

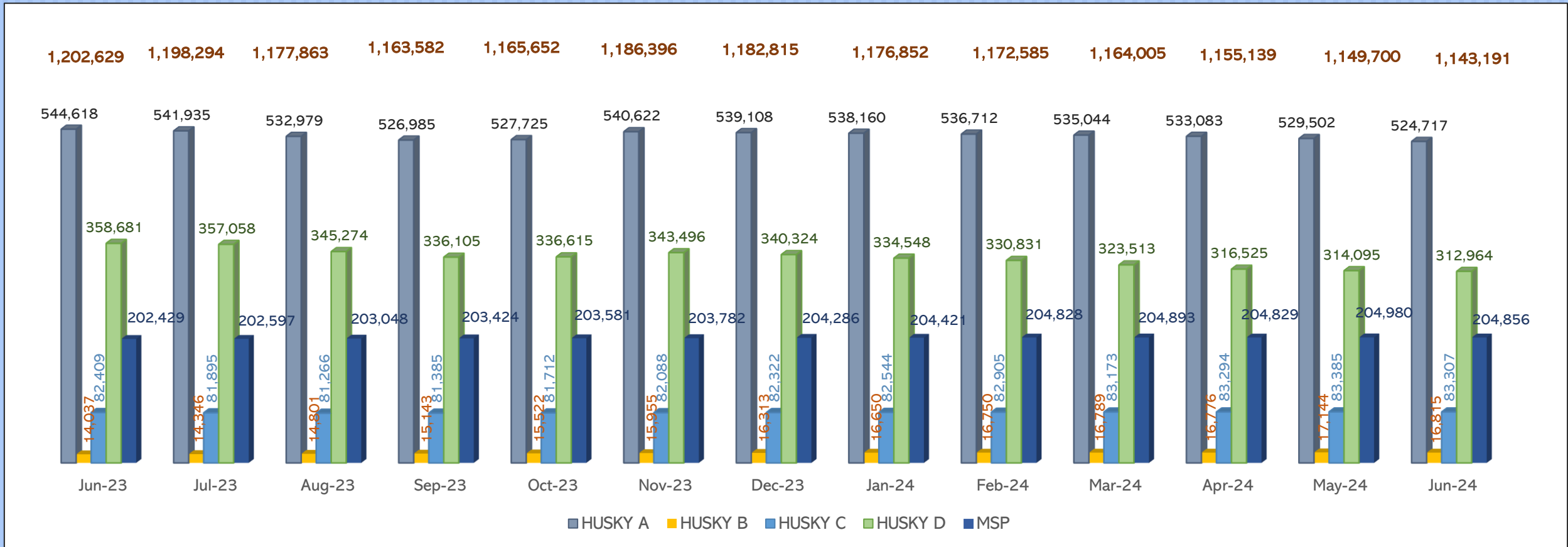
HUSKY HEALTH PROGRAM PERFORMANCE DASHBOARD

