access to the expected minimum set of pre-release services for individuals who are incarcerated to improve care transitions upon return to the community.
- **Milestone 3:** Promoting continuity of care to ensure access to services both pre- and post-release.
- **Milestone 4:** Connecting to services available post-release to meet the needs of the reentering population.
- **Milestone 5:** Ensuring cross-system collaboration.

Ongoing and Future Work

- There is a multi-state agency workgroup convening to build out the appropriate logistical, financial and operational model
- When a draft model for pre-release services and post-release services has been completed, the public stakeholder process will begin
- Public stakeholder process is scheduled to begin in October or November 2023

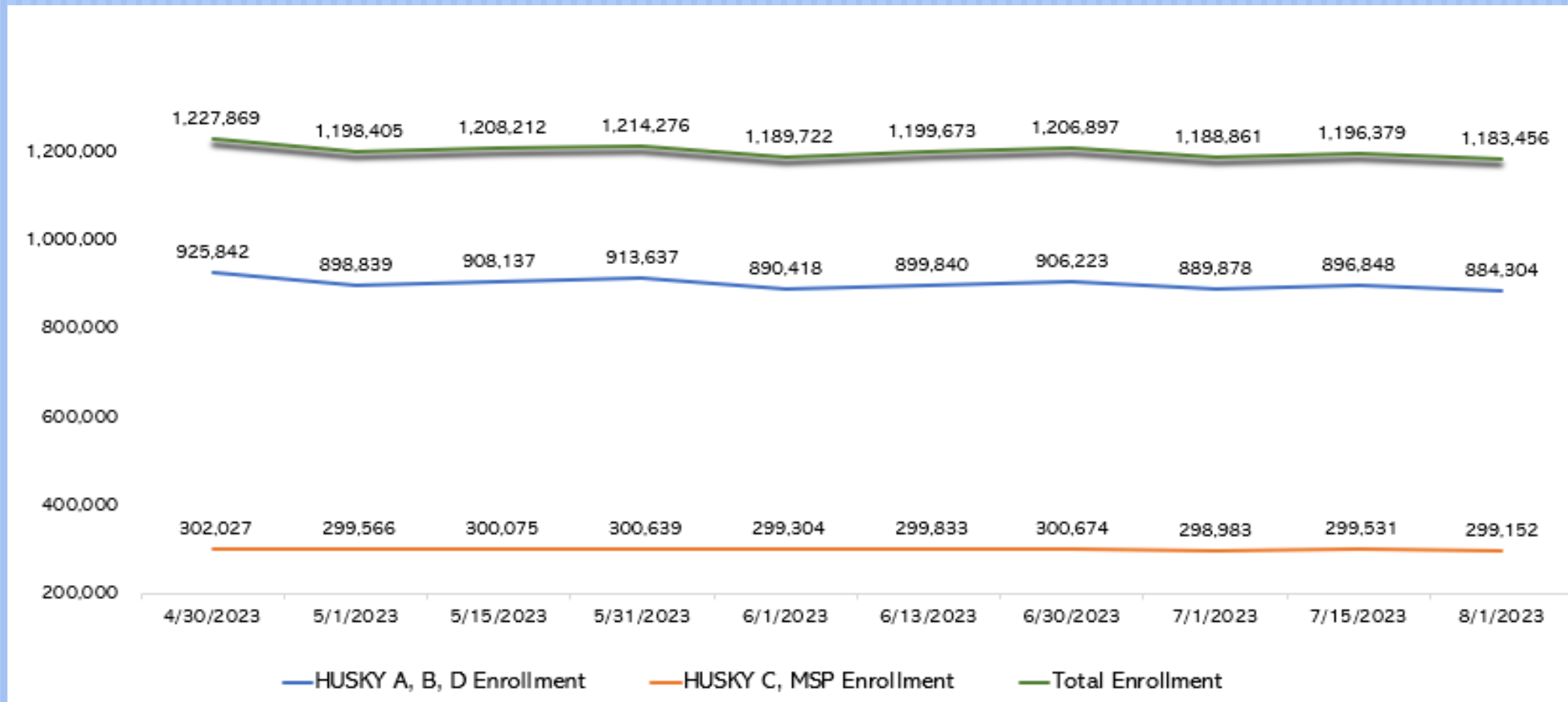
PUBLIC HEALTH EMERGENCY (PHE) UNWINDING DATA DASHBOARD

APRIL – JULY 2023



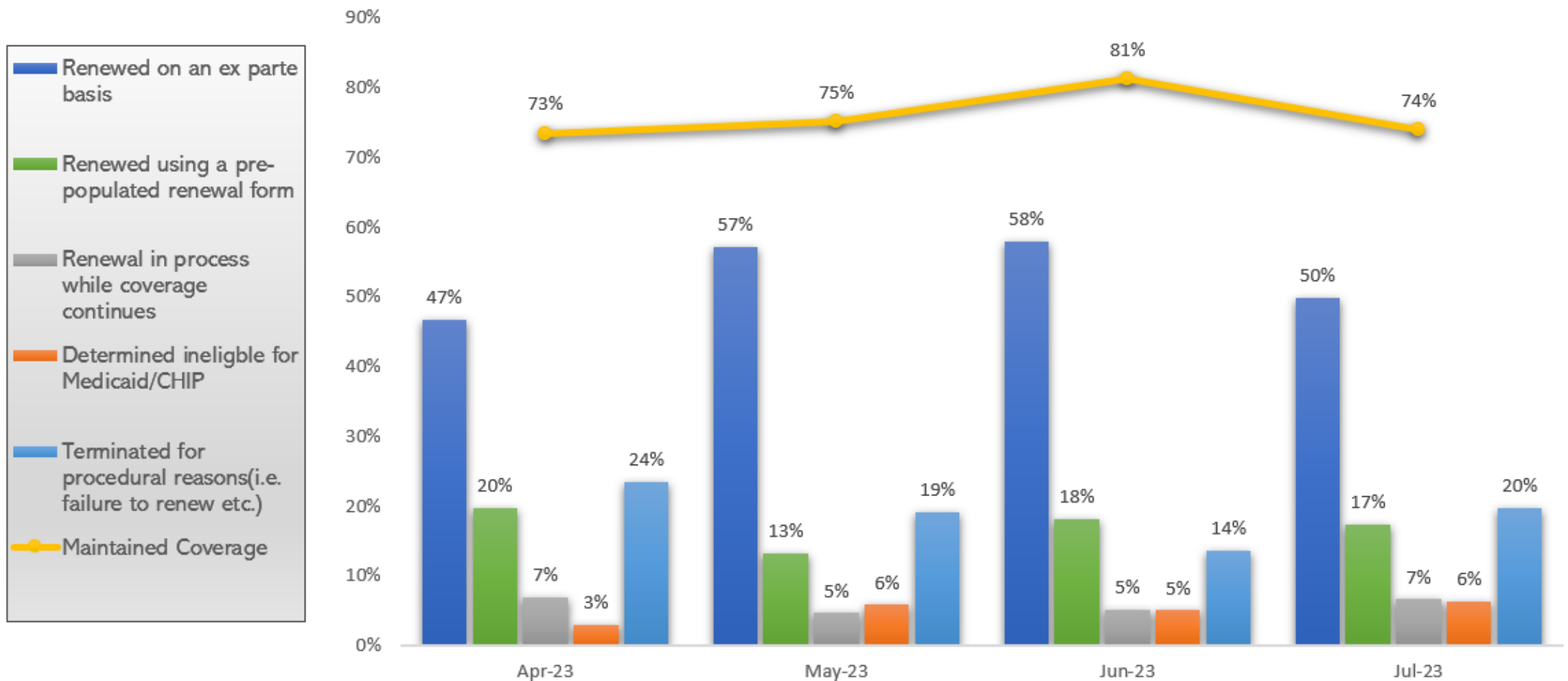
HUSKY RENEWAL ACTIVITY AND OUTCOMES

HUSKY ENROLLMENT DURING UNWINDING



HUSKY Health Renewal Outcomes – April to July 2023

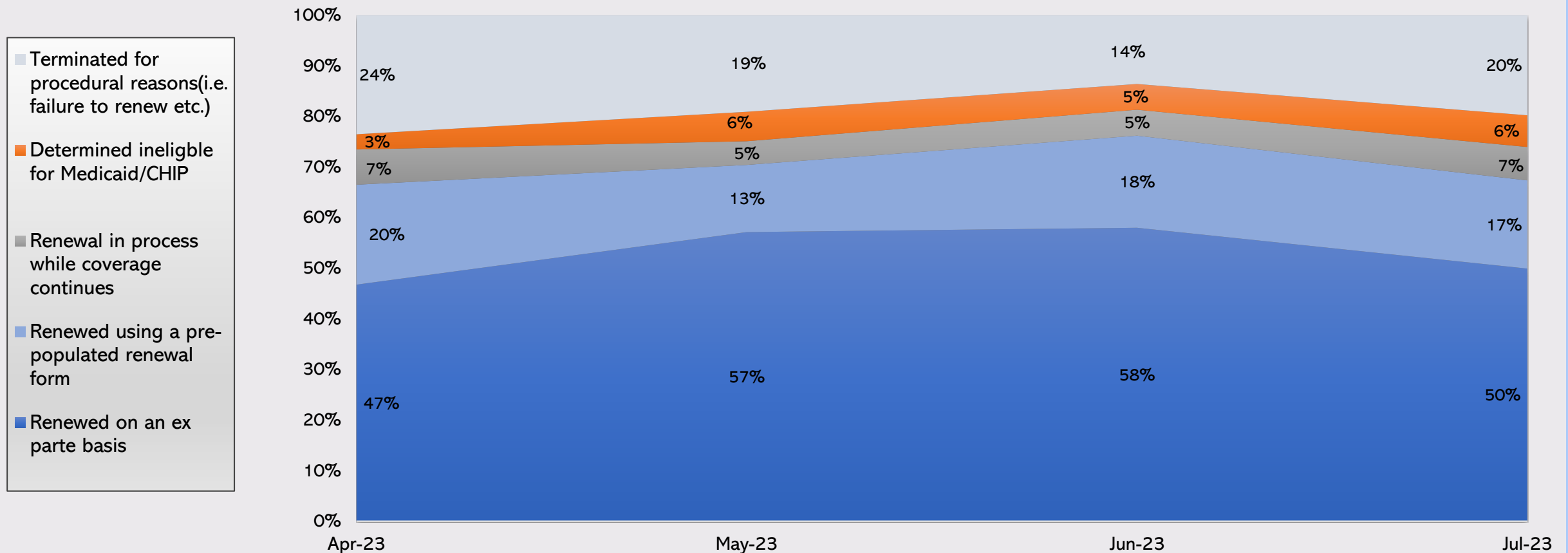
As reported by DSS to CMS at end of each month



From April to July, an average of 76% of individuals maintained coverage at month end. Those who disenroll often re-enroll after the month end.

HUSKY Health Renewal Outcomes – April to July 2023

As reported by DSS to CMS at end of each month



From April to July, an average of 76% of individuals maintained coverage at month end. Those who disenroll often re-enroll after the month end.

NATIONAL RENEWAL OUTCOMES BY STATE

FEDERAL DATA FROM CMS

Medicaid and CHIP Renewal Outcomes, by State (April 2023)

State	Total Due for Renewal in April	Among the Total Number of Medicaid/CHIP Beneficiaries Due for Renewal in April 2023:							
		Number Renewed in Medicaid/CHIP	Percent Renewed in Medicaid/CHIP*	Percent Renewed on an <i>Ex Parte</i> Basis* (i.e., based on available information)	Number of Coverage Terminations from Medicaid/CHIP	Percent of Coverage Terminations from Medicaid/CHIP*	Percent of Coverage Terminations for a Procedural Reason*	Number of Renewals Pending at the end of the Month	Percent Pending at the End of the Month
AR	137,679	61,236	44.5%	33.4%	62,711	45.6%	40.3%	13,732	10.0%
AZ	230,526	162,693	70.6%	64.7%	19,635	8.5%	2.4%	48,198	20.9%
CT	83,246	56,763	68.2%	47.9%	20,533	24.7%	24.1%	5,950	7.2%
FL	606,702	211,895	34.9%	13.4%	249,427	41.1%	33.8%	145,380	24.0%
IA	94,290	43,315	45.9%	18.4%	44,604	47.3%	36.2%	6,371	6.8%
ID	51,553	17,345	33.6%	9.1%	10,798	21.0%	0.0%	23,410	45.4%
IN	157,688	65,092	41.3%	25.8%	52,985	33.6%	29.7%	39,611	25.1%
KS	69,699	13,994	20.1%	4.3%	49,508	71.0%	65.7%	6,197	8.9%
NE	8,105	4,970	61.3%	18.6%	659	8.1%	3.1%	2,476	30.6%
NH	23,352	11,093	47.5%	31.6%	11,258	48.2%	37.4%	1,001	4.3%
NM	103,107	43,497	42.2%	31.0%	27,217	26.4%	26.1%	32,393	31.4%
OH	220,961	152,416	69.0%	50.3%	46,030	20.8%	16.4%	22,515	10.2%
OK	55,309	16,787	30.4%	12.2%	26,915	48.7%	41.1%	11,607	21.0%
PA	262,561	94,065	35.8%	4.2%	43,546	16.6%	7.1%	124,950	47.6%
SD	17,904	6,167	34.4%	2.1%	9,715	54.3%	31.2%	2,022	11.3%
UT	40,411	17,101	42.3%	15.5%	21,695	53.7%	48.5%	1,615	4.0%
WV	48,057	29,956	62.3%	9.7%	17,588	36.6%	32.4%	513	1.1%
WY	5,137	779	15.2%	0.6%	70	1.4%	0.0%	4,288	83.5%
Total	2,216,287	1,009,164	45.5%	25.4%	714,894	32.3%	25.6%	492,229	22.2%

*Percentages calculated as a share of the total number of beneficiaries due for renewal in the reporting month.

Idaho, Oklahoma, and Wyoming held some procedural terminations for renewals due in April.

Medicaid and CHIP Renewal Outcomes, by State (May 2023)

