

HUSKY Health Program Performance Dashboard

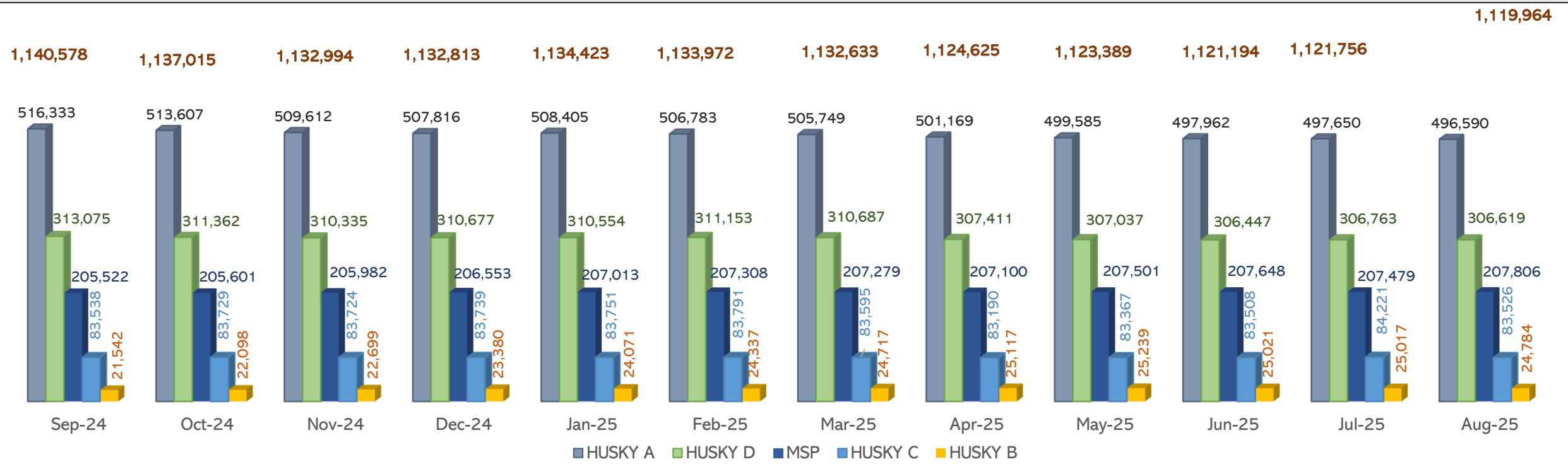


August 2025

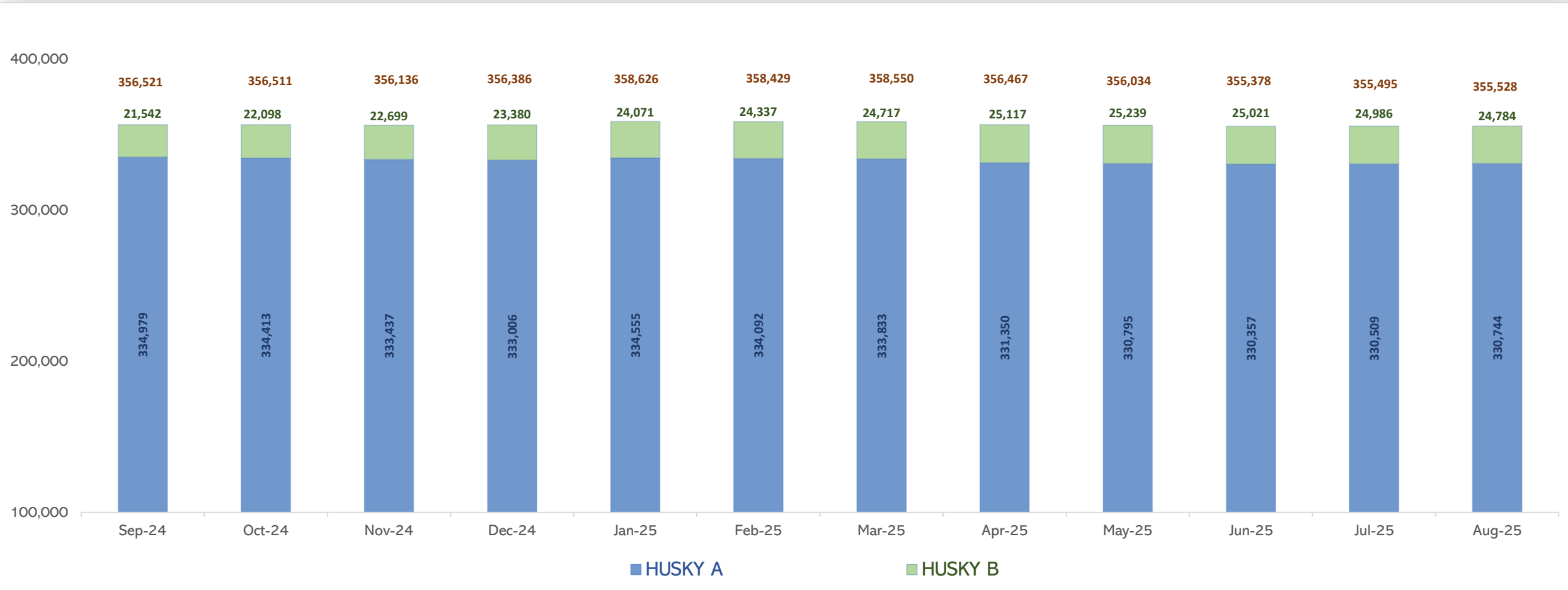


DEPARTMENT OF
SOCIAL SERVICES

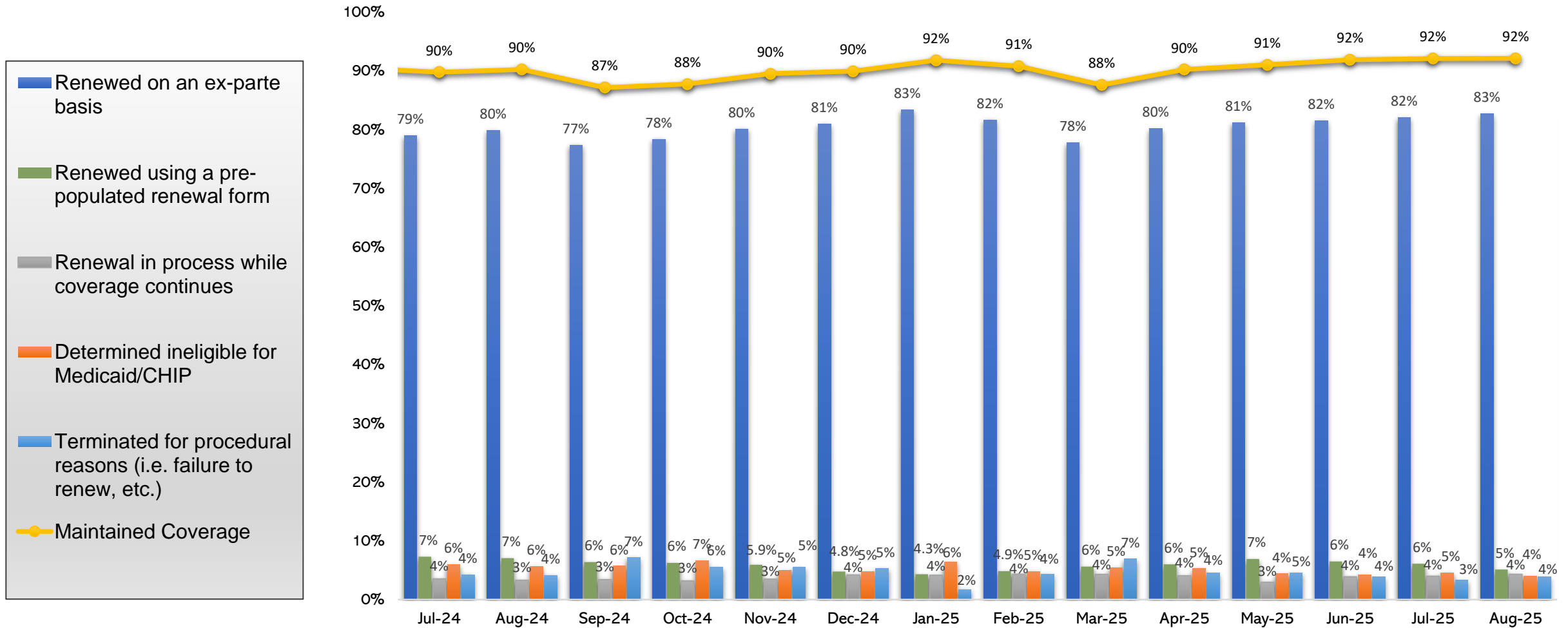
HUSKY Enrollment



** Excludes limited benefit programs and state-funded programs*



HUSKY Renewal Activity & Outcomes



During the last 12 months, an average of 90% of individuals maintained coverage at month end.

Renewal Disenrollment Tracking @ 90-Day Mark	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25
Total individuals disenrolled at renewal	7,022	9,883	8,652	11,073	11,455	10,675	9,953	6,443	9,225	13,161	7,308	7,600
Total individuals active currently in HUSKY/CHIP	1,699	2,326	1,850	2,394	2,457	2,481	2,237	1,497	2,190	2,749	1,749	2,033
Total individuals active currently in QHP/APTC	522	736	726	605	830	821	860	564	601	753	362	403
Total individuals active currently in Covered CT	473	596	626	646	813	773	887	651	750	839	569	596
Total Individuals who transitioned to non-MAGI HUSKY	21	35	36	35	45	46	49	34	48	49	31	34
Total individuals who closed and are now active	2,715	3,693	3,238	3,680	4,145	4,121	4,033	2,746	3,589	4,390	2,711	3,066
*Total individuals not enrolled in any state programs	8,407	3,909	4,390	4,307	6,190	6,554	5,920	3,697	5,636	8,771	4,597	4,534
Re-enrolled	37%	43%	40%	39%	37%	39%	41%	43%	39%	33%	37%	40%

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

About 39% of individuals who were disenrolled at renewal have regained coverage within 90 days from closure, 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.



