

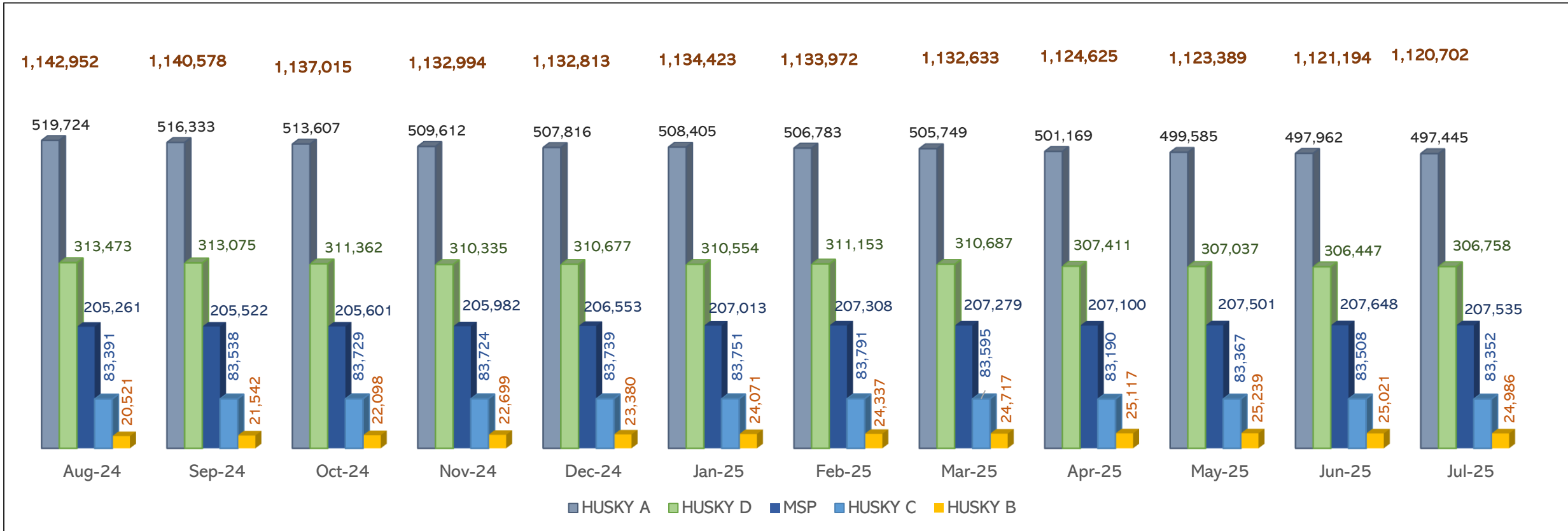
HUSKY Health Program Performance Dashboard



