

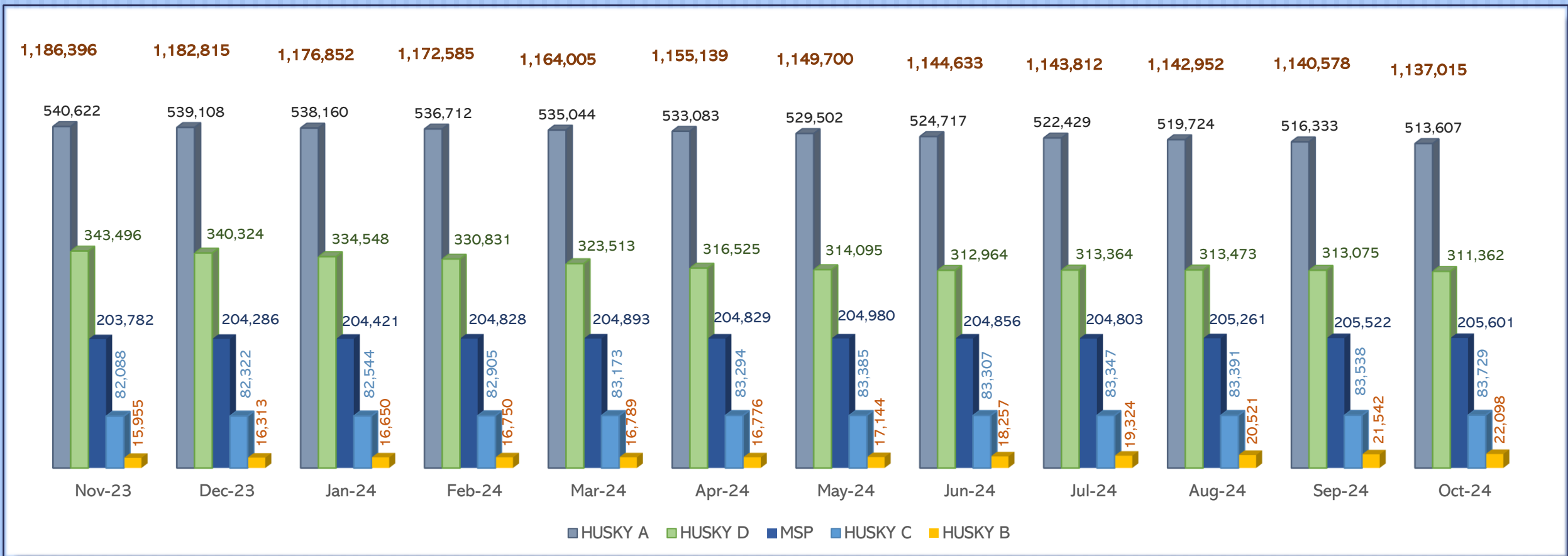
HUSKY HEALTH PROGRAM PERFORMANCE DASHBOARD

