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# Unwinding the COVID Public Health Emergency Continuous Eligibility Maintenance of Effort Provision Part 3

*October 25, 2021*

# Today's Agenda and Speakers

- Quick recap of guidance
- How CMS is working with states
- Updating mailing addresses and contact information
- Improving renewals
- Communications
- Georgetown CCF
  - Tricia Brooks
- CBPP
  - Judy Solomon
  - Jennifer Wagner
- GMMB
  - Julie Bataille

- **GUIDANCE RECAP**
- **CMS ENGAGEMENT WITH STATES**

*Tricia Brooks, CCF*

# Key Dates with 10/18/21 PHE Extension

|   | Timeline  | Date if PHE is in place for full current 90-day period |
|---|---|--|
| Medicaid and CHIP 1135<br>Emergency Waivers | End of PHE  | January 16, 2022                                       |
| Medicaid Disaster SPAs                      | End of PHE or earlier date selected by the state  | January 16, 2022                                       |
| CHIP Disaster SPAs                          | End of PHE or date selected by the state (can be later if state has later state declared emergency) | January 16, 2022                                       |
| PHE-related Section 1115<br>Demonstrations  | No later than 60 days after the end of the PHE  | March 16, 2022   |
| MAGI Verification Plan Addendum             | Date selected by the state  |  |
| MOE Continuous Eligibility<br>Provision     | End of the month in which the PHE ends  | January 31, 2022                                       |
| FMAP Bump                                   | End of quarter in which the PHE ends  | March 31, 2022   |

# Guidance Recap

## State Plans

- [12/21/20](#) guidance updated [8/13/21](#)
- Template planning tools
  - [General transition plan](#)
  - [Eligibility and enrollment operational plan](#)
- Review or approval by CMS not required but must be available upon request
- Stakeholder engagement strongly advised but not required

## Primary Plan Components

- How states plan to prioritize pending actions
- Resource capacity
- Permanent policy changes
- Verification plan changes
- System updates
- State policy changes (regs/manuals)
- Communications

# Guidance Recap

## Key Expectations for States

- 12 months to return to normal E&E operations
  - 4 months for applications
  - months post-enrollment verifications
  - 12 months for renewals and changes
- A fresh review of eligibility must be conducted for all beneficiaries
  - Must consider all eligibility pathways
  - Prioritize action on individuals most likely to be no longer eligible\*

## Getting Ready

- Reduce volume of pending actions using data available (*ex parte*)
- Update addresses and contact information
- Expand modes of communications (text, phone, email)
- Communicate with beneficiaries and stakeholders

# How CMS is Working with the States

## Helping States Prepare

- Refresher on renewals
  - [December guidance](#)
  - [Slide deck](#)
- Avoiding inappropriate disenrollments
  - [Slide deck part 1](#)
  - [Slide deck part 2](#)

## Additional Guidance in the Works

- Address state questions
- Details on options for updating mailing addresses/dealing with returned mail
- Reporting performance indicators and key data for monitoring
  - Reporting template under development
- Not expected for a few more weeks.

# UPDATING MAILING ADDRESSES AND DEALING WITH RETURNED MAIL

*Judy Solomon, CBPP*



# Preparing Now for Unwinding

- Ensure people can be reached when PHE ends.
  - Policy
  - Procedures
  - Communication
  - Outreach
- Adopt policies and best practices that avoid terminations based on returned mail.
  - Policy
  - Procedures

# Updating Addresses: Policy and Procedures

- Does the state allow MCOs or other entities to communicate addresses on behalf of enrollees?
- Does the state require people to verify their new addresses?
- How can enrollees report an address change?
- What information should enrollees report?
- How does the state handle updates?

