

MEDICAL CARE ADVISORY COMMITTEE

August 17, 2023

Dear Executive Director Gruber,

On behalf of the Utah Medical Care Advisory Committee (MCAC), the state's appointed advisory committee on the Medicaid program, we are writing to express our concerns related to the execution of Utah Medicaid's unwinding plan. The MCAC is composed of Medicaid beneficiaries or their family members, health care providers, contracted health plans and community organizations who support Medicaid beneficiaries. Our primary concerns are as follows:

1. **Procedural Closures** – The large number of procedural closures in the state indicate that many Medicaid enrollees are losing their coverage unnecessarily, despite still being eligible for Medicaid or the Children's Health Insurance Program (CHIP). National data reported by CMS show Utah's rate at twice the national average for procedural closures. According to the latest unwinding report DHHS/DWS provided to the MCAC:
 - 97% of total Medicaid disenrollments were due to procedural reasons
 - 1.8% of cases were closed due to ineligibility determination after completed review
 - 39% of cases were renewed, half of which were renewed on an ex-parte basis—demonstrating the effectiveness of that process
 - 30% of closed cases have been reinstated

2. **Call Wait Times** – Call wait times and abandonment rates indicate that Medicaid members are attempting to finish their review or are seeking guidance to complete their reviews, but cannot access assistance from an eligibility worker:
 - The average call wait time was 36 minutes
 - The call abandonment rate is about 1 in 4
 - Around 30,000 calls were abandoned in June

This performance is among the worst in the nation, and presents extreme challenges to those with technological and connectivity barriers. The call wait times and abandonment rates almost certainly led to members losing coverage inappropriately. We ask for your help in reducing the call wait times.

3. **Dismissive Approach to CMS Flexibilities** – CMS offers 23 flexibilities to state Medicaid agencies as part of the unwinding process. These 23 flexibilities can be grouped into three categories:
 1. increasing ex-parte reviews
 2. supporting enrollees with completing their renewal forms and
 3. facilitating reinstatement of eligible individuals disenrolled for procedural reasons

As of our July MCAC meeting, DHHS/DWS had chosen to pursue only 5 of the 23 CMS flexibilities (2 of the 11 ex-parte flexibilities, 2 of the 6 supporting form completion flexibilities and 1 of the 6 facilitating reinstatement flexibilities). When we reviewed these flexibilities with the departments in our July MCAC meeting, the handout provided by the departments showed only "Utah does not propose to implement this strategy" under the flexibilities that had not been

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adopted. The MCAC has asked for more details as to why the other flexibilities haven't been adopted and have this on the agenda for our August MCAC meeting. We are pleased to note that since our July MCAC meeting, DHHS has informed us that the agency has chosen to adopt an additional flexibility—bringing the total to 6 of the 23 CMS flexibilities. Given the ease at which this sixth flexibility was adopted, we will continue our discussion with DHHS/DWS staff looking for opportunities to encourage them to adopt additional flexibilities to help Medicaid enrollees navigate this challenging time. We also would welcome your help in reviewing these flexibilities with your staff at DHHS—challenging them on their assumptions and helping them move past their talking points from April to determine what can truly be done to help the Medicaid enrollees who are still eligible for the program remain enrolled.


4. **Inadequate Communication** – As stakeholders in the Medicaid program, we take information communicated to us at our MCAC meetings and share it directly with Medicaid enrollees and to others who support Medicaid enrollees within our organizations. There are several examples of the agency sharing incomplete or misleading information and changing its unwinding plan without noting these changes in our meetings. This has resulted in MCAC members passing along inaccurate information to Medicaid enrollees—negatively impacting their enrollment. The agency needs to improve its efforts at accurate and consistent communication, as well as expand its outreach activities.


We have been informed that new programming at DWS is underway to increase the number of cases that can be reviewed on an ex-parte basis. If completed on schedule, this programming should be available for September case reviews. Given that this new programming could help thousands of Medicaid enrollees maintain their enrollment in Medicaid, **we ask that you consider pausing any further Medicaid case reviews until that programming can be implemented.**

We thank you and your staff for all of your efforts in planning for and implementing the Medicaid unwinding. We realize that there are still many Medicaid enrollees who have been able to have their eligibility successfully renewed through this process. However, given the concerning figures reported by DHHS/DWS and how these figures compare with others states from across the nation, we believe that there is room for improvement in our unwinding policy and processes that can benefit those Medicaid enrollees who are eligible for the program and should remain enrolled in the program. We appreciate your time reviewing our concerns and for your consideration.

Sincerely,


[Michael Hales \(Aug 18, 2023 14:55 MDT\)](#)
Michael Hales
Chair


[Jennifer Marchant \(Aug 18, 2023 16:03 MDT\)](#)
Jennifer Marchant
Vice Chair


[Joey Hanna \(Aug 21, 2023 07:39 PDT\)](#)
Joey Hanna
Member At Large