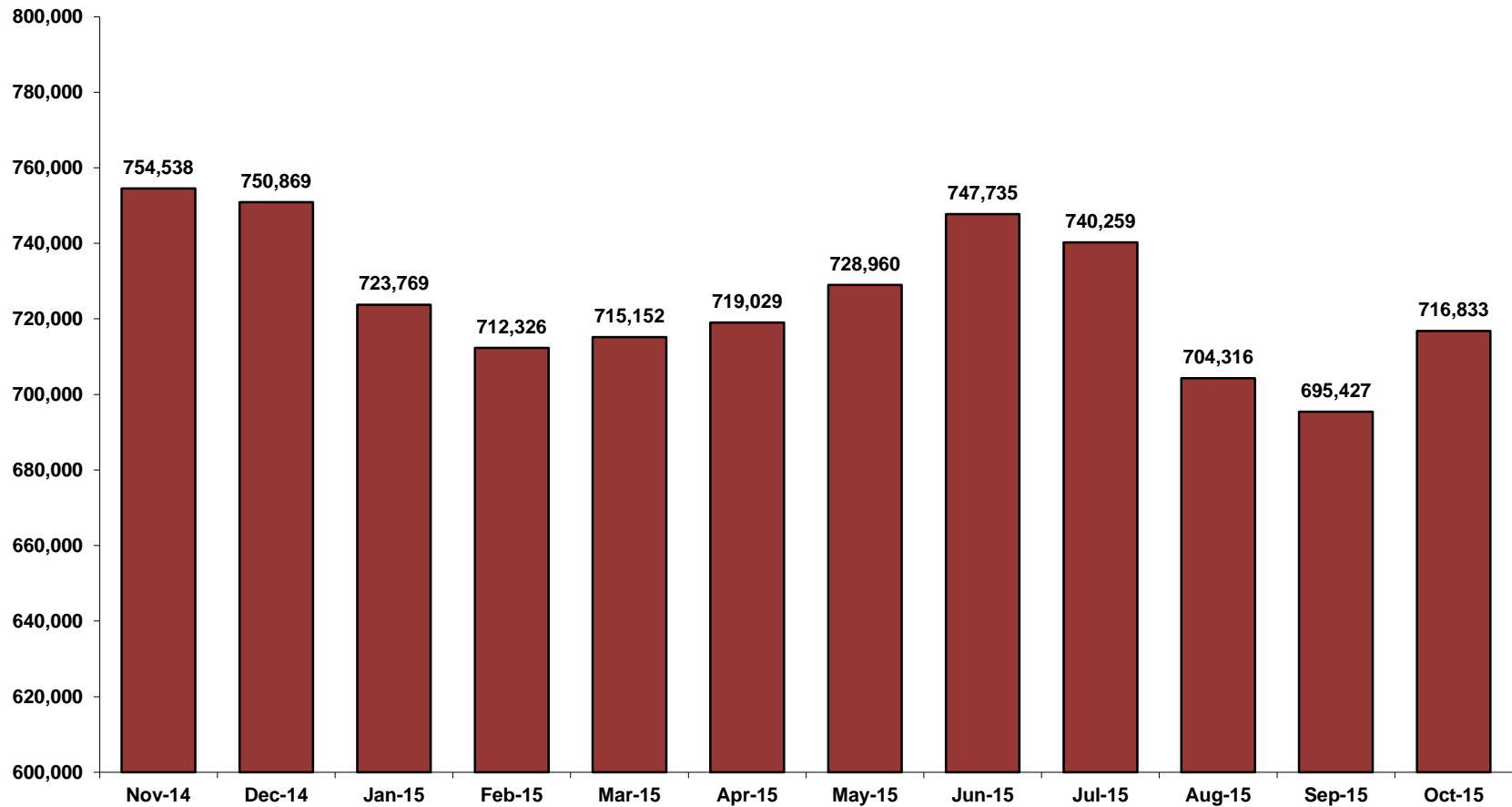


HUSKY Enrollment Update

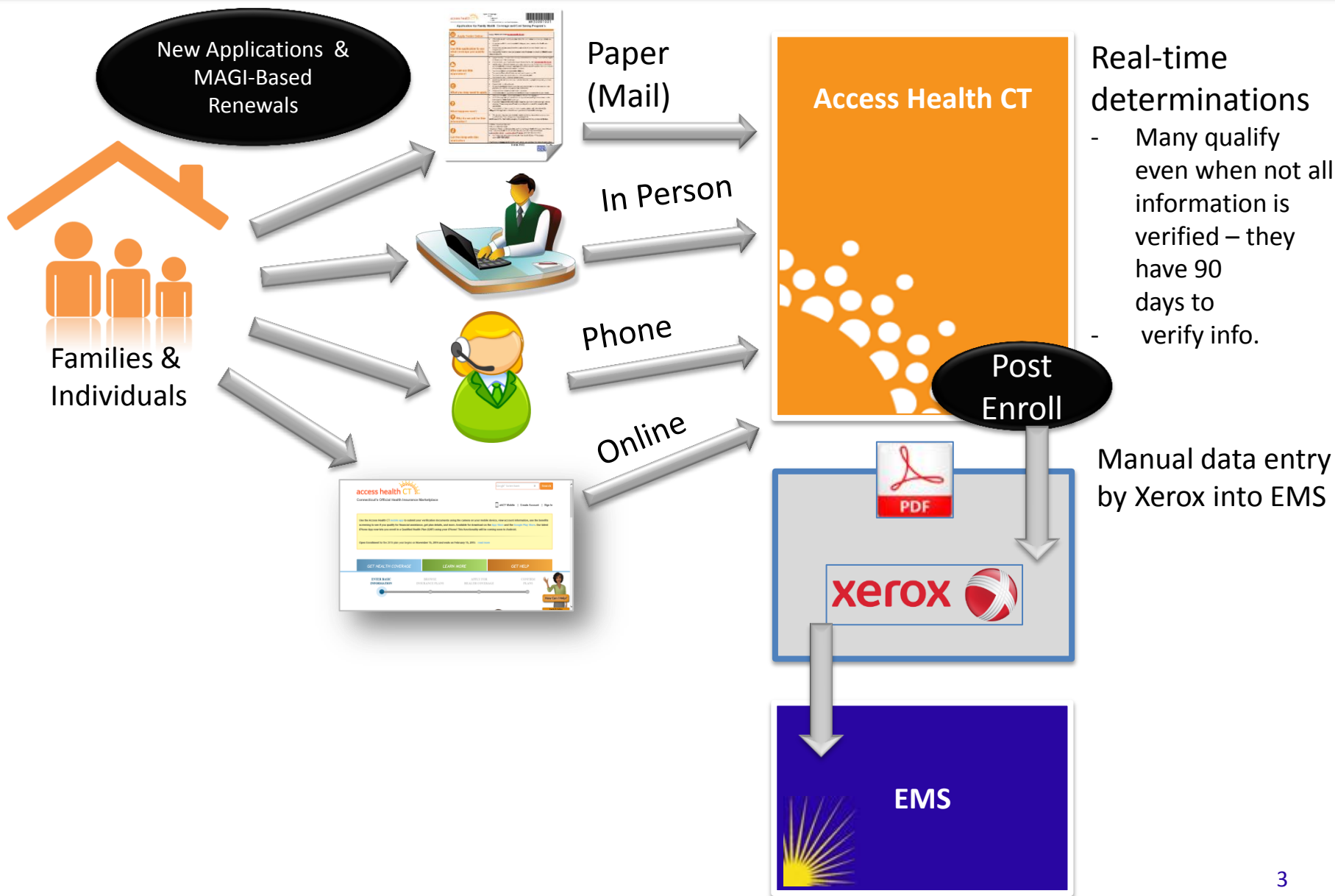


Prepared for MAPOC
November 13, 2015

Total Medicaid Enrollment



*Enrollment data is from the Active Medical Assistance Coverage Groups Eligibility Report - DMF 8026I



- EMS is the data source for HUSKY A, C and D enrollment numbers.
- MAGI-based HUSKY A and D eligibility is determined by our shared system with Access Health CT (AHCT).
- HUSKY A and HUSKY D EMS case processing relies on the entry of PDFs created by the AHCT system (Grants, renewals, changes and closures).
- **PDF processing affects EMS enrollment numbers.**

- When MAGI Medicaid/CHIP went live in October 2013, we saw an increase in enrollment attributable to:
 - Adult (HUSKY D) expansion.
 - Increased awareness and marketing – “woodwork affect”.
- This was expected and is also a measure of Connecticut’s success at implementing the ACA.
- HUSKY A and D enrollments from Oct. 2013 through January 2014 all became due for renewal in December 2014.



- The ACA also allows individuals and families to qualify for HUSKY A, B & D more quickly than ever before:
 - With an approved federal waiver, we started enrolling HUSKY A, B & D applicants based on their self-attested income information when we could not electronically verify their income.
 - We can verify income electronically in many cases.
 - If we cannot verify income electronically, individuals have up to 90 days to verify their self-attested information.
 - Those who do not verify income as requested risk losing eligibility.
 - Disenrollment began in February 2015 for those who did not verify income.



HUSKY A, B and D Households Receiving Assistance Before 2014 Must be Redetermined Using MAGI Rules:

- Many MAGI-based determinations deferred, commencing in September 2014.
- We also allowed redeterminations to extend up to 4 months to provide plenty of time to renew (many non-MAGI HUSKY A and D cases closed in January 2015 for failing to renew through Access Health CT).
- EMS “pre-MAGI” cases are closed as a result of this transition.
- MAGI “awards” create PDFs requiring entry in EMS.

- **Result** – a large inventory of PDFs began growing in early 2015:
 - Startup of the MAGI Renewal process (1 year anniversary).
 - Transition of non-MAGI (EMS) to MAGI (AHCT).
 - Disenrollments for failing to verify income within 90 days.
 - Individuals and families received notices from Access Health, but data entry into EMS fell behind.

