State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions

Instructions

All states must complete and submit to Centers for Medicare & Medicaid Services (CMS) this reporting form summarizing state's plans for initiating renewals for its total caseload within the state's 12-month unwinding period. States must submit this form to CMS by the 45th day before the end of the month in which the COVID-19 public health emergency (PHE) ends. States submit completed forms to CMS via the COVID unwinding email box at CMSUnwindingSupport@cms.hhs.gov.

Background

The end of the continuous enrollment requirement for states[1] receiving the temporary increase in their Federal Medical Assistance Percentage (FMAP) ("temporary FMAP increase") under section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) presents the single largest health coverage transition event since the first Marketplace Open Enrollment following enactment of the Affordable Care Act ("continuous enrollment condition"). To ensure states maintain coverage for eligible individuals, all states must provide the CMS with a summary of their plans to prioritize, distribute and process renewals during the 12-month unwinding period described in State Health Official Letter #21-002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency,"[2] and #22-001 "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency."[3]

Over the course of their 12-month unwinding period, states will need to conduct a renewal of every beneficiary enrolled in their Medicaid and CHIP programs as of the end of the month prior to their unwinding period ("referred to herein as the state's "total caseload"). States that have a more even distribution of renewals over the course of a year are better able to maintain a workload that is sustainable in future years, thereby enabling the state to avoid renewal backlogs and reduce the risk of inappropriate terminations. The volume of renewals and other eligibility actions that states will need to initiate during the 12-month unwinding period creates risk that eligible beneficiaries will be inappropriately terminated. This risk is heightened in states that intend to initiate a large volume of their total caseload in a given month during the unwinding period, particularly if a state initiates more than 1/9 of its total caseload in a given month.

Therefore, in order to better understand states' plans to process renewals during the unwinding period, CMS is requiring states to describe how they intend to distribute renewals as well as the processes and strategies the state is considering or has adopted to mitigate against inappropriate coverage loss during the unwinding period. CMS will use this information to identify states at greatest risk of inappropriate coverage losses and will follow up with states as needed to ensure that proper mitigations are in place to reduce risk of inappropriate terminations and that states' plans will establish a sustainable workload in future years.

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[1] Throughout this document, the term "states" means states, the District of Columbia, and the U.S. territories.

[2] CMS State Health Official Letter #21-002, "Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency" (August 13, 2021). Available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf.

[3] CMS State Health Official Letter #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency" (March 3, 2022). Available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf.

Section A. Renewal distribution plan

1. **Please complete questions 1a. and 1b. to describe how the state intends to initiate Medicaid and CHIP renewals during the state's 12-month unwinding period.**

   a. **Please indicate the approximate number of Medicaid and CHIP renewals that the state intends to initiate each month during the state's 12 months unwinding period using the following chart:**

   Note that the percentage of renewals scheduled to be initiated in a given month is based on the state's total caseload as of the end of the month before the state begins to initiate renewals that may result in termination of beneficiaries who do not meet eligibility requirements or who fail to timely return information needed to complete a renewal. States may not initiate renewals that may result in terminations more than two months before the continuous enrollment condition ends in the state. A state's total caseload may be the state's total enrollment of individuals or the total number of households with one or more household members enrolled in Medicaid.

Unwinding Period Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of renewals scheduled to be initiated	54,442	56,316	69,465	70,373	81,884	95,637	86,463	85,085	77,349	81,185	58,495	47,382	864,076
Percent of renewals scheduled to be initiated	6%	7%	8%	8%	9%	11%	10%	10%	9%	9%	7%	5%	100%

   b. **Is the state measuring the volume of renewals that it intends to initiate each month by households (which may include more than 1 beneficiary) or individuals?**

   ☑ Households

   ☐ Individuals

2. **Please briefly summarize the state's plan to prioritize and distribute work during the 12-month unwinding period.** *This summary should identify any populations the state is prioritizing for completion sooner or the order in which the state intends to initiate renewals; any unwinding-specific strategies the state intends to adopt in order to align work for all beneficiaries in a household, to align renewals with SNAP recertifications, or to align work on changes in circumstances with a full renewal; and any other information related to how the state plans to prioritize and distribute work associated with processing renewals and redeterminations during the unwinding period.*

TennCare plans to process renewals for all eligibility categories each month, aligning all individuals in a household to the same renewal month in most cases. In resetting renewal dates to ensure the household will be selected for the same month, family members will be pushed to match the household member with the maximum renewal date. Renewal dates have been pushed out 8 to 12 months over the course of the continuous enrollment period, so most members will be selected for renewal when those dates naturally fall. There will be some leveling, such as an even distribution of members receiving long term services and supports over 12 months. TennCare will frontload members who have not been in contact with the state since the eligibility system went live in 2019. These individuals are still marked by their "conversion" status and they will be processed in the first 2 months of renewals.

