STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

Date: September 13, 2018

To: Internal and External Stakeholders

From: Roderick L. Bremby, Commissioner RLB

Subject: Enrollment counts January 2016 – August 2018

Dear Stakeholders,

We are pleased to announce the release of comprehensive monthly program enrollment data in a publicly-accessible, user-friendly format. We are publishing data spanning January 2016 to August 2018. We will continue to publish monthly updates, for example September 2018 enrollment data will be available in October 2018.

For the past two years, the Department has been gradually implementing a new eligibility system (ImpaCT), while simultaneously phasing out our primary legacy eligibility system (EMS) as well as a third minor system (ConneXion).[1] Additionally, the Department has worked closely with our partners at Access Health Connecticut to more seamlessly integrate eligibility determinations made in our shared Health Insurance Exchange (HIX) rules engine with the new ImpaCT system. Over this period of time, eligibility determinations have been made in all of these systems, creating a significant data management challenge. We have worked diligently to reconcile and aggregate enrollment data sourced from these four systems to provide the reporting functionality that we introduce today.

Methodology

To calculate the monthly enrollment counts for active recipients that receive any type of DSS assistance, an aggregated database was constructed by combining enrollment data from the four systems, namely, EMS, ImpaCT, HIX and ConneXion. The Department combines a monthly extract of the system database from EMS and ImpaCT with a monthly file from HIX that contains active recipient activity. The Department uses archival data from ConneXion to provide historical enrollment counts for CHIP (this data is currently derived from the HIX file). The data from the four systems is aggregated through a batch process to produce an integrated database of records that conceptually look like this:

Year |month |client ID |type of assistance code |demographics (race, ethnicity, township, age)

Some translation occurs when the data is put into the merged database from each of the feeder systems. For example, EMS coverage groups are mapped to a common set of coverage group codes in the ImpaCT system, known as "types of assistance" or TOAs. This mapping is codified in

[1] ConneXion was used to determine eligibility for the Children's Health Insurance Program, or CHIP.

a TOA mapping document (Appendix A) that may be helpful in understanding the relationship between common program names and how these data are displayed in the reports.[2]

Similarly, HIX TOA codes are mapped to the common set of TOA codes used by the merged database. EMS and ImpaCT client IDs are shared across the two systems, but HIX person IDs must be mapped during the merge to the corresponding EMS/ImpaCT client IDs. This is done by using the mapping tables from the Enterprise Master Person Index (EMPI) system. The end result of this translation is a merged database that is simple to use but accurately reflects the data in the merged database using a system-independent set of values.

General Notes. The following notes, read in conjunction with the guides in Appendix A and B, may help the user in understanding how the underlying data was compiled. For additional detail on how the Department conducts health care enrollment reporting, please review our Reporting Guide to Healthcare Enrollment (Appendix C).

1. Prior to 10/1/16 EMS is the system of record for all Types of Assistance (TOAs) except CHIP (B1 and B2) for which ConneXion is the system of record.
2. Starting 10/1/2016 ImpaCT and EMS are the systems of record for all except 9 TOAs (CHIP B1, CHIP B2, M09, X01, X02, X03, X04, X07, X25).
3. Starting 10/1/16 HIX is the system of record for 9 TOAs (CHIP B1, CHIP B2, M09, X01, X02, X03, X04, X07, X25).
4. Prior to 5/1/17 EMS and ImpaCT are the systems of record for the F10/X10 TOA. Starting 5/1/17 EMS, ImpaCT and HIX are the systems of record for the F10/X10 TOA.
5. The ES1 TOA includes Social Work Services benefits and other services such as Summer EBT program.
6. Town is associated to the beneficiary using the residential address for each month for a TOA.
    - For annual counts, if a person moved and therefore lived in two towns then they are attributed to both towns.
    - For month counts, if a person moved then they are counted in the town that they were residing in at the end of the month.
7. In order to comply with data privacy requirements, enrollment numbers are suppressed if a count has less than 5 individuals.
8. Due to the need to aggregate data from four systems (EMS, ImpaCT, HIX, ConneXion), there may be some duplicates and therefore slight over-counts in any given TOA. The Department continues to check for duplicates using our Enterprise Master Person Index that is used to manage identity of beneficiaries.
9. If enrollment counts change, new reports will be published with the updated counts as data is synchronized between the systems.
10. Enrollment is usually, but not always, equivalent to eligibility. In the healthcare context, enrollment counts are counts of individuals who applied for health coverage and were determined eligible for Medicaid or CHIP and decided to proceed with enrolling.

[2] Appendix B is a medical coverage group overview that may be helpful in understanding the basic elements of eligibility for various medical coverage types as well as their corresponding system codes.

Noteworthy, CHIP Band 2 (B2) also requires a premium to be received before coverage begins, thereby going from "eligible" to "enrolled" once the payment is received. Current B2 counts are at the eligibility level.

Data Limitations. Given the complexity of merging and aggregating data across systems, despite our efforts to reconcile the data it is possible that the data will be updated over time. While we strive to provide stable data, if we discover issues in our data or methodology, we will update these data and notify users of any data refinements. As we complete the transition from four systems of record to two systems of record (ImpaCT and HIX) and continue our work on validating and synchronizing these data between systems, we anticipate that these datasets will stabilize overtime.

Our team at DSS will continue to review and analyze the data to ensure the accuracy and reliability of these numbers. If you have questions about coverage groups or eligibility, please reach out to either Peter Hadler at peter.hadler@ct.gov or Kristin Dowty Kristin.dowty@ct.gov. If you have technical questions when accessing reports, please reach out to Minakshi Tikoo at Minakshi.tikoo@ct.gov.

Appendix A: The following table should be used to review and understand the data being release today and to understand how the counts are aggregated:

DESCRIPTION	TOA DETAIL DESCRIPTION	PROGRAM NAME	ASSISTANCE TYPE	Medical LTSS	Medicaid Funded	EMS CODE	MEDICAL BENEFIT TYPE	MEDICAL BENEFIT PLAN
MA-D01-IV-E Foster Care/Adoption	HUSKY A - Children Receiving Title IV-E Payments	Medicaid	Medical		Yes	D01	Full	HUSKY A
MA-D02-DCF (State)	HUSKY A - DCF - State Funded Medical	State Funded Medical	Medical			D02	Full	HUSKY A
MA-D03-DCF Non-IV-E Adoption	HUSKY A - DCF - Non IV-E Subsidized Adoption Children	Medicaid	Medical		Yes	D03	Full	HUSKY A
MA-D04-FC Independent Adolescents	HUSKY A - DCF - Independent Foster Care Adolescents	Medicaid	Medical		Yes	D04	Full	HUSKY A
MA-F06C-PE Child	HUSKY A - Presumptive Eligibility for Children	Medicaid	Medical		Yes	F06C	Full	HUSKY A
MA-F06P-PE Pregnant Women	HUSKY A - Presumptive Eligibility for Pregnant Women	Medicaid	Medical		Yes	F06P	Full	HUSKY A
MA-F99-Med Needy Families	HUSKY A - Children, Parents and Caretaker Relatives -Spend-down	Medicaid	Medical		Yes	F99	Full	HUSKY A
MA-H01-HCBS Children	HUSKY A - Home and Community Based Services for Children - HCB Waivers	Medicaid	Medical	Yes	Yes	H01	Full	HUSKY A
MA-M04-BCC	HUSKY A - Women with Breast or Cervical Cancer	Medicaid	Medical		Yes	M04	Full	HUSKY A
MA-M09-Former Foster Care	HUSKY A - Former Foster Care Children	Medicaid	Medical		Yes	M09	Full	HUSKY A
MA-M11-PE Parent/Caretaker	HUSKY A - Parents/Caretaker Relatives - Presumptive Eligibility	Medicaid	Medical		Yes	M11	Full	HUSKY A
MA-P99-Pregnant Women	HUSKY A - Pregnant Women - Spend-down	Medicaid	Medical		Yes	P99	Full	HUSKY A
MA-T01-LTCF Children/Parent	HUSKY A - Long Term Care Facility Residents under special Income	Medicaid	Medical	Yes	Yes	T01	Full	HUSKY A

DESCRIPTION	TOA DETAIL DESCRIPTION	PROGRAM NAME	ASSISTANCE TYPE	Medical LTSS	Medicaid Funded	EMS CODE	MEDICAL BENEFIT TYPE	MEDICAL BENEFIT PLAN
	Limit							
MA-T99- LTCF Child Spend-down	HUSKY A - Long Term Care Facility Residents - Spend-down	Medicaid	Medical	Yes	Yes	T99	Full	HUSKY A
MA-X01-MAGI Pregnant Women	HUSKY A - Pregnant Women	Medicaid	Medical		Yes	X01	Full	HUSKY A
MA-X03-TMA	HUSKY A - Transitional Medical Assistance	Medicaid	Medical		Yes	X03	Full	HUSKY A
MA-X04-EMA	HUSKY A - Extended Medical Assistance	Medicaid	Medical		Yes	X04	Full	HUSKY A
MA-X07-MAGI Parent/Caretaker	HUSKY A - Parents/Caretaker Relatives	Medicaid	Medical		Yes	X07	Full	HUSKY A
MA-X10-MAGI Newborn	HUSKY A - Newborns	Medicaid	Medical		Yes	X10, F10	Full	HUSKY A
MA-X25-MAGI Child	HUSKY A - Children	Medicaid	Medical		Yes	X25	Full	HUSKY A
MA-B01-HUSKY B Band 1	HUSKY B - Band 1 (CHIP)	CHIP	Medical			B01 (AHCT CODE)	Full	HUSKY B
MA-B02-HUSKY B Band 2	HUSKY B - Band 2 (CHIP)	CHIP	Medical			B02 (AHCT CODE)	Full	HUSKY B
MA-B03-HUSKY B Band 3	HUSKY B - Band 3 (CHIP Buy-In)	CHIP Buy-In	Medical			B03 (AHCT CODE)	Full	HUSKY B
MA-CP2-PE CHIP	HUSKY B - Presumptive Eligibility (CHIP)	CHIP	Medical			CP2	Full	HUSKY B
MA-L01-LTCF ABD	HUSKY C - Long Term Care Facility Residents Eligible Under Special Income Level	Medicaid	Medical	Yes	Yes	L01	Full	HUSKY C
MA-L99- LTCF ABD Spend-down	HUSKY C - Long Term Care Facility Residents - Spend-down	Medicaid	Medical	Yes	Yes	L99	Full	HUSKY C
MA-R01-Refugee Cash Elig	HUSKY C - Refugee Medical Assistance for Refugee Cash	Medicaid	Medical			R01	Full	HUSKY C

