

Unwinding Medicaid Eligibility

Narrative of Utah's Plan for the Resumption of Normal State Medicaid Eligibility Upon the Conclusion of the Medicaid Continuous Enrollment Requirement

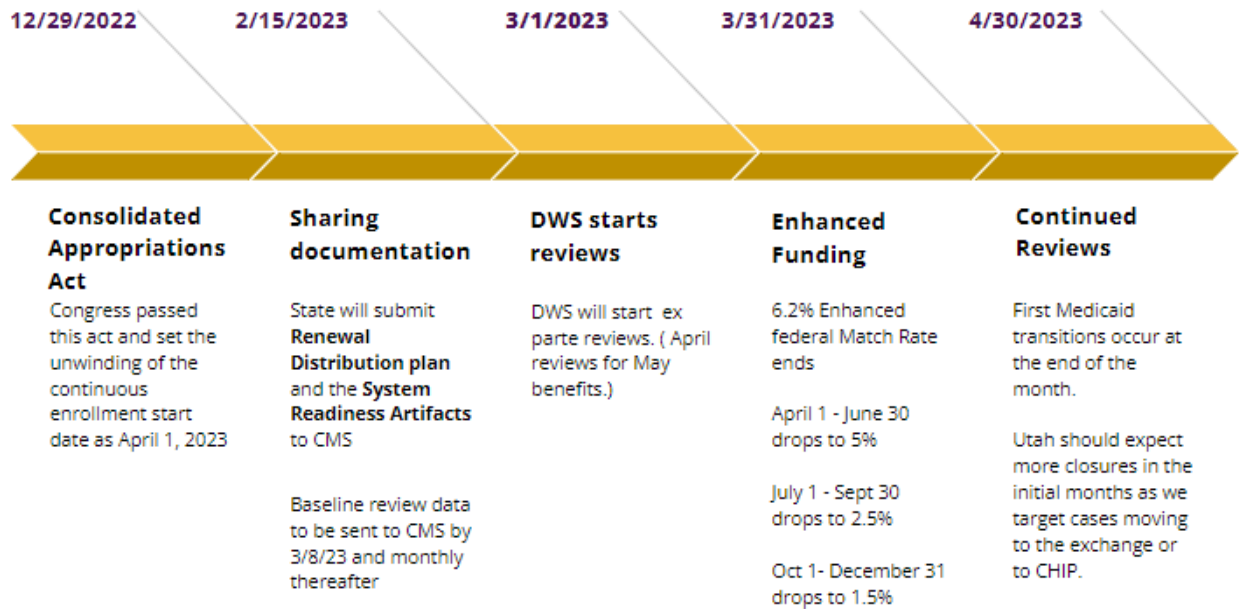
Background

In accordance with the Families First Coronavirus Response Act (FFCRA), Medicaid member's benefits were kept active to provide continuous coverage during the Public Health Emergency (PHE) with few exceptions. This resulted in a substantial increase in the number of individuals on the Medicaid program. Some individuals and families have remained on a Medicaid program when they were either no longer eligible or would normally have moved to another medical program for coverage. The Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date of April 1, 2023. This means that the unwinding of continuous eligibility is now unrelated to the end of the PHE. States are tasked to start reviewing all eligibility within 12 months and return eligibility to normal.

Utah has prioritized its cases for review to ensure a smooth transition back to normal operations. Utah will focus on the cases most likely to change programs or coverage first, and those most likely to remain Medicaid eligible last. This approach should minimize the state's financial exposure and more quickly place people on their correct program or benefit.

Utah's overall goal is to ensure a smooth member transition and will achieve this through clear communication, data transparency and robust planning.

Key Unwinding Dates



December 29, 2022	Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date April 1, 2023
End of January	General notice about the end of the continuous enrollment requirement sent to all Medicaid & CHIP members
A week later	<ul style="list-style-type: none"> Notify CHIP members that quarterly premiums will resume Notify Medically Needy members that their monthly spenddowns will be required following their first renewal Notify Emergency Medicaid recipients that they can “raise their hand” if there has been a change to their immigration status and should now be considered for full Medicaid benefits
February 13, 2023	Eligibility dashboard posted online showing workload and other key metrics
February 20, 2023	<ul style="list-style-type: none"> New review dates set on eligibility cases Messaging transition: “Members should know their review date”
March 1, 2023	<ul style="list-style-type: none"> DWS begins the priority review Medicaid cases
April 1, 2023	<ul style="list-style-type: none"> Enhanced Federal Medical Assistance Percentage (FMAP) decreases from 6.2% to 5%

