

# HUSKY A Parent Transition



Prepared for MAPOC  
November 13, 2015

# *June Special Session, Public Act No. 15-5*

- Effective August 1, 2015.
- Reduces the HUSKY A Income Limit for Parents and Caretaker Relatives from 196% of the Federal Poverty Level (FPL) to 150% FPL.
- MAGI rules also require an income disregard of 5% FPL.
- The inclusion of the 5% income disregard results in an effective income limit of **155% FPL**.
- Income limit for children remains at 196% FPL.



# ***June Special Session, Public Act No. 15-5***

Sec. 371. (NEW) (*Effective from passage*) (a) The Commissioner of Social Services shall review whether a parent or needy caretaker relative, who qualifies for Medicaid coverage under Section 1931 of the Social Security Act and is no longer eligible on and after August 1, 2015, pursuant to section 17b-261 of the general statutes, as amended by this act, remains eligible for Medicaid under the same or a different category of coverage before terminating coverage.

(b) The commissioner and the Connecticut Health Insurance Exchange, established pursuant to section 38a-1081 of the general statutes, shall ensure that such parent or needy caretaker relative is given an opportunity to enroll in a qualified health plan without a gap in coverage. The Connecticut Health Insurance Exchange shall enlist the assistance of health and social services community-based organizations to contact and advise such parent or needy caretaker relative of options for health insurance coverage.



# ***June Special Session, Public Act No. 15-5***

## ***Reporting Requirements***

Sec. 371. (NEW) (*Effective from passage*) (c) Not later than November 1, 2015, and quarterly thereafter until December 1, 2017, the commissioner and the Connecticut Health Insurance Exchange shall report to the Council on Medical Assistance Program Oversight on the number of such parents and caretaker relatives who, due to changes in income eligibility effective August 1, 2015, (1) were no longer eligible for Medicaid, (2) remained eligible after the commissioner's review pursuant to this section, (3) lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage, (4) lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss, and (5) enrolled in a qualified health plan but were disenrolled for failure to pay premiums.



# Outreach and Review

The Department of Social Services extensively reviewed for eligibility under other Medicaid categories for those who did not qualify for TMA:

- HUSKY C and Medicare Savings Programs
- HUSKY A for Pregnant Women
- Breast and Cervical Cancer



# Husky A Transition to Qualified Health Plans Outreach

## – Operations

- AHCT and DSS joint notice re: Change in Law
- Robo Calls were made in either English or Spanish instructing to enroll on line or call contact center.
- Outbound campaign - call center reps made “live” calls to these individuals.



# Husky A Transition to Qualified Health Plans Outreach Cont.

- Access Health and the Department of Social Services jointly developed a marketing and enrollment plan to minimize the risk of a gap in coverage for those who are losing Husky A coverage.
- Identified an estimated 1,200 enrollees who need to be transitioned immediately to avoid a gap in coverage starting September 1, 2015
- Marketing and Outreach
  - Final Eligibility Determination Notice
  - Launched a landing page on Learn More tab
  - Mailers were mailed



# *Reporting Requirements*

**(1) The number of parents and caretaker relatives who were no longer eligible for Medicaid:**

**19,604** HUSKY A Parents were identified with household incomes above 155% FPL.

- **18,389** in households with earnings
- **1,215** in households without earnings





# *Reporting Requirements*

**(2) The number of parents and caretaker relatives who remained eligible after the Commissioner's review:**

- **18,389** in households with earnings qualify for Transitional Medical Assistance (TMA) for 12 months.
- TMA coverage period is 8/1/2015 – 7/31/2016



# *Reporting Requirements*

- Of the 1,215 parents who did not qualify for TMA in the initial determination:
  - 22 eligible for TMA
  - 21 eligible for HUSKY A Parent coverage
  - 4 eligible for HUSKY A pregnancy coverage
  - 5 eligible for HUSKY C and MSP
  - 4 eligible for MSP
  - 3 eligible for HUSKY D
- Total = 59
- Eligible for HUSKY A through 8/31/2015 due to timely notice (10 day notice) requirements.



# Reporting Requirements

(3) The number of parents and caretaker relatives who lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage.

	Person Count
8/1/2015 (3)	2
9/1/2015 (3)	144
<b>Currently Enrolled in QHP</b>	<b>146</b>



# Reporting Requirements

(4) The number of parents and caretaker relatives who lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss.

	Person Count
10/1/2015 (4)	16
11/1/2015(4)	5
<b>Currently Enrolled in QHP</b>	<b>21</b>

# Reporting Requirements

(5) The number of parents and caretaker relatives who enrolled in a qualified health plan but were disenrolled for failure to pay premiums.

	Person Count
Selected QHP but Canceled/Disenrolled (5)	32



# HUSKY A Transitions\*

## Enrollee Count by Enrollment Status and Coverage Start Month

Run Date: 10/30/2015

	Person Count
<b>Currently Enrolled in Medicaid (2)</b>	<b>532</b>
<b>Currently Enrolled in QHP</b>	<b>167</b>
8/1/2015 (3)	2
9/1/2015 (3)	144
10/1/2015 (4)	16
11/1/2015(4)	5
<b>Selected QHP but Canceled/Disenrolled (5)</b>	<b>32</b>
<b>No Active Enrollment Status (1)</b>	<b>484</b>
<b>Grand Total</b>	<b>1,215</b>

\* Husky A Parents with no earned income were slated to lose coverage 9/1/2015. 1,215 enrollees were impacted.

(1) were no longer eligible for Medicaid

(2) remained eligible after the commissioner's review pursuant to this section

(3) lost Medicaid coverage and enrolled in a qualified health plan without a gap in coverage

(4) lost Medicaid coverage and did not enroll in a qualified health plan immediately after such coverage loss

(5) enrolled in a qualified health plan but were disenrolled for failure to pay premiums

# Thank You

