

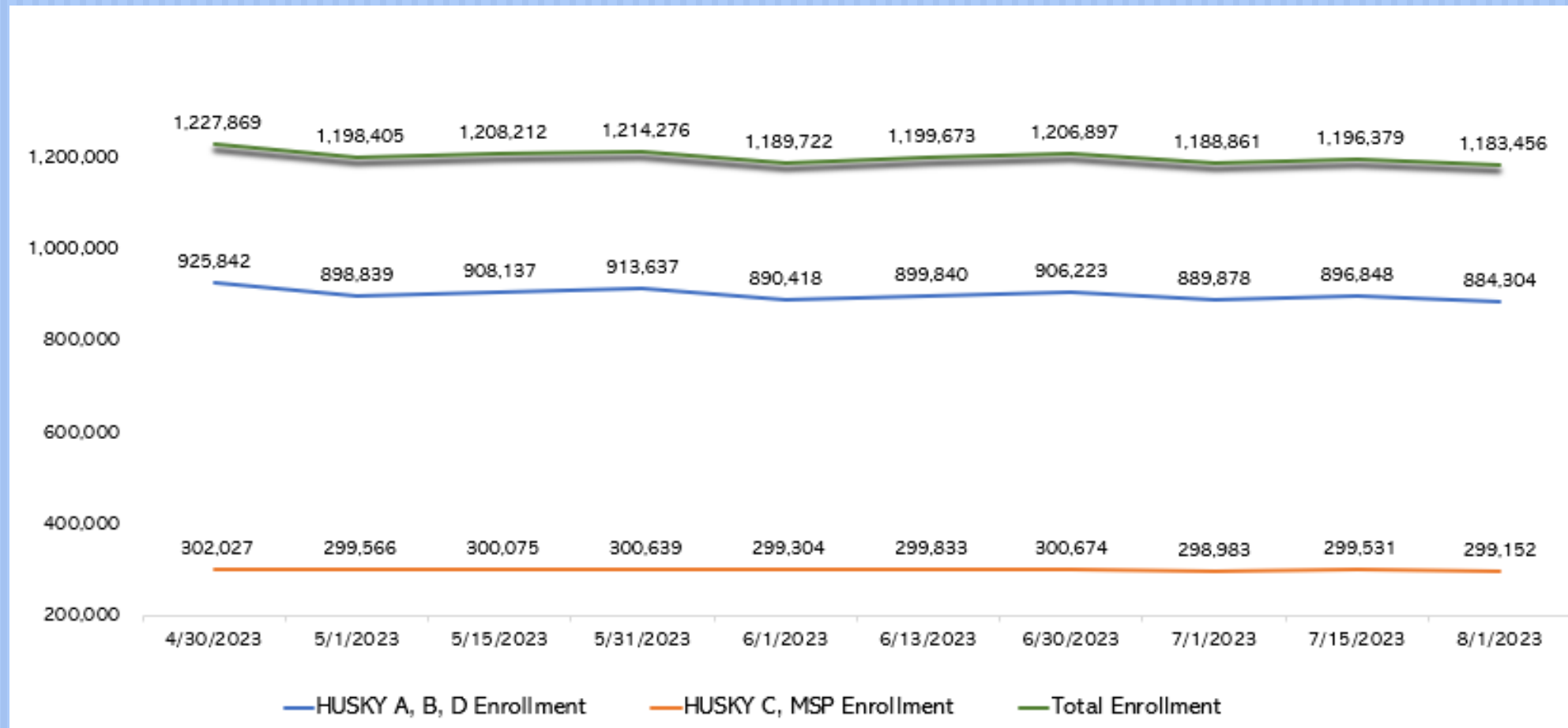
PHE UNWINDING – HUSKY HEALTH PROGRAM PERFORMANCE DASHBOARD

APRIL – JUNE 2023



HUSKY HEALTH ENROLLMENT

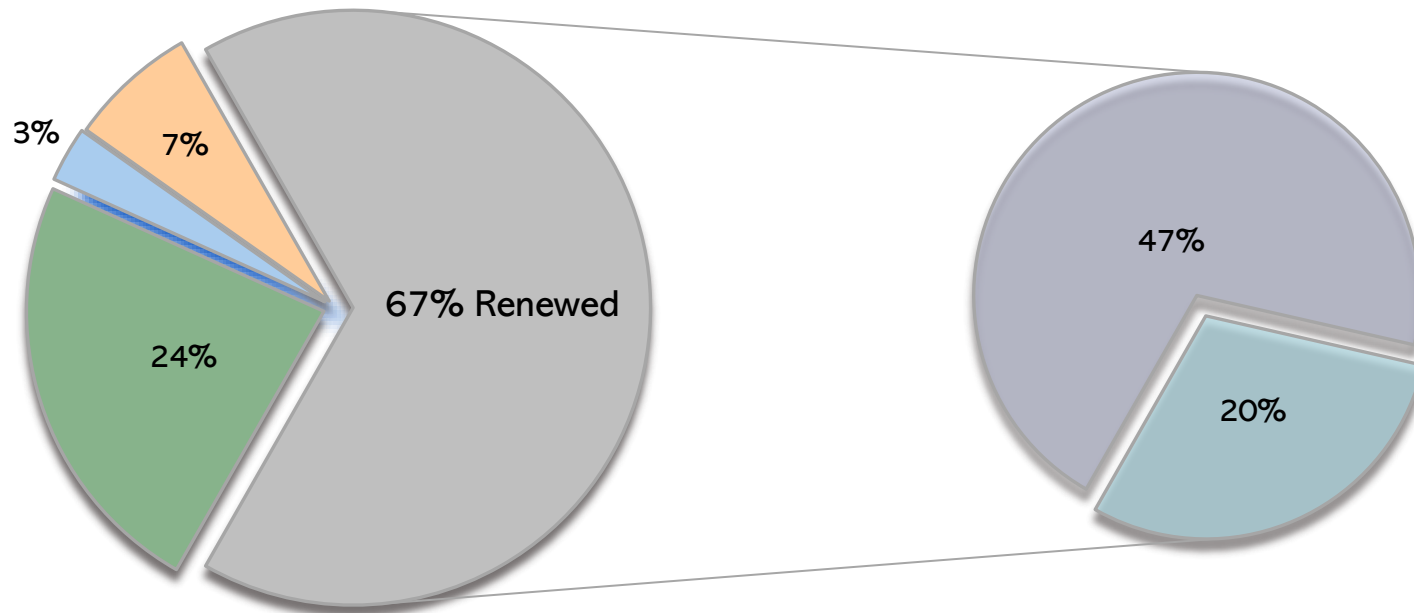
HUSKY HEALTH ENROLLMENT DURING UNWINDING