State	Total Due for Renewal in May	Among the Total Number of Medicaid/CHIP Beneficiaries Due for Renewal in May 2023:							
		Number Renewed in Medicaid/CHIP	Percent Renewed in Medicaid/CHIP*	Percent Renewed on an <i>Ex Parte</i> Basis* (i.e., based on available information)	Number Terminated from Medicaid/CHIP	Percent Terminated from Medicaid and CHIP*	Percent Terminated for a Procedural Reason*	Number of Renewals Pending at the end of the Month	Percent Pending at the End of the Month
AK	6,539	1,988	30.4%	18.2%	2,806	42.9%	6.5%	1,745	26.7%
AR	99,266	39,848	40.1%	29.7%	47,725	48.1%	35.1%	11,693	11.8%
AZ	207,473	127,110	61.3%	52.0%	73,595	35.5%	27.4%	6,768	3.3%
CO	119,563	67,028	56.1%	23.9%	50,253	42.0%	26.1%	2,282	1.9%
CT	104,755	73,780	70.4%	57.1%	26,090	24.9%	19.1%	4,885	4.7%
DC	14,504	10,642	73.4%	65.7%	3,354	23.1%	22.7%	508	3.5%
DE	6,392	3,124	48.9%	22.0%	1,194	18.7%	4.0%	2,074	32.5%
FL	408,438	230,020	56.3%	26.9%	79,637	19.5%	13.8%	98,781	24.2%
GA	12,526	6,397	51.1%	48.6%	1,659	13.2%	12.6%	4,470	35.7%
HI	40,725	20,680	50.8%	39.8%	12,705	31.2%	26.9%	7,340	18.0%
IA	78,271	29,816	38.1%	20.9%	6,172	7.9%	1.6%	42,283	54.0%
ID	51,008	16,754	32.9%	7.4%	34,254	67.2%	51.1%	0	0.0%
IN	165,431	65,882	39.8%	25.0%	53,684	32.5%	26.7%	45,865	27.7%
KS	69,200	8,471	12.2%	5.0%	1,979	2.9%	0.0%	58,750	84.9%
KY	80,673	37,182	46.1%	33.3%	34,124	42.3%	30.6%	9,367	11.6%
MA	29,953	21,799	72.8%	62.9%	8,154	27.2%	0.0%	Unable to report	Unable to report
MD	119,803	76,104	63.5%	46.9%	34,675	28.9%	20.6%	9,024	7.5%
ME	28,773	9,324	32.4%	0.0%	1,362	4.7%	1.4%	18,087	62.9%
MT	32,698	6,975	21.3%	12.1%	15,444	47.2%	36.2%	10,279	31.4%
ND	12,048	4,271	35.5%	17.2%	5,144	42.7%	34.6%	2,633	21.9%

*Percentages calculated as a share of the total number of beneficiaries due for renewal in the reporting month.

DE, KS, KY, ME, WV, and WY held some procedural terminations for renewals due in May. MA reports the dispositions of renewals completed in the reporting period. Therefore, the state is unable to report the number of pending renewals to CMS, and MA's data is excluded from the national totals.

Medicaid and CHIP Renewal Outcomes, by State (May 2023), cont.

State	Total Due for Renewal in May	Among the Total Number of Medicaid/CHIP Beneficiaries Due for Renewal in May 2023:							
		Number Renewed in Medicaid/CHIP	Percent Renewed in Medicaid/CHIP*	Percent Renewed on an <i>Ex Parte</i> Basis* (i.e., based on available information)	Number Terminated from Medicaid/CHIP	Percent Terminated from Medicaid and CHIP*	Percent Terminated for a Procedural Reason*	Number of Renewals Pending at the end of the Month	Percent Pending at the End of the Month
NE	24,619	13,395	54.4%	8.6%	4,280	17.4%	9.1%	6,944	28.2%
NH	23,236	8,331	35.9%	17.8%	14,231	61.3%	45.0%	674	2.9%
NM	109,800	35,761	32.6%	23.2%	31,605	28.8%	28.4%	42,434	38.7%
NV	53,932	22,088	41.0%	31.4%	31,176	57.8%	40.5%	668	1.2%
OH	241,475	165,894	68.7%	50.5%	48,338	20.0%	14.4%	27,243	11.3%
OK	64,487	30,445	47.2%	9.1%	29,805	46.2%	34.8%	4,237	6.6%
PA	254,287	100,881	39.7%	4.2%	53,264	21.0%	9.5%	100,142	39.4%
RI	10,062	6,899	68.6%	62.9%	2,215	22.0%	10.7%	948	9.4%
SC	228,464	27,188	11.9%	8.8%	118,313	51.8%	49.0%	82,963	36.3%
SD	17,536	5,913	33.7%	6.0%	9,719	55.4%	31.9%	1,904	10.9%
TX	785,287	111,543	14.2%	0.5%	500,784	63.8%	51.6%	172,960	22.0%
UT	44,238	18,468	41.8%	22.6%	23,388	52.9%	47.8%	2,382	5.4%
VA	205,701	164,014	79.7%	65.2%	21,809	10.6%	5.8%	19,878	9.7%
VT	13,157	6,367	48.4%	29.1%	5,852	44.5%	29.9%	938	7.1%
WA	192,611	100,063	52.0%	45.6%	91,516	47.5%	43.4%	1,032	0.5%
WV	47,329	21,539	45.5%	9.7%	25,038	52.9%	24.4%	752	1.6%
WY	5,904	1,065	18.0%	0.5%	248	4.2%	0.0%	4,591	77.8%
Total	3,980,211	1,675,250	42.1%	24.7%	1,497,437	37.6%	29.0%	807,524	20.3%

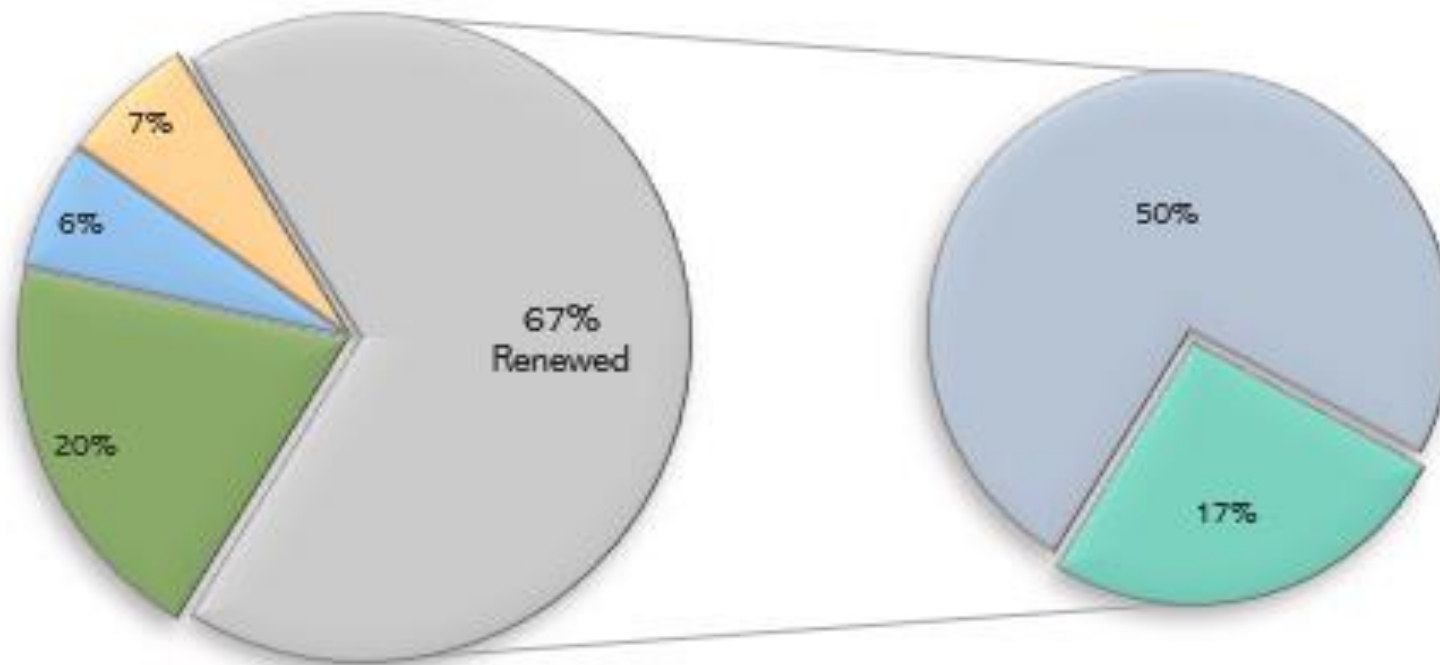
*Percentages calculated as a share of the total number of beneficiaries due for renewal in the reporting month.

DE, KS, KY, ME, WV, and WY held some procedural terminations for renewals due in May. MA reports the dispositions of renewals completed in the reporting period. Therefore, the state is unable to report the number of pending renewals to CMS, and MA's data is excluded from the national totals.