July 2025



HUSKY Enrollment

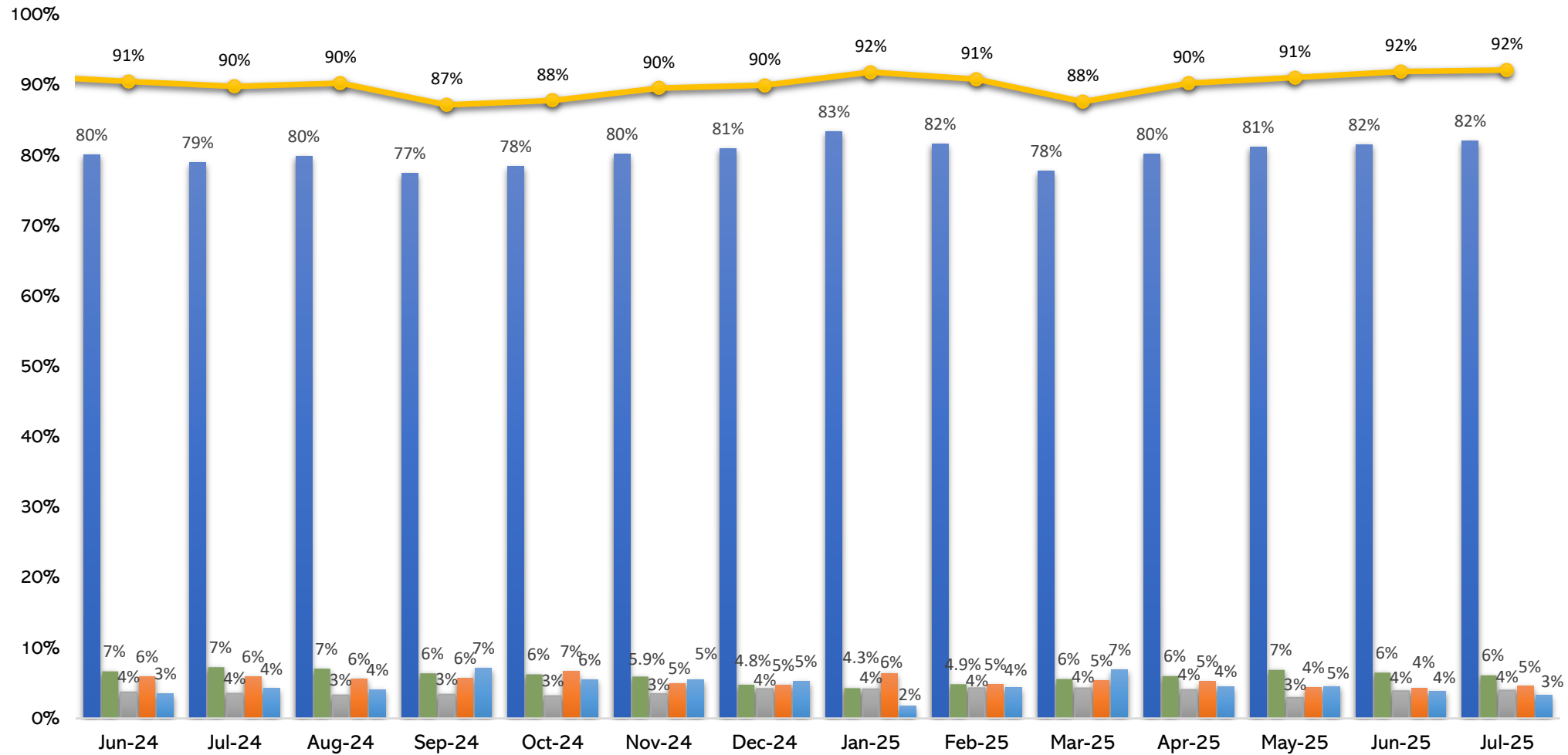


** Excludes limited benefit programs and state-funded programs*





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	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25
Total individuals disenrolled at renewal	7,270	7,022	9,883	8,652	11,073	11,455	10,675	9,953	6,443	9,225	13,161	7,308
Total individuals active currently in HUSKY/CHIP	1,711	1,699	2,326	1,850	2,394	2,457	2,481	2,237	1,497	2,190	2,749	1,749
Total individuals active currently in QHP/APTC	658	522	736	726	605	830	821	860	564	601	753	362
Total individuals active currently in Covered CT	479	473	596	626	646	813	773	887	651	750	839	569
Total Individuals who transitioned to non-MAGI HUSKY	32	21	35	36	35	45	46	49	34	48	49	31
Total individuals who closed and are now active	2,880	2,715	3,693	3,238	3,680	4,145	4,121	4,033	2,746	3,589	4,390	2,711
Total individuals not enrolled in any state programs*	10,394	8,407	3,909	4,390	4,307	6,190	6,554	5,920	3,697	5,636	8,771	4,597
Re-enrolled	32%	37%	43%	40%	39%	37%	39%	41%	43%	39%	33%	37%

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

About 38% 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.