DESCRIPTION	TOA DETAIL DESCRIPTION	PROGRAM NAME	ASSISTANCE TYPE	Medical LTSS	Medicaid Funded	EMS CODE	MEDICAL BENEFIT TYPE	MEDICAL BENEFIT PLAN
	Assistance Recipients							
MA-R02-Refugee Incr Earn	HUSKY C - Refugee Medical Assistance - Increased Earnings Extension	Medicaid	Medical			R02	Full	HUSKY C
MA-R95-Refugee MA	HUSKY C - Refugee Medical Assistance	Medicaid	Medical			R95	Full	HUSKY C
MA-R99- Refugee Spend-down	HUSKY C - Refugee Medical Assistance - Spend-down	Medicaid	Medical			R99	Full	HUSKY C
MA-S01-ABD (Cash Elig)	HUSKY C - Aged, Blind , Disabled receiving State Supplement Cash	Medicaid	Medical		Yes	S01	Full	HUSKY C
MA-S02-ABD	HUSKY C - Aged, Blind , Disabled eligible for but not receiving State Supplement Cash	Medicaid	Medical		Yes	S02	Full	HUSKY C
MA-S03-ABD Except NonMed	HUSKY C - Aged, Blind , Disabled not eligible for State Supplement Cash	Medicaid	Medical		Yes	S03	Full	HUSKY C
MA-S04-Severely Impaired	HUSKY C - Severely Impaired	Medicaid	Medical		Yes	S04	Full	HUSKY C
MA-S05-Working Disabled	HUSKY C - Working Disabled	Medicaid	Medical		Yes	S05	Full	HUSKY C
MA-S95-Med Needy ABD	HUSKY C - Medically Needy Aged, Blind , Disabled	Medicaid	Medical		Yes	S95	Full	HUSKY C
MA-S99- ABD Spend-down	HUSKY C - Medically Needy Aged, Blind, Disabled - Spend-down	Medicaid	Medical		Yes	S99	Full	HUSKY C
MA-W01-HCBS ABD	HUSKY C - Home and Community Based Services	Medicaid	Medical	Yes	Yes	W01	Full	HUSKY C
MA-G06-Halfway House	State-funded Medical Assistance for Halfway House Residents	State Funded Medical	Medical			G06	Full	HUSKY D
MA-G99- Adults Spend-down	HUSKY D - Low Income Adults - Spend-down	Medicaid	Medical		Yes	G99	Full	HUSKY D
MA-M10-PE Adults	HUSKY D - Medicaid for Low Income Adults -Presumptive Eligibility	Medicaid	Medical		Yes	M10	Full	HUSKY D
MA-N01-LTCF Adults	HUSKY D - Long Term Care Facility Coverage for Low Income Adults	Medicaid	Medical	Yes	Yes	N01, N99	Full	HUSKY D

DESCRIPTION	TOA DETAIL DESCRIPTION	PROGRAM NAME	ASSISTANCE TYPE	Medical LTSS	Medicaid Funded	EMS CODE	MEDICAL BENEFIT TYPE	MEDICAL BENEFIT PLAN
MA-X02-MAGI Adult	HUSKY D - Low Income Adults	Medicaid	Medical		Yes	X02, X13, X14	Full	HUSKY D
MA-M06-Tuberculosis	HUSKY LB - Individuals with Tuberculosis	Medicaid	Medical		Yes	M06	Limited	HUSKY limited benefit
MA-M07-PE Family Planning	HUSKY LB - Family Planning Limited Coverage - Presumptive Eligibility	Medicaid	Medical		Yes	M07	Limited	HUSKY limited benefit
MA-M08-Family Planning	HUSKY LB - Family Planning Limited Coverage	Medicaid	Medical		Yes	M08	Limited	HUSKY limited benefit
MSP-Q03-SLMB	MSP - Specified Low Income Medicare Beneficiaries	MSP	Medical		Yes	Q03	Limited - Cost Share	MSP
MSP-Q01-QMB	MSP - Qualified Medicare Beneficiaries	MSP	Medical		Yes	Q01	Limited - Cost Share	MSP
MSP-Q06-QDWI	MSP - Qualified Disabled and Working Individuals	MSP	Medical		Yes	Q06	Limited - Cost Share	MSP
MSP-Q04-ALMB	MSP - Additional Low Income Medicare Beneficiaries	MSP	Medical		Yes	Q04	Limited - Cost Share	MSP
SNAP-DSNAP-Disaster SNAP	D-SNAP - Disaster Supplemental Nutritional Assistance Program	SNAP	Food			DS	NA	NA
SWS-ES1-Essential Services	Essential Services Programs	Social Work Services	Other			ES1	NA	NA
Cash-RC-Refugee	Refugee Cash Assistance	Refugee Cash	Cash			RF	NA	NA
Cash-RP-Repatriation	Repatriation Assistance	Repatriation	Cash			RP	NA	NA
Cash-SA-SAGA	SAGA Cash Assistance	SAGA	Cash			SA	NA	NA
Cash-SF- SAGA Funeral	SAGA Funeral	SAGA Funeral	Other			SA	NA	NA
Cash-SS-State Supplement	State Supplement Cash	State Supplement	Cash			SS	NA	NA
FS-TBA-SNAP TBA	SNAP TBA - Transitional Benefits Alternative	SNAP	Food			TBA	NA	NA
Cash-TD-TFA Diversion	TFA Cash - Diversion	TFA	Cash			DP	NA	NA

DESCRIPTION	TOA DETAIL DESCRIPTION	PROGRAM NAME	ASSISTANCE TYPE	Medical LTSS	Medicaid Funded	EMS CODE	MEDICAL BENEFIT TYPE	MEDICAL BENEFIT PLAN
Cash-TF-TFA	TFA Cash	TFA	Cash			AF	NA	NA
SNAP-FS- Federal SNAP	SNAP - Supplemental Nutritional Assistance Program - Federal	SNAP	Food			FS	NA	NA
MA-A02-CADAP	CADAP - Connecticut AIDS Drug Assistance Program	CADAP	Medical			A02	Limited	Other Medical
MA-D05-DCF Behavioral HC - BH for children	DCF - Behavioral Health Coverage for Children (non-Medicaid)	State Funded Medical	Medical			D05	Limited	Other Medical
MA-M03-Home Care (State)	Connecticut Home Care Program For the Elderly (non-Medicaid)	CHCPE	Medical	Yes		M03	Limited	Other Medical
MA-M12-ConnTRANS	ConnTRANS - Assistance For Organ Transplant Recipients	ConnTRANS	Medical			M12	Limited	Other Medical

Appendix B - MEDICAL COVERAGE GROUPS (Rev. 08/29/18)
(UPM 2540)

*includes the general 5% FPL income disregard

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
D01—EMS **D01—ImpaCT** 2540.40	**HUSKY A Children Receiving Title IV-E Payments (D01)** • Children eligible for adoption assistance or foster care payments under Title IV-E.	Must be within Title IV-E limits. (DCF determines eligibility for Title IV-E.) DCF records eligibility for the cases that are categorically eligible.	As long as child receives Title IV-E payments.

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
D02—EMS **D02--ImpaCT** CGS 17b 261(i)	**HUSKY A State-funded DCF Medical** • Non-Title IV-E eligible children in the care of DCF who do not qualify under another coverage group. • Children in state institutions (Connecticut Juvenile Training School). • Temporary coverage for new placements while Title IV-E and Medicaid eligibility is being determined.	DCF will process these cases.	Eligible until they qualify for Medicaid coverage or leave DCF care.
D03—EMS **D03—ImpaCT** 2540.41	**HUSKY A DCF Non-IVE Sub Adopt Child** • Provides federal Medicaid reimbursement for children in subsidized adoption up to age 21 who do not qualify under IV-E rules. D03 is a categorically needy coverage group.	No income/ assets are counted for this coverage group Cases are processed by DCF Liaison in Central Office.	Once found eligible, the majority will remain eligible. DSS will determine continued eligibility outside of EMS and manually close those AUs found ineligible during the redet period.
D04—EMS *D04—ImpaCT* 2540.42	**HUSKY A Child Leaving Foster Care** • Provides federal Medicaid reimbursement for children between the ages of 18 and 21 who are transitioning out of foster care. D04 is a categorically needy coverage group.	No income/ assets are counted for this coverage group Cases are processed by DCF Liaison in Central Office.	Once found eligible, the majority will remain eligible. DSS will determine continued eligibility outside of EMS and manually close those AUs found ineligible during the redet period.
D05—EMS *D05—ImpaCT* CGS 17b 261(i)	**DCF Behavioral Health for non-Medicaid eligible child--(Other Medical)** • Coverage is limited to selected community based Behavioral Health Services • DCF staff use this coverage for DCF clients.	No income/ assets are counted for this coverage group DCF will process these cases.	
M09 (MAGI)--EMS* *M09 (MAGI)*--ImpaCT* 42 CFR 435.150 1902(a)(10)(A)(i) (IX)	**HUSKY A Former Foster Care** • This coverage group is for youths that were in Connecticut DCF care at the age of 18 and on Medicaid. • Workers in Eligibility Policy and Support will grant these cases • Cases are processed by DCF Liaison in Central Office	No income/ assets are counted for this coverage group	No income/ assets are counted for this coverage group Eligible from age 18 up to their 26th birthday