JUNE 2024

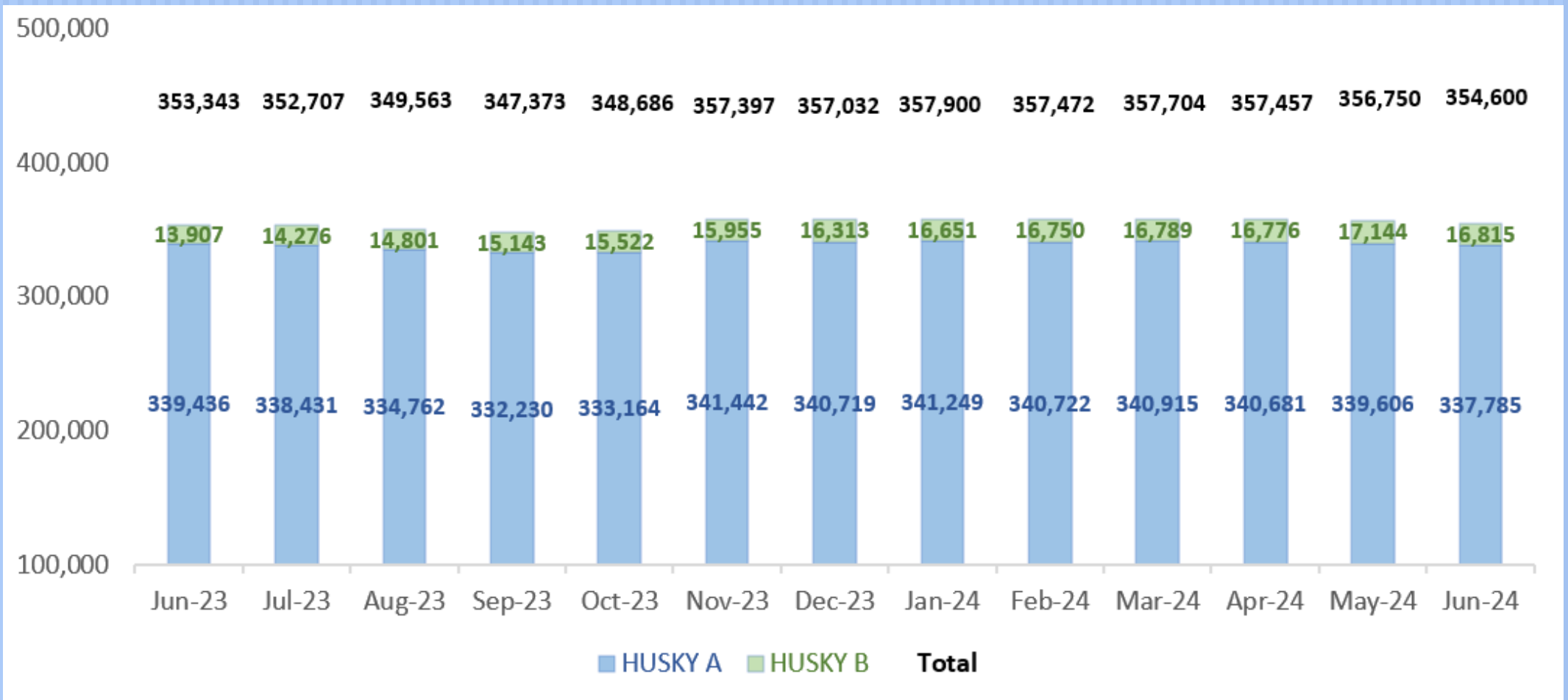


HUSKY ENROLLMENT

HUSKY & MEDICARE SAVINGS PROGRAM (MSP) ENROLLMENT



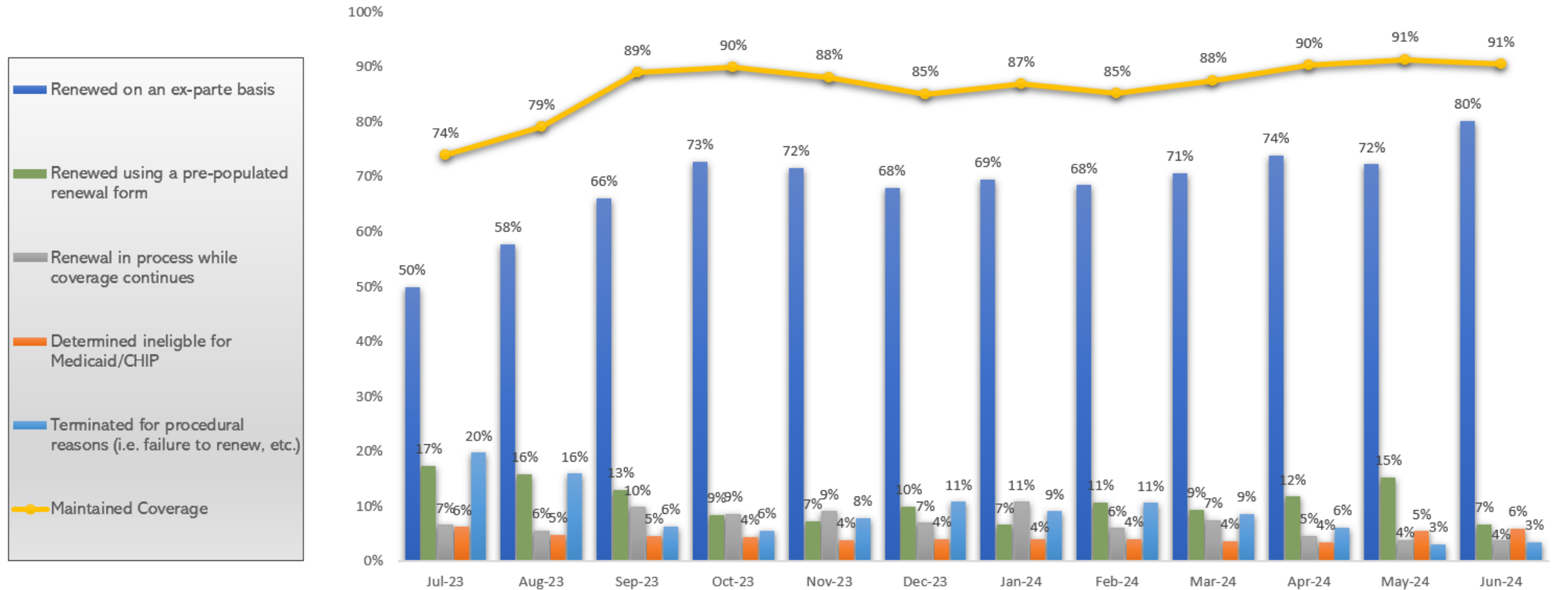
HUSKY A & B CHILD ENROLLMENT



HUSKY RENEWAL ACTIVITY AND OUTCOMES

HUSKY Health Renewal Outcomes – July 2023 to June 2024

As reported by DSS to CMS at end of each month

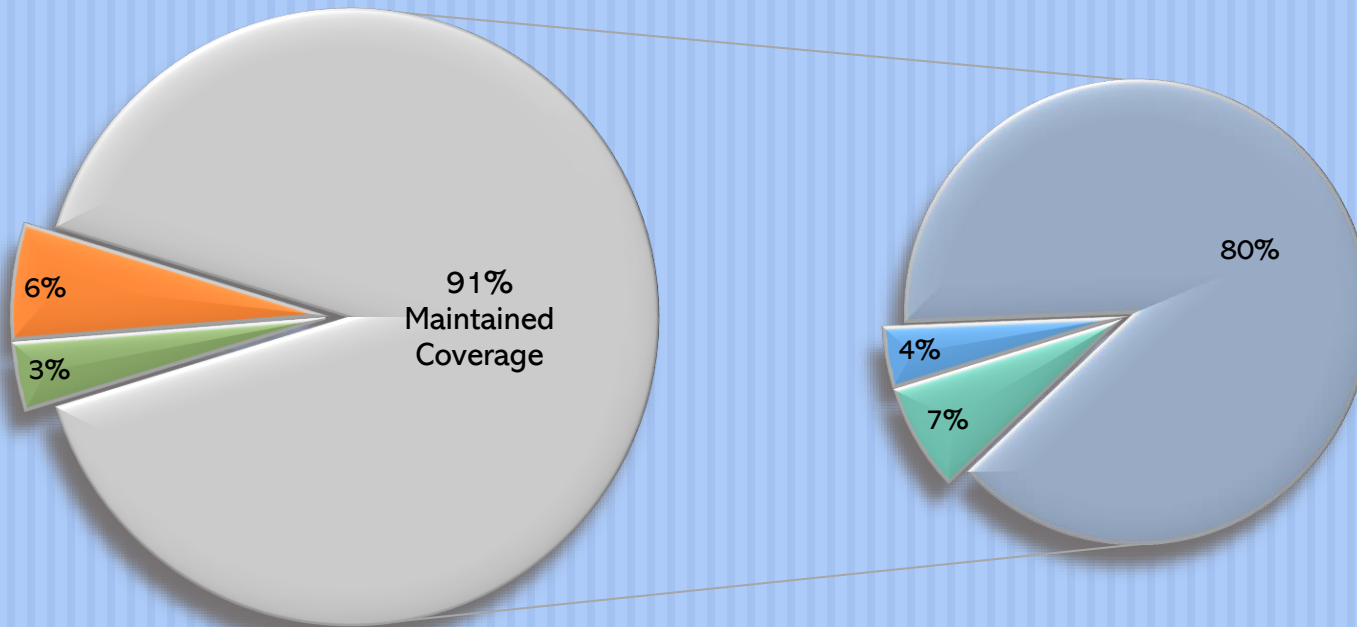


From July 2023 to June 2024, an average of 86 % of individuals maintained coverage at month end. Those who disenroll often re-enroll after the month end.

HUSKY RENEWAL OUTCOMES – LATEST STATUS

HUSKY Health Renewal Outcomes – June 2024

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 June, 74,145 individuals went through the renewal process.
- ❑ 80% of individuals had coverage renewed without further information being requested from them. This is called an *ex-parte* or passive renewal.
