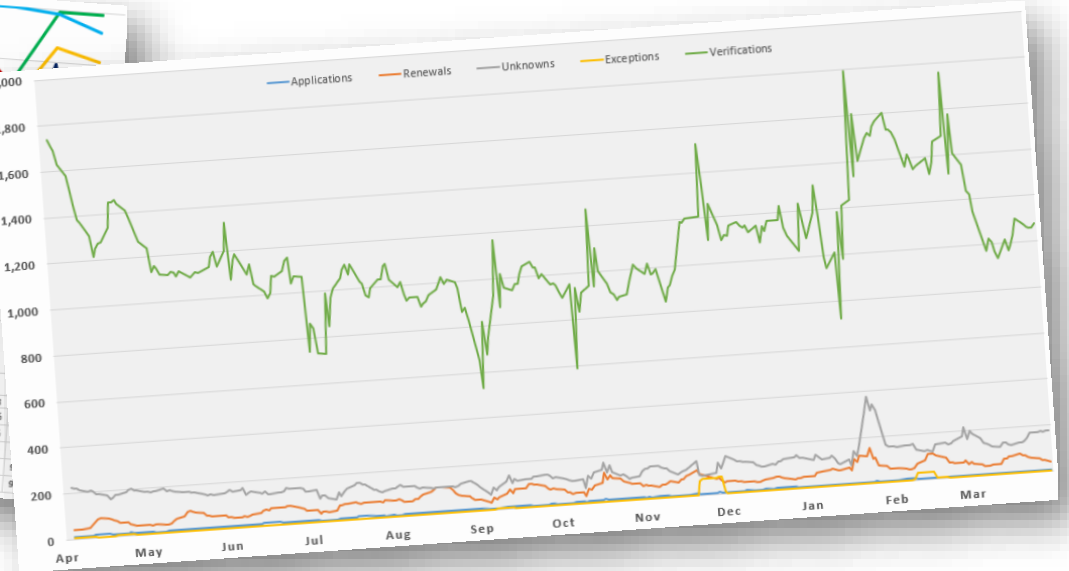




HUSKY Health Business Analytics Dashboard

December 2018



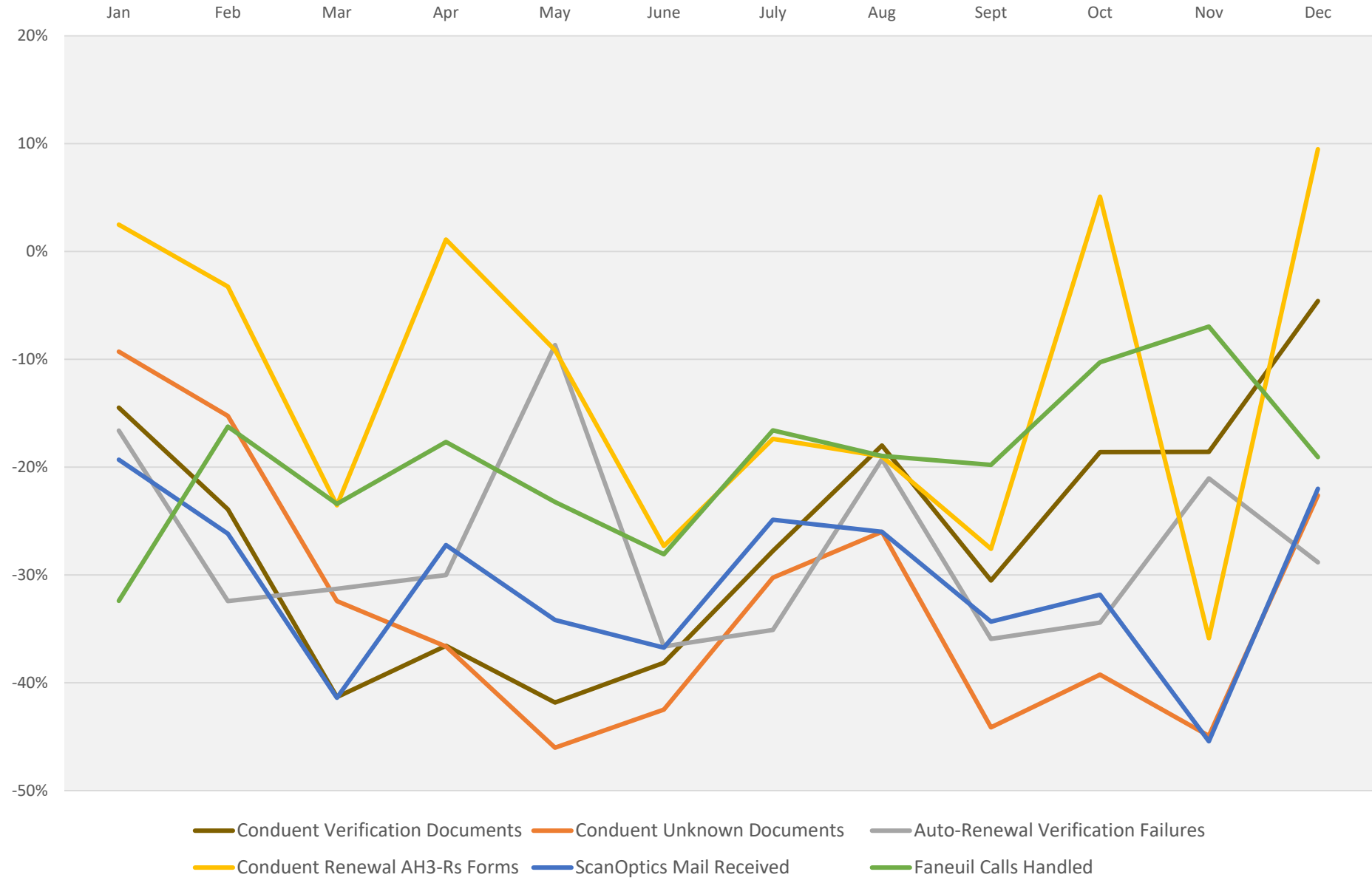


HIX 2018 Workload Adjustments

This temporary dashboard section provides an overview of 2018 reductions in key HIX work volumes.

Significant Drop in 2018 Verification Related Workload (January through December)

Percentage Change in Year-over-Year Workload

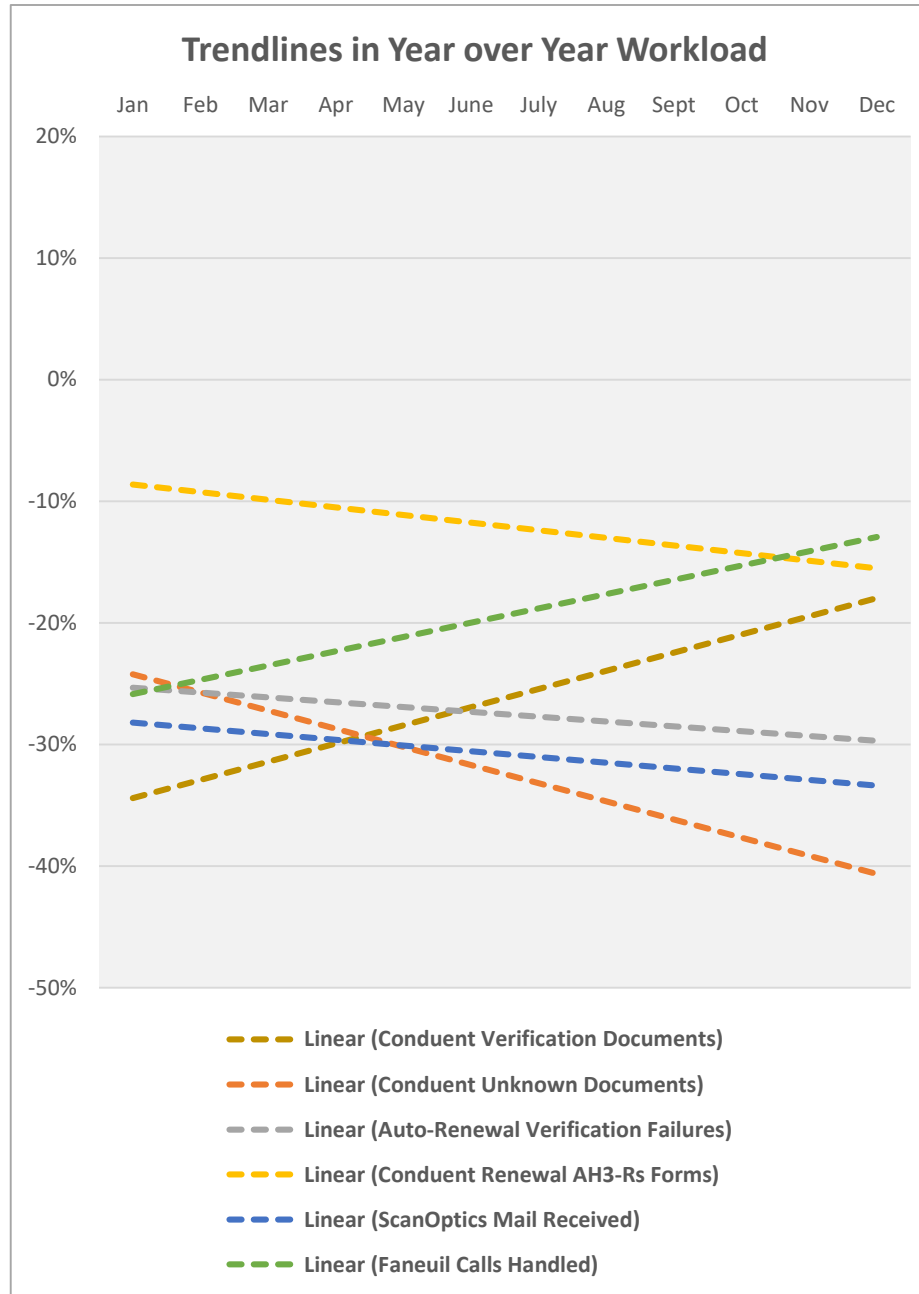


Notes:

- This graph illustrates the year-over-year change in volumes for key verification-related business indicators.
- The changes are expressed as percentages for a given month between 2017 and 2018.
- This approach removes seasonal trends and volume differences between the different widget types.
- There is volatility in these graphs, but the first observation is that all graph lines show a significant drop in volume compared to the previous year.
- This fall in work should be understood in the context that the enrollment volume has not decreased (it has increased).

Significant Drop in Verification Related Workload (January through December)

	2017	2018	Δ %
Conduent Verification Documents	395,156	290,805	-26.4%
Conduent Unknown Documents	74,556	50,491	-32.3%
Auto-Renewal Verification Failures	35.6%	25.1%	-29.5%
Conduent Renewal AH3-Rs Forms	21,901	19,180	-12.4%
ScanOptics Mail Received	213,138	147,514	-30.8%
Faneuil Calls Handled	1,173,008	941,198	-19.8%

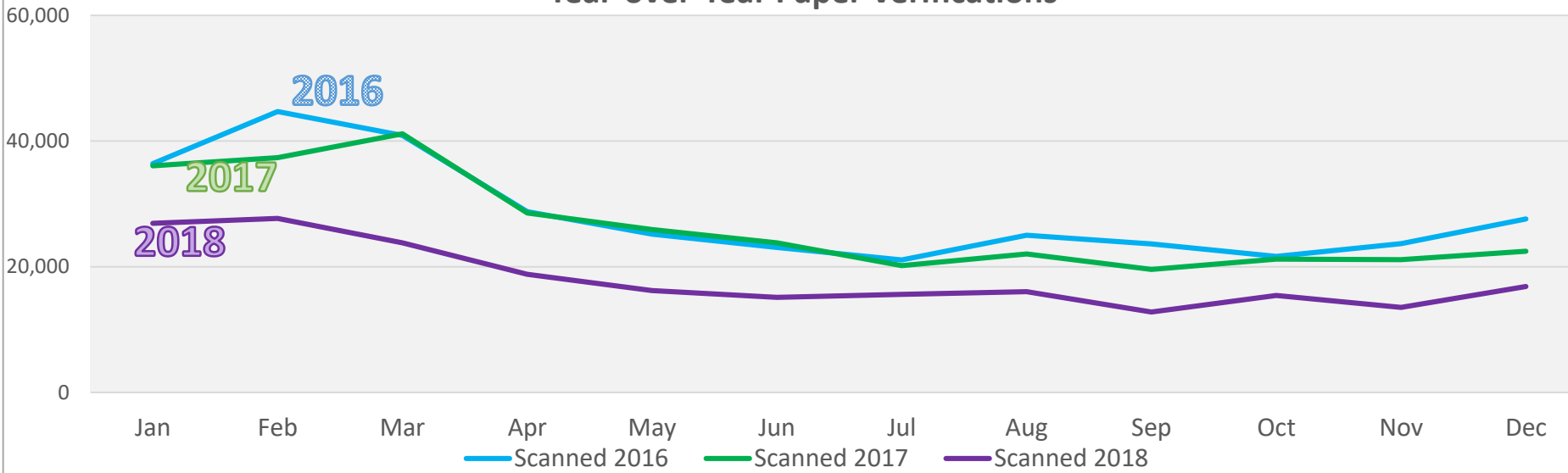


Notes:

- The trendline view and the year-to-date table help cut through the volatility of the previous graph.
- We can see that there is approximately a 30% reduction in verifications.
- We can see the 30% supported by:
 - Paper verifications
 - Unknown documents (majority are normally verifications)
 - The auto-renewals verification failures.
 - Mail scanning (verifications is the largest volume by far, but Unknowns and Renewals have an effect).
- It is less clear why the 30% improvement in renewal verifications, which maps to an approximately equivalent reduction in initiated manual renewals, only reduces the AH3-R form values by approximately 13% and not something closer to 30%.
- The Faneuil handled calls are reduced by 23.3%. Some of this may be attributable to reduced verifications, but the relationship is less clear.

Visual Examples of the Improvement

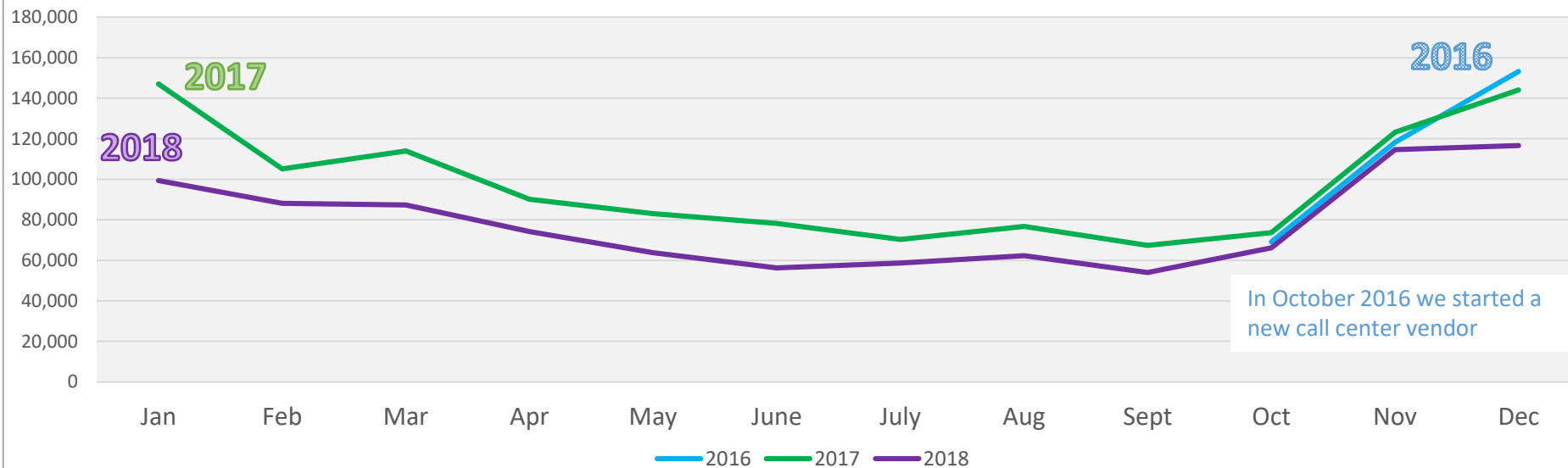
Year-over-Year Paper Verifications



Notes:

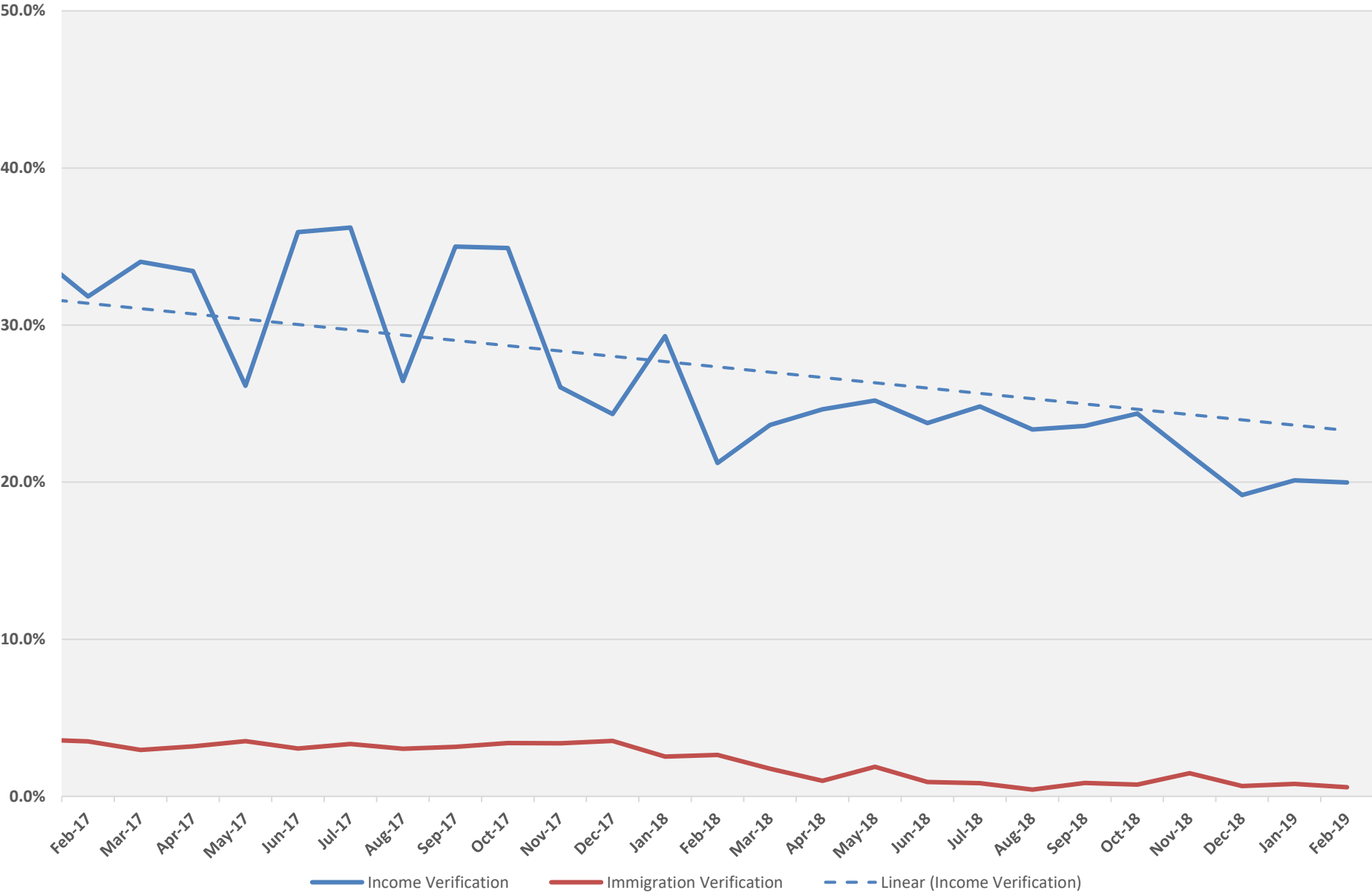
- The two graphs were selected as another illustration of the volume drop.
- In both graphs we can see that 2016 and 2017 lines almost overlay one another (with some fluctuation).
- However, 2018 is significantly different to the prior two years.
 - The paper verifications shows some drift in the second half of 2017.

Year-over-Year HIX Handled Calls



In October 2016 we started a new call center vendor

Auto-Renewal Verification Failures



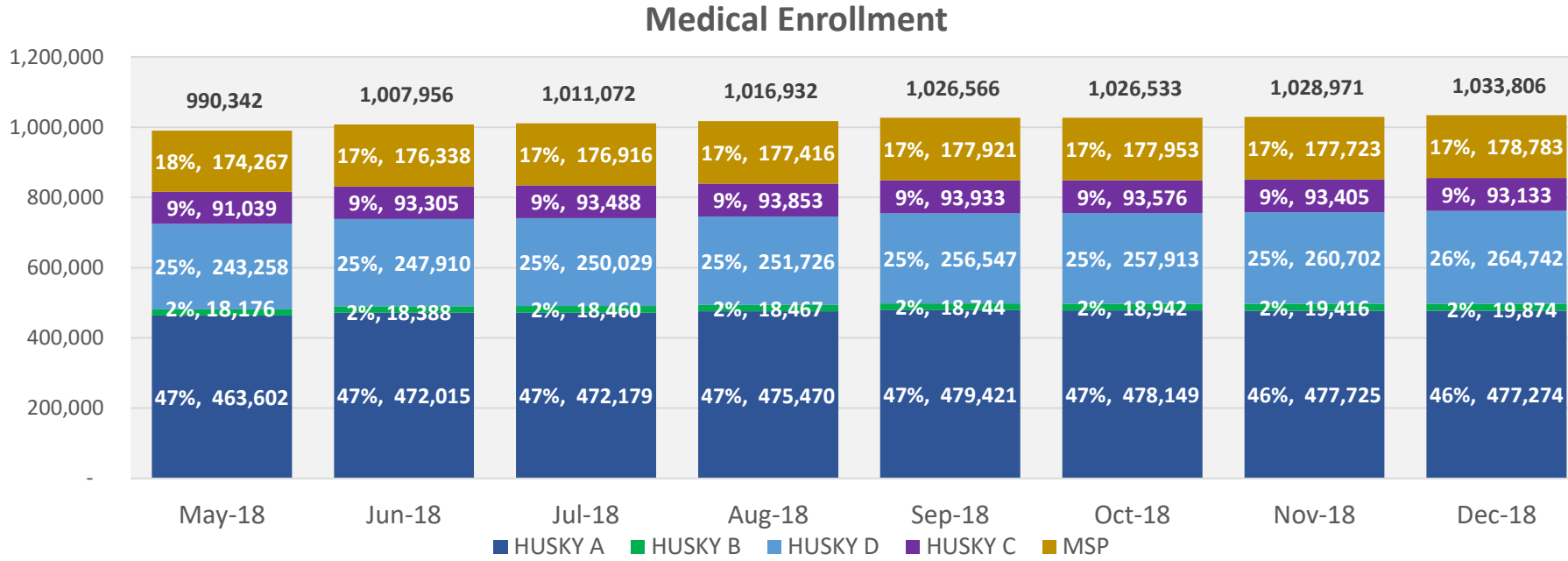
Notes:

- This graph shows the trend-lines of the batch auto-renewal verification failures as a percentage of the renewal total.
- The overall root cause is still being investigated. However, from this graph we see that:
 - The biggest volume of verifications are income-related.
 - We have seen a gradual (if volatile) improvement in electronic income verifications.
 - Starting in January or February 2018 we saw a significant improvement in immigration verifications. However, these are a small percentage of the total verifications and so while positive its impact is limited.
- We can also attribute some improvement to the change in annual income tolerance from 10% to 20% for APTC (starting Q4 2018). However, this should not have an effect on HUSKY renewals and QHP is only 12% of the caseload.
 - This would help most in the months following open enrollment and we possibly see that effect.



