

Disenrollment for procedural reasons or administrative churn occurs when the state is missing information, including forms or documents, to verify eligibility. Utah's current procedural termination rate is 97% when measured as a percentage of total disenrollments. Addressing this issue requires streamlining the application and renewal process, ensuring clear communication with members, providing adequate support for documentation submission, and implementing timely appeals processes to rectify error and prevent unjust terminations. Below is a list of the steps Utah is taking to address our procedural termination rate to help ensure that eligible individuals maintain their Medicaid and CHIP coverage and can access essential healthcare services they need.

1. **Ex Parte Automation** - The first phase of automation will be implemented in September. This will affect ex parte reviews beginning in September.
2. **Data** - DHHS and DWS are conducting a deep dive in procedural closure data for accuracy.
3. **Text message reminders** - Opt out will be added to application and reviews pending legal review. Will automatically opt in if they provide a cell phone number.
4. **Notice Improvement** - Ongoing
  - MCAC notice workgroup started August 2021 and meets monthly
    - Composition of the notice workgroup: The workgroup consists of 25 members, including advocates, Office of Eligibility Policy (OEP) staff, DWS Program staff, and executive leadership from DHHS and DWS.
    - Objective of the MCAC Notice Workgroup: The purpose of the workgroup is to identify, review, and recommend changes to eligibility notices we send out to Medicaid and CHIP members.
    - Activities accomplished to date: Revised the Verification Checklist, You Must Spenddown notice, and notices for the ending of the Public Health Emergency (General Notice for Medicaid Recipients, CHIP Premium, Medically Needy, Emergency Medicaid Case Information notice)
  - OEP and DWS internal notice committee started June 2023 and meets monthly

## ***CMS recommendations***

See below with Utah responses

<https://www.medicaid.gov/resources-for-states/downloads/state-strategies-to-prevent-procedural-terminations.pdf>

## ***Increase Ex Parte Renewal Rates***

1. 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\*

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah does not propose to implement this flexibility as it is temporary only through the unwinding period. 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 considering this.

2. Implement Express Lane Eligibility (ELE) for children

**Authority:** Federal Authority required through State Plan Amendment

**Utah Implementation Status:** Utah does not propose to implement this strategy as it is limited to children only and the complexity of implementation with integrated households and aligning processes and reviews.



3. *Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy)\* received.*


**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** *Utah received approval from CMS on 10/24/22 and implemented this strategy on March 1, 2023. This strategy will continue through the unwinding period.*

4. Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis (100% income strategy)\* (UPDATED)

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah does not propose to implement this strategy as it is a temporary

- flexibility and difficult at this point in the process to train and implement with other efforts the state is focusing on to improve procedural terminations.
- 5.  *Renew Medicaid for individuals for whom information from the Asset Verification System (AVS) is not returned or is not returned within a reasonable timeframe (AVS strategy)\**  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah received approval from CMS on 10/24/22 and implemented this strategy on March 1, 2023. This strategy will continue through the unwinding period.
  - 6. Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources\*  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah was considering this strategy. Utilizing this for individuals with Title II or other stable income is low risk and will help to maintain coverage and avoid procedural terminations. After further review and implementation of our ex parte automation, this would require further system programming and therefore is not feasible to implement.
  - 7. Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when insurance policies) when no useful data source is available  
**Authority:** No Federal Authority required  
**Utah Implementation Status:** Utah does not propose to implement this strategy. Relying on client attestation of assets exposes an individual to risk of subsequently being found ineligible, resulting in an overpayment.
  - 8. Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test (This strategy will allow for an eligibility determination system for a state's unwinding period that is more protective of beneficiaries in light of system limitations and challenges, as required by section 1902(e)(14)(A) of the Social Security Act.)  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah does not propose to implement this strategy. This temporary flexibility will have a significant system programming impact and cost to the State.
  - 9. Suspend the requirement to apply for other benefits under 42 CFR 435.608\* (NEW)  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah does not propose to implement this strategy. 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.

10. Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support\* (NEW)

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah does not propose to implement this strategy. This is a temporary flexibility and would require multiple system changes to accommodate.



11. 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 (NEW)

**Authority:** No Federal Authority required, permissible under 42 CFR 435.916(d)(1)(ii)

**Utah Implementation Status:** Utah has implemented this strategy effective March 2023.

## Supporting Enrollees With Renewal Form Submission or Completion to Reduce Procedural Terminations



12. Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms\* (NEW)

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah received approval from CMS on 8/4/23 and implemented this strategy on 8/14/2023. This strategy will continue through the unwinding period.



13. 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




**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah received approval from CMS on 8/31/23 and implemented this strategy on 9/1/2023. This strategy will continue through the unwinding period.

14. Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach (NEW)

**Authority:** CMS Concurrence with applicability of 42 CFR 435.912(e).

**Utah Implementation Status:** Utah does not propose to implement this strategy. Utah 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.
-  15. *Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded*  
**Authority:** No Federal Authority required  
**Utah Implementation Status:** Utah has implemented this strategy effective April 2023.
  -  16. *Inform all beneficiaries of their scheduled renewal date during unwinding*  
**Authority:** No Federal Authority required  
**Utah Implementation Status:** Utah has implemented this strategy. A general notice was sent to all Medicaid members in January 2023.
  -  17. *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*  
**Authority:** No Federal Authority required  
**Utah Implementation Status:** Utah has implemented this strategy effective August 2023.

## ***Facilitating Reinstatement of Eligible Individuals Disenrolled for Procedural Reasons***

- 18. 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  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah does not propose to implement this strategy. This temporary strategy would require multiple system changes in order to implement.
- 19. 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)\* (NEW)  
**Authority:** Federal Authority required through 1902(e)(14)(A)  
**Utah Implementation Status:** Utah does not propose to implement this strategy. This temporary strategy would require multiple system changes in order to implement.
- 20. 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\* (NEW)

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah does not propose to implement this strategy. This temporary strategy would require system changes in order to implement. We have a 90 day reconsideration period today and look at retro coverage.



21. *Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period*

**Authority:** No Federal Authority required.

**Utah Implementation Status:** Utah implemented this option with ACA in 2014

22. Extend automatic re-enrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage (“Managed Care Plan Auto-Re-enrollment Strategy”)\*

**Authority:** Federal Authority required through 1902(e)(14)(A)

**Utah Implementation Status:** Utah currently re-enrolls members in their previous managed care plan for up to 2 years after they were disenrolled.



23. *Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons*

**Authority:** No Federal Authority required. May be subject to state specific laws and require managed care plan contract amendments.

**Utah Implementation Status:** Utah implemented this effective April 2023

## **Additional flexibilities Implemented from the March 3, 2022 State Health Official (SHO 22-001) letter**

- 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**