- ❑ 7% of individuals who could not be renewed passively (i.e., data sources show income over the program limit) were renewed using a pre-filled form.
- ❑ 4% 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 June 2024

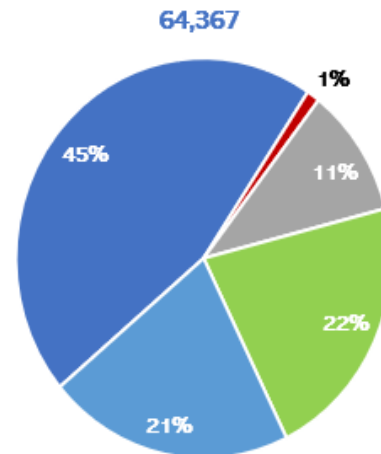
By Medical Benefit Plan

Notes:

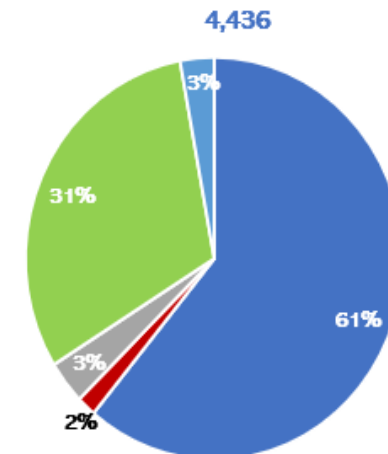
Medical Benefit Plans refer to the HUSKY Programs (A, B, C, and D) and the Medicare Savings Program (MSP)

- HUSKY A - Medicaid for children, parents, relative caregivers, and pregnant individuals, etc.
- HUSKY B - Children's Health Insurance Program (CHIP)
- HUSKY C - Medicaid for older adults and individuals with disabilities
- HUSKY D - Medicaid for adults without dependent children
- MSP provides premium and/or copayment assistance to Medicare beneficiaries