OCTOBER 2024



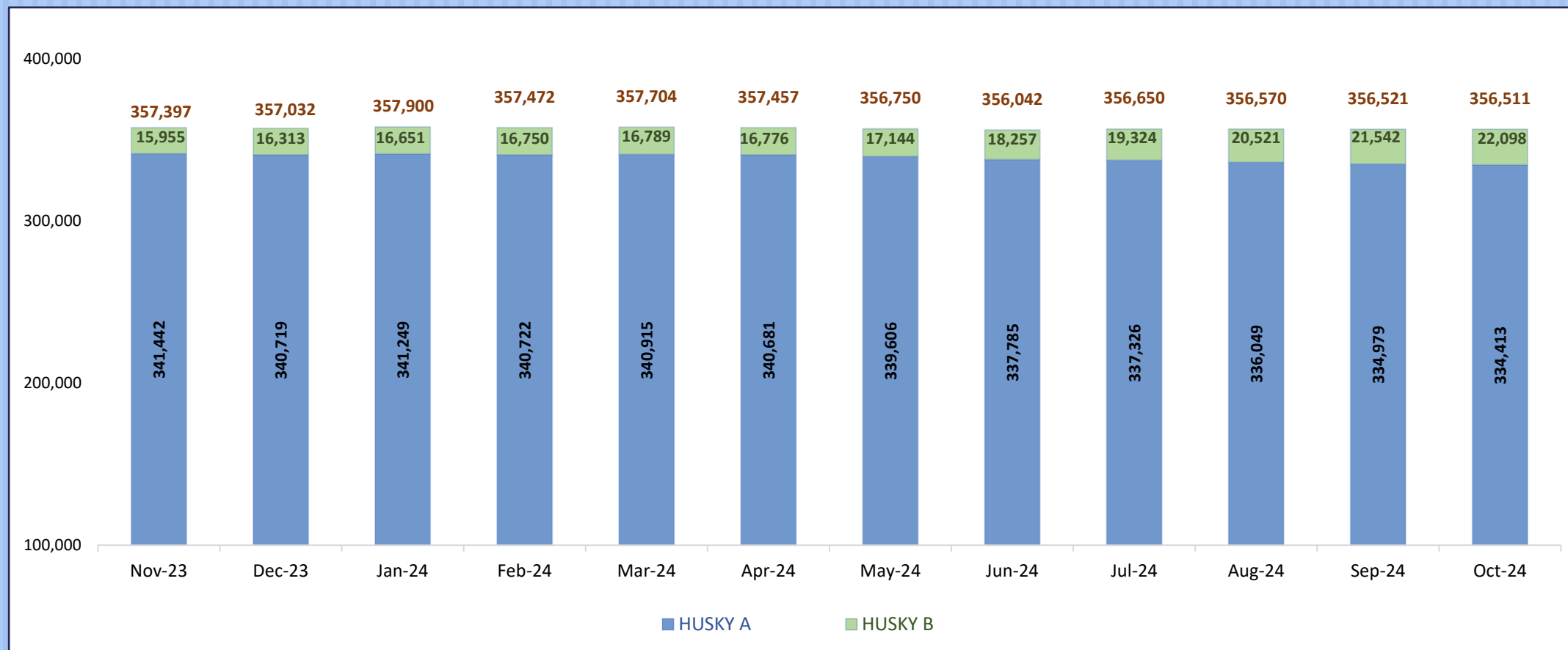
HUSKY ENROLLMENT

HUSKY & MEDICARE SAVINGS PROGRAM (MSP) ENROLLMENT



* Excludes limited benefit programs and state-funded programs

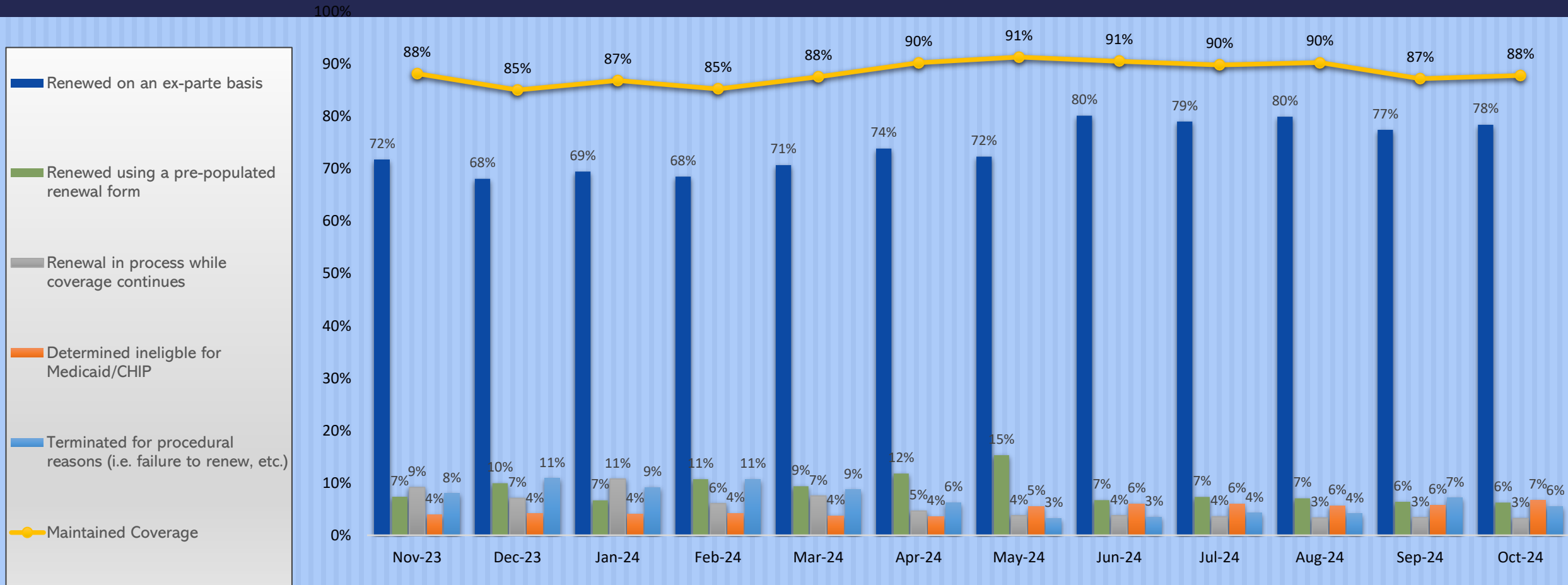
CHILD ENROLLMENT HUSKY A & B



HUSKY RENEWAL ACTIVITY AND OUTCOMES

HUSKY Health Renewal Outcomes – November 2023 to October 2024

As reported by DSS to CMS at end of each month



From Nov. 2023 to Oct. 2024, an average of 88% of individuals maintained coverage at month end. More than 37% of individuals who disenrolled, re-enrolled after the month end.

RENEWAL POST-DISENROLLMENT STATUS

Tracking Individuals for up to 90 days after disenrollment

Renewal Disenrollment Tracking 30/60/90-Day Mark	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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	60-day mark	30-day mark
Total individuals disenrolled at renewal	9,044	12,476	15,647	11,658	15,395	13,242	6,804	7,270	7,022	9,883	8,652	11,073
Total individuals active currently in MAGI HUSKY/CHIP	2,078	3,123	3,422	2,214	3,074	3,019	2,166	1,711	1,699	2,326	1,674	1,665
Total individuals active currently in QHP/APTC	953	996	1,053	685	1,005	957	394	658	522	736	725	506
Total individuals active currently in Covered CT	655	724	905	651	843	778	303	479	473	596	586	577
Total Individuals who transitioned to non-MAGI HUSKY	56	58	65	51	79	81	32	32	21	35	37	30
Total individuals who closed and are now active	3,742	4,901	5,445	3,601	5,001	4,835	2,895	2,880	2,715	3,693	3,022	2,778
*Total individuals not enrolled in any state programs	5,302	7,575	10,202	8,057	10,394	8,407	3,909	4,390	4,307	6,190	5,630	8,295
Re-enrolled	41%	39%	35%	31%	32%	37%	43%	40%	39%	37%	35%	25%

* This count includes individuals that moved out of CT and the deceased individuals

37% 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 individuals have stayed closed because they did not come in to renew coverage or be evaluated for other coverage options.