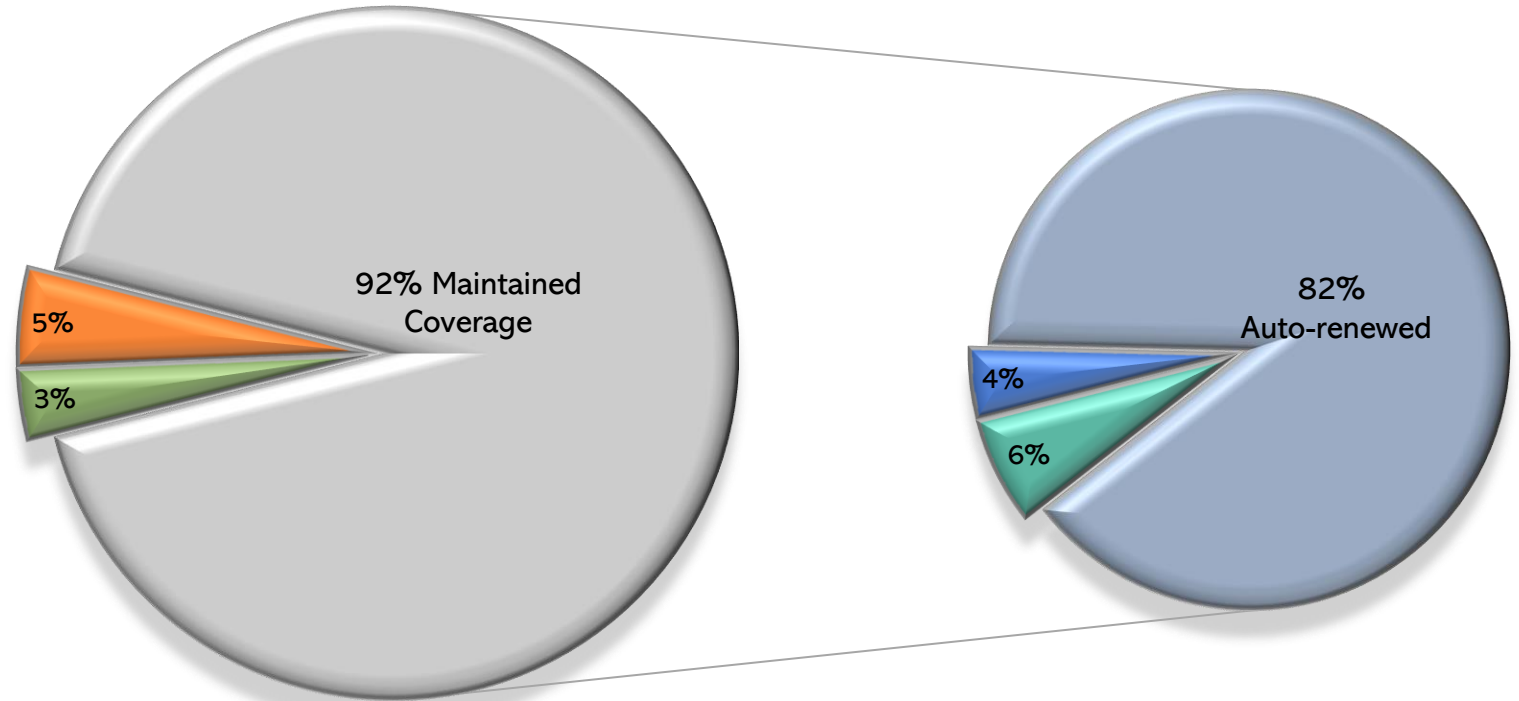
HUSKY Renewal Outcomes – Latest Status

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

In July, 96,159 individuals went through the renewal process.

- 82% 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.
- 4% of individuals were conditionally enrolled/renewal in process, but a final eligibility determination has not yet been made (pending receipt of outstanding verifications).
- 5% of individuals were determined ineligible for Medicaid.
- 3% 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.

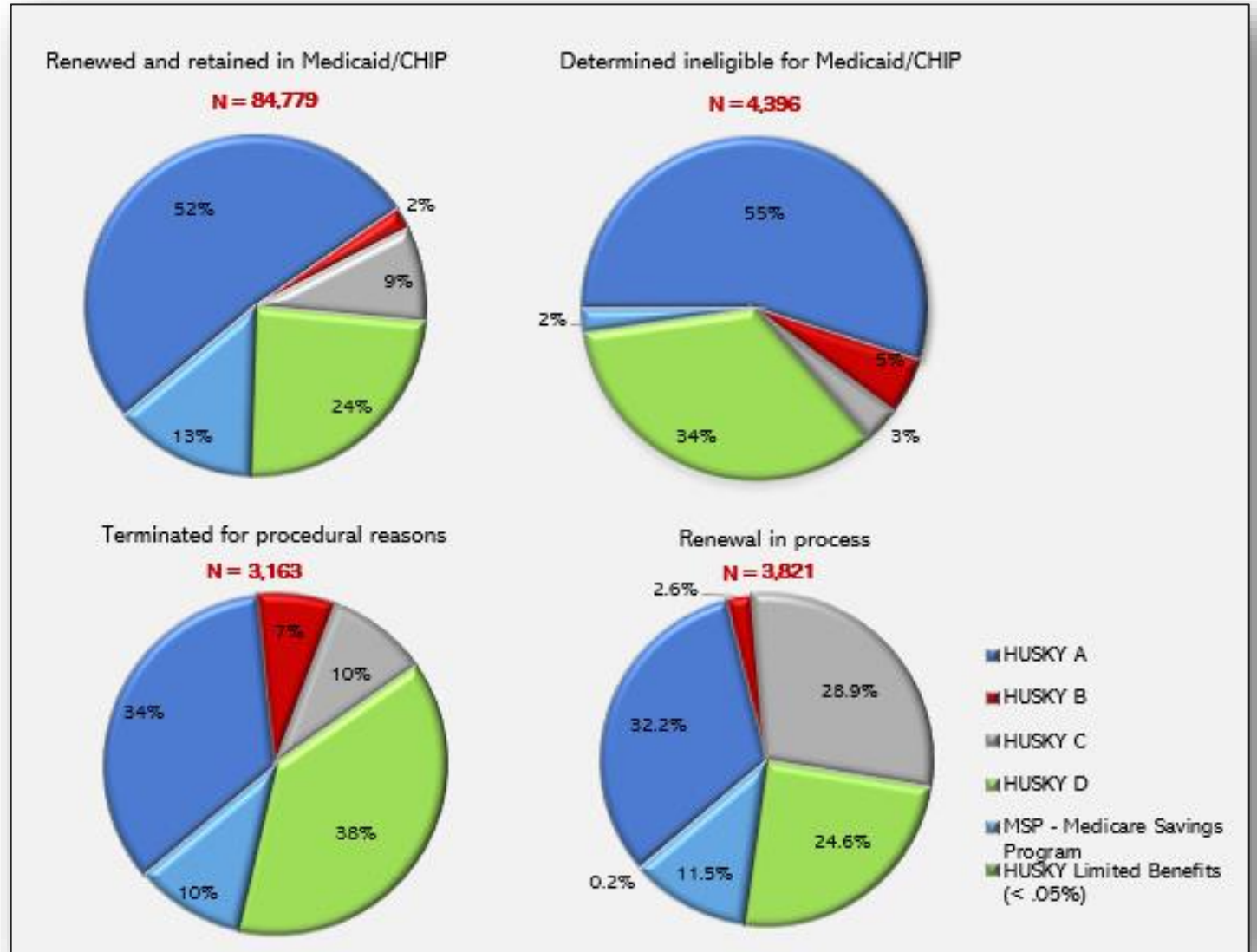
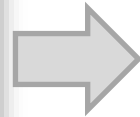


