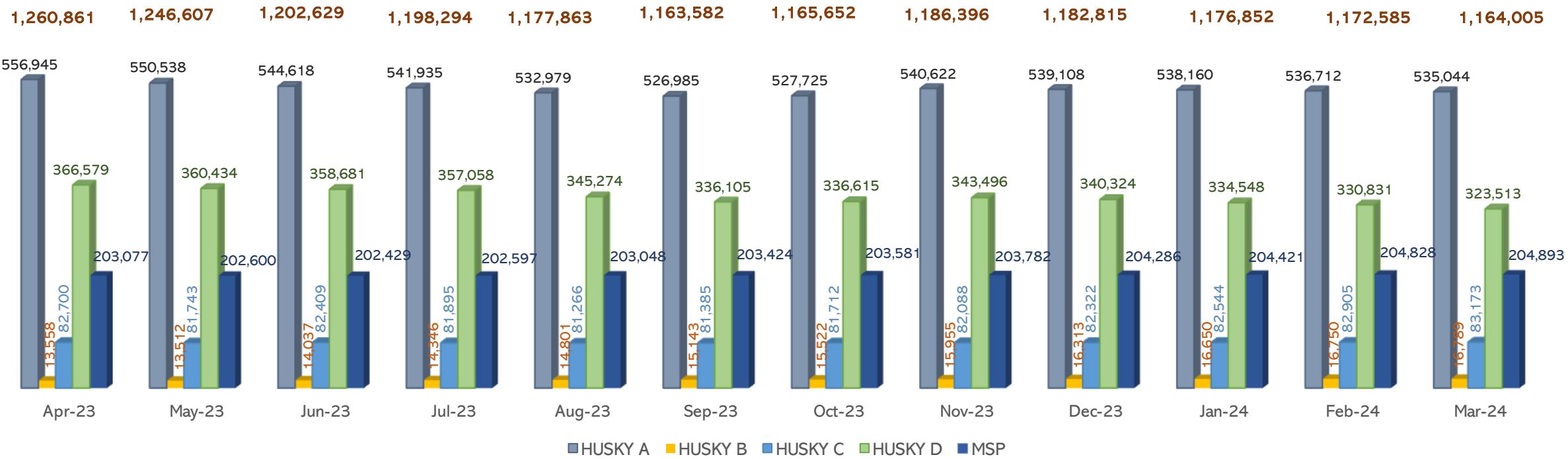


PUBLIC HEALTH EMERGENCY (PHE) UNWINDING – HUSKY HEALTH PROGRAM PERFORMANCE DASHBOARD

APRIL 2023 – MARCH 2024



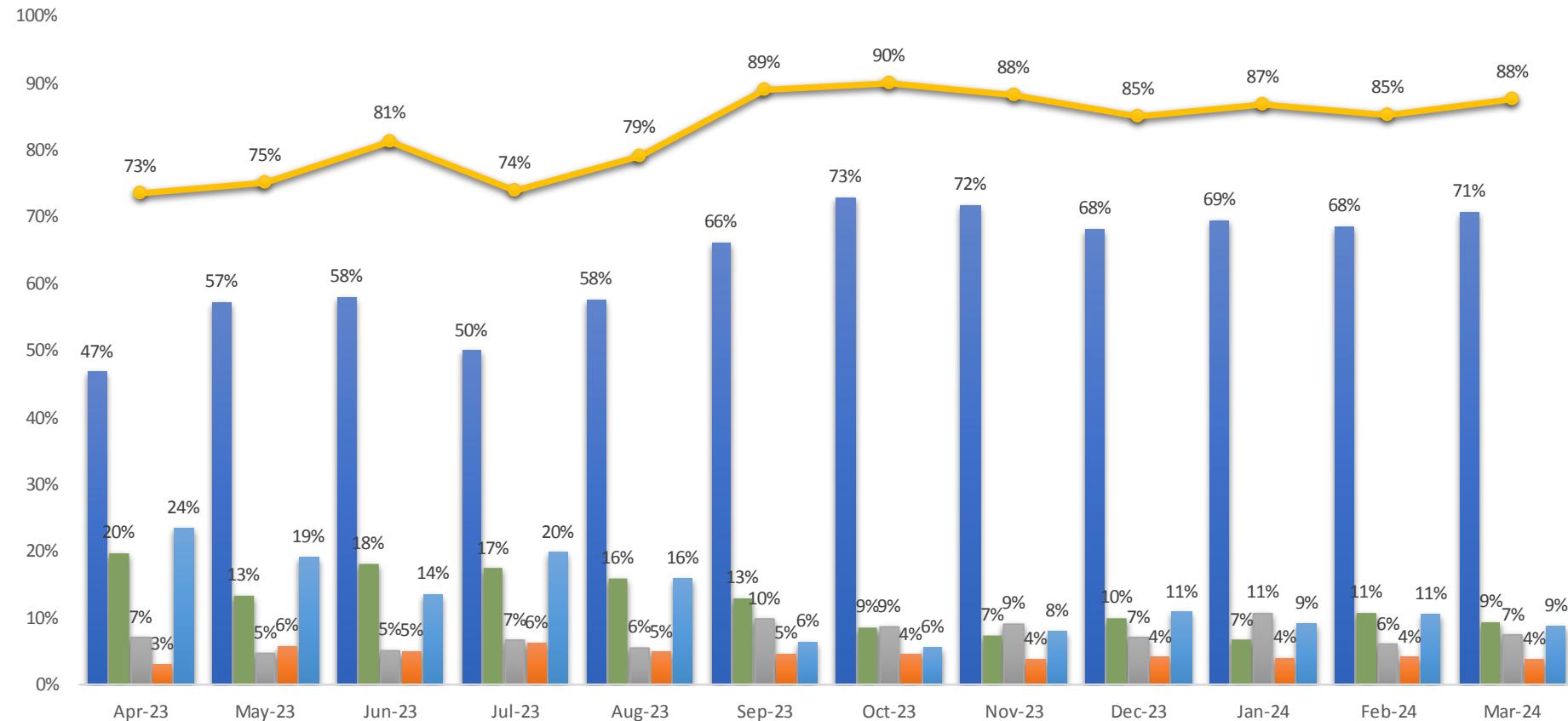
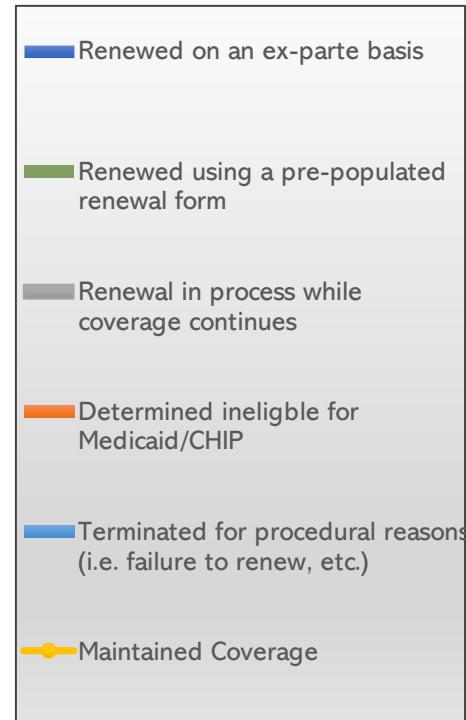
HUSKY ENROLLMENT DURING UNWINDING