HUSKY RENEWAL OUTCOMES – LATEST STATUS

HUSKY Health Renewal Outcomes – July 2023

As reported by DSS to CMS at end of each month



- Terminated for procedural reasons(i.e. failure to renew etc.)
- Determined ineligible for Medicaid/CHIP
- Renewal in process while coverage continues
- Renewed on an ex parte basis
- Renewed using a pre-populated renewal form

Notes:

- ❑ Data captures renewal outcomes at individual level (not household). In July, 125,381 individuals went through the renewal process.
- ❑ 50% of individuals had their coverage renewed without further information being requested from them. This is called an *ex-parte* or passive renewal.
- ❑ 17% of individuals could not be renewed passively (i.e., data sources show income over the program limit) and were sent a pre-filled form to complete their renewal.
- ❑ 7% of individuals were conditionally enrolled/renewal in process, but a final eligibility determination has not yet been made (pending receipt of outstanding verifications).
- ❑ Data is point-in-time at end of reporting month and does not include subsequent reenrollments.

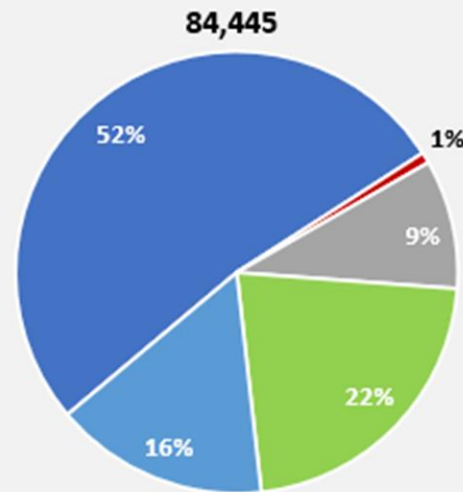
HUSKY Health Renewal Outcomes – July 2023

By Medical Benefit Plan

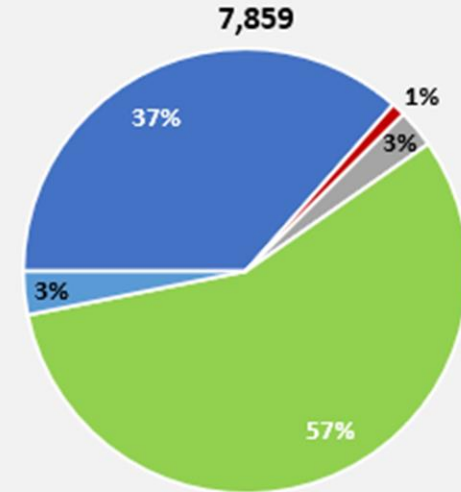
Notes:

- Medical Benefit Plans refer to the HUSKY Programs (A, B, C, and D) and the Medicare Savings Program (MSP).
- HUSKY A - Medicaid for children, parents, pregnant individuals, etc.
- HUSKY B - Children's Health Insurance Program (CHIP)
- HUSKY C - Medicaid for the aged, blind, and the disabled
- HUSKY D - Medicaid for low-income adults
- MSP provides premium and/or copayment assistance to Medicare beneficiaries