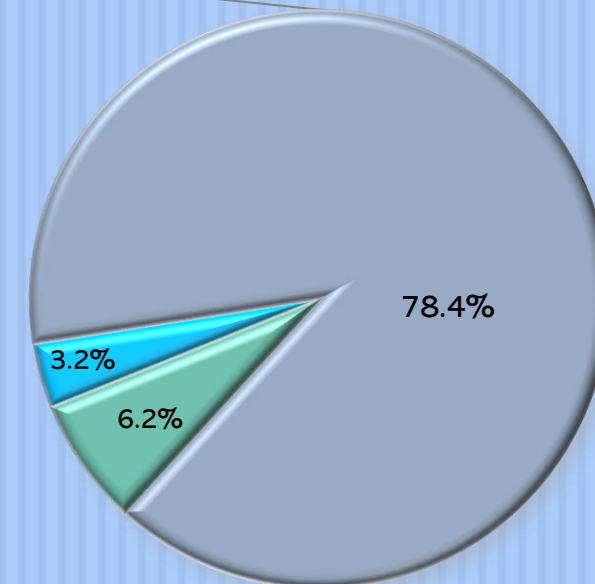
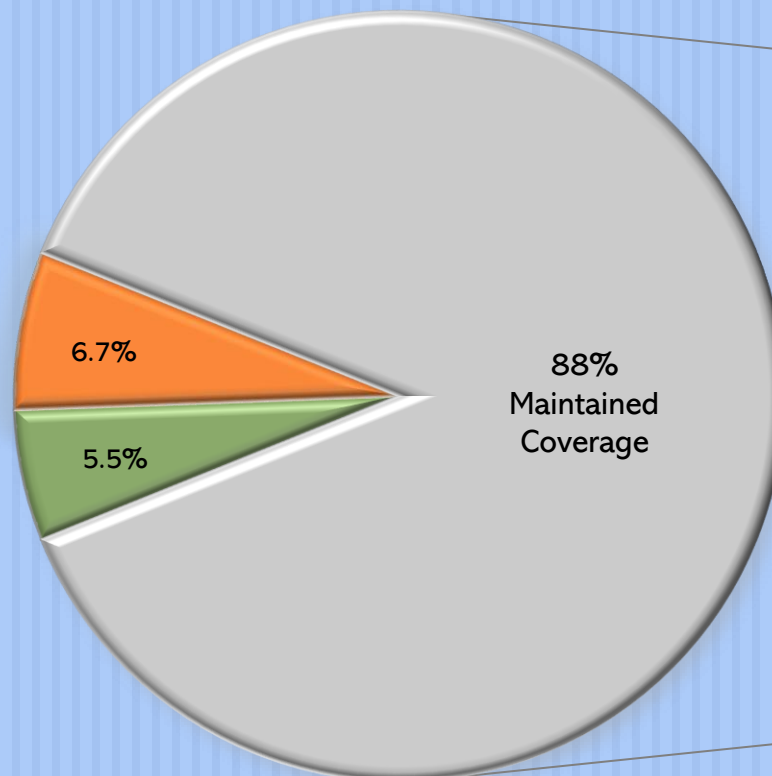
HUSKY RENEWAL OUTCOMES – LATEST STATUS

HUSKY Health Renewal Outcomes – October 2024

As reported by DSS to CMS at end of each month

Notes:

- ❑ Data captures renewal outcomes at individual level (not household). In October, 94,099 individuals went through the renewal process.
- ❑ 78% of individuals had coverage renewed without further information being requested from them. This is called an *ex-parte* or passive renewal.
- ❑ 6% 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.
- ❑ 3% 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.



- 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

HUSKY Health Renewal Outcomes - October 2024

By Medical Benefit Plan

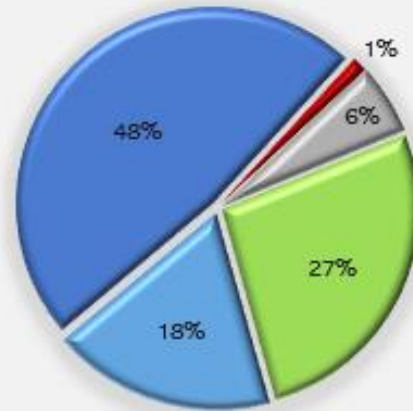
Notes:

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

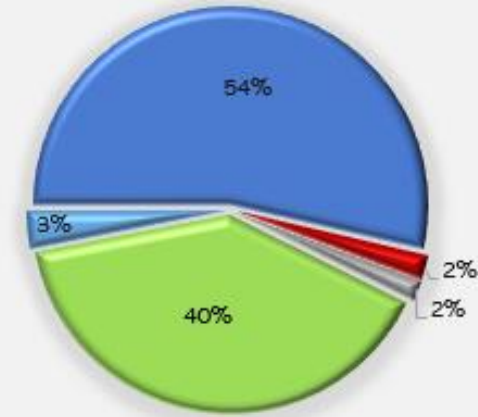
Renewed and retained in Medicaid/CHIP

N = 79,651



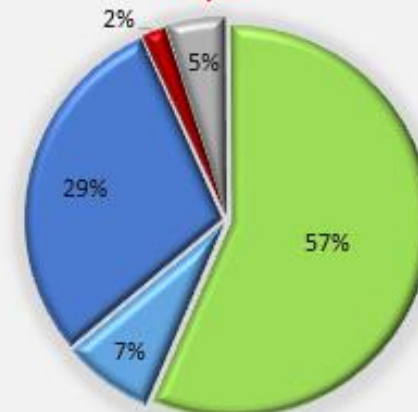
Determined ineligible for Medicaid/CHIP

N = 6,272



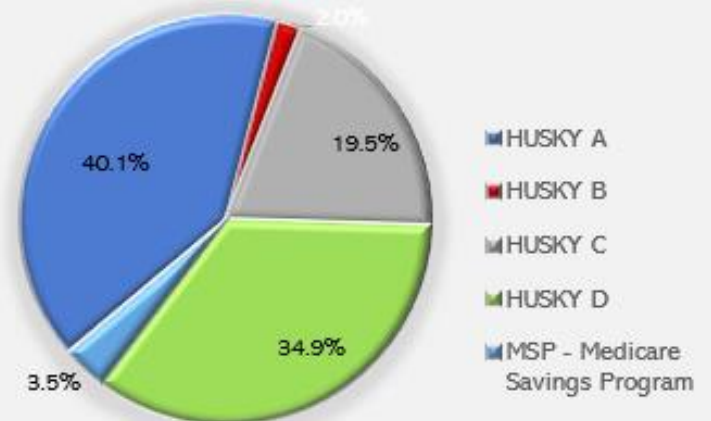
Terminated for procedural reasons

N = 5,183



Renewal in process

N = 2,991

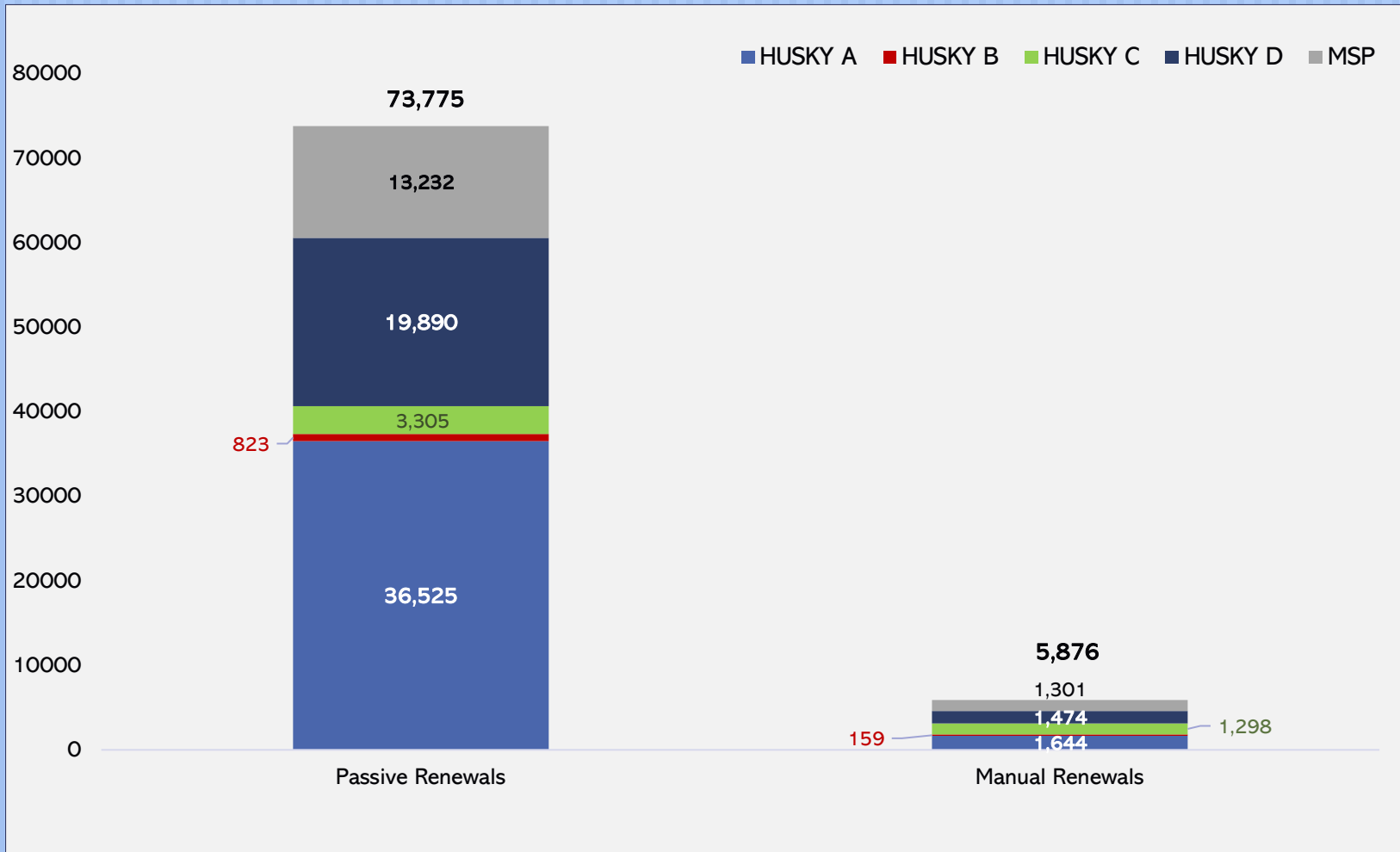


- HUSKY A
- HUSKY B
- HUSKY C
- HUSKY D
- MSP - Medicare Savings Program

HUSKY HEALTH RENEWAL OUTCOMES – OCTOBER 2024

PASSIVE VS. MANUAL RENEWALS BY MEDICAL BENEFIT PLAN

During October 2024, 78% of individuals renewed “passively”, 6% renewed using a pre-filled form.