HUSKY RENEWAL ACTIVITY AND OUTCOMES

Medical Renewal Outcomes – April

67% of individuals retained coverage



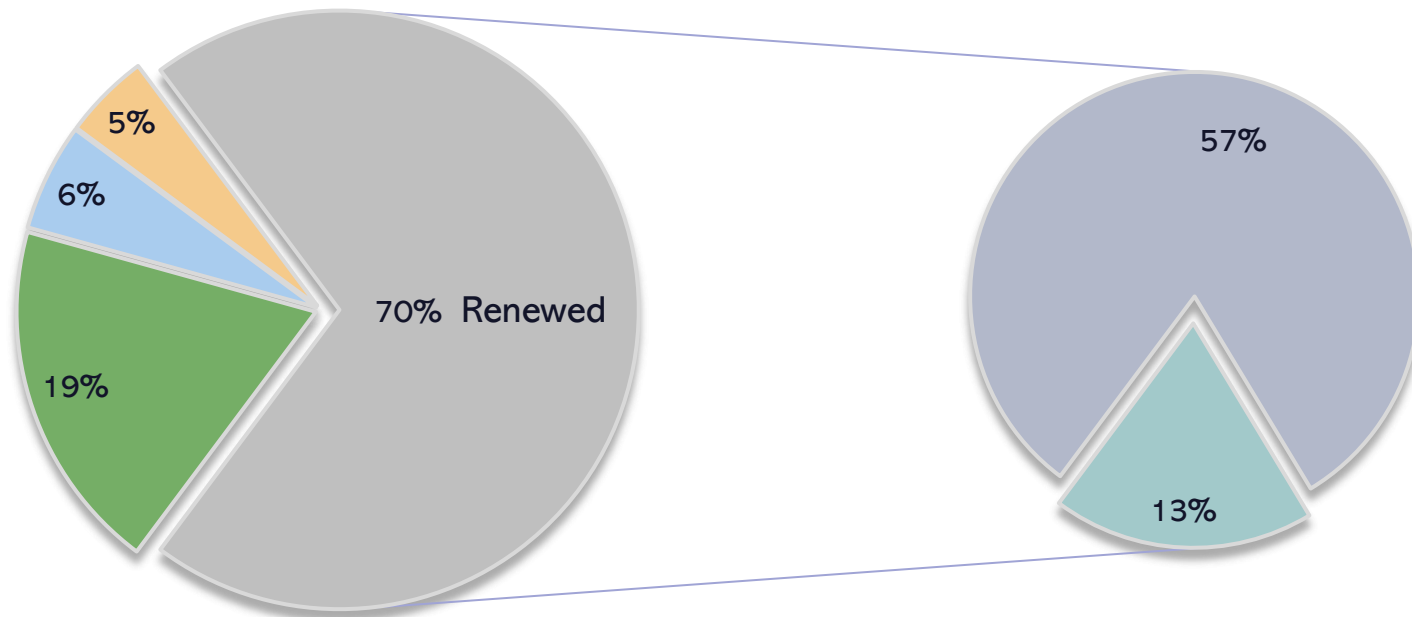
- Terminated for procedural reasons(i.e. failure to renew etc.)
- Determined ineligible for Medicaid/CHIP
- Renewal in process while coverage continues
- Renewed on an exparte bases
- Renewed using a pre-populated renewal form

Notes:

- ❑ Data captures renewal outcomes at individual level (not household). In April, 85,332 individuals went through the renewal process.
- ❑ 47% of individuals had coverage renewed without further information being requested from them. This is called an *ex parte* or passive renewal.
- ❑ 20% of individuals could not be renewed passively (i.e., data sources show income over the program limit) and were sent a pre-filled form to complete their renewal.
- ❑ 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.

Medical Renewal Outcomes – May

70% of individuals retained coverage



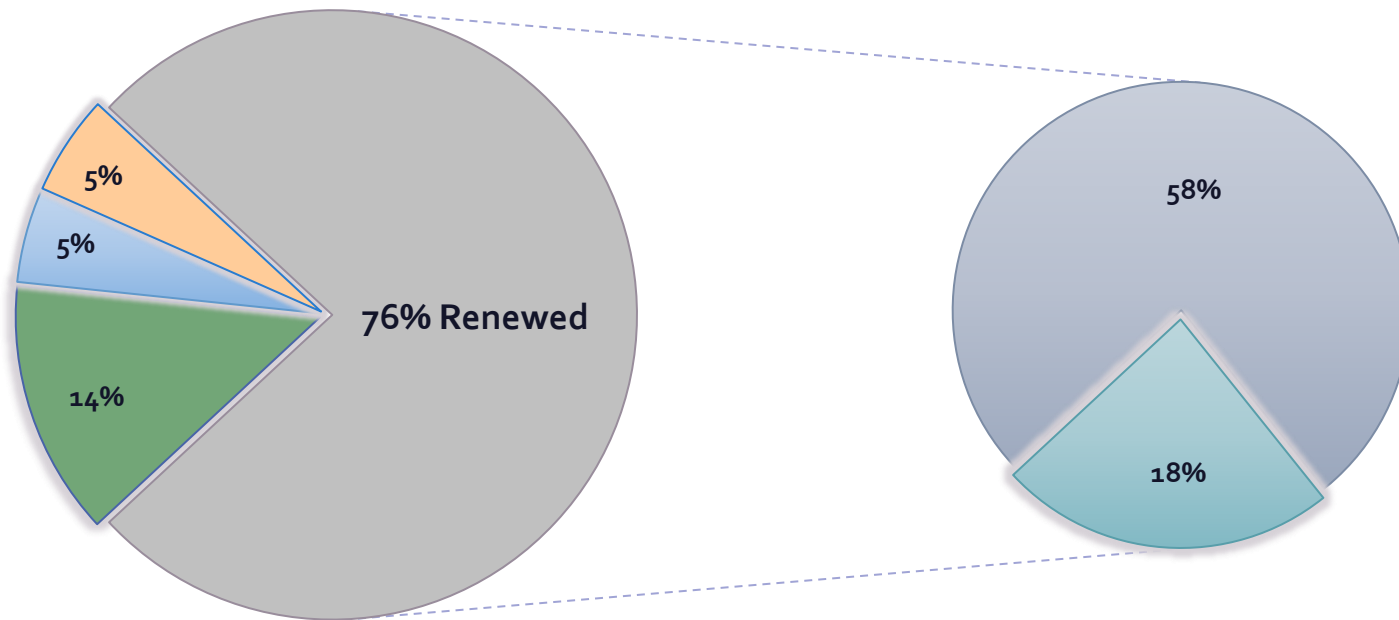
- Terminated for procedural reasons(i.e. failure to renew etc.)
- Determined ineligible for Medicaid/CHIP
- Renewal in process while coverage continues
- Renewed on an exparte bases
- Renewed using a pre-populated renewal form

Notes:

- ❑ Data captures renewal outcomes at individual level (not household). In May, 104,755 individuals went through the renewal process.
- ❑ 57% of individuals had coverage renewed without further information being requested from them. This is called an *ex parte* or passive renewal.
- ❑ 13% of individuals could not be renewed passively (i.e., data sources show income over the program limit) and were sent a pre-filled form to complete their renewal.
- ❑ 5% 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.

