Utah Department of
Health & Human
Services

Unwinding Medicaid Eligibility

Narrative of Utah's Plan for the Resumption of Normal State Medicaid Eligibility upon Conclusion of the COVID-19 Public Health Emergency

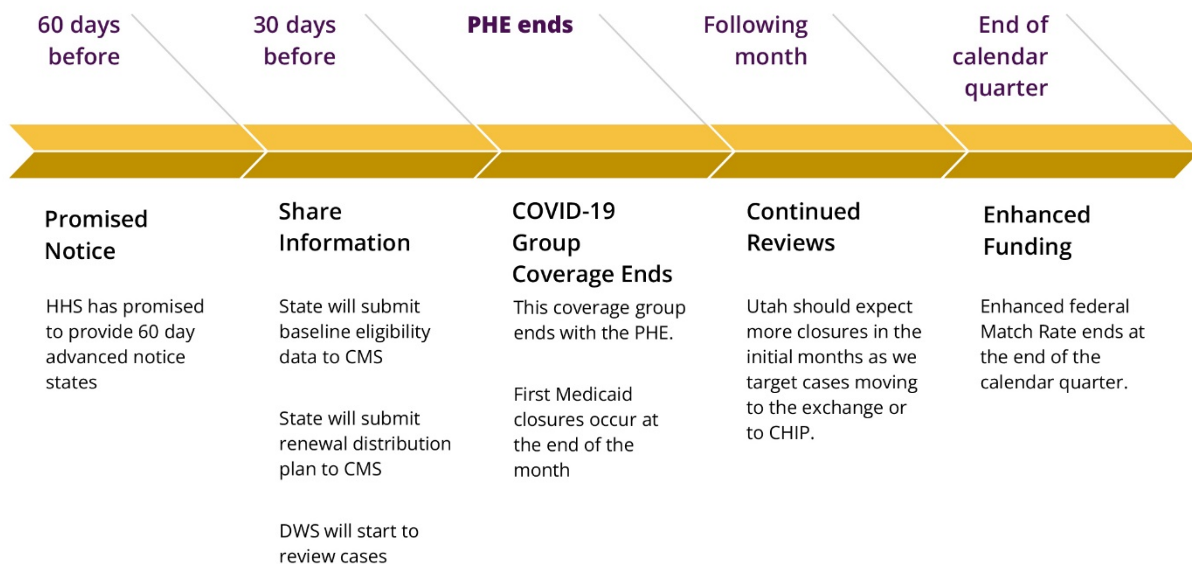
Background

In accordance with the Families First Coronavirus Response (FFCRA) and the CARES Acts, Medicaid member's benefits were kept active to provide continuous coverage during the Public Health Emergency (PHE) with some exceptions. This resulted in a substantial increase in the number of individuals on the Medicaid program. Some individuals and families have remained on a Medicaid program when they were either no longer eligible or would normally have moved to another medical program for coverage. When the PHE ends, states are tasked to start reviewing all eligibility within 12 months and return eligibility to normal.

Utah has prioritized its cases for review to ensure a smooth transition back to normal operations when the PHE ends. Utah will focus on the cases most likely to change programs or coverage first, and those most likely to remain Medicaid eligible last. This approach should minimize the state's financial exposure and more quickly place people on their correct program or benefit.

Utah's overall goal is to ensure a smooth member transition and will achieve this through clear communication, data transparency and robust planning.

Key Unwinding Dates



Preparation for PHE Ending (Pre-activities):

- DOH, DHS, and DWS drafted a plan to resume regular Medicaid operations and start reviewing all cases within 12 months. (August 2021)
- DWS maintained appropriate application timeframes during the PHE and is expected to continue processing applications timely.
- DWS continued to process eligibility reviews for medical programs during the PHE. When programs were found to be ineligible or the process was not completed, no negative action occurred, the case was flagged, and the members remained eligible. These cases are known as the 'backlog'.
- DWS added functionality to record telephonic signatures for all renewals and applications.
- DOH incorporated new ways to collect updated contact information including addresses, email, and phone numbers.
    - Medicaid Health Program Representatives (HPR's) verify & update contact information (addresses, email, and phone numbers).
- DHS children who are no longer in state custody were added to existing DWS Medicaid cases whenever possible and/or transferred to DWS' caseload.
- DOH created a new closure report for the Medicaid health plans.
- DWS 'flagged' cases to indicate that they are part of the backlog. (February 2022)
- Data matching with Equifax to update addresses of the backlog cases. (60 days from PHE end date)
- DWS Staffing - Utah has experienced record caseload growth while trying to maintain eligibility staffing levels. DWS has implemented the following:
    - Telework strategy - attracting new staff by allowing them to work and train from home.
    - Rural hiring - focus on rural hiring strategies where the eligibility jobs are still competitive.
    - Wages - DWS front-loaded wages by eliminating a standard six month increase and increasing the starting wage.
    - Retired staff - DWS has enlisted recently retired staff to help with the upcoming work and will consider other past employees as well.

Outreach and Member Communication (Pre-Activities):

- Developed a comprehensive Member Communication plan
- DWS sent letters in November 2021 to members whose eligibility is being held open who appeared to be ineligible or had not yet completed their regular review. The

letter encouraged these members to report eligibility changes, update their contact information, and to complete their regular renewals.

