Center on Budget and Policy Priorities

Unwinding the COVID Public Health Emergency Continuous Coverage Requirement: PART 6

March 10, 2022

Today's Agenda and Speakers

- Overview of updated guidance from CMS
- Operational details and flexibilities
- Working with MCOs
- Communications toolkit

- CBPP
  - Judy Solomon
  - Jennifer Wagner
  - Farah Erzouki
- Georgetown CCF
  - Tricia Brooks

OVERVIEW OF THE GUIDANCE

JUDY SOLOMON, CBPP

Overview of March 6 Guidance

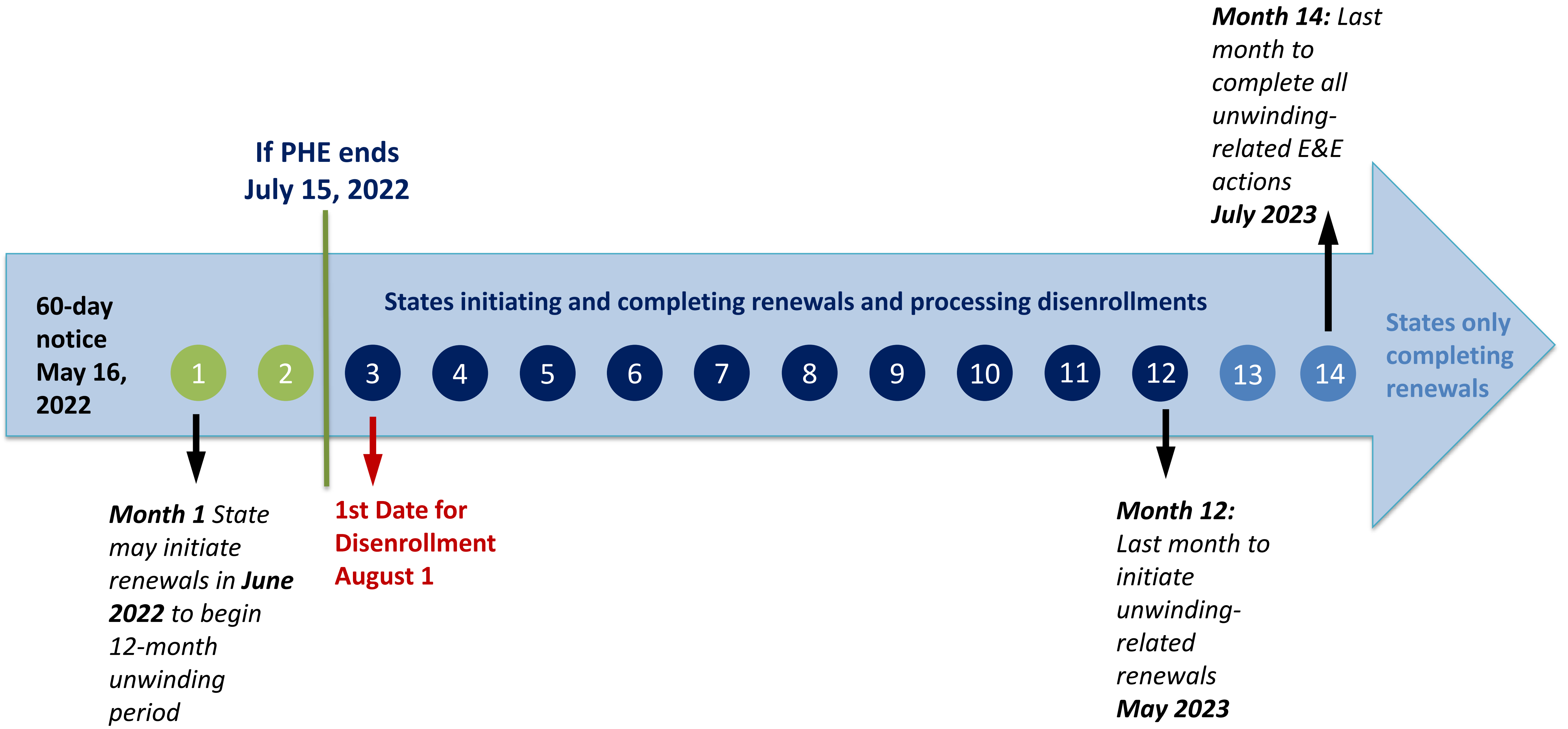
- Provides clarity on key issues:
  - Timeline for completing renewals when the PHE ends;
  - Need for a full renewal of coverage for entire caseload;
  - Guidance applies if a state gives up enhanced FMAP prior to the end of the PHE.
- Emphasis on spreading workload to avoid “bumps” in future years;
- Recommendations to avoid procedural terminations;
- New flexibilities available through (e)(14) waiver authority;
- Data reporting template forthcoming.

Timeline for Renewals

- Renewals must be *initiated* within 12 months, with two additional months to complete them.
  - Unwinding period must begin 12-month period no later than the first day of the month following the month the PHE ends;
  - States may begin up to two months prior to the end of the month in which the PHE ends and terminate people's coverage the month following the month the PHE ends.
- States have 14 months from the month they begin renewals to complete them.

