Public Health Emergency (PHE) Unwinding
Preparing for the end of the COVID-19 Public Health Emergency

June 2023
Agenda

1. Background Information
2. Medicaid/HUSKY Information
3. Additional Coverage Information
4. DSS Information
5. Communications
6. DSS Readiness
7. How You Can Help
Important Dates

The passage of the CAA modified some of the PHE flexibilities from the federal PHE declaration, while others remained tied to the end of the PHE declaration.

- **March 31, 2023**
  - Medicaid continuous enrollment provision ended

- **May 11, 2023**
  - COVID-19 Limited Benefit coverage groups for testing and treatment ended
Details for Medicaid/HUSKY

Flexibilities during PHE

• Continuous Enrollment: States **required** to keep individuals enrolled in Medicaid, even if they never renewed their coverage, or are no longer eligible
• Disenrollment allowed only for limited reasons
• Optional Medicaid Group implemented
  • COVID-19 coverage for uninsured

After March 31, 2023

• Annual renewals required
• Disenrollment if renewal is not completed, verifications are not provided, household income increases above allowable limits, age out, etc.
• "Normal" rules within CMS guidance
• All extended households have opportunity to renew
Medicaid/HUSKY Impact Timeline

March 31, 2023

- Medicaid Continuous Enrollment provision ends
- Households that were previously extended will have to complete a full eligibility evaluation (renewal) at a pre-determined time over the course of the 12-month unwinding period (staggered renewal dates)

May 11, 2023

- COVID-19 limited benefits coverage ended
  - First round of outreach to population in Oct 2022; received additional notice on May 1, 2023
  - Encouraged to explore eligibility for other coverage
Pathways for HUSKY Renewal

Passive Renewal

- Computerized process that checks for renewal
- Passive renewal attempted on ~3/4/23 whose renewal is due 4/30/23
- Renewal notices will be sent out by the 15th of every month to members who need to renew by end of following month

Manual Renewal

- Clients have to manually renew
- Renewal completed; household advised to report any changes
- 45 days to complete renewal
- Individuals over income for continued HUSKY coverage may move to Transitional Medical Assistance (TMA), Covered CT, HUSKY B, or a Qualified Health Plan (QHP)

Integration with Access Health CT will allow them to know which coverage they are eligible for

*if passive renewal not successful*

This staggered approach will allow DSS to control the flow of renewals and operational load throughout the 12 months after the PHE ends. It will also help to even workloads in future years.
HUSKY Enrollment April – June 2023

Medical Enrollment by Date *(data as of June 2, 2023)*

<table>
<thead>
<tr>
<th>MAGI Enrollment (HIX)</th>
<th>4/30/23</th>
<th>5/1/23</th>
<th>Month End Change</th>
<th>5/15/23</th>
<th>Mid Month Change</th>
<th>5/31/23</th>
<th>6/1/23</th>
<th>Month End Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>925,842</td>
<td>898,839</td>
<td>(27,003)</td>
<td>908,137</td>
<td>9,298</td>
<td>913,637</td>
<td>890,418</td>
<td>(23,219)</td>
</tr>
<tr>
<td>Net change from peak</td>
<td>(27,003)</td>
<td></td>
<td>(17,705)</td>
<td></td>
<td>(12,205)</td>
<td></td>
<td>(35,424)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-MAGI Enrollment (ImpaCT)</th>
<th>4/30/23</th>
<th>5/1/23</th>
<th>Month End Change</th>
<th>5/15/23</th>
<th>Mid Month Change</th>
<th>5/31/23</th>
<th>6/1/23</th>
<th>Month End Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Totals</td>
<td>302,027</td>
<td>299,566</td>
<td>(2,461)</td>
<td>300,075</td>
<td>509</td>
<td>300,639</td>
<td>299,304</td>
<td>(1,335)</td>
</tr>
<tr>
<td>Net change from peak</td>
<td>(2,461)</td>
<td></td>
<td>(1,952)</td>
<td></td>
<td>(1,388)</td>
<td></td>
<td>(2,723)</td>
<td></td>
</tr>
</tbody>
</table>
HUSKY A, B, D Enrollment April – June 2023
HUSKY C & MSP Enrollment April – June 2023

![Bar chart showing enrollment numbers for different dates in April and May 2023.](chart.png)
Renewal Processing Outcomes

April 2023 Medical Renewal Processing Outcomes

- 68% Renewed and retained in Medicaid/CHIP
- 24% Determined ineligible for Medicaid/CHIP
- 7% Terminated for procedural reasons (i.e., failure to renew etc.)
- 1% Renewal in process while coverage continues

Notes:
- Data captures renewal outcomes at an individual level, not household level.
- The passive renewal count refers to those individuals who had their medical coverage renewed without further information being requested from them.
- The manual renewal count 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.
- The "Renewal in process" metric also includes individuals in HUSKY A, B and D who are in a reasonable opportunity period and have a VCL (verification check-list) for outstanding verifications.
Renewal Outcomes by HUSKY Plan

