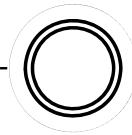
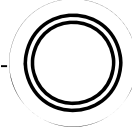


ACA Changes, HUSKY and Access Health CT



**KRISTIN DOWTY, DSS
BUSINESS MANAGER, ACCESS HEALTH CT
AND DSS INTEGRATED ELIGIBILITY SYSTEM
JUNE 10, 2014**

Integrated Eligibility



Affordable Care Act:

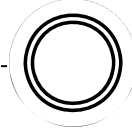
- State must operate a website that determines eligibility for health coverage:
 - HUSKY A, HUSKY B, HUSKY D
 - Qualified Health Plans
 - Subsidies to help pay for premiums and other costs of health plans
- Uses tax rules to determine eligibility

Eligibility Rules – MAGI Income Limits



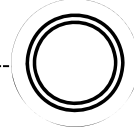
BENEFICIARY	Connecticut Coverage Groups and MAGI income limits						
	≤133% +5%	≤196% + 5%	≤249% +5%	≤258% +5%	≤318 + 5%	≤400%	>400%
Pregnant Women	Medicaid (Husky A)	Medicaid (Husky A)	Medicaid (Husky A)	Medicaid (HUSKY A)	Subsidized Insurance	Subsidized Insurance	Unsubsidized Insurance
Children < 19	Medicaid (Husky A)	Medicaid (Husky A)	CHIP Band 1 (Husky B)	CHIP Band 2 (Husky B)	CHIP Band 2 (Husky B)	CHIP Band 3* (Husky B)	CHIP Band 3* (Husky B)
						Subsidized Insurance	Unsubsidized Insurance
Primary Caretaker or Parent of Children < 19	Medicaid (Husky A)	Medicaid (Husky A)	Subsidized Insurance	Subsidized Insurance	Subsidized Insurance	Subsidized Insurance	Unsubsidized Insurance
Single Childless Adult ≥ 19 to < 65	Medicaid (Husky D)	Subsidized Insurance	Subsidized Insurance	Subsidized Insurance	Subsidized Insurance	Subsidized Insurance	Unsubsidized Insurance

Future of Integrated Eligibility

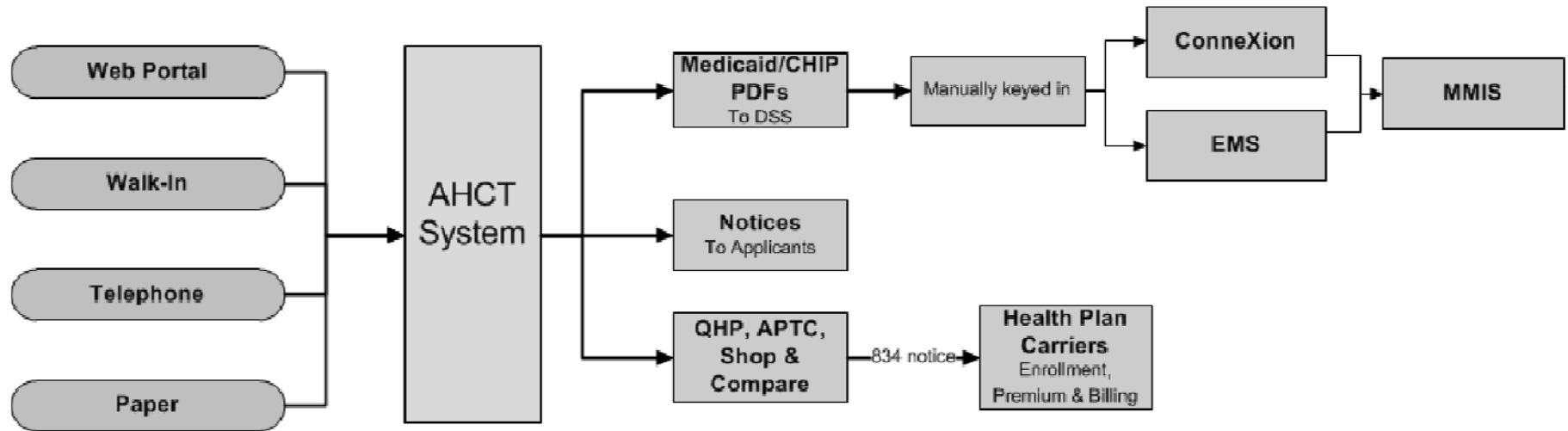


- A “no wrong door” application point for all public assistance programs
- A single shared eligibility system used by both the AHCT and DSS to determine eligibility for Medicaid, CHIP, APTC/CSR as well as non-health public assistance programs such as SNAP and TFA

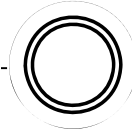
New Application Process



Multiple Application Channels

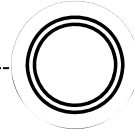


Pre- MAGI to MAGI Redetermination Process



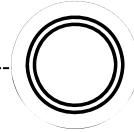
- To reduce the impact of the change to MAGI, CT received federal authority to delay many redeterminations
 - Initially, all affected coverage groups had 3 mos. extended to their renewal end dates
 - Renewals were later extended another 3 mos. totaling a 6 mos. extension (April and May exceptions)

Pre- MAGI to MAGI Redetermination Process



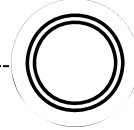
- Redeterminations for most HUSKY A, B and D households were delayed 6 months.
- Transitional medical assistance groups and spend-down groups could not be delayed.
- Existing HUSKY D clients could not automatically transition into the new HUSKY D expansion group, Medicaid for Lowest Income Population without first being evaluated by MAGI rules.

Pre- MAGI to MAGI Redetermination Process



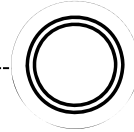
- **DSS sent a targeted mailings to affected clients explaining that redeterminations would be delayed.**
- **All redetermination notices explain the process has changed. Redeterminations can be completed by:**
 - going online,
 - completing a phone application, or
 - mailing in the new shared AHCT/DSS application included in the mailing.

2014 Redetermination Process



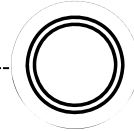
- On-line and Phone redeterminations are quickest to complete and result in an immediate eligibility decision.
 - Clients may need to provide some information (e.g. proof of income) later if information (IRS, DOL, etc.) doesn't match data sources.
 - 90 days of coverage is provided while verification documentation is requested and reviewed.

Pre- MAGI to MAGI Redetermination Process



- **Clients mail paper applications to AHCT via Scan Optics**
 - Xerox data enters the information into the AHCT/DSS eligibility system
 - Xerox enters the final eligibility decision into EMS (HUSKY A and HUSKY D) and into ConneXion (HUSKY B)
- **Currently, there is no electronic interface between the AHCT and EMS or ConneXion.**
- **This manual data entry may have to continue until 2016 when the new EMS system (ImpaCT) is completed.**

2015 Redeterminations



- **2015 MAGI redeterminations will be processed in the new AHCT/DSS shared system**
 - administrative renewal procedures used to lessen burden on families
 - System will check electronic data sources before taking action
 - Clients remain enrolled so long as data matches
 - Clients may need to provide additional information if there are changes (e.g. income)
 - There is a new 3 month “reconsideration window” provision for applicants who renew after the end date. No new application is required.

AccessHealthCT and DSS Combined Renewal Processing Overview