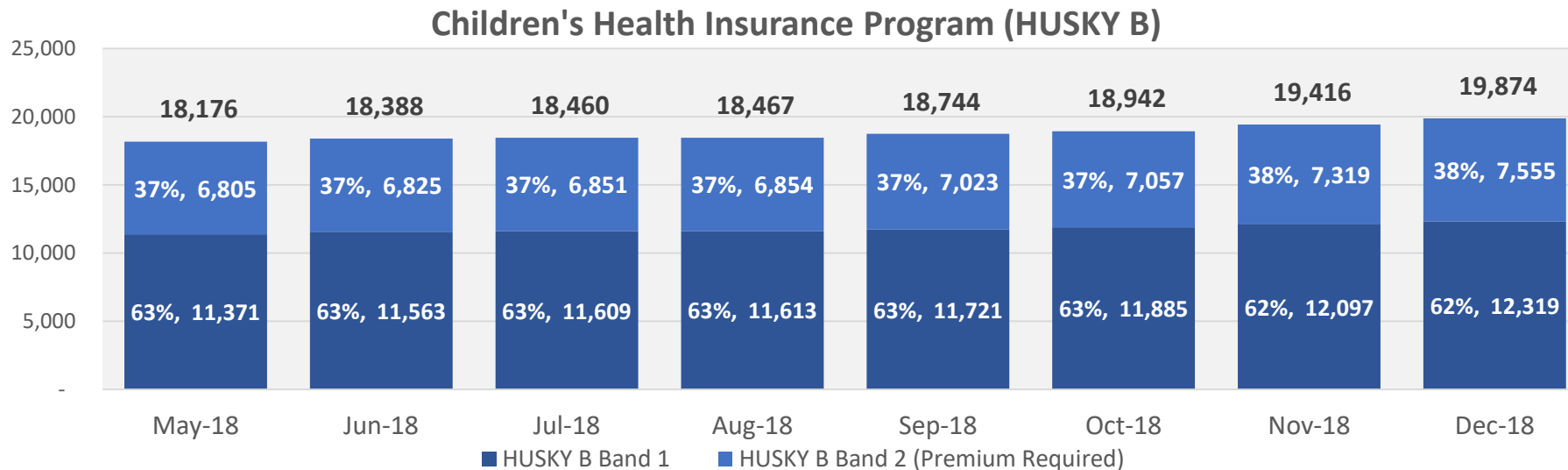
Enrollment

Medical Enrollment

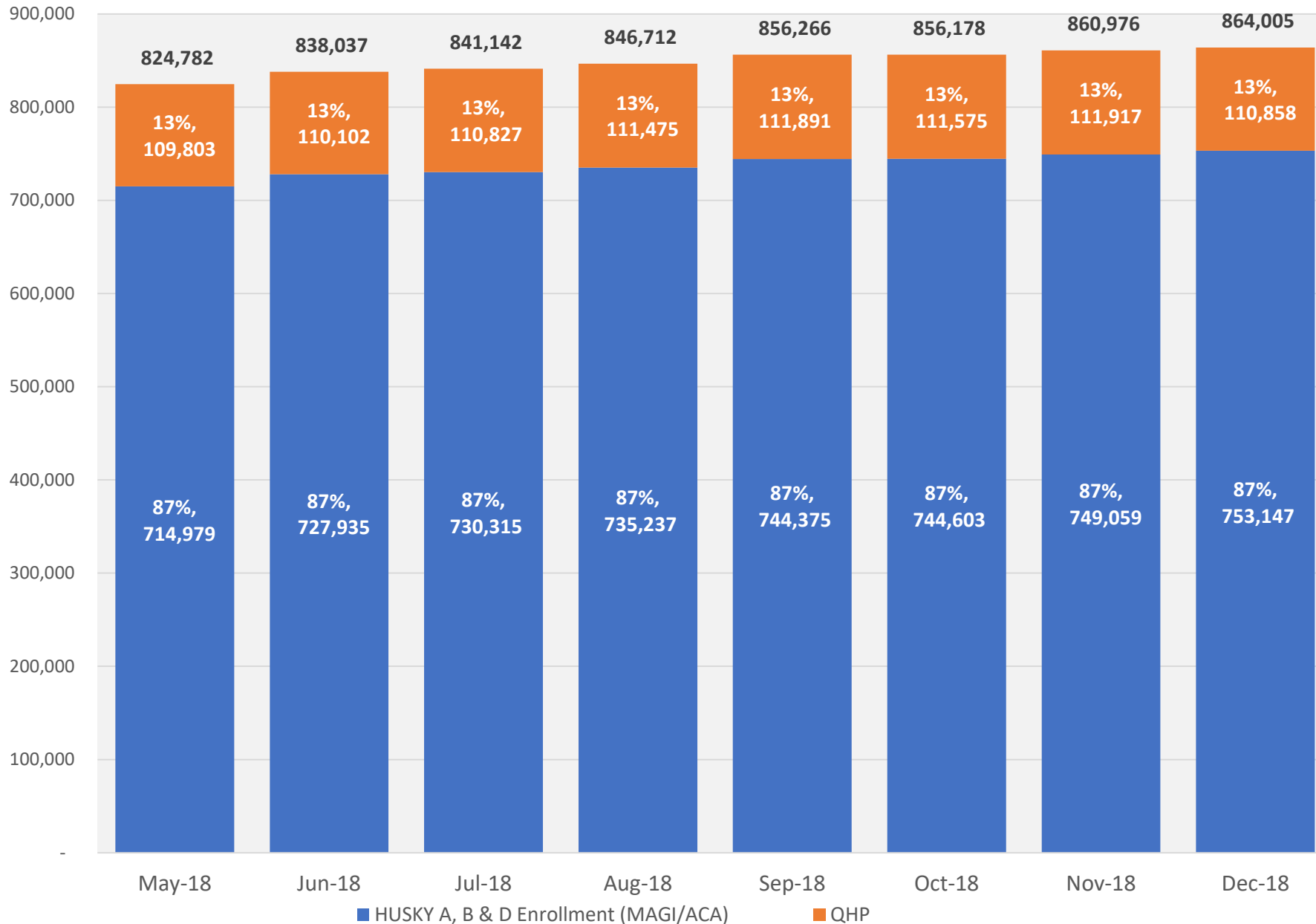


Notes:

- 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
 - 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 MAGI/ACA coverage rules.
- The rules for HUSKY C can be complex and can include asset tests and disability assessments.
- 88%** of HUSKY is ACA/MAGI-based.
- Dual eligible MSP and HUSKY C recipients are duplicated in the counts.
 - There are ~10k individuals (2%) HUSKY A clients determined using non MAGI rules, e.g., DCF foster children.
 - HUSKY B band 2 includes individuals who have yet to pay their first premium and so while eligible are not truly enrolled.



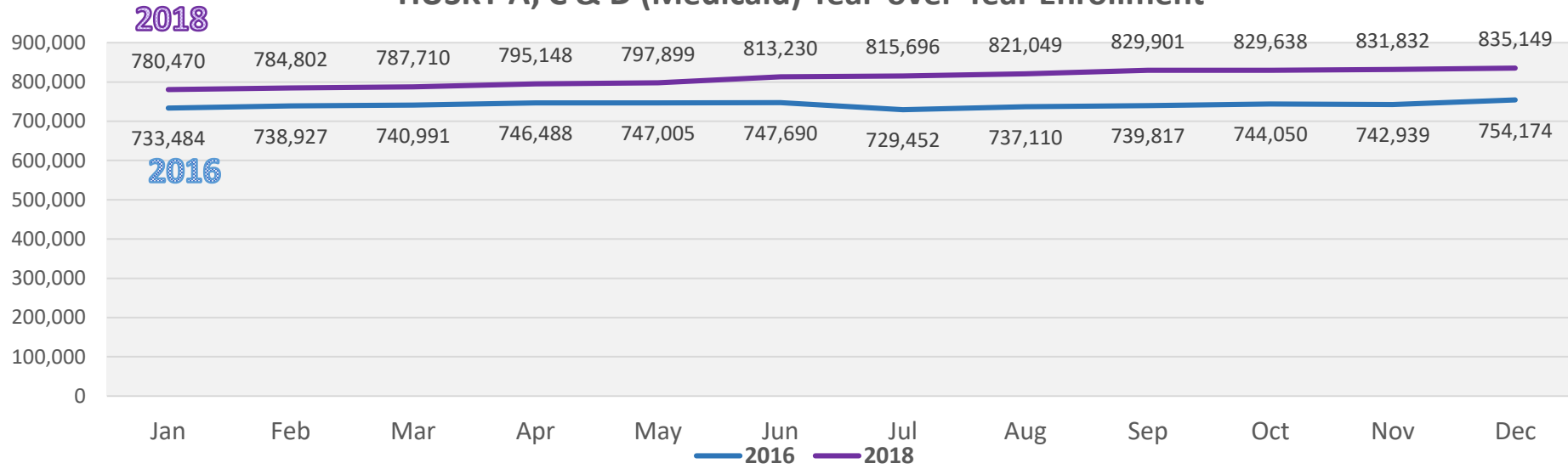
Enrollment via the HIX



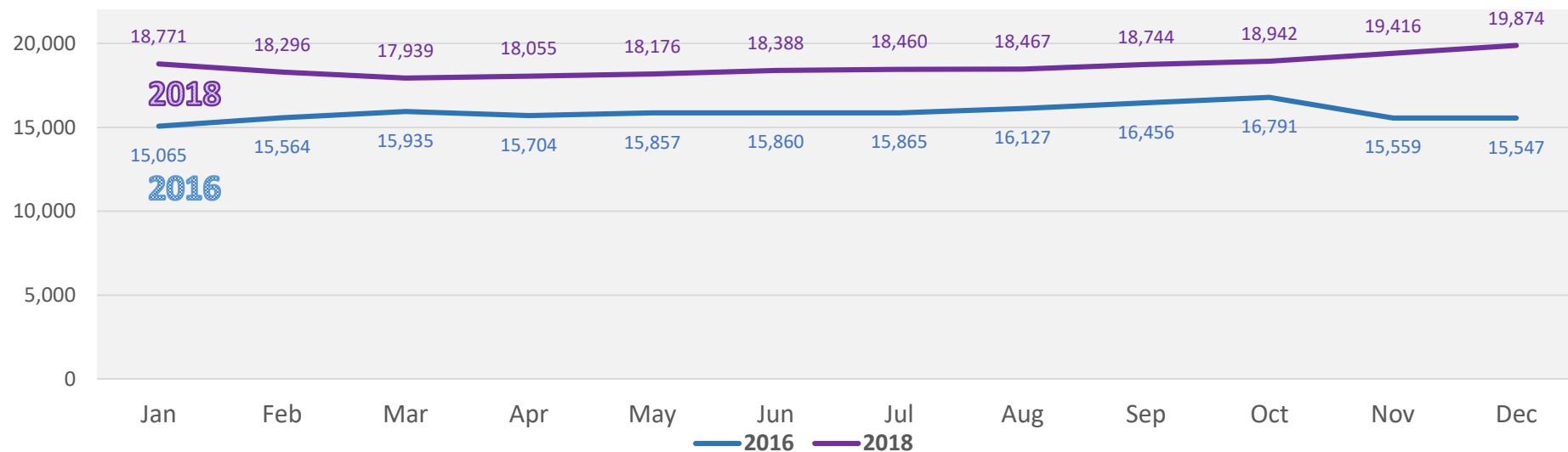
Notes:

- The health insurance exchange (HIX) is a shared system between Access Health CT (AHCT) and the Department of Social Services (DSS).
- The chart shows the percentage split by program in the HIX system. These are counts of active enrollments.
- The HIX system determines eligibility for most types of HUSKY A, B and D. The HIX does not support HUSKY C or MSP type determinations, emergency Medicaid, Presumptive Eligibility and some specialized categories of HUSKY A, e.g., DCF foster children and refugees.

HUSKY A, C & D (Medicaid) Year-over-Year Enrollment



HUSKY B (CHIP) Year-over-Year Enrollment

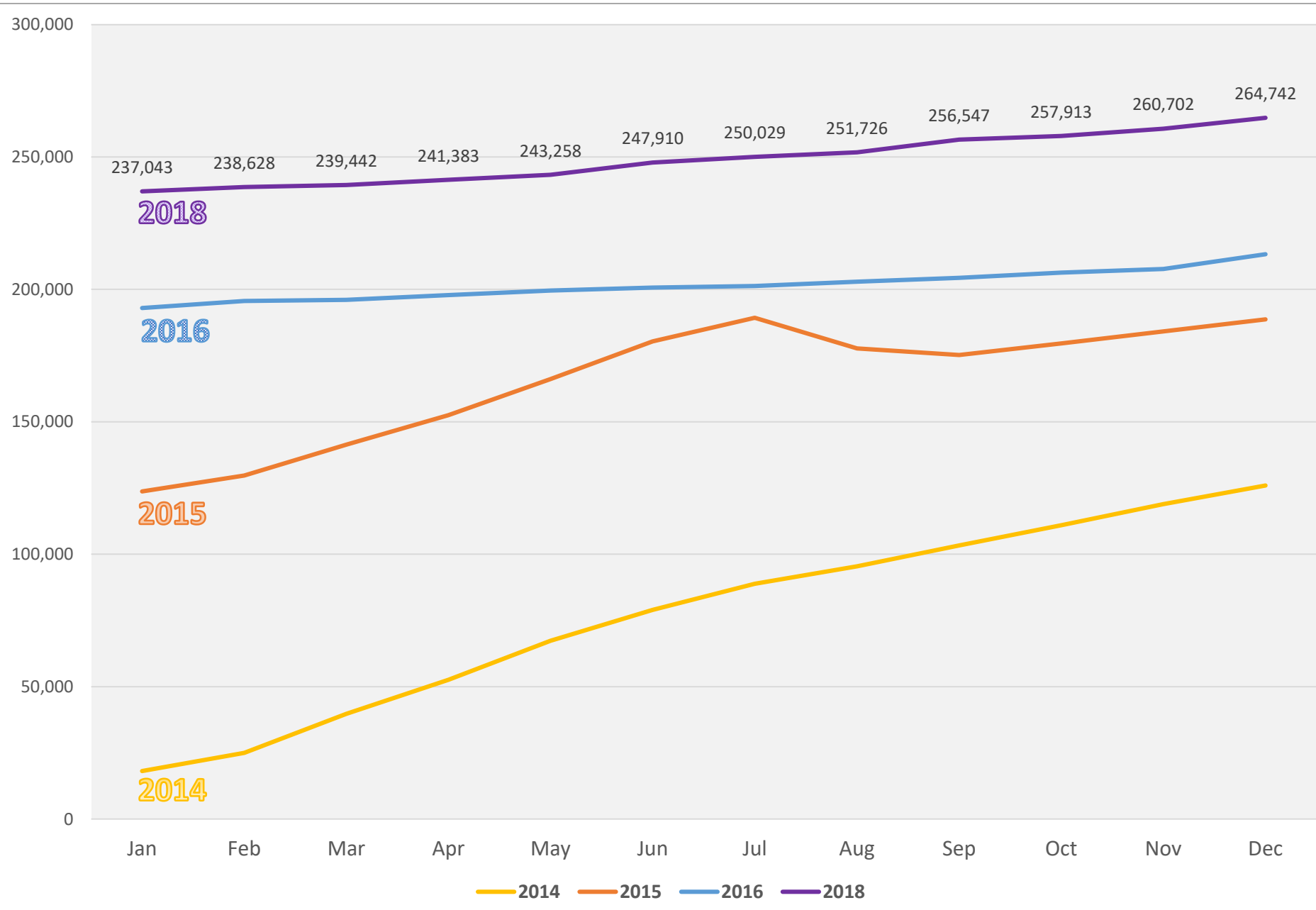


Notes:

- 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.

- 2016 data is sourced from EMS.
 - It does not include non-MAGI HUSKY A individuals (~10k). These are included in 2018.
- 2018 A, B & D data is sourced primarily from the HIX.
- 2018 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

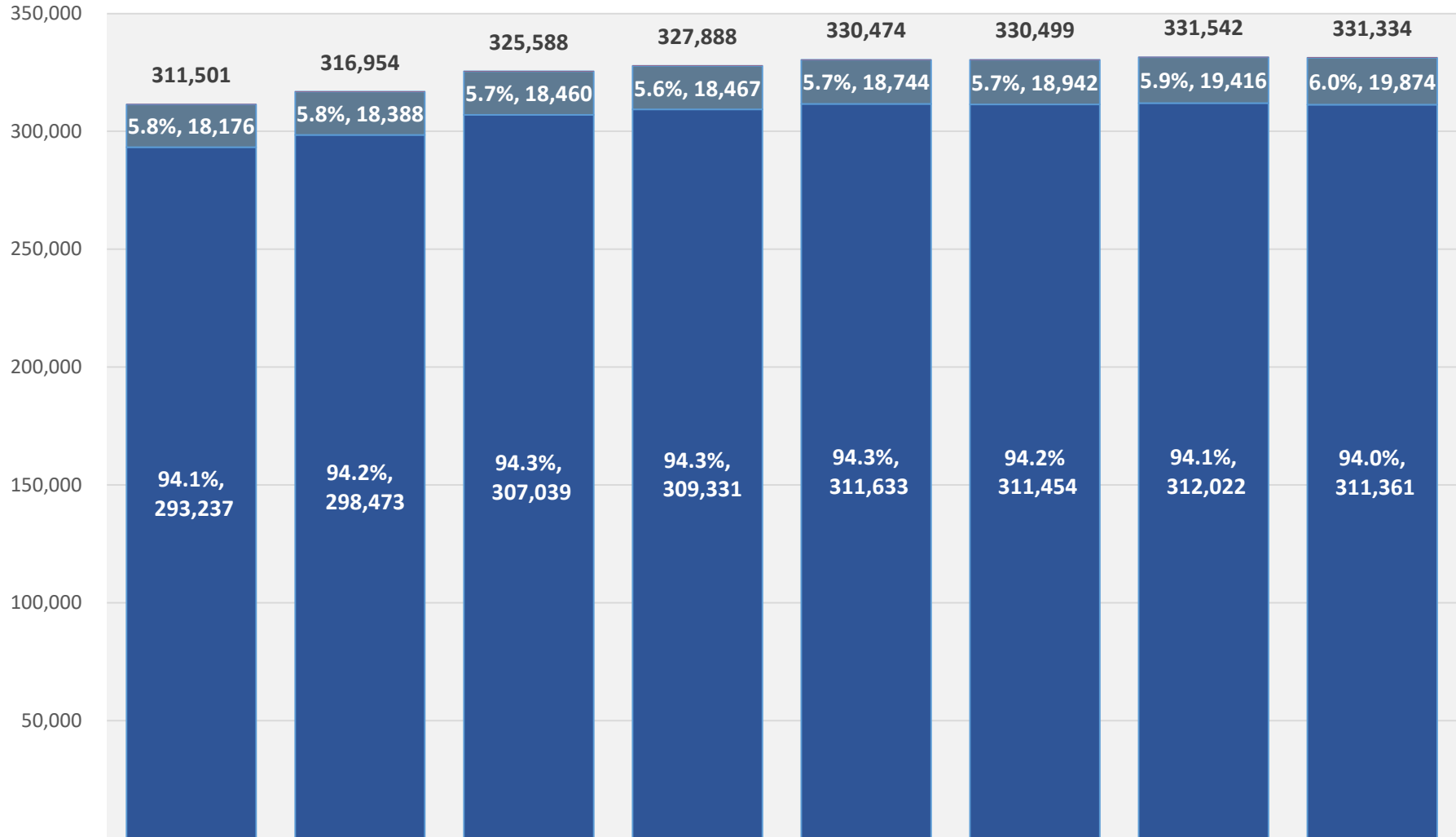


Notes:

- Shows year-over-year growth of the Medicaid expansion population (Adult groups are also 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 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



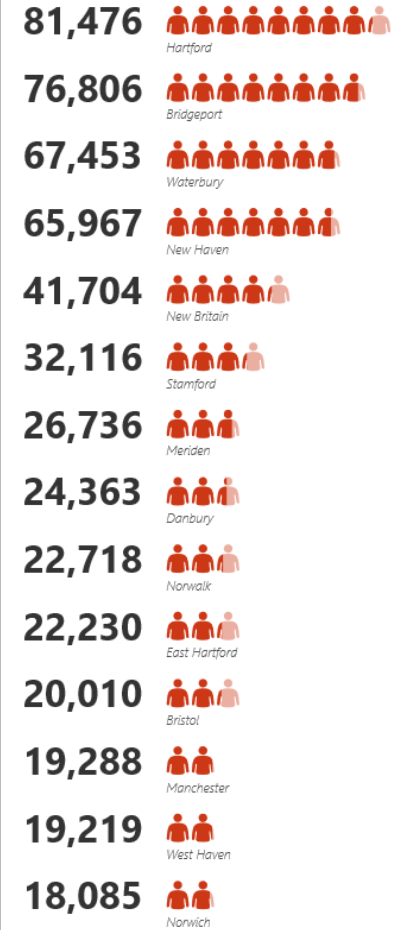
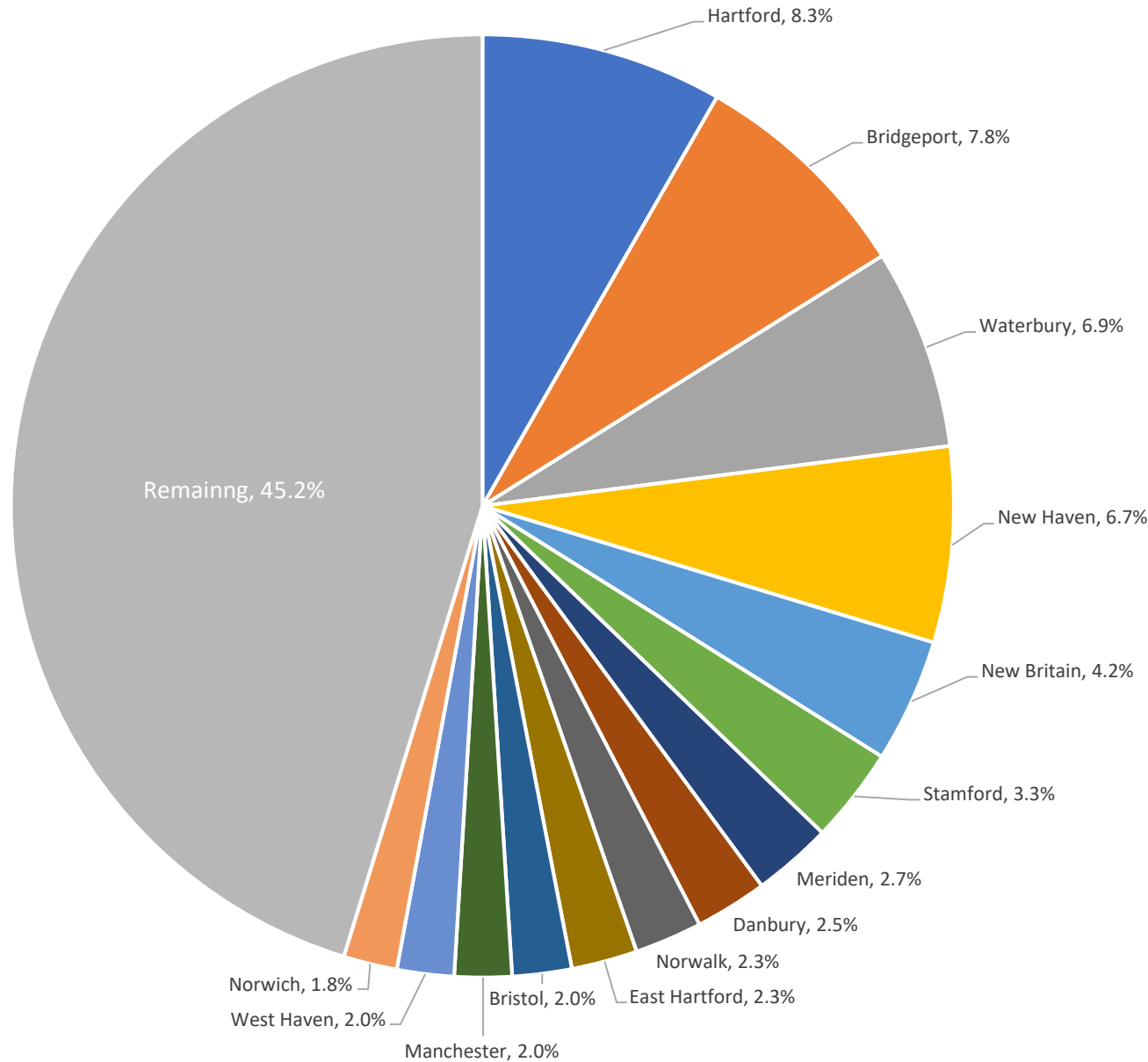
■ HUSKY C	88	93	89	90	97	103	104	99
■ HUSKY B	18,176	18,388	18,460	18,467	18,744	18,942	19,416	19,874
■ HUSKY A	293,237	298,473	307,039	309,331	311,633	311,454	312,022	311,361
Total	311,501	316,954	325,588	327,888	330,474	330,499	331,542	331,334

Notes:

- Shows the HUSKY children, i.e., the under 19s and including newborns.
- HUSKY B is CMS Performance 8.h.
- The total of CMS Performance Indicators 8.c (MAGI) and 8.f (non-MAGI) equal the sum of HUSKY A and HUSKY C, i.e., MAGI and non-MAGI is mixed across HUSKY A and C.