HUSKY RENEWAL ACTIVITY AND OUTCOMES

HUSKY Health Renewal Outcomes – April 2023 to March 2024

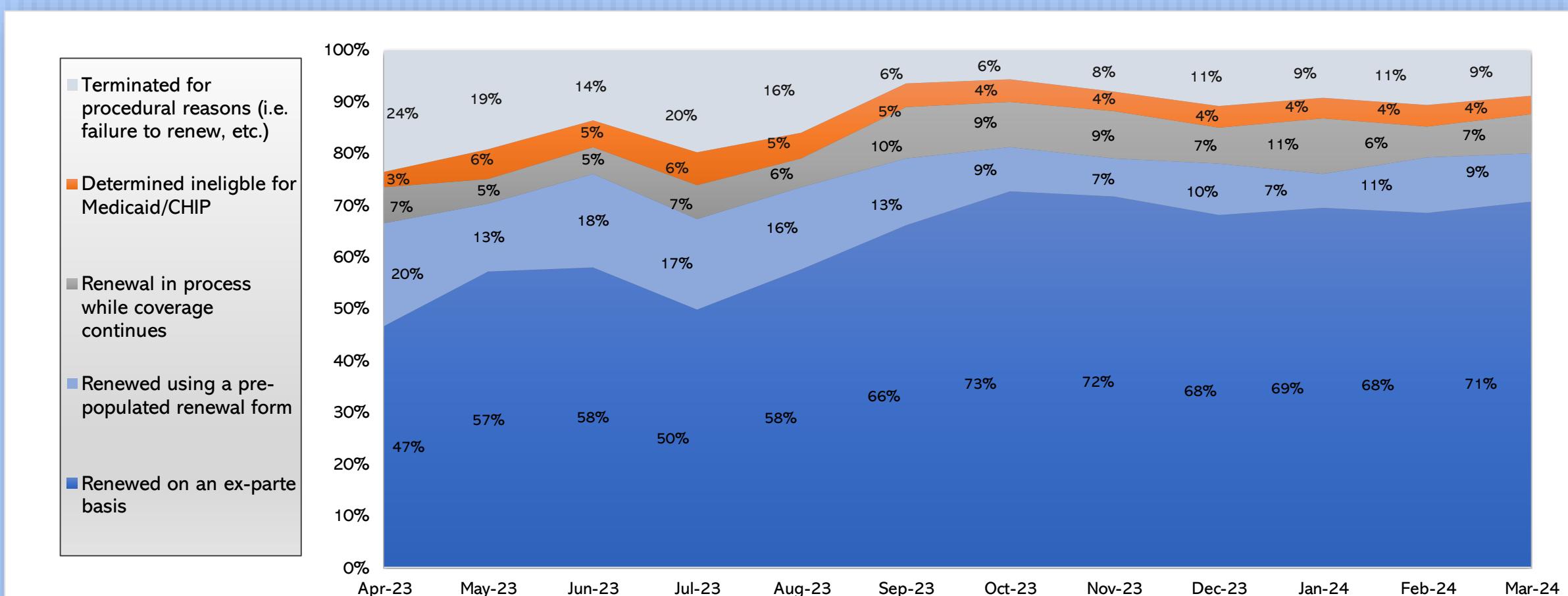
As reported by DSS to CMS at end of each month



From April 2023 to March 2024, an average of 83 % of individuals maintained coverage at month end. Those who disenroll often re-enroll after the month end.

HUSKY Health Renewal Outcomes – April 2023 to March 2024

As reported by DSS to CMS at end of each month



From April 2023 to March 2024, an average of 83% of individuals maintained coverage at month end.
Those who disenroll often re-enroll after the month end.

NATIONAL RENEWAL OUTCOMES BY STATE

FEDERAL DATA FROM CMS

Medicaid/CHIP Renewal Outcomes, by State (December 2023)

State	Total Due for Renewal in December	Among the Total Number of Medicaid/CHIP Beneficiaries Due for Renewal in December 2023:							
		Number Renewed in Medicaid/CHIP	Percent Renewed in Medicaid/CHIP*	Percent Renewed on an <i>Ex Parte</i> Basis* (i.e., based on available information)	Number Terminated from Medicaid/CHIP	Percent Terminated from Medicaid/CHIP*	Percent Terminated for a Procedural Reason*	Number of Renewals Pending at the End of the Month	Percent Pending at the End of the Month
AK	12,729	4,710	37.0%	25.8%	2,271	17.8%	6.0%	5,748	45.2%
AL	103,109	67,036	65.0%	39.4%	33,465	32.5%	28.6%	2,608	2.5%
AR	43,579	37,454	85.9%	77.1%	4,599	10.6%	8.2%	1,526	3.5%
AZ	200,682	175,434	87.4%	81.8%	20,761	10.3%	7.0%	4,487	2.2%
CA	1,255,471	899,931	71.7%	66.1%	108,863	8.7%	7.0%	246,677	19.6%
CO	155,818	75,013	48.1%	25.9%	68,341	43.9%	29.3%	12,464	8.0%
CT	104,702	81,677	78.0%	68.1%	15,647	14.9%	10.8%	7,378	7.0%
DC	33,629	27,657	82.2%	80.7%	2,016	6.0%	5.8%	3,956	11.8%
DE	22,363	10,779	48.2%	32.4%	1,733	7.7%	2.8%	9,851	44.1%
FL	331,486	192,331	58.0%	27.1%	120,242	36.3%	26.2%	18,913	5.7%
GA	139,906	64,662	46.2%	32.4%	56,305	40.2%	35.3%	18,939	13.5%
HI	13,047	13,040	99.9%	99.9%	7	0.1%	0.0%	0	0.0%
IA	39,377	7,050	17.9%	2.1%	2,452	6.2%	1.2%	29,875	75.9%
ID	11,323	6,620	58.5%	28.5%	4,235	37.4%	29.6%	468	4.1%
IL	279,393	185,840	66.5%	59.7%	7,905	2.8%	0.2%	85,648	30.7%
IN	142,698	80,949	56.7%	48.5%	28,142	19.7%	16.6%	33,607	23.6%
KS	24,123	12,357	51.2%	43.2%	1,745	7.2%	0.1%	10,021	41.5%
KY	30,705	28,889	94.1%	88.0%	1,244	4.1%	0.0%	572	1.9%
LA	172,237	109,302	63.5%	51.4%	54,391	31.6%	23.7%	8,544	5.0%
MA	94,780	58,551	61.8%	44.7%	20,085	21.2%	14.0%	16,144	17.0%
MD	160,846	96,663	60.1%	51.3%	55,985	34.8%	31.9%	8,198	5.1%
ME	36,945	16,096	43.6%	24.2%	827	2.2%	0.2%	20,022	54.2%
MI	248,425	140,024	56.4%	37.5%	10,744	4.3%	0.6%	97,657	39.3%
MN	138,782	96,934	69.8%	42.5%	5,905	4.3%	0.6%	35,943	25.9%
MO	120,361	62,103	51.6%	46.4%	27,483	22.8%	18.2%	30,775	25.6%
MS	57,616	13,895	24.1%	8.2%	1,190	2.1%	0.9%	42,531	73.8%

*Percentages calculated as a share of the total number of beneficiaries due for renewal in the reporting month. AK, CO, DC, DE, IL, KS, KY, ME, MI, MN, NH, NJ, NM, NV, NY, OR, and VT held some or all procedural terminations for renewals due in December.