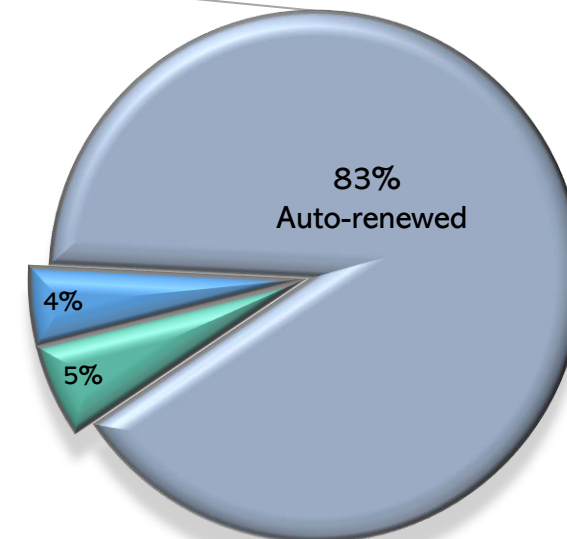
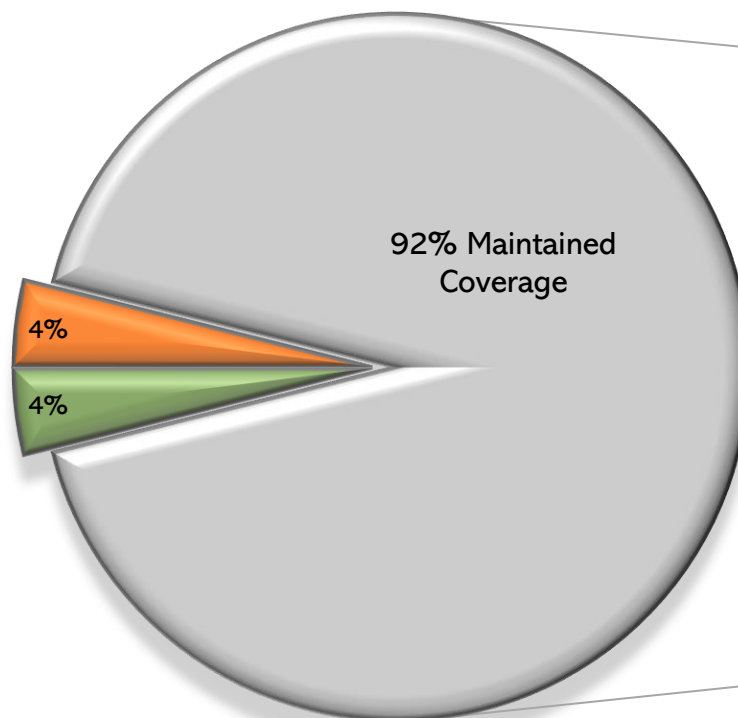
HUSKY Renewal Outcomes – Latest Status

Data captures renewal outcomes at individual level (not household).

In July, 89,089 individuals went through the renewal process.

- 83% of individuals had coverage renewed without further information being requested from them. This is called an *ex-parte* or passive renewal.
- 5% 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).
- 4% of individuals were determined ineligible for Medicaid.
- 4% lost coverage for procedural reasons. Approximately 38% of individuals who disenroll, re-enroll within 90 days from closure.

* *Data is point-in-time at tend 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