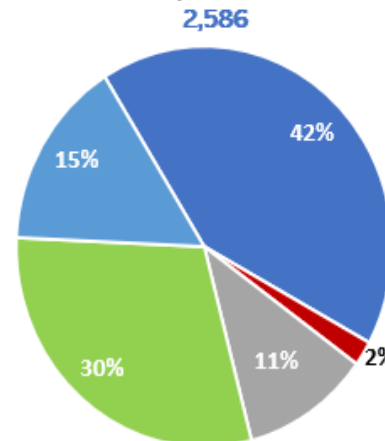
Renewed and retained in Medicaid/CHIP



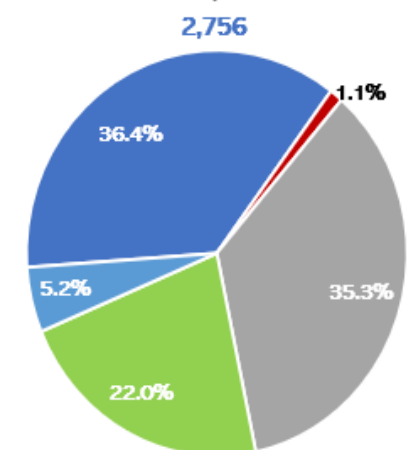
Determined ineligible for Medicaid/CHIP



Terminated for procedural reasons



Renewal in process

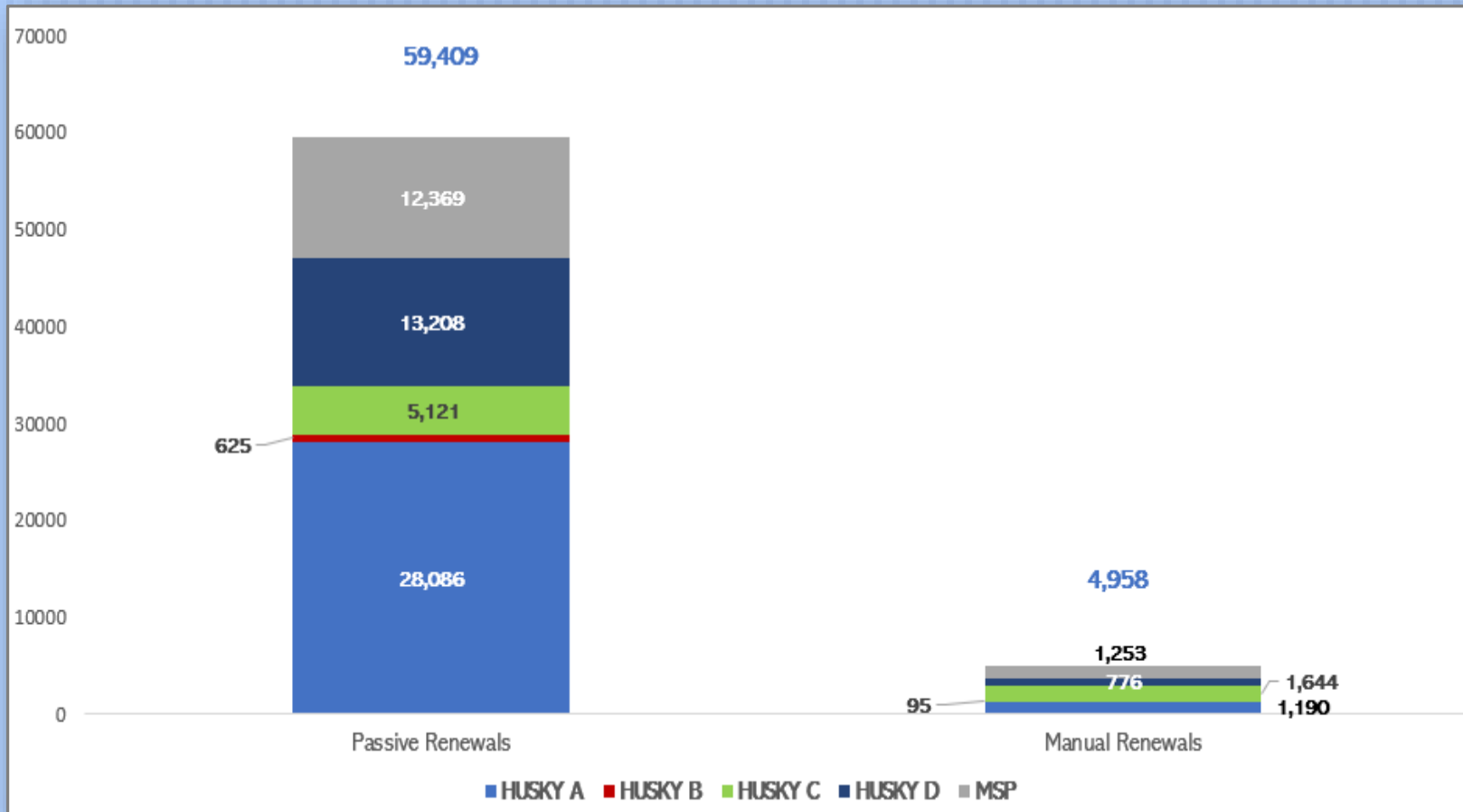


- HUSKY A
- HUSKY B
- HUSKY C
- HUSKY D
- MSP - Medicare Savings Program

HUSKY HEALTH RENEWAL OUTCOMES – JUNE 2024

PASSIVE VS. MANUAL RENEWALS BY MEDICAL BENEFIT PLAN

64,367 individuals renewed during June, with 80% renewing "passively"