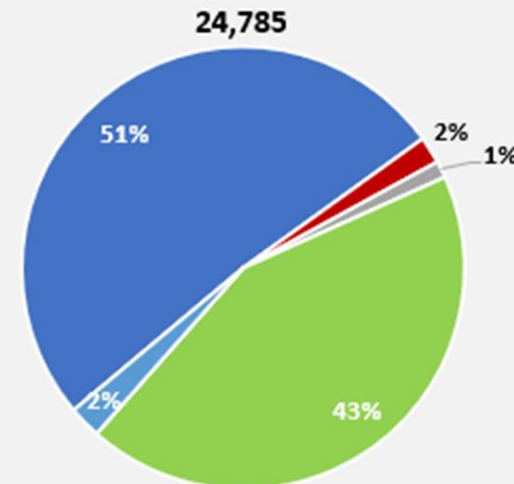
Renewed and retained in Medicaid/CHIP



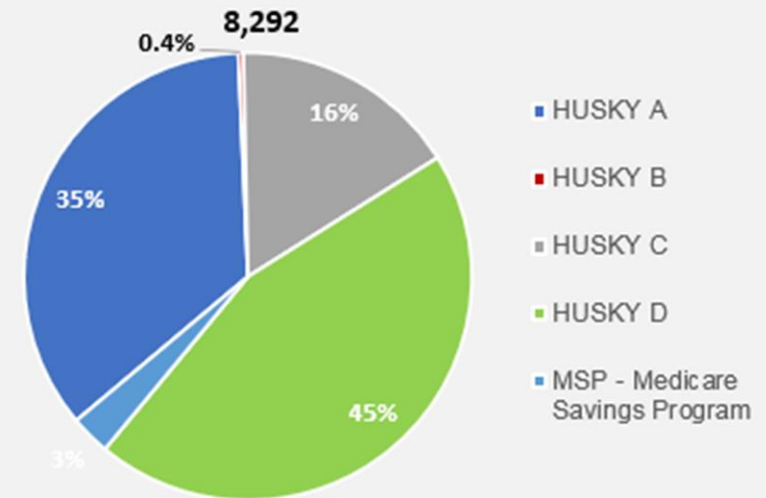
Determined ineligible for Medicaid/CHIP



Terminated for procedural reasons



Renewal in process

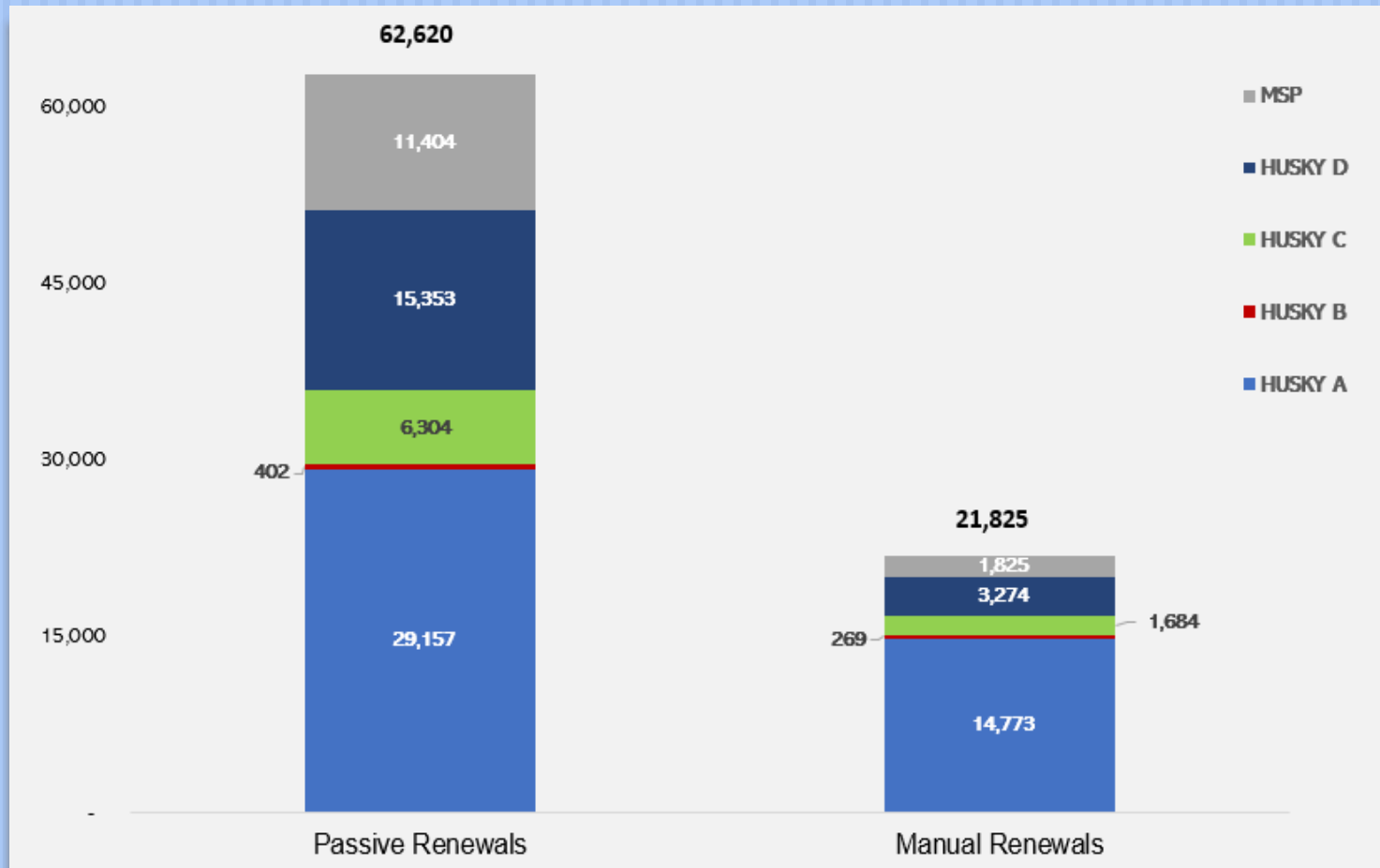


- HUSKY A
- HUSKY B
- HUSKY C
- HUSKY D
- MSP - Medicare Savings Program

HUSKY HEALTH RENEWAL OUTCOMES – JULY 2023

PASSIVE VS. MANUAL RENEWALS BY MEDICAL BENEFIT PLAN

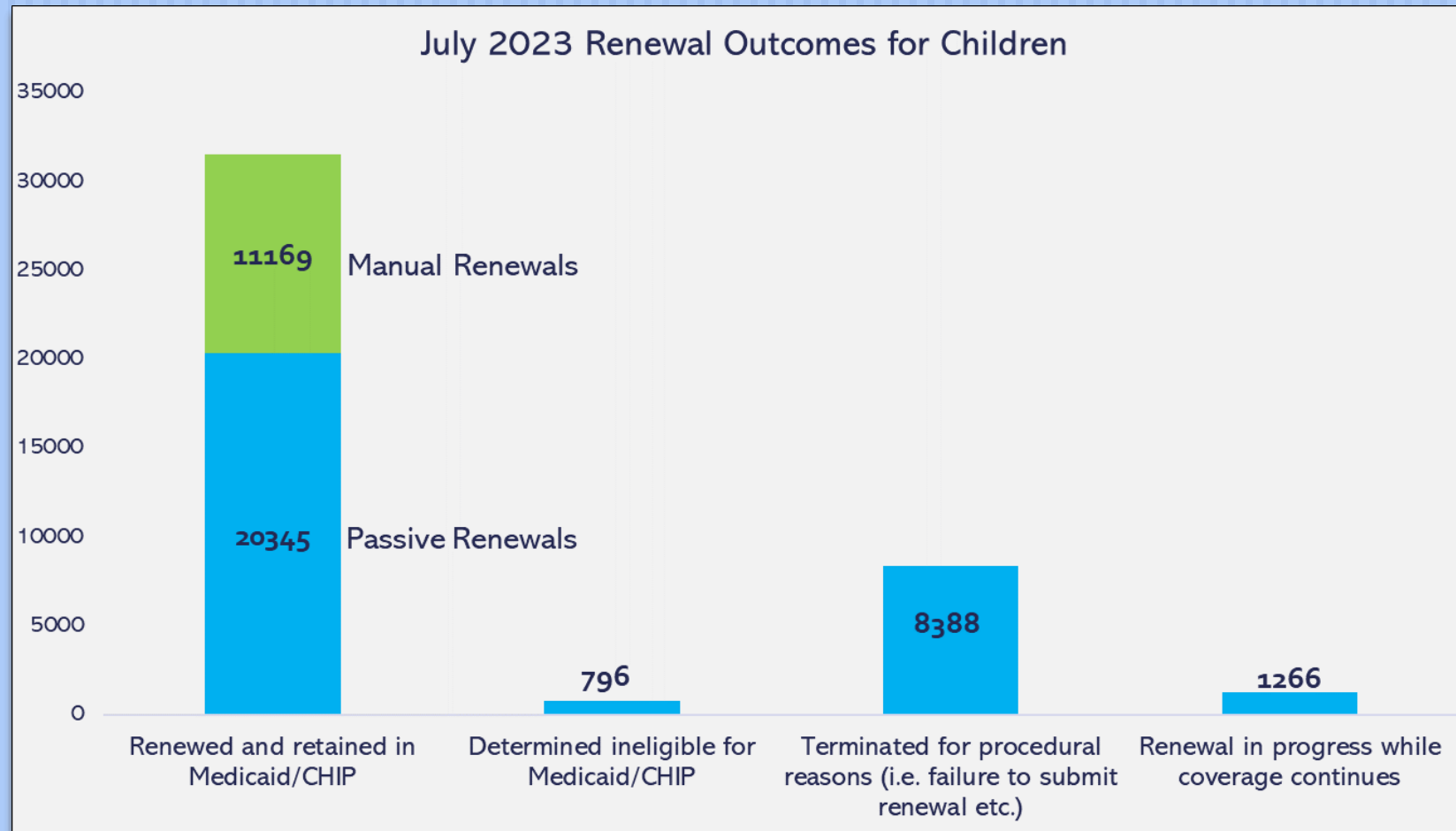