How the Timeline Works

- 60-day notice sent mid-May that PHE will end mid-July.
- When terminations occur will depend on whether the state has a 60-75-day renewal cycle
- State have 3 options:
  - Start renewals as early as June and terminate coverage effective August 1
    Start renewals in July
  - Start renewals in August
- Regardless of the option (and regardless of whether the state has a 60- or 75-day renewal cycle) the state selects, unwinding must be completed by within 14 months of the start date.


If PHE ends
July 15, 2022
Month 14: Last month to complete all unwinding-related E&E actions
July 2023
60-day notice
May 16, 2022
States initiating and completing renewals and processing disenrollments
1
2
3
4
5
6
7
8
9
10
11
12
13
14
States only completing renewals
Month 1 State may initiate renewals in June 2022 to begin 12-month unwinding period
1st Date for Disenrollment
August 1
Month 12: Last month to initiate unwinding-related renewals
May 2023

Approach to Prioritizing Renewals

- States are encouraged to prioritize work in a way that will evenly distribute renewals in future years.
- States are expect to adopt a risk-based approach.

Risk-Based Approach	Details/Examples
Population-based	• Individuals who became categorically ineligible (e.g., turning 19 or 65) or those enrolled due to temporary eligibility flexibility (e.g., COVID-uninsured group) • Individuals flagged as potentially ineligible
Time-based	• Processes oldest cases first based on length of time the action has been pending
Hybrid	• Combination of population- and time-based approaches (e.g., population-based first; then switch to time-based)
State-based	• Still must prioritize likely ineligibles

Important Clarifications

- States that opt to forgo enhanced FMAP and end continuous coverage before PHE ends are bound by timeline and other requirements.
- Full renewals required for entire caseload based on "recently available, reliable information."

Data and Monitoring

- Baseline data and monthly data for at least 14 months.
- Additional data on request of CMS when not meeting timelines, data suggest “potential erroneous disenrollments” or other compliance issues.
- Limited transparency of data increases important of monitoring at the community level.

“(e)(14) Waiver” Strategies

- Renew coverage based on SNAP eligibility.
- *Ex Parte* renewals for some individuals with no income and no data returned.
- Renewal when no asset verification data returned within a reasonable time.
- Partnering with MCOs to update addresses.
- Extended time frames for final administrative action on fair hearing requests.

Recommended Measures to Prevent Procedural Denials

- Initiate renewals for no more than 1/9 of their caseloads in a month.
- Align renewals with SNAP recertifications.
- Align renewals for all individuals in a household.
- Align renewals for people who missed their Medicare initial enrollment period.

Other Strategies

- Continuous eligibility
- Extend postpartum coverage
- Expand data sources used for *ex parte* renewals
- Apply MAGI renewal policies to non-MAGI cases
- Use information from other programs to renew eligibility
- Modify or suspend periodic data matching
- Extend enrollee response time
- Reconsideration period for terminations based on changes in circumstances

OPERATIONS AND FLEXIBILITIES

JENNIFER WAGNER, CBPP

Establishing Renewal Dates

1. Can wait until renewal to resolve post-enrollment verification or act on changes
2. Align with SNAP recertification*
3. Align for all individuals in household
   - Still need to make individual eligibility determinations!
4. Align for individuals who missed Medicare initial enrollment period

*Make sure ex parte is still attempted!!!

Temporary 1902(e)(14)(A) Waivers

"The Secretary may waive such provisions of this title and title XXI as are necessary to ensure that States establish income and eligibility determination systems that protect beneficiaries."

- Time limited
- 5 targeted strategies, but states may submit other requests
- Goal of fewer procedural terminations and reduced administrative burden during transition

1. Renewal for Individuals Based on SNAP Eligibility

- A/K/A “Strategy 3,” “Fast Track,” “Plopping”
- Renew Medicaid eligibility based on SNAP enrollment
- Available for individuals under 65
- Details in SHO #13-003 and #15-001

Most useful for Medicaid renewals in states with separate administration of SNAP and Medicaid

2. *Ex Parte* Renewal for Individuals with No Income and No Data Returned

- Allows *ex parte* renewal when no information found in data sources if:
  - Case record shows $0 income
  - Attestation of no income was verified within the last 12 months
  - States send renewal notice instructing enrollees to provide updated info if needed

3. Facilitating Renewal for Individuals with No Asset Verification System (AVS) Data Returned within a Reasonable Timeframe

- Currently, states must do traditional paper renewal if AVS doesn't return info in state's timeframe
- Waiver allows states to assume resources haven't changed since last application or renewal
- Permits completion of *ex parte* renewal without any further verification of assets

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4. Partnering with Managed Care Plans to Update Beneficiary Contact Information

- Agencies can accept updated addresses from MCOs (more details on partnering with MCOs in later section)
- Required to send notice to old and new address
- Difficult for states to implement
- Waiver allows acceptance of address without notice to address on file

5. Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests

- Can extend timeframe to take final administrative action on fair hearing requests
- Requirements:
  - Provide benefits pending outcome of fair hearing decision (regardless of whether hearing request was before date of adverse action)
  - Forgo recoupment if agency decision upheld