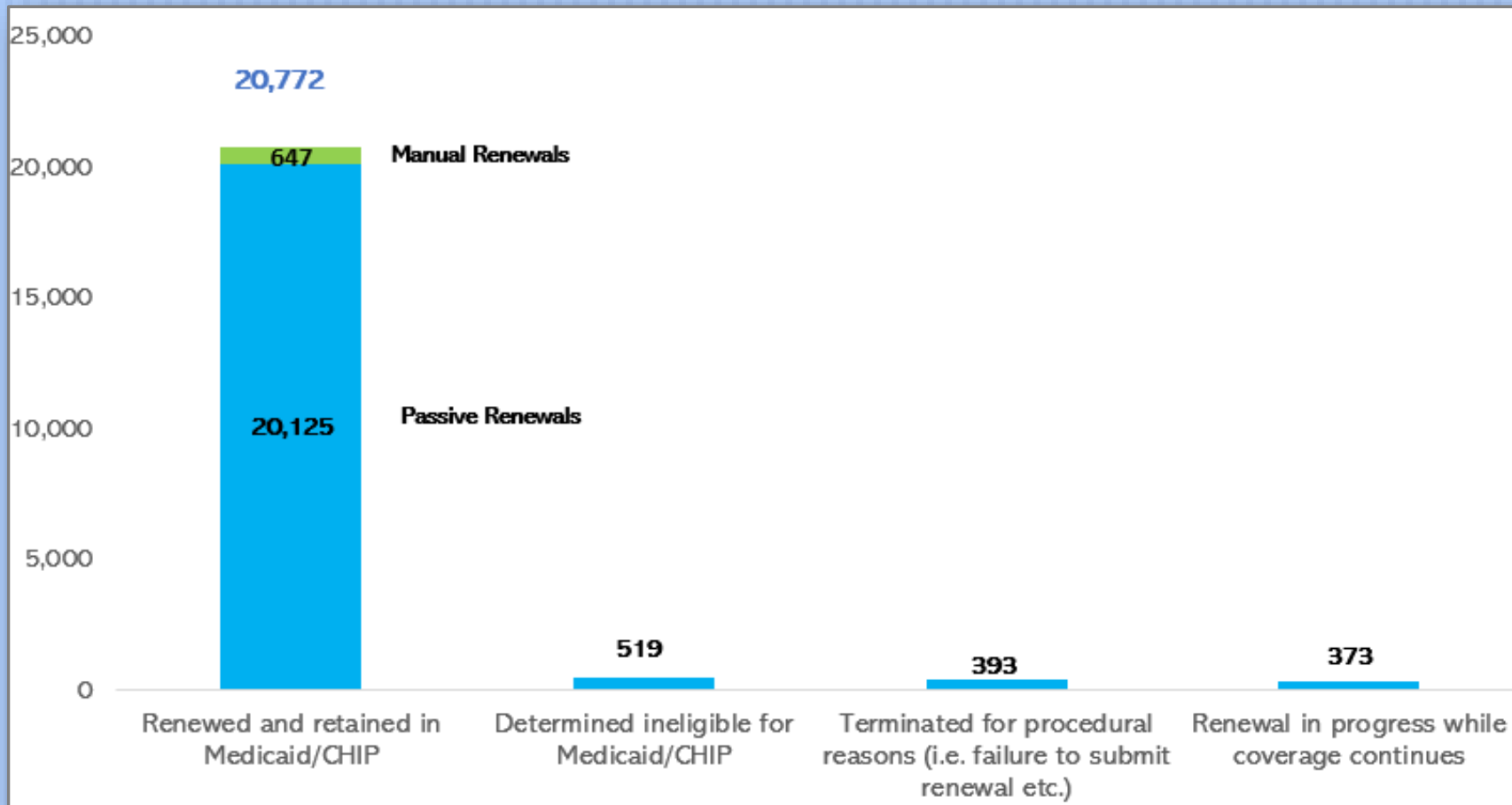


Notes:

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, relative caregivers, and pregnant individuals, etc.
- HUSKY B – Children’s Health Insurance Program (CHIP)
- HUSKY C – Medicaid for older adults and individuals with disabilities
- HUSKY D – Medicaid for adults without dependent children
- MSP – provides premium and/or copayment assistance to Medicare beneficiaries

HUSKY HEALTH RENEWAL OUTCOMES FOR CHILDREN – June 2024



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.

RENEWAL POST-DISENROLLMENT STATUS

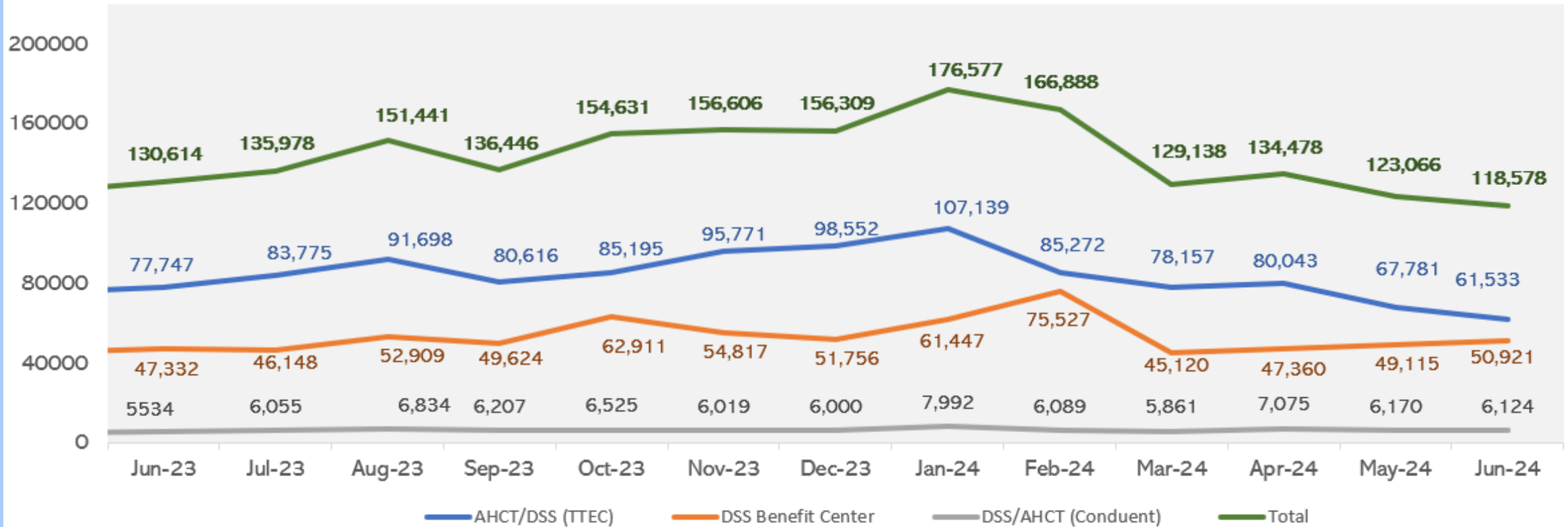
Tracking Individuals for up to 90 days after disenrollment

Renewal Disenrollment Tracking 30/60/90-Day Mark	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	90-day mark	60-day mark	30-day mark
Total individuals disenrolled at renewal	15,569	32,642	22,298	10,121	9,044	12,476	15,647	11,658	15,395	13,242	6,804	7,270	7,022
Total individuals active currently in MAGI HUSKY/CHIP	4,212	8,839	8,555	2,730	2,078	3,123	3,422	2,214	3,074	3,019	2,166	1,506	379
Total individuals active currently in QHP/APTC	1,145	2,350	1,216	827	953	996	1,053	685	1,005	957	394	649	500
Total individuals active currently in Covered CT	513	943	815	568	655	724	905	651	843	778	303	470	381
Total Individuals who transitioned to non-MAGI HUSKY	57	110	85	34	56	58	65	51	79	81	32	34	18
Total individuals who closed and are now active	5,927	12,242	10,671	4,159	3,742	4,901	5,445	3,601	5,001	4,835	2,895	2,659	1,278
*Total individuals not enrolled in any state programs	9,642	20,400	11,627	5,962	5,302	7,575	10,202	8,057	10,394	8,407	3,909	4,611	5,744
Re-enrolled	38%	38%	48%	41%	41%	39%	35%	31%	32%	37%	43%	37%	18%

Nearly 40% of individuals who were disenrolled at renewal in the last 12 months 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.