- Reporting Dashboard - DWS will provide transparent tracking data throughout the 12 months. DOH will produce, monitor, and publish a monthly dashboard of DWS activity and key metrics throughout the unwinding review period.

- DOH included a mailing insert in the Notice of Privacy Practices letter sent out in late December 2021 reminding members to keep their contact information up to date.
- DOH and DWS reviewed the backlog data
    - Identified cases with missing information and contacted those members
    - Researched cases with unexpected eligibility closure reasons
- Presented the plan, narrative, and review process with stakeholders in the MCAC meeting in April 2022.

Process After the PHE Ends:

1. **Immediate Eligibility Changes**
    A. CHIP premiums will resume once the household is renewed for a new 12-month certification period
    B. Medicaid monthly spenddowns will resume for most Medicaid cases. Backlog cases will resume required spenddowns if they remain eligible after the program is reviewed.
    C. The COVID-19 Uninsured Coverage Group (Medicaid program) will end.
        - Approximately 11,000 individuals
    D. DWS ‘flagged’ (backlog) cases

- Flagged individuals will remain eligible as they were under the PHE until they are individually pulled for review.

E. Emergency service Medicaid cases will be moved to the lowest review priority of the backlog
  - Other protections exist to ensure only emergent needs are covered.
  - May reduce new applications for emergency services during the unwinding period.
  - Emergency Medicaid cases may close at the end of the unwinding period if the individual no longer has an emergent need.

F. DWS will continue working an error report during the unwinding months to ensure all backlog cases not yet reviewed remain eligible as they were under the PHE.

G. Member reported eligibility changes
  - For regular cases, DWS will follow established change report procedures
  - For backlog cases, changes may trigger an earlier review

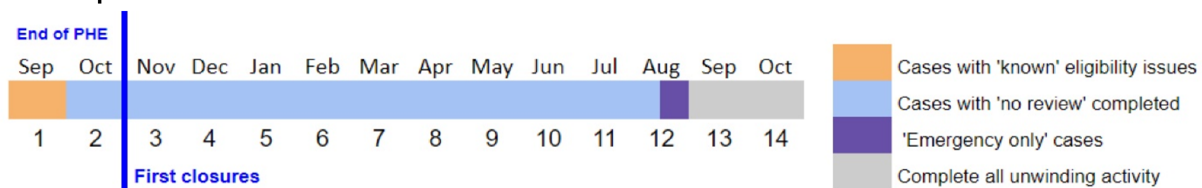
2. Eligibility Reviews

A. All reviews are assigned a review month in the eligibility system. Most case reviews will be completed at their regularly scheduled review.
  - DWS completes approximately 15,000 reviews each month

B. Backlog case reviews will follow a prioritized approach as follows:
  1. Individuals with known eligibility issues (approx. 10%)
  2. Cases where no review was completed (approx. 90%)
     - Criteria used for prioritization:
       - Length of time kept open (longer first)
       - Utilization of medical services (no use first)
       - Broad case mix of programs
  3. Emergency only services programs

*Note - some smaller groups may be assigned specific months

Example



C. Review Process
    - The backlog cases will also be assigned a new review month by dispersing them across the 12 month unwinding period while equalizing the overall monthly caseload for DWS.
    - DOH will send the health plans a monthly review list detailing all cases set for a review in that month.
    - DWS will first attempt an ‘ex parte’ review. They will consider all possible Medicaid/medical programs in the household
        - If approved, DWS will notify the household.
        - If not approved under ex parte review, DWS will send a pre-populated review form and may request any missing verification.
    - Once the requested review information is returned (electronic, paper, phone, etc.)
        - Determine eligibility (approve/close) and notify the household.
        - Request more verification and repeat this step.
    - If the review or subsequent information requested is not returned within the time provided, the case will close and the household will be notified.
    - DOH will send the Medicaid health plans a detailed advance closure list broken down by those cases sent to the Federally Facilitated Marketplace (ineligible for Medicaid) and those cases closed for paperwork issues (not sent to the exchange).
        - The Medicaid health plans will contact all who are closing to encourage them to return and complete their review with DWS. (Except for cases closed at the individual's request, or have moved out of state, or if the member is deceased.)

D. Cases served by DHS
    - DCFS - Foster care individuals who no longer meet eligibility requirements were sent to DWS and will be reviewed as directed above.
        - Some children who were returned home previously were added to the household’s existing Medicaid programs.

- Juvenile justice populations who no longer meet eligibility requirements were sent to DWS and will be reviewed as directed above.

Potential Risks

1. Staffing - Staff are well trained and able to review the required number of cases to finish in 12-14 months.
2. Outdated client contact information - Are we able to reach everyone at the right time?
    a. Equifax data match
    b. Health plans
    c. HPR updating addresses
3. Increase in applications (churn)
4. Fair hearings
5. System readiness
    a. eREP safely moved to the cloud environment
    b. System programming to add review months and to remove case flagging
6. Other planned or unplanned events
    a. DHHS merger
    b. PRISM launch
    c. Next legislative session