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
03 (Pre-MAGI)--EMS *F03 (Pre-MAGI)—Code not used in ImpaCT* 2540.09	**HUSKY A Transitional Medical Assistance** • Connecticut resident • Has child(ren) under 19 For people who lose eligibility for HUSKY A for Families (F07) under these circumstances: • Already active F07 family and the AU becomes ineligible because of earnings.	No income or asset limit.	Up to12months (1st month being month following F07 ineligibility.) Or if no longer child < 19 in home. ***** Note F03 is replaced by X03**
X03 (MAGI)*--EMS **X03 (MAGI)*--ImpaCT** 408(a)(11)(A); 1902(a)(52); 1902(e)(1)(B) 1925 1931(c)(2)	**HUSKY A Transitional Medical Assistance (TMA)** For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances: • Already active X07 and X25 and becomes ineligible because of earnings. • Connecticut resident • Has child(ren) under 19	No income or asset Limit	Up to 12 months (1st month being month following X07 ineligibility)
F04 (Pre-MAGI)--EMS **F04 (Pre-MAGI)—Code not used in ImpaCT** 2540.09	**HUSKY A Extended Medical Assistance** Discontinued from F07 due to new or increased income from child support. • TFA terminated because of collection of child support under Title IV-D. • Sprouts from F07 (as long as they had received one month of F07)	No income or asset limit	12 months (1st month being month following F07 ineligibility). Or if no longer child < 19 in the home.) SEE DURATION RULES ABOVE. F04 rules are same as F03. ***** Note F04 is replaced by X04**
X04 (MAGI)*--EMS **X04 (MAGI)*--ImpaCT** 42 CFR.115; 408(a)(11)(B); 1931(c)(1)	**HUSKY A Extended Medical Assistance (EMA)** For people who lose eligibility for Husky A for Families (X07 &X25) under these circumstances: • Already active X07 and X25 and becomes ineligible because of increased income from spousal support • Connecticut resident • Has child(ren) under 19	No income or asset limit	Up to12 months (1st month being month following X07 ineligibility

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
F06--EMS **F06C (Children)—ImpaCT** **F06—EMS** **F06P (Pregnant)--ImpaCT** 1523.05	**HUSKY A Presumptive Eligibility (PE for Children and Pregnant Women)** This coverage group was re-opened 7/1/05. The RPU (regional processing unit) workers will grant F06. The client and/or their CAC pursues ongoing medical coverage via AHCT W538 is needed with each PE submission This program is for HUSKY children (under 19) and pregnant women. It allows "Medicaid Certified Entities" to temporarily grant Medicaid to children and then send the completed application form to RPU at DSS.		Most frequently lasts until end of second month. However it may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination.
M11 (MAGI)* **M11—ImpaCT** 42 CFR 435.110; 1902(a)(10)(A)(i)(I); 1931(b)and (d)	**HUSKY A Presumptive Eligibility (PE for Parents and Caretakers)** This program is for HUSKY Parents and Caretakers only. It allows "Medicaid Certified Entities" to temporarily grant Medicaid to Parents and Caretakers and then send the completed application form to RPU at DSS.		Most frequently lasts until end of second month. However it may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination.
F07 (Pre-MAGI)—EMS **F07 (pre MAGI)—Code not used in ImpaCT** 2540.24	**HUSKY A Families** • Children and caretaker relatives • Children or dependents (under 18 or 18 and expected to graduate by 19) • Relationship specified in (2540.24) Include SSI recipients (SSI income is not counted) If family is over the 185% FPL, refer child only for HUSKY B. To determine parent / caretaker relative spend down (kids on HUSKY B) – may use "OC" code for children's financial resp. code on STAT. Cooperation with child support is a requirement for parent/caretaker eligibility (not children).	Income Eff. 7/1/07, Family income must be under 196% FPL Disregard/ Deductions: • Gross - $90 / employed member • Child care disregard – no limit • Child Support - $100.00 • Disregard SSI Special income test for non-parent caretaker relative (NR financial responsibility code) - EMS will look at income of	As long as all eligibility requirements are met **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.** *****NOTE: F07 is replaced by X07**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
	F07 will correctly sprout F03 when earned income of a family member exceeds F07 income limits. Lump Sums on F07 are treated as assets. Assets are excluded for F07. Lump sums are treated as income for F25. If receipt of a lump sum under F25 is causing ineligibility, move child to F07.	caretaker relative and compare to 196FPL for one person. If over, EMS will switch to NM code and disregard the non-parent income. No asset limit	
X07 (MAGI)*—EMS **X07 (MAGI)*--ImpaCT** 42 CFR 435.110; 1902(a)(10)(A)(i)(I); 1931(b) and (d)	**HUSKY A Parents and Caretaker Relatives** • Parents and Caretaker relatives with children/ dependents under age19 • The new process is based on tax filing status household composition and household taxable income with adjustments • Must cooperate with Child Support	Income Effective 07/01/18, 50% of FPL (155% of FPL with the 5% disregard) No asset limit	As long as all eligibility requirements are met
F10/F11—EMS **F10F11—Codes not used in ImpaCT** 2540.52	**HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months** Use F10 for newborns born to categorically eligible moms in P01, P02 and X01 Use F11 for newborns born to medically need moms in P95 or P99. Newborns born to undocumented mothers who receive emergency Medicaid may be considered "deemed eligible."	No Income or Asset Limit Newborn is "deemed" eligible for one year if born to mother who was on Medicaid at time of delivery or would have been Medicaid eligible at time of delivery. Newborns should be "OC" coded if there is a companion F07 case or "NM" on X07 companion case	Up until the first birthday 12 months - Review eligibility for X25 *****Note: F10/F11 are replaced by X10**
X10—Code not used in EMS **X10--ImpaCT** 2540.52	**HUSKY A Categorically Needy and Medically Needy Newborn Children eligible for 12 months** Use F10 for newborns born to categorically eligible moms in P01, P02 and X01 Use F11 for newborns born to medically need moms in P95 or P99.	No Income or Asset Limit Newborn is "deemed" eligible for one year if born to mother who was on Medicaid at time of delivery or would have been Medicaid eligible at time	Up until the first birthday 12 months - Review eligibility for X25

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
	Newborns born to undocumented mothers who receive emergency Medicaid may be considered "deemed eligible."	of delivery.	
F12—EMS **F12—Code not used in ImpaCT** 2540.56	**<u>HUSKY A Categorically Needy Ribicoff Children</u>** Children who are between 19-20 yrs of age and meet AFDC income/asset requirements • Typically 19 and 20 yrs old living independently This age group also may apply for Medicaid Low Income Adult	**Use "SD" deemor code for parents**	As long as age and income tests are met. Go to the DEEM screen to enter the numbers of dependents. ****Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.**
F25 (Pre-MAGI)—EMS **F25 (Pre-MAGI)—Code not used in ImpaCT** 2540.58	**<u>HUSKY A Children</u>** Children who are between the ages of 1 and up to 19 Cooperation with child support is a requirement of this coverage group. However, penalty for non-cooperation is to remove parent only. Child remains eligible under F25. Lump sums are treated as income for F25. Lump sums are treated as assets for F07. Assets are excluded for F07. If lump sum causes ineligibility under F25, move child to F07.	Compare AI of AU to Federal Poverty Level (185%) for needs group size. Disregard: $90 / employed person $100 / from child support (not working correctly – EMS deducts $50 – requires worker intervention) Child care disregard – no limit CARE screen for HOH and complete address fields for child care provider. Parents and siblings in other coverage groups are coded "OC", undocumented parents are coded "IP" for deeming purposes. Link to 5020.10. No asset limit.	End of month in which child turns 19 or end of month when inpatient medical service terminates. ****Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.** *****Note F25 is replaced with X25**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
X25 (MAGI)*—EMS **X25 (MAGI)*--ImpaCT** 42 CFR 118; 1902(a)(10)(A)(i)(III), (IV)and (VII); 1902(a)(10)(A)(ii)(IV) and(IX); 1931(b) and (d)	**HUSKY A Children** • Children under the age of 19 • The new process is based on tax filing status household composition and household modified adjustable gross income • Children in DCF care may also use this coverage group • See Handout "C" for assistance	*Income* *Effective 1/1/14, 196% of FPL (201% of FPL with the 5% disregard).* *No asset limit*	As long as all eligibility requirements are met
F95—EMS **F95—Code not used in ImpaCT** 2540.68	**HUSKY Medically Needy Children - under MNIL** • Includes children under 21 years of age • Caretaker relatives are also included if they: Live with a dependent child and are within the acceptable degree of relationship - are not categorically needy, AND meet medically needy income/asset tests. - No deprivation requirement	Income limit is MNIL for family size Asset limit is FMA limit ($2,000 for one - $3,000 for two and additional $100 per child	As long as unit remains eligible **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.**
F99—EMS **F99—ImpaCT** 2540.57	**HUSKY A Medically Needy Children under 21 and Caretaker Relatives who are over the MNIL. (Spenddown - over MNIL)** Use MN income/asset limits, deeming rules, and spenddown process • Includes children who are under 21 years of age • Caretaker relatives are also included if they: Live with a dependent child and are within the acceptable degree of relationship - have a dependent child under 19 (not 21 even though EMS may allow) - are not categorically needy, AND meet medically needy income/asset tests. - No deprivation requirement - Parents disqualified from TFA (for non-Medicaid requirement) with income> CNIL and meet medically needy income and asset criteria ➢ Caretaker relatives - screen as F07, and code children as OC If case is in "M" status, keep child on spenddown AU because they're not actively receiving Medicaid	Use MN income/asset limits, deeming rules, and spenddown process Deeming is limited to parent-to-child and spouse to spouse. Disregard: $90/employed person $50/ from child support Child care disregard—no limit **Asset limits—** $2000 for one person $3000 for two people Add $100 for each additional member. Use asset Supplemental form if asset information is needed.	As long as requirements are met. Review spenddown every 6 months.