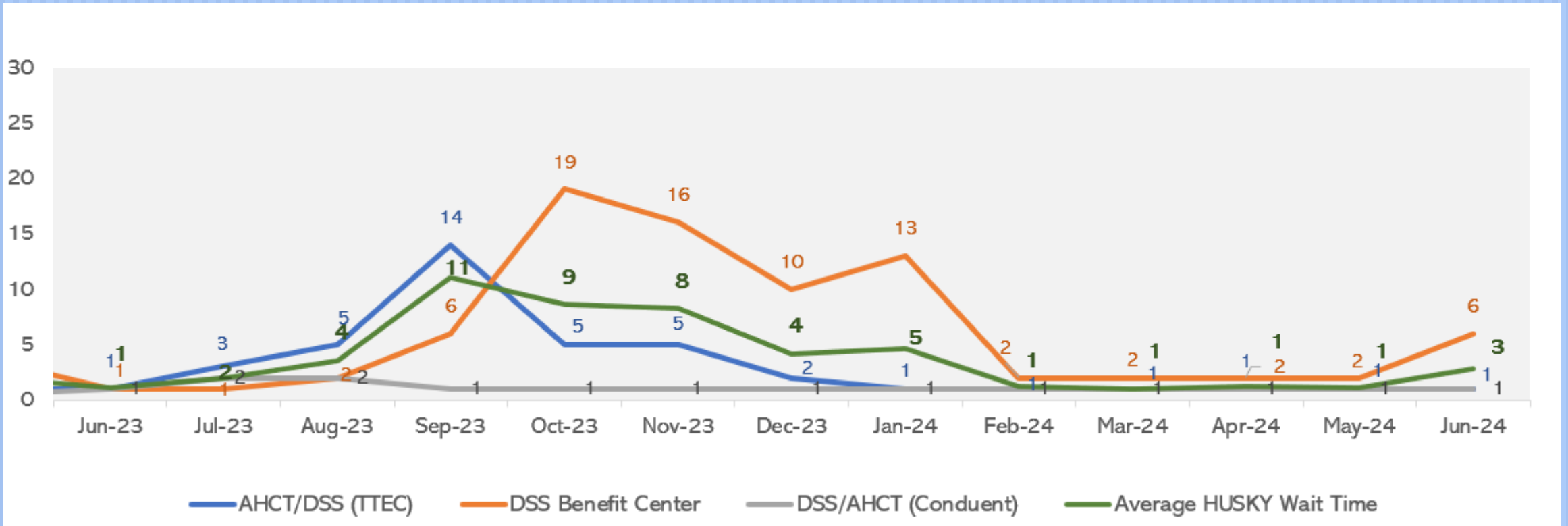
CALL CENTER DATA ACROSS ALL HUSKY CONTACT CENTERS

HUSKY Call Volume By Call Center



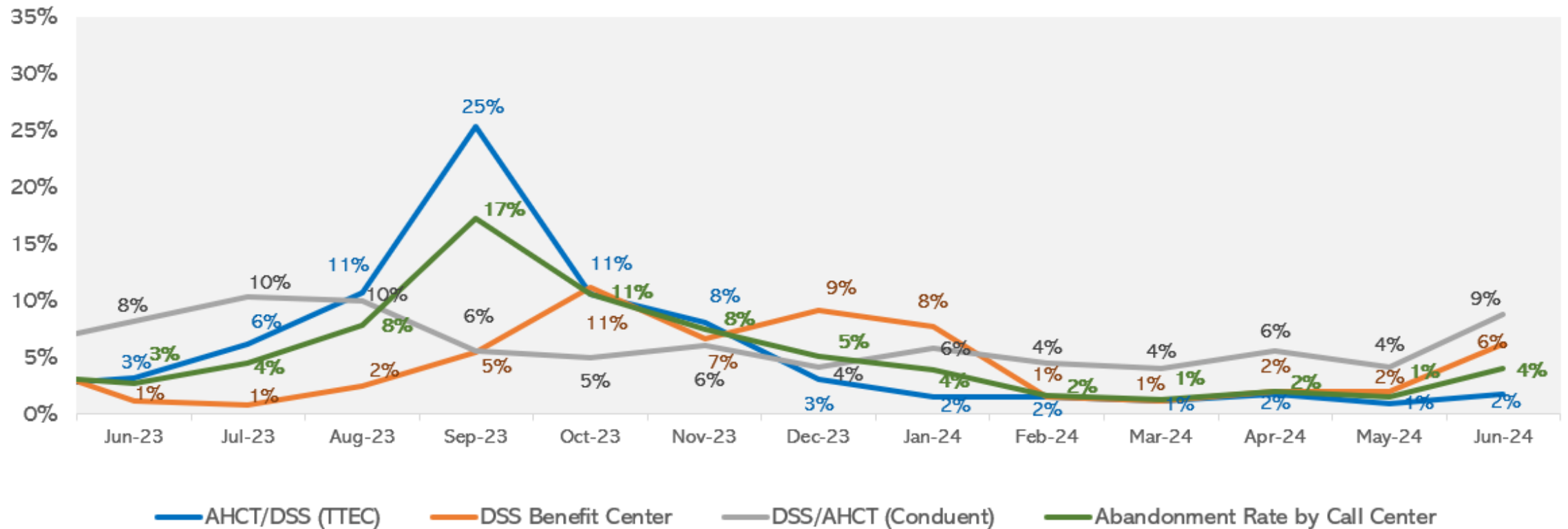
Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. The DSS Benefit Center handles 30% of Medicaid/CHIP calls. Total call volume for the Benefit Center in June was 181,861.

HUSKY Average Wait Time By Call Center (min)



Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. Wait times are measured from the time a caller selects the option to speak with an agent to the moment the caller is connected to one.