Over 80,000 individuals renewed during July, with about 75% renewing "passively"



Notes:

- Medical Benefit Plans refer to the HUSKY Programs (A, B, C, and D) and the Medicare Savings Program (MSP)
- HUSKY A – Medicaid for children, parents, pregnant individuals, etc.
- HUSKY B – Children’s Health Insurance Program (CHIP)
- HUSKY C – Medicaid for the aged, blind, and the disabled
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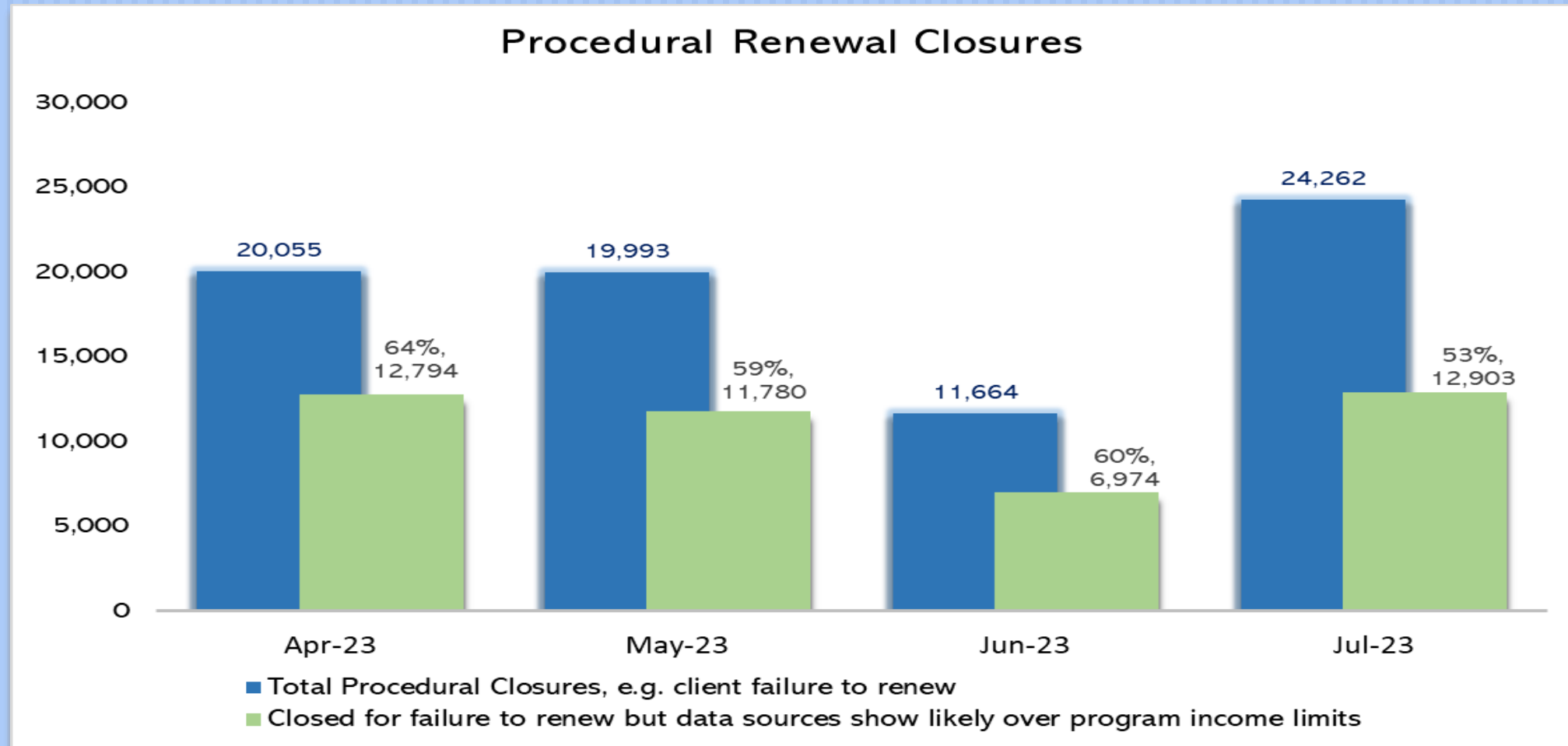
HUSKY HEALTH RENEWAL OUTCOMES FOR CHILDREN – July 2023