- Terminated for procedural reasons (i.e. failure to renew, etc.)
- Determined ineligible for Medicaid/CHIP
- Renewal in process while coverage continues
- Renewed on an ex-parte basis
- Renewed using a pre-populated renewal form

Outcomes by Benefit Plan

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

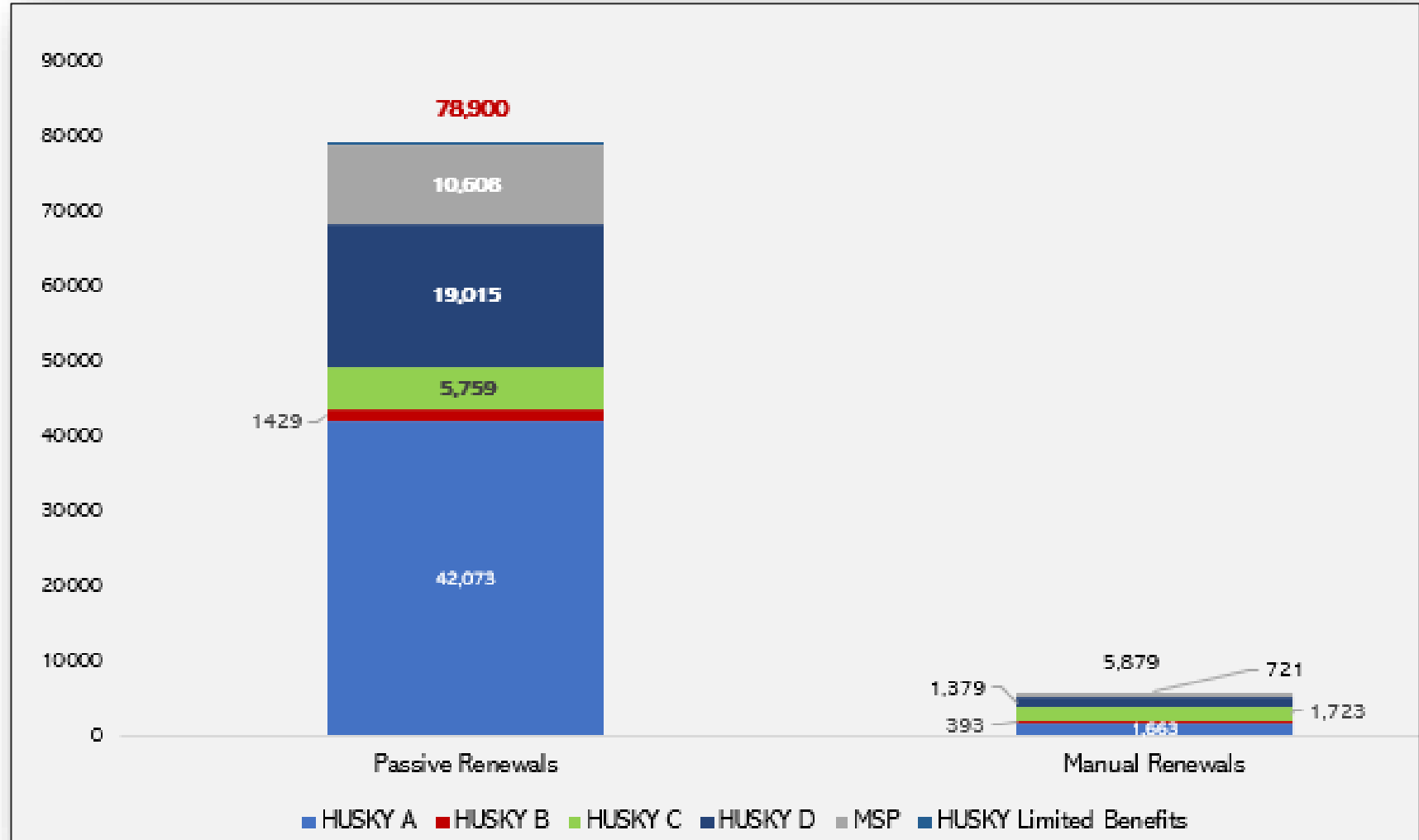
- HUSKY A - Medicaid for children, parents, relative caregivers, and pregnant individuals, etc.
- HUSKY B - Children's Health Insurance Program (CHIP)
- HUSKY C - Medicaid for older adults and individuals with disabilities
- HUSKY D - Medicaid for adults without dependent children
- MSP provides premium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