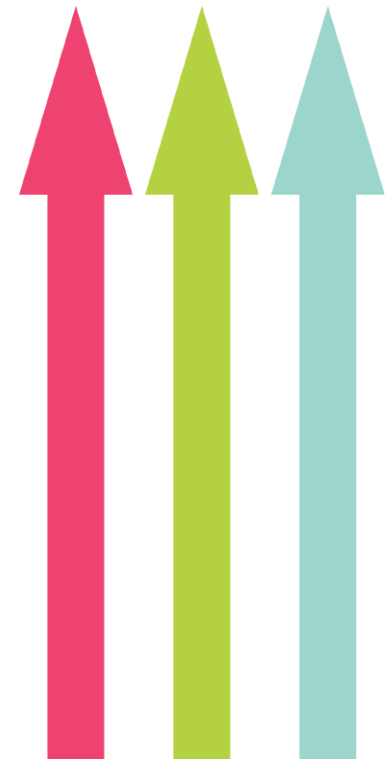
- 2015 Open Enrollment media coverage naturally also increased application activity.

- Increased volume exacerbated system issues (such as Multiple Initial Applications) and PDF data entry time took longer:

Large PDF inventory– actions taken:

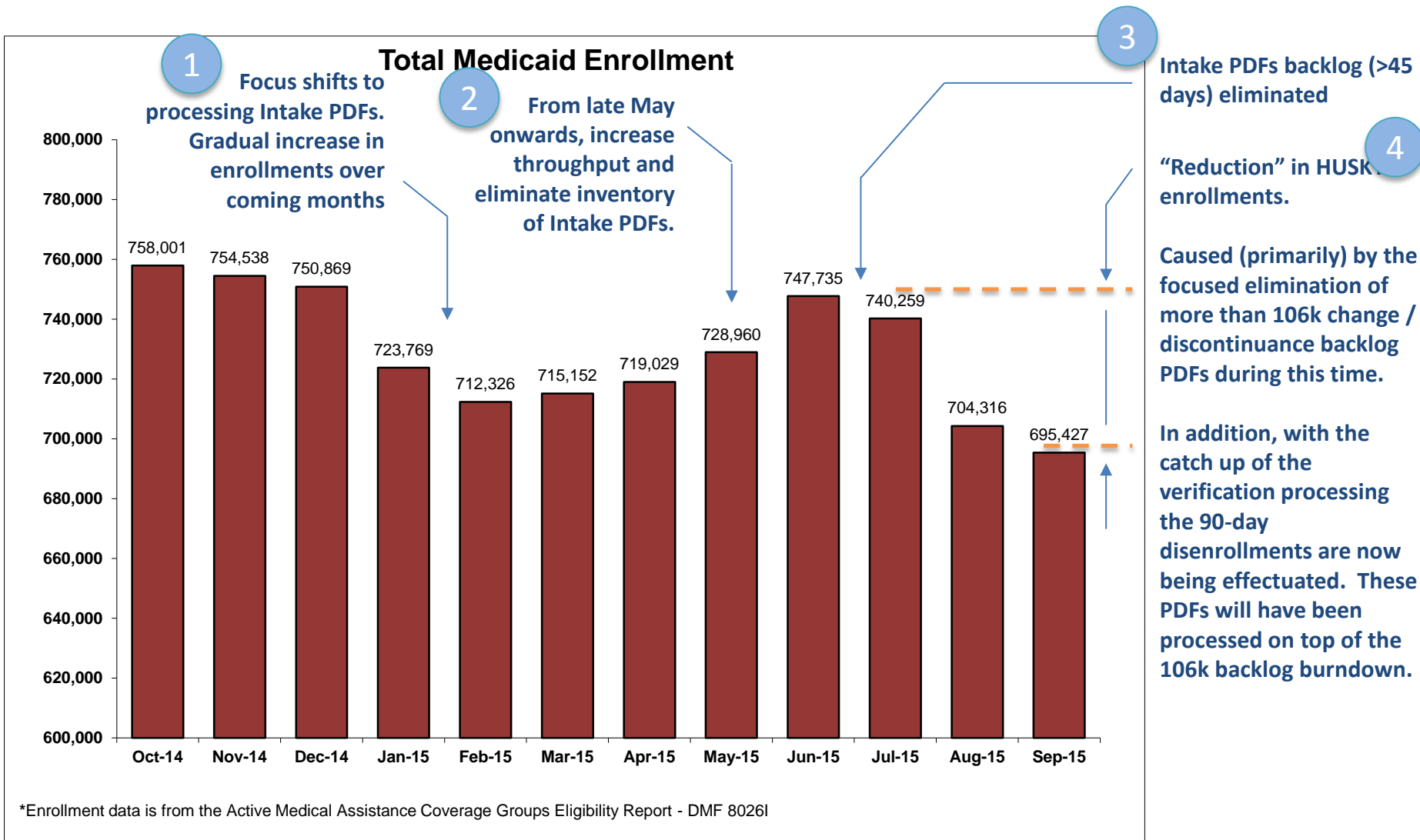
- Priority given to new awards and “non-MAGI” to MAGI redeterminations.
- Lowered priority of changes and discontinuances.
- “Leaning” of Xerox work processes.