HUSKY Abandonment Rate By Call Center

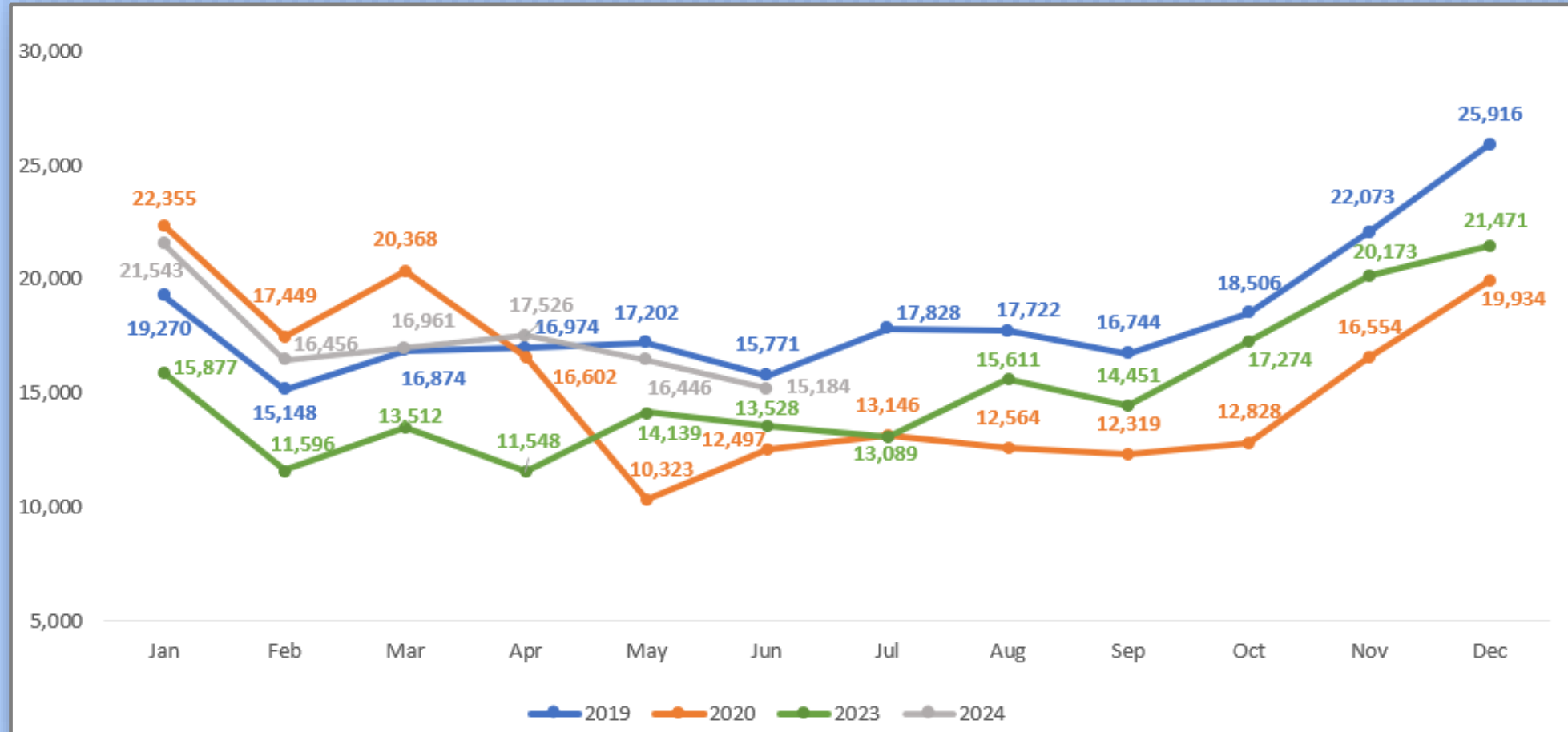


Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

NEW HUSKY APPLICATION ACTIVITY AND TIMELINESS

Year-Over-Year New Medical Applications

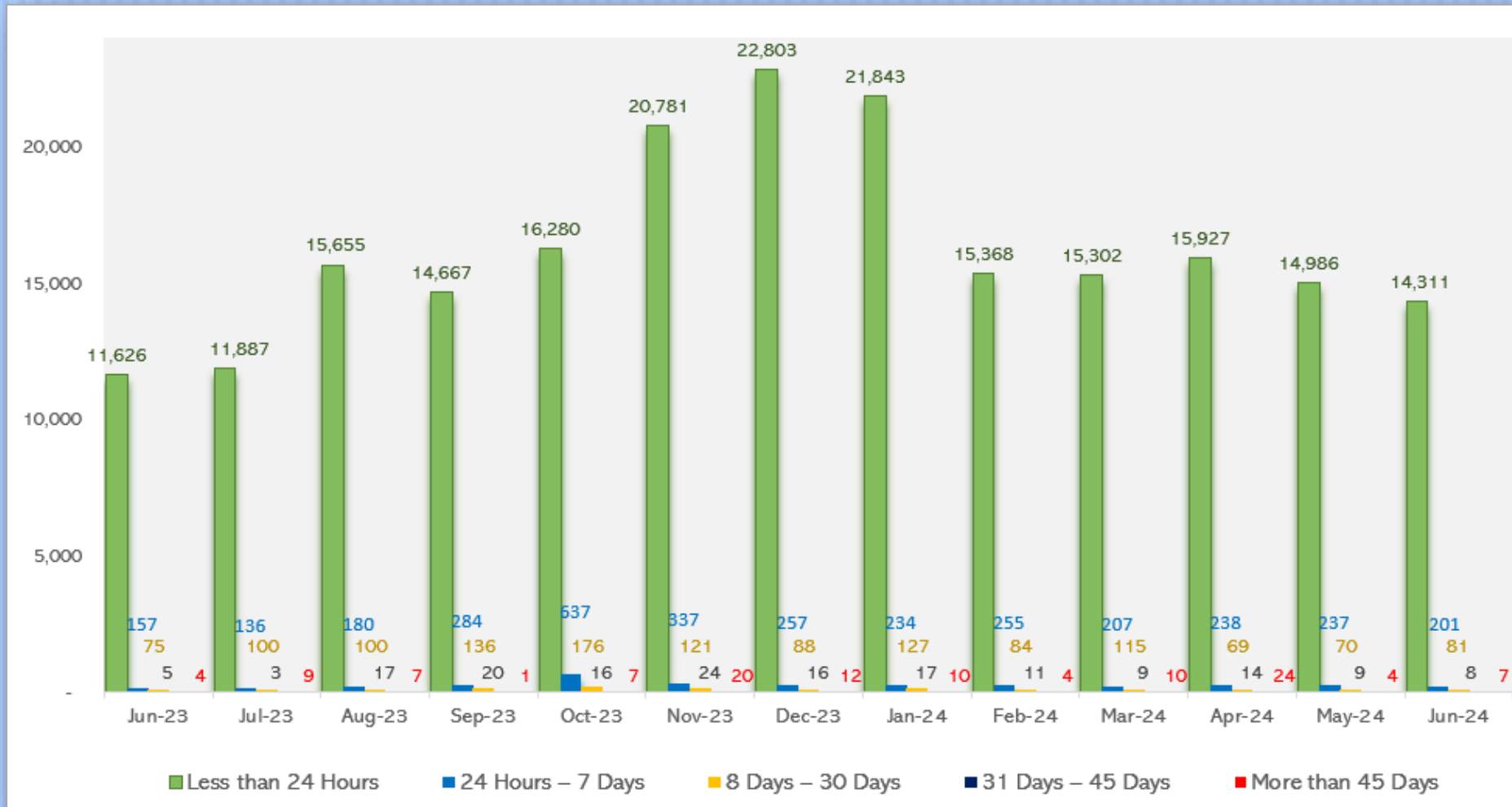
DSS consistently maintains an average of 97% processing timeliness