Passive vs. Manual Renewals by Medical Benefit Plan

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

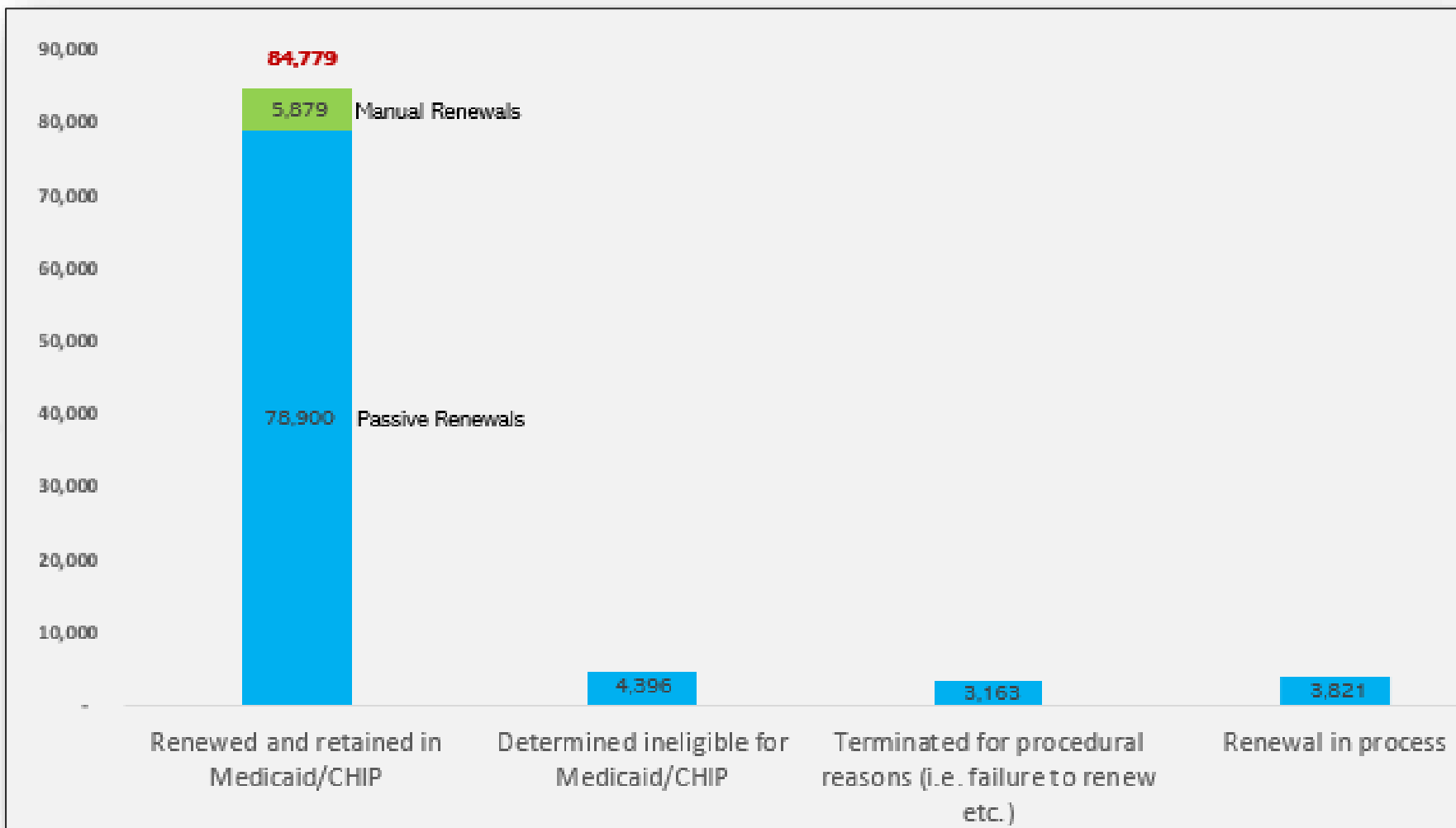
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During June 2025, 64,080 individuals renewed “passively” while 5,103 renewed using a pre-filled form.