TennCare processed autorenewals through ex parte each month during the continuous coverage period. For those members who were approved through ex parte, they will maintain their currently assigned renewal month for the Unwinding period.

Tennessee has opted to take a bell curve approach to distribute renewal dates over the 12-month unwinding period. This approach will result in a lower number of cases being renewed in the first few months and more renewals being completed in the middle of the unwinding period. The renewals completed during the middle of

the unwinding period will not exceed more than 1/9 of the TennCare population.

For any changes reported during the unwinding period for COVID-impacted members that may result in a negative change, TennCare will not react to such change but will pull that member's renewal date to the next available month to ensure a full renewal in compliance with CMS guidance.

Section B. Strategies to promote coverage retention and prevent inappropriate terminations of coverage

1. **Briefly describe any circumstances that may result in the state initiating more than 1/9 of its total caseload of renewals in a particular month (e.g., routine schedule of renewals results in month(s) with more than 1/9 of renewals due; annual workforce and staffing trends affects work volume in particular months; pending work due during the PHE is scheduled to be completed in less than 12 months).**

TennCare does not anticipate renewing more than 1/9 of its total caseload for any month during the unwinding period.

2. **Describe how the state will ensure that eligible individuals retain coverage and limit coverage losses for procedural reasons (i.e., for a reason other than a determination that the individual no longer meets eligibility requirements for coverage) as the state initiates and processes renewals and other eligibility actions during the 12-month unwinding period.**

TennCare has made many improvements to its exparte renewal process over the last three years to increase the chances of reapproval for individuals who continue to meet eligibility requirements. Additionally, TennCare intends to adopt the following 1902(e)(14)(A) waivers intended to improve the ex parte approval rates:
1. Approval of certain members who have open SNAP and TANF coverage - TennCare will be applying this strategy to all MAGI recipients, QMBs, SLMBs, QI1s, QDWIs, Pickle Passalongs, DACs and Widow/Widowers.
2. Asset Verification System – Individuals with countable resources that have been previously AVS verified will be subject to an ex parte approval unless the AVS returns contradictory data.
3. Beneficiaries with No Income - TennCare will allow ex parte approvals for members who had previously verified $0 income if there is no contradictory data.

TennCare is taking steps to ensure member contact information is up to date. TennCare conducted various outreach campaigns to engage members and remind them to update their contact information with TennCare in preparation for the unwinding. This has included social media messaging, creation of an unwinding toolkit online, and stakeholder engagement with providers, health care associations, advocates, media and other partners. TennCare also recently engaged in a TriStar letter campaign to test addresses and begin working returned mail. TennCare applied for following 1902(e)(14)(A) waivers to automatically update member addresses from trusted partners such as Managed Care Organizations, NCOA and USPS. TennCare will also update addresses based on data from active SNAP and TANF cases. In addition, TennCare will continue its practice of partnering with the USPS to automatically forward member communications returned as undeliverable to official forwarding addresses through their Address Change Service.

For members who cannot be reapproved through the ex parte process, TennCare will mail a pre-renewal notice before generating the case-based, pre-populated renewal packet. This small envelope will be mailed about a week before the renewal packet and will alert the member to watch for the renewal packet and to reach out to TennCare if it is not received within the next week. Both renewal packets and all notices will be sent through the communication preference chosen by the member and can be returned through the online self-service portal, phone, mail, fax, or in person at any Department of Human Services county office. In addition, any requested verifications can be returned to TennCare by mail, fax, online through a self-service portal, in person at any Department of Human Services county office, or by taking a picture with the TennCare Connect mobile app.

Both TennCare and our managed care partners will use email, texting, phone calls and app push notifications in addition to regular mail to nudge members throughout the renewal process. Providers will also have access to a patient's renewal date through our online lookup system and may alert them during a patient visit.

TennCare is using a three-tiered marketing approach with earned media, owned media, and paid media to communicate with members about the renewal process. We have been regularly communicating and partnering with reporters to distribute information about renewals. Additionally, we use our own platforms to provide information and have also partnered with stakeholders to distribute information statewide. Finally, we will use digital advertising to alert members of the process.