Medicaid/CHIP Renewal Outcomes, by State (December 2023)

(cont'd)

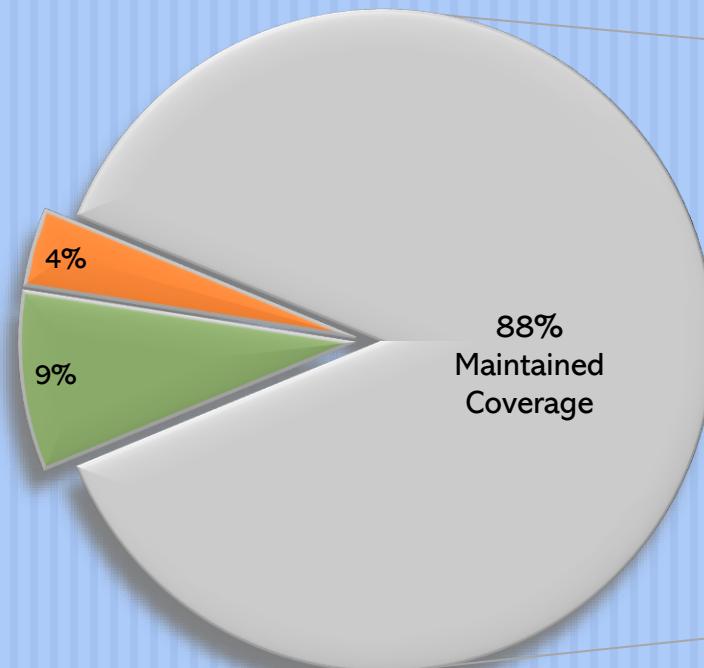
State	Total Due for Renewal in December	Among the Total Number of Medicaid/CHIP Beneficiaries Due for Renewal in December 2023:							
		Number Renewed in Medicaid/CHIP	Percent Renewed in Medicaid/CHIP*	Percent Renewed on an Ex Parte Basis* (i.e., based on available information)	Number Terminated from Medicaid/CHIP	Percent Terminated from Medicaid/CHIP*	Percent Terminated for a Procedural Reason*	Number of Renewals Pending at the End of the Month	Percent Pending at the End of the Month
MT	19,545	6,338	32.4%	21.8%	5,709	29.2%	24.1%	7,498	38.4%
NC	275,582	182,750	66.3%	66.0%	14,823	5.4%	4.3%	78,009	28.3%
ND	11,823	6,710	56.8%	29.2%	5,016	42.4%	32.8%	97	0.8%
NE	31,579	11,146	35.3%	29.1%	3,801	12.0%	3.1%	16,632	52.7%
NH	12,274	10,273	83.7%	75.5%	1,406	11.5%	9.1%	595	4.8%
NJ	155,904	37,988	24.4%	17.8%	6,183	4.0%	0.5%	111,733	71.7%
NM	64,681	44,670	69.1%	56.4%	14,787	22.9%	21.3%	5,224	8.1%
NV	53,992	48,821	90.4%	72.6%	5,171	9.6%	8.9%	0	0.0%
NY	643,689	459,175	71.3%	44.5%	162,850	25.3%	9.7%	21,664	3.4%
OH	283,694	206,673	72.9%	57.7%	47,063	16.6%	11.6%	29,958	10.6%
OK	157,487	61,544	39.1%	11.8%	90,327	57.4%	49.1%	5,616	3.6%
OR	132,886	114,295	86.0%	81.0%	17,027	12.8%	4.9%	1,564	1.2%
PA	290,059	84,497	29.1%	5.3%	33,915	11.7%	4.2%	171,647	59.2%
RI	17,908	10,098	56.4%	52.1%	5,564	31.1%	27.5%	2,246	12.5%
SC	104,179	58,558	56.2%	45.3%	28,145	27.0%	20.2%	17,476	16.8%
SD	6,522	3,213	49.3%	27.0%	2,254	34.6%	6.9%	1,055	16.2%
TN	140,159	73,624	52.5%	43.1%	41,149	29.4%	23.9%	25,386	18.1%
TX	235,207	114,653	48.7%	7.3%	100,654	42.8%	27.7%	19,900	8.5%
UT	37,201	14,396	38.7%	20.3%	18,436	49.6%	46.5%	4,369	11.7%
VA	146,891	98,392	67.0%	53.5%	8,493	5.8%	3.6%	40,006	27.2%
VT	11,830	8,474	71.6%	61.2%	1,788	15.1%	12.1%	1,568	13.3%
WA	150,978	124,300	82.3%	74.0%	25,994	17.2%	13.3%	684	0.5%
WI	81,381	47,941	58.9%	27.8%	27,493	33.8%	22.4%	5,947	7.3%
WV	43,923	23,595	53.7%	23.4%	15,163	34.5%	29.2%	5,165	11.8%
WY	5,771	2,394	41.5%	25.2%	337	5.8%	0.9%	3,040	52.7%
Total	7,089,277	4,419,515	62.3%	47.3%	1,340,131	18.9%	13.0%	1,329,631	18.8%

*Percentages calculated as a share of the total number of beneficiaries due for renewal in the reporting month. AK, CO, DC, DE, IL, KS, KY, ME, MI, MN, NH, NJ, NM, NV, NY, OR, and VT held some or all procedural terminations for renewals due in December.

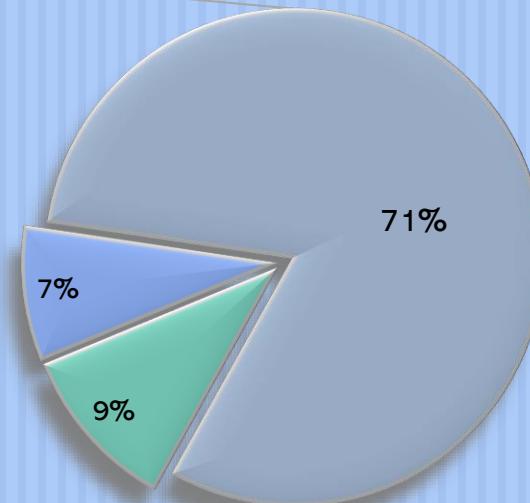
HUSKY RENEWAL OUTCOMES – LATEST STATUS

HUSKY Health Renewal Outcomes – March 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-part basis
- Renewed using a pre-populated renewal form



Notes:

- Data captures renewal outcomes at individual level (not household). In March, 106,462 individuals went through the renewal process.
- 71% of individuals had coverage renewed without further information being requested from them. This is called an *ex-part* or passive renewal.
- 9% 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.
- 7% 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.