- Through June 2018 the data was sourced from ImpaCT and EMS.
- July 2018 onwards the data is sourced from ImpaCT and HIX as appropriate.
- From July 2018 the DCF children were counted in the HUSKY A coverage groups (previously incorrectly counted in the HUSKY C Category).

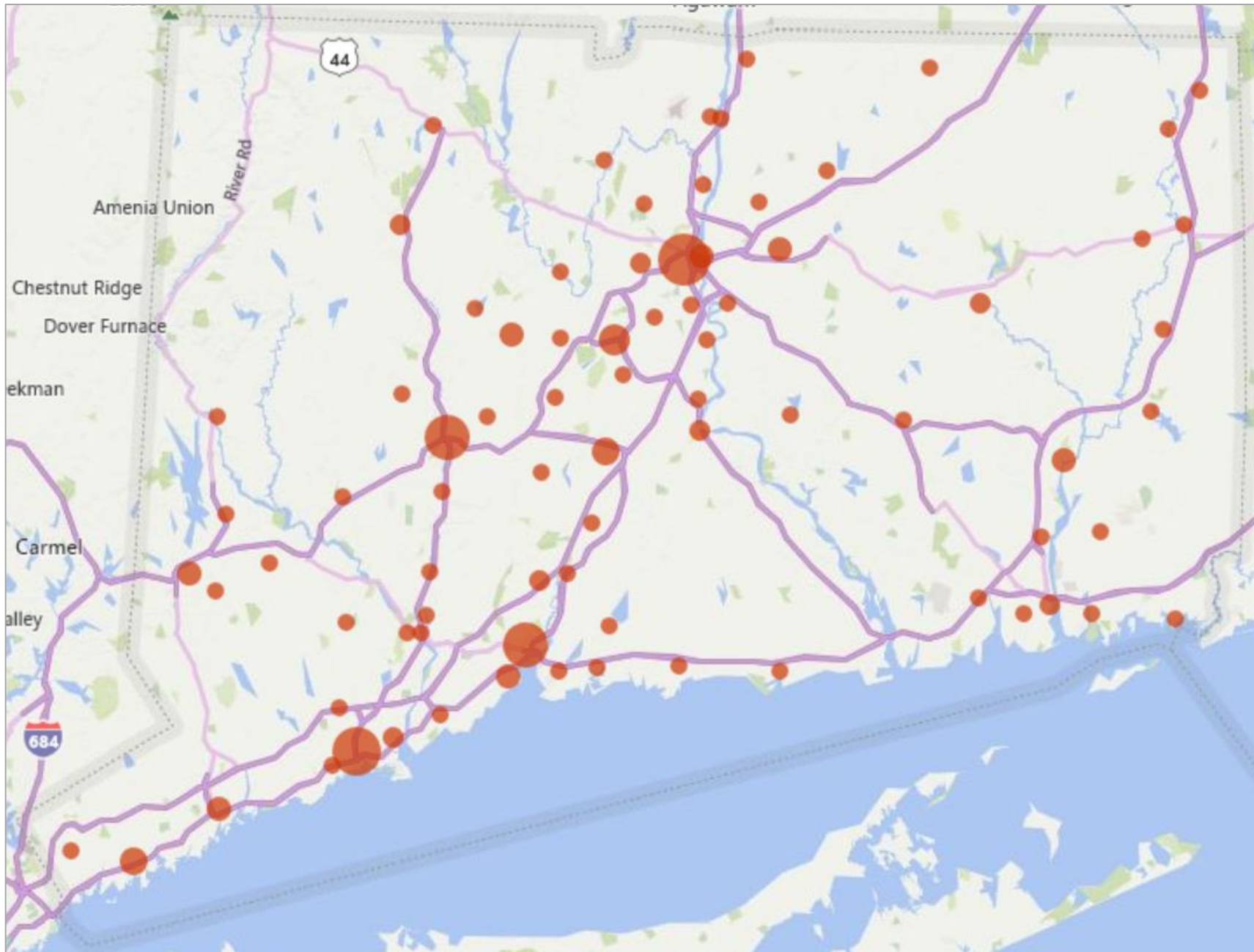
Geographical Enrollment – Medical Enrollment by Largest Towns as of May 2018

















Notes:

- These are DSS medical enrollments; includes some small specialized State programs.
- The remaining 156 towns account for 444,704 (45%) 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 May 2018



81,476	
Hartford	
76,806	
Bridgeport	
67,453	
Waterbury	
65,967	
New Haven	
41,704	
New Britain	
32,116	
Stamford	
26,736	
Meriden	
24,363	
Danbury	
22,718	
Norwalk	
22,230	
East Hartford	
20,010	
Bristol	
19,288	
Manchester	
19,219	
West Haven	
18,085	
Norwich	

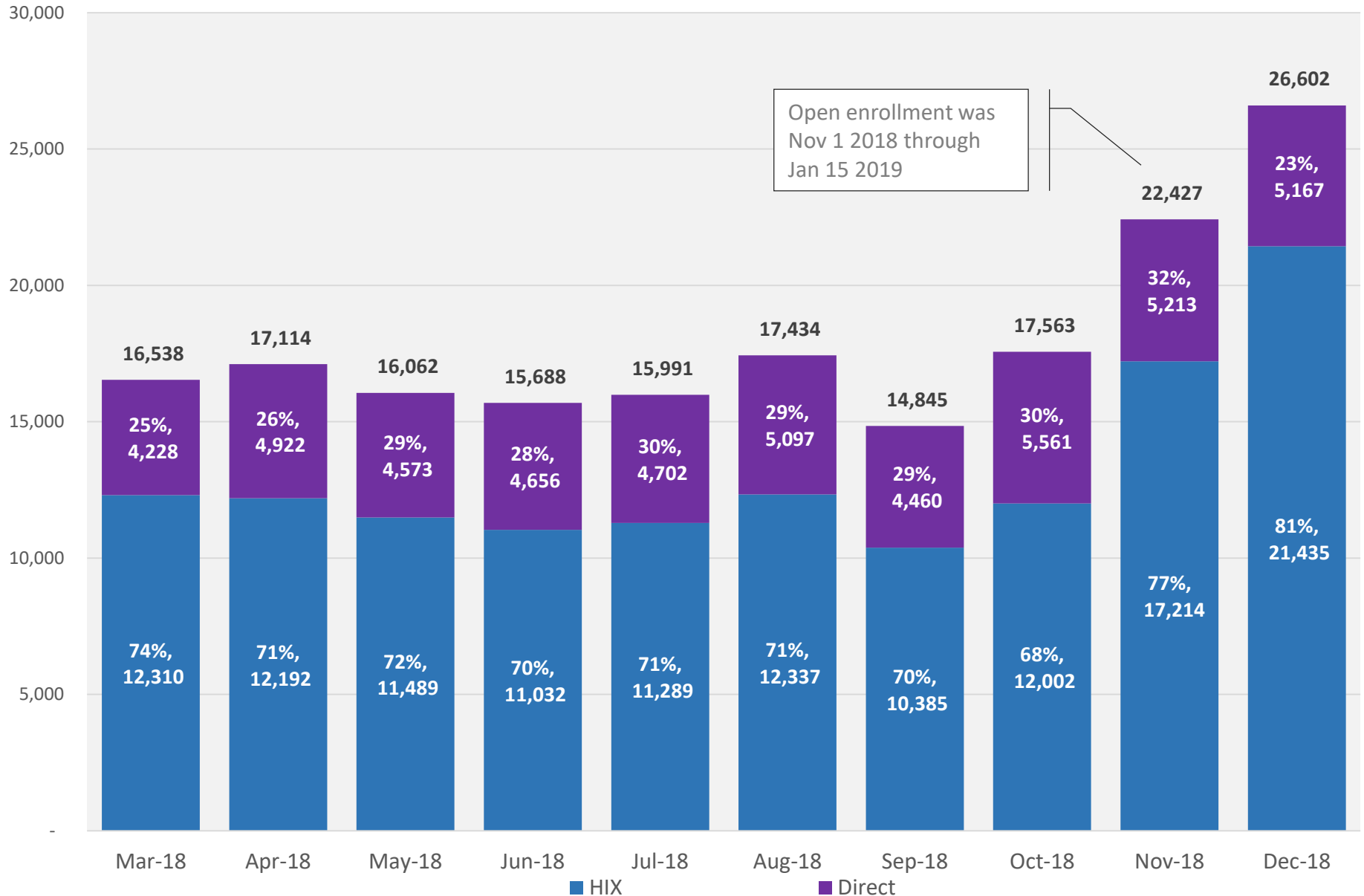
Notes:

- These are DSS medical enrollments; includes some small specialized State programs.
- The map shows the top 80 towns. These are towns with 2,000 or more recipients.



Applications

Medical Applications

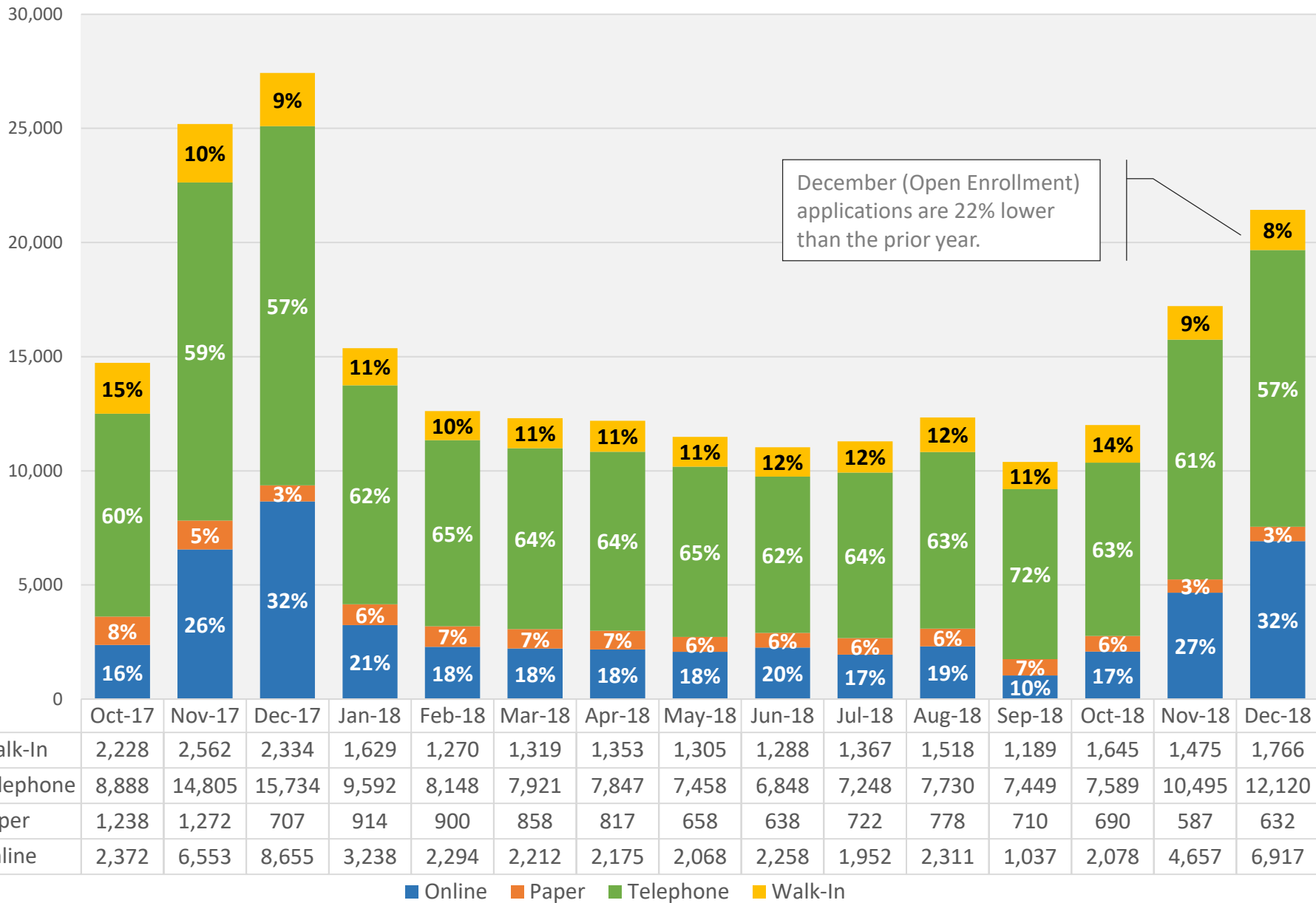


Notes:

- 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
- The total is CMS Performance Indicator # 5.a.

HIX Applications by Channel

Data Source: HIX



Notes:

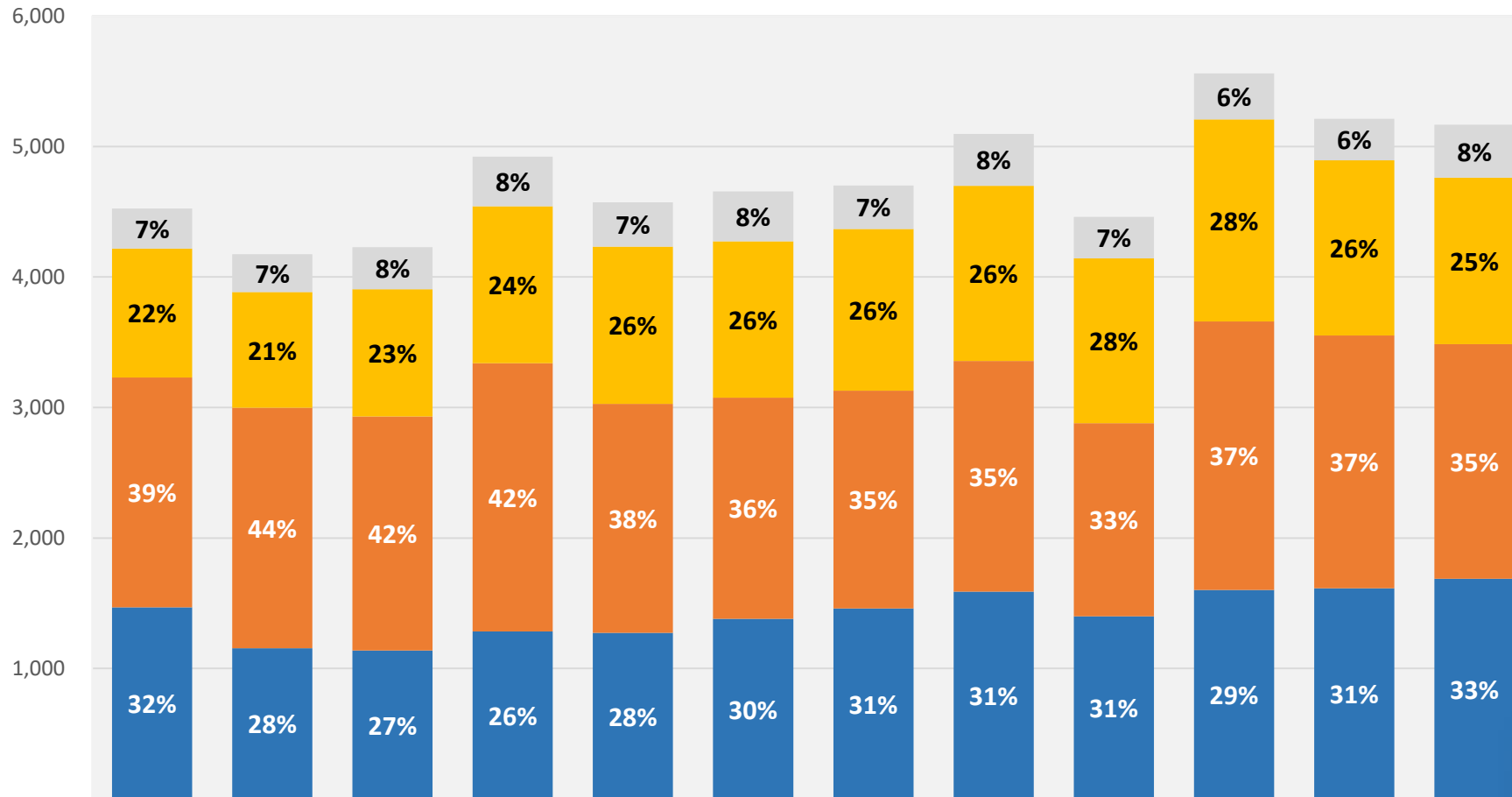
- This is the HIX component of the CMS #5 Performance Indicator. It is a count of the financial-assistance type applications, by channel, with a filing (application) date in the month and:

 - 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 10 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

Data Source: ImpACT



Notes:

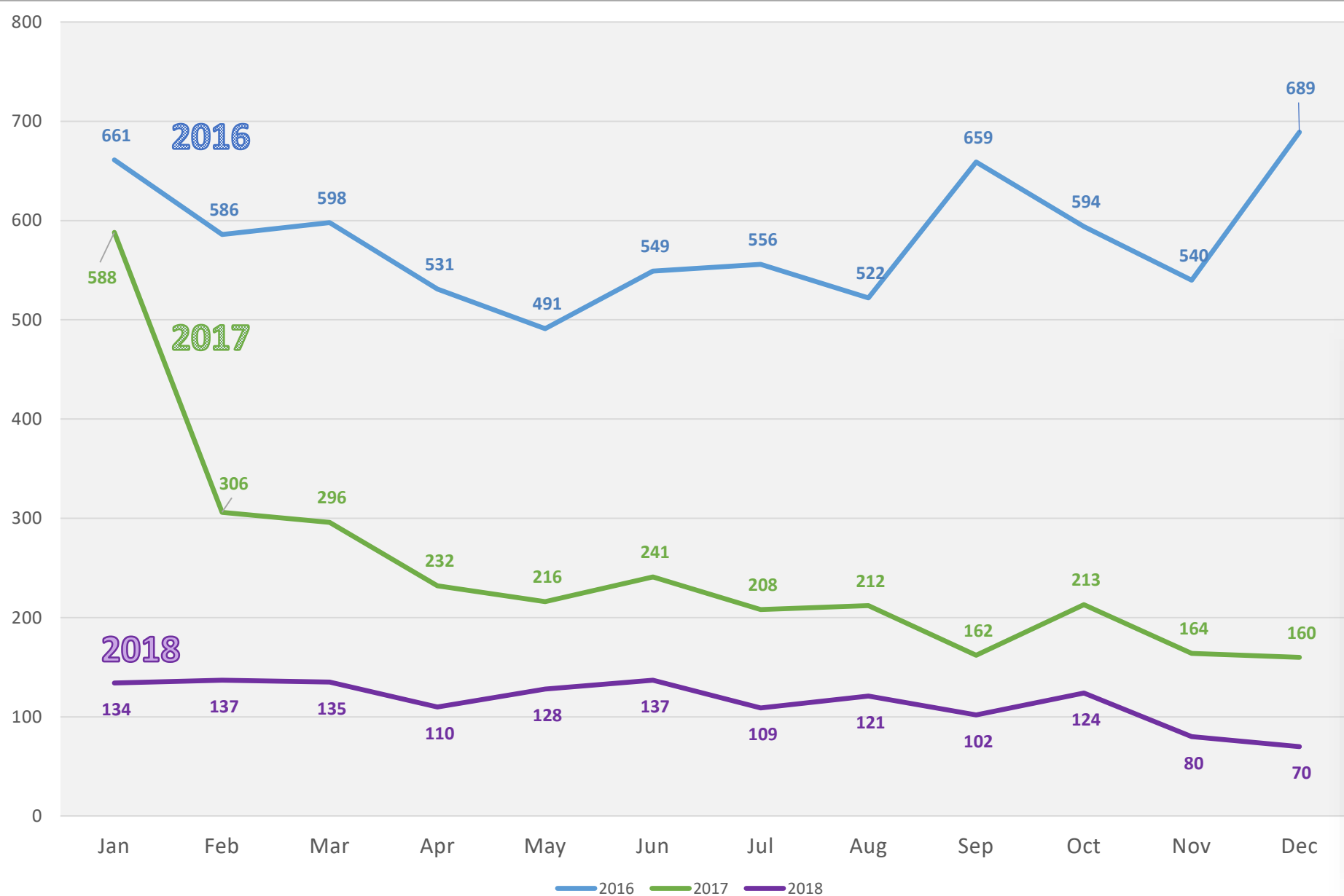
- This is the direct (i.e., non-HIX) component of the CMS #5 Performance Indicator. It is a count of the applications, by channel, with a filing (application) date in the month and:
 - Application status is in-process or determined (not inactive or canceled);
 - Application is not a change, renewal or in the renewal reconsideration period.
- The “Unknown” channel is related to “add a program” activity. This task type does not capture the channel

State of Connecticut Department of Social Services W-1E Application for Benefits. The form includes sections for 'What kind of help are you applying for?', 'What type of help are you applying for?', and 'Do you need a reasonable accommodation or extra help getting benefits because of a disability or impairment?'. It also contains personal information fields like name, address, and phone number.

	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Unknown	306	290	321	381	341	382	333	398	317	353	319	406
Walk-In	989	887	976	1,202	1,203	1,199	1,240	1,343	1,263	1,549	1,343	1,276
Telephone	-	-	-	-	-	-	-	-	-	-	-	-
Paper	1,759	1,842	1,792	2,054	1,756	1,695	1,668	1,766	1,479	2,057	1,936	1,797
Online	1,470	1,156	1,139	1,285	1,273	1,380	1,461	1,590	1,401	1,602	1,615	1,688



Year-over-Year Single Streamlined Paper Applications

Data Source: ScanOptics










Notes:


- Paper applications (AH2 & AH3) volume is low and getting lower.
 - Online and call center channels are preferred.
- Less than 10 forms per business day.
 - Typically processed the same day as they are received.