April 30, 2023	<ul style="list-style-type: none"> • First transfers to the Federal Marketplace from reviewing cases • Cases will begin to close if the review is not completed.
May 1, 2023	First group of CHIP quarterly premiums reinstated
June 1, 2023	Second group of CHIP quarterly premiums reinstated
July 1, 2023	Last group of CHIP quarterly premiums reinstated Enhanced FMAP decreases from 5% to 2.5%
October 1, 2023	Enhanced FMAP decreases from 2.5% to 1.5%
January 1, 2024	Enhanced FMAP ends
April 30, 2024	All Medicaid and CHIP cases reviewed to complete unwinding

Preparation for Medicaid Continuous Enrollment ending (pre-activities):

- DHHS and DWS drafted a plan to resume regular Medicaid operations and start reviewing all cases and return to normal eligibility over 12 months. (August 2021)
- DWS maintained appropriate application timeframes during the PHE and is expected to continue processing applications timely.
- DWS continued to process eligibility reviews for medical programs during the PHE. When programs were found to be ineligible or the process was not completed, no negative action occurred, the case was flagged, and the members remained eligible. These flagged cases are known as the 'Cases Held Open'.
- DWS added functionality to record telephonic signatures for all renewals and applications.
- DHHS incorporated new ways to collect updated contact information including addresses, email, and phone numbers.
 - Medicaid Health Program Representatives (HPR's) verify & update contact information (addresses, email, and phone numbers).
- DCFS children who are no longer in state custody were added to existing DWS Medicaid cases whenever possible and transferred to DWS' caseload.
- DHHS created a new closure report for the Medicaid health plans. (Early 2022)
- DWS 'flagged' cases to indicate that they are part of the Cases Held Open group. (February 2022)
- Data matching with Equifax to update addresses of the 'flagged' cases. (June 2022)

- DWS Staffing - Utah has experienced record caseload growth while trying to maintain eligibility staffing levels. DWS has implemented the following:
 - Telework strategy - attracting new staff by allowing them to work and train from home.
 - Rural hiring - focus on rural hiring strategies where the eligibility jobs are still competitive.
 - Wages - DWS front-loaded wages by eliminating a standard six month increase and increasing the starting wage.
 - Retired staff - DWS has enlisted recently retired staff to help with the upcoming work and will consider other past employees as well.
- DHHS submitted and received approval for the following (e)14 Waiver flexibilities:
 - Ex Parte Renewal for Individuals with No Income and No Data Returned (Beneficiaries with No Income Renewal)
 - Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe (Streamlined Asset Verification)
 - Partnering with Managed Care Plans to Update Beneficiary Contact Information (MCO Beneficiary Contact Updates)
 - Partnering with National Change of Address (NCOA) Database and United States Postal Service (USPS) In-State Forwarding Address to Update Beneficiary Contact Information (NCOA and/or USPS Contact Updates)
 - Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests (Fair Hearing Timeframe Extension)

Outreach and Member Communication:

- Developed a comprehensive Member Communication plan
- Launched a new webpage [Medicaid.utah.gov/unwinding](https://www.Medicaid.utah.gov/unwinding)
- Added a communication tool kit for provider and partner communication. The toolkit contains messaging, social media posts, an FAQ, email content and more to easily communicate with patients, members, and networks.
- DWS sent letters in November 2021 to members whose eligibility is being held open who appeared to be ineligible or had not yet completed their regular review. The letter encouraged these members to report eligibility changes, update their contact information, and to complete their regular renewals.
- Encouraged members to use their existing benefits (September 2022 email)
- Reporting Dashboard - DWS will provide transparent tracking data throughout the unwinding period. DHHS will produce, monitor, and publish a monthly, public-facing dashboard of DWS activity and key metrics on February 13, 2023 and throughout the unwinding review period.



- DHHS included a mailing insert in the Notice of Privacy Practices letter sent out in late December 2021 reminding members to keep their contact information up to date.
- DHHS and DWS reviewed 'flagged' case data
 - Identified cases with missing information and contacted those members
 - Researched cases with unexpected eligibility closure reasons
- Presented the plan, narrative, and review process with stakeholders in the MCAC meeting in April 2022.

- Developed member informational notices that mailed in February 2023.