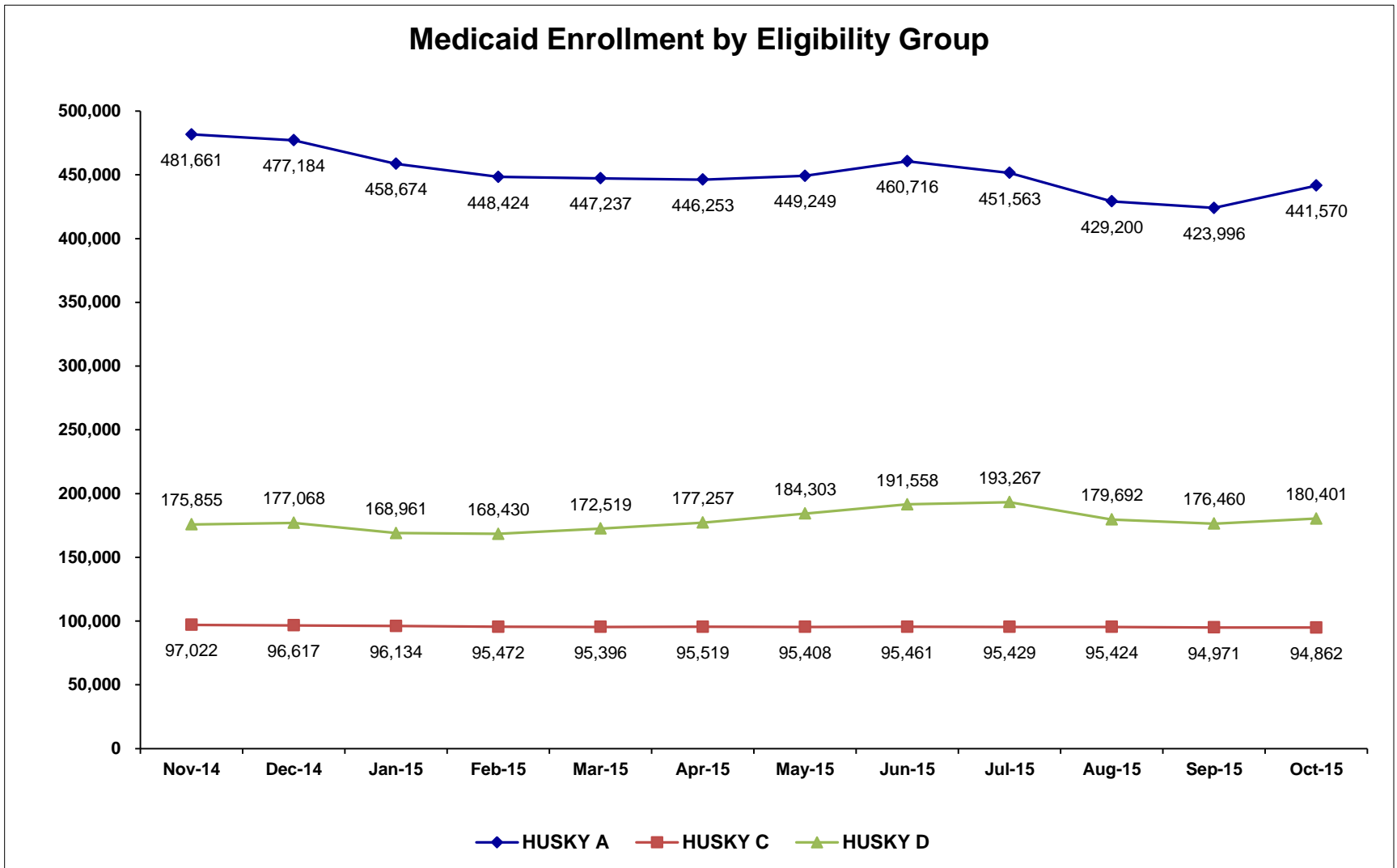
- After February 2015, increase in enrollments due to priority-processing of Intake PDFs.
- Disenrollment PDFs not processed.
- Enrollments accelerate in May and peak in June, attributable to the “leaning” and increased productivity at Xerox.