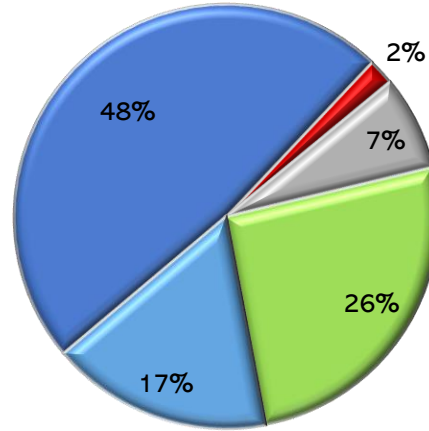
Outcomes by Benefit Plan

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

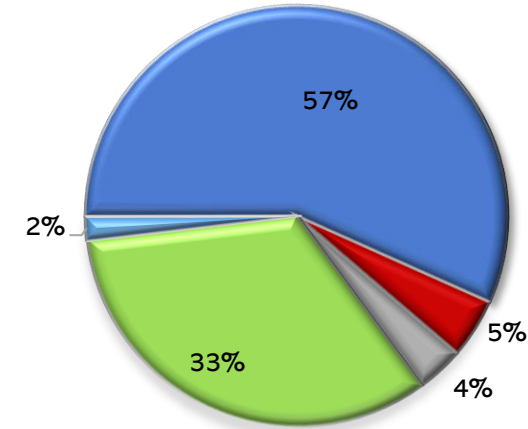
Renewed and retained in Medicaid/CHIP

N = 78,287



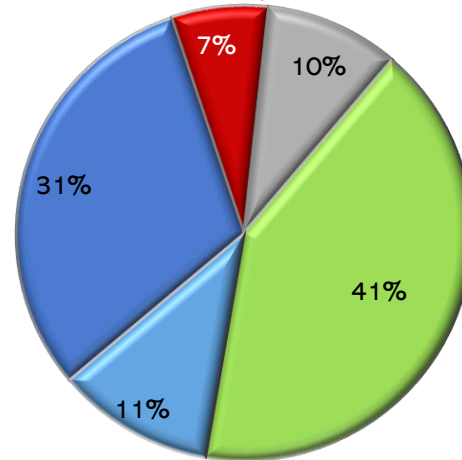
Determined ineligible for Medicaid/CHIP

N = 3,520



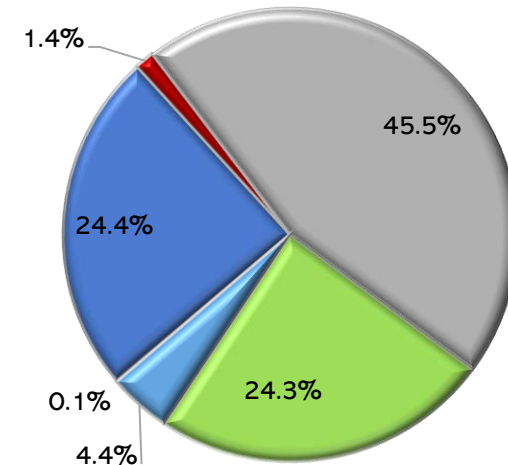
Terminated for procedural reasons

N = 3,451



Renewal in process

N = 3,830

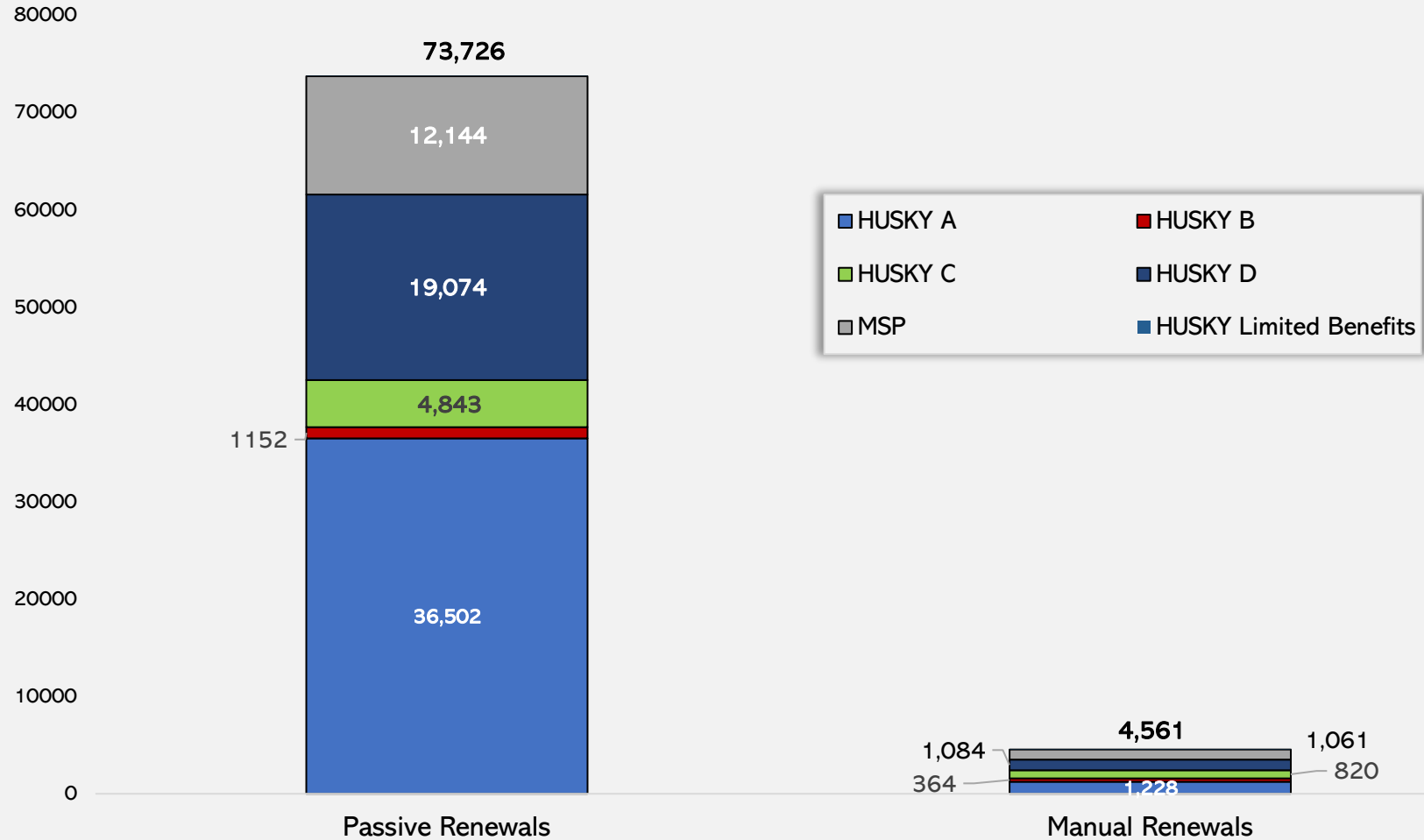


- HUSKY A
- HUSKY B
- HUSKY C
- HUSKY D
- MSP - Medicare Savings Program
- HUSKY Limited Benefits (< .05%)