Medical Renewal Outcomes – June

76% of individuals retained coverage

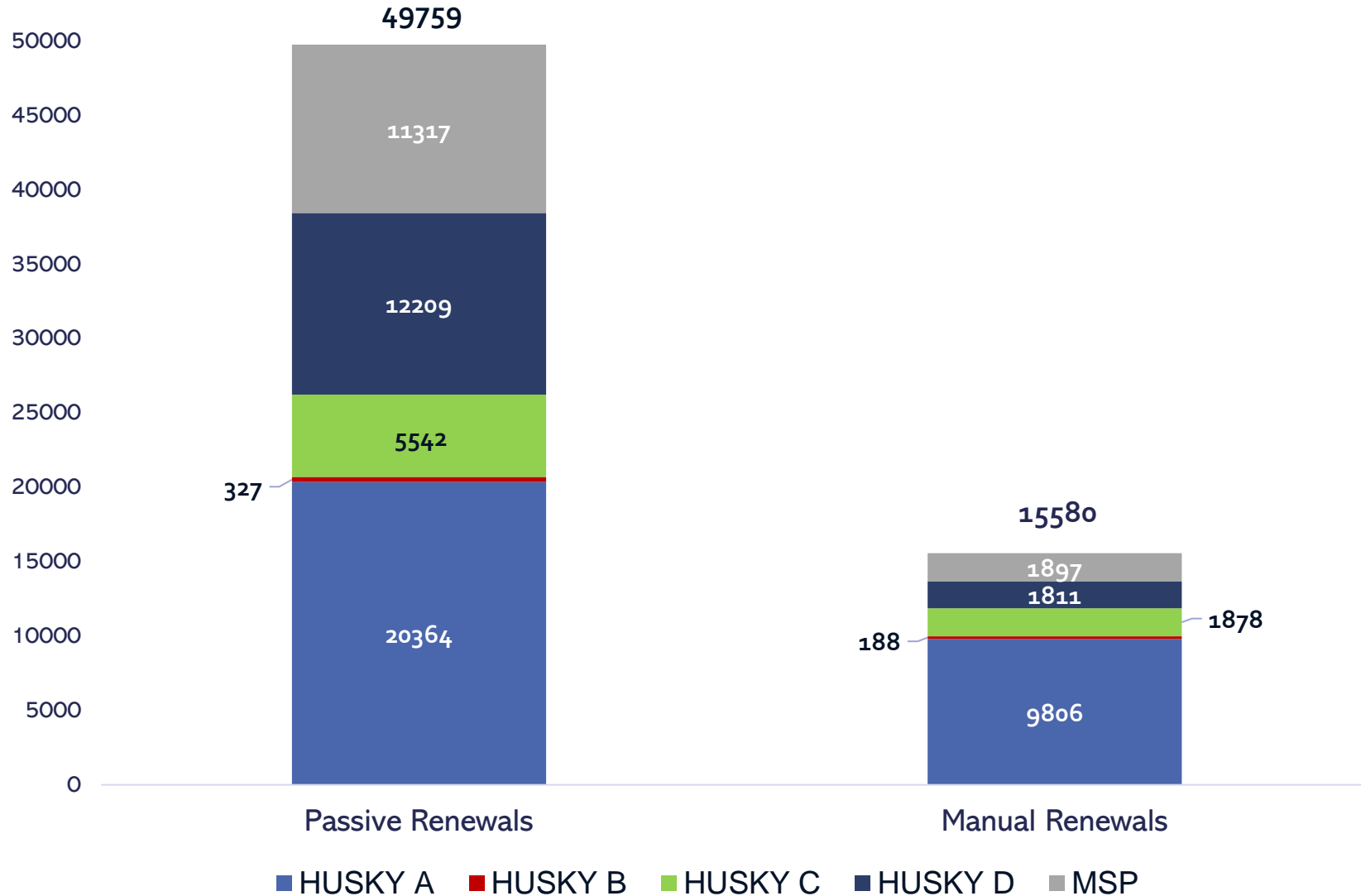


- Terminated for procedural reasons (i.e. failure to renew etc.)
- Determined ineligible for Medicaid/CHIP
- Renewal in process while coverage continues
- Renewed on an ex parte basis
- Renewed using a pre-populated renewal form

Notes:

- ❑ Data captures renewal outcomes at individual level (not household). In June, 85,764 individuals went through the renewal process.
- ❑ 58% of individuals had their coverage renewed without further information being requested from them. This is called an *ex parte* or passive renewal.
- ❑ 18% of individuals could not be renewed passively (i.e., data sources show income over the program limit) and were sent a pre-filled form to complete their renewal.
- ❑ 5% 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.

Passive vs. Manual Renewals by Medical Benefit Plan June 2023 Medical Renewals

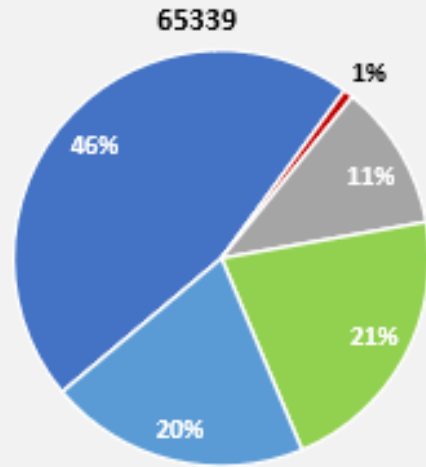


Notes:

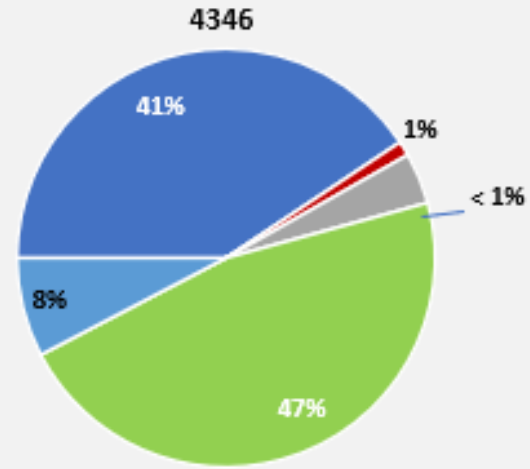
- Medical Benefit Plans refer to the HUSKY Programs (A, B, C, and D) and the Medicare Savings Program (MSP).
- HUSKY A - Medicaid for children, parents, pregnant individuals, etc.
- HUSKY B - Children's Health Insurance Program (CHIP)
- HUSKY C - Medicaid for the aged, blind, and the disabled
- HUSKY D - Medicaid for low-income adults
- MSP provides premium and/or copayment assistance to Medicare beneficiaries