01	COVID-19 Coverage Group	<ul style="list-style-type: none"> • Notify the COVID-19 group that their coverage ends at the end of the PHE. • Informs them of how to apply for Medicaid • Sent 5/16/2022
02	General Notice	<ul style="list-style-type: none"> • Sent to all Medicaid members • General information on what to expect with the end of Medicaid's continuous enrollment requirement • Sent 1/30 to 2/3/23 (light green paper)
03	CHIP Premiums	<ul style="list-style-type: none"> • Notify CHIP members that quarterly premiums will resume starting in May 2023 • Early February 2023 (light yellow paper)
04	Spenddowns/ MWI Premium	<ul style="list-style-type: none"> • Notify Medically Needy members that their monthly spenddowns will be required following their first renewal. • Early February 2023 (light blue paper)
05	Emergency Medicaid	<ul style="list-style-type: none"> • Notify Emergency Medicaid recipients that they can "raise their hand" when their citizenship status changes to be considered for full Medicaid benefits • Early February 2023 (light pink paper)

Plan Modification August 2023

In July, DHHS and DWS received a request from Utah legislators to look at ways to accelerate our unwinding process. Utah considered options to accelerate certain eligibility categories without shortening the overall unwinding period and without reviewing more than 1/9 of Medicaid cases in a given month.

Utah revised its unwinding plan to review individuals receiving Emergency Medicaid in months 7, 8, and 9. This is earlier than their previous scheduled review dates in month 12.

Process after the Medicaid Continuous Enrollment ends:

1. Immediate eligibility changes

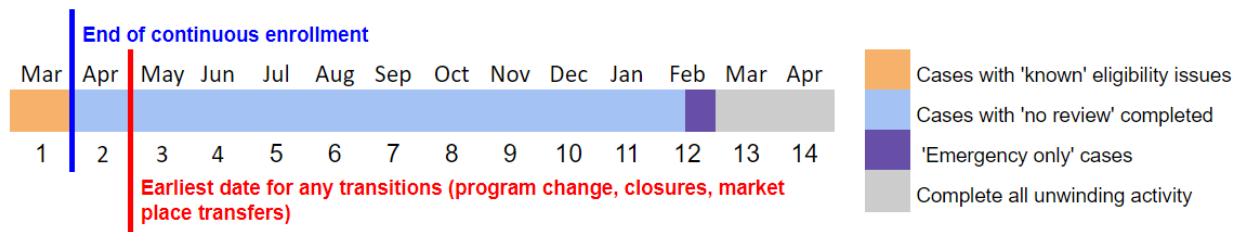
- CHIP premiums will resume starting in May 2023.
- Medicaid spenddowns will be required at the member's next renewal.
- The COVID-19 Uninsured Coverage Group (Medicaid program) will end the last day of the PHE.
 - Approximately 12,000 individuals
- DWS 'flagged' cases (Cases Held Open)
 - Flagged individuals will remain eligible as they were under the PHE until they are individually pulled for review.

- E. Emergency service Medicaid cases will be moved to the lowest review priority
 - Other protections exist to ensure only emergent needs are covered.
 - May reduce new applications for emergency services during the unwinding period.
 - Emergency Medicaid cases may close at the end of the unwinding period if the individual no longer has an emergent need.
- F. DWS will continue working an error report during the unwinding months to ensure all flagged cases not yet reviewed remain eligible as they were under the PHE.
- G. Member reported eligibility changes
 - For regular cases, DWS will follow established change report procedures
 - For flagged cases, changes may trigger an earlier review

2. Eligibility Reviews

- A. All reviews are assigned a review month in the eligibility system. Most case reviews will be completed at their regularly scheduled review.
 - DWS completes approximately 15,000 reviews each month
- B. Flagged case reviews will be assigned a new review month following a prioritized approach as follows:
 1. Individuals with known eligibility issues (approx. 10%)
 2. Cases where no review was completed (approx. 90%)
 - Criteria used for prioritization:
 - Length of time kept open (longer first)
 - Utilization of medical services (non-utilization first)
 - Assuring a broad mix of medical programs to involve all of the DWS teams.
 3. Emergency only services programs