Passive vs. Manual Renewals by Medical Benefit Plan

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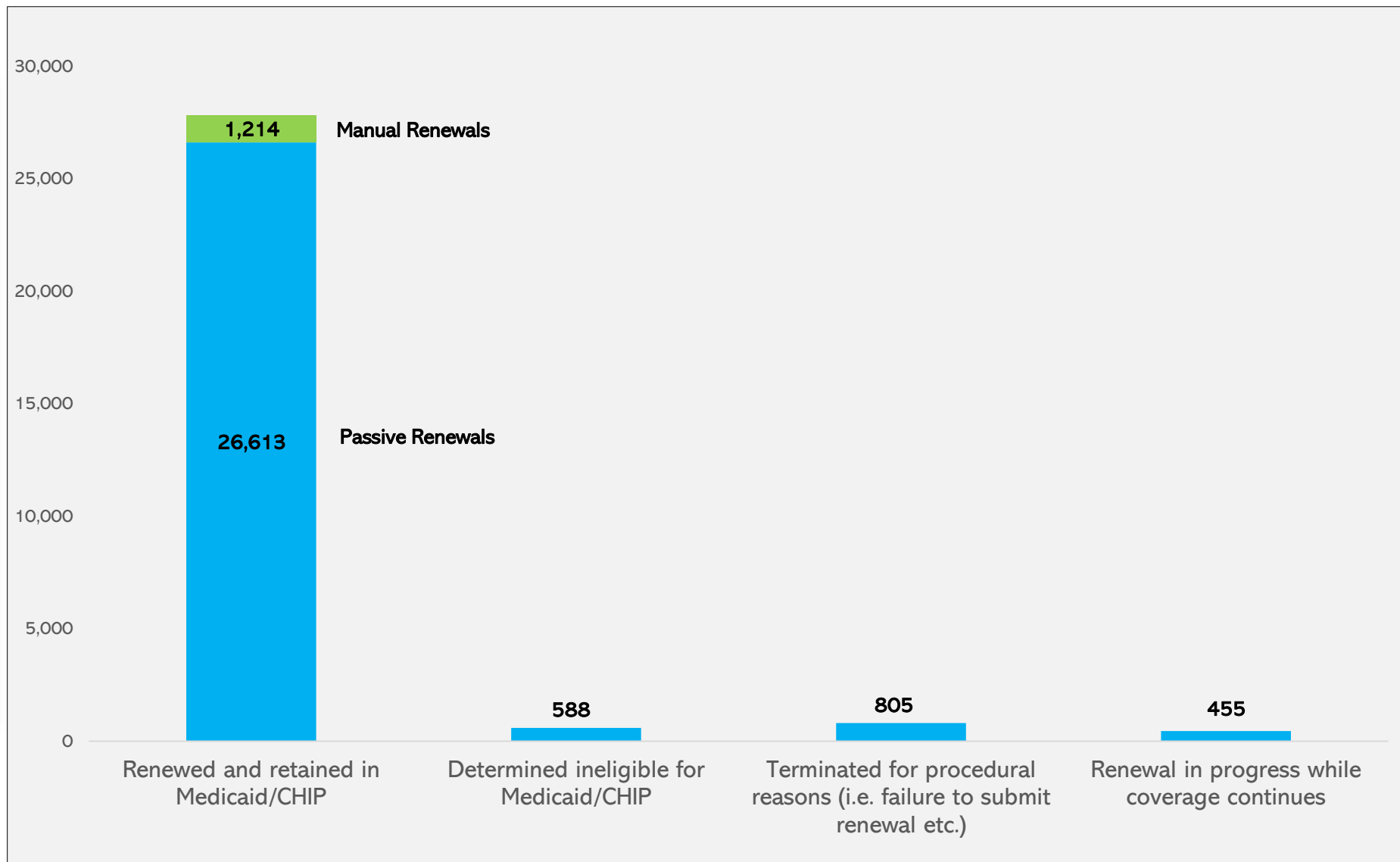
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During August 2025, 73,726 individuals renewed “passively” while 4,561 renewed using a pre-filled form.