3. Select which strategies the state currently utilizes or is planning to adopt to ensure eligible individuals remain enrolled or are transferred to the appropriate program during the unwinding period.

For a comprehensive list of strategies that promote continuity of coverage, states may refer to the "Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations" available on Medicaid.gov at https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf.

a. Strengthen Renewal Processes

- [ ] Expand the number and types of data sources used for renewal (e.g., use both Internal Revenue Service (IRS) and quarterly wage data; leverage unemployment income data sources)

- [x] Create a data source hierarchy to guide verification, prioritizing the most recent and reliable data sources (e.g., leverage SNAP data that is updated every six months; first ping IRS data and if not reasonably compatible, then ping quarterly wage data) and verify income when data source in the hierarchy confirms reasonably compatibility.
  - [x] Already adopted
  - [ ] Planning or considering to adopt

- [x] Use a reasonable compatibility threshold (e.g., 10%) for income for MAGI and non-MAGI populations and a reasonable compatibility threshold for assets for non-MAGI populations, if not already used
  - [x] Already adopted
  - [ ] Planning or considering to adopt

- [x] Ensure that individuals can submit requested information to the agency over the phone, via mail, online, and in-person, consistent with federal regulations
  - [x] Already adopted
  - [ ] Planning or considering to adopt

- [x] Ensure renewal forms are pre-populated for individuals enrolled in Medicaid, CHIP, and BHP on a MAGI basis, consistent with federal requirements
  - [x] Already adopted
  - [ ] Planning or considering to adopt

- [x] Other adopted strategies

Please specify:

TennCare will be leveraging SNAP and TANF enrollment data for both MAGI and some non-MAGI categories.

- [ ] Other strategies under consideration or planned

b. Update Mailing Addresses to Minimize Returned Mail and Maintain Coninuous Coverage

☑ Engage community-based organizations, application assisters (including Navigators and certified application counselors), and providers to conduct outreach to remind individuals enrolled in Medicaid, CHIP, and BHP to provide updated contact information

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Require managed care plans to seek updated mailing addresses and either share updated information with the state Medicaid or CHIP agency and/or remind individuals to update their contact information with the state

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Send periodic mailed notices, texts, and email/online account alerts reminding individuals to update their contact information (e.g., on a quarterly basis)

- ☐ Already adopted
- ☑ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Conducted a mass mailing outreach during October and November 2022 to active cases as a reminder that renewals will begin soon and to update contact information with TennCare and set up a TennCare Connect self-service portal and choose to receive emailed communications. Additionally, TennCare will engage in a paid, targeted social media campaign for members due for renewals in a given month to remind them to engage in the process. TennCare will also apply recently updated addresses from SNAP and TANF cases.

☐ Other strategies under consideration or planned

c. Improve Consumer Outreach, Communication, and Assistance

☑ Revise consumer notice language to ensure that information is communicated in plain language, including that it clearly explains the appeals process (also known as the Medicaid fair hearing and CHIP review process, as applicable)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Conduct more intensive outreach via multiple modalities to remind individuals enrolled in Medicaid, CHIP, or BHP of anticipated changes to their coverage and obtain needed information (e.g., require eligibility workers to make follow-up telephone calls and to send an email if an individual has not responded to a request for information)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Implement a text messaging program to quickly communicate eligibility reminders and requests for additional information, as permitted

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Review language access plan to provide written translation of key documents (e.g., notices, applications, and renewal forms) into multiple languages, oral interpretation, and information about how individuals with limited English proficiency (LEP) can access language services free of charge, provided in a culturally competent manner

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Ensure that information is communicated to individuals living with disabilities accessibly by providing auxiliary services at no cost to the individual, including but not limited to written materials in large print or Braille, and access to sign language interpretation and/or a teletypewriter (TTY) system, consistent with the Americans with Disabilities Act (ADA) and section 1557 of the Affordable Care Act

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

In February 2023, TennCare will begin issuing targeted consumer ads via Google.