Calendar years 2021-2022 were omitted to ease crowding in the chart allowing better comparison of pre-pandemic data in 2019 and early 2020 with current trends.

MAGI Medicaid New Applications by Processing Time

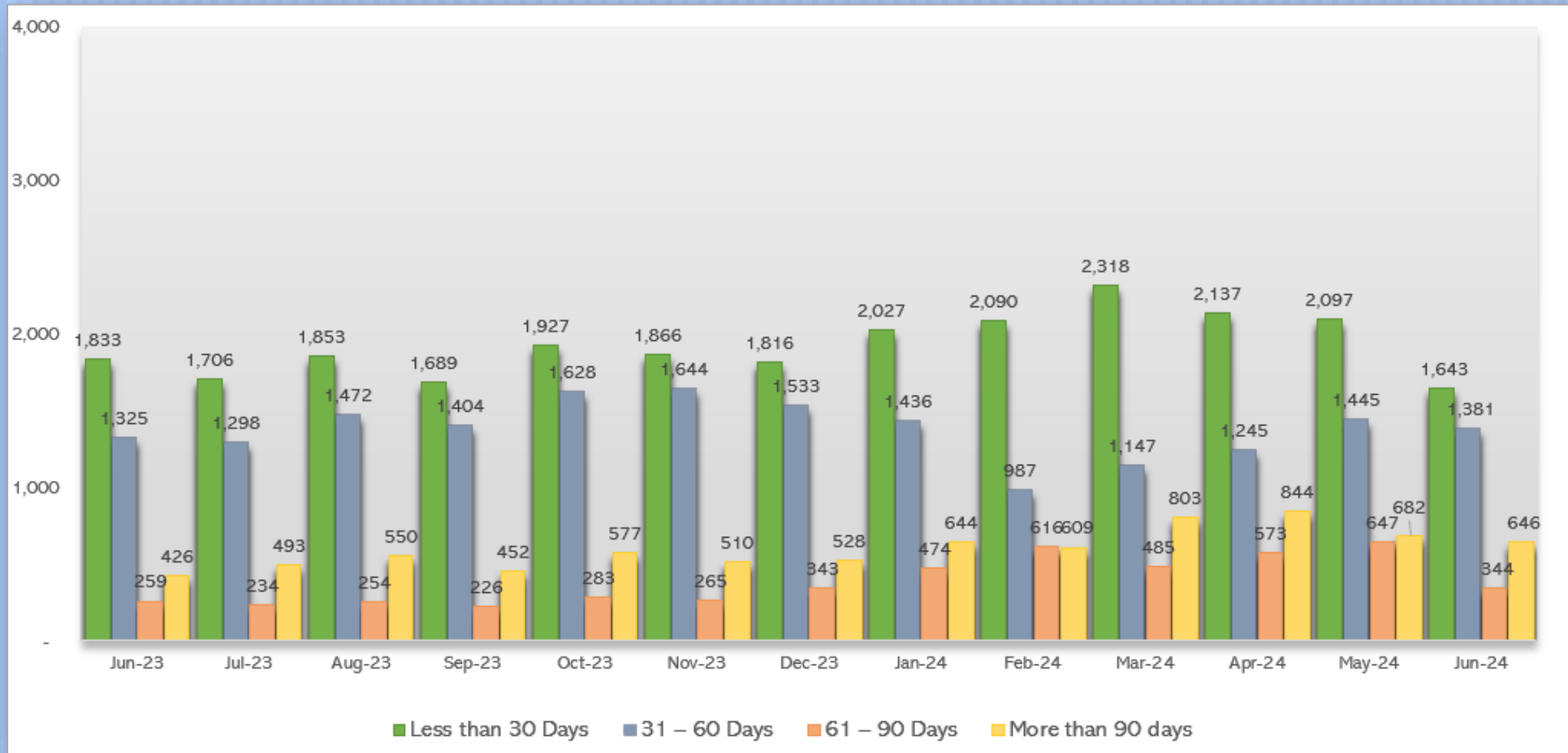
(current median processing time less than 24 hours)



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

Non-MAGI Medicaid New Applications by Processing Time

(current median processing time 34 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.