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
	If spenddown case gets activated ("A") status, • close HUSKY B (refer) and open HUSKY A		
HUSKY B *--Did not exist in EMS **HUSKY B—ImpaCT:** **Band 1—B01** **Band 2—B02** **Band 3—B03 (not available at this time)** **CP2—Presumptive Eligibility** This is not Medicaid. Title 21 of the Social Security Act	**HUSKY B CHIP Bands 1 and 2** • Children under 19 (over 196% of FPL (201% of FPL with 5% disregard) • Children may not have other medical coverage	Band I 202%-249% of FPL.- no premium Band II 250%-318% of FPL Pay $30 / month/child with max of $ 50.00 No asset limit	
G02 (Pre-MAGI)--EMS **G02 (Pre-MAGI)—Code not used in ImpaCT** **Repealed 01/01/14** **CGS 17b 261n**	**HUSKY D Medicaid LIA (Low Income Adult)** **Replaces SAGA medical eff 4/1/10** For individuals and married couples who are : • Under age 65 • SSI recipients (including individuals with 1619(a) or (b) or 1905(q) status); • Not Medicare recipients • Not Pregnant • Children over 19	Income limit = MNIL for AU size. No asset limit	Indefinitely, as long as individual meets income test and does not meet categorical requirements for listed MA coverage groups (S, P, HUSKY tracks) ****Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.** *****Note G02 is replaced by X02**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
X02 (MAGI)--EMS* *X02 (MAGI)*--ImpaCT* 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**Husky D MCLIP- Medical for Low Income Persons** For individuals and married coupled who are : • Age 19 - 64 • Not Medicare recipients • Not Pregnant • Have no dependents under the age of 19 See Handout "C" for assistance	Income Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard). No asset limit	As long as all eligibility requirements are met
*X13 (MAGI) *--EMS* *X13 (MAGI) *--Code not used in ImpaCT* 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**Husky D MCLIP- Medical for Low Income Persons** • Not newly eligible 19 and 20 year old individuals • Not receiving Medicare • See Handout "C" for assistance ****** This coverage group will be assigned by the system (EMS only)**	Income Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard) No asset limit	As long as all eligibility requirements are met **Note: Cases exist in ImpaCT as X02. Flagged as "not newly eligible".**
X14 (MAGI)--EMS* *X14 (MAGI)*--Code not used in ImpaCT* 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**Husky D MCLIP- Medical for Low Income Persons** • Not newly eligible non-Institutionalized disabled 18-64 year olds • Not receiving Medicare • See Handout "C" for assistance ****** This coverage group will be assigned by the system (EMS only)**	Income Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard) No asset limit.	As long as all eligibility requirements are met **Note: Cases exist in ImpaCT as X02. Flagged as "not newly eligible".**
H01—EMS *H01—ImpaCT* 2540.64	**HUSKY A Individuals Receiving Home and Community Based Services (H01)** • Would be eligible for FMA as CN if in a LTCF (**TO1**) • Qualify to receive home and CBS under a waiver approved by the Health Care Financing Administration AND would, without such services, require care in a LTCF.	Use AFDC asset limit Gross income must be less than special CNIL, which is set at 300% of SSI amount.	Qualified for Medicaid as long as group conditions are met, AND receive home- and community-based services under a waiver.
H99—EMS **H99—Code not used in ImpaCT**	***Existing code on EMS, but not a legitimate coverage group, as there is no spenddown provision for CBS cases.***	***(N/A)***	***(N/A)***

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
L01—EMS *L01—ImpaCT* 2540.88	**HUSKY C LTCF Residents Eligible Under Special Income Level (CN)** • Meet categorical requirements of age, blindness or disability AND • Reside in the LTCF facility for at least 30 days AND • Have income below special income level. • Must meet level of care as determine by Ascend	Compare gross income to special CNIL (300% of SSI amount). Use AABD asset level. ($1,600) Special income deduction and asset rules apply if spouse resides in community	Begins with 1st day of 30 continuous days of residence in the LTCF as long as eligibility factors are met.
L99—EMS *L99—ImpaCT* 2540.88 2540.88P	**HUSKY C MN LTCF Residents** • Same as **LO1**, but income is greater than CNIL • **LO1** will trickle to this coverage group if not CN.	• MNIL is used and spenddown process - uses nursing home cost of care. • Use AABD asset level ($1,600). • Special income deduction and asset rules apply if spouse resides in community	Same as L01
M02—EMS *M02—Code not used in ImpaCT* 2540.48	**Previously HUSKY A Pregnant Woman Extension** • Same as **MO1** except woman must be in any MN coverage group when pregnancy ends in order to receive **MO2** extension (Ex. **F99, P99**) 2540.48 • The M02 group was originally intended to provide post-partum coverage for medically needy pregnant women (P95 and P99) • All other pregnant women (X01, P01, and P02) should receive post-partum coverage in the M01 coverage group. **Repurposed Medical coverage group- used exclusively by Central Office effective 11/2015 TO 10/1/2016** • For institutionalized Husky D clients with incomes above 138%FPL, and/or recipients of Medicare and/or over 65 years of age	Pregnant Woman Extension - Same as **MO1.** No longer used as of 10/1/16	Pregnant Woman Extension - Same as **MO1.** No longer used as of 10/01/16 *****Note: X01 coverage extended for 2 months after birth month of child**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
M03--EMS *M03--ImpaCT* 8040	**State-funded Pre-Admission Screening—(Other Medical)** • Individual must be 65 or older and in need of LTC services. • Individual must be able to avoid institutionalization with community-based services.	Use of special asset limit. No income limit. Cases are granted in Central Office.	As long as requirements are met. Cases must be reviewed periodically for Title XIX eligibility.
M04—EMS **M04--ImpaCT** 8030	**HUSKY A Coverage group for breast and cervical cancer for Women** Eligibility established by Qualified Entities (health departments, hospitals, or clinics) affiliated with the Center for Disease Control • Client must be found to need treatment for breast or cervical cancer • Clients must be under the age of 65 • Client must not have health insurance or creditable health insurance • Must be a citizen or a "qualified" citizen Processed in Central Office	Eligibility established by Qualified Entities. DPH: The Connecticut Breast and Cervical Cancer Early Detection Program	
M06—EMS **M06--ImpaCT** 1902(a)(10)(A)(ii)(XII) 1902(z)	**Tuberculosis Coverage Group (HUSKY-- Limited Benefits)** Individual must be diagnosed with Tuberculosis as a requirement • Workers in Eligibility Policy and Support will determine eligibility • Household of one • Retro Medicaid allowed • SPEC program with declared eligibility • Only covers treatment of Tuberculous Processed in Central Office	Need not meet any income or asset test	No duration
M07—EMS **M07--ImpaCT** 1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	**Presumptive Eligible Family Planning (HUSKY--Limited Benefit)** **Effective 3/1/12** **Presumptive Eligible coverage** **Limited coverage** for family planning services and family planning	Income 258% of FPL ($263%) No asset limit.	Until or is found ineligible or eligible under ongoing M08

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
	related services • Must be screened for full HUSKY Health • Must be of Child bearing age and can't be pregnant • US Citizens or Qualified Non-Citizens • Resident of CT • Not eligibility if eligible for another coverage group • W538 is needed with each PE submission		
M08—EMS **M08--ImpaCT** 1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	**Family Planning (HUSKY-- Limited Benefit)** **Effective 3/1/12** Ongoing limited coverage for family planning services and family planning related services • Must be screened for full HUSKY Health • Must be of child bearing age and cannot be pregnant • US Citizens or Qualified Non-Citizens • Resident of CT	Income 258% of FPL (263%) No asset test.	As long as eligible
M09 (MAGI)*--EMS **M09 (MAGI)*--ImpaCT** 42 CFR 435.150 1902(a)(10)(A)(i) (IX)	**HUSKY A Former Foster Care** • This coverage group if for youths that were in Connecticut DCF care at the age of 18 and on Medicaid. Workers in Eligibility Policy and Support will grant these cases	No income/ assets are counted for this coverage group	Eligible from age 18 up to their 26th birthday
M10 (MAGI)*--EMS **M10 (MAGI)*--ImpaCT** 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**HUSKY D Presumptive Eligibility for Low Income Adults** **HUSKY D Presumptive Eligibility for Low Income Adults** • Adults age 19-64 • Not eligble for Medicare • US Citizens or Qualified Non-Citizens • W538 is needed with each PE submission allows "Medicaid Certified Entities" to temporarily grant Medicaid to adults and then send the completed application form to RPU at DSS	133%(138%)* of the FPL 133%(138%)* of the FPL • No applied income • No asset Limit Transfer of Assets rules apply	Most frequently lasts until end of Most frequently lasts until end of second month . However, may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination.
M11 (MAGI)*--EMS **M11 (MAGI)--ImpaCT**	**HUSKY A Presumptive Eligibility (PE for Parents and Caretakers)**		Most frequently lasts until end of second month.

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	• W538 is needed with each PE submission This program is for HUSKY Parents and Caretakers only. It allows "Medicaid Certified Entities" to temporarily grant Medicaid to Parents and Caretakers and then send the completed application form to RPU at DSS.		However, may last longer than 60 days if a full Medicaid application is pending while awaiting a Medicaid determination.
N01 (MAGI)--EMS* *N01 (MAGI)*--ImpaCT* 8080.25	**HUSKY D Low Income Adult – LIA – replaces SAGA medical eff 4/1/10** Formerly SAGA coverage for Individuals in Chronic Disease and (freestanding) Rehabilitation Hospitals: • For individuals in facilities • Must reside there for 30 consecutive days. • Childless adults under 65 • Not receiving Medicare • Must meet level of care as determine by Ascend • Must be at or below income limit	133% of the FPL plus an income disregard of 5% resulting in an effective income limit of 138% • No asset Limit	Begins with 1st day of 30 continuous days of residence. Continues as long as eligibility factors met.
N99 (MAGI)--EMS *N99 (MAGI)--ImpaCT* 8080.25	**HUSKY D Low Income Adult – LIA – replaces SAGA medical eff 4/1/10** Formerly SAGA coverage for individuals in Chronic Disease and (freestanding) Rehabilitation Hospitals: • Coded on EMS but not a legitimate coverage group as there are no spend downs in this coverage category	N/A	N/A
P01 (Pre-MAGI)—EMS **P01 (MAGI)—Code not used in EMS** 2540.44	**HUSKY A Pregnant Women with Income Under 250% (258%)of Poverty Level** • Covers pregnant women • AFDC Income limit Once eligible, remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage via the M01 extension which should be added upon notification of child's birth.	AFDC Income Standards	Duration of pregnancy. Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60 day post partum extension. **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.** *****Note: P01 is replaced by X01**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
P02 (Pre-MAGI)—EMS **P02—Code not used in ImpaCT** 2540.43	**HUSKY A Pregnant Women with Income Under 250% (258%)of Poverty Level** • Covers pregnant women whose family income does not exceed 250% of Federal Poverty Level. Once eligible, remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage via the M01 extension which should be added upon notification of child's birth.	Income limit is 250% of Federal Poverty Level for needs group size. Unborn included in needs group. No asset limit. Use same deeming rules as PO1.	Duration of pregnancy. Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60 day post-partum extension. **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 and P95 AUs.** ***** Note P02 is replace by X01**
P95/99—EMS **P95—Not used in ImpaCt** **P99—Impact** 2540.45	**HUSKY A Medically Needy Pregnant Women** • Covers pregnant women who would be eligible under Categorically Needy Pregnant Women Coverage (P01) except income or assets exceed AFDC limit	Use MNIL asset limit and deeming rules which would apply in the month of the child(ren)'s birth Financial eligibility is determined as if the child(ren) were born. Use FMA assistance unit composition rules as they would apply in the birth month	Qualify every month in which they are pregnant and pass the medically needy financial eligibility tests