# Updating Addresses: Communications and Outreach

- Outreach based on state policies and procedures
  - Develop flyers and other materials
  - Incorporate in multiple activities
- All hands on deck
  - Navigators and enrollment assisters
  - Community health workers
  - MCOs, hospitals, other health care providers
  - Child care and schools
  - Social service organizations
  - Grass roots organizations

# Returned Mail

- Returned mail should not lead to automatic termination of coverage after the PHE ends.
  - Suggests a possible change in circumstances but not ineligibility in all cases.
  - Per CMS, states must make a “reasonable effort” to locate the enrollee.

# Returned Mail: In-State Forwarding Address

- No requirement to redetermine eligibility.
- Attempt to verify the forwarding address.
- Can't terminate coverage if no response to request for information.

# Returned Mail: Out-of-State Forwarding Address

- Suggests a change in circumstances affecting eligibility (state residence).
- Attempt to verify residency.
- Can terminate coverage if out-of-state address verified or no response to request for information.

# Returned Mail: No Forwarding Address

- State should attempt to locate beneficiary by phone or e-mail or data from other programs.
- Can terminate without advance notice if whereabouts remain unknown.
- Reinstate coverage if whereabouts become known during the eligibility period.

# Advocacy on Returned Mail Before End of PHE

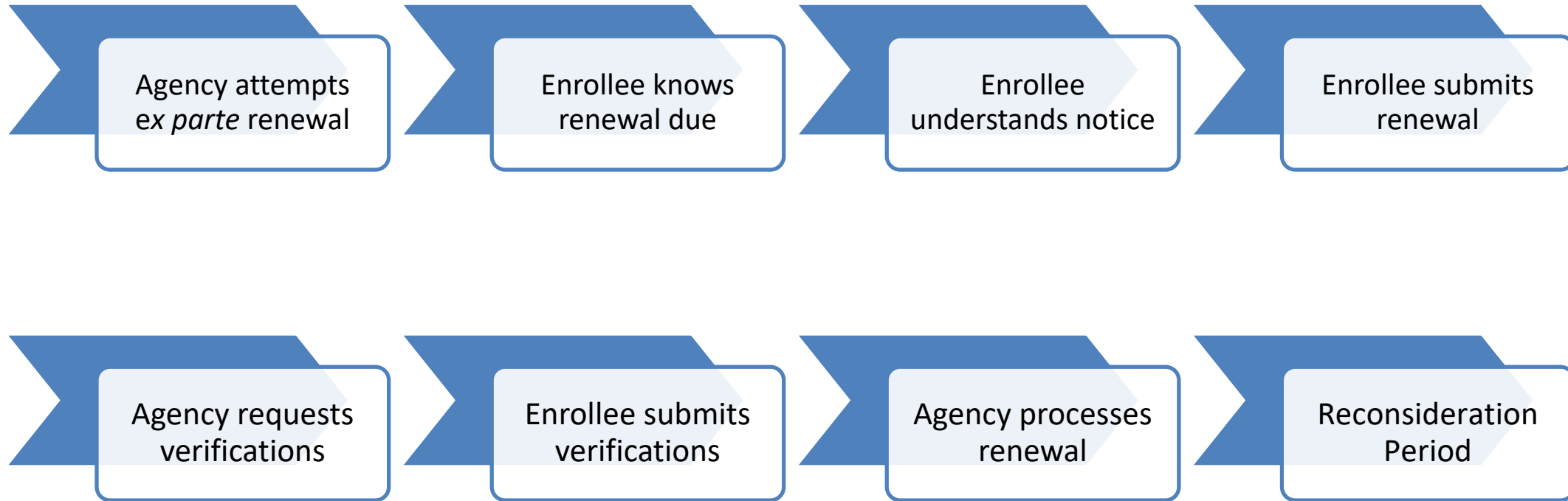
- Align state policies with CMS requirements.
- Adopt best practices for locating enrollees when whereabouts are unknown.
  - Database checks
  - MCOs and providers
  - Phone and email