April 2023 Renewal Outcomes by Medical Benefit Plan

Renewed and retained in Medicaid/CHIP
- HUSKY A: 46%
- HUSKY B: 23%
- HUSKY C: 7%
- HUSKY D: 24%
- 1%

Determined ineligible for Medicaid/CHIP
- HUSKY A: 35%
- HUSKY B: 61%
- HUSKY C: 2%
- HUSKY D: <1%

Terminated for procedural reasons
- HUSKY A: 53%
- HUSKY B: 1%
- HUSKY C: 4%
- HUSKY D: 35%
- 7%

Renewal in process
- HUSKY A: 30%
- HUSKY B: 18%
- HUSKY C: 25%
- HUSKY D: 26%
- MSP - Medicare Savings Program: 1%
Renewal Outcomes for Children

April 2023 Renewal Outcomes for Children

- 17,224 Manual Renewals
- 10,291 Passive Renewals
- 6,933 Renewed and retained in Medicaid/CHIP
- 521 Determined ineligible for Medicaid/CHIP
- 6,940 Terminated for procedural reasons (i.e., failure to submit renewal etc.)
- 423 Renewal in process

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.
Other Coverage Options
(TMA, Covered CT, QHPs)

Households who are no longer eligible for HUSKY due to increased income will be evaluated for the following programs, as appropriate:

- Transitional Medical Assistance (TMA)
- Covered CT
- Qualified Health Plan (QHP)

Consumers receive real-time eligibility determinations for all forms of coverage via Access Health CT
Communications Campaigns

1. "Update Us So We Can Update You" Campaign
   • Outreach encouraging benefit recipients to update their contact information to ensure timely receipt of notices (www.ct.gov/UpdateUsDSS)
   • Multimedia approach using social media; outreach to community partners; bus, billboard, radio and newspaper ads

2. Toolkits for Partners and Clients
   • Resource repository online (www.ct.gov/phe) geared specifically to community partners and clients
   • A copy of the Unwinding presentation can be found on our Partner Toolkit PHE Unwinding Partner Webinar

3. Notifying Impacted Clients
   • DSS is messaging clients through various channels, including mail inserts ("buckslips"), videos, public service announcements, text messages, an online toolkit, and other resources
   • Text messaging to renewing clients underway pursuant to recently updated guidance from the FCC
   • Direct emails and automated calls to clients through our medical administrative service organization (ASO), CHNCT
   • Stratification of high risk members with direct outreach from ASO teams - CHNCT, Carelon, and Benecare.

4. Videos for Partners and Clients
   • SNAP EA Ending Community Partners Video
   • More videos about updates are in production
DSS Readiness Status

1. Staffing & Training
   - ~270 new DSS staff hired during PHE to accommodate DSS promotions, retirements, and resignations
   - Refresher training on eligibility, renewals, and other processes and rules is being provided to new staff and existing staff
   - DSS-AHCT shared call center operations staffed at “open enrollment” levels. Administrative support staff added to handle higher renewal volumes.
   - Extending AHCT call center hours to weekday evenings (8a-6p) and Saturday (9a-1p) starting May 22, 2023.

2. Business Systems
   - Systems activities to support PHE Unwinding efforts are ongoing
   - Systems enhancements to improve eligibility processing were deployed in December 2022
   - Additional system changes to improve passive renewal rate released mid-March 2023

3. Communications
   - Actions underway
     - Mail inserts
     - Pharmacy Posters
     - Standalone notices
     - Videos and PSAs
     - Media campaign
     - Website updates: DSSPHEunwinding@ct.gov
     - Email and robocall campaigns
     - Ongoing efforts to scale up texting
     - Direct phone outreach to "high needs" group
     - Provider Bulletins and Email Subscription ctdssmap.com
New! Patient Panel Report Updates

1. Patient Panel Report
   - Renewal dates have been added to the entire patient panel report, whether renewal is due this month or in the future

2. Patient Renewal Reports
   - Report of members who are coming due for renewal this month, who have not been passively renewed, or have not completed the manual renewal process. Report includes details for members for whom HUSKY Health enrollment ends in the next 14-30 days

3. HHA Members Report
   - Report of HUSKY Health members who are coming due for renewal, and have open authorizations for home health services, including the end date of their eligibility

How To Guides are available for all report types
How Can You Help?

Here are some steps you can take to support the PHE unwinding:

1. **Share this information** with individuals who receive DSS benefits.

2. **Share materials** on social media, keep up to date and see communications tools for partners on the [Unwinding Toolkit](#)

3. **Help HUSKY members stay updated**: ask people who receive benefits from DSS to update their contact information with us if they have any changes. Direct them to the [Update Us So We Can Update You](#) webpage.

4. **Ask us questions**: Help us help you by requesting information.
Questions?