

# Returning Medicaid Eligibility to Normal Operations

Updated 2/7/2023





# **Purpose and Objectives**

#### Purpose:

To provide an overview of Medicaid's plan for "unwinding" the Medicaid eligibility continuous enrollment requirement and returning to normal eligibility operations as defined by CMS Guidance.

#### Objective:

- Smooth member transition
  - Clear communication
  - Data transparency
  - Robust planning





# **Background**

- COVID-19 PHE began on January 27, 2020
- Congress passed FFCRA\* into law
  - A key provision allowed for continuous coverage of Medicaid through the PHE, starting March 2020 and ending April 2023
  - For 38 months, Utah kept all Medicaid cases open
    - Exceptions:
      - 1. Member requested their case closed
      - 2. Member passed away
      - 3. Member moved out of state
- The Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date of April 1, 2023. Effectively de-linking the unwinding of the eligibility rule from the PHE.
- The state will review ALL Medicaid cases as we "unwind" this key provision and resume normal operations.

<sup>\*</sup>Families First Coronavirus Response Act





### **Pre-Unwinding Activities**

#### Clear communication

#### Data transparency

#### Robust planning

- Messaged the importance of keeping member addresses and contact info current with DWS and completing eligibility reviews when possible
- DOH began to update addresses
- Data match with Equifax
- Shared closure lists with health plans

- Planned transparent reporting with defined metrics to meet CMS standards, legislative requirements
- Developed an unwinding dashboard, going live on 2/13/23

- Developed a comprehensive eligibility unwinding plan
- Multiple meetings with DWS, CMS, other stakeholders
  - Received some flexibility from CMS to help with the review process
- Proactive identification of cases held open ("flagged cases")

#### Objective: Smooth member transition





# **Key Unwinding Dates**

12/29/2022 2/15/2023 3/1/2023 3/31/2023 4/30/2023 Consolidated **Sharing** Continued **DWS starts Enhanced Appropriations** Reviews documentation reviews **Funding** Act Congress passed DWS will start ex 6.2% Enhanced this act and set the federal Match Rate parte reviews. ( April State will submit First Medicaid unwinding of the reviews for May ends Renewal transitions occur at continuous benefits.) Distribution plan the end of the enrollment start April 1 - June 30 and the **System** month. date as April 1, 2023 drops to 5% **Readiness Artifacts** to CMS Utah should expect July 1 - Sept 30 more closures in the drops to 2.5% initial months as we Baseline review data target cases moving to be sent to CMS by Oct 1- December 31 to the exchange or 3/8/23 and monthly drops to 1.5% to CHIP. thereafter





### **Case Priority and Review Timeline**

All cases will be reviewed in 12 months ≈ 286,998 cases

- Most cases at their regularly scheduled review month
- Cases held open will be assigned a review month
   ≈ 145,911 cases (263,469 members)

#### Backlog cases prioritized by:

- 1. Known ineligibility issues
- 2. No review completed
  - Length of time held open
  - Utilization of services
  - Broad program mix
- 3. 'Emergency only' cases



Note: Per CMS, states cannot review more than 1/9 of the total cases in any month





# Legislative Intent Language

The Department of Health and Human Services and the Department of Workforce Services shall provide up-to-date information about plans and progress in response to the Public Health Emergency enrollment requirements ending.

Agencies shall regularly report to the Social Services Appropriations Subcommittee and make public information about eligibility redeterminations and measures, including the number of cases, status, response type and outcomes.

House Bill 3 (2022) Items 44, 52, 220





### **Stakeholder Communication**

New Webpage and Dashboard

#### medicaid.utah.gov/unwinding

- Overall review progress
- Results of case reviews
- Other key metrics







# **Other Notable Changes**

- CHIP health insurance premiums will resume in May 2023
- Medicaid spenddowns will be required at the member's next renewal
- Optional COVID-19 group
  - Coverage ends the last day of the PHE
- Other eligibility components will return to normal
  - overpayments, ESI sanctions, Medical Support Enforcement sanctions, etc.
- Some flexibilities that were granted during the PHE may end
  - NEMT for non-traditional, verbal signatures, etc.





### **Member Communication Plan**

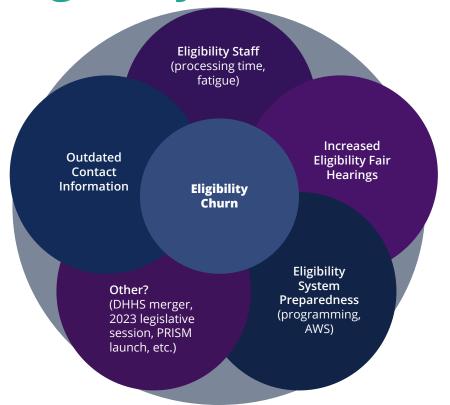
DHHS will be sending informational notices to compliment the DWS eligibility notices.

01	COVID-19 Coverage Group	<ul> <li>Notify the COVID-19 group that their coverage ends at the end of the PHE.</li> <li>Informs them of how to apply for Medicaid</li> <li>Sent 5/16/2022</li> </ul>
02	General Notice	<ul> <li>Sent to all Medicaid members</li> <li>General information on what to expect with the end of Medicaid's continuous enrollment requirement</li> <li>Sent 1/30 to 2/3/23 (light green paper)</li> </ul>
03	CHIP Premiums	<ul> <li>Notify CHIP members that quarterly premiums will resume starting in May 2023</li> <li>Early February 2023 (light yellow paper)</li> </ul>
04	Spenddowns/ MWI Premium	<ul> <li>Notify Medically Needy members that their monthly spenddowns will be required following their first renewal.</li> <li>Early February 2023 (light blue paper)</li> </ul>
05	Emergency Medicaid	<ul> <li>Notify Emergency Medicaid recipients that they can "raise their hand" when their citizenship status changes to be considered for full Medicaid benefits</li> <li>Early February 2023 (light pink paper)</li> </ul>





# **Potential Eligibility Risks**







"This is a marathon, not a sprint!"