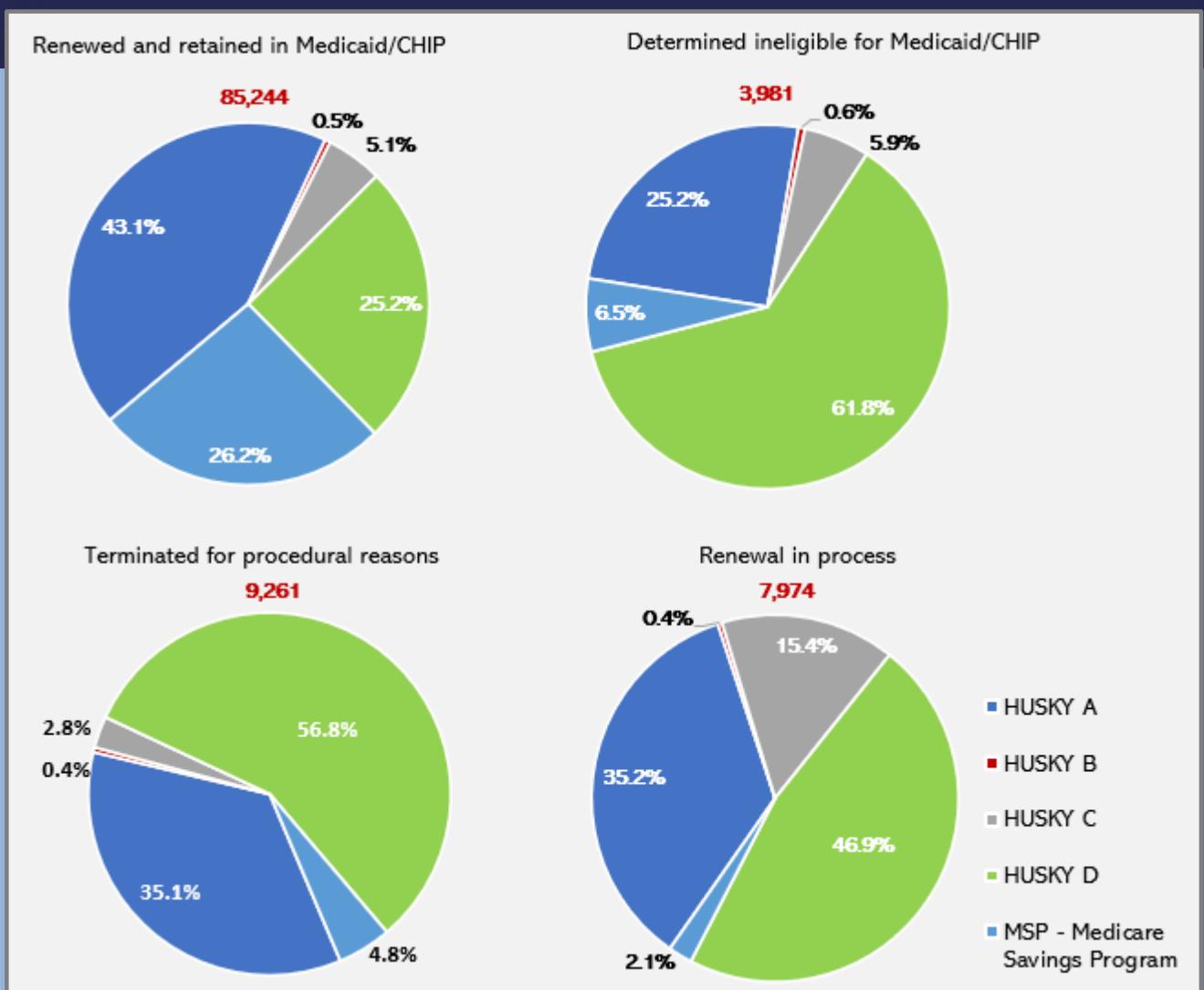
HUSKY Health Renewal Outcomes March 2024

By Medical Benefit Plan

Notes:

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

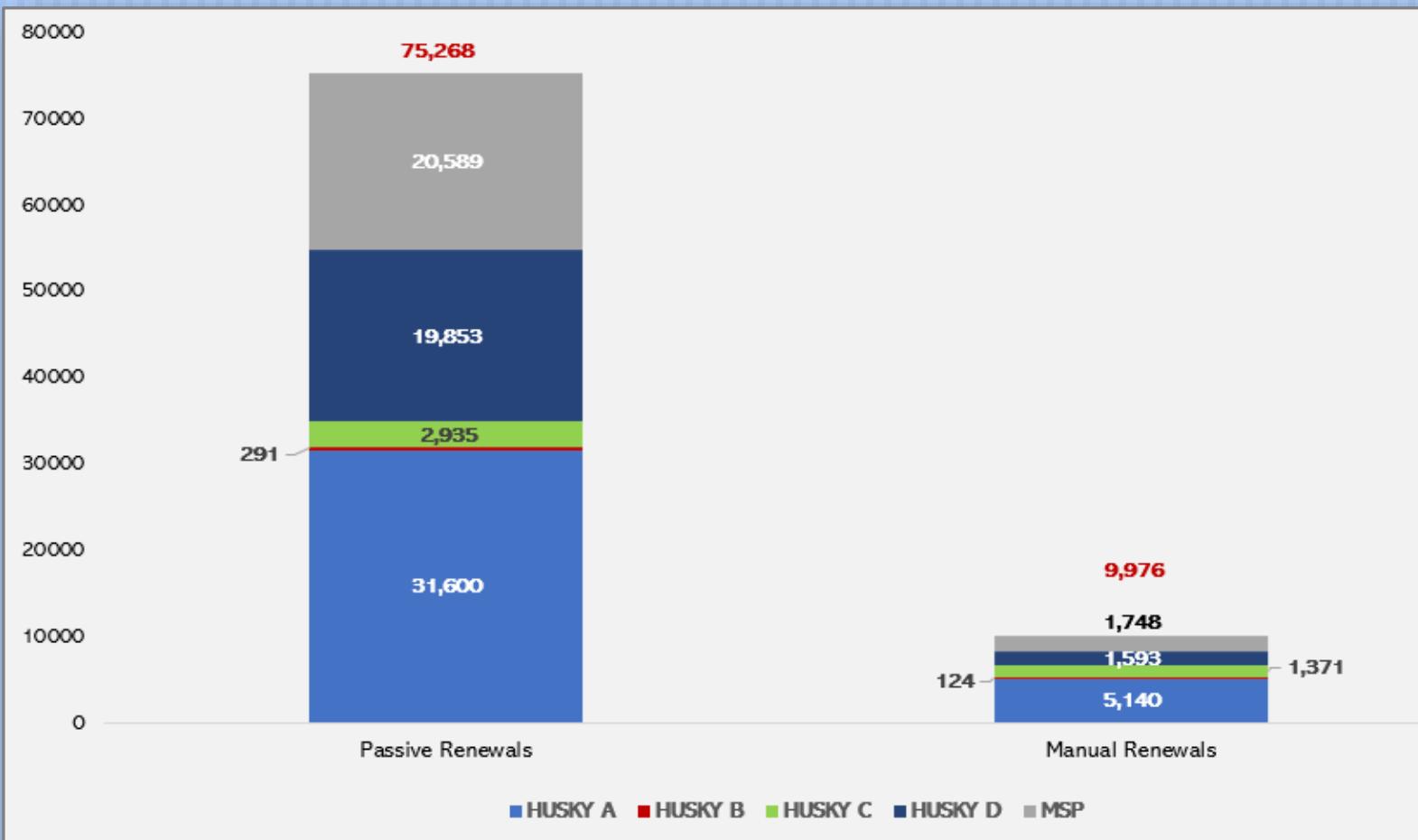
- HUSKY A - Medicaid for children, parents, relative caregivers, and pregnant individuals, etc.
- HUSKY B - Children's Health Insurance Program (CHIP)
- HUSKY C - Medicaid for older adults and individuals with disabilities
- HUSKY D - Medicaid for adults without dependent children
- MSP provides premium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



HUSKY HEALTH RENEWAL OUTCOMES – MARCH 2024

PASSIVE VS. MANUAL RENEWALS BY MEDICAL BENEFIT PLAN

88,702 individuals renewed during January, with 69% renewing "passively"

