DSS PHE UNWINDING DASHBOARD

USER GUIDE
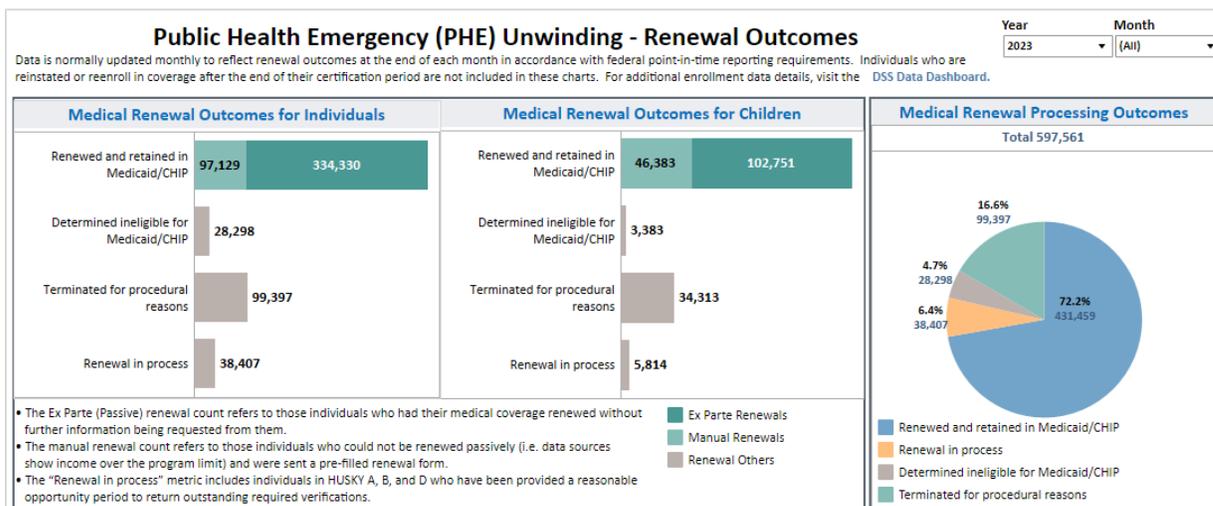
Version 1.0

November 16, 2023

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DASHBOARD OVERVIEW

The CT Department of Social Services (DSS/Department) is pleased to share the PHE Unwinding Dashboard. This current dashboard is modeled after DSS' PHE Unwinding monthly data reports. The dashboard will be updated on a monthly basis.

This dashboard allows for filtering of the data, providing users more customized slices of the data. Below are instructions and information to aid with use of the dashboard and understanding the data. Please review the Methodology +Definitions section for information about terms used and the unit of analysis.

DASHBOARD NAVIGATION BASICS

Calendar Month and Year Filter

The PHE Unwinding dashboard allows users to filter data by Month and Year. This can be done by clicking the box titled "Year" or "Month". Select which Months you'd like to visualize and click "Apply".
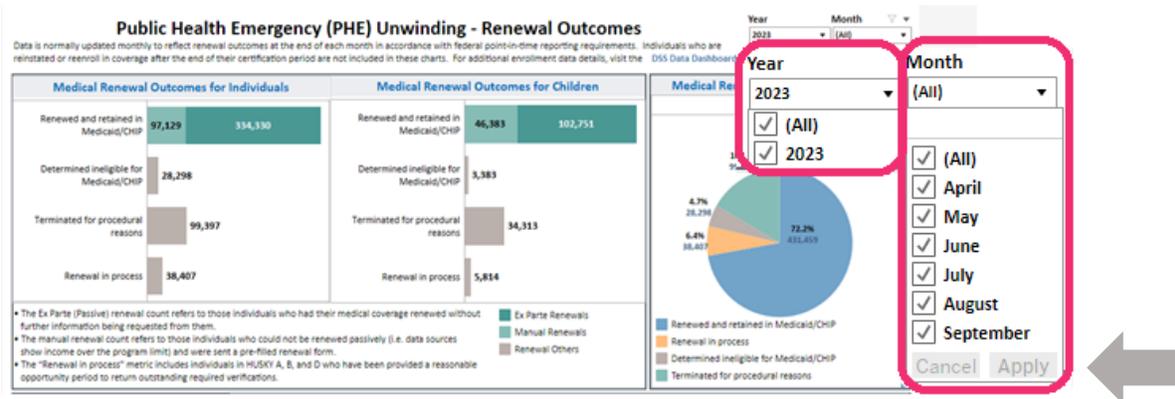
Trend Date Filter