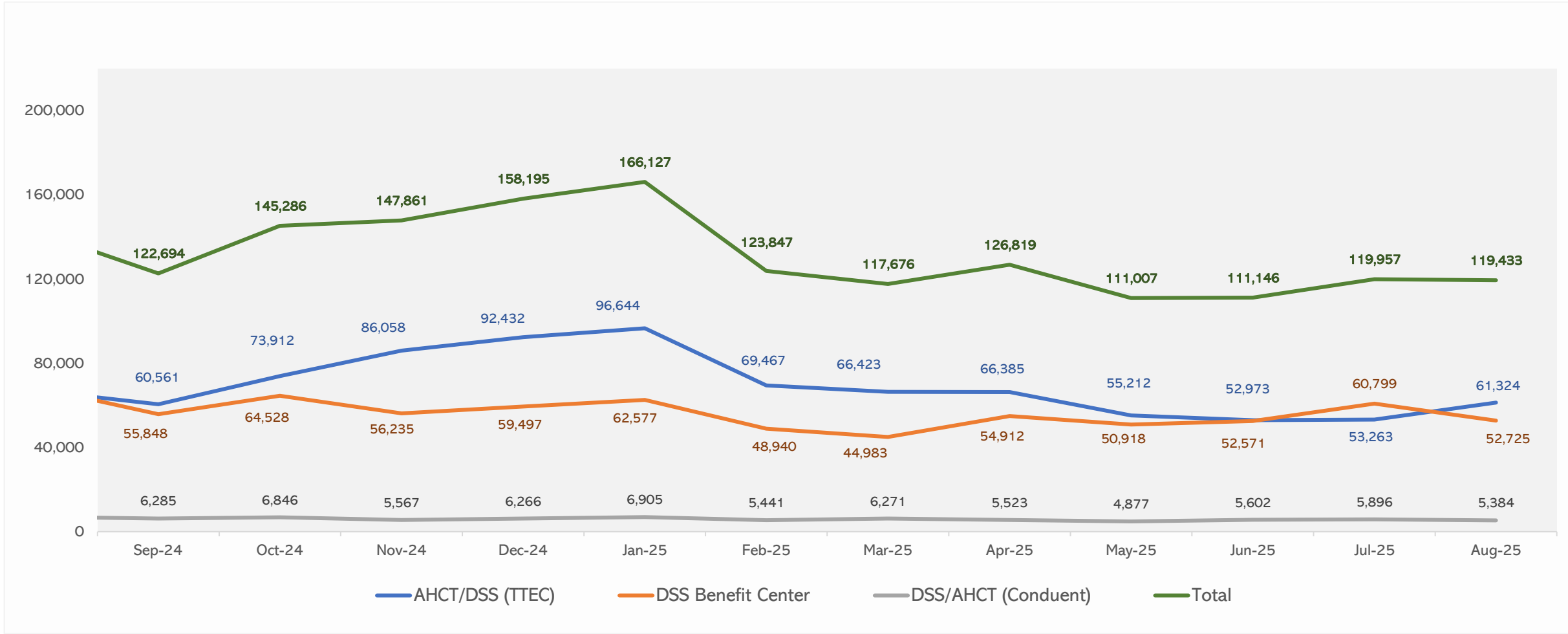
Renewal Outcomes for Children

- 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.