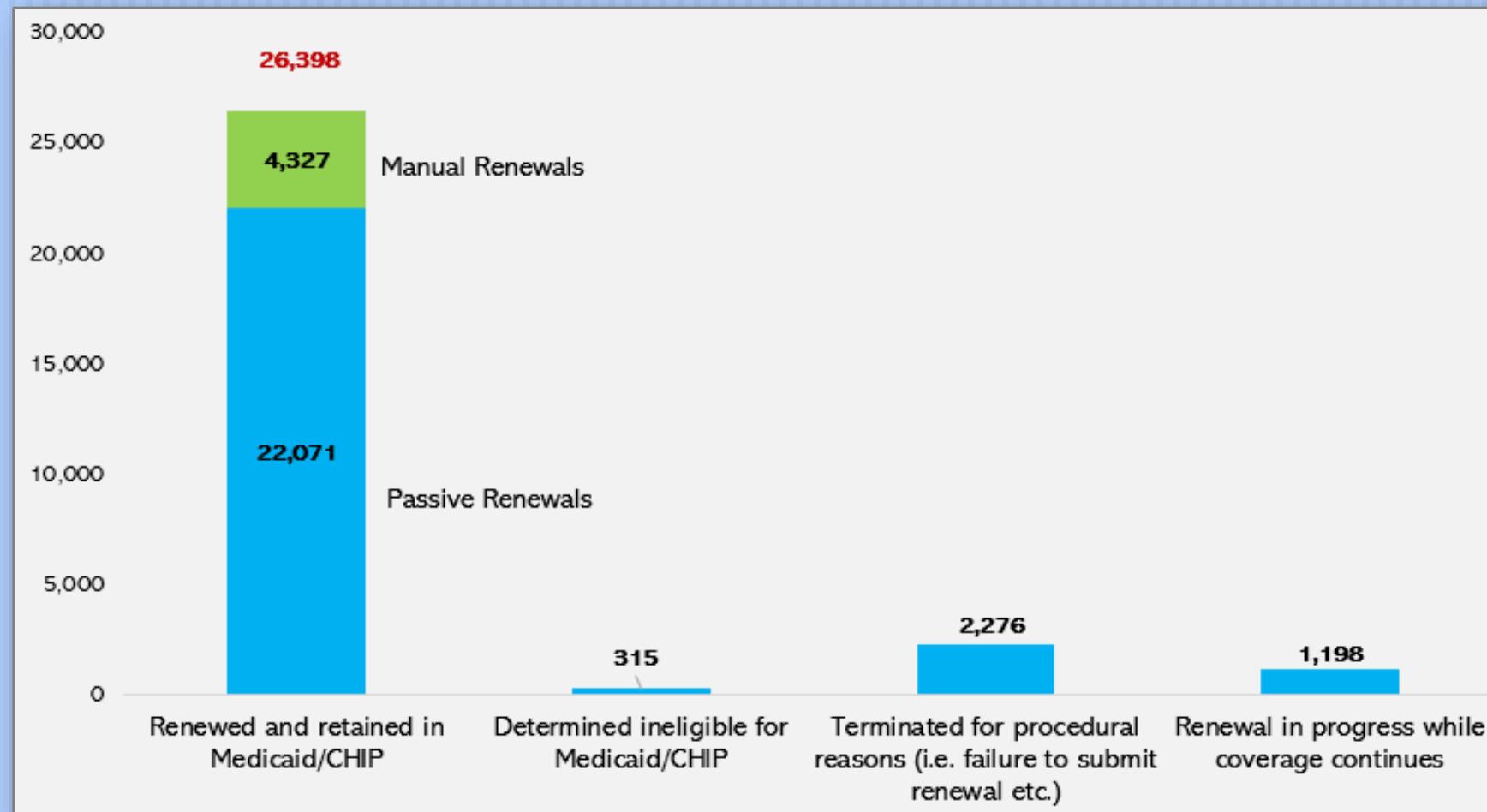


Notes:

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.
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- 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 – March 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

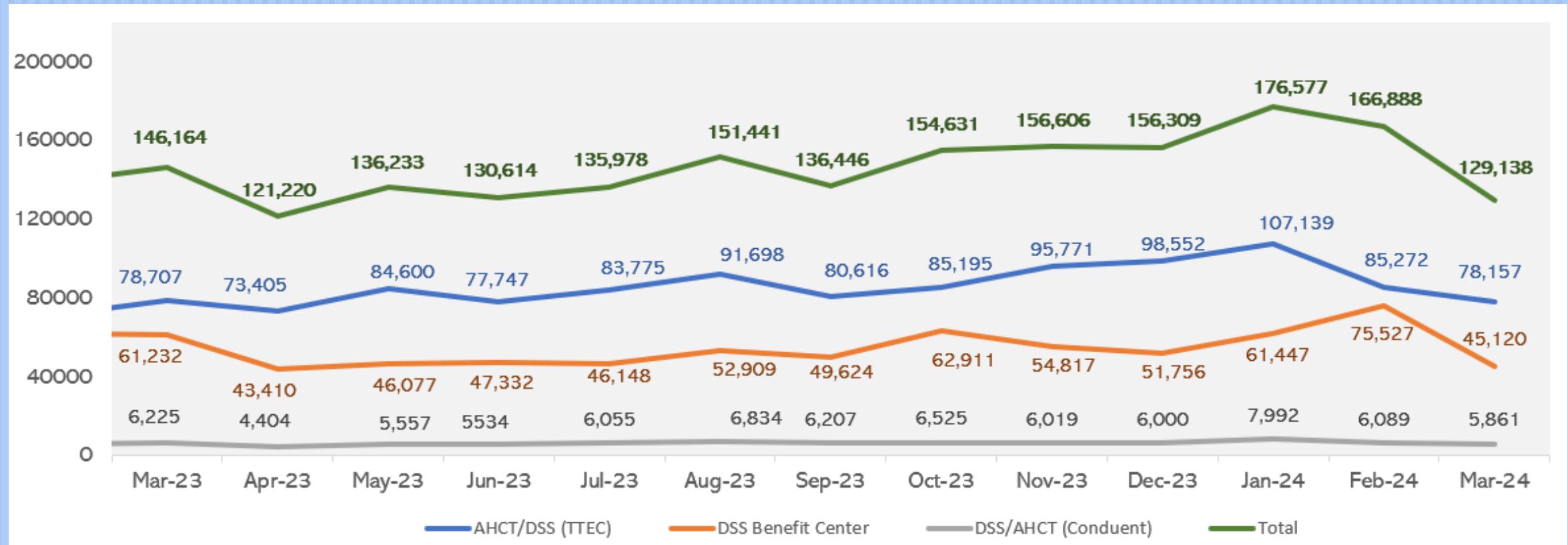
Tracking Individuals for up to 90 days after disenrollment

Renewal Disenrollment Tracking 30/60/90-Day Mark	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
	90-day mark	60-day mark	30-day mark								
Total individuals disenrolled at renewal	24,508	25,342	15,569	32,642	22,298	10,121	9,044	12,476	15,647	11,658	15,395
Total individuals active currently in MAGI HUSKY/CHIP	9,639	7,707	4,212	8,839	8,555	2,730	2,078	3,123	3,422	1,998	2,095
Total individuals active currently in QHP/APTC	851	1,493	1,145	2,350	1,216	827	953	996	1,053	654	978
Total individuals active currently in Covered CT	453	672	513	943	815	568	655	724	905	648	811
Total Individuals who transitioned to non-MAGI HUSKY	149	217	57	110	85	34	56	58	65	51	104
Total individuals who closed and are now active	11,092	10,089	5,927	12,242	10,671	4,159	3,742	4,901	5,445	3,351	3,988
*Total individuals not enrolled in any state programs	13,416	14,835	9,642	20,400	11,627	5,962	5,302	7,575	10,202	8,307	11,407
Re-enrolled	45%	40%	38%	38%	48%	41%	41%	39%	35%	29%	26%

41% of individuals who were disenrolled at renewal during the first 9 months of unwinding 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.