Notes:

- ☐ Includes data for children on HUSKY A and HUSKY B (CHIP)
- ☐ The "Renewal in process" metric also includes children in HUSKY A and B who are in a reasonable opportunity period and have a VCL (verification check-list) for outstanding verifications. Coverage is maintained during this process.

HUSKY HEALTH RENEWAL OUTCOMES



RENEWAL POST-DISENROLLMENT STATUS

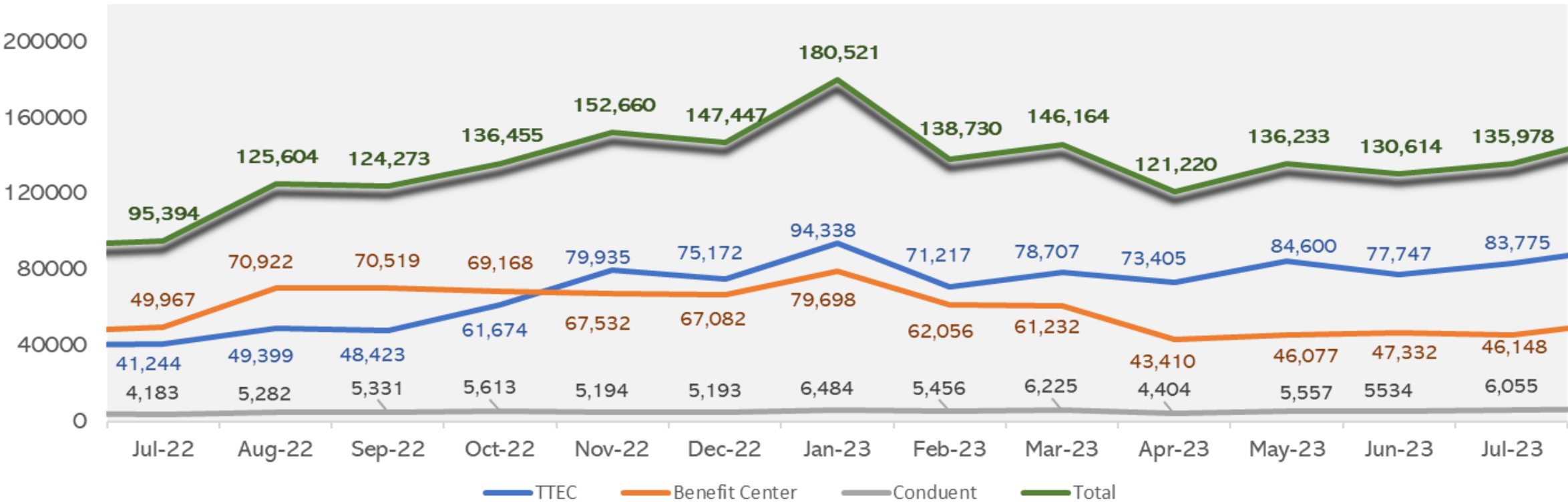
Tracking Individuals after Disenrollment for 90 days

Renewal Disenrollment Tracking – 30/60/90 Days Later	April	May	June	July
	90-day mark	90-day mark	60-day mark	30-day mark
Total individuals disenrolled at renewal	24,508	25,342	15,569	32,643
Total individuals active currently in HUSKY	9,639	7,707	2,472	6,189
Total individuals active currently in a Qualified Health Plan	851	1,493	1,151	2,269
Total individuals active currently in Covered CT	453	672	516	851
Total individuals who transitioned to HUSKY C/MSP	149	217	81	191
Total individuals who closed and are now active	11,092	10,507	4,684	9,500
Total individuals not enrolled in any state programs	13,416	14,835	10,885	23,143

Over 1/3 of individuals who were disenrolled at renewal during the first 4 months of unwinding have regained coverage 30 to 90 days later, mostly by requalifying for HUSKY coverage. Most of the remaining households have stayed closed because they did not come in to renew coverage or be evaluated for other coverage options.

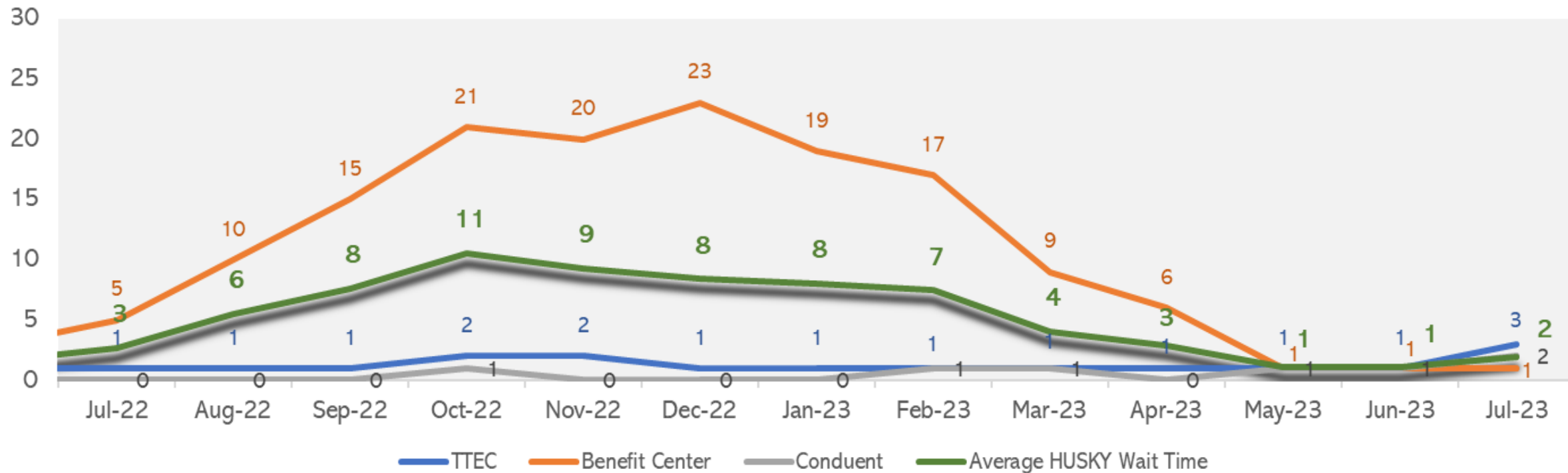
CALL CENTER DATA ACROSS ALL HUSKY CONTACT CENTERS