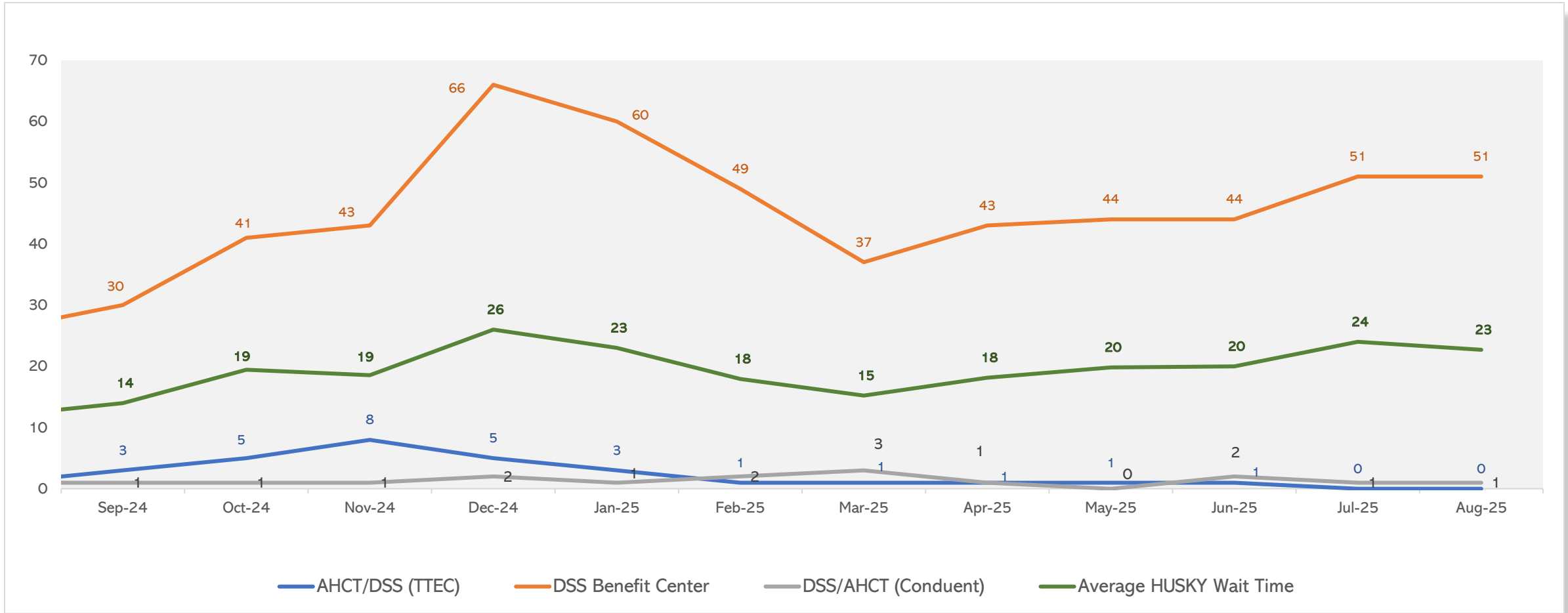




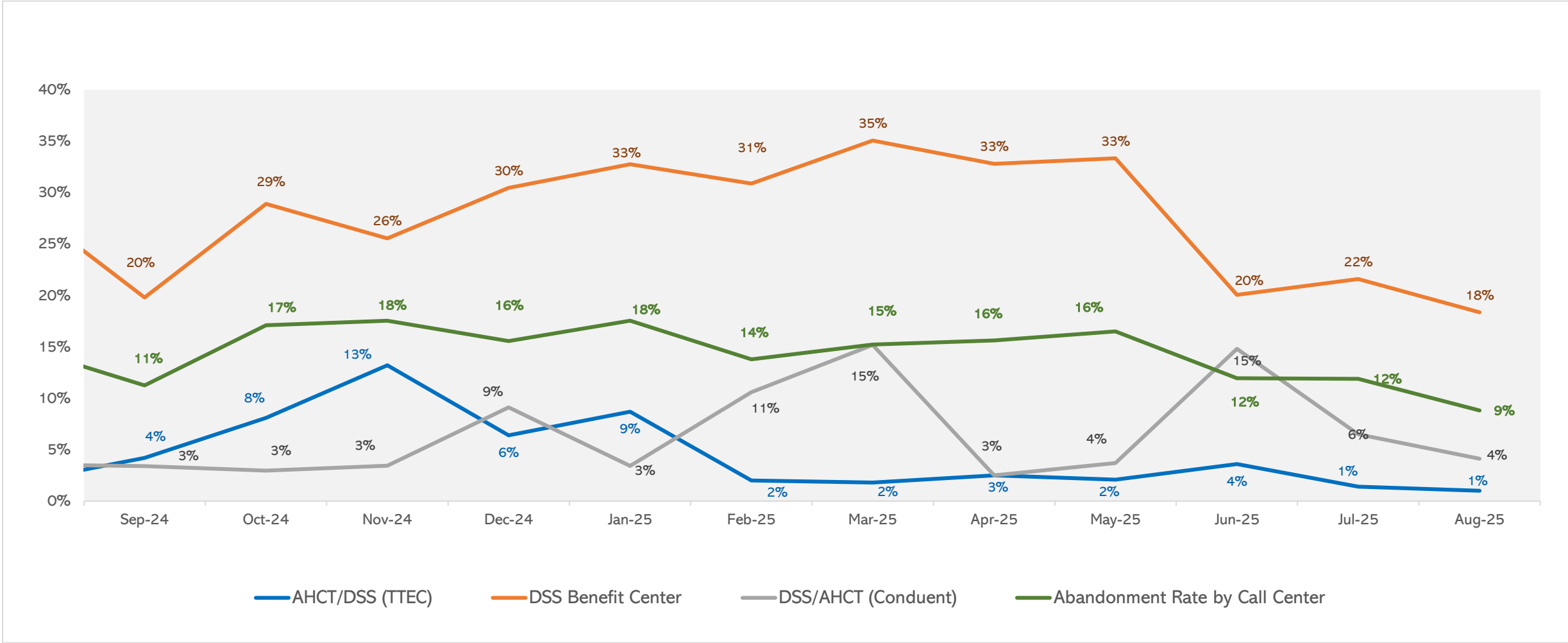
Call Center Data Across all HUSKY Contact Centers



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 August was 188,304 .



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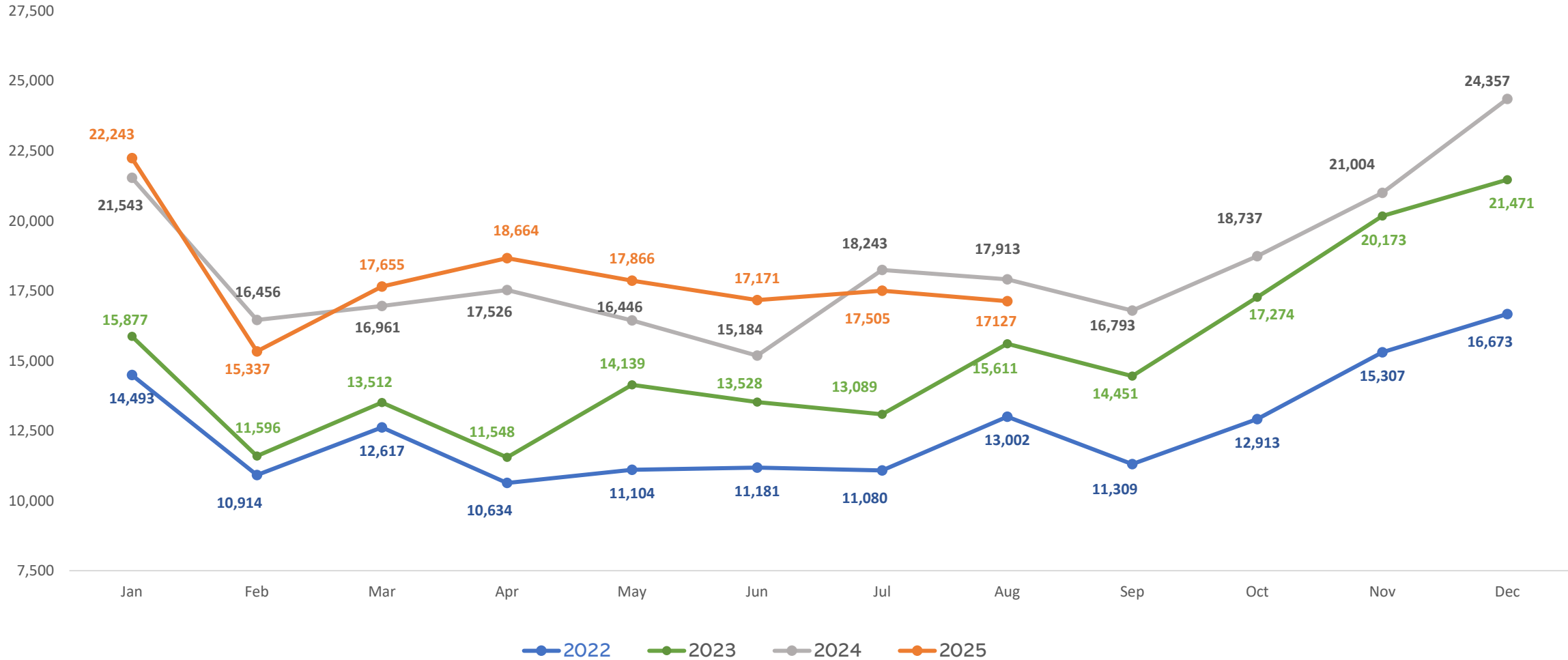