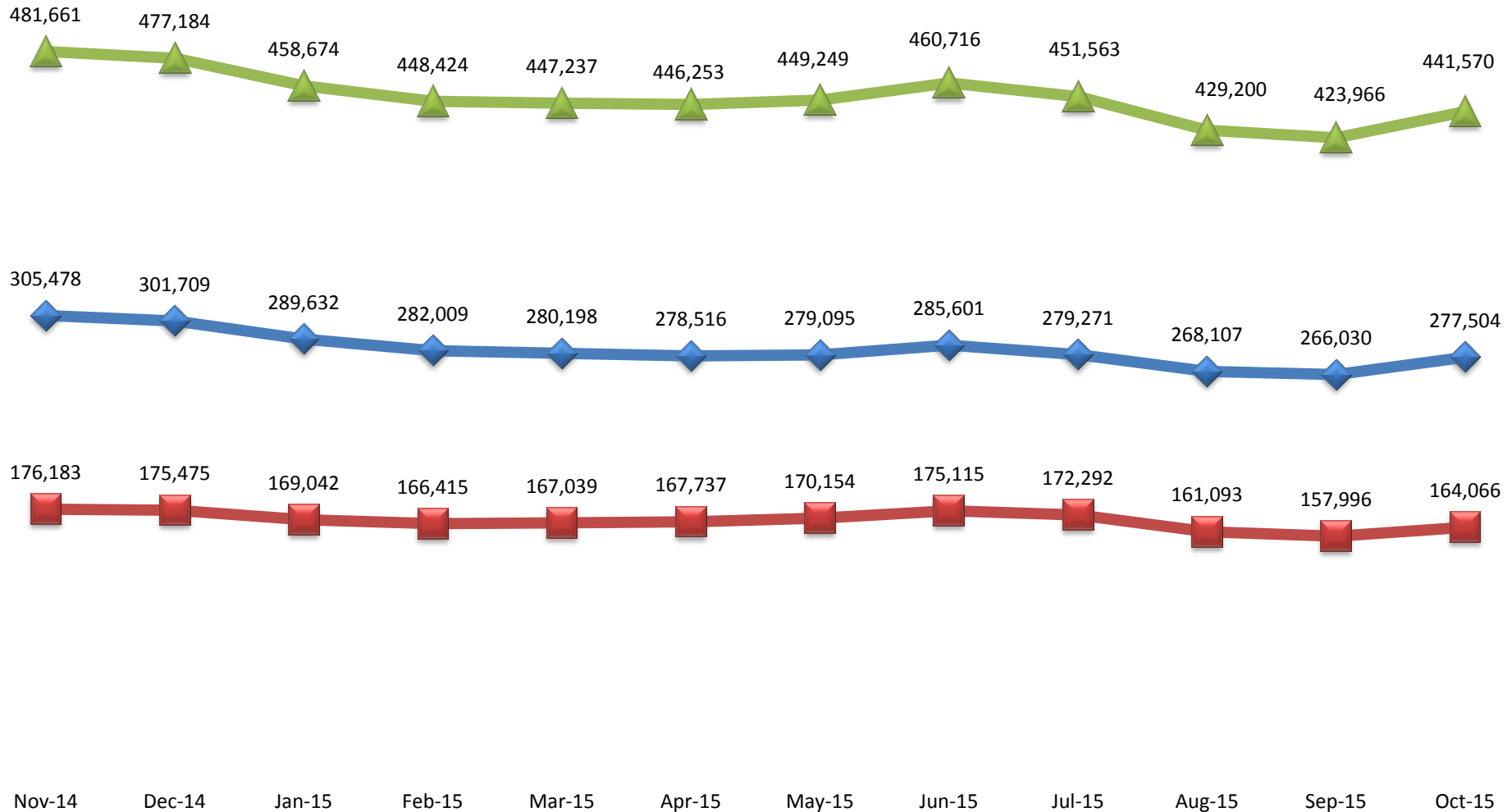
- In July 2015, we caught up on Intake PDFs and started catching up on disenrollment PDFs.
- Disenrollment PDF inventory cleared in October.
- **Result:**
 - HUSKY enrollment numbers appear to fall.
 - Enrollment “decline” due to EMS catching up with AHCT processing.
 - Prior to EMS disenrollments, individuals and households were notified of case actions through Access Health CT.
 - EMS enrollment numbers will be accurate as PDF processing is current.