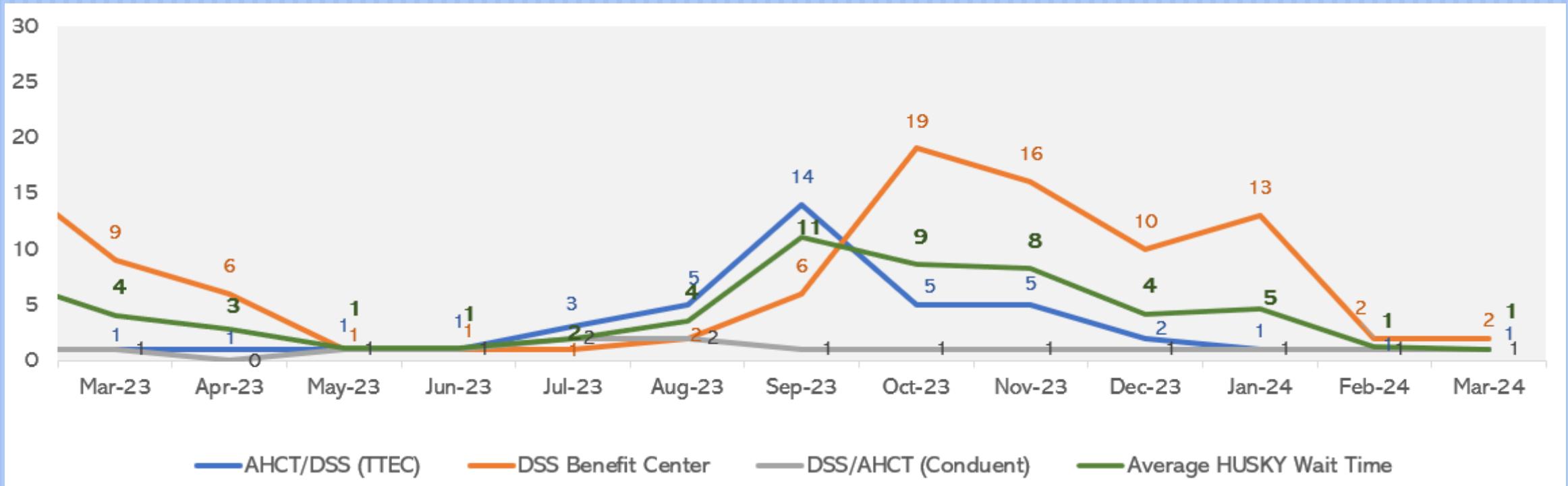
CALL CENTER DATA ACROSS ALL HUSKY CONTACT CENTERS

HUSKY Call Volume By Call Center



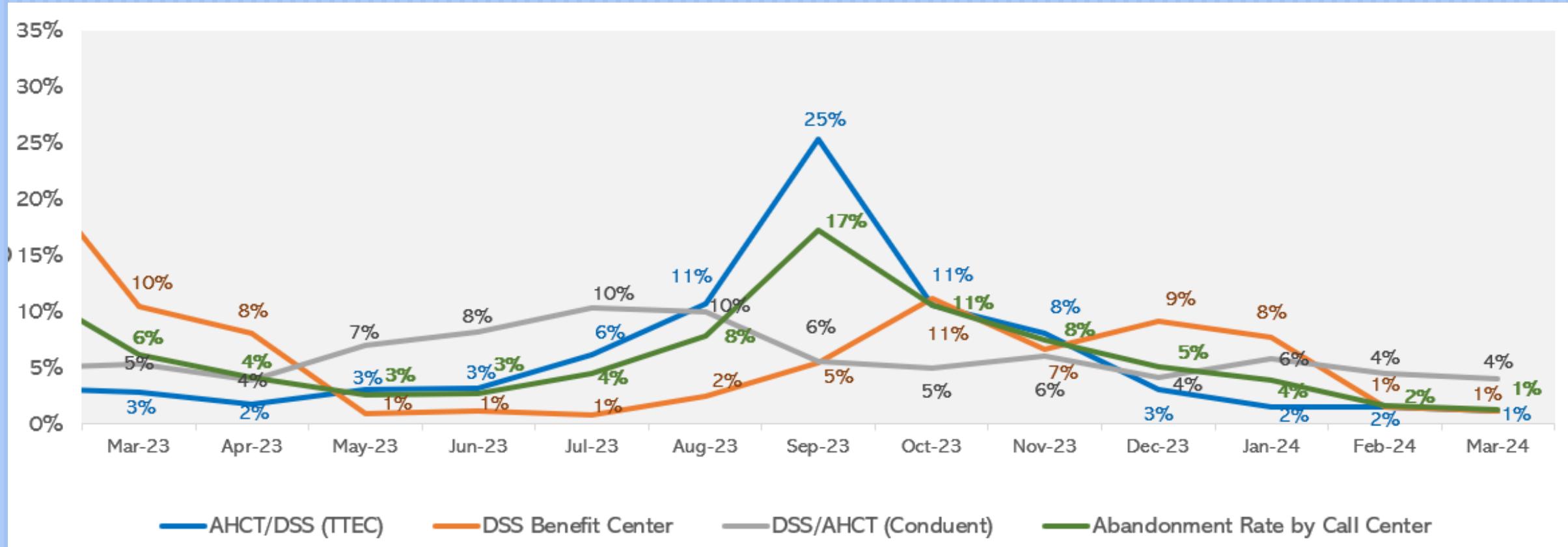
Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. The DSS Benefit Center handles 30% of Medicaid/CHIP calls. Total call volume for the Benefit Center in February was 161,143.