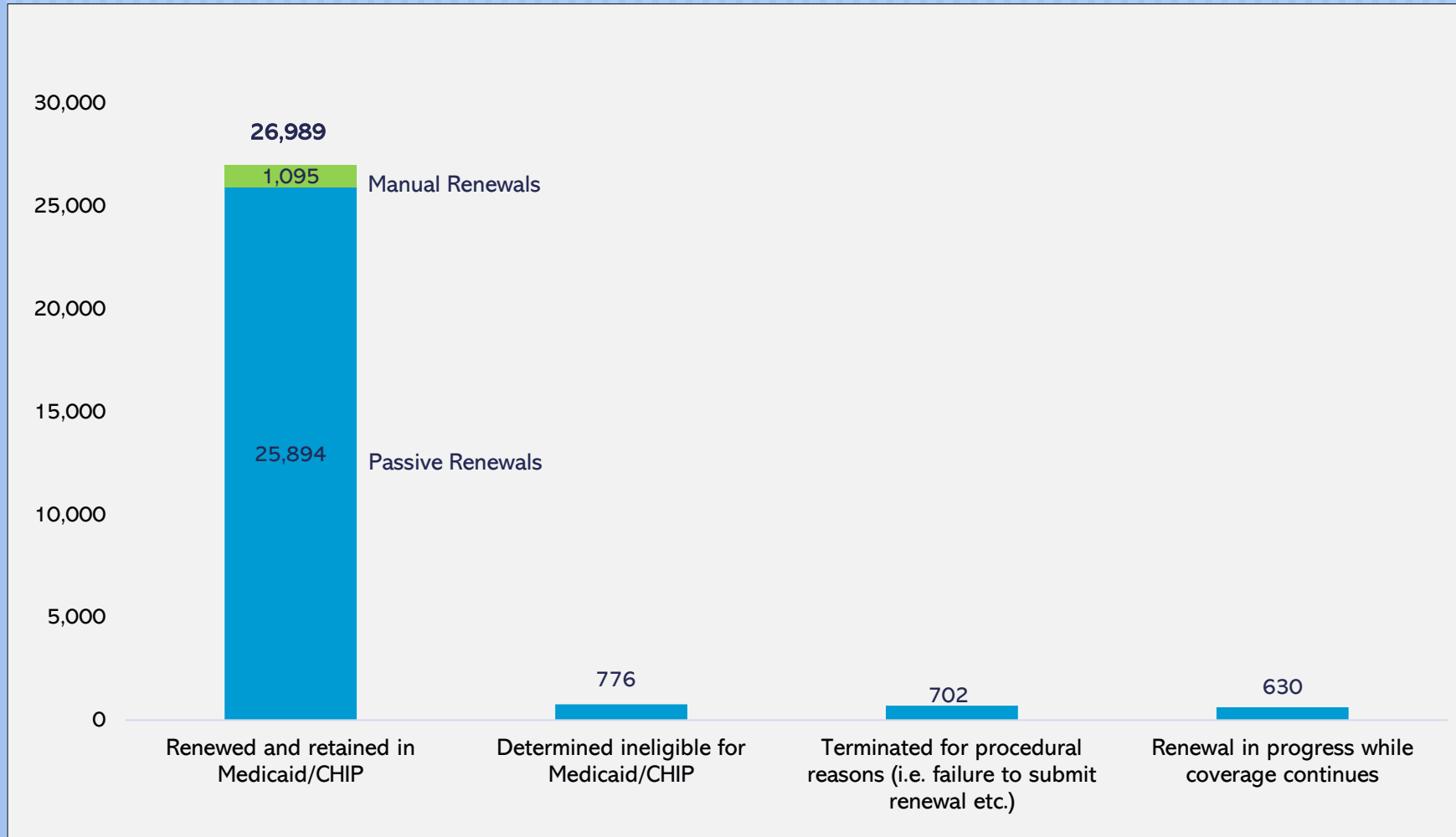


Notes:

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HUSKY HEALTH RENEWAL OUTCOMES FOR CHILDREN – October 2024

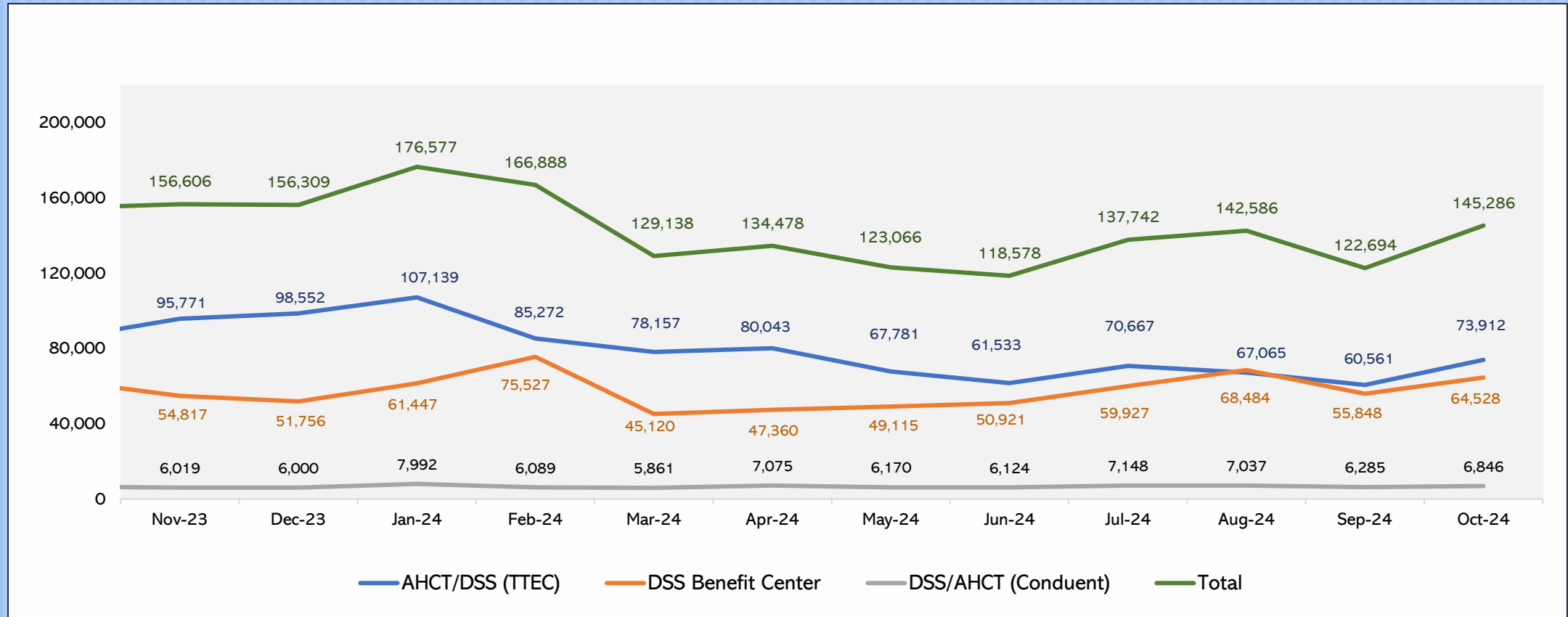


Notes:

- ❑ 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.