June 2023 Renewal Outcomes by Medical Benefit Plan

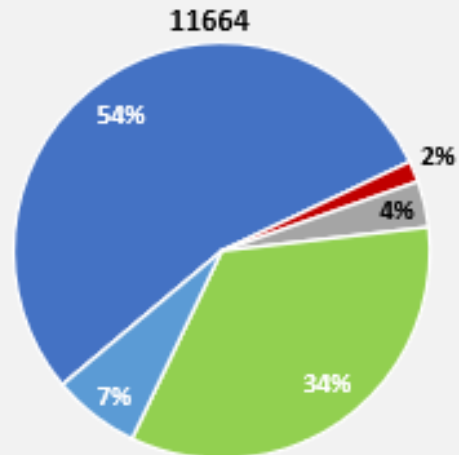
Renewed and retained in Medicaid/CHIP



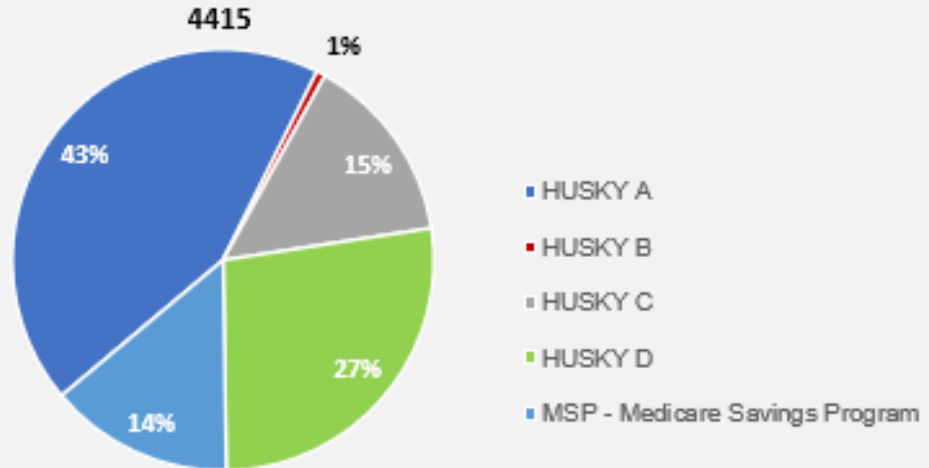
Determined ineligible for Medicaid/CHIP



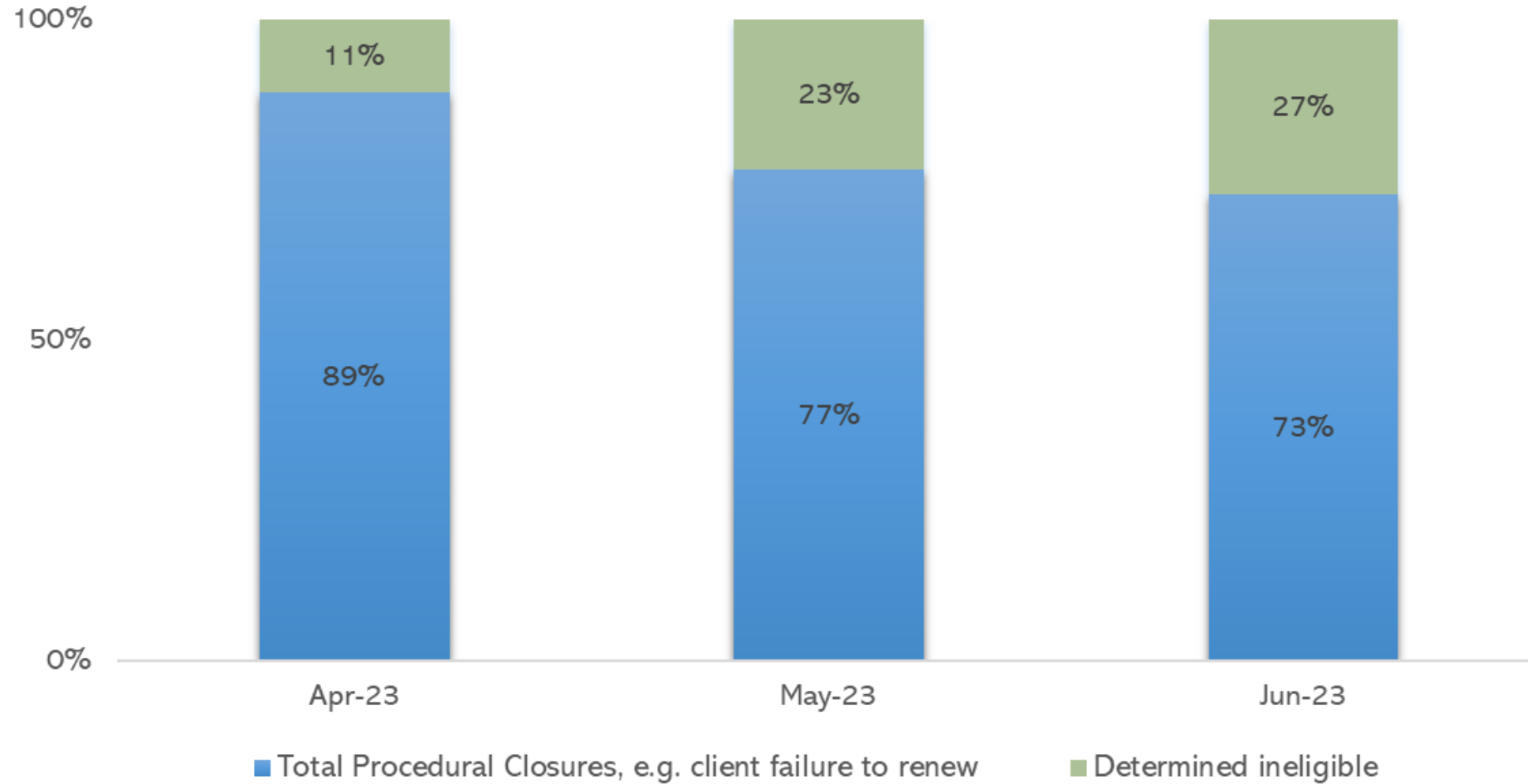
Terminated for procedural reasons