Connecticut's Health Insurance Marketplace * A H 3 - E 0 0 0 1 *

Application for Health Coverage and Cost Saving Programs

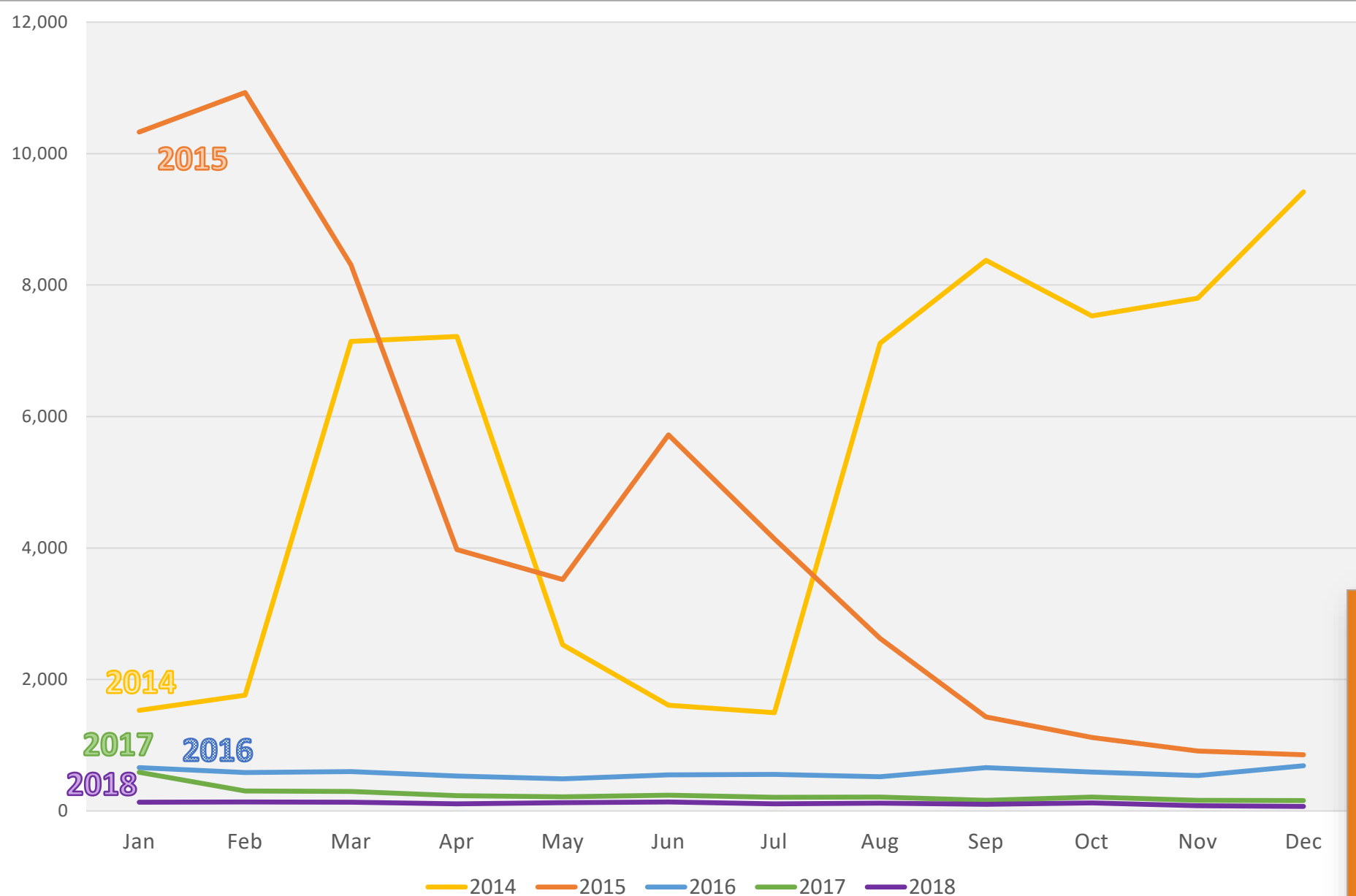
 Apply faster online	Apply faster online at accesshealthct.com
 Use this application to see what coverage you qualify for	<ul style="list-style-type: none"> Affordable private health care plans that offer comprehensive coverage to help you stay well. A new tax credit that can immediately help pay a portion of your premiums for health coverage. Free or low-cost health care programs from Medicaid or the Children's Health Insurance Program (CHIP). <p>You may qualify for a low-cost program even if you earn as much as \$95,400 a year (for a family of 4).</p>
 Who can use this application?	<ul style="list-style-type: none"> Use this application to apply for anyone in your family. Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage. Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen. If someone is helping you fill out this application, you may need to complete Appendix C.
 What you may need to apply	<ul style="list-style-type: none"> Social Security numbers (or document numbers for any legal immigrants who need insurance) Date of birth for all applicants Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements) Policy numbers for any current health care insurance Information about any employer-related health care insurance available to your family. Send your completed and signed application to the address on page 13.
 What happens next?	<ul style="list-style-type: none"> We'll follow up with you within 2 weeks by mail and you'll get instructions on the next steps to obtain health coverage. If you don't have all the information required, sign and submit your application anyway. If necessary, we will contact you by phone or mail to complete the application. If you don't hear from us and it's been 2 weeks, please call 1-855-805-4325. Filing out this application doesn't mean you have to buy health coverage.
 Why do we ask for this information?	<ul style="list-style-type: none"> We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. We'll keep all the information you provide private and secure, as required by law.
 Get free help with this application	<ul style="list-style-type: none"> Online: accesshealthct.com Phone: 1-855-805-4325. In person: There may be counselors certified by Access Health CT in your area who can help. Visit accesshealthct.com or call 1-855-805-4325 for more information. En Español: Llame a nuestro centro de ayuda gratis al 1-855-805-4325. For Telecommunications Device for the Deaf (TDD or TTY) please call 1-855-789-2428 <p>If someone is helping you fill out this application, you will need to complete Appendix C.</p>



Form AH3 revised 07/14/2014 Page 1 of 18

Year-over-Year Single Streamlined Paper Applications – 5 Year View

Data Source: ScanOptics



Notes:

- The Application processing profile of 2014 and 2015 has peaks due to Open Enrollment and the renewal transition of clients from EMS to HIX. The renewal moratoriums are possible causes for the application troughs.
- Once most clients were transitioned from EMS (completed around Q3 2015) the number of paper applications per month falls and continues to fall through 2018.
- 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

A H 3 - E 0 0 0 1

Apply faster online Apply faster online at asmhhealth.com

Use this application to see what coverage you qualify for

Who can use this application?

What you may need to apply

What happens next?

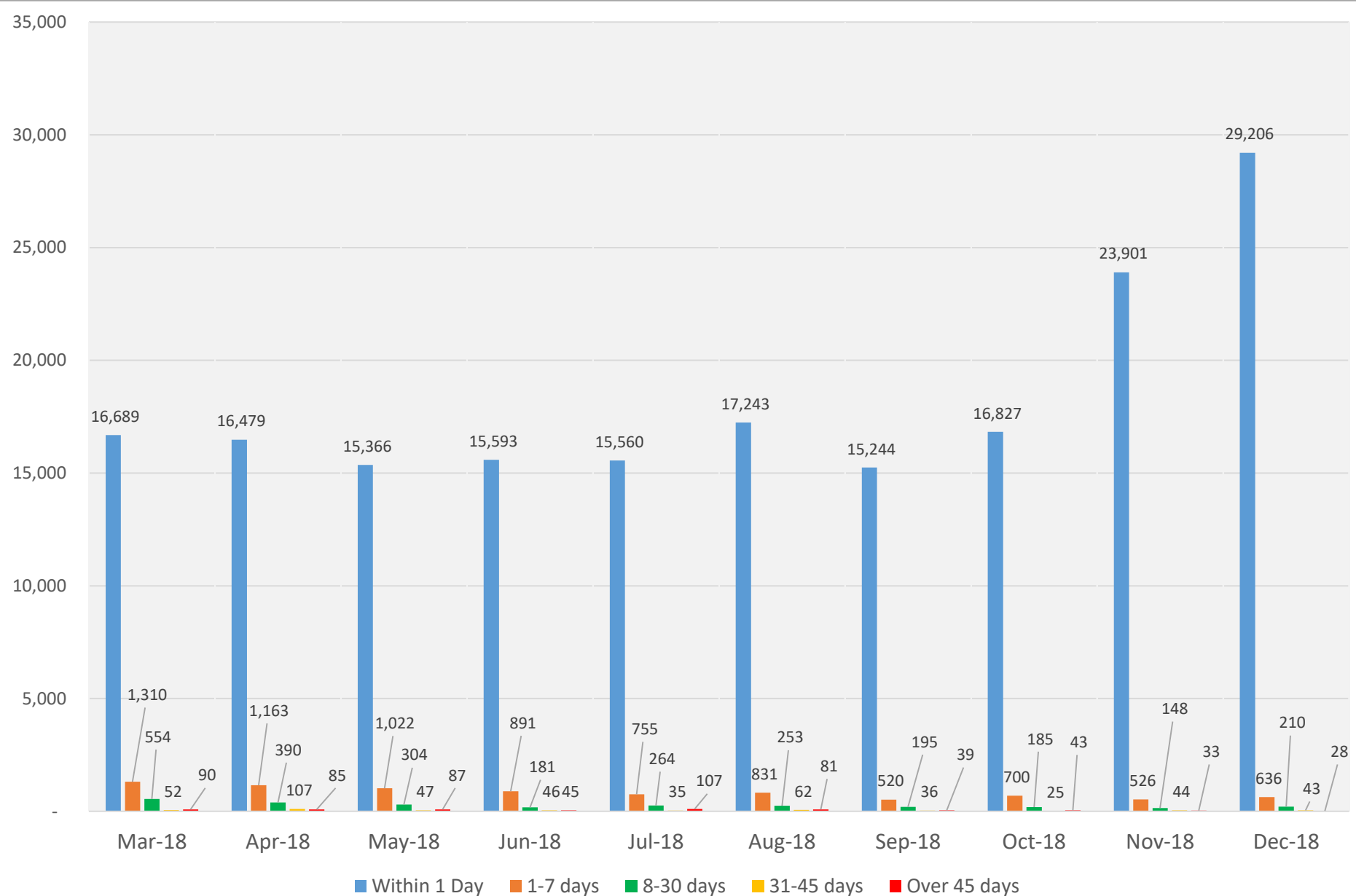
Why do we ask for this information?

Get free help with this application

Form AH3-revised 07/2014

MAGI Application Timeliness by Individual

Data Source: HIX



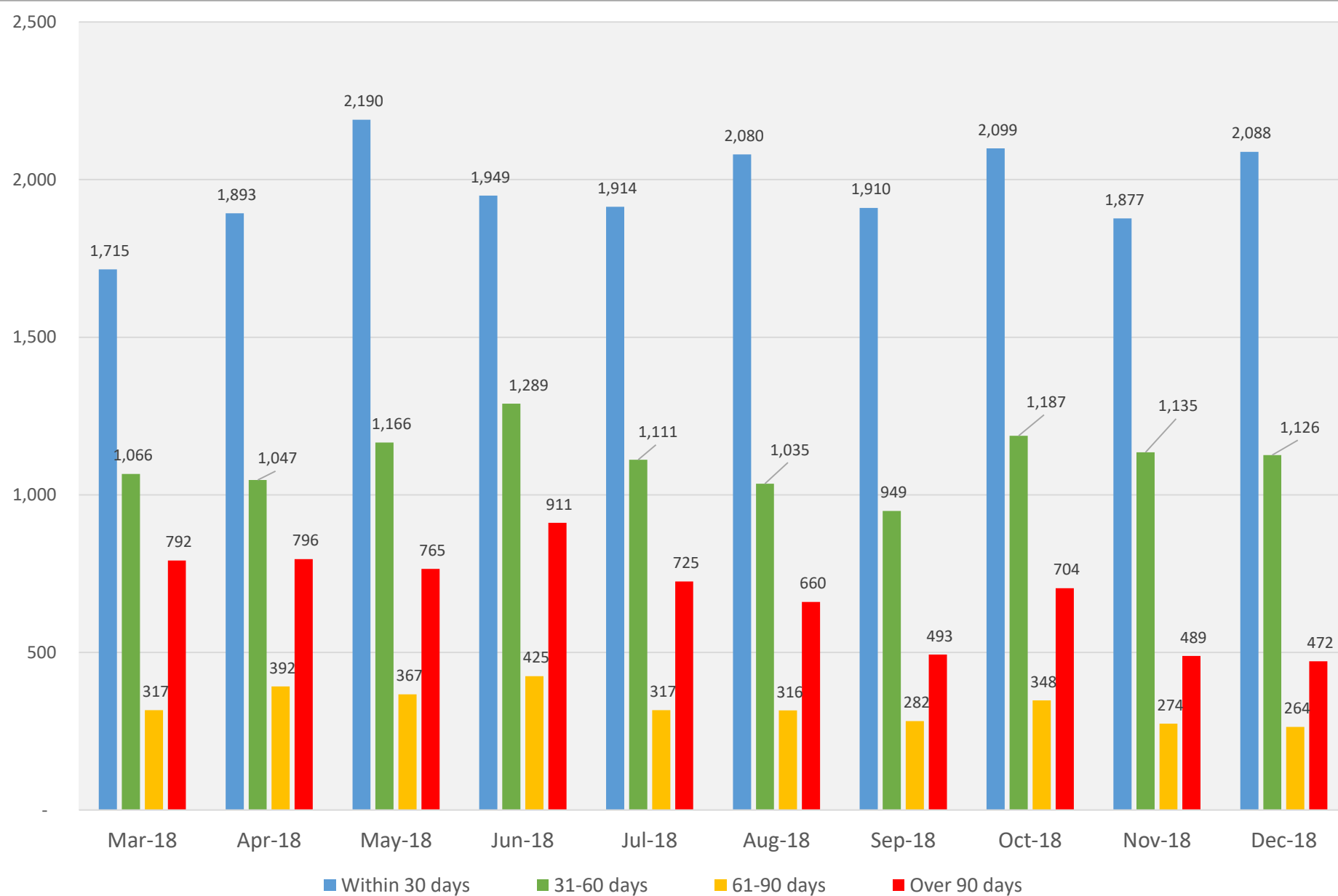
Notes:

- This is the CMS performance indicator #12 for the MAGI population.
- The median processing time is zero (0) days.
- Note that this CMS performance indicator 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). The Department conducted a review to understand the scenarios that are causing these exceptions and is refining process guidance, etc.

- This data is sourced from the HIX system.
- A very small number of MAGI applications are processed directly by ImpaCT, but these would not be enough to materially change the results.

Non-MAGI Application Timeliness by Individual

Data Source: ImpaCT



Notes:

- This is the CMS performance indicator #12 for the non-MAGI population.
- The standard of promptness for long term care is 90 days.
- The median processing time is 31 days.

- This data is sourced from the ImpaCT system.
- The results are primarily for HUSKY C and MSP applicants. However, it also includes DCF applications, refugee applications and a very small number of direct MAGI applications.

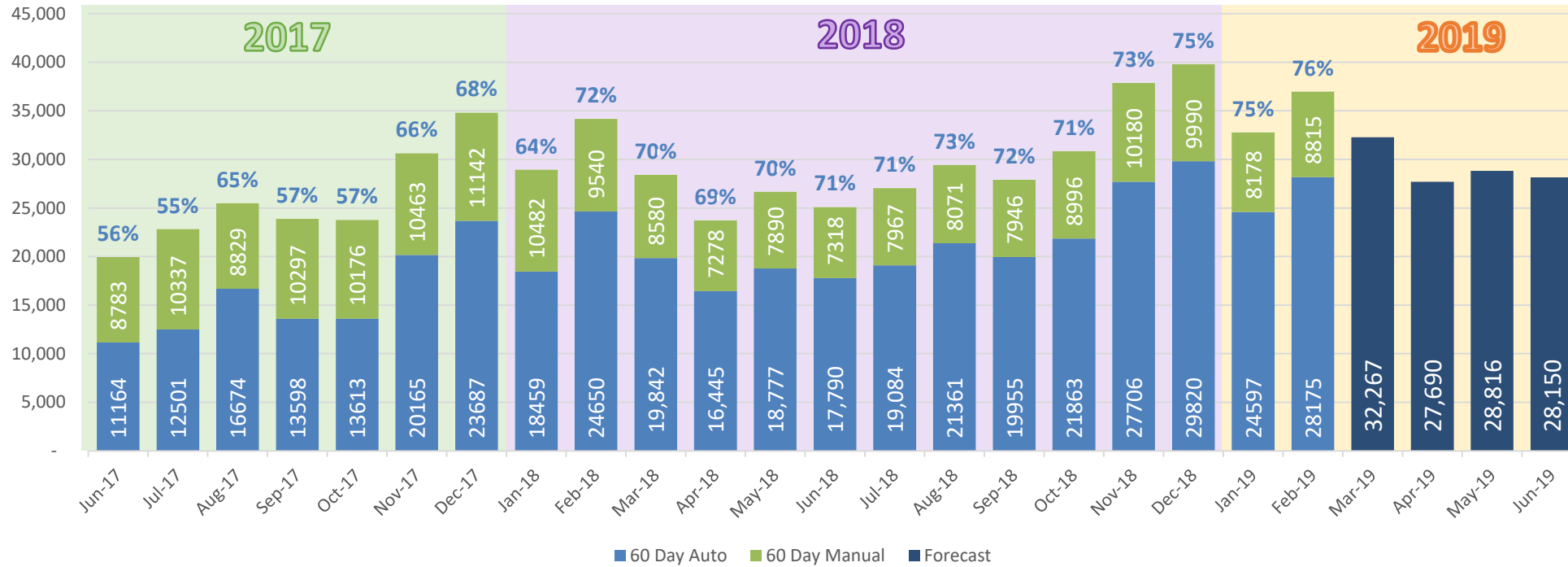


Renewals

MAGI-Based Renewals

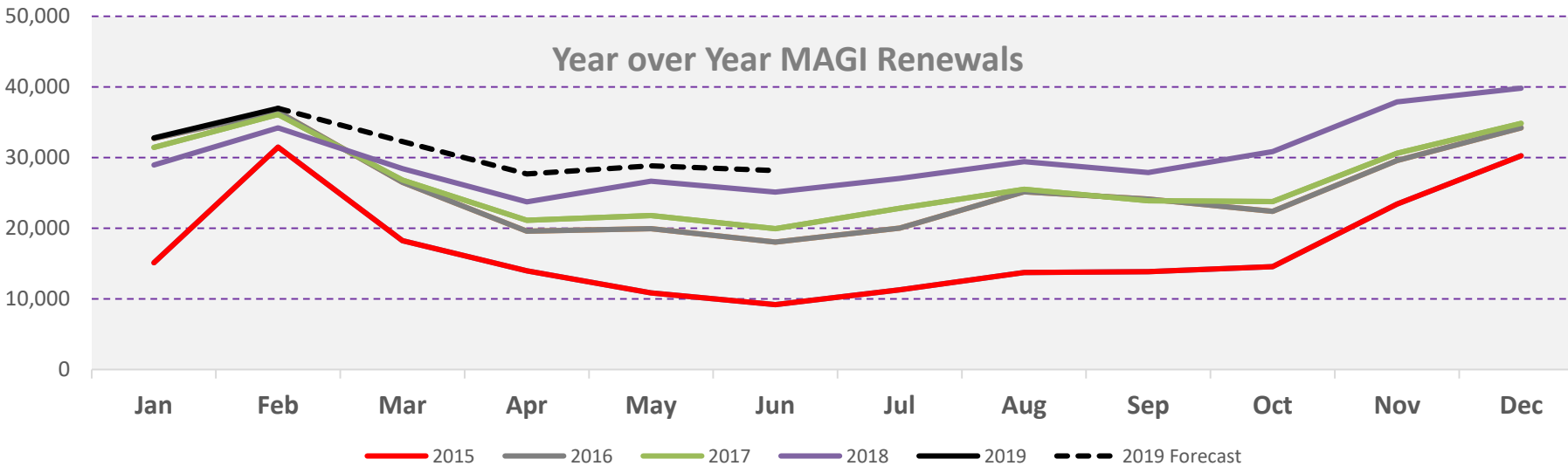
Data Source: HIX

HUSKY A, B & D Renewals - Historical and Forecast

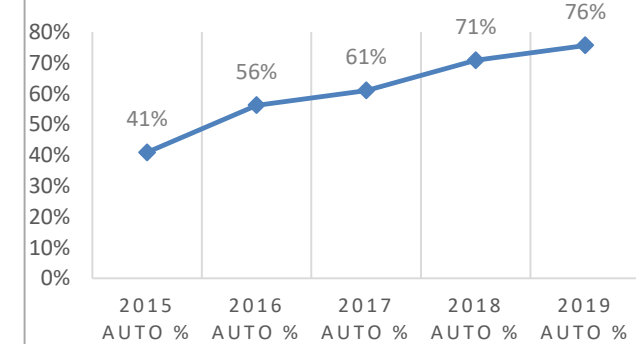


Notes:

- Currently the auto-renewal rate is running around **70%**
- Each month approximately **7%** of the auto-renewal will report changes to the Department.
- Each month approximately **15%** of the renewals are manual and non-responsive by the 15th of the month.



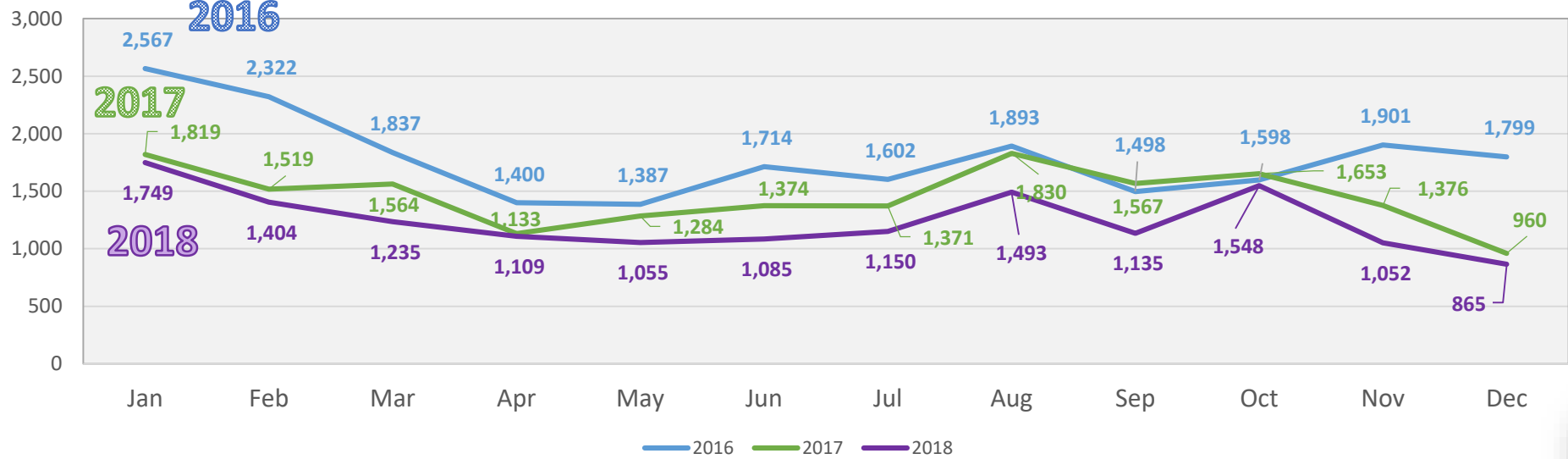
AVERAGE ANNUAL AUTO RENEWAL RATE



Year-over-Year MAGI-Based Paper Renewals (AH3-R)

Data Source: HIX

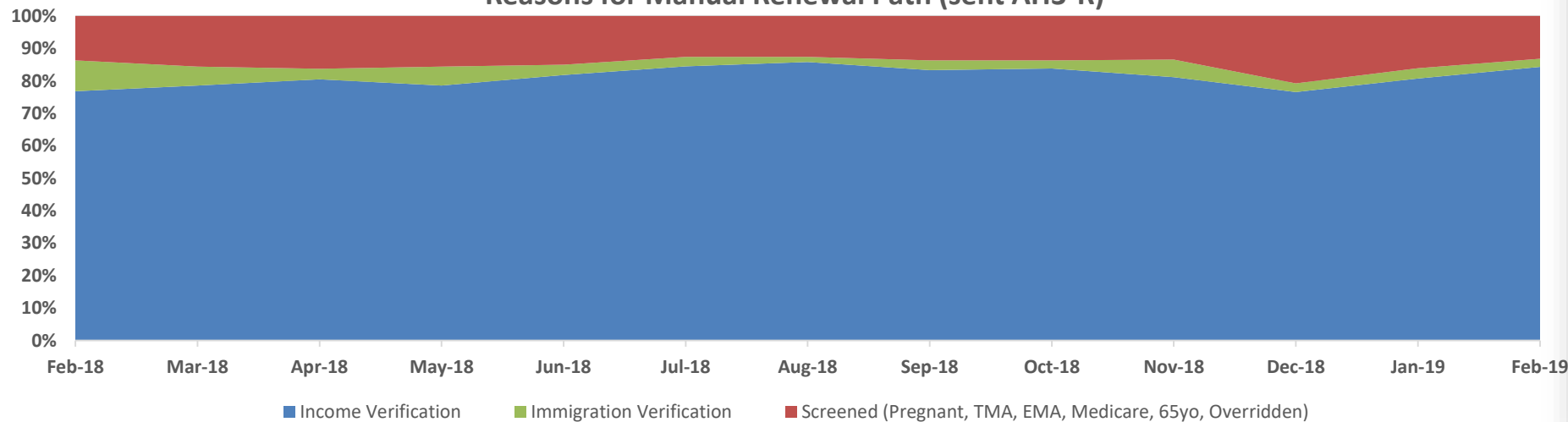
Year-over-Year Paper AH3-R Forms



Notes:

- The AH3-R paper renewal forms are pre-filled and are easy to edit, sign and return.
- Paper renewal volumes are relatively low, but are much greater than the paper applications (AH2 or AH3), e.g. 15 times greater.
 - Typically achieve same day turnaround for processing.