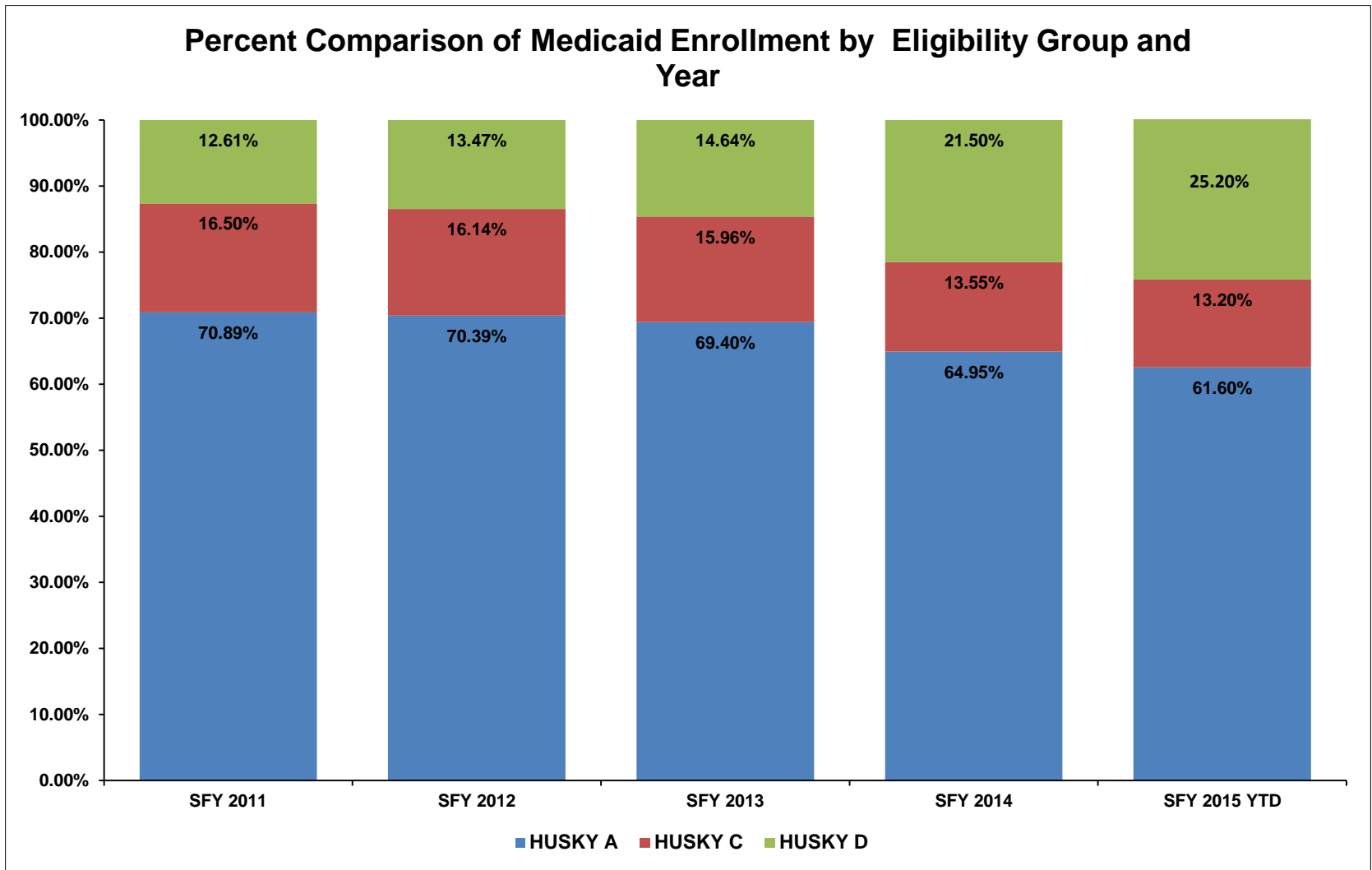






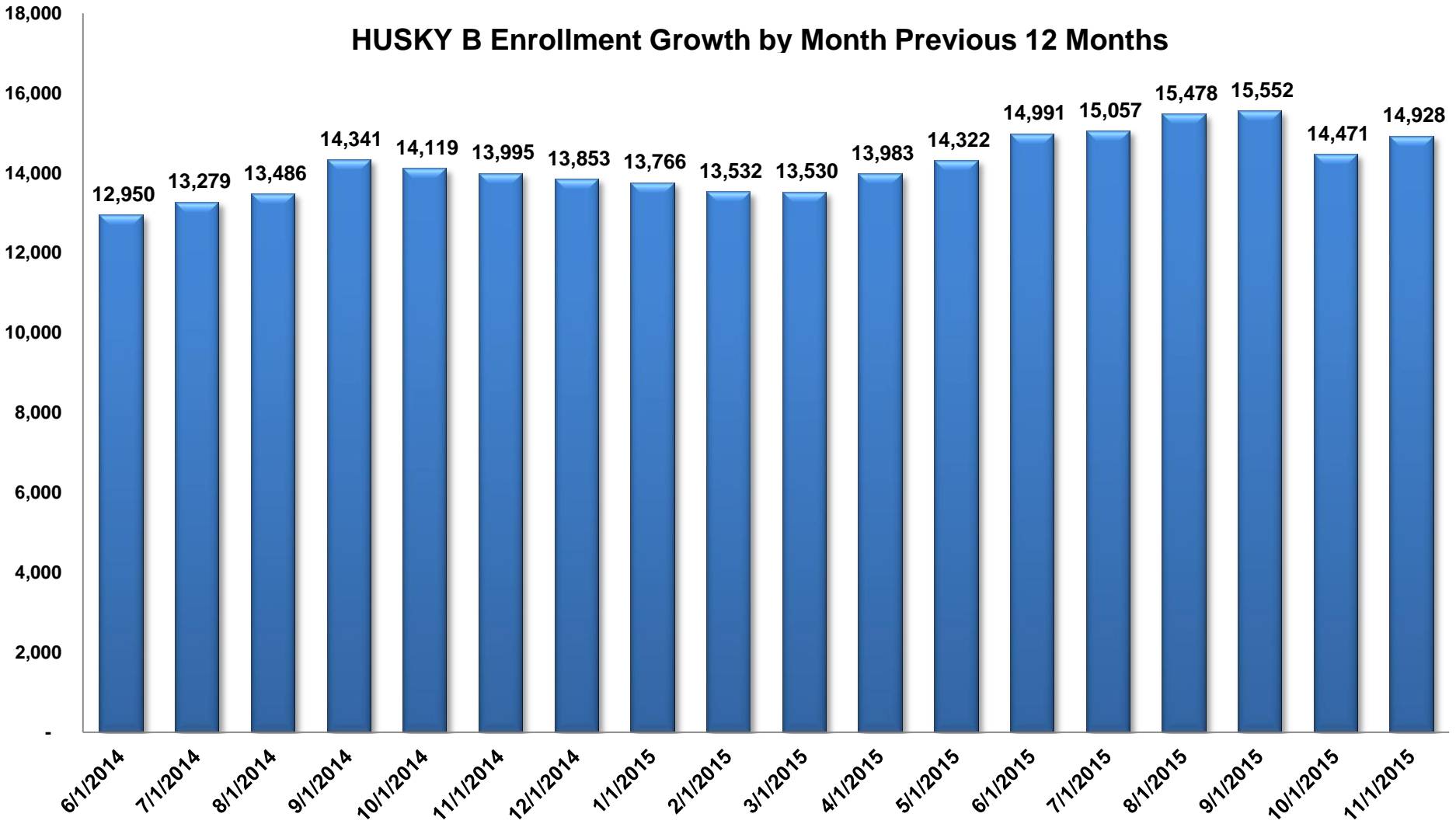
HUSKY A Recipients





