Measuring our Success
Eligibility Services Report – 1st Quarter 2018

Medical Assistance Program Oversight Council – May 11, 2018

Connecticut Department of Social Services
Topics

- Medical Enrollment Details
  - Medical Enrollment
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- Application Details
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  - Year-over-Year Single Streamlined Paper Applications

- Renewal Details
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- Call Center Information
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Medical Enrollment Details
Medical Enrollment

Notes:

- Medical consists of the HUSKY programs (A, B, C & D) and the Medicare Savings Program (MSP).
  - HUSKY A – Medicaid for children, parents, pregnant women, etc.
  - HUSKY B – Children’s Health Insurance Program
  - HUSKY C – Medicaid for the aged, blind and disabled
  - HUSKY D – Medicaid for low income adults
- For the most part HUSKY A, B and D use the streamlined MAGI/ACA coverage rules.
- The rules for HUSKY C can be complex and can include asset tests and disability assessments.
- 88% of HUSKY is ACA/MAGI-based.

- There are ~10k individuals (2%) HUSKY A clients determined using non MAGI rules, e.g., DCF foster children.
- HUSKY B and 2 includes individuals who have yet to pay their first premium and so while eligible are not truly enrolled.
Notes:

- Shows year-over-year growth.
- 2017 data is missing as it was a period of complex system and program transitions.
- In July 2015 the parent FPL was reduced to 155%. It took a year to see the full effect as most parents received Transitional Medical Assistance (TMA).
- Similarly, in December 2017 the State reduced the parent FPL to 138%. Since most individuals move to TMA it will be a year before we see the effect.

- 2016 data is sourced from EMS.
  - It does not include non-MAGI HUSKY A individuals (~10k). These are included in 2018.
- 2018 A, B & D data is sourced primarily from the HIX.
- 2018 HUSKY C data is sourced from ImpaCT.
- HUSKY B includes individuals who have yet to pay their first premium and so while eligible are not truly enrolled.
Application Details
Medical Applications

Notes:

- This is a count of the subsidized applications, by channel, with a filing (application) date in the month and:
  - Application status is in-process or determined (not inactive or canceled);
  - Applicant has no current active coverage;
  - Application is not a renewal or in the reconsideration period.

- The ACA paper channel is small, but higher than expected when compared to the actual paper processing tasks performed in the HIX channel, i.e., typically process less than 10 per day.
- We attribute much of this to clients incorrectly using the W1-E paper form and mailing channel; DSS workers identify these and enter them into the HIX.
Year-over-Year Single Streamlined Paper Applications

- Paper applications (AH2 & AH3) volume is low and getting lower.
  - Online and call center channels are preferred.
  - Less than 10 forms per business day.
  - Usually processed same day received.
Renewal Details
Data Source: HIX

Notes:
- Currently the auto-renewal rate is running around 70%
- Each month approximately 7% of the auto-renewal will report changes to the Department.
- Each month approximately 15% of the renewals are manual and non-responsive by the 15th of the month.
The AH3-R paper renewal forms are pre-filled and easy to edit, sign, and return.

Paper renewal volumes are relatively low, but are much greater than the paper applications (AH2 or AH3), e.g. 15 times greater.

Typically achieve same day turnaround for processing.
Call Center Information
DSS Inbound Call Volume

Notes:

- There are 3 call center operations:
  - AHCT Call Center (Faneuil)
  - DSS Client Information Line
  - DSS Specialized Support Call Center (Conduent)

- There were 93,840 inbound calls in March compared to a December peak of 144,751.

Graph assumes 70% of the shared AHCT call center is HUSKY A, B and D focused (the remainder is QHP and excluded).
Graph includes all other DSS programs such as SNAP and TFA.
Thank You