




Medicaid Notices Committee

Disclaimer: this is my own presentation and I don't presume that it represents the notices cmtc in it's entirety.



What is the Medicaid Notices Sub-Committee?

Formed in 2021

Idea from Muris, Jeff, and Jessie

Administration / organization by DHHS

The purpose of the sub-committee is to collaborate across agencies and gather feedback from beneficiaries and consumer advocates about how to improve notice communications with members so that members can better understand the communications they receive and make decisions accordingly.

Attendance varies....most consistent representation from DHHS. At the most, there has been 2 beneficiaries in one meeting. On average 2-3 consumer advocates will attend, 1 industry representative. (thanks to the other MCAC members who have attended!)

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graph LR; A[Attendees are asked to share what form they want to work on, make a recommended change] --> B[DHHS pulls notice and uses screen share function to go thru notice and take feedback line by line]; B --> C[If the feedback is not specific, such as "make that sentence more concise" DHHS wordsmiths to reach objective]; C --> D[DWS will look at feedback and determine if changes can be implemented or if it will create operational problems bc forms are used beyond just medical]; D --> E[Form may be revisited in next meeting if there were issues that were not resolved]; E --> F[Form gets pushed thru bureaucratic approval from agencies Form gets put into queue to be updated in the system];
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What is the process of the committee?

Your household's income is more than the Medicaid income limit, but you still qualify for ~~To receive Medicaid, you must pay with a spenddown or contribution to cost-of-care (spenddown). This amount, A spenddown is the difference between your household's countable income and the Medicaid income limit, and your household's countable income. You must pay the listed amount for each month that you want medical coverage. After your monthly spenddown or contribution to cost-of-care is met, we will mail you a Medicaid card.~~

Fulfilling or Meeting the Spenddown Requirement

- You must meet your spenddown or contribution to cost-of-care before we can issue benefits. If you do not meet the spenddown, To receive coverage for a month of Medicaid with a spenddown, the spenddown must be met with bills or paid by the due date(s) below, we will close or deny your Medicaid case.
- Your spenddown or contribution to cost-of-care may change each month (based on changes to your income, deductions, or household size changes).

Benefit Month	Spenddown / Contribution to Cost of Care Amount	Spenddown / Contribution to Cost of Care Due <u>by Date</u>	Household Members
[LISTFIELD1]	[LISTFIELD2]	[LISTFIELD3]	[LISTFIELD4]

We cannot accept spenddown payments until the 21st of the month before the month you want coverage.

Medical Bills

- You can meet if your spenddown or contribution to cost-of-care with check, money order, credit card or medical bills, this month are less than your spenddown, it may be beneficial for you to pay your medical bills instead of paying the spenddown. Complete and return the enclosed Statement of Medical Need form by mail, by fax or in person to your local DWS office. This form will help
- If your medical bills are more than your spenddown, it may be beneficial for you to pay your spenddown amount.
 - Make sure your us determine if you want to meet the spenddown or contribution to cost-of-care and how the spenddown or contribution to cost-of-care will be met. If you plan to use medical bills to meet are more than the spenddown or contribution to cost-of-care, we can explain which bills can be used and what information is required, amount prior to paying your spenddown.
 - Check with your providers to make sure they will accept Medicaid.
- You can meet your checks or money orders must be for the exact spenddown or contribution to cost-of-care amount by verifying necessary medical expenses such as. To avoid delays, include your case number and which month(s) your payment is to meet. Make your check or money order payable to the Department of Workforce Services, and mail to:
 - Unpaid medical bills for yourself and your family and
 - Other paid medical expenses within 3 months of your application date.
- Your spenddown can be met by paying the spenddown amount by check, credit, or debit card.

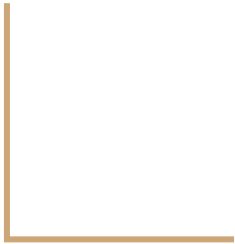
Request Medicaid with a Spenddown for Needed Medical Expenses

- Complete and return the enclosed Statement of Medical Need by mail, fax or in person to your local Department of Workforce Services (DWS) office. This form will help us determine how you want to meet the spenddown.
- If you plan to use medical bills to meet the spenddown, need an explanation of what bills can be used, what information is required, need help with past months of coverage, or have additional questions, call DWS eligibility at 801-526-0950 or toll free at 1-866-435-7414.
- Coverage for any month of service will only become available after your spenddown is met for that month.
- Checks or money orders must be for the exact spenddown amount.
- To avoid delays, include your case number and which month(s) your payment is for.
- Make checks or money orders payable to DWS, and mail them to:

Department of Workforce Services
Business Office
PO Box 143250

example of a form that has been marked up and edited thru a notices cmte meeting process

Committee Accomplishments



1. Excel Tracking Sheet
2. 9 Notices have been reviewed and approved.
3. 5 Notices have been updated in the system.
4. Several notices related to Covid and PHE were reviewed prior to the unwinding.
5. Improving the Verification Checklist

Note to developer: Change title on trigger to

Verification Checklist
(Action Required)

We need more **More** information **is required** to determine your eligibility for the following **program** **benefits(s)**.