In addition to looking at specific month and year data, the User can also look at trends by utilizing the Date filter.
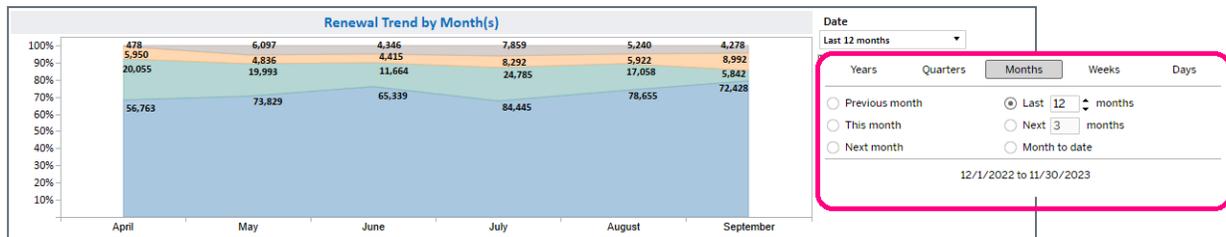
Users can select which and how many months to look at. After selecting the desired option and inputting the number of months to look at, the User simply needs to click outside the box and the Renewal Trend display will automatically update. To select a different date range, the User can click on the "Date" box and select new options; the graph will refresh itself.

Resetting Filters

The user can see if a filter is being used by looking for the following symbol above the "Month" Dropdown:
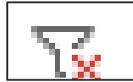
By clicking on the above symbol, all the selected filters will reset, and the charts will display the numbers for all years and months available.

Mouse Overs / Mouse Hovers

Information about a data element can be viewed when the mouse pointer "hovers" over a given bar or chart. In the example below, when the point hovers over the blue section of the pie chart, it displays the total number of those "Renewed and retained in Medicaid/CHIP," as well as the % of Total.
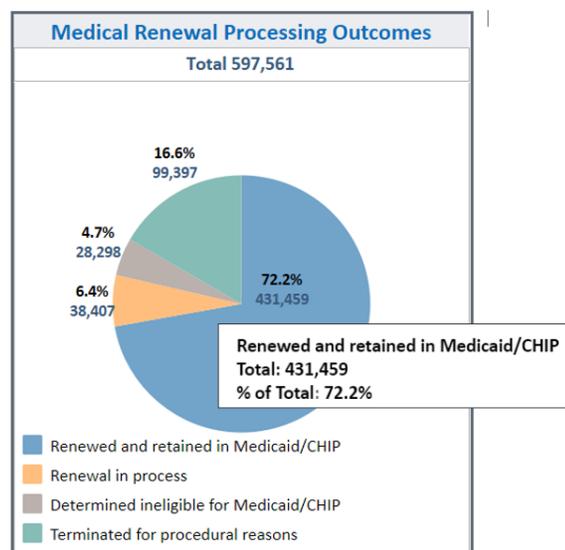
Exporting

All of the data from the dashboard can be downloaded by selecting the download button seen below.