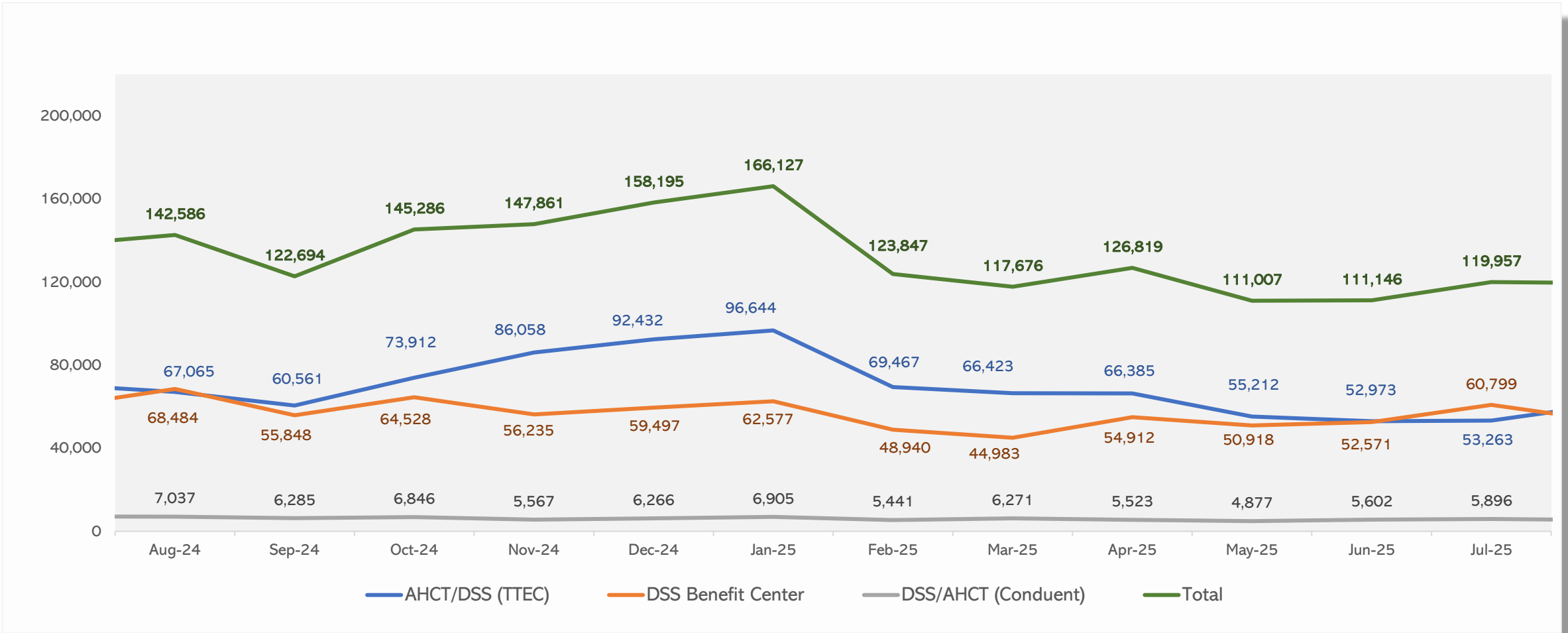
Renewal Outcomes for Children

- 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.