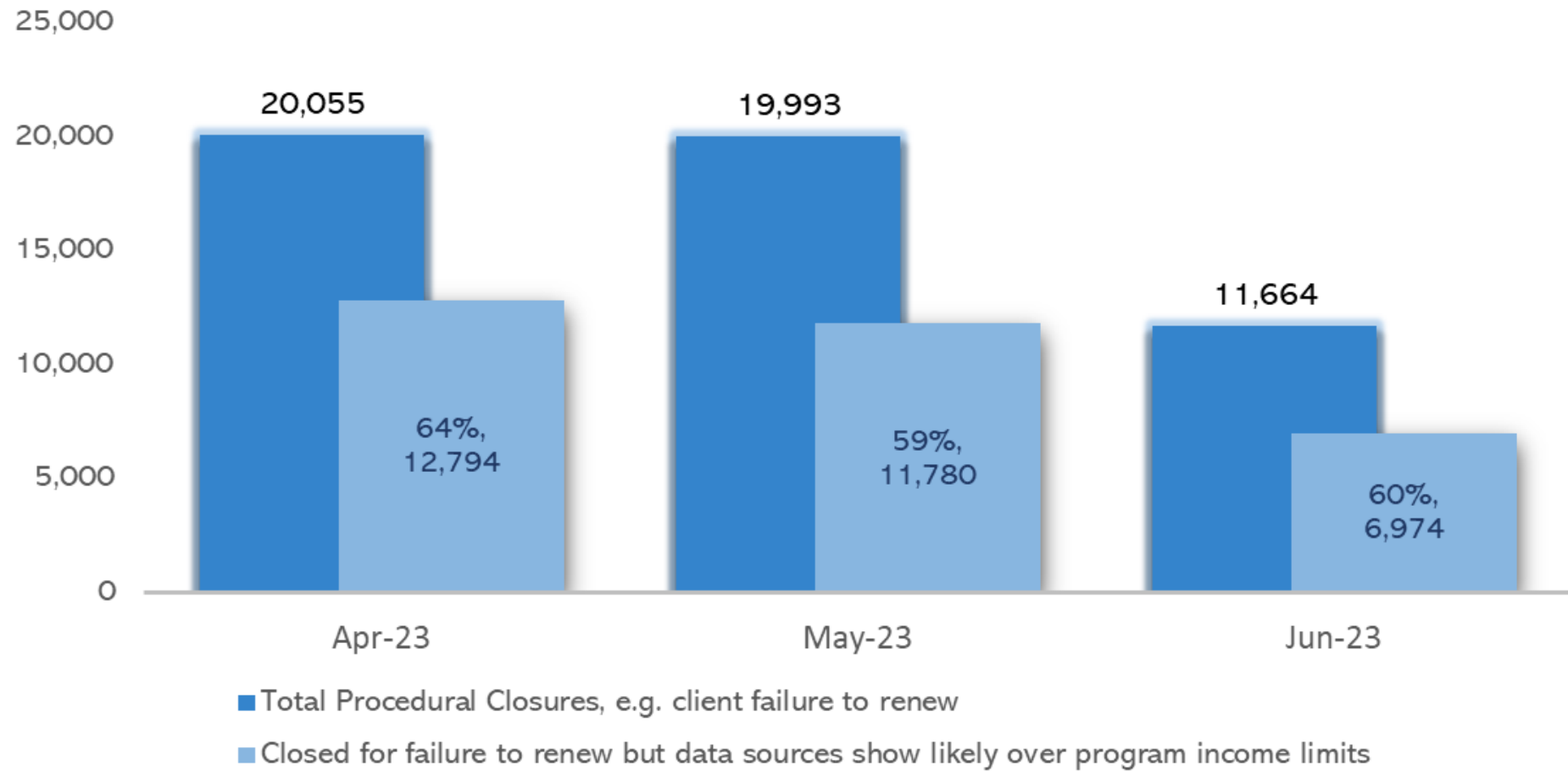
Renewal in process



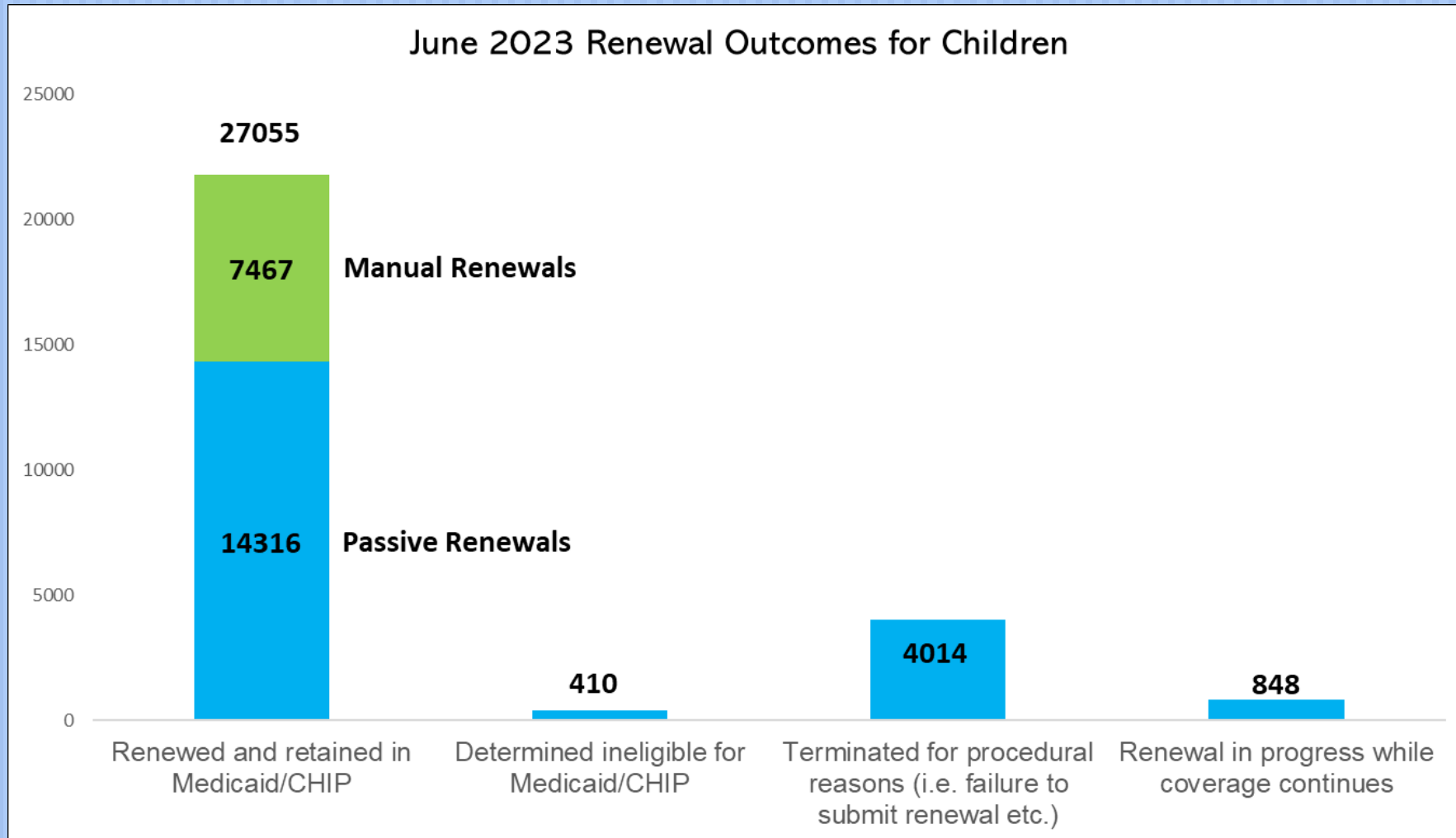
Procedural Closures vs. Determined Ineligible



Procedural Renewal Closures



RENEWAL OUTCOMES FOR CHILDREN



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.