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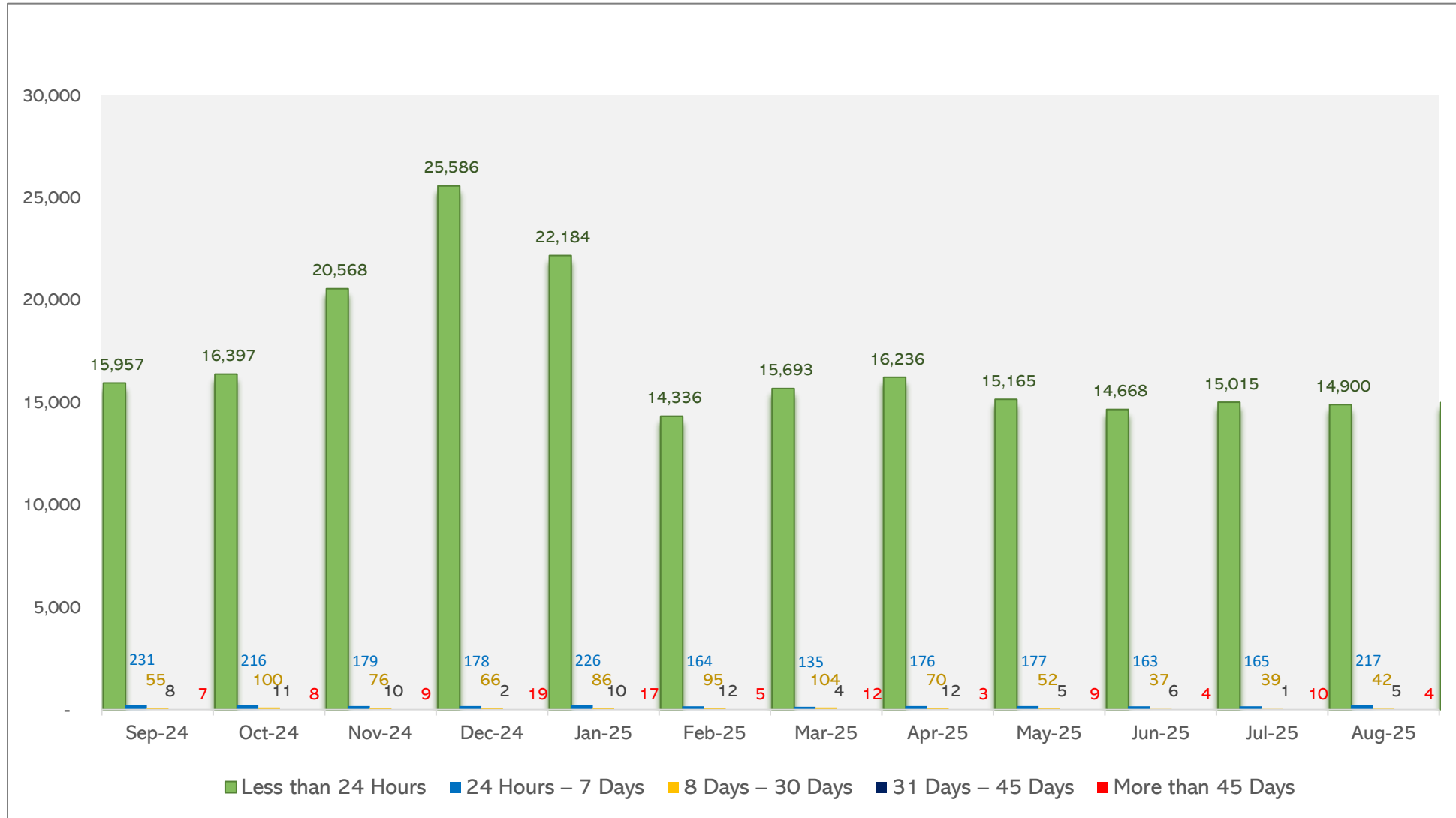


HUSKY Application Activity & Timeliness

DSS consistently maintains an average of 98% timeliness



- The standard of promptness for MAGI-based Medicaid applications is 45 days from receipt.
- Current median processing time in CT is less than 24 hours.



- 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.
- Current median processing time is 31 days.