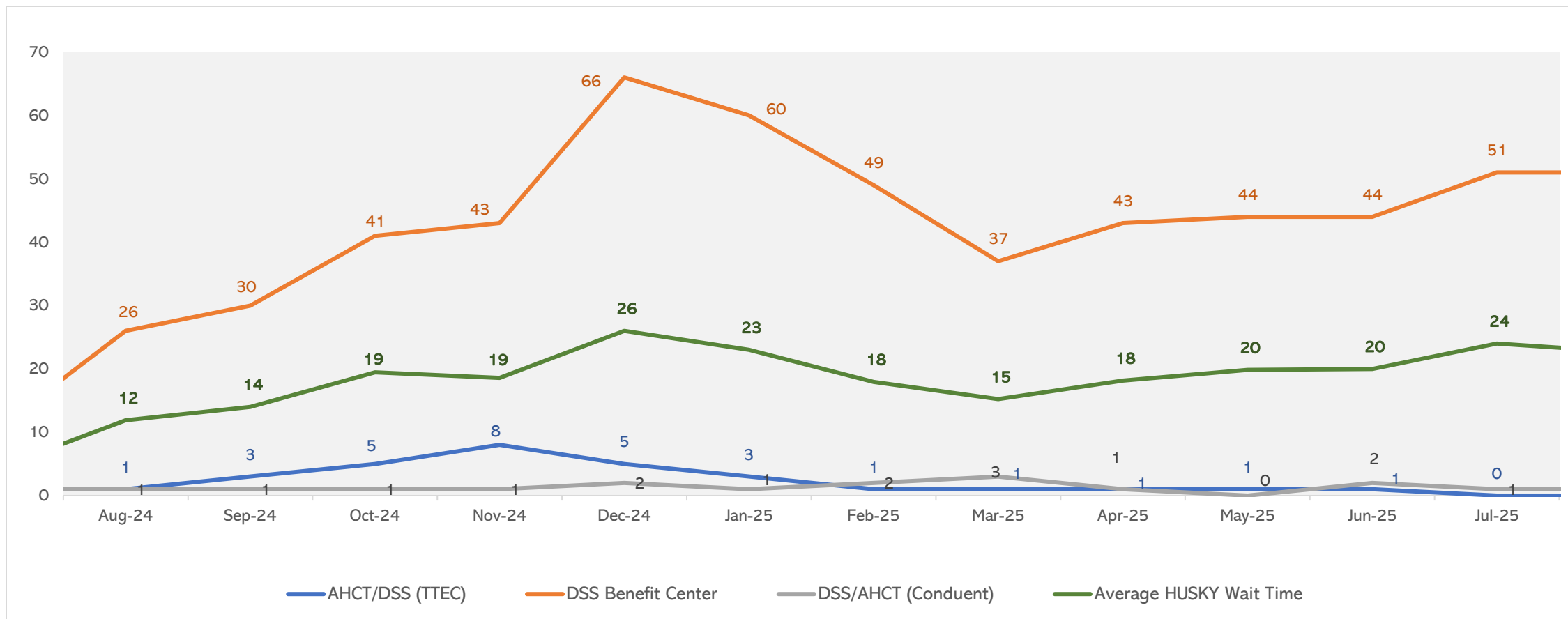




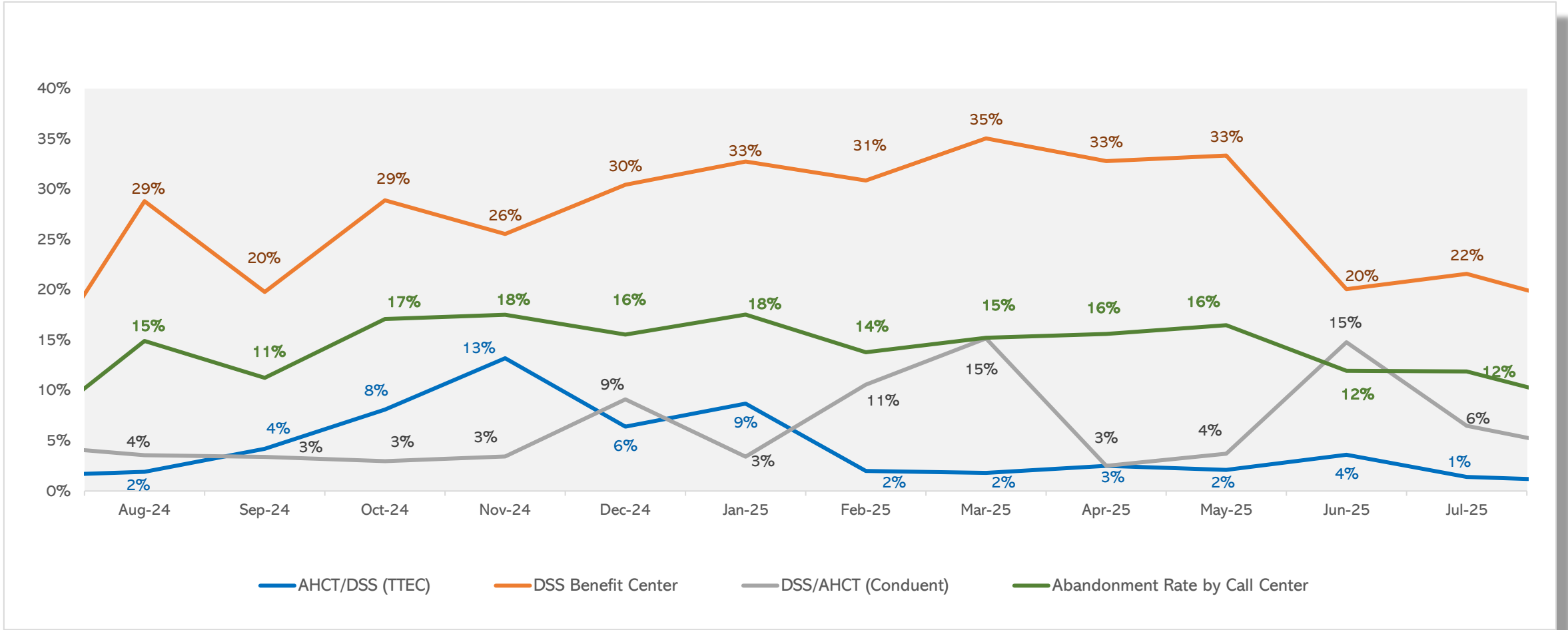
Call Center Data Across all HUSKY Contact Centers



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 July was 188,304.