Reasons for Manual Renewal Path (sent AH3-R)



HUSKY Health (Medicaid and CHIP)
<BARCODE>

Renewal Form

Do not use this form if you are not <FNLNS of the Head of Household>

<FNLNS of the Head of Household>

<Street Address>

<City, State Zip>

Person ID: <45 day deadline date>

<MRI ID>

Client ID: <EMS ID>

It is time to renew your HUSKY Health (HUSKY A, B or D) coverage.

You can renew your HUSKY Health (Medicaid & CHIP) in any one of these ways

- **Renewing online is faster!** Go to www.accesshealthct.com, sign-in and then click on the Report a Change/Renew Coverage link.
- **By phone:** Just call 1-855-805-4325 (TTY: 1-855-789-2428). The call is free.
- **By mail:** Complete this form and mail it to:
Access Health CT / DSS
PO Box 4870
Manchester, CT 06045-0870
- **In person:** Visit www.ct.gov/dss for a listing of all DSS Regional Office locations and directions. Or call 1-866-6 CONNECT (1-866-626-6632) for the location that is best for you. Office hours are 8:00 am – 4:30 pm, Monday through Friday.

How to complete this renewal form	1. Review all of the questions on the form.
	2. Read the information about you and each member of your household. Add any missing information. If any information has changed, write in the correct information.
	3. Sign the form in Section 9.
	4. Return this form by <45 day deadline date> . If you do not return the form by this deadline, you will lose your HUSKY Health coverage.

What we need	We need information about each person living in your household or listed on your tax return, including:
	<ul style="list-style-type: none"> • those who get HUSKY Health now, • those who do not get HUSKY Health now but would like to apply, and • others who live in the household and do not get HUSKY Health but do not want to apply.
	We will check your answers using information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration, the Department of Homeland Security and others. If the information does not match, we may ask you to send more information.

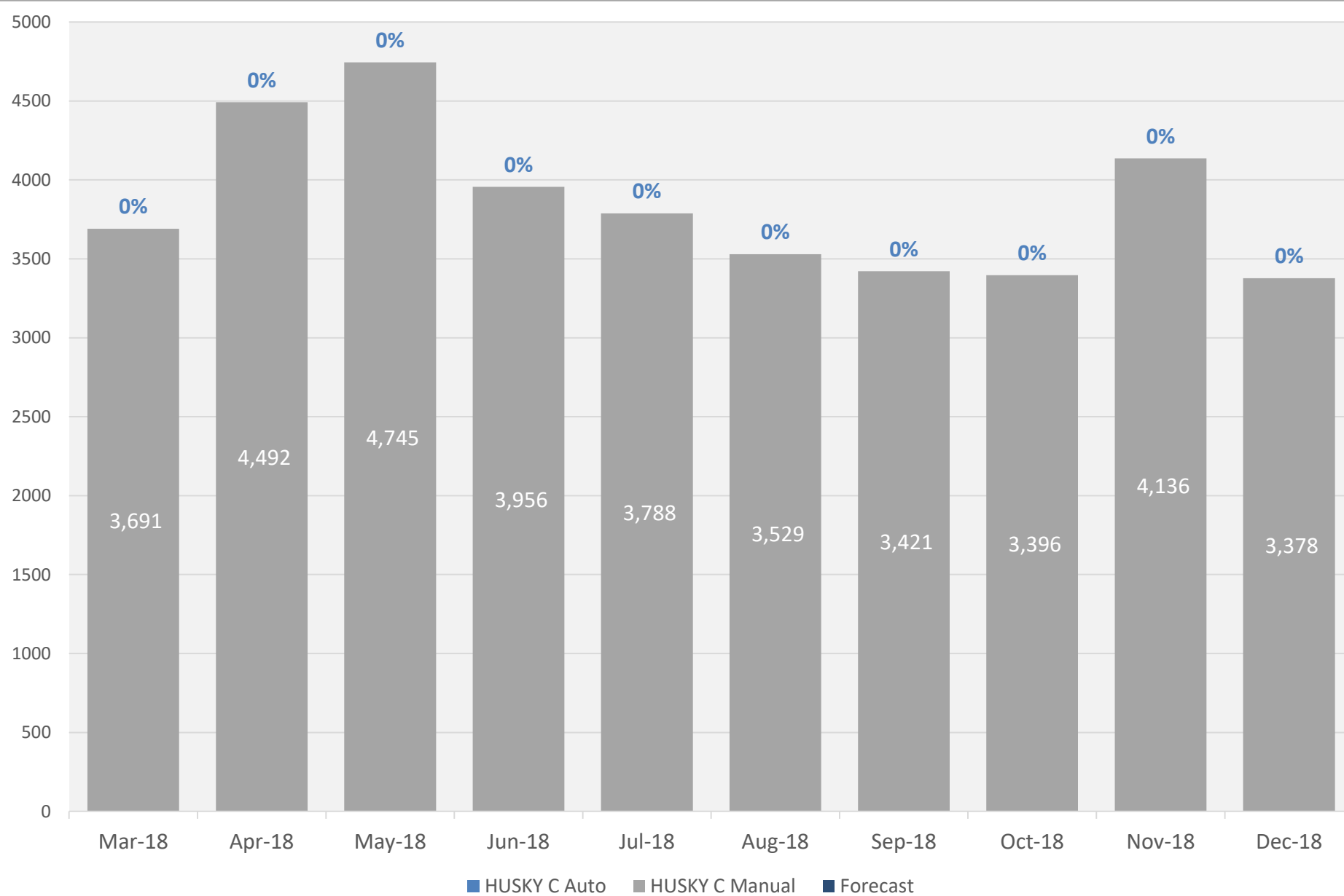
If you do not qualify for HUSKY Health (Medicaid & CHIP)	If you do not qualify for HUSKY Health, Access Health CT will check to see if you qualify for other kinds of health coverage.

If you have questions about your renewal Call Access Health CT at 1-855-805-4325. The call is free. TTY: 1-855-789-2428. Or visit www.accesshealthct.com.

AH3-R
Form AH3-R revised 07/14/2014

HUSKY C Renewals

Data Source: ImpaCT

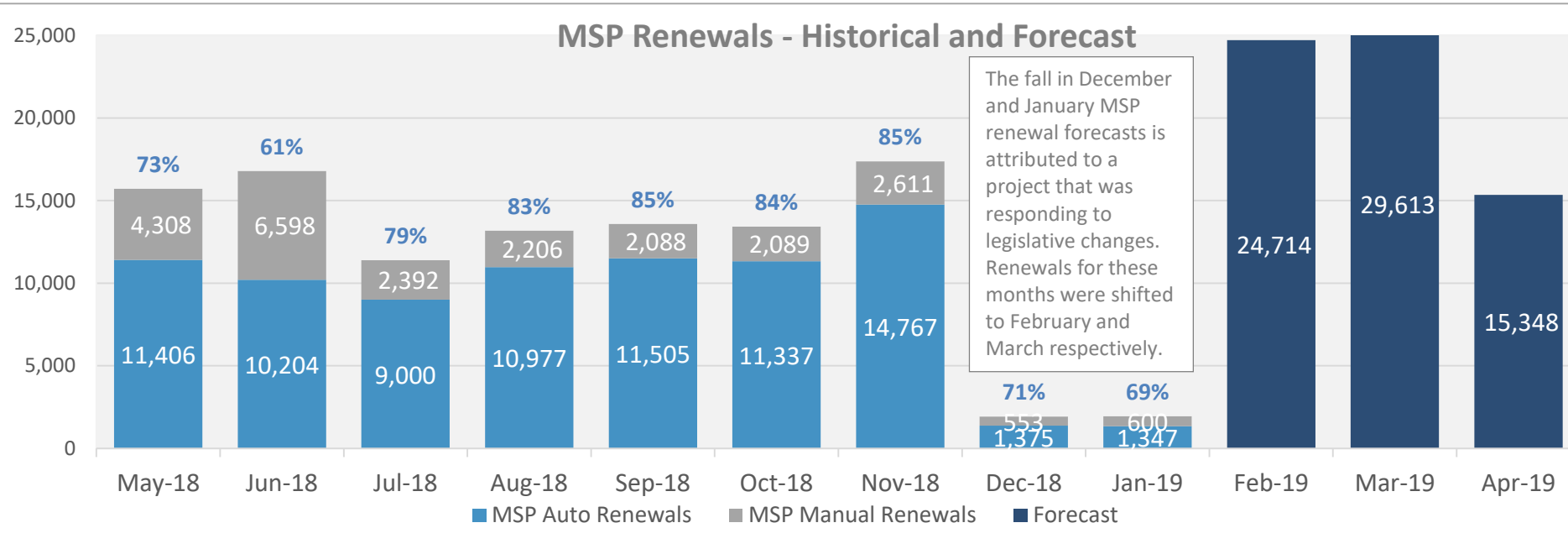


Notes:

- Currently, HUSKY C does not have an auto-renewal process, similar to the other HUSKY programs and MSP.
- This shows the number of HUSKY C households who are sent a manual form. There are no auto-renewals.

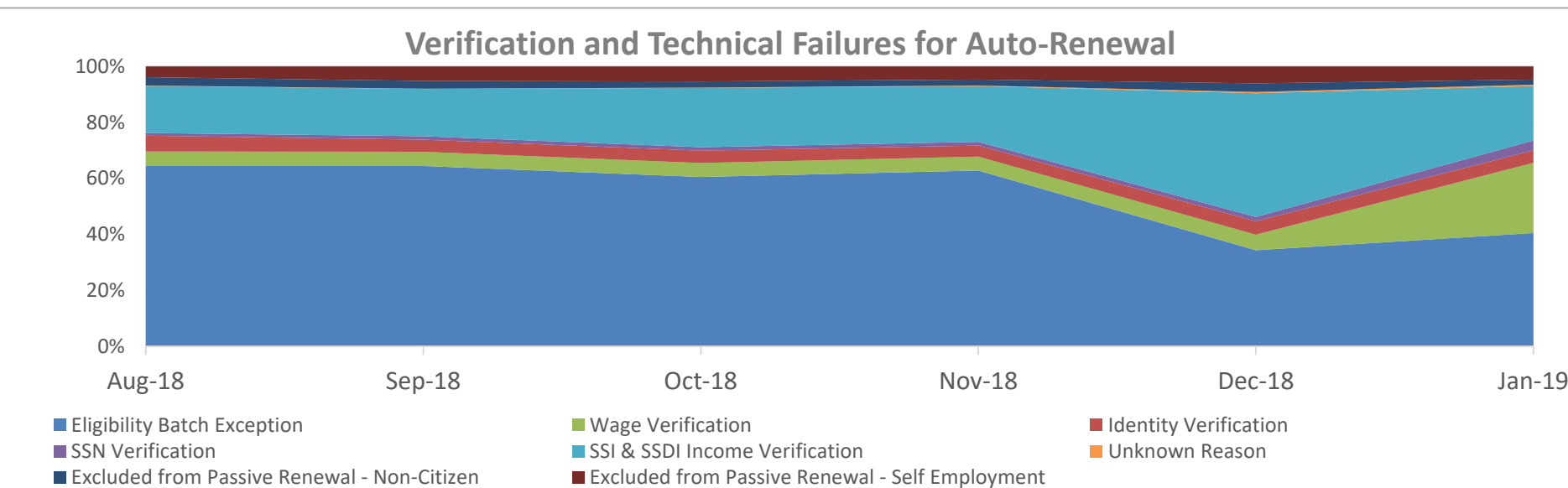
Medicare Savings Plan (MSP) Renewals

Data Source: ImpaCT



Notes:

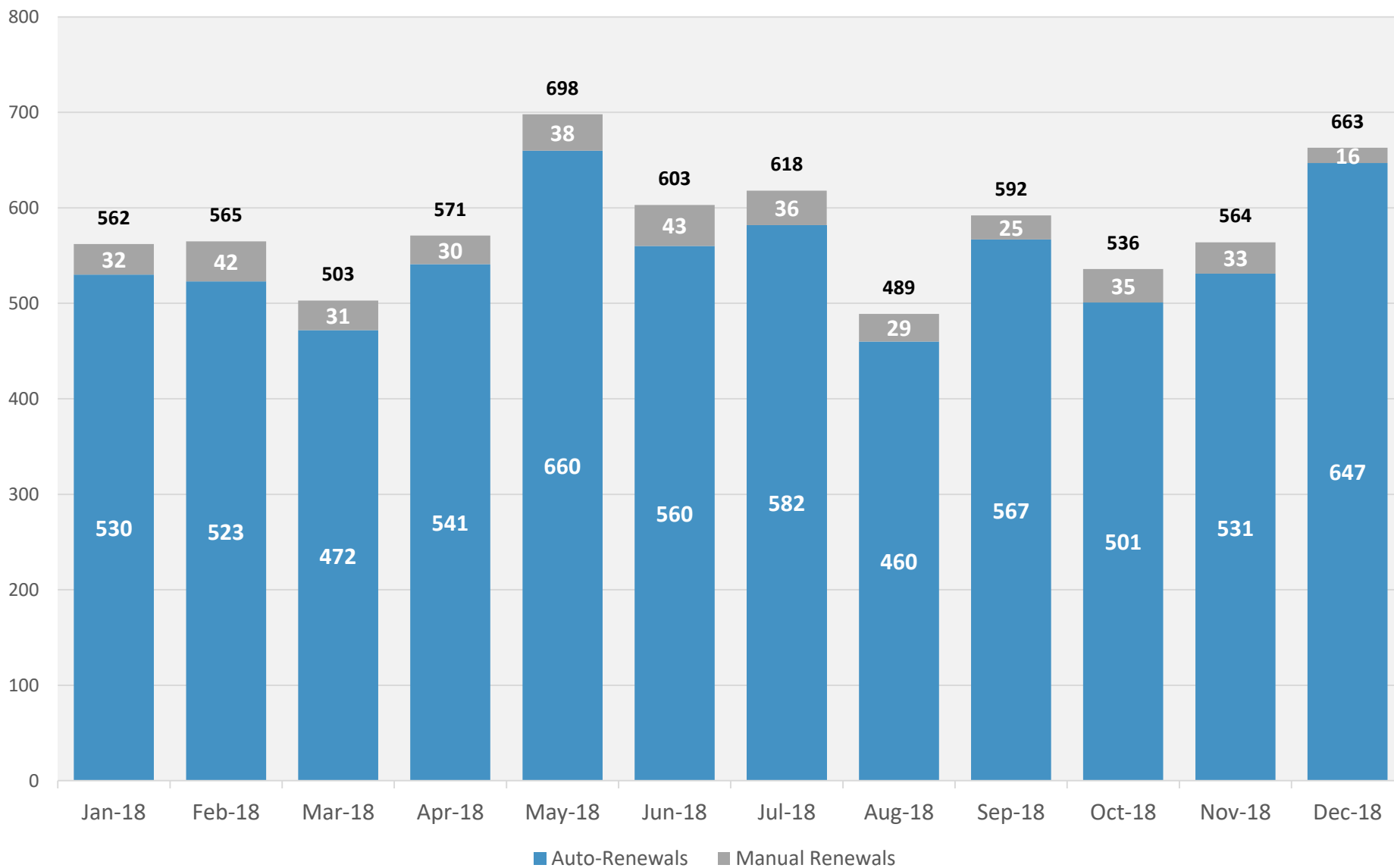
- The MSP auto-renewals work a little differently from the MAGI auto renewals:
 - A single notice sent 40-days in advance. The notice includes a renewal form (MAGI does a determination 60 days in advance and sends a basis of eligibility and then later sends the finalization ~12 days before).
 - Income sources are updated and if greater than coverage threshold, it is considered a denial.
- The MSP process:
 - Anyone with self-employment has to do a manual renewal.
 - There is no interface with the IRS as an income source.



DCF (D-Track) Renewals

Data Source: HIX

D-Track Renewals - Successful and Total



Notes:

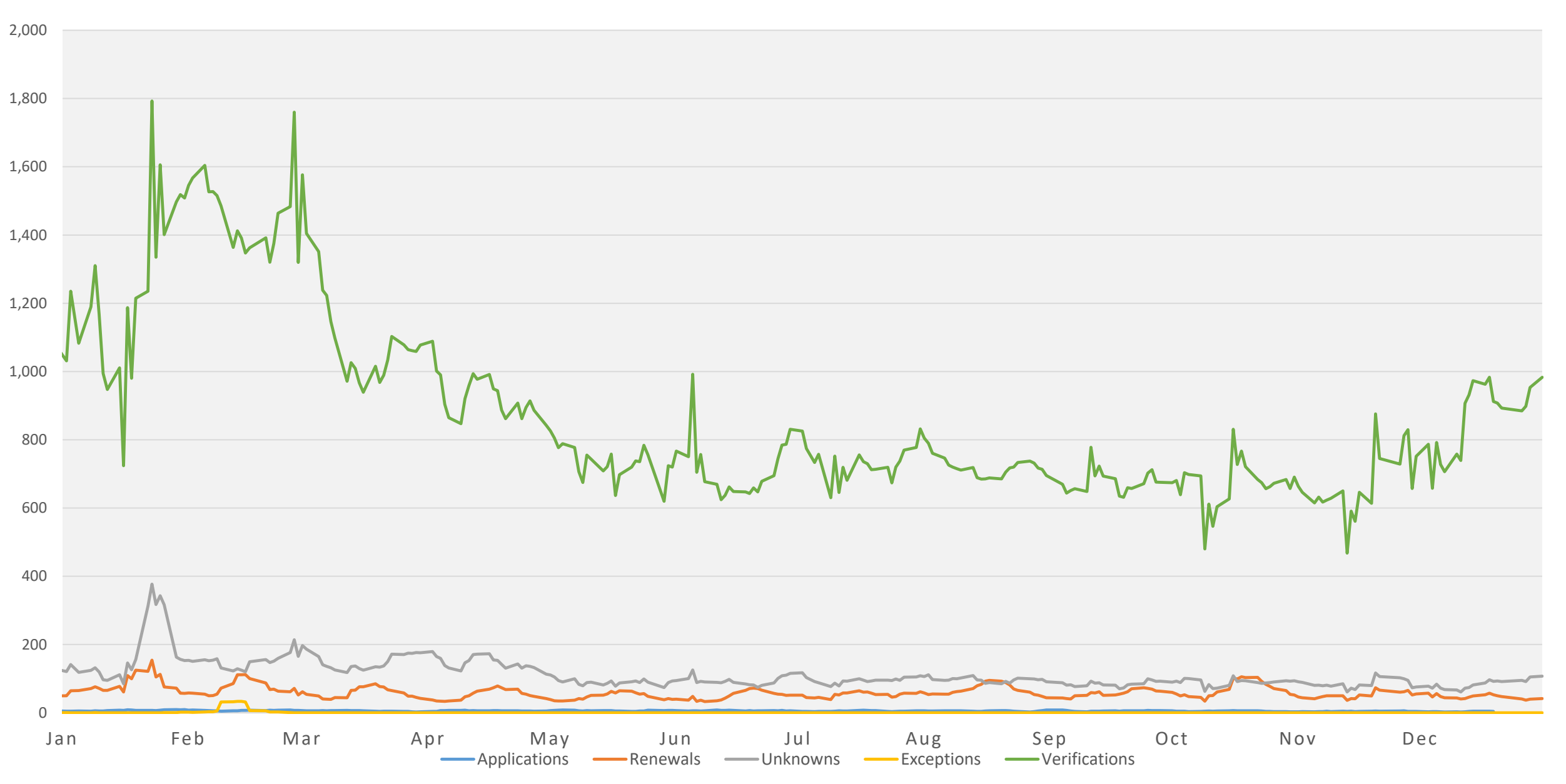
- The DCF Medicaid coverage groups (D01, D03 and D04) are renewed using a simplified auto-renewal process.
- The renewed clients have 12 months of benefits created and are sent a notification accordingly.
- One exception is for the D04 children who have an Authorized Representative; these are not auto-renewed and are sent application forms.
- Note that enrollees in the State-funded DCF programs (D02 and D05) are also sent traditional renewal forms.



Other HIX-based Paper Processing

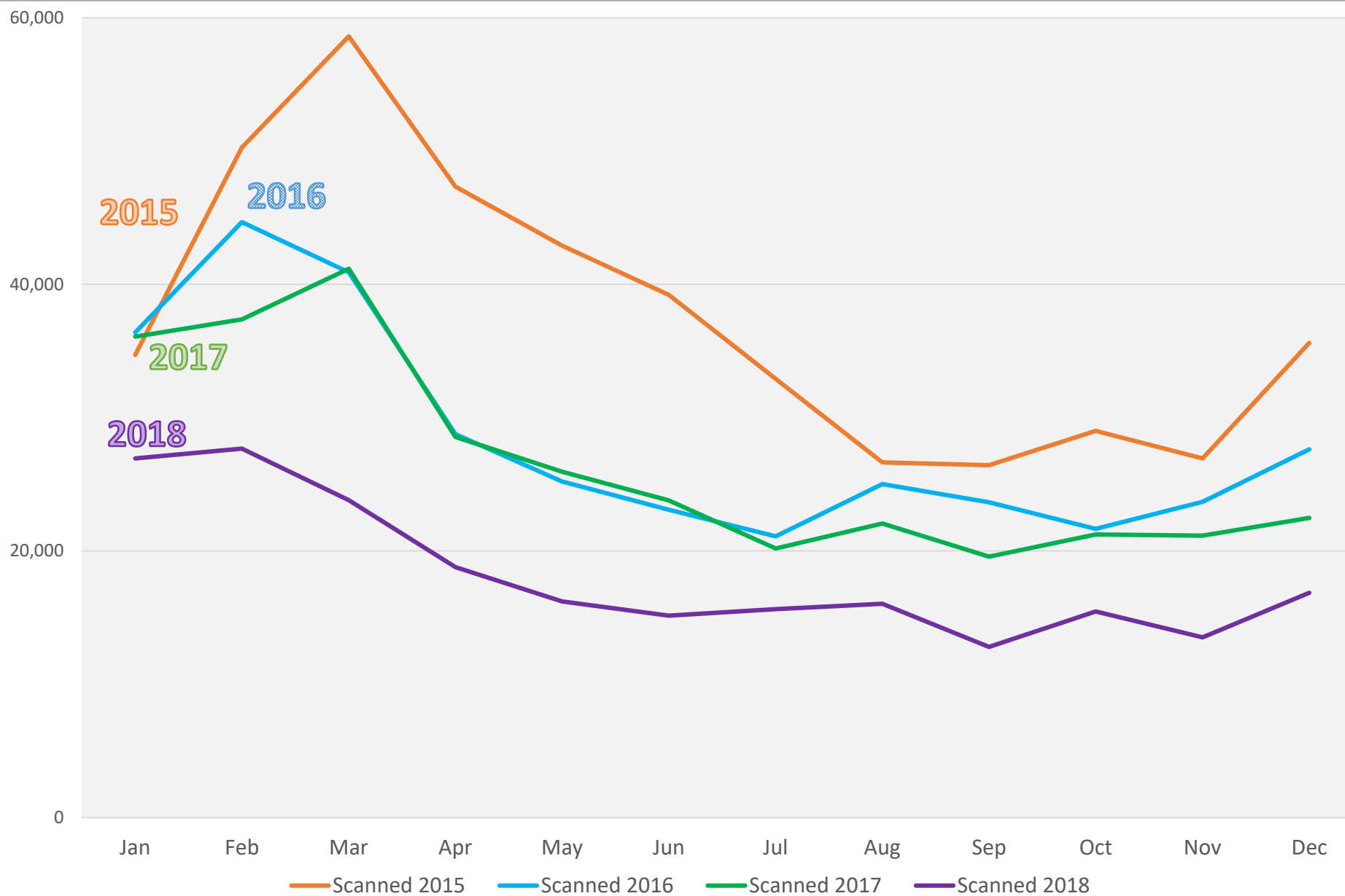
HIX HUSKY A, B & D Scanned Documents

Data Source: ScanOptics



Year-over-Year Scanned HIX HUSKY A, B and D Verification Documents

Data Source: ScanOptics

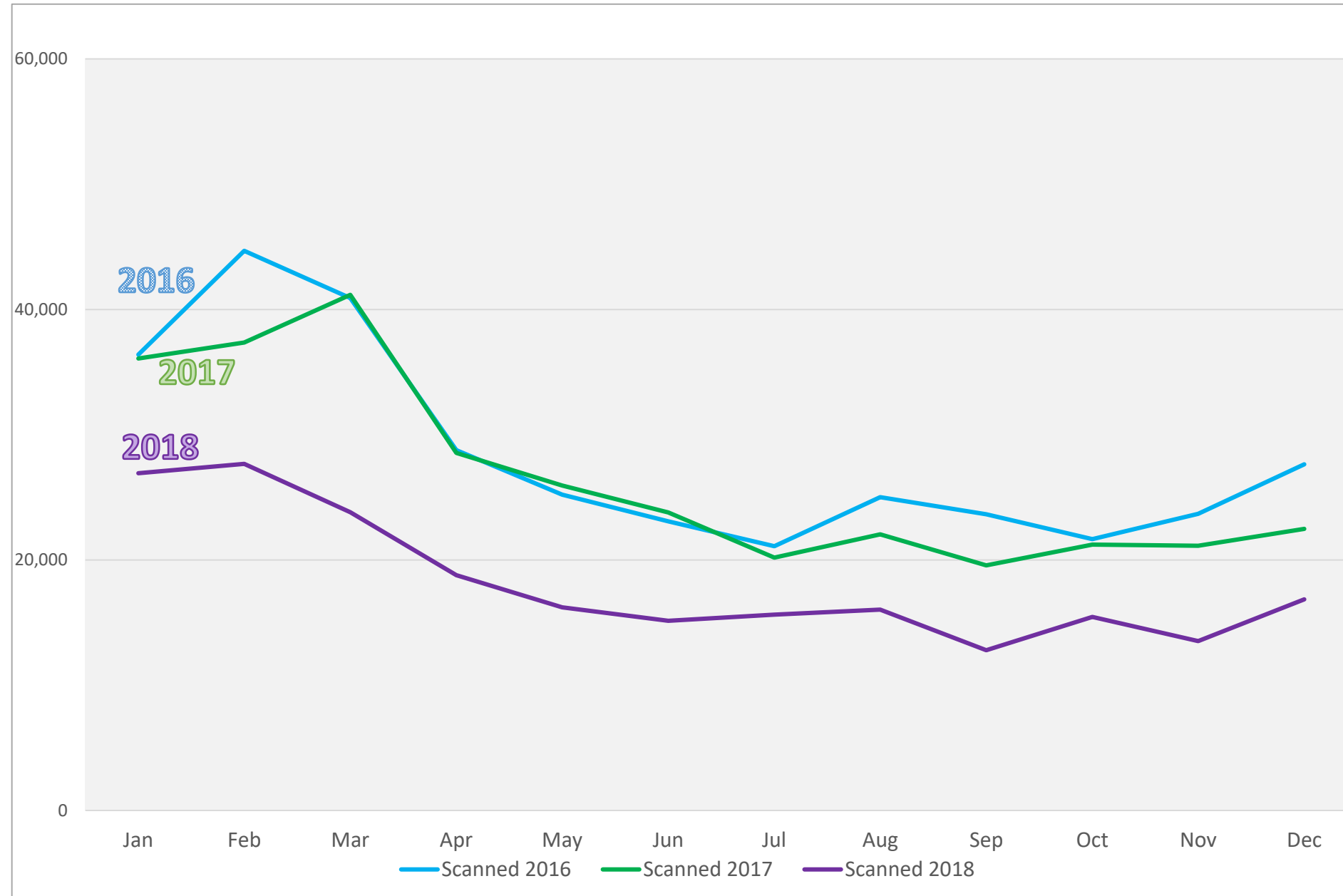


Notes:

- The 2015 volume is significantly higher than other years
- The 2015 spike in volume was primarily due to an increase in application processing (transitioning non-MAGI recipients to MAGI) in conjunction with some system issues (MIA, etc.). The increased workload was likely compounded by recipients resending the same verifications as they received multiple reminder notices, etc.

Year-over-Year Scanned HIX HUSKY A, B and D Verification Documents

Data Source: ScanOptics



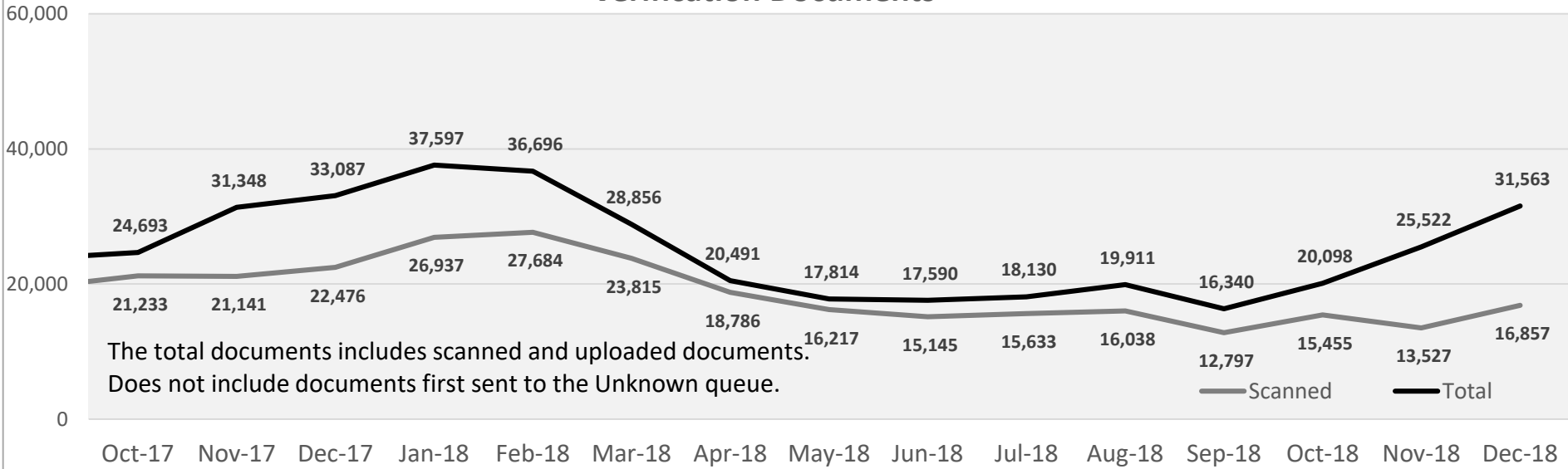
Notes:

- Whereas 2016 and 2017 were (reasonably) aligned, 2018 volumes are significantly lower (~45%).
- Each year can have its own “one-off” events that can disguise broader trends. Such events include:
 - Changes in the start and end dates for Open Enrollment.
 - One-time changes in FPL thresholds. If these result in TMA then the full impact can be 12 months later.
- 2018-Consideration:** It is possible that more successful electronic verifications cause an increase in auto-renewals (shown on other charts), therefore a reduction in manual verifications (shown on this chart), and that would result in an increase in enrollment (shown on other charts) as there would be less monthly client “churn”.
 - The exact correlation and root-cause of the trends are under review.
 - From an operational perspective we should rework staffing plans against this now 7-month trend.

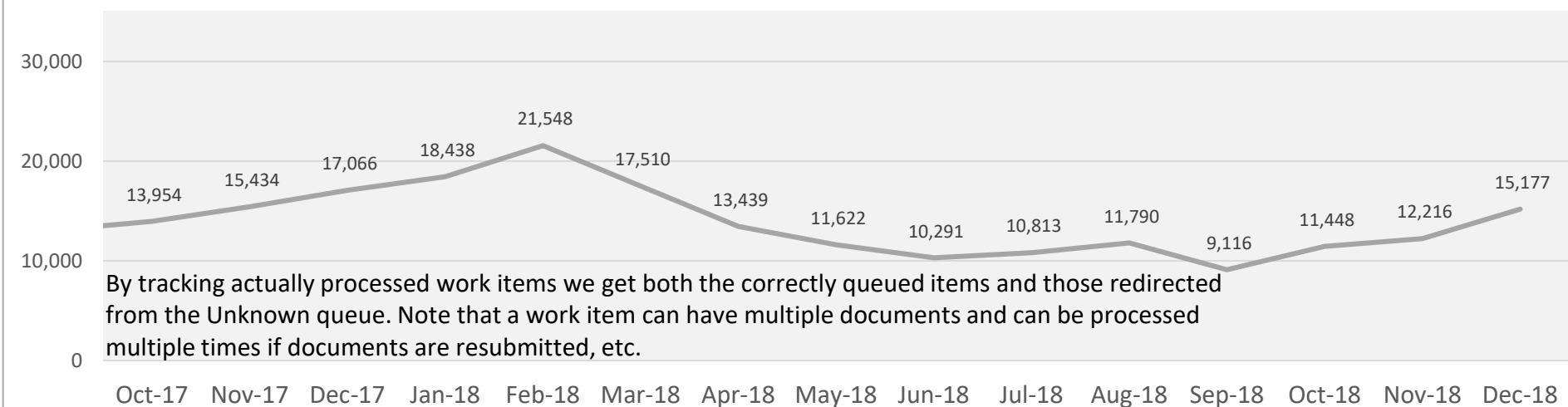
HIX HUSKY A, B and D Verification Trends

Data Source: HIX

Verification Documents



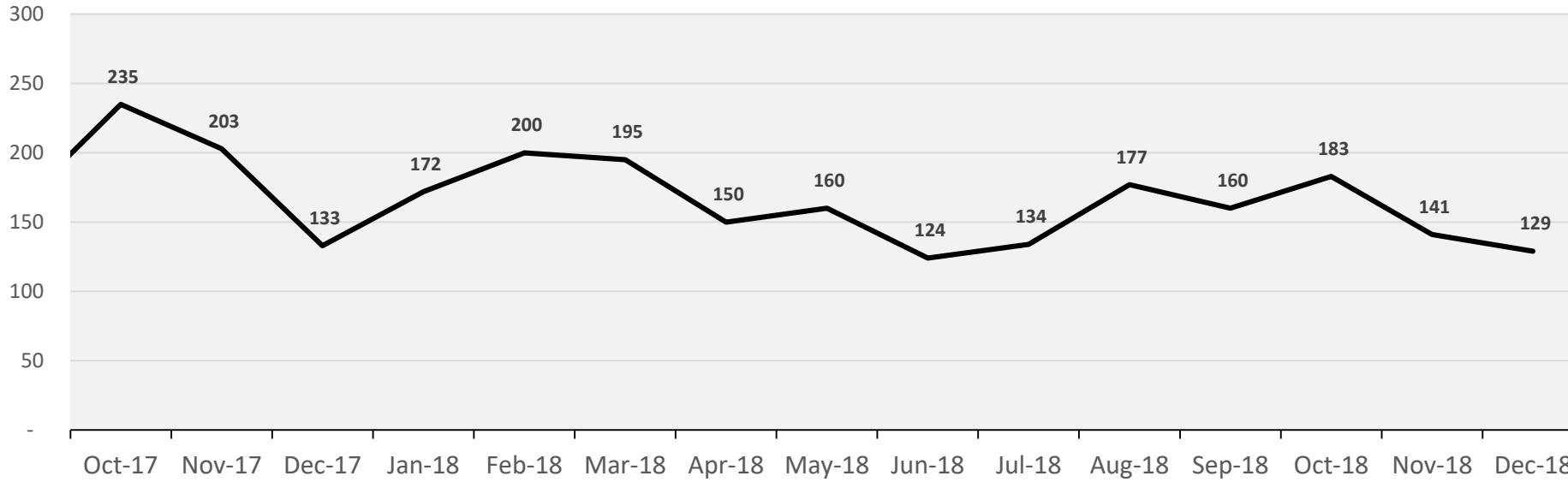
Verification Work Items Processed



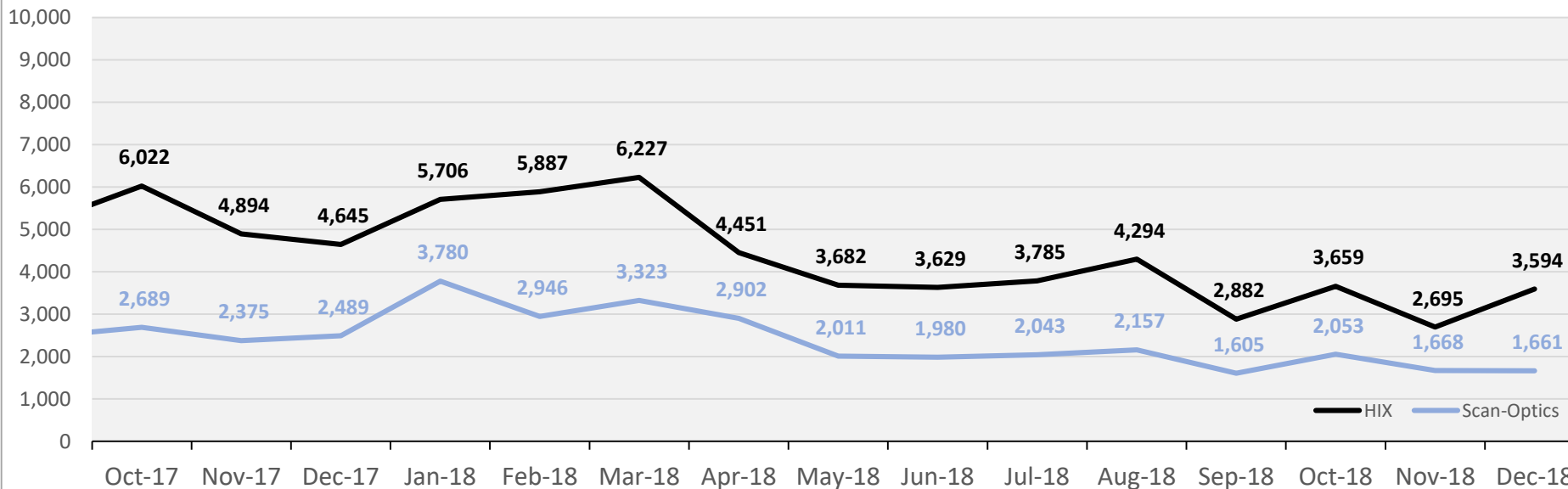
Notes:

- The first graph effectively shows relative changes in work over time as opposed to absolute counts (since missing the redirected Unknown documents).
- The bottom graph shows the verification work items that were processed.
 - Scanned and uploaded documents are attached to verification work items created by eligibility determination. The work items are “reused” when documents have to be resubmitted, etc. Verification documents that are sent to the Unknown queue (no cover sheet) get a new and different work item and it remains distinct.

Missing Information & Signatures



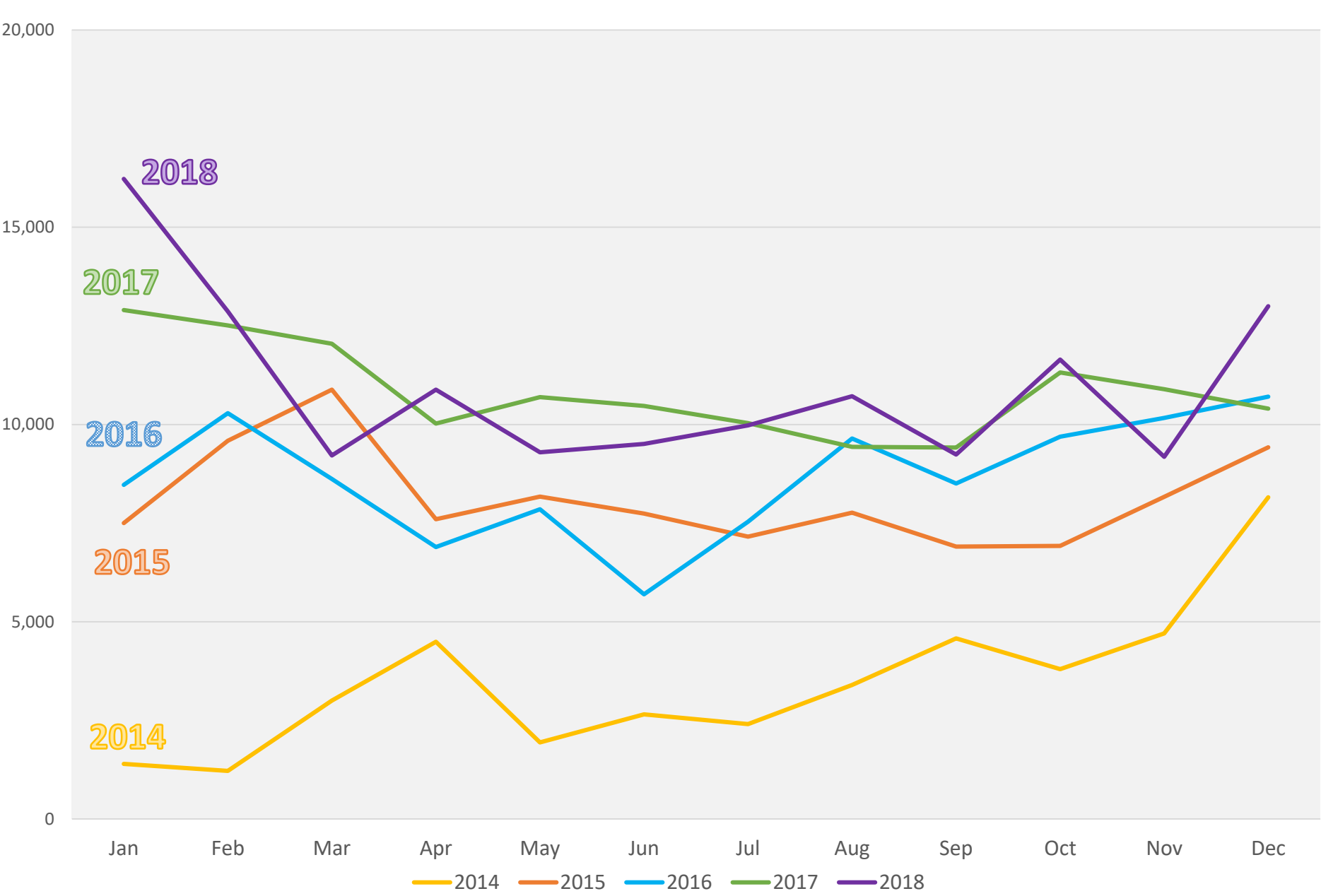
Unknown Items



Notes:

- The Missing Information queue is tracked using work items in HIX, but they equate to a single document.
- The Missing Information queue has low volumes but there maybe opportunities for reducing the volumes still further, e.g., encourage clients to call the call center. Note also that much of the missing information queue consists of missing renewal form signatures.
- The Unknown Items shows the two different definitions; scanned unknowns vs total unknowns.
- The scanned unknowns are documents sent without a cover sheet and are primarily verification documents. There are a low volume of genuinely unexpected documents also, e.g., ad-hoc letters.
- The HIX count includes the scanned documents and also notices that don't have a dedicated queue, e.g., incorrectly mailed appeal forms, end-of-life 1304 forms.

HIX Returned Post Office (RPO) Mail



Notes:

- This is mail sent from the HIX system and returned by the post office. It is collected by ScanOptics.

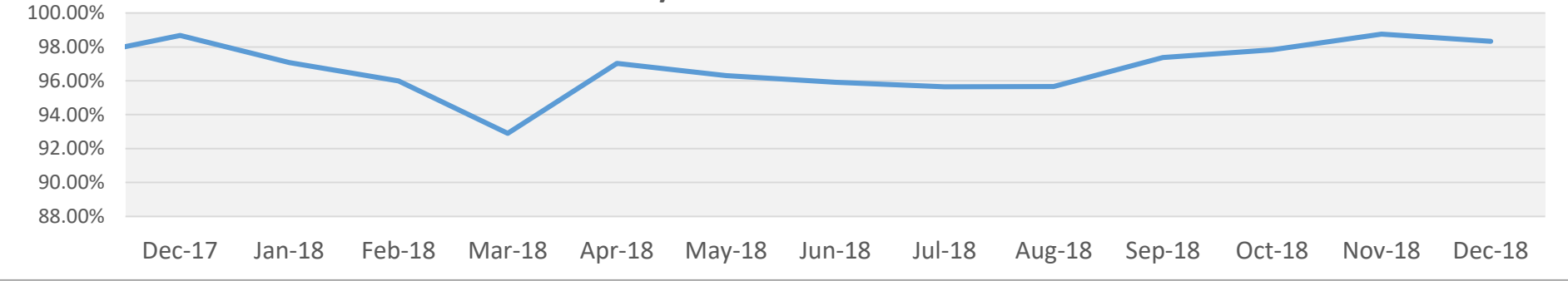


HIX Paper-Processing Quality Assurance Details

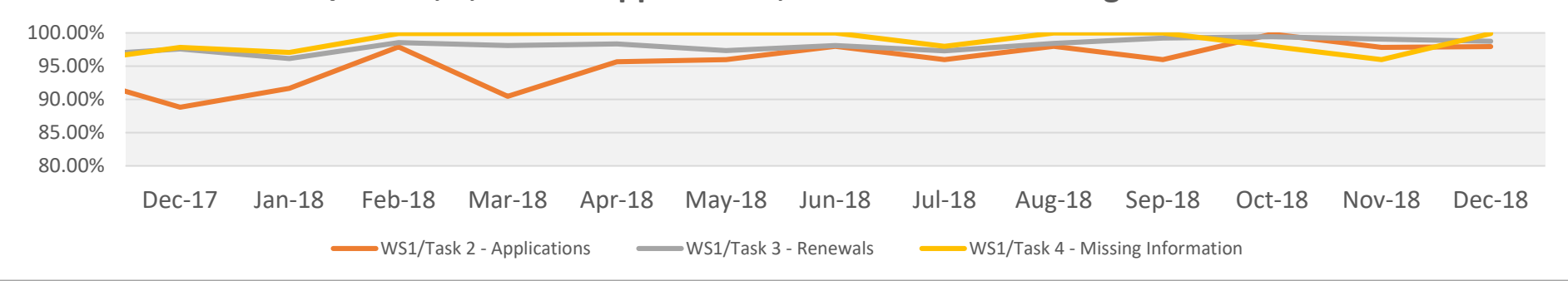
HIX Works Stream 1 Quality Assurance Trends

Data Source: QA Tracker

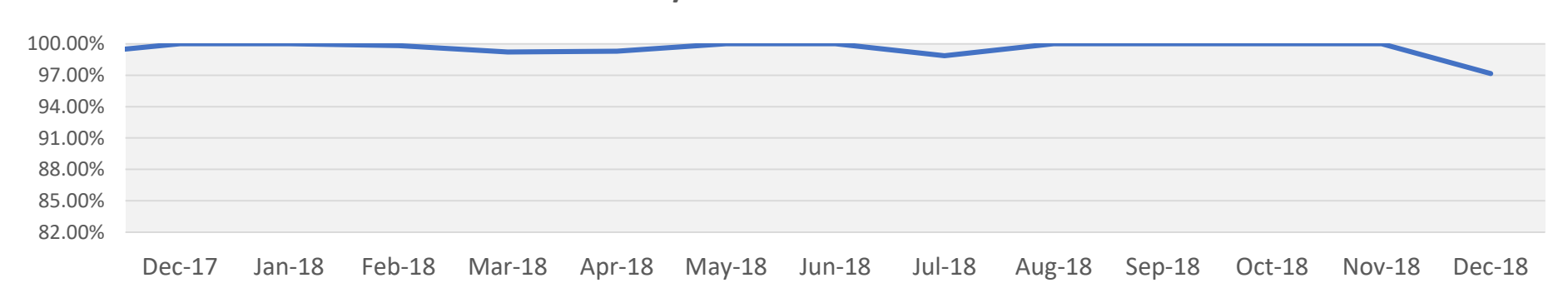
WS1/Task 1 - Verifications



WS1/Task 2, 3, and 4 - Applications, Renewals and Missing Information



WS1/Task 5 - Unknowns



Notes:

- This QA detail is limited to Conduent Works Stream 1 tasks. These are some of the most critical tasks and highest by volume.
- The 2017 focus was on rolling out the new statistical-based QA Plan and adjusting as needed.
- The change in QA approach successfully identified the need for changes in processes. Various refinements were adopted and the quality was incrementally improved across the tasks.
- The increased focus on quality measurements initially had a detrimental effect on worker productivity. Further operational changes were rolled out in 2017 in order to maintain the quality with the desired productivity.