Call Volume by Call Center



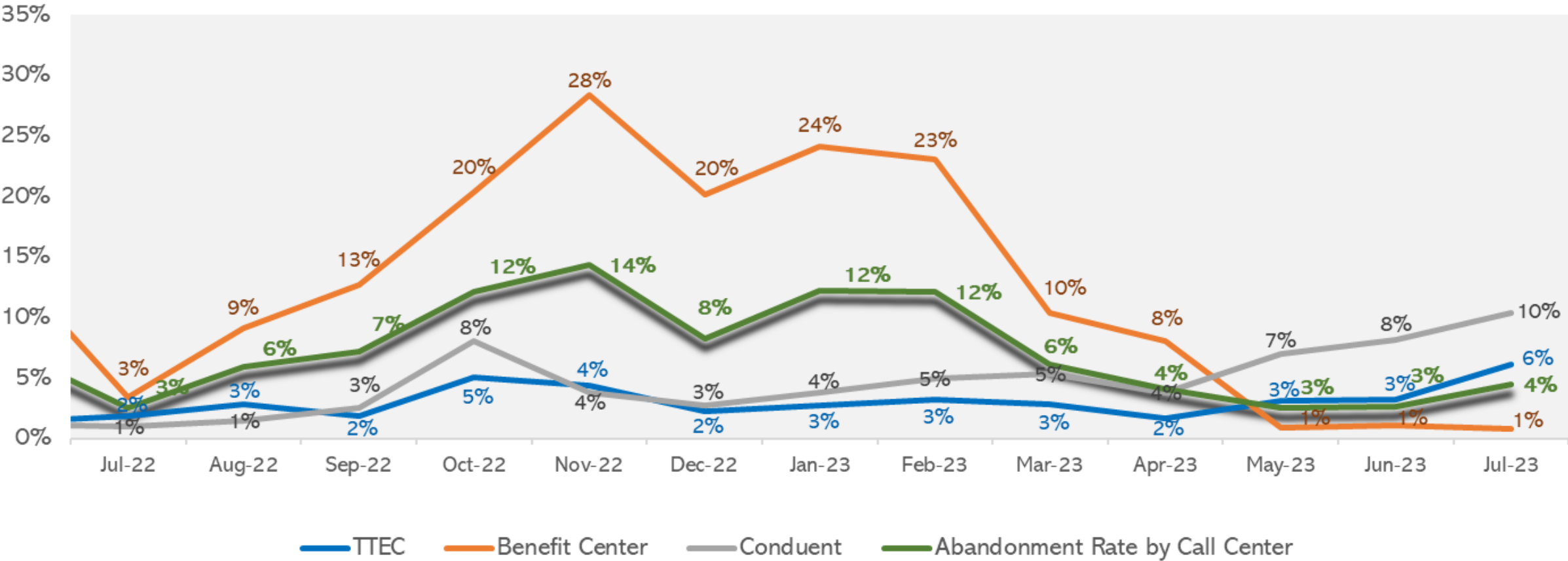
Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. The DSS Benefit Center handles 30% of Medicaid/CHIP calls. Total call volume for the Benefit Center in July was 164,815.