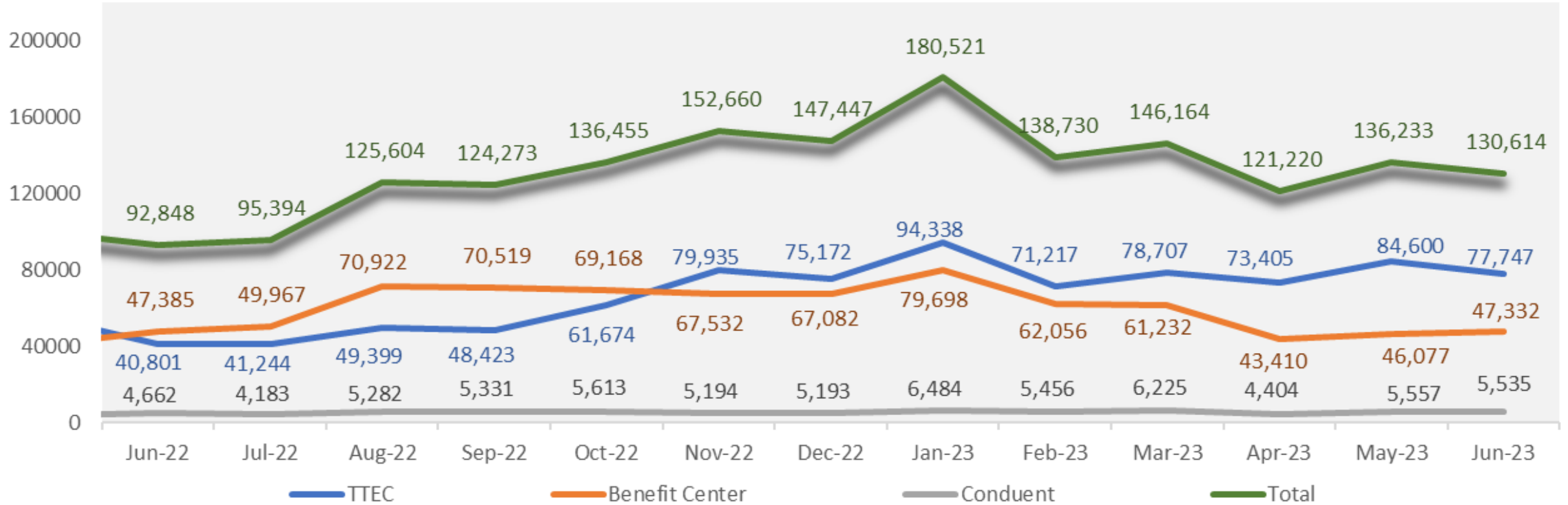
RENEWAL POST-DISENROLLMENT STATUS

Renewal Disenrollment Tracking – 30/60/90 Days Later	April	May	June
	90-day mark	60-day mark	30-day mark
Total individuals disenrolled at renewal	24,508	25,342	15,569
Total individuals active currently in HUSKY	9,639	7,278	2,880
Total individuals active currently in QHP/APTC	851	1,507	1,141
Total individuals active currently in CCT	453	642	481
Total Individuals who transitioned to NON-MAGI	149	172	72
Total individuals who closed and are now active	11,092	9,599	4,574
Total individuals not enrolled in any state programs	13,416	15,743	10,995

Nearly 40% of individuals who were disenrolled at renewal during the first 3 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.

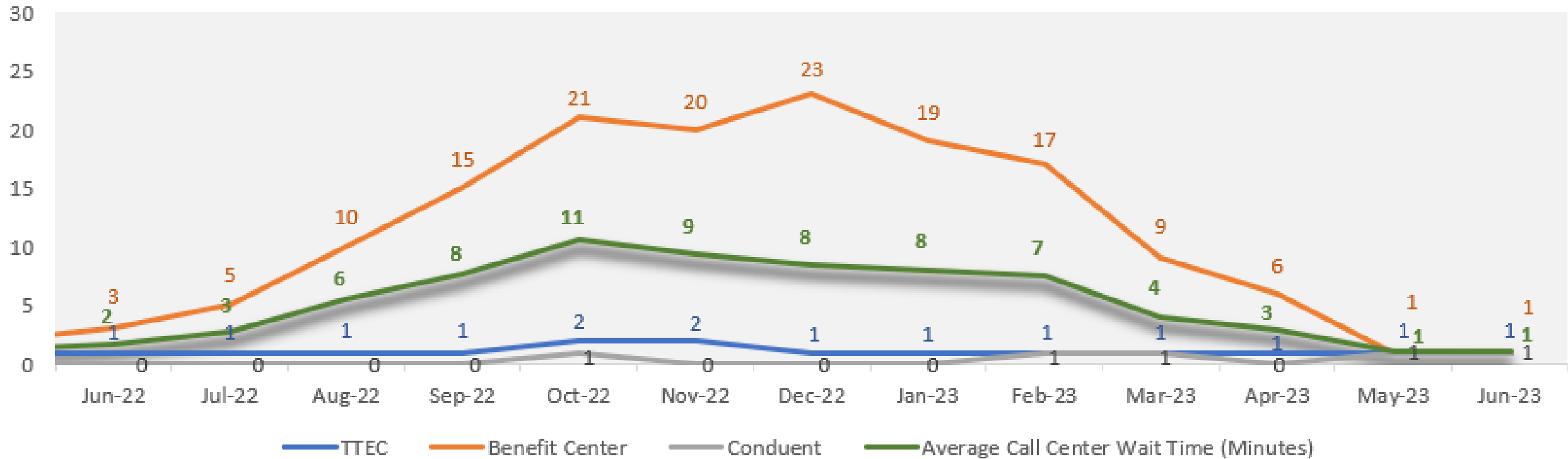
CALL CENTER DATA ACROSS ALL HUSKY CONTACT CENTERS