# IMPROVING RENEWALS TO MAXIMIZE COVERAGE

*Jen Wagner, CBPP*

# Renewal Process



# Improving Renewal Process

Agency attempts  
*ex parte* renewal

Enrollee knows  
renewal is due

Enrollee  
understands notice

- Advocate to increase success rate *ex parte* renewals
  - Types of cases included
  - Data sources used
  - Coordinate with SNAP
  - Rules for when case can be renewed *ex parte*
- Communication!
  - Agency updates addresses
  - Text messages
  - Get the word out before PHE ends
  - MCOs, providers, Navigators/Assisters
- Revise notices for clarity
  - Behavioral economics
  - Human-centered design

# Improving Renewal Process

Enrollee submits  
renewal

- Review ways of submitting renewal information
  - Offices open?
  - Online
    - Login required?
    - Works on mobile device?
  - Over the phone
    - Wait times?
    - Advertised or promoted?
- Minimize verification requests!
  - Only verify factors subject to change
  - Data sources
  - Reasonable compatibility

Agency requests  
verification

# Improving Renewal Process

Enrollee submits verification

Agency processes renewal

Reconsideration period

- Increase success rate of compliance
  - Accept reasonable explanation
  - Allow online submission via mobile device
- Address agency capacity
  - Spread out work over full 12 months
  - Staff up with retirees or temp hires
  - Turn off auto termination if renewal has been received
- Make it easy for someone to get back on
  - Caseworker training
  - Community awareness

# PLANNING COMMUNICATIONS TO MAXIMIZE COVERAGE

*Julie Bataille, GMMB*

# Communications Goals

## Educate

Raise awareness of actions enrollees need to take and when to maintain coverage

## Engage

Engage states and partners to align messaging, create surround sound, and build trusted messengers

## Establish

Establish feedback loop with state to share input for planning, identify and address issues as implementation takes place.

# Taking a Phased Approach

## Plan:

**Objective:** States and partners engage in operational planning and develop coordinating mechanisms

**Primary Audience:** State Medicaid agencies, partners, Providers, MCOs, and other community organizations

## Educate:

**Objective:** Medicaid/CHIP enrollees are informed of coming changes

**Primary Audience:** Navigators and assisters; enrollees who will need to take action to stay enrolled

## Re-enroll:

**Objective:** Medicaid/CHIP enrollees understand how to re-enroll and take steps to do so

**Primary Audience:** All enrollees

## Transition:

**Objective:** Non-Medicaid eligible individuals transition to new coverage

**Primary Audience:** Non-Medicaid eligible individuals; Uninsured



# Evolving Medicaid Enrollee Messages

## Plan:

***Update your contact information.***

*Make sure Medicaid has the correct mailing address, phone and email contacts to reach you with important updates about your health insurance.*

## Educate:

***Get ready.***

*Medicaid rules are changing. Here's what you need to know about upcoming changes to Medicaid eligibility and what you can do to prepare.*

## Re-enroll:

***It's time to re-enroll.***

*Renew your Medicaid health insurance now. Here's what you need to do keep your coverage.*

## Transition:

*If you are no longer eligible for Medicaid **low-cost health insurance options are still available.** More financial help is available to lower costs than ever before. Visit **MARKETPLACE** to find a plan.*

# Strategies & Tactics:

## Partner Engagement

### Examples:

- Healthcare stakeholders – community health centers, providers, MCOs
- Community based organizations that serve Medicaid/CHIP enrollees
- Faith communities
- Schools/PTA

## Digital Outreach

### Examples:

- Websites
- Social media posts
- Email newsletters
- Virtual events

## Direct-to-Consumer

### Examples:

- Text messaging
- Email
- Phone calls
- Direct mail/notices
- Flyers/posters

## Earned/Mass Media

### Examples:

- News releases
- Consumer reporter pitches
- Op-Eds
- TV/radio news stories
- Advertising – tv/radio/digital (mobile)/out of home