HUSKY Wait Time by Call Center



Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

Abandonment Rate by Call Center

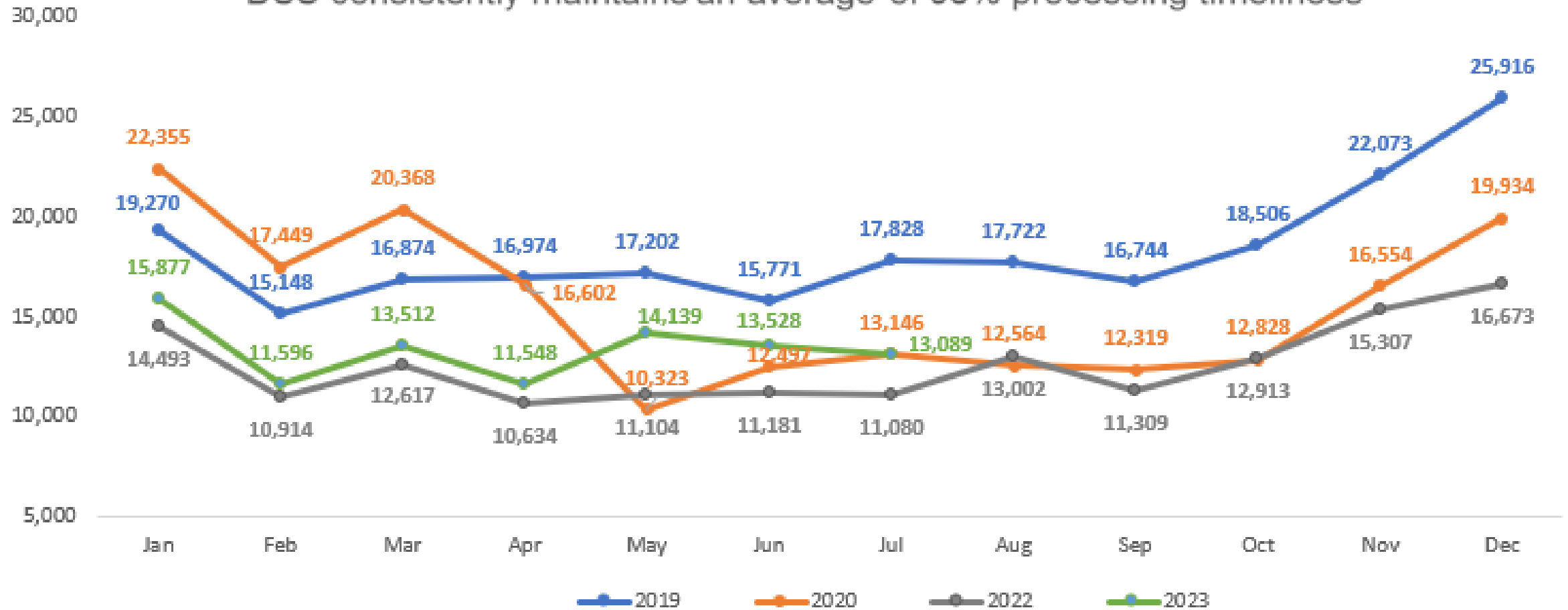


Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

NEW HUSKY APPLICATION ACTIVITY AND TIMELINESS

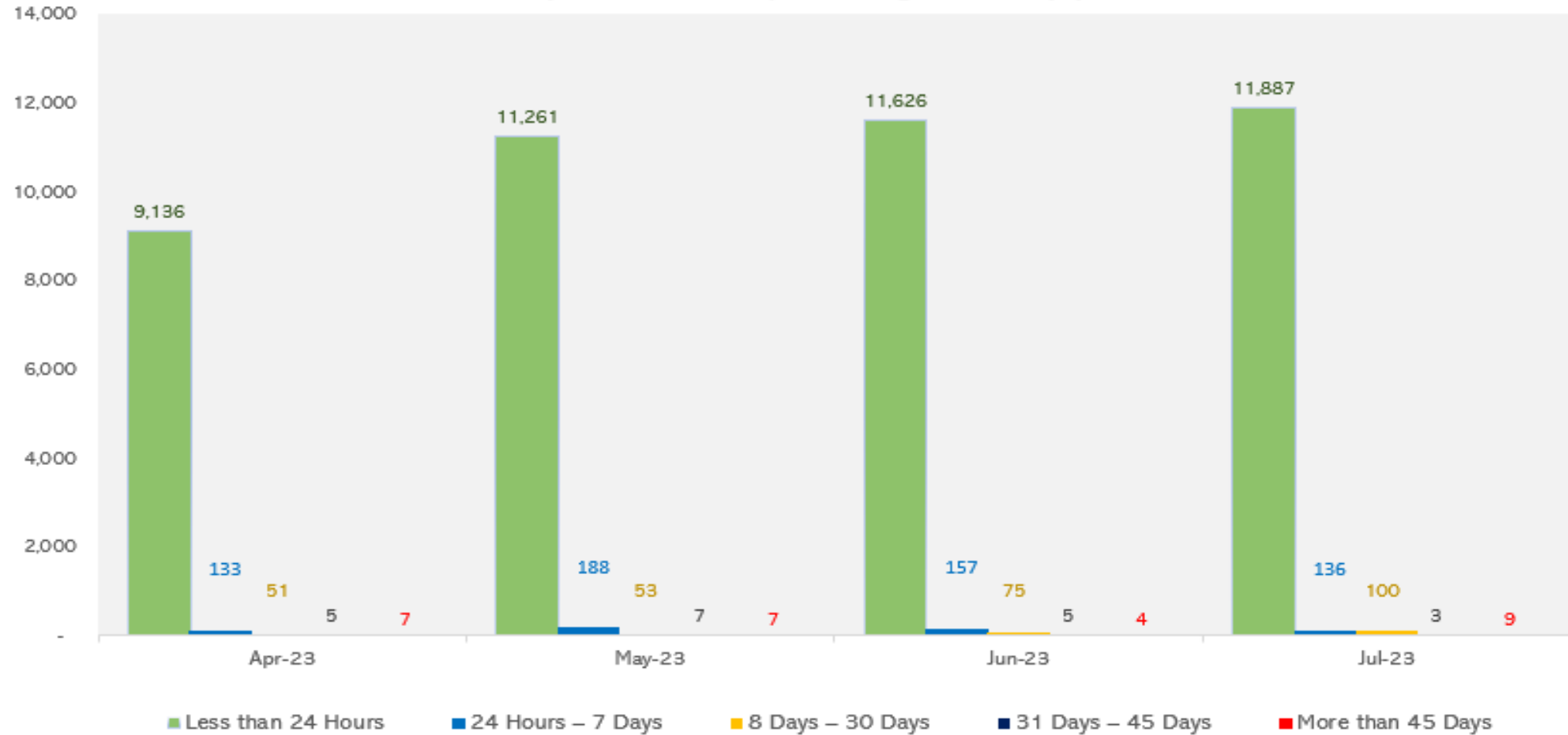
Year-Over-Year New Medical Applications

DSS consistently maintains an average of 98% processing timeliness



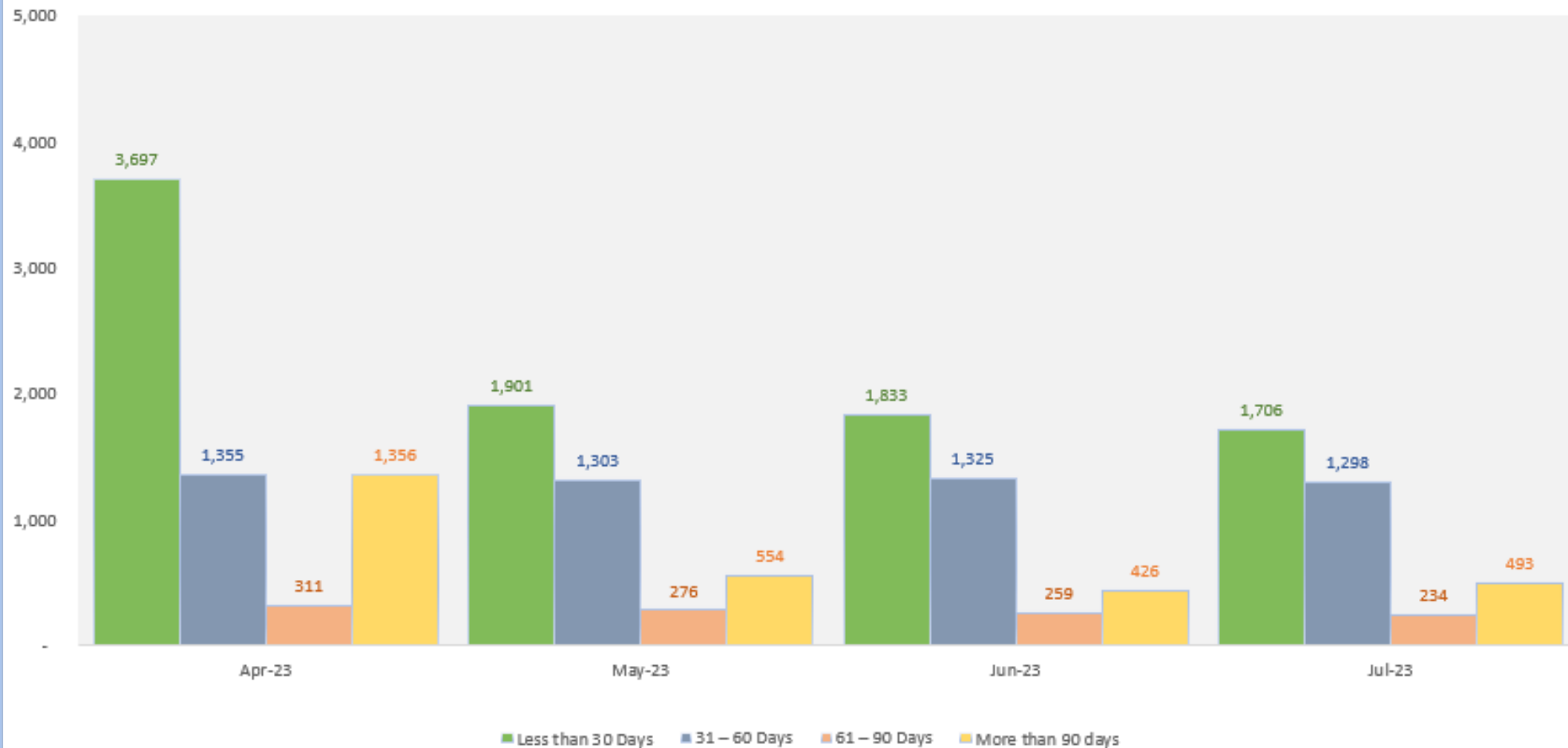
Calendar year 2021 was omitted to ease crowding in the chart, allowing better comparison of pre-pandemic data in 2019 and early 2020 with current trends. 2021 looks very much like 2022.

MAGI Medicaid Applications Determinations by Processing Time (current median processing time 0 days)



The standard of promptness for MAGI-based Medicaid applications is 45 days from receipt.

Non-MAGI Medicaid Applications Determinations by Processing Time (current median processing time 31 days)



The standard of promptness for most Medicaid applications is 45 days from receipt. A longer period of up to 90 days is allowed for people with disabilities and applications for long-term services and supports.

Readout from National Academy of State Health Policy (NASHP) Conference

NASHP Key Discussion Topics

- Health and Housing
- Medicaid Unwinding
- Healthcare Workforce
- Health Related Social Needs (HRSN)
 - Housing
 - Nutrition
- Nursing Facilities
- CMS Report Out
- Health Coverage Expansion and Innovations
- Justice-Involved Population
- Healthcare Costs

Questions