Returning Medicaid Eligibility to Normal Operations when the Public Health Emergency Ends

Updated 7/13/2022
Purpose and Objectives

Purpose:
To provide an overview of Medicaid’s plan for “unwinding” the Medicaid eligibility and returning to normal operations at the end of the Public Health Emergency (PHE) 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 two laws in rapid succession FFCRA & CARES* Acts
  - A key provision allowed for **continuous coverage of Medicaid** through the PHE, starting March 2020
  - For the past **29 months**, Utah has kept all Medicaid cases open
    - Exceptions:
      - 1. Member requests their case closed
      - 2. Member passes away
      - 3. Member moves out of state
- As the PHE ends, the state will review ALL Medicaid cases as we “unwind” this key provision and resume normal operations.

*Families First Coronavirus Response Act Coronavirus Aid, Relief, and Economic Security 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 unwinding dashboard

**Robust planning**
- Comprehensive eligibility unwinding plan drafted to guide work
- Multiple meetings with DWS, CMS, stakeholders
- Proactive identification of cases held open (“flagged cases”)

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

60 days before

Promised Notice
HHS has promised to provide 60 day advanced notice states

30 days before

Share Information
State will submit baseline eligibility data to CMS
State will submit renewal distribution plan to CMS
DWS will start to review cases

PHE ends

COVID-19 Group Coverage Ends
This coverage group ends with the PHE.
First Medicaid closures occur at the end of the month

Following month

Continued Reviews
Utah should expect more closures in the initial months as we target cases moving to the exchange or to CHIP.

End of calendar quarter

Enhanced Funding
Enhanced federal Match Rate ends at the end of the calendar quarter.
Case Priority and Review Timeline

All cases will be reviewed in 12 months ≈ 264,000 cases
• Most cases at their regularly scheduled review month
• Cases held open will be assigned a review month ≈ 122,000 cases (221,000 members)

Backlog cases prioritized by:
1. Known ineligibility issues
2. No review completed
   ○ Length of time held open
   ○ Utilization of services
   ○ Broad program mix
3. ‘Emergency only’ cases

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 reviews
- Other key metrics
Other Notable Changes

- CHIP Premiums will resume at the CHIP member’s next renewal
- Medicaid spenddowns will be required at the member’s next renewal
- Optional COVID-19 group
  - All coverage ends at last day of 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.

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<th>No.</th>
<th>Plan Description</th>
<th>Details</th>
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| 01  | COVID-19 Coverage Group                             | • Notify the Covid 19 group that their coverage will end at the end of the PHE  
|     |                                                     | • Informs them of how to apply for Medicaid                              |
|     |                                                     | • Sent 5/16/2022                                                          |
| 02  | General Notice                                      | • Sent to all Medicaid members as soon as the end of the PHE is known  
|     |                                                     | • General information on what to expect with the end of the PHE and any benefit changes |
| 03  | CHIP Premiums                                       | • Notify CHIP members that quarterly premiums will begin following their first renewal |
| 04  | Spenddowns/MWI Premium                              | • Notify Medically Needy members that their monthly spenddowns will be required following their first renewal. |
| 05  | Emergency Medicaid                                  | • Notify Emergency Medicaid recipients that they can “raise their hand” if there has been a change to their immigration status and be considered for full Medicaid benefits |
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, legislative session, PRISM launch, etc.)
“This is a marathon, not a sprint!”