Call Volume by Call Center



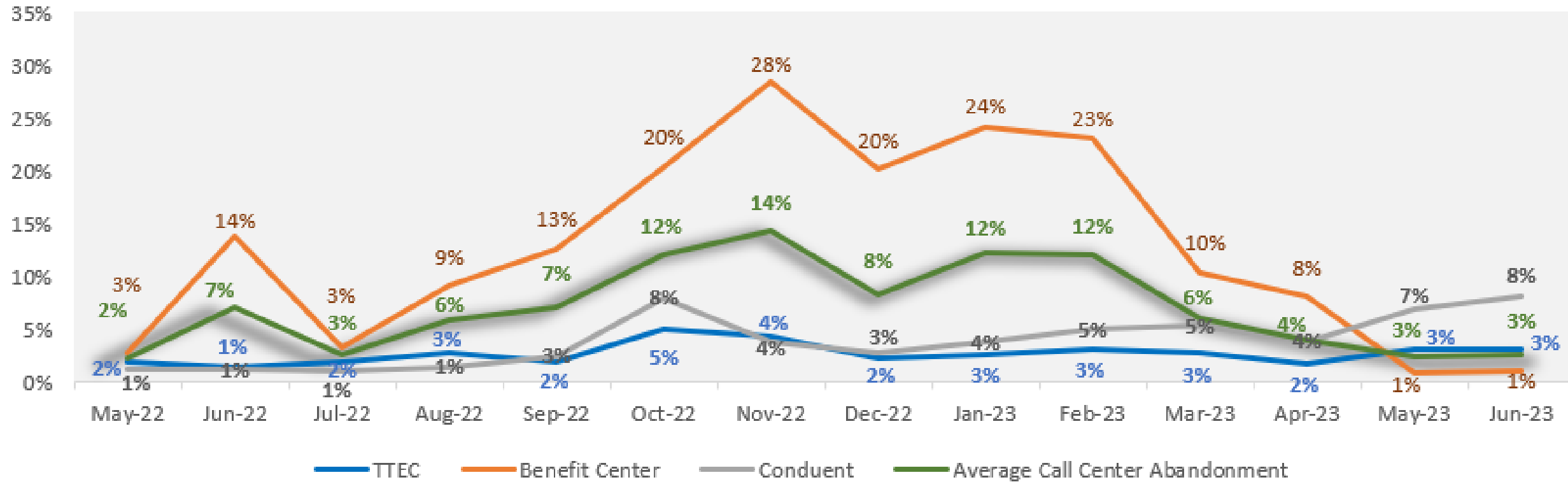
Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded. The DSS Benefit Center handles 30% of Medicaid/CHIP calls. Total call volume for the Benefit Center in June was 169,044.

HUSKY Wait Time by Call Center



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

Abandonment Rate by Call Center

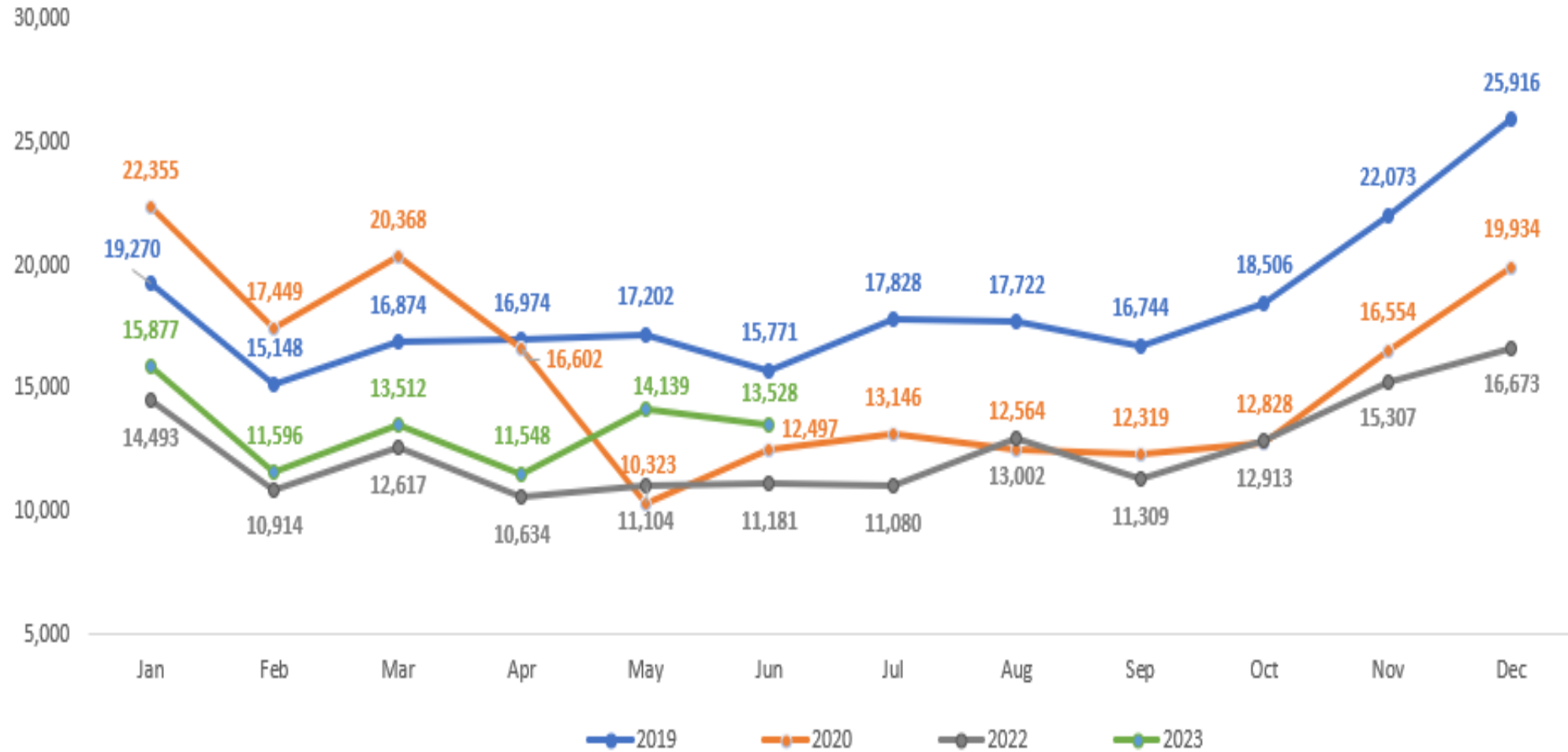


Per CMS requirements, data represents only Medicaid/CHIP calls. Calls for other programs are excluded.