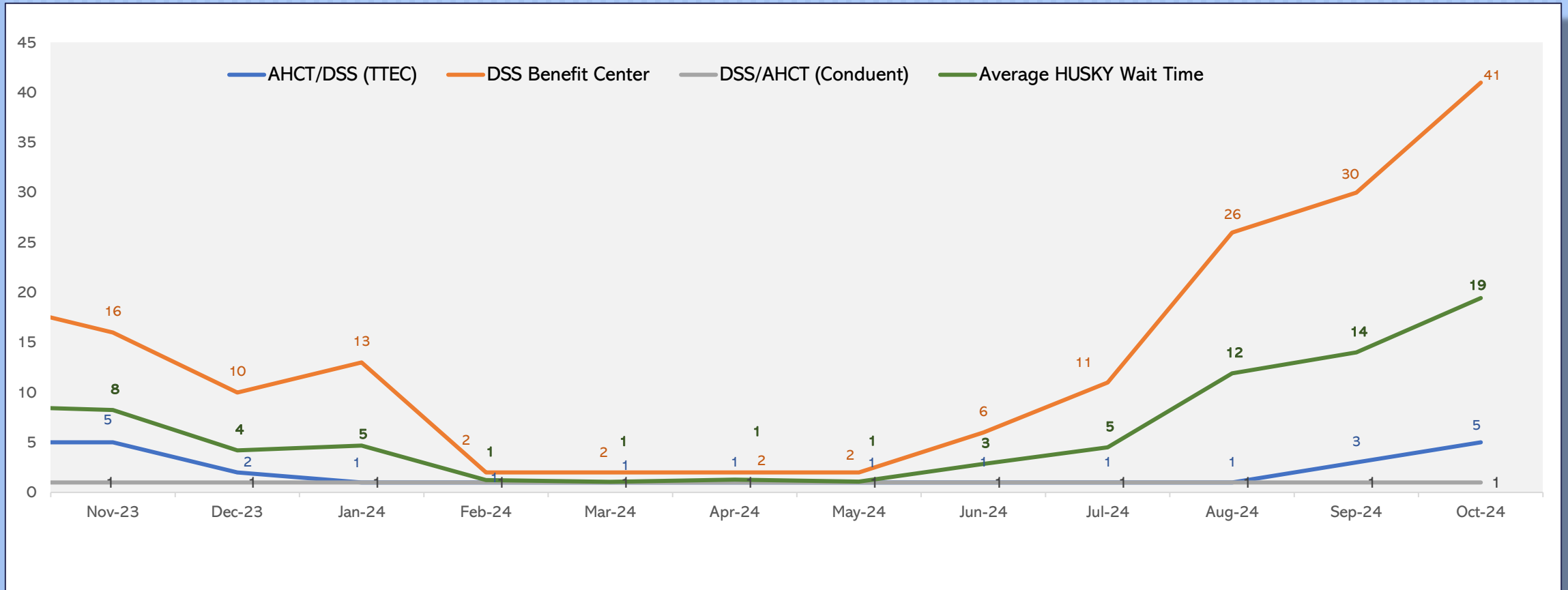
CALL CENTER DATA ACROSS ALL HUSKY CONTACT CENTERS

HUSKY Call Volume By Call Center



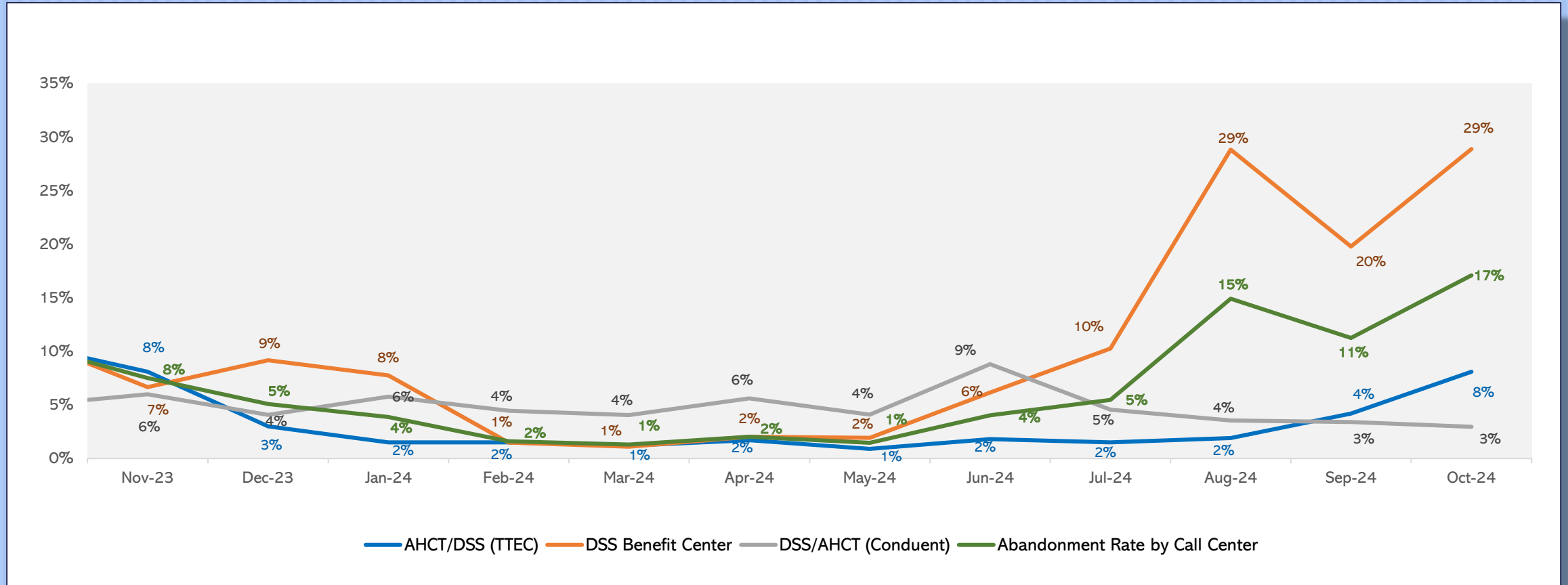
Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. The DSS Benefit Center handles 30% of Medicaid/CHIP calls. Total call volume for the Benefit Center in October was 230,457.

