Returning Medicaid Eligibility to Normal Operations

Updated 2/7/2023
Purpose and Objectives

Purpose:
To provide an overview of Medicaid’s plan for “unwinding” the Medicaid eligibility continuous enrollment requirement and returning to normal eligibility operations as defined by CMS Guidance.

Objective:
- Smooth member transition
  - Clear communication
  - Data transparency
  - Robust planning
Background

- COVID-19 PHE began on January 27, 2020
- Congress passed FFCRA* into law
  - A key provision allowed for continuous coverage of Medicaid through the PHE, starting March 2020 and ending April 2023
  - For 38 months, Utah kept all Medicaid cases open
    - Exceptions:
      - 1. Member requested their case closed
      - 2. Member passed away
      - 3. Member moved out of state

- The Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date of April 1, 2023. Effectively de-linking the unwinding of the eligibility rule from the PHE.
- The state will review ALL Medicaid cases as we “unwind” this key provision and resume normal operations.

*Families First Coronavirus Response Act
Pre-Unwinding Activities

**Clear communication**
- Messaged the importance of keeping member addresses and contact info current with DWS and completing eligibility reviews when possible
- DOH began to update addresses
- Data match with Equifax
- Shared closure lists with health plans

**Data transparency**
- Planned transparent reporting with defined metrics to meet CMS standards, legislative requirements
- Developed an unwinding dashboard, going live on 2/13/23

**Robust planning**
- Developed a comprehensive eligibility unwinding plan
- Multiple meetings with DWS, CMS, other stakeholders
  - Received some flexibility from CMS to help with the review process
- Proactive identification of cases held open (“flagged cases”)

**Objective:** Smooth member transition
Key Unwinding Dates

12/29/2022  Consolidated Appropriations Act
Congress passed this act and set the unwinding of the continuous enrollment start date as April 1, 2023

2/15/2023  Sharing documentation
State will submit Renewal Distribution plan and the System Readiness Artifacts to CMS
Baseline review data to be sent to CMS by 3/8/23 and monthly thereafter

3/1/2023  DWS starts reviews
DWS will start ex parte reviews. (April reviews for May benefits.)

3/31/2023  Enhanced Funding
6.2% Enhanced federal Match Rate ends
April 1 - June 30 drops to 5%
July 1 - Sept 30 drops to 2.5%
Oct 1 - December 31 drops to 1.5%

4/30/2023  Continued Reviews
First Medicaid transitions occur at the end of the month.
Utah should expect more closures in the initial months as we target cases moving to the exchange or to CHIP.
Case Priority and Review Timeline

All cases will be reviewed in 12 months ≈ 286,998 cases
- Most cases at their regularly scheduled review month
- Cases held open will be assigned a review month
  ≈ 145,911 cases (263,469 members)

Note: Per CMS, states cannot review more than 1/9 of the total cases in any month
Legislative Intent Language

The Department of Health and Human Services and the Department of Workforce Services shall provide up-to-date information about plans and progress in response to the Public Health Emergency enrollment requirements ending.

Agencies shall regularly report to the Social Services Appropriations Subcommittee and make public information about eligibility redeterminations and measures, including the number of cases, status, response type and outcomes.

House Bill 3 (2022) Items 44, 52, 220
Stakeholder Communication

New Webpage and Dashboard
medicaid.utah.gov/unwinding

- Overall review progress
- Results of case reviews
- Other key metrics
Other Notable Changes

- CHIP health insurance premiums will resume in May 2023
- Medicaid spenddowns will be required at the member’s next renewal
- Optional COVID-19 group
  - Coverage ends the last day of the PHE
- Other eligibility components will return to normal
  - overpayments, ESI sanctions, Medical Support Enforcement sanctions, etc.
- Some flexibilities that were granted during the PHE may end
  - NEMT for non-traditional, verbal signatures, etc.
# Member Communication Plan

DHHS will be sending informational notices to compliment the DWS eligibility notices.

<table>
<thead>
<tr>
<th>#</th>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>COVID-19 Coverage Group</td>
<td>- Notify the COVID-19 group that their coverage ends at the end of the PHE.</td>
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<td>- Informs them of how to apply for Medicaid</td>
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<td>- Sent 5/16/2022</td>
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<tr>
<td>02</td>
<td>General Notice</td>
<td>- Sent to all Medicaid members</td>
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<td>- General information on what to expect with the end of Medicaid's continuous enrollment requirement</td>
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<td>- Sent 1/30 to 2/3/23 (light green paper)</td>
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<tr>
<td>03</td>
<td>CHIP Premiums</td>
<td>- Notify CHIP members that quarterly premiums will resume starting in May 2023</td>
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<td>- Early February 2023 (light yellow paper)</td>
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<tr>
<td>04</td>
<td>Spenddowns/ MWI Premium</td>
<td>- Notify Medically Needy members that their monthly spenddowns will be required following their first renewal.</td>
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<td>- Early February 2023 (light blue paper)</td>
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<tr>
<td>05</td>
<td>Emergency Medicaid</td>
<td>- Notify Emergency Medicaid recipients that they can &quot;raise their hand&quot; when their citizenship status changes to be considered for full Medicaid benefits</td>
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<td>- Early February 2023 (light pink paper)</td>
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Potential Eligibility Risks

- Eligibility Staff (processing time, fatigue)
- Increased Eligibility Fair Hearings
- Eligibility System Preparedness (programming, AWS)
- Eligibility Churn
- Outdated Contact Information
- Other? (DHHS merger, 2023 legislative session, PRISM launch, etc.)
“This is a marathon, not a sprint!”