Under the "Download" option, the data visualizations of this dashboard can be exported as an "Image."
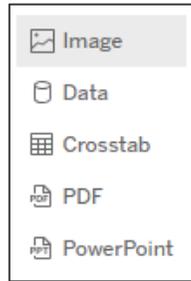
By selecting "PowerPoint," the user can decide to download the current view or specific sheets from the dashboard.
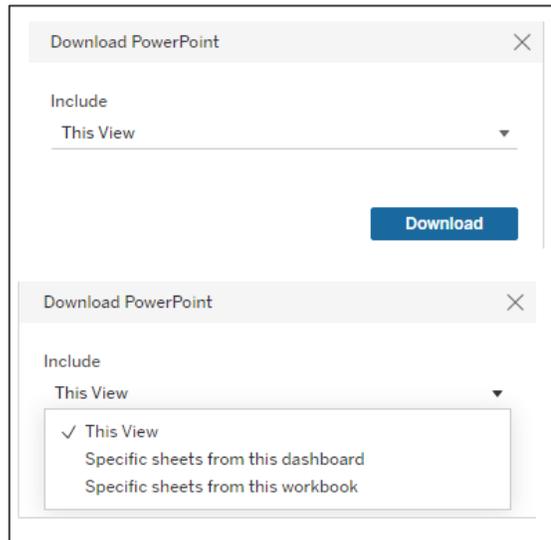
Selecting the "PDF" option, the user can choose the current view, or a specific sheet, the Page Size, the Orientation, and the Scaling.
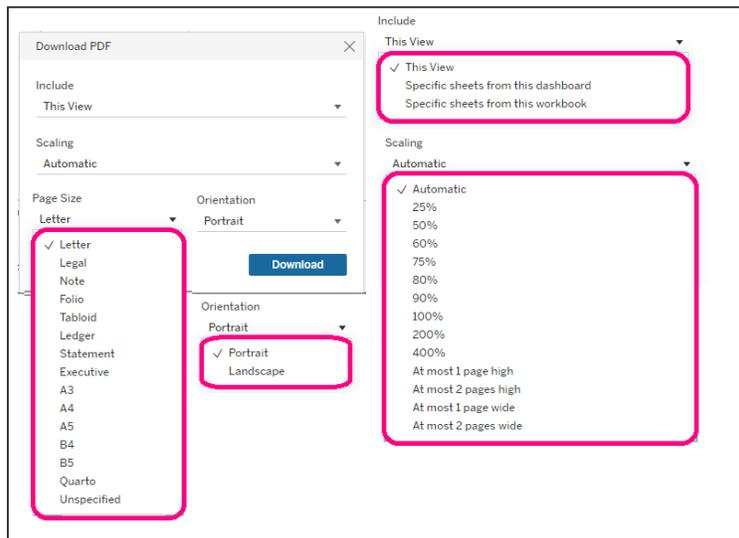
Aggregated data can also be downloaded in an Excel or a .CSV format by selecting the "Crosstab" option. After clicking "Crosstab" the user will be presented with a screen with which to select from a list of different sheets. The user can use the scroll bar to see all options.
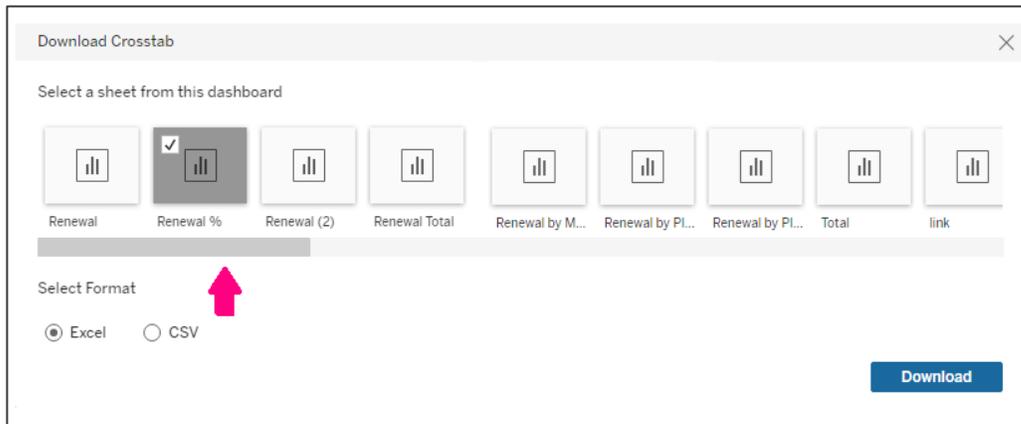
Below is an example of what the user will see by downloading the .CSV format of Renewal %.