Grade	Percentage
A	96% and above
B	93% to 96%
C	90% to 93%
F	Below 90%

HIX Quality Assurance Grades

Data Source: QA Tracker

Task	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
Work Stream 1 - MAGI Data Entry Support													
Task 1 - Paper Verifications	A	A	B	C	A	A	B	B	B	A	A	A	A
Task 2 - Paper Applications	F	C	A	C	B	A	A	A	A	A	A	A	A
Task 3 - Paper Renewals	A	A	A	A	A	A	A	A	A	A	A	A	A
Task 4 - Missing Information	A	A	A	A	A	A	A	A	A	A	A	A	A
Task 5 - Unknown Items	A	A	A	A	A	A	A	A	A	A	A	A	A
Work Stream 2 - MAGI Case Maintenance													
Task 1 - Manual VLP Steps 2 and 3												A	A
Task 2 - Age-Outs												A	A
Task 3 - Pregnancy Income Lock In												A	A
Task 4 - Past Due Pregnancy												A	A
Work Stream 3 - General Administrative Support													
Task 1 - HUSKY C & MSP Referrals	A	A	A	A	A	A	A	A	A	A	A	A	A
Task 2 - Premium Billing Support	A	A	A	A	A	A	A	A	A	A	A	A	A
Task 3 - Spend-Down Expense Support	A	A	A	A	A	C	A	A	C	A	A	A	A
Work Stream 4 - Call Center Services													
Task 1 - ConneCT MyAccount	A	A	A	A	A	A	A	A	A	A	A	A	A

Notes:

- The grades are based on the overall percentage of the Task Item for that month.

Grade	Percentage
A	96% and above
B	93% to 96%
C	90% to 93%
F	Below 90%



HIX Hearings and Appeals

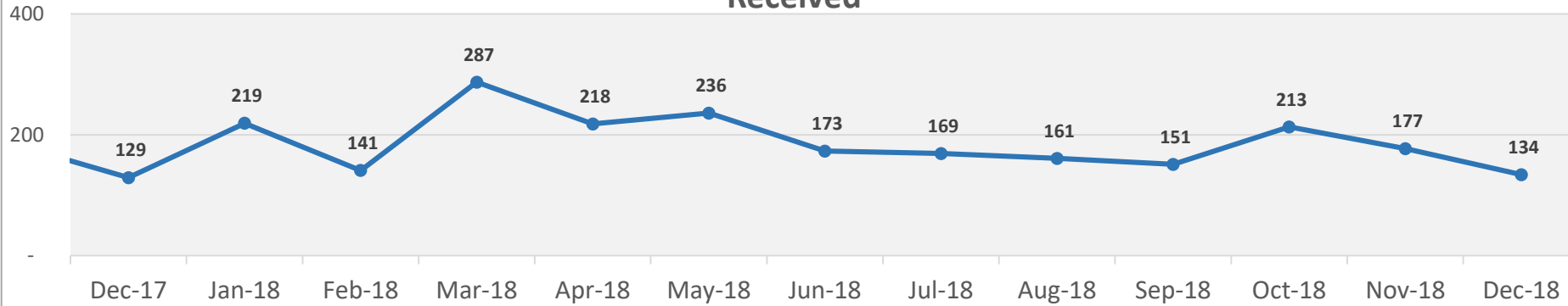
HIX Appeals Support

Data Source: Appeals Tracker

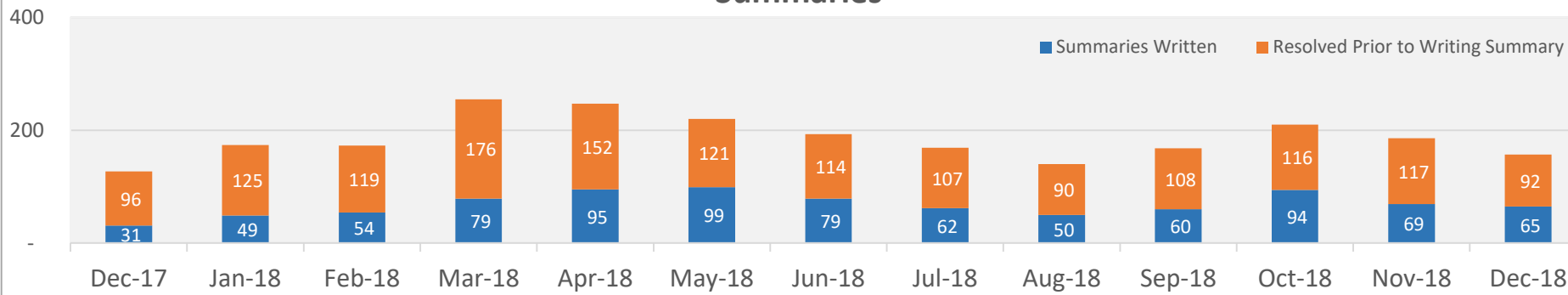
Notes:

- This tracks appeals from the Conduent perspective, i.e., the preparation of Hearing Summary Documents for HIX.
- There is a distinct pattern where 25% to 50% of the Appeals can be resolved prior/during Summary preparation. The number of actual hearings then further drops to between 2 & 4 per week.

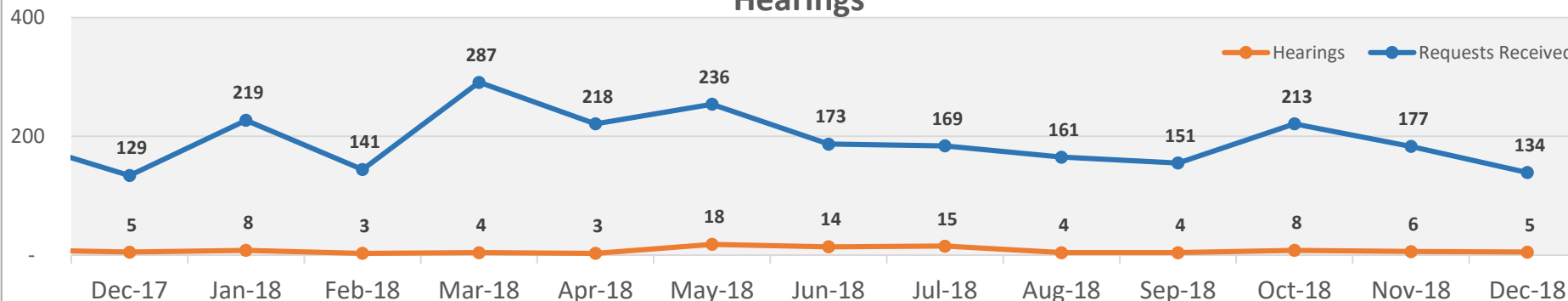
Received



Summaries



Hearings



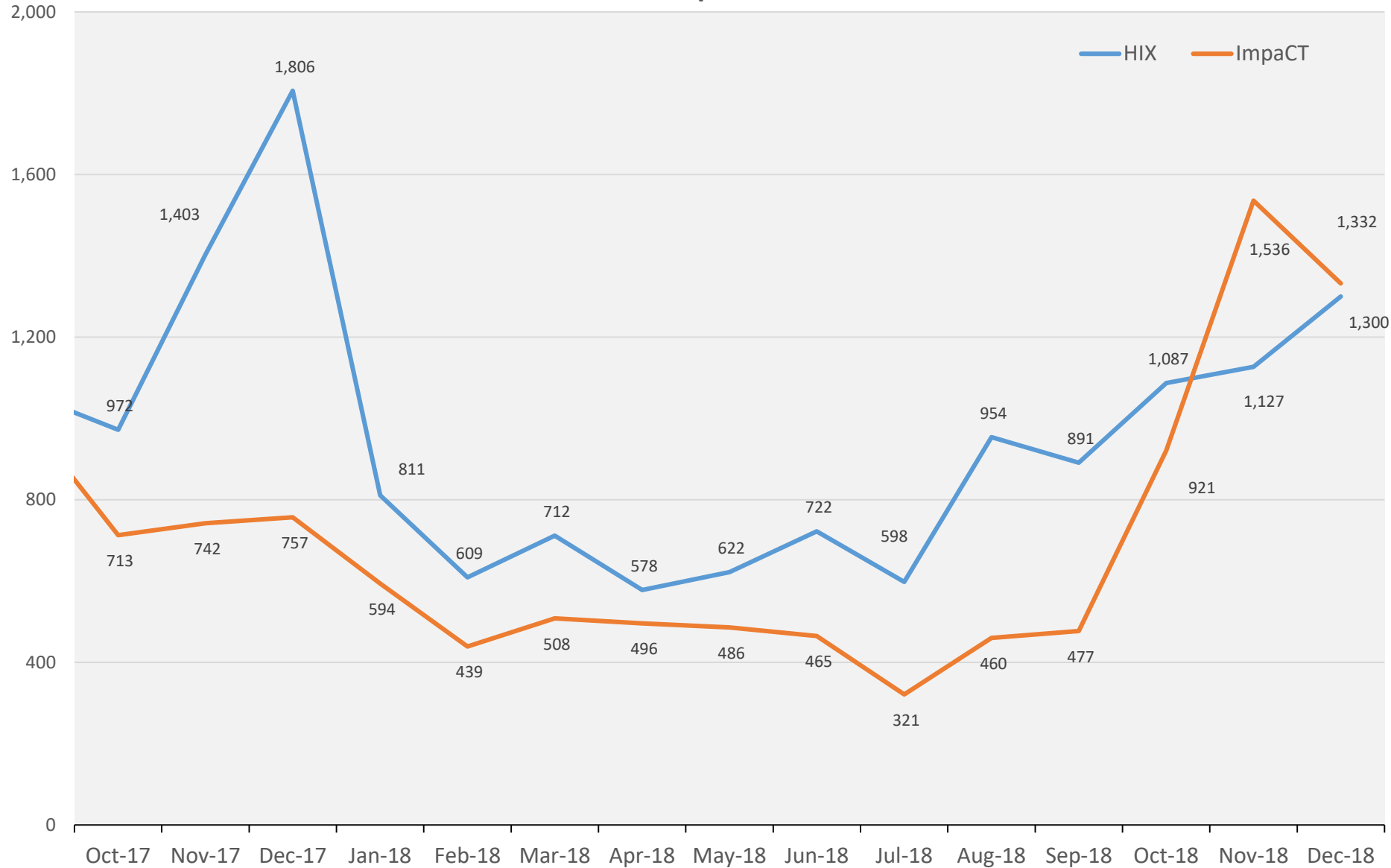


Enterprise Master Person Index

EMPI – Potential Duplicates Submission

Data Source: EMPI

EMPI Potential Duplicates Resolution



Notes:

- DQM is the system used to report on the merge activity with the EMPI.



HUSKY Call Centers

Combined HUSKY Call Centers – Performance Indicators

Notes:

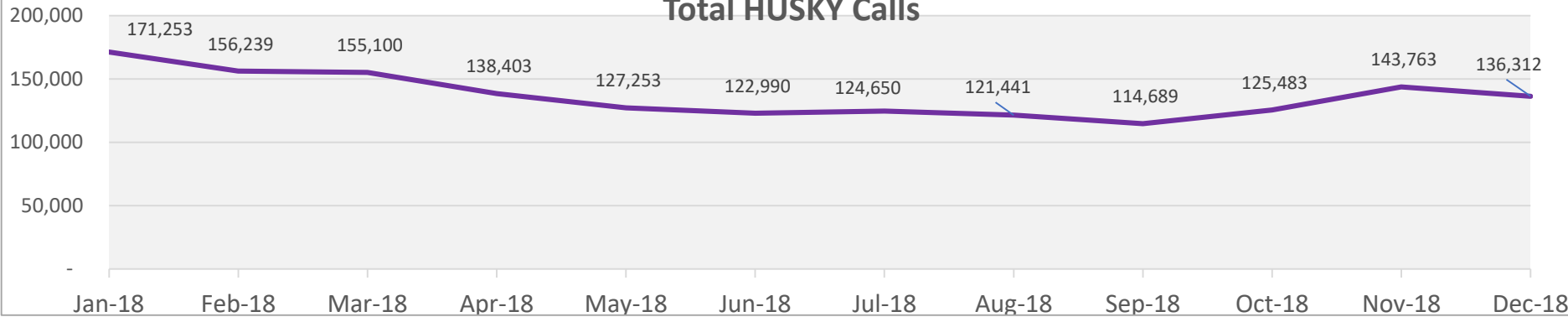
- There are three call centers providing HUSKY eligibility and enrollment support:
 - Client Information Line – for speaking to a DSS case worker
 - Access Health CT – for MAGI HUSKY support. Outsourced to Faneuil.
 - Ancillary Client Info Line Support – for technical MyAccount, 1095-B and HUSKY Premium support. Outsourced to Conduent.

- We exclude the SNAP, TANF and QHP calls from the total call numbers by using enrollment percentages and previously agreed upon cost allocation percentages.

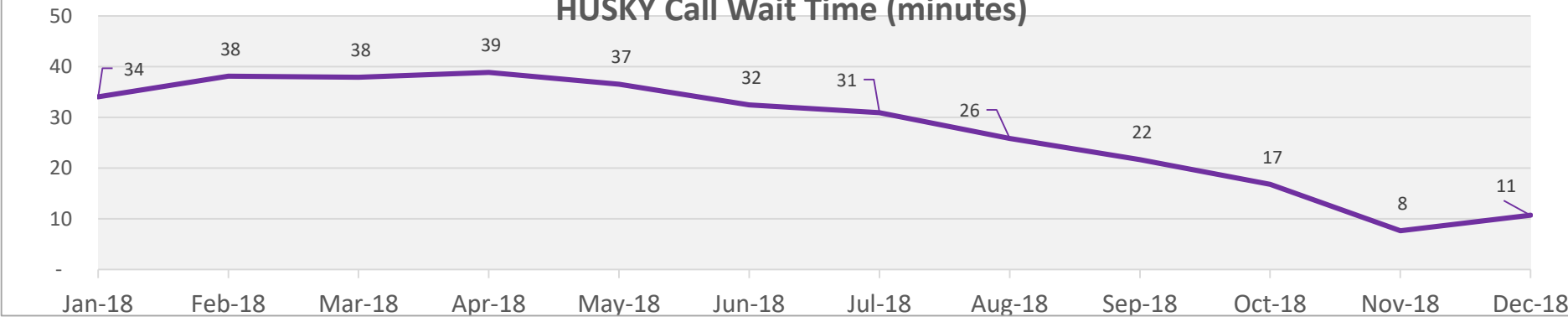
- The three charts are the three CMS performance indicators.

- The wait time and abandonment rate are combined using a weighting ratio of the post IVR volume, i.e., excludes calls handled in the IVR and includes handled and abandoned calls.

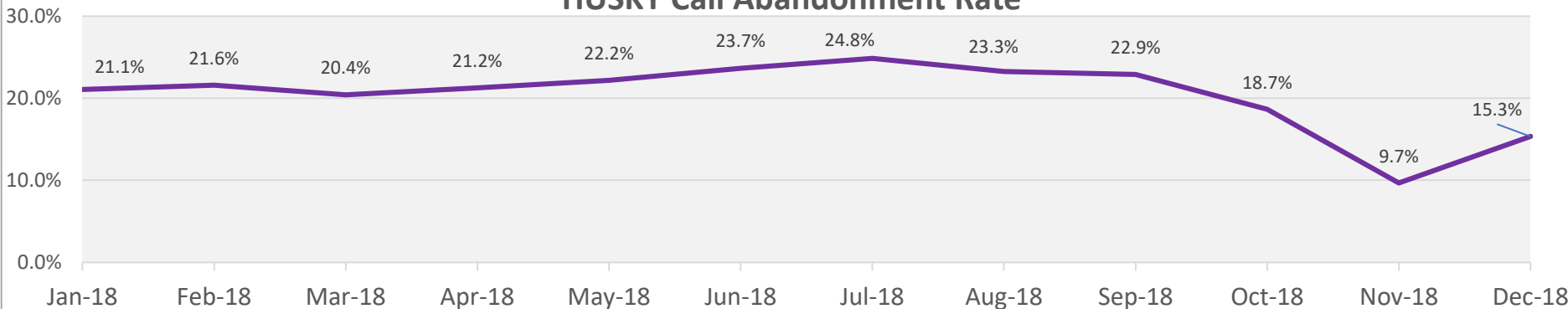
Total HUSKY Calls



HUSKY Call Wait Time (minutes)



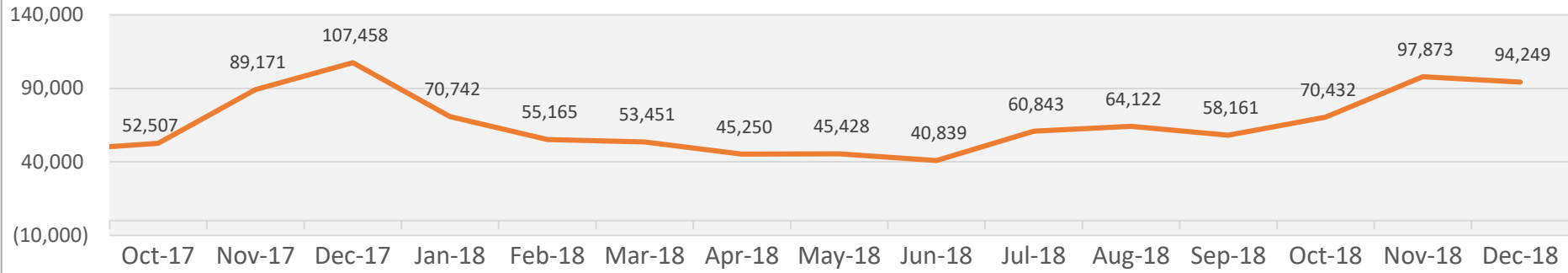
HUSKY Call Abandonment Rate



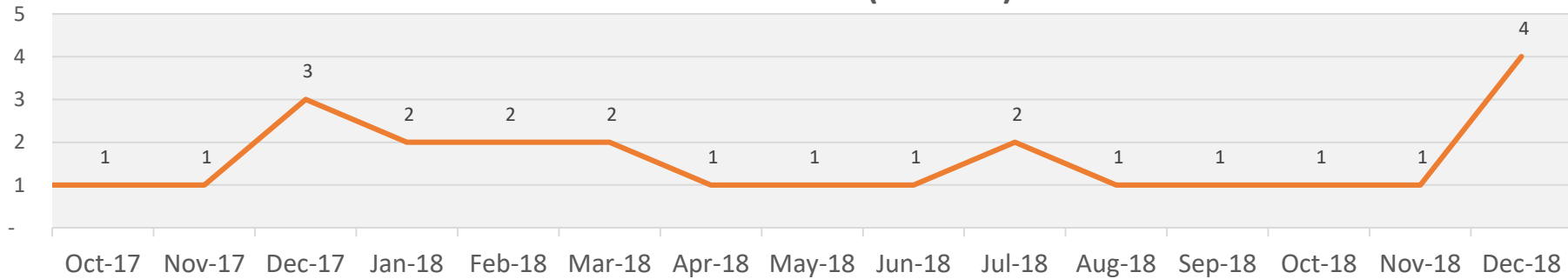
Faneuil (HIX) Call Center – Performance Indicators

Data Source: HIX IVR/ACD

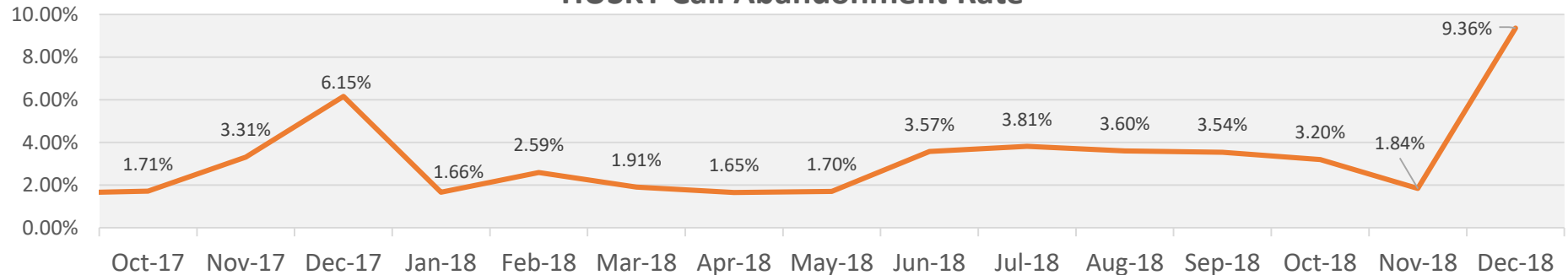
Total HUSKY Calls



HUSKY Call Wait Time (minutes)



HUSKY Call Abandonment Rate

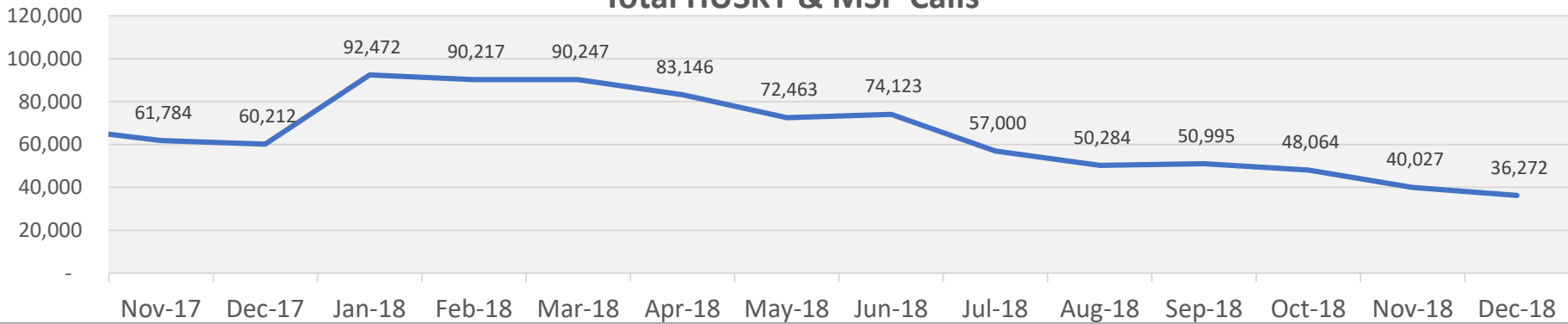


Notes:

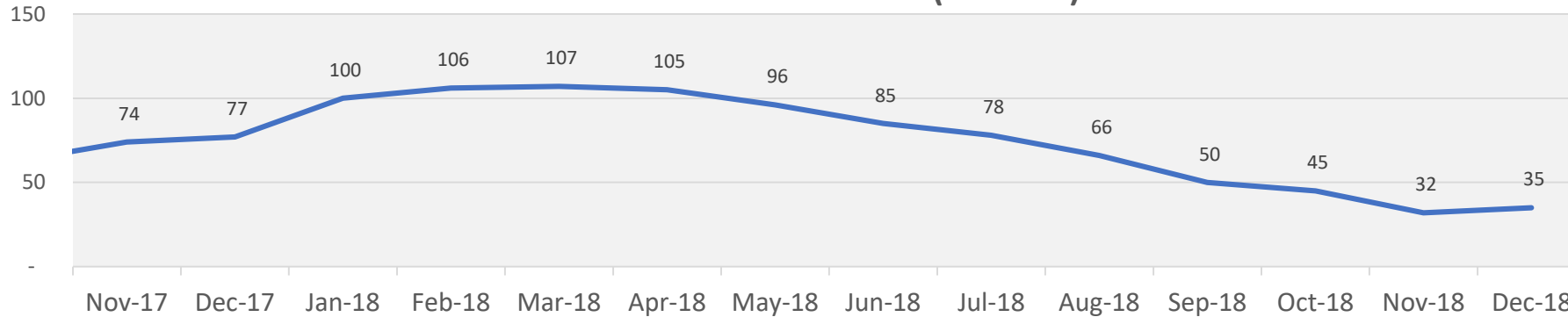
- The three charts are the three CMS performance indicators applied to just the HIX call center.
- 88% of HUSKY is supported by this call center; specifically HUSKY A, B and D. HUSKY C and MSP are supported by the DSS Benefit Center (along with other DSS programs).
- Approximately 30% of the calls are QHP related and these have been removed in order to provide a HUSKY-only total.
- Per the CMS instructions, wait time is reported in minutes and is rounded up or down based on the 30 second break point.
- The abandonment rate is measured for calls abandoned after an initial 30 second threshold.