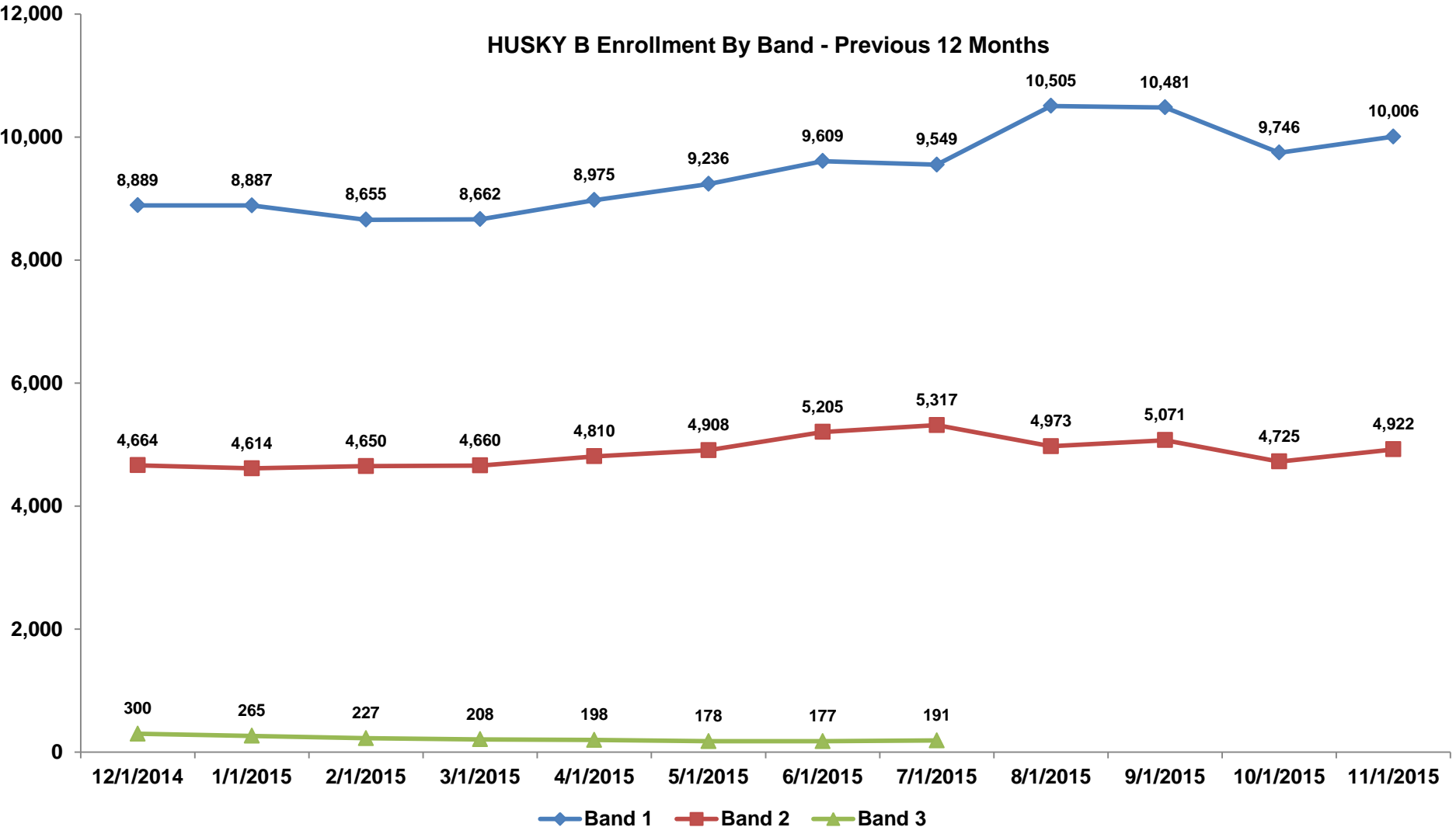


HUSKY B Enrollment Growth by Month Previous 12 Months



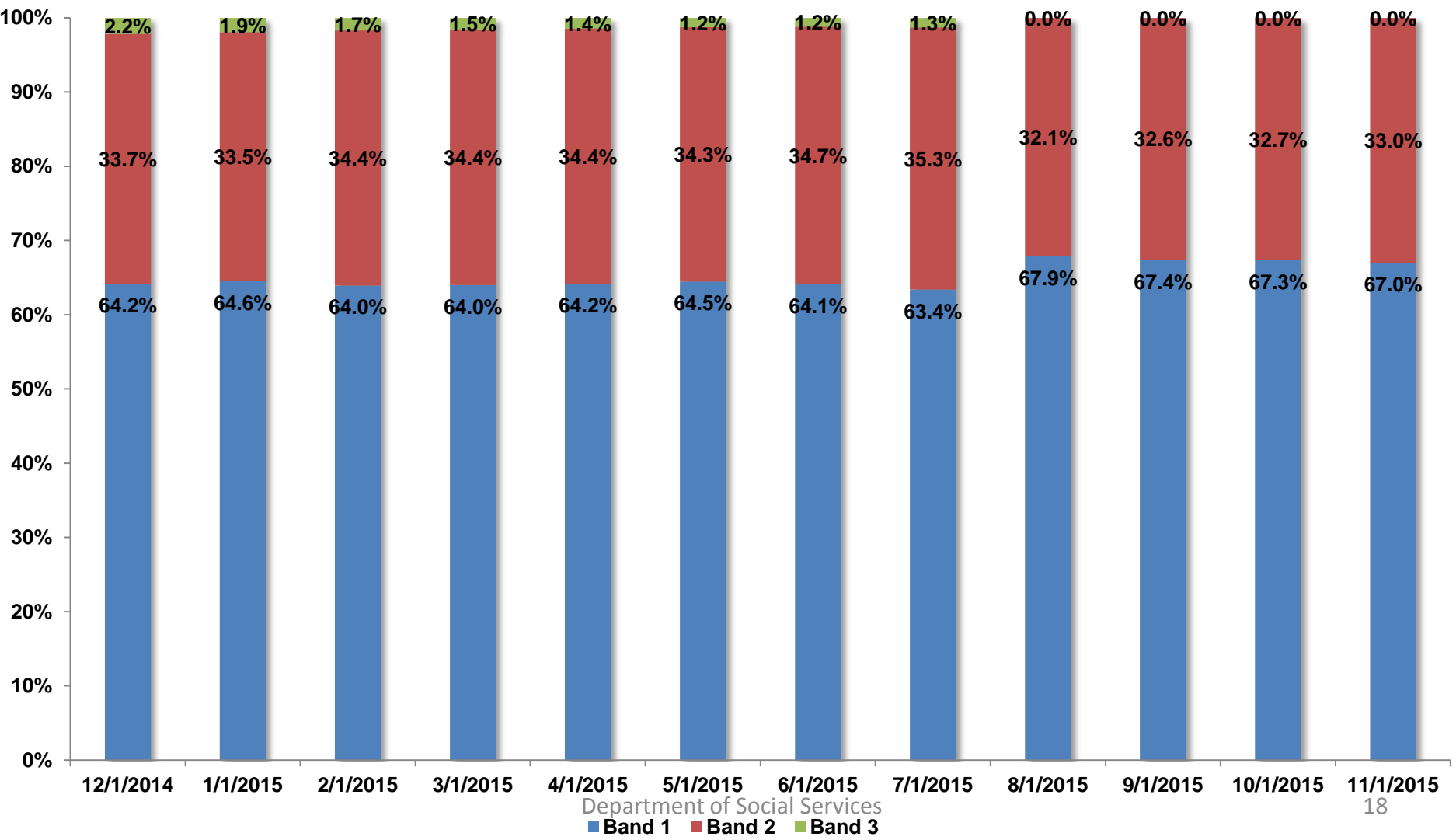


HUSKY B Enrollment By Band - Previous 12 Months





HUSKY B Enrollment by Band - Previous 12 Months





Thank You.