Additional Waiver Requests

- Must be related to unwinding period
- Must protect beneficiaries
- Will NOT be approved:
  - Extend eligibility periods beyond unwinding period
  - Shorten eligibility periods
  - Bypass renewal or fair hearing requirements

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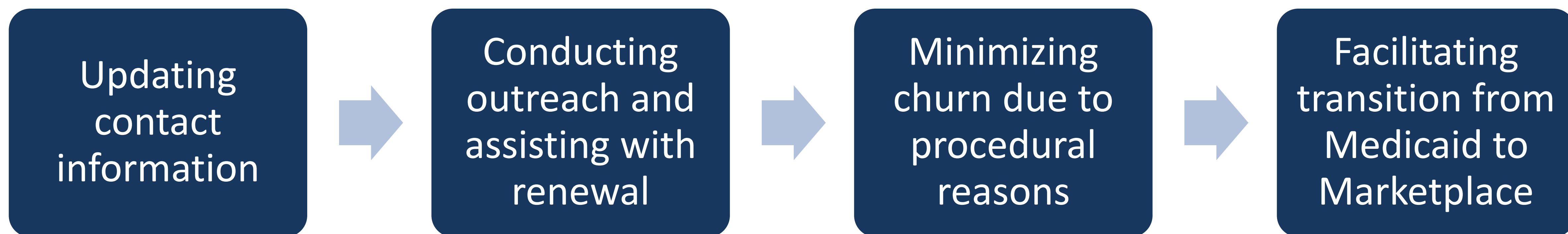
ENGAGING MCOs COMMUNICATIONS TOOLKIT

TRICIA BROOKS, CCF

Key Strategies for Engaging MCOs in Efforts to Promote Continuity of Coverage



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Updating Contact Information

Under Current Regulations

- State may accept new contact info from MCO *if it* was received directly from or verified by the enrollee
- When MCO reports new info, state must:
  - Send a notice to the address ***on file***
  - Using enrollee's preferred method of communications
  - Providing a reasonable period to enrollee dispute the accuracy of the new information
  - If no response, the state may treat the updated address information as verified

During the Unwinding

- CMS may approve 1902(e)(14(A) waivers allowing states to forego contacting the individual to confirm new contact information
  - Limited to states with systems or operational constraints (e.g., system can't store 2 addresses)
  - Must contact CMS for additional information and to request a waiver

Alignment with SNAP

- If Medicaid and SNAP are within the same agency (e.g., integrated eligibility system), SNAP can accept Medicaid's updated address without further verification
- Additional action is required for SNAP to update shelter costs
- If beneficiary doesn't respond, state must recalculate benefits without the excess shelter deduction

Outreach and Assistance

- MCOs can assist members in updating their contact information directly with the state
  - Assistance to update info via online account
  - Contacting call center with member on the line
  - Warm phone transfer to the call center
- Providers, contractors, and others may also assist enrollees with updating contact info directly with the state

Sharing Renewal Files with MCOs

Monthly File of Renewals to Be Initiated

File of Members Who Need to Take Action and Haven't Responded; At Risk of Losing Coverage

- MCOs conduct outreach to encourage enrollee to respond
  - Using additional communications modes (e.g., phone, text) is encouraged
- MCOs may provide assistance with renewal process

Strategies When Enrollees Are Losing Coverage

*There are **NO** federal barriers to prevent MCOs from helping people who have lost coverage, including transitions to other sources!*

THIS IS NOT CONSIDERED MARKETING (which is prohibited by federal regulation).
State laws or state contract language may apply.

Sharing Disenrollment Files with MCOs

Files of Procedural Disenrollments

- Sharing files of those losing coverage for ***procedural reasons*** for plans to do general outreach and assist with reinstatement during reconsideration period
- MCO cannot influence enrollment in specific Medicaid MCO or make offer of ***private*** (non-QHP) insurance

Files of Ineligible Individuals

- MCOs that offer a QHP may assist individuals with transition to Marketplace coverage
- Not considered marketing if MCO is assisting with a QHP the MCO offers
- May help avoid gap in coverage if MCO reaches out in advance of termination date

Communicating Upcoming Changes and Encouraging Renewal

Key Messages	Other Important Information
• Update your contact information • Check your mail • Complete the renewal form (if you get one)	• Info about Marketplace options and low cost • Loss of Medicaid/CHIP qualifies for special enrollment period outside open enrollment • Contact info for the Marketplace • Children may qualify for CHIP • How to get more info about Medicaid renewal or CHIP coverage

Other Communication Tips

- Be specific about timeframes – *"You need to renew by July 31st"*
- Be specific about what action needs to be taken
- Avoid vague language – "*You may be automatically renewed"*
- Provide state-based Marketplace information if applicable
- >65 should not receive Marketplace messages

Other Communication Tools

- Summary of recent research
- Drop-in article copy
- Social media and outreach products
- Sample email messages
- Sample text messages

Single Site for All Guidance and Tools

https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html

- All guidance to date
- Updated planning template
- Tools to assist with assessing risk, including slide deck
- Slide decks used by CMS on state-only calls