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
X01 (MAGI)--EMS* *X01 (MAGI)*--ImpaCT* 42 CFR 435.116 1902(a)(10)(A)(III)and (IV); 1902(a)(10)(A)(ii)(I), (IV) and (IX); 1931(b) and (d) 1920	**HUSKY A Pregnant Women** Covers Pregnant women whose family income does not exceed 258% (263%) of Federal Poverty Limit Once eligible, remains eligible for duration of pregnancy. Also eligible for 60 days posy-partum coverage via the M01 extension which should be added upon notification of newborn.	Income Effective 01/01/14, limit is 258% FPL (263% of FPL with the 5% disregard). Unborn included in needs group. No asset limit.	Duration of pregnancy Once eligibility is established continues for remainder of pregnancy, even if change in income. Use M01 for 60 day post-partum extension. *****Note: X01 coverage extended for 2 months after birth month of child**
Q01—EMS *Q01—ImpaCT* 2540.94	**MSP Qualified Medicare Beneficiaries (CN)** • Must be entitled to Hospital Insurance under Medicare Part A. • Have income within QMB limits. Special benefits for QMB is include: - Payment of Medicare A Premiums. - Payment of Medicare B Premiums. - Payment for co-insurance and deductible amounts for Medicare services A QMB may be eligible for full Medicaid benefits under another coverage group during the same period QMB eligibility exists. Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage.	There is no asset limit for QMB. - If married and both spouses are applying use the code "AS" - If married and one spouse is not applying use "NA" - If spouse is institutionalized code spouse "NM"	Qualifies the 1st of the calendar month following the month DSS has all verified information to establish eligibility as QMB, but no earlier than 1/1/89. Eligibility continues every month individual meets the coverage group criteria.

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
Q03—EMS **Q03--ImpaCT** *2540.95*	**MSP Specified Low Income Medicare Beneficiaries** • Payment of Medicare B premium only. • A SLMB may be eligible for full Medicaid benefits under another coverage group the same period SLMB eligibility exists. Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage	There is no asset limit for SLMB. -If married and both spouses are applying use the code "AS" -If married and one spouse is not applying use "NA" -If spouse is institutionalized code spouse "NM	Eligibility can begin 3 months prior to date of application, but no earlier than 1/1/93.
Q04—EMS **Q04--ImpaCT** 2540.97	**MSP Additional Low Income Medicare Beneficiaries Under 135% of Federal Poverty Level:** • Pays Medicare Part B premium only. • Not an entitlement program - depends on funding • An ALMB is not eligible for full Medicaid benefits under another coverage group the same period ALMB eligibility exists. Eligibility in Q-track coverage groups automatically qualifies individuals for the "Extra Help" program that coordinates with Medicare Part D prescription drug coverage	There is no asset limit for ALMB. -If married and both spouses are applying use the code "AS" -If married and one spouse is not applying use "NA" -If spouse is institutionalized code spouse "NM"	

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
R01—EMS *R01—impaCT* 8010.20	**HUSKY C Recipients of Refugee Cash Assistance (CN)** • Evaluate all other available cash programs prior to grant • Receiving RCA RCA zero awards due to benefit being less than $10	Use AFDC income and asset limits. Do not deem sponsors' income unless actually contributed to AU.	Eligible for 8 months, beginning with the first month individual entered U.S.
R02--EMS *R02—ImpaCT* 8010.35	**HUSKY C Increased Earnings Extension (CN)** • Ineligible for RCA due to new employment or increased earnings. Sprouts from **RO1.**	No income or asset limit	Expires the earliest of: End of 8th month in U.S.
R03—EMS *R03—Code not used in ImpaCT* 8010.20	**RCA Eligible Non-Récipient (CN)** • Evaluate for Husky A and Husky D eligibility prior to granting this coverage group • Contact CO prior to grant • Eligible for RCA, but choose to receive only medical benefits.	Use AFDC income and asset limits. Do not deem sponsors' income unless actually contributed to AU.	Eligible for 8 months, beginning with the first month individual entered U.S. **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02, P95, R03 and R04 AUs.**
R04—EMS *R04—Code not used in ImpaCT* 8010.20	**Refugee Newborns (CN)** • Evaluate for Husky A and Husky D eligibility prior to granting this coverage group • Contact CO prior to grant • A newborn child whose mother is qualified for and receiving RCA or RMA at time of child's birth. • Such children are deemed to have filed an application and been found eligible. • This coverage group must be screened via Add-A-Program. • Use **RO4** when child is not eligible for any other coverage group or if lacking verifications to put in any other group (i.e. **F12**).	Only income and asset rules for mother's coverage group. Child is automatically eligible. *Code newborn as "PN" all others as "NM." Make sure mother's AU is active before finalizing **RO4**.*	Eligible until the earliest of the following: - Child leaves mother's home. - Child turns one. - Mother loses eligibility for RMA. **** Please do not grant or renew any F07, F12, F25, F95, G02, G07, P01, P02 , P95, R03, and R04 AUs.**

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
R95/R99—EMS *R95/R99—ImpaCT* 2540.24 2540.57	**HUSKY C Refugee MA (MN)** • Evaluate for Husky A and Husky D eligibility prior to granting this coverage group • Contact CO prior to grant • AUs not eligible for RCA due to income or assets over AFDC limits. • AU will trickle to this coverage group if not CN.	Use FMA income and asset limits for appropriate family size. Do not deem sponsors income unless actually contributed to AU	Eligible for 8 months, beginning with the first month individual entered U.S.
S01—EMS *S01—ImpaCT* 2540.72	**HUSKY C Recipients of AABD (CN)** • Receiving cash payments. • Meet categorical requirements of age, blindness or disability • Coverage group includes Individuals reduced to a zero payment due to recoupment of overpayment State Supplement Program in CT - Basic Eligibility	Use AABD income and asset criteria. 5515.05 Deem from spouses: 5020.70 & 4025.55 *Code financial responsibility "AS" if both are eligible.* • *Code "NA" if spouse if not eligible.* • *Code "NM" if spouse is on TFA* • *Code "NM" if spouse is institutionalized* *Code "NM" if spouse is not living in the home*	Continues as long as AABD eligibility exists.
S02—EMS *S02—ImpaCT* 2540.80	**HUSKY C AABD Eligible Non-Récipients (CN)** • Would qualify for AABD but choose not to. • "Pride" cases.	Use AABD income and asset level. Deem from spouses *Complete SHEL screen so correct standard is used.* *Code financial responsibility "AS" if both are eligible.* *Use code "NA" if spouse if not eligible.* *Use code "NM" if spouse is on AFDC.*	For every month for which they would qualify for AABD.
S03--EMS *S03--ImpaCT*	**HUSKY C Eligible for AABD Except for Non-Medicaid Requirement (CN)** such as:	AABD income and assets, except for deeming of sponsors' income and assets.	Indefinitely, as long as the sole reason the individual does not qualify for AABD is

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
2540.84	• For individuals who do not have a source of income (a requirement for AABD) People found disabled by Colonial Cooperative Care generally receive S03 sometimes with SAGA cash • Requirement to assign interest in a decedent estate. • Requirement to sign a security mortgage on non-home property. Requirement that income and assets be deemed to an alien from sponsor		failure to meet the AABD requirements specifically prohibited by Medicaid.
S04—EMS *S04—ImpaCT* 2540.76	**HUSKY C Severely Impaired (CN)** Individuals who: • Either receives SSI under 1619(a) status or SSD under 1619(b) status. AND • Qualify for MAABD in the month immediately preceding the designation of 1619(a) or (b) status. • 1905q status meaning they were on AABD the month prior to losing cash due to earnings	Need not pass any income or asset test apart from those administered by SSA. *Identify AU as 1619 on bottom of UINC screen.* *Load income source code (ex. SI).* *STAT - load "S" if 1619(a), "B" if 1619(b).*	Continues as long as qualified for 1619(a) or (b) status with Social Security or 1905q status with DSS.
S05--EMS **S05--ImpaCT** 2540.85 See Worker Toolkit	**HUSKY C Working Disabled** For individuals with disabilities whose income and assets exceed MNIL usually resulting in Spenddown. Must: • Have a job receiving pay stubs • If self-employed must have account with SSA and pay into it • Must fail S01 through S04 first • If client loses a job and was on S05 then they are eligible to receive 12 months while looking for another job	• Income Test <$75,000 • Family Income Test – under 250%of FPL • Asset Test $10,000 for individual $15,000 for couple • Individuals with income over 200% of FPL may have to pay a premium	Med-Connect Deskguide
S95/S99--EMS **S95/S99--ImpaCT** 2540.96	**HUSKY C MN Aged, Blind, Disabled** • Meet the MAABD categorical requirements of age, blindness, or disability. • Not qualified as categorically needy.	Use MNIL, MAABD asset limit, MAABD deeming rules, and spend down process.	Begins when spend down is met. Continues through the end of six-month period.