☑ Other strategies under consideration or planned

Please specify:

TennCare will be contracting with a statewide advocacy organization to supplement state efforts through outreach and assistance with the renewal process.

d. <u>Improve Coverage Retention</u>

☑ Adopt 12 months continuous eligibility for children (via SPA)

- ☐ Already adopted
- ☑ Planning or considering to adopt

☐ Adopt 12 months continuous eligibility for adults (via 1115 Authority)

☑ Provide 12 months of postpartum coverage (via SPA, beginning April 2022)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Consider reducing or eliminating periodic data matching to support efficient operations (e.g., reduce or eliminate periodic data checks for income changes mid-coverage year to mitigate additional requests for information and manual work by state agencies)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Direct managed care plans via contract requirements to conduct outreach and provide support to individuals enrolled in Medicaid and CHIP to complete the renewal process

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

TennCare intends to adopt the following 1902(e)(14)(A) waivers intended to improve the ex parte approval rates :
1. Approval of certain members who have open SNAP and TANF coverage - TennCare will be applying this strategy to all MAGI recipients, QMBs, SLMBs, QI1s, QDWIs, Pickle Passalongs, DACs and Widow/Widowers.
2. Asset Verification System – Individuals with countable resources that have been previously AVS verified will be subject to an ex parte approval unless the AVS returns contradictor data.
3. Beneficiaries with No Income- TennCare will allow ex parte approvals for members who had previously verified $0 income if there is no data indicating otherwise.

☐ Other strategies under consideration or planned

e. <u>Promote Seamless Coverage Transitions</u>

☑ Ensure accounts are seamlessly transferred to the Marketplace when individuals are found ineligible for Medicaid, CHIP, or BHP

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Obtain and include robust contact information (e.g., mailing address, email address, and telephone numbers) in the Account Transfer to the Marketplace so that individuals may be easily reached post-transition

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Revise notices to ensure they clearly explain the Account Transfer process and next steps and applicable deadline(s) for applying for and enrolling in a QHP with financial assistance, and where to seek answers to questions at the Marketplace

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

TennCare plans to share data regarding terminated individuals with managed care partners who will provide additional outreach and assistance transferring to an insurance plan on the federal marketplace.

☑ Other strategies under consideration or planned

Please specify:

TennCare will contract with a statewide advocacy organization to provide additional outreach and assistance.

f. <u>Enhance Oversight of Eligibility and Enrollment Operations</u>

☑ Identify a centralized team responsible for tracking emerging issues and needed solutions

- ☑ Already adopted
- ☐ Planning or considering to adopt

- [x] Create tracking and management tools, data reports, and/or dashboards to monitor case volume, renewal rates, and workforce needs
  - [x] Already adopted
  - [ ] Planning or considering to adopt
- [x] Implement "early warning/trigger" mechanisms that flag when a large number of individuals lose, or are slated to lose, coverage due to no response or missing paperwork
  - [ ] Already adopted
  - [x] Planning or considering to adopt
- [x] Automate a "circuit breaker" flag based on a data review for the agency to pause and consider a change in its practices to mitigate inappropriate coverage loss
  - [ ] Already adopted
  - [x] Planning or considering to adopt
- [x] Other adopted strategies

  Please specify:

  TennCare will have an internal unwinding data dashboard displaying many operational data points related to renewal for management to track unwinding workload.
- [ ] Other strategies under consideration or planned

4. Please describe any other type of strategy the state intends to implement to ensure that the state will not inappropriately terminate coverage for beneficiaries who continue to be eligible for Medicaid and/or CHIP and will appropriately transition the appropriate ineligible individuals to other health insurance affordability programs.

In the TEDS eligibility system, each member whose coverage has remained open due to the continuous coverage requirement has been identified in the system with a COVID indicator. TEDS has been modified to identify these individuals when changes are reported that may result in a reduction or termination of benefits outside of the renewal process. TennCare will record but not act on such changes in circumstances for all individuals who have a COVID indicator. In compliance with CMS guidance, TennCare will instead conduct a full renewal before taking any negative action.

5. Select which strategies the state currently utilizes or is planning to adopt to ensure the fair hearing process is timely and accessible for any beneficiaries who lose coverage due to redeterminations triggered by the end of the continuous enrollment period.

- [x] Expand informal resolution processes (e.g., informal troubleshooting, administrative review, or alternative resolution processes prior to a fair hearing)
  - [x] Already adopted
  - [ ] Planning or considering to adopt
- [x] Redeploy state resources (e.g., adjusting state or local agency staffing and use of contractors to support the fair hearing process, as permissible)
  - [x] Already adopted
  - [ ] Planning or considering to adopt

☐ Streamline current fair hearing processes and operations (e.g., intake of fair hearing requests, scheduling)

☑ Engage internal and external stakeholders to increase beneficiary understanding, resolve cases before they need an appeal, and reduce inappropriate denials that generate appeals

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Updated the Continuation of Benefits (COB) process to systematically grant COB to individuals who file an appeal prior to the termination of their benefits.

☐ Other strategies under consideration or planned