Overview of HUSKY Renewal Processes

Prepared for MAPOC
February 20th, 2015
Three Renewal Populations

1. Traditional (“Classic”) Family and Adult HUSKY (A,B & D)
   - Transition of this population to MAGI-based HUSKY
   - Transitional - Materially finished around October 2015
   - Access Health CT, Xerox and DSS partner in this process

2. MAGI HUSKY (A,B & D)
   - Access Health CT, Xerox and DSS partner in this process

3. HUSKY C and the Medicare Savings Programs (MSP)
   - Established DSS process – only process that uses ConneCT
Traditional “Classic”
HUSKY A,B & D Households
Timeline of Classic HUSKY A, B & D to MAGI HUSKY

- Classic HUSKY A, B & D households are renewed and transitioned to MAGI using the Access Health CT shared system.

- **Moratorions**
  - Connecticut took advantage of a federal option to defer redeterminations during January – March 2014 (most HUSKY A, B and D households had 3 months added to their coverage).
  - Connecticut received approval for an additional moratorium, which was implemented from June – August, 2014.
  - April and May redeterminations were not included in the second moratorium, but received longer “Second Chance” extensions.
  - Under the “Second Chance” process, we do not disenroll immediately when the redetermination hasn’t been completed. Instead, we send a reminder and provide additional months of coverage, e.g., settled on 4 months.
The trend lines show the increasing MAGI enrollments with a commensurate decline in the equivalent “classic” HUSKY enrollments.

Overall enrollments are up from 1/1/2014.

MAGI=X01, X02, X07 and X25.
Classic=P01, P02, G02, F07 and F25.
Classic HUSKY A,B & D to MAGI HUSKY

Four channels. Two are new:
- Phone Apps
- Web self service with real time determinations

Manual entry by Xerox into EMS

NOTE: Coverage exists at this point. It is always instant with no waiting/pending for verifications. Instant coverage makes CT different.

Step 1
60 days before coverage end, a household is notified and sent a MAGI (AH3) application form

Step 2
- Paper (Mail)
- In Person (DSS office)
- Phone
- Online

EMS
MAGI Renewals
HUSKY MAGI-to-MAGI Renewals

- MAGI start to be enrolled: 1/1/2014
- First MAGI renewals: 2/20/2015

Department of Social Services

2/20/2015
New processes under the Affordable Care Act:

- **Administrative (Auto) Renewals**
  - Using electronic sources of data the system will attempt to renew individuals automatically if everything looks “reasonably compatible”.
  - The client simply gets a notification (mailed or emailed) that they will be granted another 12 months.

- **Reconsideration Period**
  - Up to 90 days after the closure someone can be renewed and coverage back dated.

- **New Name for a New Process**
  - CMS now calls the process “Renewals” instead of “Redetermination” to reflect the intent of the new process
In the auto-renewal process we check:

- That per electronic data sources the previous attested income is less than or within 10% of the value.
  - Wages through Department of Labor and IRS (Federal Hub)
  - Unemployment benefits through Department of Labor
  - Social Security Disability through SSA (Federal Hub)
- That there was no loss of immigration status.
  - Department of Homeland Security (Federal Hub)
- That there are not any data conflicts, e.g., a longer than possible pregnancy.
Process is somewhat similar to the traditional 60 day redetermination process, but with:

- Real time verification of data
- Auto renewals
- 90 day Reconsideration Period

Existing coverage

Month 10 | Month 11 | Month 12

New coverage

Month 1 | Month 2 | Month 3 | Month 4

Reconsideration Period
Support late client renewals for 90 days

PROJECTION
60 days before end we see who can be auto renewed.

Client gets a notice of auto-renewal or pre-filled paper form

REMINDER
Simple reminder notice sent to those who need to renew and who haven’t yet renewed

FINALIZATION
Action the auto renewals and discontinuances about 15 days before the end of the month.
60 days before coverage end, a household is notified of (a) Auto Renewal OR (b) Renewal required. Prefilled AH3R form to make response as easy as possible.

Manual update by Xerox into EMS

**NOTE:** Existing coverage continues regardless. Timeliness is only important for discontinuances.
- First renewals were for those ending on December 31\textsuperscript{st} (Closures postponed until January 31, 2015)

- Completed or started the process for over 91,000 clients
HUSKY C and Medicare Savings Program (MSP)
HUSKY C & Medicare Savings Program recipients are subject to redeterminations no more than once every 12 months.

HUSKY C spend-down recipients are subject to redeterminations once every six months.
60 days before coverage ends, a household is notified and sent a redetermination form for HUSKY C or the Medicare Savings Program.
What is the redetermination Process

- As redeterminations arrive at DSS (mail or an office interview), each case must be initiated in EMS.
  - Initiation keeps the case active in EMS should the redetermination end date be met before processing is complete.
  - DSS auto-initiates redeterminations by a process that compares redetermination forms in ConneCT to cases in EMS due for redetermination.
- The new information is compared to what is already in EMS.
- A missing information request (form W-1348) may be sent if verifications or data is needed.
  - A 10 day due date is allowed for the missing information.
  - Note that MSP programs require little to no verification as in most cases income can be verified using federal data sources and self attestation of income is accepted.
  - Social Security reported income can be verified using the same federal data sources for both HUSKY C & MSP, i.e., no need to request from the client.
- Once the outstanding verifications are received the redetermination is completed and a new period of eligibility is determined.
Thank You!

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