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
	• Either over MN income or excess income absorbed by medical bills • Meets asset criteria AU will trickle to this group if not CN		
T01--EMS **T01--ImpaCT** 2540.60	**HUSKY A Long Term Care Facility Residents Under Special Income Limit (T01)** • Long term care residents for over 30 consecutive days AND • Income within a special income level AND • Meet any of the following criteria: - under 21 years of age OR - caretaker relatives, i.e.(living with dependent child of acceptable degree of relationship) **OR** pregnant women	Compare individual's gross income to the Special Categorically Needy Income Limit (CNIL) 300% of SSI maximum. Use AFDC asset limit.	Begins with the 1st day of the 30 days of continuous residency for as long as the resident meets requirements.
T99 2540.60; 2540.60P;2540.88	**HUSKY A MN Family Medical LTCF Residents** • Same as **TO1**, but income is greater than CNIL. • **TO1** will trickle to this group if not CN.		Same as T01
W01—EMS *W01—ImpaCT* 2540.92	**HUSKY C Individual Receiving Home and Community Based Services (CN)** • Would be eligible for MAABD if residing in a LTCF, AND • Qualify to receive home and community based services (HCBS), AND • Would, without such services, require LTCF placement.	Compare the individual's gross income to the special CNIL (300% SSI) - must be less. Use AABD asset limit ($1,600). Special asset rules apply if spouse resides in community. AU considered "institutionalized," so no deeming from spouse.	As long as group conditions are met and waivered services received.
W99—EMS **W99—Code not used in ImpaCT**	***Code on EMS, but not a legitimate coverage group, as there is no spenddown provision for HCBS cases.*** ***NOTE: If over income for WO1, would be MO3 or individual would need to set up a pooled trust with the Plan of CT.***	***(N/A)***	***(N/A)***

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
X01 (MAGI) *--EMS **X01 (MAGI)*--ImpaCT** 42 CFR 435.116 1902(a)(10)(A)(i)(III) And (IV); 1902(a)(10)(A)(ii)(I), (IV) and (IX); 1931(b) and (d); 1920	**HUSKY A Pregnant Women** Covers pregnant women whose family income does not exceed 258% (263%)* of Federal Poverty Level. See handout 'C' for assistance. Once eligible, remains eligible for duration of pregnancy. Also eligible for 60 days post-partum coverage via the M01 extension which should be added upon notification of child's birth.	Income Effective 01/01/14, 258% of FPL (263% of FPL with the 5% disregard) Unborn included in needs group. No asset limit	Duration of pregnancy. Once eligibility is established, continues for remainder of pregnancy, even if change in income. Use M01 for 60 day post-partum extension. *****Note: X01 coverage extended for 2 months after birth month of child**
*X02 (MAGI) *--EMS* *X02 (MAGI) *--ImpaCT* 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**HUSKY D MCLIP- Medical for Low Income Persons** For individuals and married coupled who are : • Age 19-64 • not Medicare recipients • not Pregnant • Have no dependents under the age of 19 See handout 'C' for assistance	Income Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard). No asset limit.	As long as all eligibility requirements are met
X03 (MAGI)*--EMS **X03 (MAGI)*--ImpaCT** 408(a)(11)(A); 1902(a)(52); 1902(e)(1)(B) 1925 1931(c)(2)	**HUSKY A Transitional Medical Assistance (TMA)** For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances: • Already active X07 and X25 and becomes ineligible because of earnings. • Connecticut resident ***Has child(ren) under 19 living in the home***	No income or asset limit	Up to12 months (1st month being month following X07 ineligibility)
X04 (MAGI)*--EMS **X04 (MAGI)*--ImpaCT** 42 CFR.115; 408(a)(11)(B); 1931(c)(1)	**Husky A Extended Medical Assistance (EMA)** For people who lose eligibility for Husky A for Families (X07 and X25) under these circumstances: • Already active X07 and X25 and becomes ineligible because of spousal support. • Connecticut resident • Has child(ren) under 19 living in the home	No income or asset limit	

EMS/Impact Codes	Group Title And Definition	Income/Assets	Duration
X07 (MAGI)--EMS* *X07 (MAGI)*--ImpaCT* 42 CFR 435.110; 1902(a)(10)(A)(i)(I); 1931(b) and (d)	**HUSKY A Parents and Caretaker Relatives** • Parents and Caretaker relatives with dependents under the age of 19 • Must cooperate with child support ***The new process is based on tax filing status household composition and household taxable income with adjustments***	Income Effective 7/1/18, 150% of FPL (155% with the 5% disregard) No asset limit	As long as all eligibility requirements are met
X25 (MAGI)*--EMS **X25 (MAGI)*--ImpaCT** 42 CFR 118; 1902(a)(10)(A)(i)(III), (IV)and (VII); 1902(a)(10)(A)(ii)(IV) and(IX); ***1931(b) and (d)***	**HUSKY A Children** • Children under the age of 19 • The new process is based on tax filing status household composition and household taxable income with adjustments • Children in DCF care may also use this coverage group	Income Effective 1/1/14, 196% of FPL (201% of FPL with the 5% disregard) No asset limit.	As long as all eligibility requirements are met
*X13 (MAGI) *--EMS* *X13 (MAGI) *--Code not used in ImpaCT* 1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	**HUSKY D MCLIP- Medical for Low Income Persons** • Not newly eligible 19 and 20 year old individuals • Not receiving Medicare	Income Effective 1/1/14, 133% of FPL. (138% FPL with the 5% disregard) No asset limit	As long as all eligibility requirements are met **Note: Cases exist in ImpaCT as X02. Flagged as "not newly eligible".**
*X14 (MAGI) *--EMS* *X14 (MAGI) *--Code not used in ImpaCT* 1902(a)(10)(A)(i)(VIII) ***42 CFR 435.119***	**HUSKY D MCLIP- Medical for Low Income Persons** • Not newly eligible non-Institutionalized disabled 18-64 year olds • Not receiving Medicare	Income Effective 1/1/14, 133% of FPL (138% of FPL with the 5% disregard) No asset limit.	As long as all eligibility requirements are met **Note: Cases exist in ImpaCT as X02. Flagged as "not newly eligible".**

Appendix C

Reporting Health Care Enrollment

Guidance for the consistent reporting of health care enrollment

Version 1.5

Document Controls

Purpose

Provide a single source of guidance for how to report on DSS health care enrollment numbers.

Individual reports should follow these guidelines, Reports should cross-reference the coverage group list in this document and avoid creating their own lists, e.g., if reporting the MAGI group, reference the list in this document rather than developing a new list for the report.

Out of Scope

The document is limited to enrollment reporting and does not include activity reporting such as monthly applications, renewals, determinations and denials.

The approach to activity reporting (for the CMS Performance Indicators for example) should be complementary, but there are additional considerations and nuances.

Target Audience

Those involved in the design and development of medical enrollment type reports.

It is assumed that there is a general understanding of the HUSKY programs and terminology such as MEC and LTSS.

Versions

Version	Date	Author	Description
1.0	August 2018	Rob Marchant	Initial draft.
1.1	09/04/2018	Peter Hadler	Edits.
1.2	09/05/2018	Kristin Dowty	Edits.
1.3	09/05/2018	Rob Marchant	Edits.
1.4	09/06/2018	Kristin Dowty	Finalization.
1.5	09/11/2018	Rob Marchant	Added explicit MSP column. Added explicit Spend Down column. Set missed flags: • F06A, F06P and M11 are MAGI • M03 is LTSS

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Glossary of Acronyms

- ABD - Aged Blind & Disabled
- ASO - Administrative Service Organization
- CARTS - CHIP Annual Report Template System
- CHIP - Children's Health Insurance Program
- CMS - Centers for Medicare and Medicaid Services
- DCF - Department of Children & Families
- HIX - Health Insurance Exchange
- FPL - Federal Poverty Level
- LTSS - Long Term Services & Support
- MAGI - Modified Adjusted Gross Income
- MAPOC - Medical Assistance Program Oversight Council
- MEC - Minimal Essential Coverage
- MMIS - Medicaid Management Information System
- MSP - Medicare Savings Plan
- OPM - Office of Policy & Management
- PE - Presumptive Eligibility
- SEDS - Statistical Enrollment Data System
- SOP - Standard of Promptness

Background

Historical Background

Prior to October 2013 the Department had a single Medicaid eligibility system (EMS) and a single Children's Health Insurance Program (CHIP) eligibility system (ConneXion). Although these systems were legacy systems, they were stable and there was a clear separation of programs. These two separate systems allowed for simplified eligibility and enrollment reporting. However, as legacy systems there were other types of reporting limitations, e.g., reporting tools were limited and some data elements, such as the application channel, were not captured.

In October 2013, Connecticut implemented its state-based Health Insurance Exchange which included a shared integrated eligibility and enrollment system commonly referred to as HIX. By Q3 of 2015 this system was responsible for approximately 88% of the Medicaid eligibility determinations and 100% of the CHIP eligibility determinations. During the 2014 and 2015 transition period, medical eligibility determinations were spread between the three systems and individuals; new applications were processed directly in the HIX and (legacy) enrolled individuals were transitioned into the HIX month by month at the time of their renewal. However, since HIX eligibility determination results were manually entered and "warehoused' in the legacy systems (as a pass-through mechanism to the MMIS), the State could continue to use the legacy EMS and ConneXion systems for centralized enrollment reporting.

During the 2014, 2015 and 2016 period, the reporting challenges included:

1. A transitioning client-base and the risk of duplicative counting across systems.
2. An expanding HIX system where new coverages were being added, e.g., newborns, post-partum, TMA and EMA. As programs were added, clients in the same coverage group in the legacy system could have been determined by either the HIX or EMS.
3. A manual data entry process to enter the HIX results into the legacy systems (not real-time transfer).
4. A HIX built quickly to meet ACA deadlines and with technology stabilization issues that allowed for duplicate enrollment records of the same person and other assorted reporting challenges.
5. The impossibility of reporting multi-year historical look-backs (e.g., for SEDS) because the data was in transition between determination methodologies and systems.
6. Only enrollment data could be taken from the legacy system (understanding the caveats above), while other types of related data (applications, enrollment rates by FPLs, etc.) had to be taken from the HIX as it had the processing details that the legacy systems no longer had. Reporting from different systems for the same client base is less than ideal.

In October 2016, the Department started the implementation of its new eligibility and enrollment system, called ImpaCT, for the remaining non-HIX medical coverage groups as well as nutritional and economic assistance programs. The system was rolled out gradually across the state and approximately 90% of the recipient population was converted into ImpaCT by August of 2017. As the new system was rolled out, more and more of the eligibility determinations were subsumed into the new system. However, legacy system conversion had a "long tail" and the last of the active enrollments were not completed until August 2018.

Whereas the medical reporting challenges for 2014 through 2016 were HIX related, the reporting challenges for 2017 and 2018 were ImpaCT-conversion related, i.e., while we could once use the legacy systems for enrollment reporting (with some known limitations), we now had an additional system in the mix that was subsuming enrollments from the legacy systems on a day-by-day basis, i.e., we could no longer use just the legacy systems.