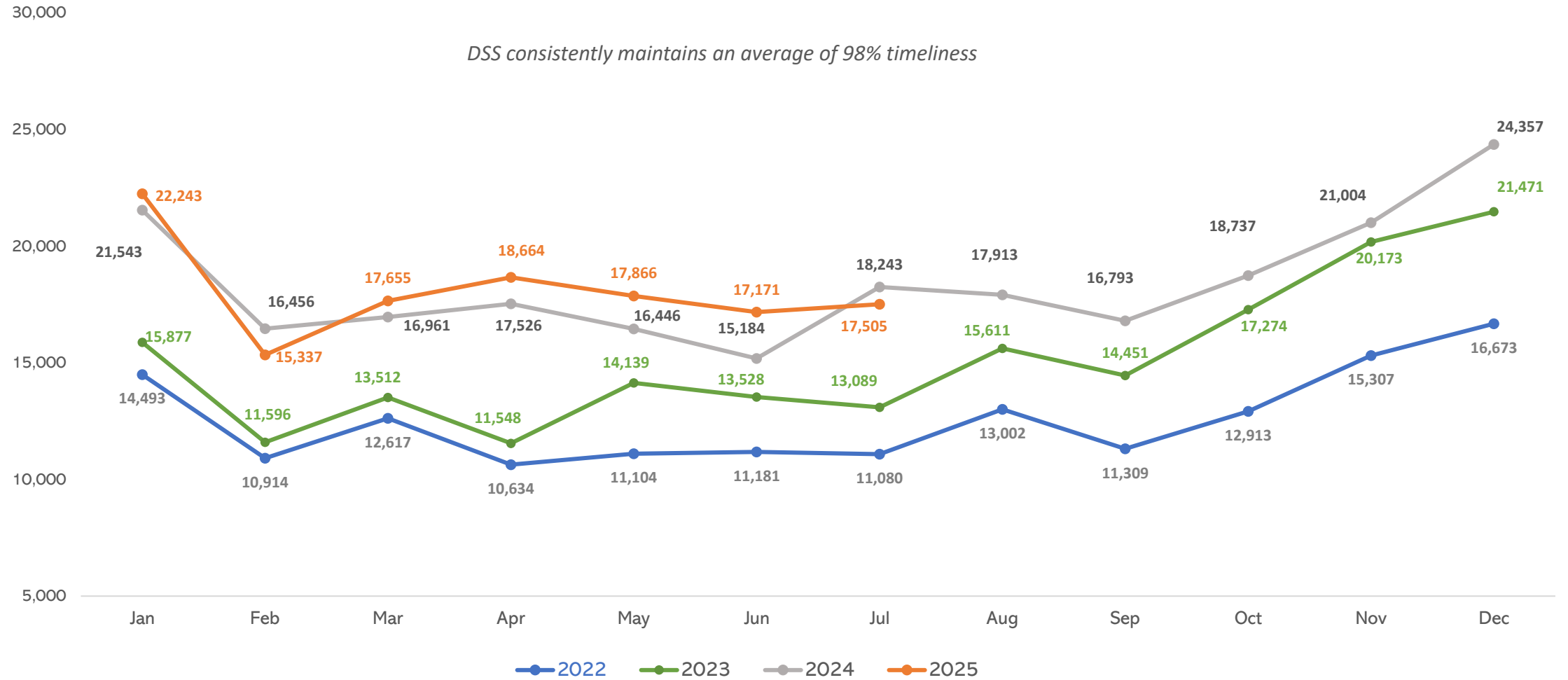
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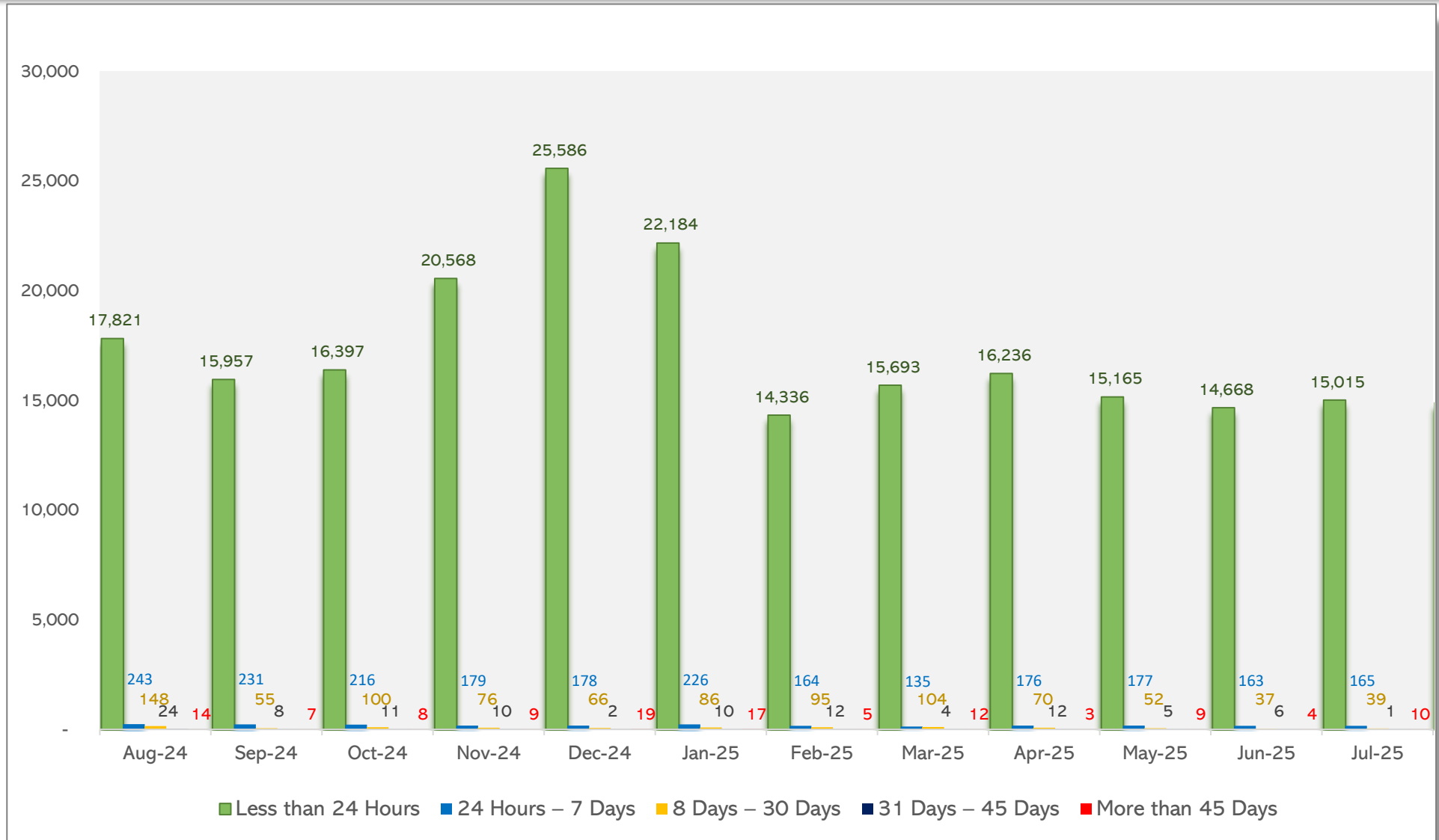
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HUSKY Application Activity & Timeliness



- 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.