DSS Benefits Center – Performance Indicators

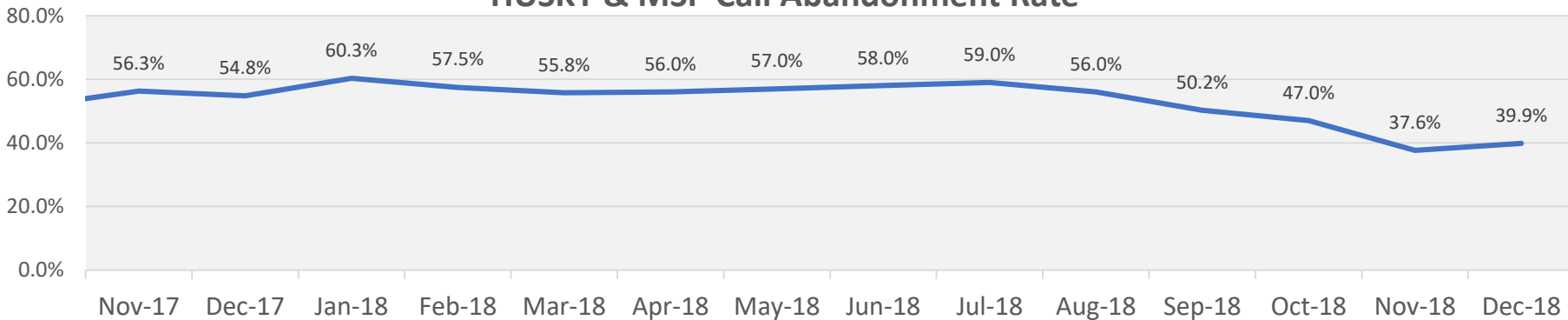
Total HUSKY & MSP Calls



HUSKY & MSP Call Wait Time (minutes)



HUSKY & MSP Call Abandonment Rate



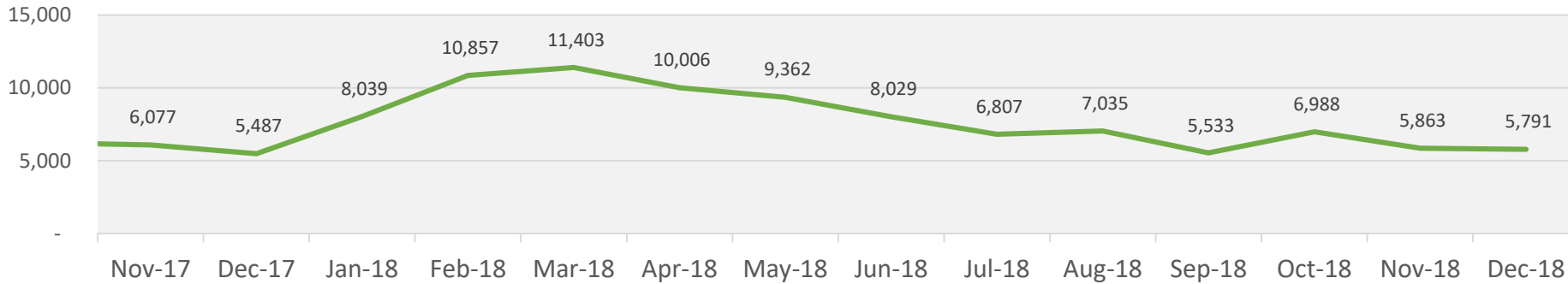
Notes:

- The three charts are the three CMS performance indicators applied to just the Benefits Center call center.
- This call center provides support for HUSKY C, MSP and administrative support for HUSKY A, B and D, e.g., new HUSKY medical cards.
- Around 67% of the calls are estimated (based on enrollment) to be non-health related calls and these are removed in order to provide a HUSKY-only total.
- Per the CMS instructions, wait time is reported in minutes and is rounded up or down based on the 30 second break point.
- The abandonment rate is measured for calls abandoned after an initial 30 second threshold.

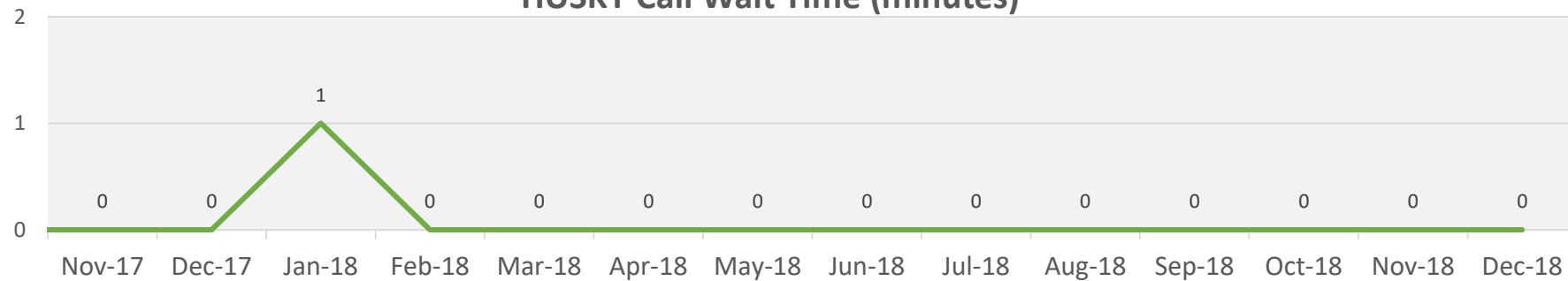
Conduent Call Center – Performance Indicators

Data Source: Conduent ACD

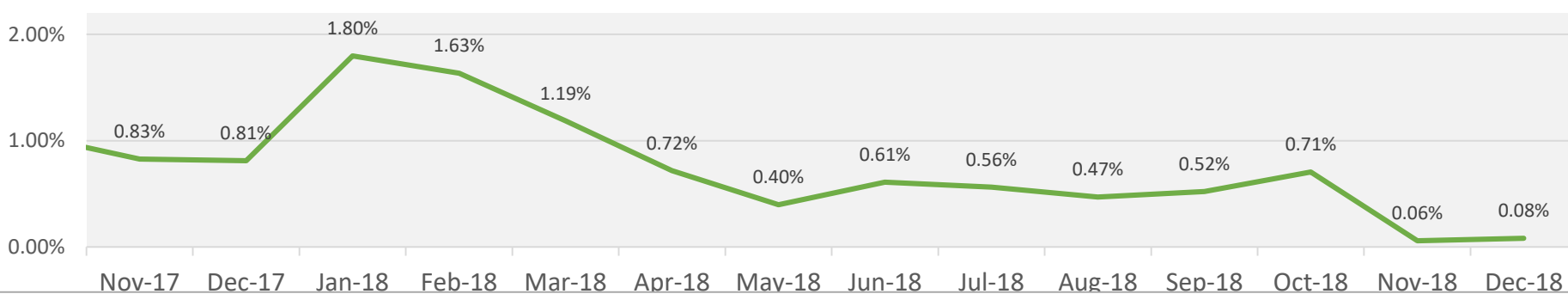
Total HUSKY Calls



HUSKY Call Wait Time (minutes)



HUSKY Call Abandonment Rate



Notes:

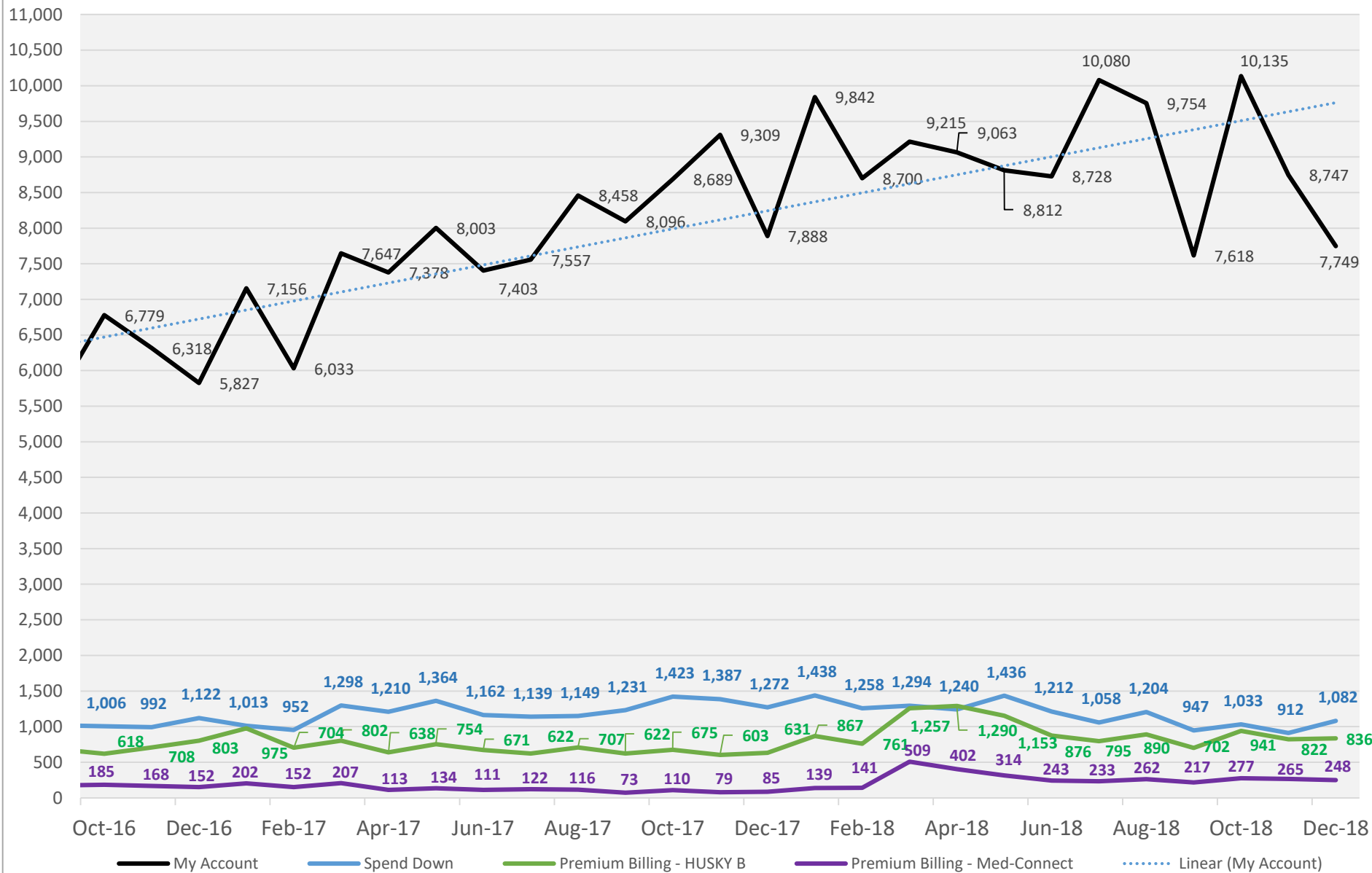
- The three charts are the three CMS performance indicators applied to just the Conduent call center.
- The Conduent call center is a logical component of the DSS Benefits Center for some non-eligibility functions.
- The majority of the calls are for technical support for MyAccount. However, support is also provided for premium billing, spend down expenses and 1095-Bs
- MyAccount support includes non HUSKY programs (SNAP and TANF) and we break out this support to provide HUSKY-only totals.
- Per the CMS instructions, wait time is reported in minutes and is rounded up or down based on the 30 second break point.
- The abandonment rate is measured for calls abandoned after an initial 30 second threshold.

Conduent Call Center – Call Volume Details

Data Source: Call Tracker

Notes:

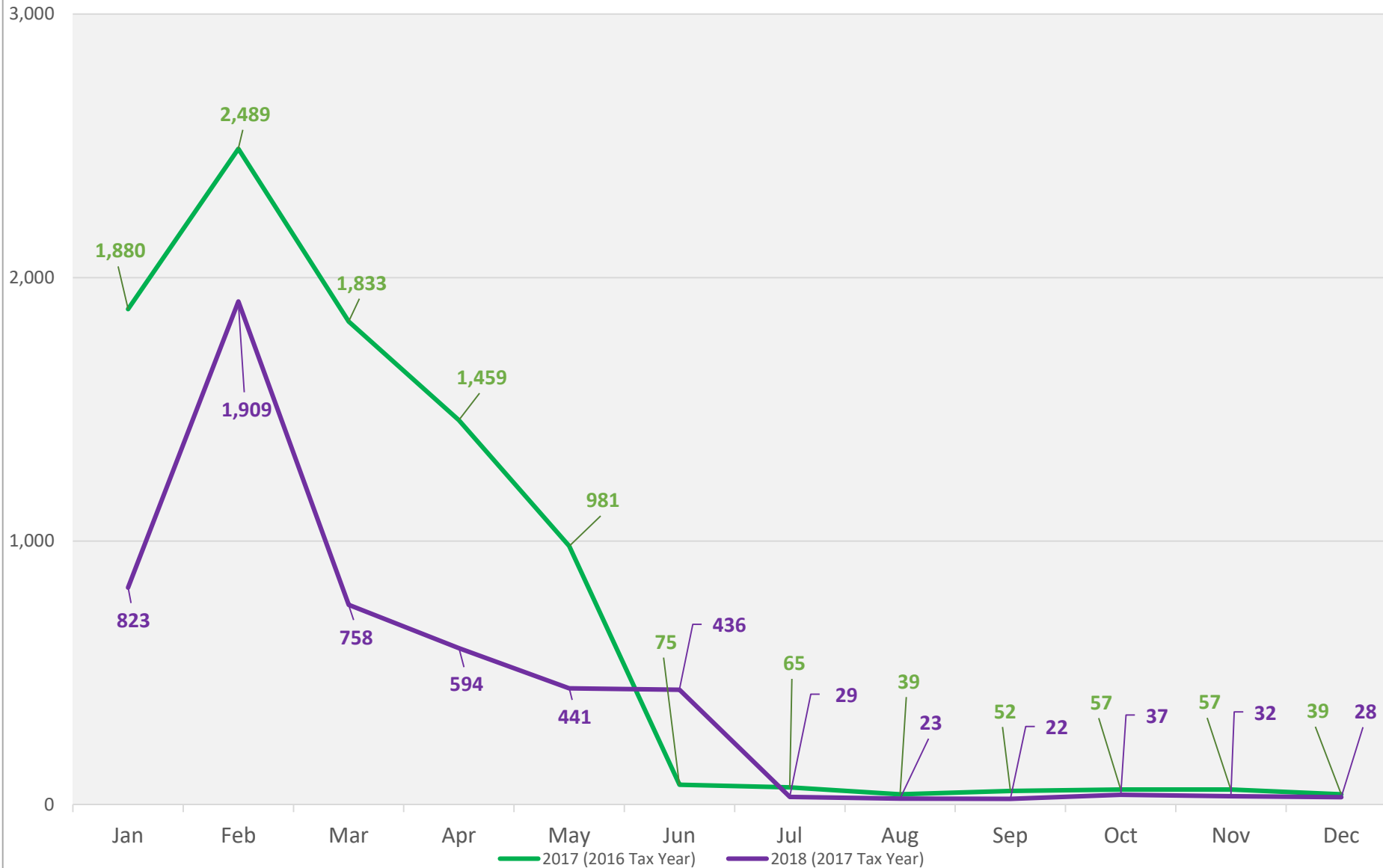
- The largest volume of calls are associated with My Account (ConneCT) password resets. These calls are also trending upwards as more clients try to meet their needs online.
- The remaining Spend Down and Premium Billing call volumes are small and relatively flat.
- Premium Billing support is provided for HUSKY B Band 2 and MED-Connect (Medicaid for Employed Disabled).
 - There has been a recent uptick in Premium Billing calls. This is associated with a change in the bank address and a change in the timing of bills.



Conduent Call Center – 1095-B Details

Data Source: Call Tracker

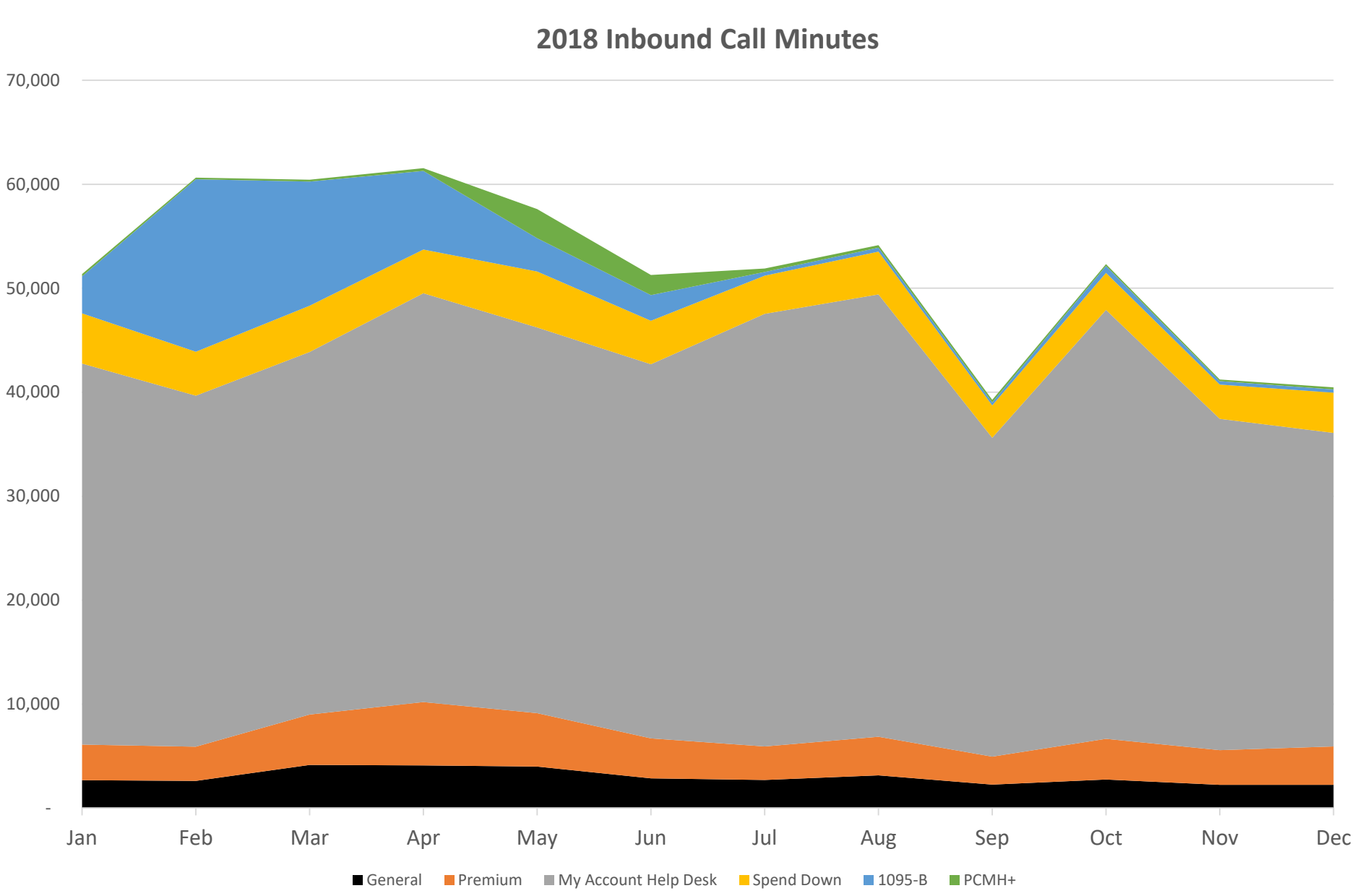
Year-over-Year 1095-B Call Center Support



Notes:

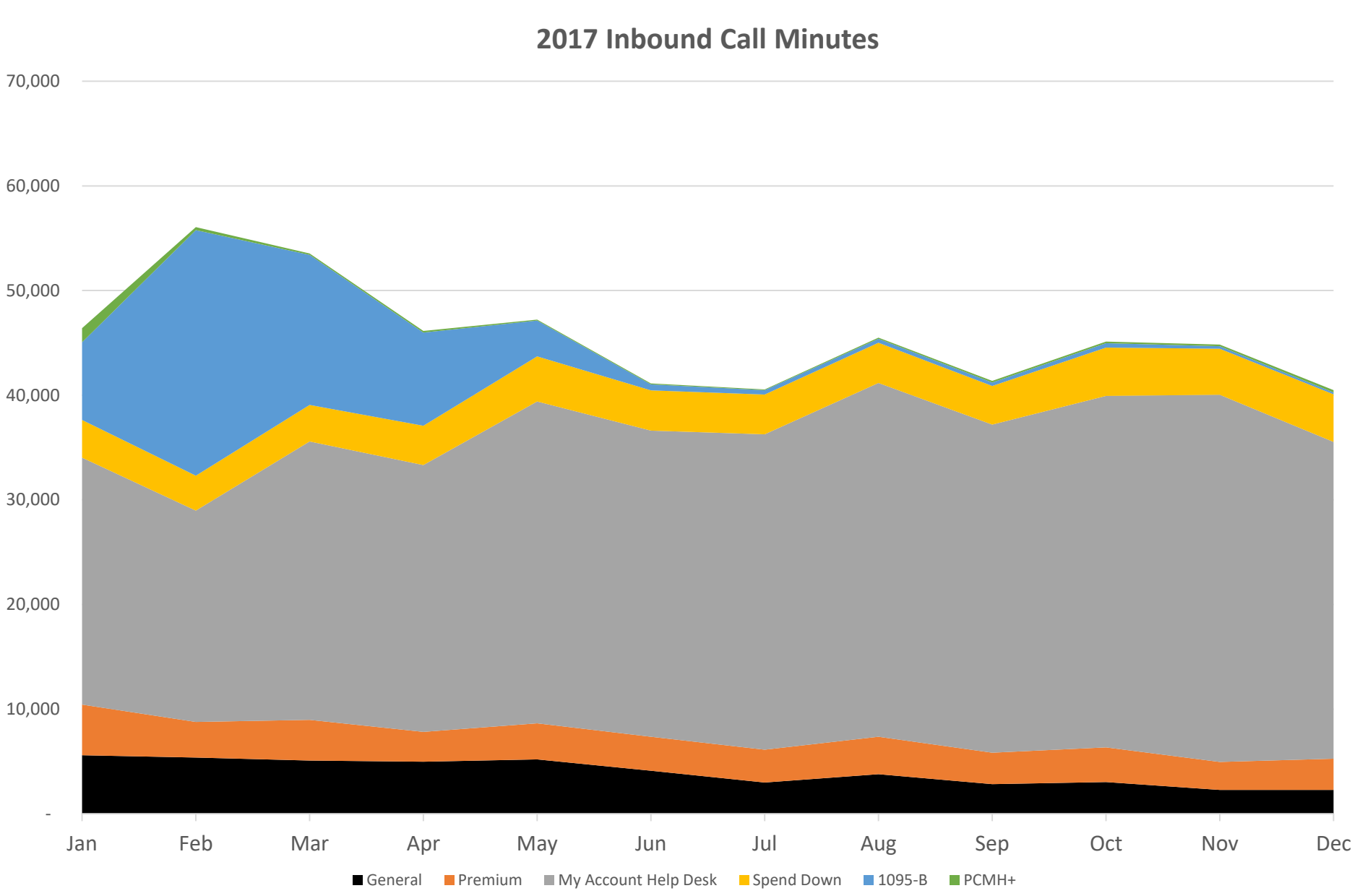
- 1095-B volume call center support is seasonal.
- Temporary staff are hired and trained for the peak duration.
- As consumers get used to receiving 1095-B forms the volume of calls have fallen year over year.

Data Source: Call Tracker



- Notes:**
- This is included to show the mix of business support and relative size and seasonality of some of that support.
 - The call types supported are as follows:
 - My Account password and IVR resets
 - Spend Downs
 - Premium Billing
 - 1095-Bs
 - PCMH+

Data Source: Call Tracker



- Notes:**
- This is included to show the mix of business support and relative size and seasonality of some of that support.
 - The call types supported are as follows:
 - My Account password and IVR resets
 - Spend Downs
 - Premium Billing
 - 1095-Bs
 - PCMH+