Additional challenges during this rollout and conversion period included:

1. ImpaCT and the real-time automated transfer of enrollment data between the HIX and ImpaCT systems was stabilizing.
2. The extended conversion meant that more of the automated transfer messages could not be ingested by ImpaCT due to partially-converted ("spider-web") families, i.e., require manual intervention and data entry. The more manual data entry, then naturally the longer the time lag for data entry and increased possibility of human data-entry errors.
3. During this rollout period scripted database fixes were sometimes used to ensure that clients were promptly covered; while advantageous for ensuring proper coverage this sometimes bypassed key data aggregation fields in the ImpaCT database. The scripted fixes were sometimes required by interim business processes needed to resolve a transitional ImpaCT issue.
4. A premium processing system was rolled out at the end of 2017 to support MED-Connect and CHIP Income Band 2; this functionality replaced a third-party contractor system. This system determines when a Band 2 client has made their first premium payment and is considered fully enrolled.

Current Situation

During the period January 2014 through August 2018 over 2.250 million PDFs were generated by the HIX and manually entered into the legacy systems of EMS (Medicaid) and ConneXion (CHIP). The manual data entry of HIX-generated PDFs into the legacy systems has now ended.

To convert HIX data into the ImpaCT system involved a large-scale manual data entry effort to align coverages between the HIX and the legacy systems and to correct data issues related to the master person index.

The system of record for reporting HIX enrollment data was originally the legacy systems (as discussed above). Once ImpaCT began to be implemented in October 2016, it became preferable to use the HIX as the direct source of HIX enrollment numbers. This allows enrollment reporting and activity reporting (applications, renewals, determinations, and denials) to be pulled from the same system.

Additionally, historical medical reporting that involves the transitional year of 2017 is challenging if it involves combining data held in EMS and ImpaCT as well as HIX. Data reporting is simplified by using HIX as the system of record for reporting on HIX-based medical coverage groups (including CHIP) from October 2016 onwards.

Enrollment Reporting Requirements and Considerations

Overview

As of August 2018, the technical challenges of ongoing reporting have greatly simplified (historical lookbacks and trends are still challenging). There are now just two systems from which to derive

eligibility and enrollment data: HIX is the system of record for HIX-based coverage groups and ImpaCT is the system of record for all other medical coverage groups.

The reporting complexity that remains is concerned with understanding, articulating and consistently implementing some of the business nuances concerned with enrollment reporting. Whereas, the broad requirements of a report may be understood, business considerations include:

1. Which coverage groups should be included based on the purpose and target audience of a report, e.g., medical funding considerations (title XIX, title XXI, State, ACF/ORR or other), determination methodology (e.g., MAGI), determination source (e.g., HIX), and limited or full benefits.

2. How to handle the subtleties of emergency medical, historical coverage (late processing, retroactive coverage and reconsideration), unpaid initial premiums, etc.

This document provides guidelines to address these business complexities.

Report Target Audiences

Broadly speaking, there are three types of audiences:

1. Federal partners, in particular CMS – there are a variety of reports that measure eligibility and enrollment, continuity of coverage, and operational activities (e.g., applications and renewals). These include CMS CARTS, CMS SEDS and CMS Performance Indicators.

   Federal reports are aligned around funding streams and federal regulations and therefore can distinguish between coverage types, i.e., Title XIX or Title XXI, and MAGI or non-MAGI.

   Federal reporting requirements are defined at a very detailed level and there is little flexibility on what to include or exclude. These reports will not roll-up neatly to state-branded HUSKY groups.

2. Connecticut (External) Stakeholders – this includes organizations such as the legislature, MAPOC and advocacy groups. Reporting around funding streams is less important, and there is more of a focus on grouping by coverage types (e.g., HUSKY A, B, C, and D) and channels.

3. State Organizations – these include OPM and DSS and they have similar requirements to the external stakeholder view, although often with data requirements that expand beyond enrollment data and overlap into operational performance.

High-Level Approach

To create an enrollment report:

1. Try to use an existing report for your purposes especially if that report is to be shared externally. This reduces the chances of errors or inconsistencies creeping into the reporting numbers.

2. Follow the Detailed Guidance instructions in defining the report.

3. Use the Detailed Classification list as a way of specifying what should or should not be included in the report. Do not repeat a classification list (e.g., the list of MECs) within the report specification; include it by reference to this document.

a. If the classification is not already included, the Department can expand the table to include it in this document.

Detailed Guidance

CMS Federal Reporting

CMS federal reports are limited to Medicaid (Title XIX) and/or CHIP (XIX) and these funding streams are specified in the Detailed Classification section. Within this classification, CMS may ask for additional breakdowns, e.g., Adults and Children, MAGI and non-MAGI, HIX and Direct.

When reporting enrollment numbers to CMS, unless it states otherwise, exclude the limited benefits coverage types even if they are CMS funded, e.g., family planning and emergency medical.

This is consistent with the directives for the CMS Performance Indicators.

State and Connecticut Stakeholder Reporting

When reporting enrollment numbers within the State we are typically reporting HUSKY coverage counts. Therefore, we typically include limited benefits coverage types and report across funding sources.

An exception to this approach is emergency medical, which should be excluded unless explicitly requested (see Emergency Medical).

HUSKY A, B, C and D

As previously stated, reporting using this organization of medical coverage is important for DSS and other Connecticut-based stakeholders.

Connecticut introduced the HUSKY branding in 1998 to describe the Children's Health Insurance Program (CHIP). HUSKY was an acronym for Health Care for UninSured Kids and Youth. Many states similarly adopted branding to differentiate their CHIP coverage from Medicaid.

Over time the HUSKY branding has been extended and now applies to Connecticut Medicaid coverage (CHIP became HUSKY B). Since HUSKY is a branding, there is some flexibility on what it could include. Consequently, the HUSKY program is considered to include all those programs that are managed by the Administrative Services Organizations (ASOs) and receive a HUSKY Medical Card and those that have a natural affinity with other coverage options, e.g., various State programs.

To report on HUSKY, use the classification of data in the Detailed Classification section.

Note that:

- To get total counts, it is necessary to pull data from both the HIX and ImpaCT.
- Whereas most of HUSKY A is determined within the HIX, there is a small volume determined within ImpaCT
- The data includes federally and state funded coverage types.
- The data includes MEC and non-MEC coverage types.
- The data includes limited and full-benefit coverage types.

- The data includes contingent enrollments (see Presumptive Eligibility and Premiums)
- The data excludes the MSP ("Q track") coverage types.

The reports should typically be written to exclude emergency medical coverage (see Emergency Coverage)

MAGI and non-MAGI

As previously stated, reporting using this organization of medical coverage is most often used in federal reports.

The reporting distinction of HIX vs direct Medicaid Agency enrollments is of interest to DSS. This almost aligns to MAGI vs. non-MAGI, but not quite. Whereas most MAGI determinations occur within the HIX, ImpaCT determines a small subset of coverage types, e.g., institutionalized non-disabled, presumptive eligibility and (MAGI) emergency medical coverage.

Report developers should use the classification of data from the Detailed Classification section.

System of Record

Every medical coverage group is now cleanly assigned to one given system-of-record (emergency medical is an exception).

Only report enrollment numbers out of the system of record. Specifically, do not report HIX enrollments out of the ImpaCT system even though HIX enrollments are also warehoused in ImpaCT after the eligibility determination is made within HIX.

Report Run Dates and As-Of Dates

"As-of dating" is the term used to describe a date versioning axis that is orthogonal to the effective date timeline, e.g., data effective January looks one way in January, but could be modified multiple times such that January looks different as of February, as of March and so on.

Data changes historically in Medicaid because of the elapsed time in processing paper documents, clients reporting data after the event, retroactive coverage requirements, and MAGI reconsideration periods.

Since the HIX and ImpaCT systems, for the most part, do not include the ability to easily run "as-of date" reports, the data in a report is sensitive to when a report is run. It is therefore important to run reports at a consistent point each month.

Enrollment counts should be taken as of the last day of the calendar month. The reports should be run as close to the start of the first day of the following month, i.e., before historically applied changes can occur.

Monthly enrollment reports that are not run before the start of business hours on the first of the following month, should clearly state the as-of date in the report, e.g., "January 2019 Enrollment - as-of March 15th 2019". The stating of an as-of date is good practice even when a report is run timely.

Calendar Periods

Enrollment type reports can be requested for various calendars and scenarios:

- Federal reports are typically based on the federal fiscal years (October 1 through September 31). Using this federal fiscal calendar, there are a variety of federally required reports, e.g., a fiscal quarter, a fiscal year, and two federal fiscal years (e.g., CARTS Table 3.a and 3.b).
- Connecticut has a fiscal year that is different to the federal fiscal year. Reporting enrollments for this State-based period can be of interest to some groups within the State.
- Operationally the State more naturally looks at year-over-year comparisons and trends using traditional calendar years.

There are two types of calendar period type reports:

- **Point-in-Time Lookback** – these types of reports are run at a single point in time at the end of the calendar period in question, and provide information for the whole of that calendar period. One example is a federally required report that is interested in the total number of children that were ever enrolled at any point during the quarter. There are other federal reporting examples that look at measures of continuous coverage over a quarter, year and ultimately a two year period.
- **Timeline Trends** – these type of reports show the enrollment (or a targeted enrollment subgroup) trended over time, e.g., the enrollment counts month-by-month over a year. Current medical operational planning reports, for example, capture monthly data and show it graphically trending over a year and also provide graphical year-over-year comparisons. The data captured monthly in the CMS Performance Indicator reports are also a source for showing timeline trends.

The guidance is as follows:

- **Point-in-Time Lookback** – the guidance is to follow as much as possible the standard enrollment counting guidance described throughout this document for the selection of the reporting group, (e.g., children or MAGI) and then follow the individual reporting instructions.
- **Timeline Trends** – to create these graphical reports it can be as simple as adding the monthly data reports to a rolling Microsoft Excel worksheet. To create them programmatically requires the monthly data to be stored in a database table when the enrollment report is first run, i.e., since the systems do not readily support as-of dating it is difficult to recreate report data and therefore each month should be captured when it is first run, either in a database table or manually in Excel.

Medicare Savings Plan (MSP)

MSP ("Q track") coverage is Medicaid uses funding, but does not provide coverage itself. MSP enrollment pays for Medicare premiums and cost sharing.