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

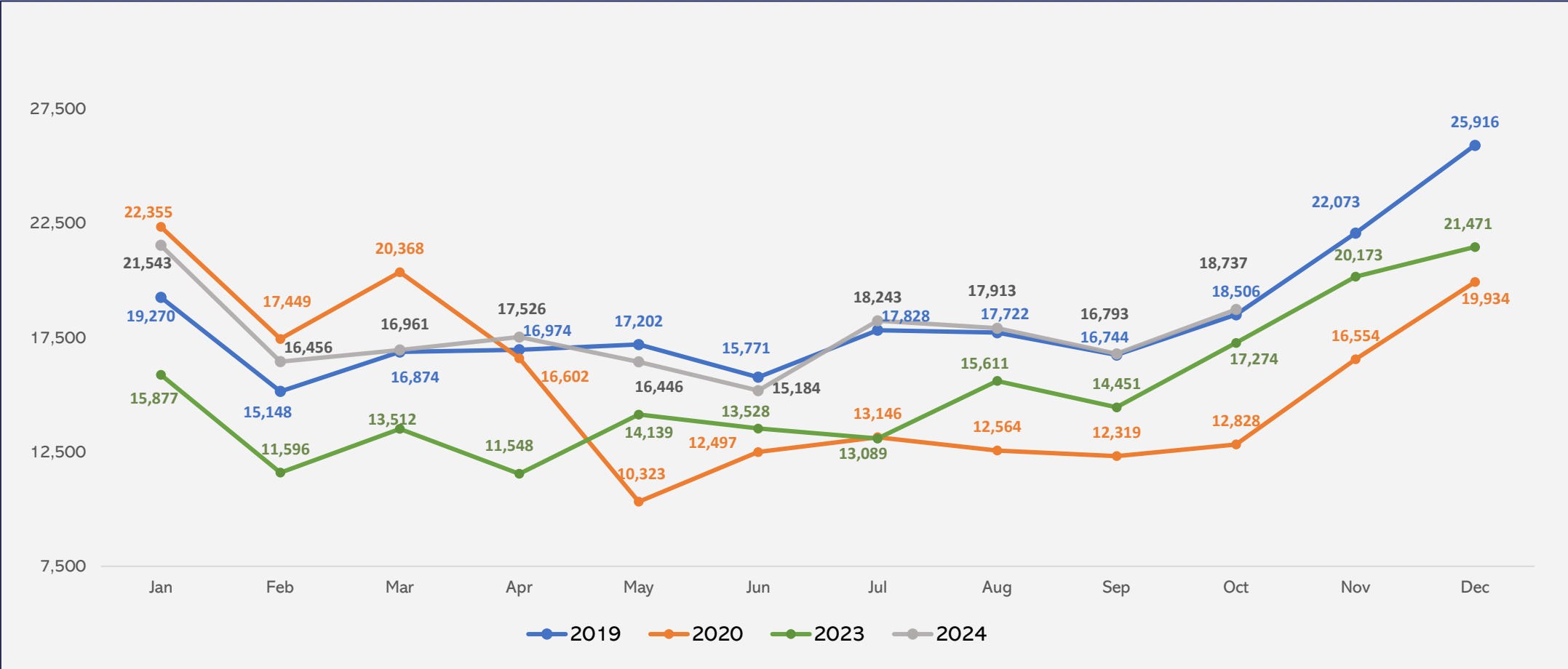


Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

NEW HUSKY APPLICATION ACTIVITY AND TIMELINESS

Year-Over-Year New Medical Applications

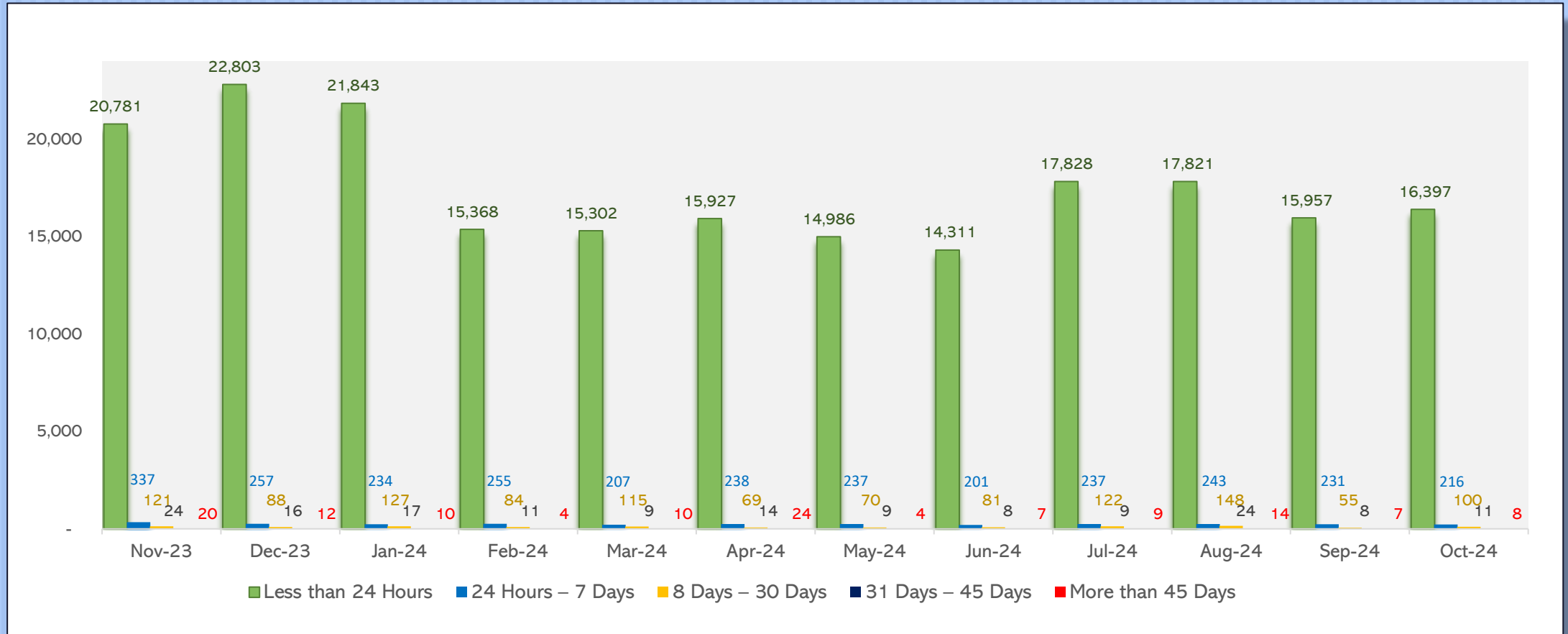