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

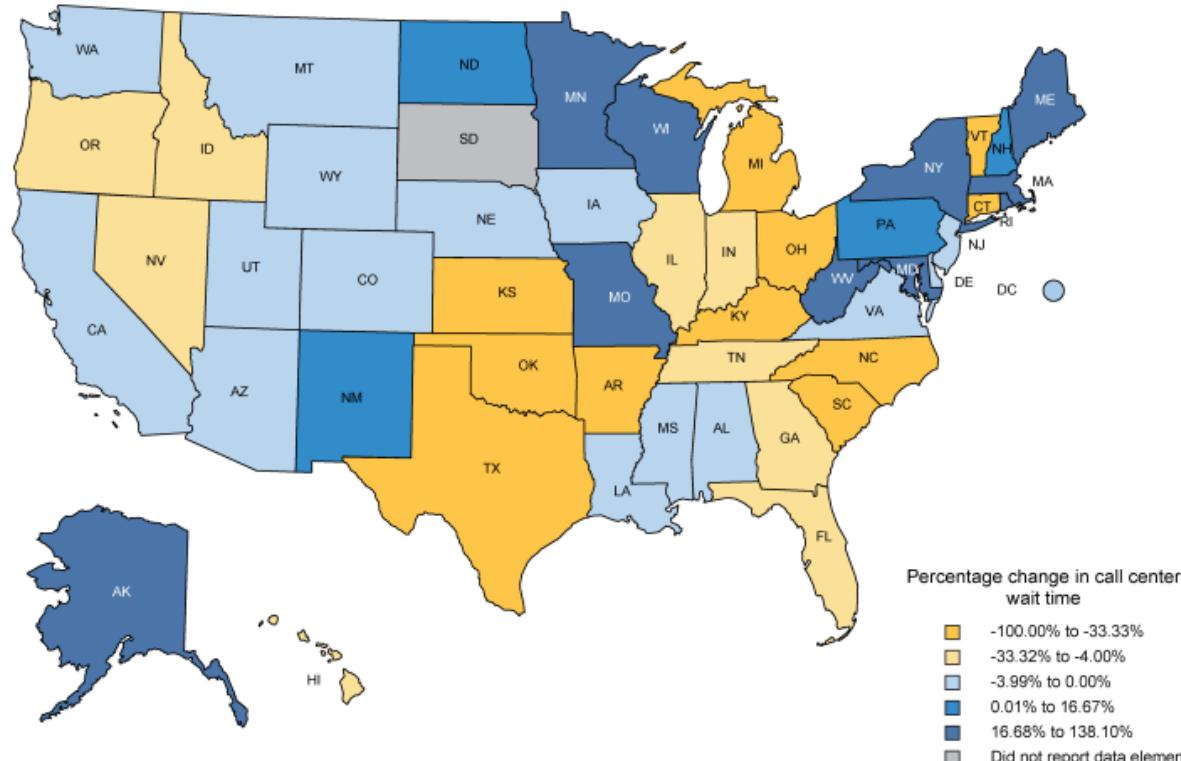


Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

Preliminary Performance Indicators

50 States & the District of Columbia

Percentage change in average call center wait time, November 2023 to December 2023



© 2021 Mapbox © OpenStreetMap

Source: Medicaid and CHIP Eligibility and Enrollment Performance Indicator Data, preliminary data submitted by February 8, 2024 with data through December 2023.

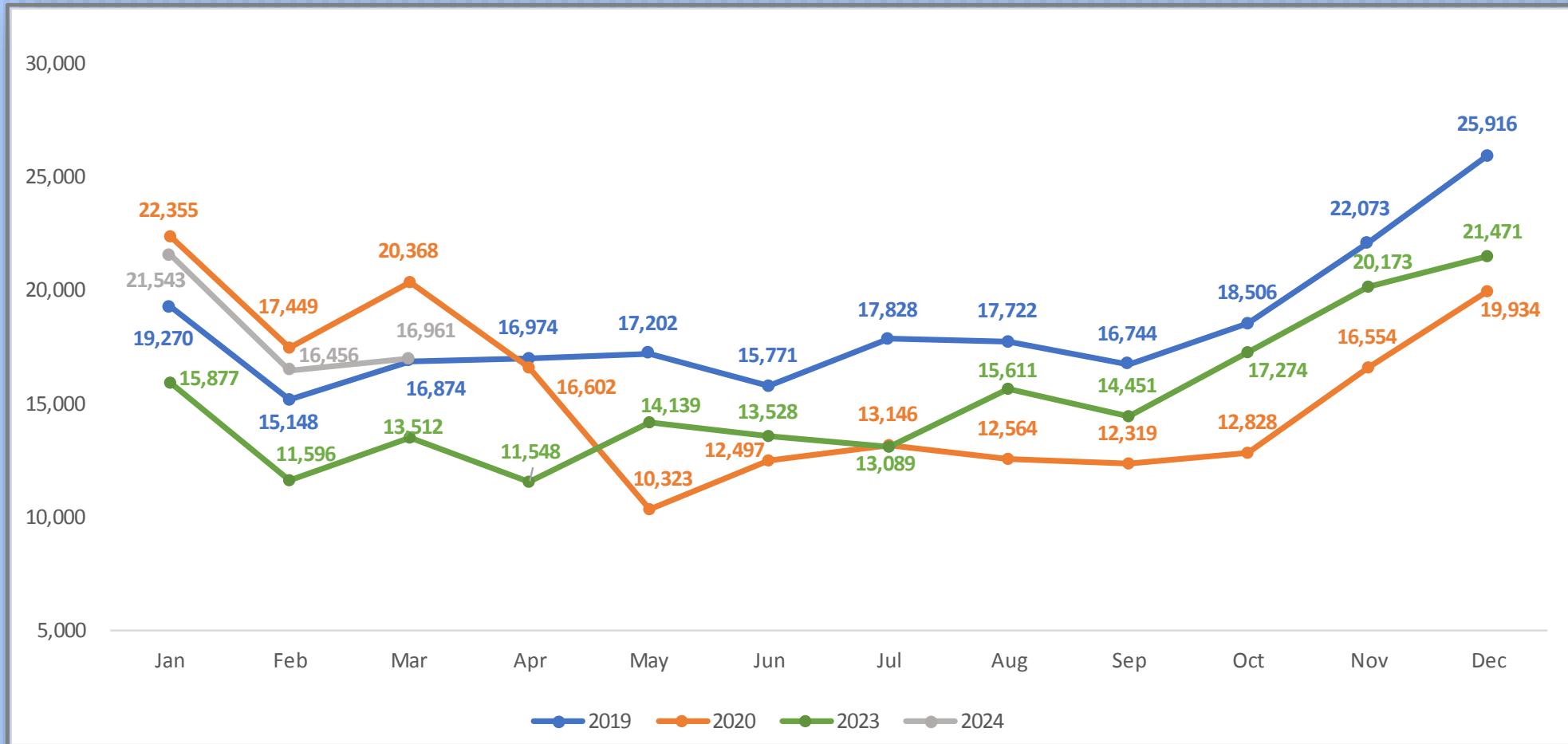
Notes: This analysis includes preliminary Performance Indicator data from 50 states and the District of Columbia. SD does not have call centers and does not report call center metrics. Data notes can be found in the Appendix and state-specific data quality notes can be found in the Medicaid and CHIP CAA Reporting Metrics at Data.Medicaid.gov/Unwinding-data.

State	Avg Call Center Wait Time	% Change from Previous Month	State	Avg Call Center Wait Time	% Change from Previous Month
AK	20.00	17.65%	MT	29.00	-3.33%
AL	2.00	0.00%	NC	0.00	-100.00%
AR	6.00	-33.33%	ND	8.00	14.29%
AZ	5.00	0.00%	NE	4.00	0.00%
CA	5.00	0.00%	NH	7.00	16.67%
CO	15.00	0.00%	NJ	4.00	0.00%
CT	4.00	-50.00%	NM	46.00	6.98%
DC	3.00	0.00%	NV	36.00	-5.26%
DE	1.00	0.00%	NY	2.00	100.00%
FL	31.00	-26.19%	OH	2.00	-33.33%
GA	10.00	-28.57%	OK	14.00	-36.36%
HI	16.00	-27.27%	OR	16.00	-27.27%
IA	0.00	0.00%	PA	20.00	5.26%
ID	25.00	-10.71%	RI	50.00	138.10%
IL	24.00	-4.00%	SC	2.00	-50.00%
IN	11.00	-8.33%	SD	NR	NR
KS	2.00	-66.67%	TN	31.00	-13.89%
KY	1.00	-50.00%	TX	7.00	-56.25%
LA	2.00	0.00%	UT	23.00	0.00%
MA	2.00	100.00%	VA	1.00	0.00%
MD	2.00	100.00%	VT	9.00	-35.71%
ME	13.00	18.18%	WA	1.00	0.00%
MI	2.00	-33.33%	WI	9.00	28.57%
MN	20.00	17.65%	WV	21.00	31.25%
MO	39.00	21.88%	WY	1.00	0.00%
MS	0.00	0.00%	Did not report data element	NR	NR