Program	Due Date
[LISTFIELD7]	[LISTFIELD8]

You must provide the verification **Complete the actions** listed below by 5:00 pm on the due date **listed above to avoid a delay, denial or end to your benefits**. **we do not receive the verification on time, your benefits may be delayed, denied, or your assistance may end.**

Item(s) to be verified	For Whom whom	Accepted Verification Details Acceptable Actions or Verification
[LISTFIELD2]	[LISTFIELD4]	[LISTFIELD3] [LISTFIELD6]

How can you get us the verification we need?

You can send us your documents different ways. Choose the option that is easiest for you.

- Online: You can upload them at jobs.utah.gov/mycase.
- By fax: You can fax them at 1-877-313-4717 or 801-526-9500.
- By mail: You can mail copies to:
 - Department of Workforce Services
 - Imaging Operations
 - PO Box 143245
 - Salt Lake City, UT 84114-3245
- In person: You can drop off the copies at your local office.

Please write your name and case number on all documents you send.

To make sure we get your required verification, write your name and case number on each document you send. If getting your requested verification is difficult or to request additional time, call DWS at 801-526-0950.

What happens next?

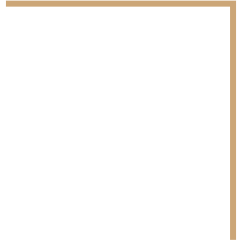
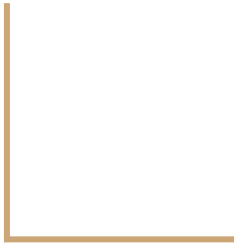
- If this is an application, we will make a decision within 30 days of the application date.
- If this is a review, we will make a decision on your case within 14 days.
- To track the status of your case, log on at jobs.utah.gov/myCase.

Additional medical resources:

If you need help with the Medicaid/CHIP Application, call 2-1-1 or visit www.takecareutah.org to find free help near you.

If you are having trouble getting a requested document, call us. We may be able to suggest other ways to verify your eligibility. If you need help with the Medicaid/CHIP application, call 2-1-1 or visit www.takecareutah.org to find free help near you.

Lessons Learned



- Of the forms updated, 7 of the 9 are DHHS forms, 2 of 9 are DWS + DHHS shared forms.
 - ◆ Would be interested in understanding if there are barriers to addressing more of the shared forms
- There are some elements of the process that get a bit delayed and held up in bureaucracy.
- Low beneficiary engagement.

One way is for us to think about what can each stakeholder group contribute to their best ability, experience, and expertise? What can they bring to the table?



Suggestions for Improvements



- Improved coordination with data
 - Example: We asked in November if we could have DWS share where members are getting most stuck and look at those forms. Or identify which forms have most errors by member/applicant and look at fixing those.
- Clear, strategic goals seeking to impact change beyond one form at a time.
 - example: rebranding/redesigning the “you’re enrolled” letter
 - Stretching the feedback so that it can be applied across forms.
 - Editable pdfs so members don’t have to print and scan / fax/ upload/ etc.
 - Language access– contract with translation team to ensure these forms get translated into the top 5 languages?
- Clarity in process and reasonable expectations for timeline
 - December 2021 - suggestion was documented to get a visual infographic/insert about where applicants/enrollees are in process and this is still pending.

How to get Inclusion of more members and beneficiaries

- Tightening up some of the processes (from previous slide) will help make it more worthwhile for beneficiaries and will help be more clear where beneficiaries feedback is most useful.
- Maximize contributions from other stakeholders who participate.
 - recruit and invite a beneficiary with them to the cmte.
 - Beneficiaries keep an independent voice; however, consumer advocate orgs can help them with understanding the process, answering questions.
 - Between agency and organization, figure out a way to compensate beneficiaries with gift cards/stipends.
- For larger objectives that are beyond reviewing one form at a time, get additional member feedback outside of the regular monthly meeting.
 - Focus groups
 - Outreach at groups such as Circles, church groups, adult education classes, Disability Law Center, Utah Parent Center immigrant organizations, etc. When there is a clear objective, such as redesigning font and layout of the notices form, getting feedback from diverse variety of beneficiaries would help to ensure sustainability in whatever is designed.

When members get more clear information, decisions can be made more quickly and more easily.

Time is a valuable resource and it's scarce for so many of our Medicaid beneficiaries. When you all create systems and processes that respect the time of Medicaid beneficiaries, you are showing Medicaid beneficiaries the dignity and respect that each person deserves. Clearer forms / notices/ communications will allow Medicaid beneficiaries more time, more dignity, more trust. It will also decrease the need for calling into the call center and decrease the call wait time and abandonment rates.

I hope we can all work together to improve the process of this sub-committee and the process of the Member Communications.

Thank you for your time.