*Note - some smaller groups may be assigned specific months



C. Review Process

1. DHHS will send the health plans a monthly review list detailing all cases set for a review in that month.
2. DWS will first attempt an 'ex parte' review. They will consider all possible Medicaid/medical programs for the household
 - If approved, DWS will notify the household.
 - If not approved under ex parte review, DWS will send a pre-populated review form and may request any missing verification.
3. Returned mail process - Using additional contact modalities to reach members when returned mail is received. This will be documented in the case record.
 - a. Returned Mail with 'insufficient address'
 - Update address, if possible, and resend. This meets the original requirement.
 - If unable to correct the address:
 - Must use two additional contacts (email, phone, text, or other).
 - Fewer modalities are allowed if we don't have other contact information.
 - b. Returned Mail with 'No Forwarding Address'
 - Must use two additional contacts (email, phone, text, or other).
 - Fewer modalities are allowed if we don't have other contact information.
 - c. Returned Mail with a 'Forwarding Address'
 - Must use two additional contacts (email, phone, text, or other).
 - Re-sending the mail counts as the first modality.
 - The state will attempt to contact the beneficiary through at least one other modality.
 - Fewer modalities are allowed if we don't have other contact information.
- Once the requested review information is returned (electronic, paper, phone, etc.)
 - Determine eligibility (approve/close) and notify the household.
 - Or request more verification and repeat this step.

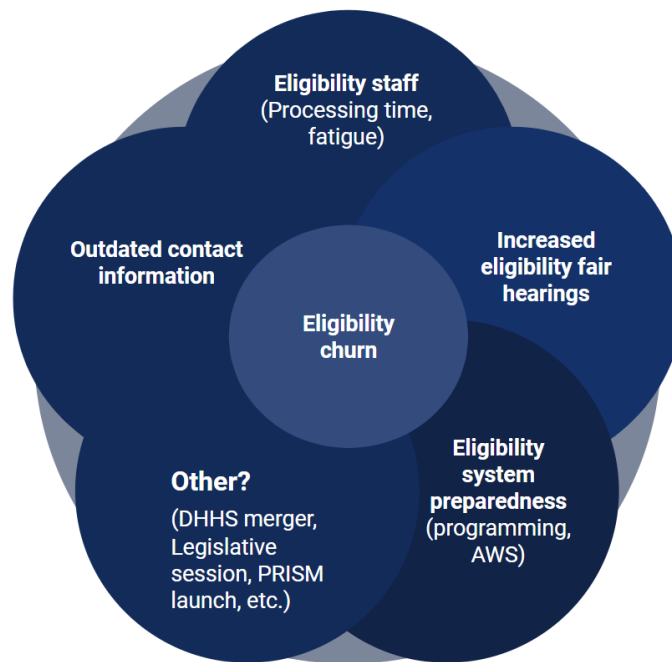
- If the review or subsequent information requested is not returned within the time provided, the case will close and the household will be notified.
- DHHS will send the Medicaid health plans a detailed advance closure list each month broken down by those cases sent to the Federally Facilitated Marketplace (ineligible for Medicaid) and those cases closed for paperwork issues (not sent to the exchange).
 - The Medicaid health plans will contact all who are closing to encourage them to return and complete their review with DWS. (Exceptions: The member asks to close their case, or the member moves out of state, or if the member is deceased.)

D. Cases served by DCFS

- DCFS - Foster care individuals who no longer meet eligibility requirements were sent to DWS and will be reviewed as directed above.
 - Some children who were returned home previously were added to the household's existing Medicaid programs.
- Juvenile justice & youth services populations who no longer meet eligibility requirements were sent to DWS and will be reviewed as directed above.

Potential risks¹

¹ For a comprehensive view of risks and mitigation strategies, see [Utah PHE Unwinding Key Risks.docx](#)



1. Staffing - Staff have received comprehensive training on unwinding activities and are able to review the required number of cases to finish in 12-14 months. Need to identify staffing changes and/or staff burnout and develop mitigation strategies.
2. Outdated client contact information - Are we able to reach everyone at the right time?
 - a. Equifax data match
 - b. Health plans
 - c. HPR updating addresses
 - d. Making use of "return service" on the general notice to try and update as many new addresses as possible from the returned mail.
3. Increase in new applications (churn)
4. Fair hearings
5. System readiness
 - a. eREP safely moved to the cloud environment (completed May 2022)
 - b. System programming to add review months and to remove case flagging
 - c. System interface with new Medicaid MMIS system (April 2023 go live)
6. Other planned or unplanned events
 - a. The launch of the state's new Medicaid Management Information System, PRISM
 - b. New State and Federal policy initiatives