NEW HUSKY APPLICATION ACTIVITY AND TIMELINESS

Year-Over-Year New Medical Applications

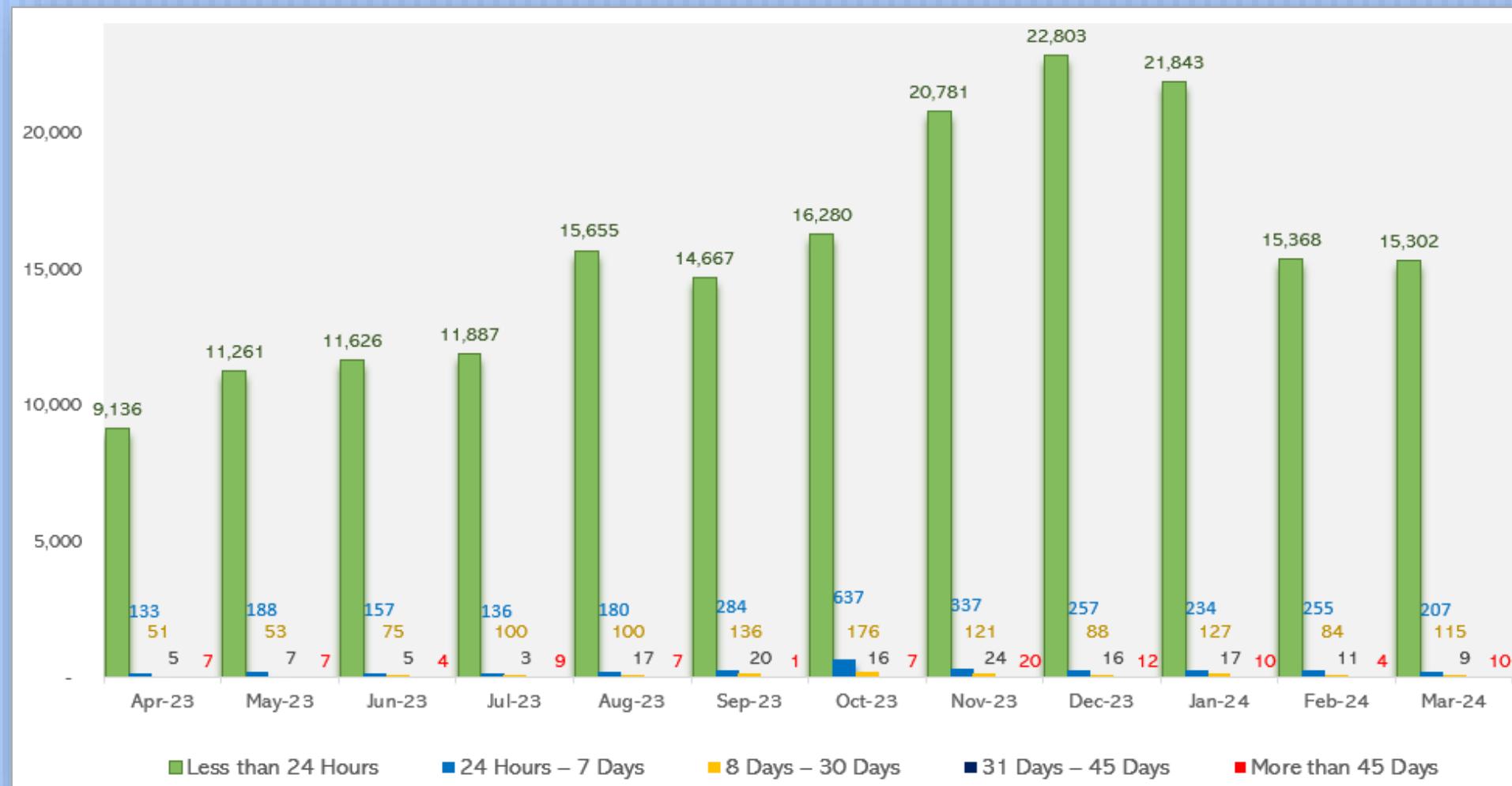
DSS consistently maintains an average of 98% processing timeliness



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

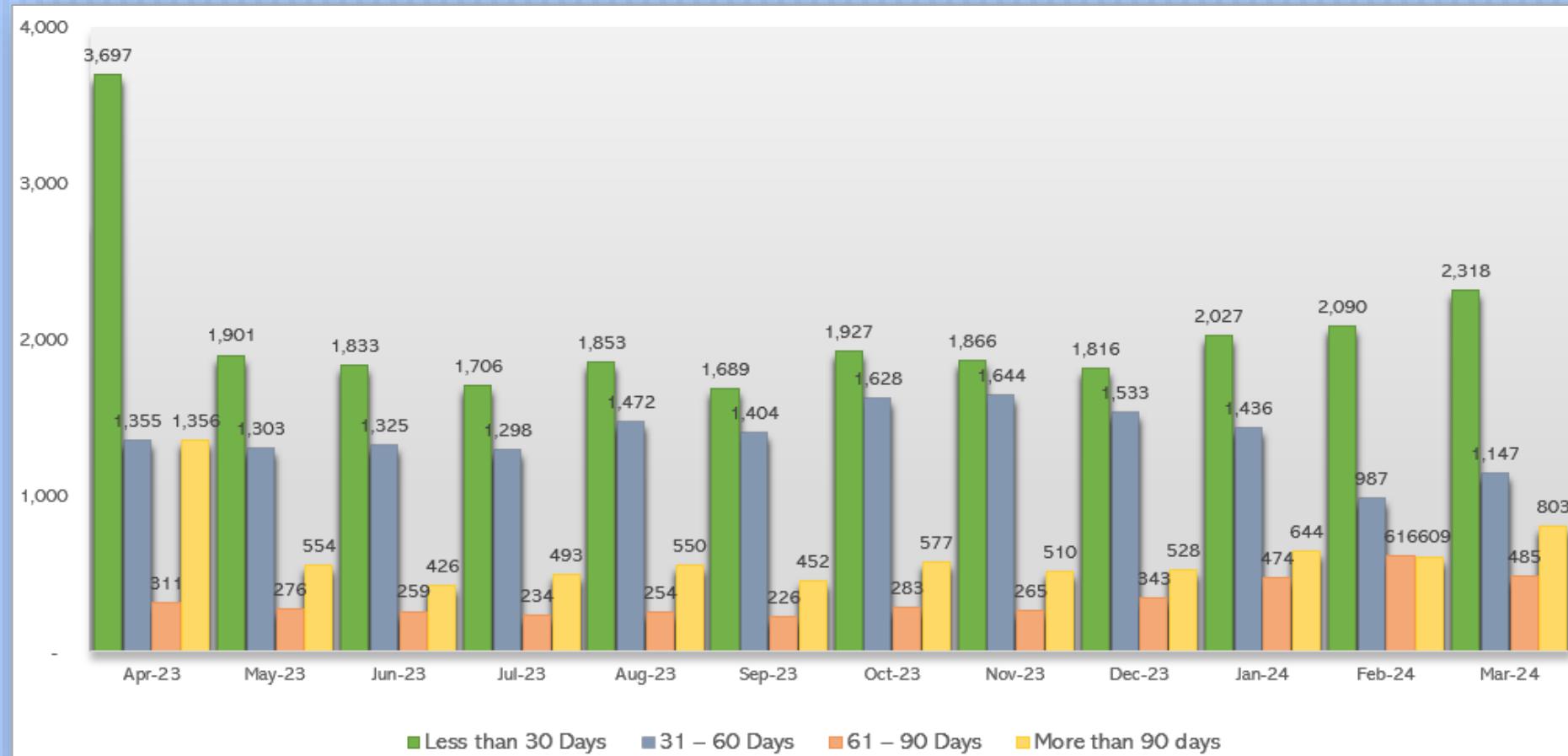
(current median processing time 0 days)



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 31 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.