DSS consistently maintains an average of 98% processing timeliness



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

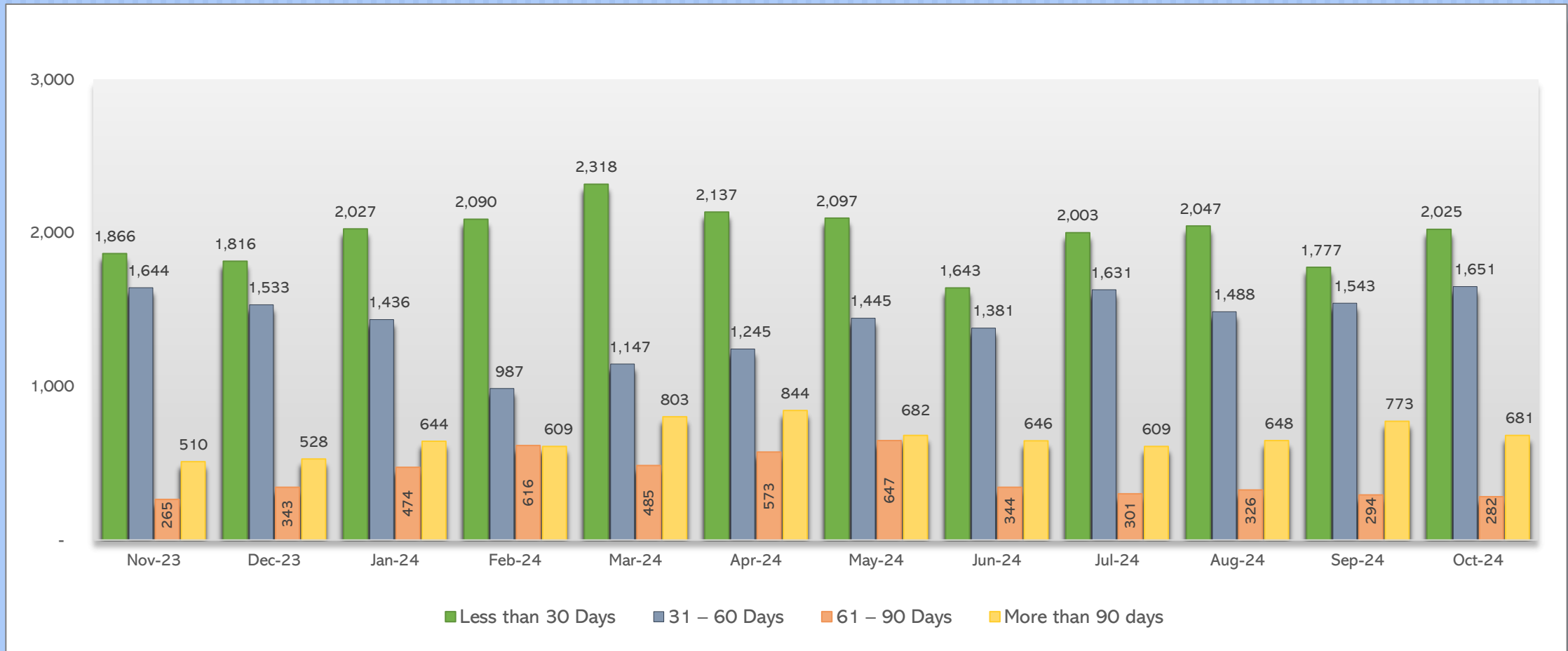
(current median processing time less than 24 hours)



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 32 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.