MSP is typically excluded from the definition of HUSKY (State reporting) because MSP provides no health benefits itself and because someone could be receiving HUSKY coverage and be enrolled in MSP, i.e., dual eligible. If HUSKY and MSP enrollment are reported together it is necessary to address clearly the issue of dual enrollment and de-duplicate the counts. Typically, it is better to isolate the MSP numbers clearly from the HUSKY numbers.

MSP is typically excluded from federal enrollment reports for similar reasons and because it is considered "limited benefits", i.e., only include MSP if it is explicitly requested.

Although MSP counts are best reported separately from other Medicaid health coverage, it is possible that MSP recipients will be included in activity reports, e.g., in applying for MSP someone may have a Medicaid determination and so they will appear in application and eligibility determination counts

whether they are denied, (also) determined eligible for another type of Medicaid, or determined eligible for MSP.

Long Term Support Services (LTSS)

Use the classification of data from the Detailed Classification section when reporting just these numbers.

Note that LTSS is primarily a subset of HUSKY C, but there is an LTSS type HUSKY A group and since 2014 there has been an LTSS coverage group within HUSKY D. Until ImpaCT the HUSKY D institutionalized adult group was not clearly identified.

Department of Children & Families (DCF)

Use the classification of data from the Detailed Classification section.

Note that for DCF type coverage includes:

- Both State and CMS funded programs.
- Full and limited benefit coverage types.
- Explicit dedicated coverage groups ("D track") as well as children enrolled in the X25 Children's group (this group will eventually be added as a distinct D track group). Until a distinct D track group is added, these children are difficult (but not impossible) to identify within the X25 group.

Pending

We do not include pending coverage (neither pending verifications nor pending a spend-down threshold being met) within the enrollment counts, although they could be included within determination type numbers.

Presumptive Eligibility

Unless otherwise directed, include presumptive eligibility coverage within the enrollment counts.

Premiums

Unless otherwise directed, include CHIP Band 2 children in the enrollment counts even if their enrollment was conditional on receipt of the initial premium payment.

This approach simplifies reporting and aligns with the CMS Performance Indicator directives to include CHIP children in a premium grace period as well as conditional eligibility.

Specialized State reports can be created to report on premium payments and enrollments. In addition, footnoted counts can be added to State enrollment reports to indicate the number of premium-conditional enrollments.

CHIP Waiting Periods and Lock-Outs

The CHIP program in Connecticut no longer operates a waiting period or lock-out.

Should these business processes be reinstated, then CHIP children subject to a waiting period or premium lock-out period should be considered eligible but not enrolled and should be excluded from enrollment counts. This is consistent with CMS Performance Indicator directives.

Emergency Medical

Emergency medical is difficult to isolate, is limited to a single medical issue (i.e., not an ongoing coverage period and with limited benefits) and in Connecticut it is typically applied to a medical event that happened historically. For these reasons, we will deliberately exclude this coverage from the enrollment numbers (mostly a coverage event excludes itself as it is recognized after the enrollment reports are run).

Historical Processing (Late, Retroactive and Reconsideration)

As discussed previously, the enrollment counts for a given calendar month will generally increase if the same enrollment report for that month was run again on a future date.

Paper processing maintains the application date as the receipt date of the forms, even if the eligibility and enrollment were not processed until a later month. Both retroactive coverage and MAGI renewal reconsideration logic could increase enrollment counts for up to 90 days after the end of a target calendar month. The combination of a 90-day standard of promptness (SOP) for LTSS application processing and up to 3-months of retroactive coverage, create a window of 6-months for enrollment counts to reasonably change.

Although it would be accurate to repeatedly update a given month, it is confusing and unhelpful for most users of the enrollment reports and those interested in enrollment trends.

Definition of the Age of a Child

The primary child coverage groups (HUSKY A X25 and HUSKY B) use 18 as a maximum age, i.e., age-out on turning 19 in the enrollment month. Some groups, such as the DCF track, also include young adults up to the age of 21. For reporting purposes, typically use 19 and older as the standard definition of an adult.

Children in Adult Programs

Under certain circumstances, the systems can add a new child enrollee into the adult coverage group one month early. This is generally beneficial for the new client as there is less (confusing) correspondence from the system.

For those enrollment reports that are counting the number of children or adults in a group, we should not count any children who are in an adult-only group or an adult in a child-only group (delayed disenrollment), e.g., when adding up children, only include those coverage types that could reasonably have children within them (not the dedicated adult groups).

Detailed Classification

Obsolete coverage groups have been removed.

If a report requires historical enrollment reporting then it may be necessary to consider obsolete codes that are not shown here.

Code	Name	Funding	HUSKY Type	System of Record	MEC[1]	Limited Benefits	MAGI	MSP	Child Only	Adult Only	Spend-Down	LTSS	Premium	DCF	Refugee	PE
HUSKY A																
D01	**IV-E Foster Care/Adoption**	XIX (MA)	A	ImpaCT	Y											
D02	**DCF Children (State)**	State	A	ImpaCT	Y											
D03	**DCF Non-IV-E Adoption**	XIX (MA)	A	ImpaCT	Y											
D04	**FC Independent Adolescents**	XIX (MA)	A	ImpaCT	Y											
F06C	**PE Child**	XIX (MA)	A	ImpaCT	Y		Y		Y							Y
F06P	**PE Pregnant Women**	XIX (MA)	A	ImpaCT	Y		Y									Y
F99	**Medically Needy Families**	XIX (MA)	A	ImpaCT							Y					
M04	**BCC**	XIX (MA)	A	ImpaCT	Y											
M07	**PE Family Planning**	XIX (MA)	A	ImpaCT		Y	Y									Y
M08	**Family Planning**	XIX (MA)	A	ImpaCT		Y	Y									
M09	**Former Foster Care Children**	XIX (MA)	A	HIX	Y		Y			Y						
M11	**PE Parent/Caretaker Relatives**	XIX (MA)	A	ImpaCT	Y		Y									Y
P99	**Pregnant Women Spend Down**	XIX (MA)	A	ImpaCT							Y					
H01	**HCBS Children**	XIX (MA)	A	ImpaCT	Y							Y				

[1] Emergency medical is never a MEC,

Code	Name	Funding	HUSKY Type	System of Record	MEC[1]	Limited Benefits	MAGI	MSP	Child Only	Adult Only	Spend-Down	LTSS	Premium	DCF	Refugee	PE
X01	**Pregnant Women**	XIX (MA)	A	HIX	Y		Y									
X03	**TMA**	XIX (MA)	A	HIX	Y		Y									
X04	**EMA**	XIX (MA)	A	HIX	Y		Y									
X07	**Parent/Caretaker Relatives**	XIX (MA)	A	HIX	Y		Y									
X10	**Newborns**	XIX (MA)	A	HIX	Y		Y		Y							
X25	**Children**	XIX (MA)	A	HIX	Y		Y		Y							
HUSKY B																
B01	**CHIP Band 1**	XX1 (CHIP)	B	HIX	Y		Y		Y							
B02	**CHIP Band 2**	XX1 (CHIP)	B	HIX	Y		Y		Y				Y			
CP2	**PE CHIP**	XX1 (CHIP)	B	ImpaCT	Y		Y		Y						Y	Y
HUSKY C																
M06	**Tuberculosis**	XIX (MA)	C	ImpaCT		Y										
R01	**Refugee Cash Eligibility**	ACF/ORR	C	ImpaCT	Y										Y	
R02	**Refugee Incremental Earnings**	ACF/ORR	C	ImpaCT	Y										Y	
R04	**Refugee Newborns**	ACF/ORR	C	ImpaCT	Y				Y						Y	
R95	**Refugee MA**	ACF/ORR	C	ImpaCT	Y										Y	
R99	**Refugee Spend Down**	ACF/ORR	C	ImpaCT							Y				Y	
S01	**ABD (Cash Eligible)**	XIX (MA)	C	ImpaCT	Y											
S02	**ABD**	XIX (MA)	C	ImpaCT	Y											
S03	**ABD Except Non MA**	XIX (MA)	C	ImpaCT	Y											

Code	Name	Funding	HUSKY Type	System of Record	MEC[1]	Limited Benefits	MAGI	MSP	Child Only	Adult Only	Spend-Down	LTSS	Premium	DCF	Refugee	PE
S04	**Severely Impaired**	XIX (MA)	C	ImpaCT	Y											
S05	**Working Disabled**	XIX (MA)	C	ImpaCT	Y								Y			
S95	**ABD Medically Needy**	XIX (MA)	C	ImpaCT	Y											
S99	**ABD Spend Down**	XIX (MA)	C	ImpaCT							Y					
L01	**LTCF ABD**	XIX (MA)	C	ImpaCT	Y					Y		Y				
L99	**LTCF ABD Spend Down**	XIX (MA)	C	ImpaCT						Y	Y	Y				
T01	**LTCF Children/Parent**	XIX (MA)	C	ImpaCT	Y							Y				
T99	**LTCF Child Spend Down**	XIX (MA)	C	ImpaCT					Y		Y	Y				
W01	**HCBS ABD**	XIX (MA)	C	ImpaCT	Y							Y				
HUSKY D																
M10	**PE Adults**	XIX (MA)	D	HIX	Y		Y			Y						Y
X02	**Adults**	XIX (MA)	D	HIX	Y		Y			Y						
N01	**LTCF Adults**	XIX (MA)	D	ImpaCT	Y		Y			Y		Y				
MSP																
Q01	**QMB**	XIX (MA)		ImpaCT		Y		Y		Y						
Q03	**SLMB**	XIX (MA)		ImpaCT		Y		Y		Y						
Q04	**ALMB**	XIX (MA)		ImpaCT		Y		Y		Y						
Q06	**QDWI**	XIX (MA)		ImpaCT		Y		Y		Y						
Other Medical Coverage																
A02	**CADAP**	ADAP		ImpaCT		Y										
D05	**DCF Behavioral Health Care**	State		ImpaCT		Y										

Code	Name	Funding	HUSKY Type	System of Record	MEC[1]	Limited Benefits	MAGI	MSP	Child Only	Adult Only	Spend-Down	LTSS	Premium	DCF	Refugee	PE
M03	**CHCPE**	State		ImpaCT		Y						Y				
M12	**ConnTRANS**	State		ImpaCT		Y										