

Utah Unwinding Implementation and Course Corrections



August 2023

Current Progress

Status through July 2023

- 93,000 individuals renewed
- 127,000 individuals closed*
- 220,000 individuals reviewed

*Approximately 30% of closed cases have been reinstated

CMS Letter

- All states received letters.
- Letters contained state-specific May 2023 data.
- Three areas of focus were identified:
 - a. Call center operations
 - b. Procedural terminations
 - c. MAGI application processing times
- Utah's letter expressed concern on first two areas of focus.
- States are urged to make course corrections and adopt flexibilities to address areas of concern.

Course Correction: Addressing Procedural Terminations and Call Center Rates

Issue	Proposed Solution
<p>Procedural Termination Rates</p> <ul style="list-style-type: none">● Data Corrections● System Correction● Worker Corrections	<ul style="list-style-type: none">● Incorrectly labeled closures - rerun all data● Due process system fix● Additional / Ongoing Training<ul style="list-style-type: none">○ PRT Process / Follow-Up Research
<p>Call wait time and abandonment rates</p>	<ul style="list-style-type: none">● Ex-parte Automation● SNAP P-EBT Issuance● Quick Customer Video Helps● Pursuit of Additional Flexibilities

Utah Strategies and Flexibilities Adopted

National average: 5.2

Utah: 7

- DHHS submitted and received approval for the following (e)14 Waiver and mitigation flexibilities:
 - Ex Parte Renewal for Individuals with No Income and No Data Returned (Beneficiaries with No Income Renewal) **Approved 10/24/2022**
 - Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe (Streamlined Asset Verification) **Approved 10/24/2022**
 - Partnering with Managed Care Plans to Update Beneficiary Contact Information (MCO Beneficiary Contact Updates) **Approved 11/4/2022**
 - 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) **Approved 10/24/2022**
 - Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests (Fair Hearing Timeframe Extension) **Approved 12/6/2022**
 - Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms (MCO Renewal Support) **Approved 8/4/2023**
 - Continuing to attempt ex parte after the pre-populated renewal form is sent. **Effective March 2023**
- DHHS has implemented the additional following strategies to help with unwinding:
 - Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded. **Effective April 2023**
 - Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period. **Effective 2014, implemented with ACA**
 - Inform all beneficiaries of their scheduled renewal date during unwinding. **Effective January 2023**
 - Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail. **Effective August 2023**
 - Renew eligibility if able to do so based on available information, and establish a new eligibility period whenever contact is made with hard-to-reach populations. **Effective April 2023**
 - Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons. **Effective April 2023**

Additional Flexibilities Being Considered

Flexibility Name	Authority	Benefits	Drawbacks
Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources	1902(e)(14)(A)	Recognizes that many individuals with defined income sources do not frequently change eligibility.	Temporary authority. Requires training.
Permit the designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary	1902(e)(14)(A)	This strategy can maximize the effectiveness of assistors and other community partners who are assisting beneficiaries in completing their renewal form over the phone.	Temporary authority.

Flexibilities Recommended Against I

Flexibility Name	Reason
<p>Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other Families (TANF), or other means-tested benefit programs</p>	<p>Instead of this flexibility, there is a permanent option available similar to this flexibility that allows us to add SNAP and TANF to our state Verification Plan to utilize income from SNAP and TANF as an income source. The state is pursuing this permanent option.</p>
<p>Implement Express Lane Eligibility (ELE) for children</p>	<p>This strategy is limited to children. It presents a complicated implementation with integrated households and would take substantial systems programming and worker training.</p>
<p>Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy)</p>	<p>This is a temporary flexibility that would require additional training. Temporary flexibilities have potential to reinforce incorrect messages (e.g., members do not need to complete reviews).</p>
<p>Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available</p>	<p>Relying on client attestation of assets exposes an individual to risk of subsequently being found ineligible, resulting in an overpayment.</p>

Flexibilities Recommended Against II

Flexibility Name	Reason
Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test	This temporary flexibility will have a significant system programming impact and cost to the State.
Suspend the requirement to apply for other benefits under 42 CFR 435.608	This temporary flexibility may affect very few people. It is potentially a disservice to the member who is often unaware of the other benefits they might qualify for and could miss out on other benefits.
Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support	This is a temporary flexibility and would require multiple system changes to accommodate.
Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach	Utah's is proposing different course corrections. This would create a backlog of work and could potentially overwhelm eligibility workers which could result in worse outcomes for members.

Flexibilities Recommended Against III

Flexibility Name	Reason
Designate the state agency as a qualified entity to make determinations of Presumptive Eligibility (PE) on a MAGI basis for individuals disenrolled from Medicaid or CHIP	This temporary strategy would require multiple system changes in order to implement.
Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of PE on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state)	This temporary strategy would require multiple system changes in order to implement.
Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period	This temporary strategy would require system changes in order to implement. We have a 90 day reconsideration period today and look at retro coverage.
Extend automatic reenrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage ("Managed Care Plan Auto-Reenrollment Strategy")	Utah currently re-enrolls members in their previous managed care plan for up to 2 years after they were disenrolled.

Questions?
Suggestions?