MetricDescription	% of Total Value along MetricDescription	Value (copy)
Renewed and retained in Medicaid/CHIP	72.20%	431,459
Renewal in process	6.40%	38,407
Determined ineligible for Medicaid/CHIP	4.70%	28,298
Terminated for procedural reasons	16.60%	99,397

The sheets available as a Crosstab download are as follows:

Renewal – Medical Renewal Outcomes for individuals broken down by specific Outcome

Renewal % -The % of Medical Renewal Outcomes for Individuals

Renewal (2) – Medical Renewal Outcomes for Children

Renewal Total - Medical Renewal Outcomes for individuals by Total

Renewal by Month – Medical Renewal Outcomes for individuals by specific Month

Renewal by Plan – Ex Parte vs. Manual Renewals by Medical Benefit Plan by number

Renewal by Plan % - Renewal Outcomes by Medical Benefit Plan by % of Total

Total – A single Total of all Outcomes

METHODOLOGY + DEFINITIONS

METHODOLOGY

Data is normally updated on a monthly basis to reflect renewal outcomes at the end of each month in accordance with federal point-in-time reporting requirements. Individuals who are reinstated or reenroll in coverage after the end of their certification period are not include in charts of this dashboards.

Next, please know, the chart titled "PHE Unwinding Outcomes or Individuals" includes counts for children. Thus, the title titled "Unwinding Outcomes for Children" is a subset of the aforementioned chart.

DEFINITIONS

Ex Parte (Passive) Renewal - Refers to those individuals who had their medical coverage renewed without further information being requested from them.

Manual Renewal – Refers to those individuals who could not be renewed passively (i.e., data sources show income over the program limit) and were sent a pre-filled renewal form.

Renewal in Process – Includes individuals in HUSKY A, B, and D who have been provided a reasonable opportunity period to return outstanding required verifications.

Medical Coverage Groups	
HUSKY A	**HUSKY D**
• Parents/Caregiver Relatives with incomes up to 160% of the Federal Poverty Level (FPL) • Pregnant individuals with incomes up to 263% FPL. • Postpartum coverage guaranteed for 12 months if active Medicaid during pregnancy. • Children in households w/ incomes up to 201% FPL.	• Medicaid Expansion Population. • Age 19-64 with incomes up to 138% FPL. • No dependent children, are not pregnant and do not receive Medicare.
HUSKY B	**HUSKY Limited Benefits**
• *HUSKY B Band 1* - Children with family income up to 254% FPL • *HUSKY B Band 2* (requires premium) - Children with family income between 254% and 323% FPL. • *HUSKY B Prenatal Care* - Conception to birth coverage for pregnant individuals who do not qualify for Medicaid due to immigration status up to 263% FPL.	• *Family Planning* - Individuals of childbearing age (including minors), Covers up to 263% FPL. • *Coverage for Individuals with Tuberculosis* - For underinsured individuals diagnosed with tuberculosis who do not qualify for regular Medicaid. Benefits are limited to treatment of TB. • *General Emergency Medicaid (EM) & EM Coverage of Outpatient Dialysis for End-Stage Renal Disease (EM-ESRD)* - State residents who qualify for Medicaid, but for their immigration status. Benefits are limited pursuant to federal law to treatment of an "emergency medical condition"
HUSKY C	**Medicare Savings Programs (MSP)**
• Older adults and individuals with disabilities, with incomes up to ~58% FPL (after income deductions). • LTSS and home and community-based services programs have higher income limits (300% SSI).	• *Qualified Medicare Beneficiary (QMB)* - Pays Medicare Part B monthly premium and for Medicare Part A and B co-insurance, co-pays, and deductible amounts for Medicare-covered services. • *Specified Low-Income Medicare Beneficiary (SLMB)* - Pays Medicare Part B monthly premium only. • *Additional Low-Income Medicare Beneficiary (ALMB)* - Pays Medicare Part B monthly premium only. Program availability dependent on state funding availability. Cannot be combined with HUSKY Health coverage.