NEW HUSKY APPLICATION ACTIVITY AND TIMELINESS

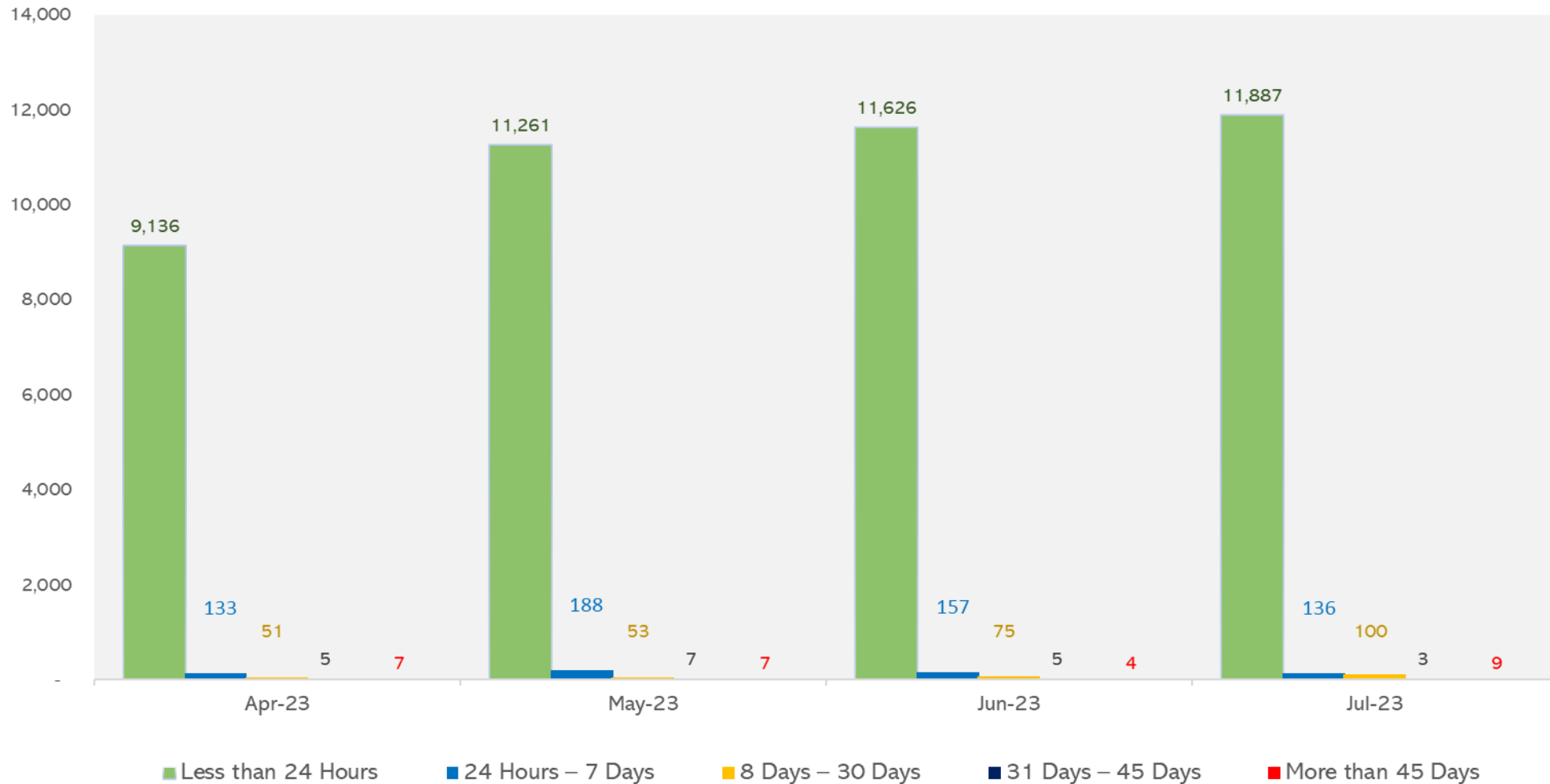
Year-Over-Year New Medical Applications

DSS consistently maintains an average of 98% processing timeliness



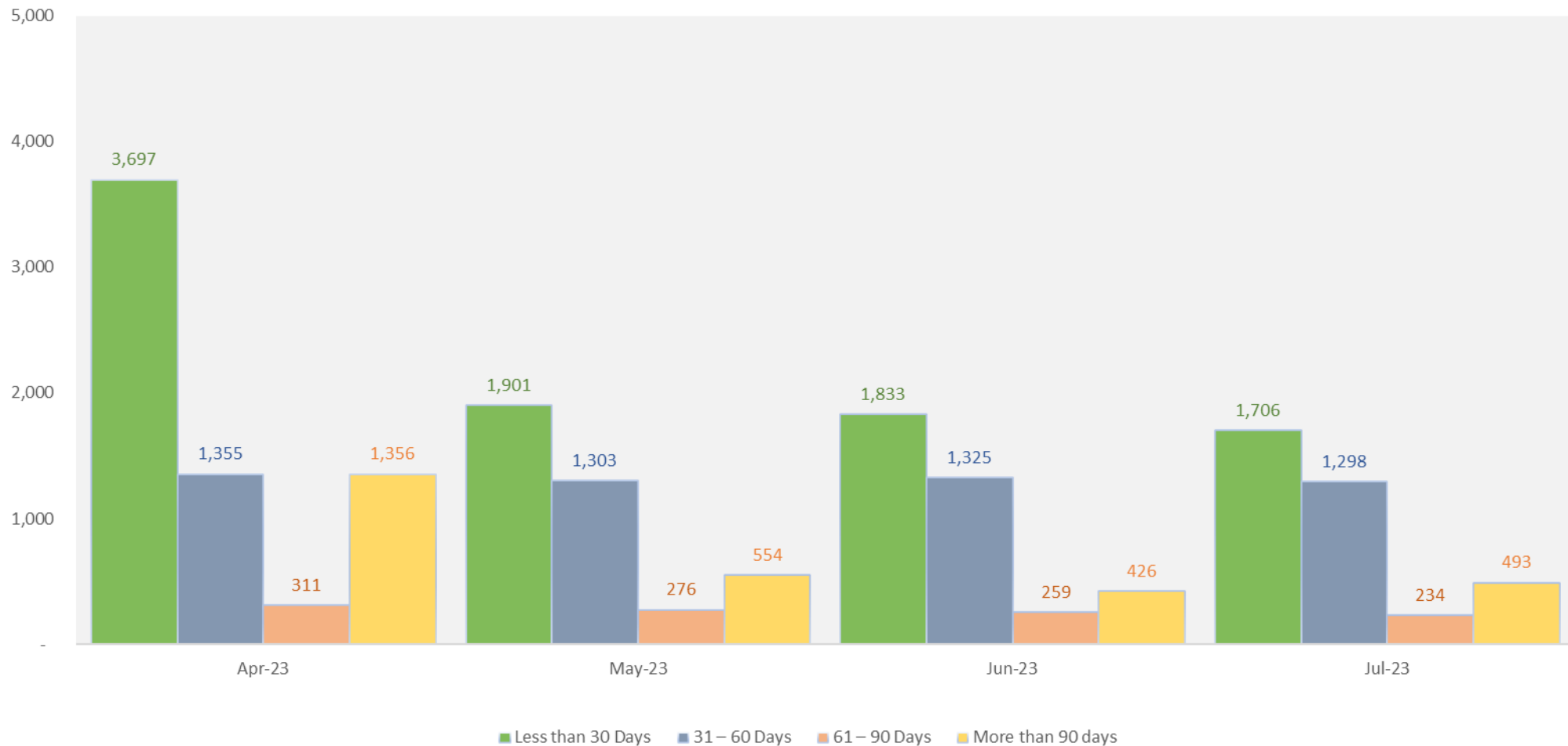
Calendar year 2021 was omitted to ease crowding in the chart allowing better comparison of pre-pandemic data in 2019 and early 2020 with current trends. 2021 looks very much like 2022.

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.