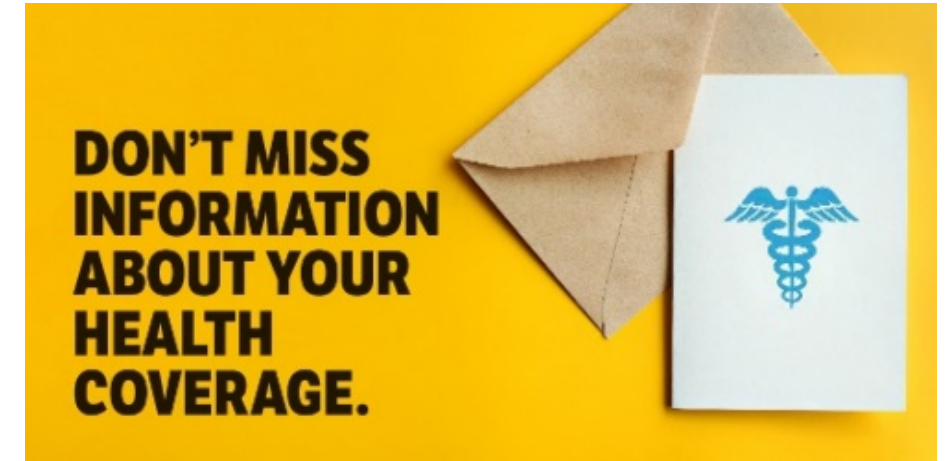
# What Can You Do Now?

- **Engage with your state** about what they're planning and encourage communications to be part of their efforts – encourage feedback loop and multiple enrollee touchpoints
- **Build partnerships** with organizations doing similar work
- **Push reminders** to update contact information to enrollees

# Toolkit & Resources

Communications resources include:

- Social posts and graphics
- Text messages
- Email newsletter template
- Customizable flyer



# Social Posts

## MOVED RECENTLY?

Make sure your health coverage moves with you.



If you have Medicaid health insurance and you've moved within the last 3 years, make sure Medicaid knows how to contact you in case of changes to your coverage. Visit [URL] or call [NUMBER] to update your address today.

## ¿SE MUDARON RECIENTEMENTE?

Asegúrese de que su cobertura de salud se mude con usted.



Si usted tiene cobertura de salud de Medicaid y se ha mudado en los últimos tres años, asegúrese de que Medicaid sepa cómo contactarlo en caso de que haya cambios en su cobertura. Visite [URL] o llame ahora al [NUMERO] para actualizar su dirección.

# Customizable Text Messages

English:

Hi [FIRST NAME], this is [YOUR NAME] from [YOUR ORGANIZATION]. Is your current address on file with [MEDICAID PROGRAM NAME]? It's important to keep your contact information up to date so [MEDICAID PROGRAM NAME] can contact you about any changes to your coverage. Visit [URL] or call [NUMBER] to update your info today.

Spanish :

Hola [NOMBRE], soy [SU NOMBRE], de [SU ORGANIZACIÓN]. ¿Está su dirección actual registrada en [NOMBRE DEL PROGRAMA DE MEDICAID]? Es importante mantener su información de contacto actualizada para que [NOMBRE DEL PROGRAMA DE MEDICAID] pueda comunicarse con usted sobre cualquier cambio en su cobertura. Visite el [URL] o llame al [número telefónico] para actualizar su información hoy.

# Customizable Email

## Example:

Re: make sure [MEDICAID PROGRAM NAME] can reach you

Have you moved in the past three years? Has your address or contact information changed? It's important to make sure your health insurance moves with you.

Moving can be overwhelming—take a moment today to confirm that [MEDICAID PROGRAM NAME] has the correct contact information on file so they can contact you in case of any changes to your coverage.

Visit [URL] or call [NUMBER] to update your contact information today.

Link to full toolkit: [Update Your Mailing Address Toolkit](#)

# STAY TUNED FOR PART 4

- Additional guidance
- Monitoring
- Feedback from the field