

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

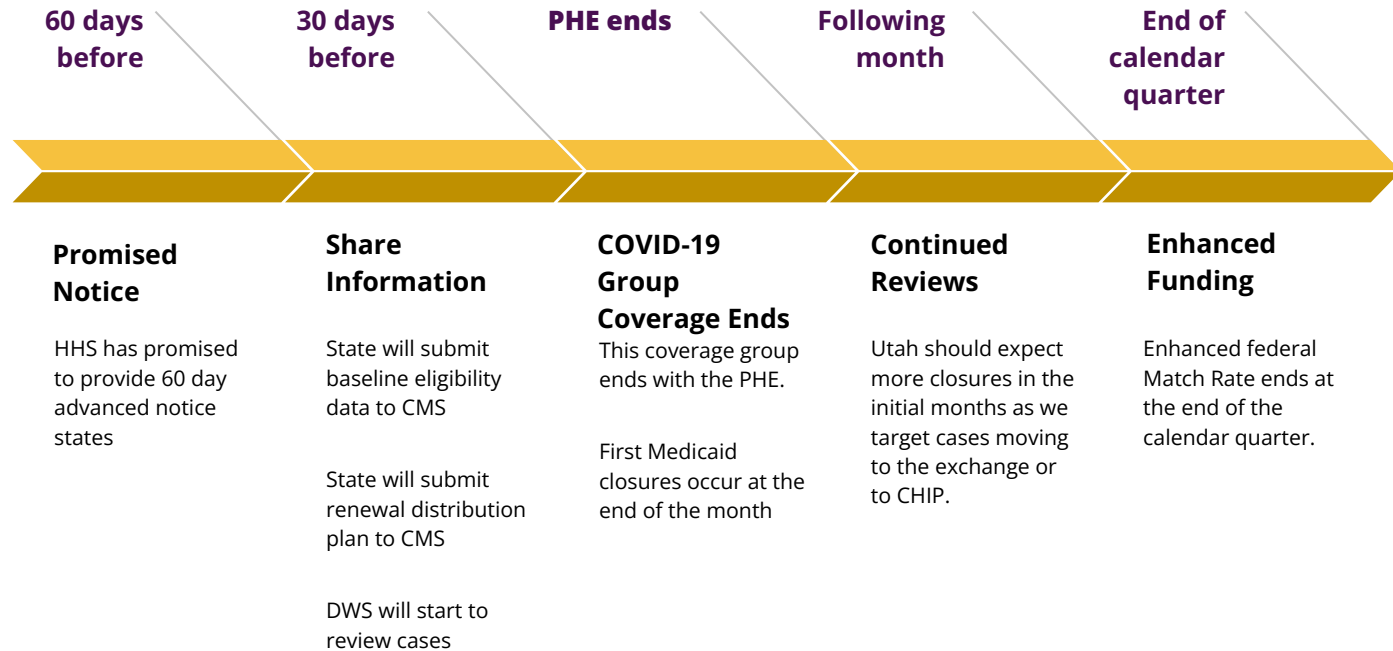
- Planned transparent reporting with defined metrics to meet CMS standards, legislative requirements
- Developed unwinding dashboard

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



Case Priority and Review Timeline

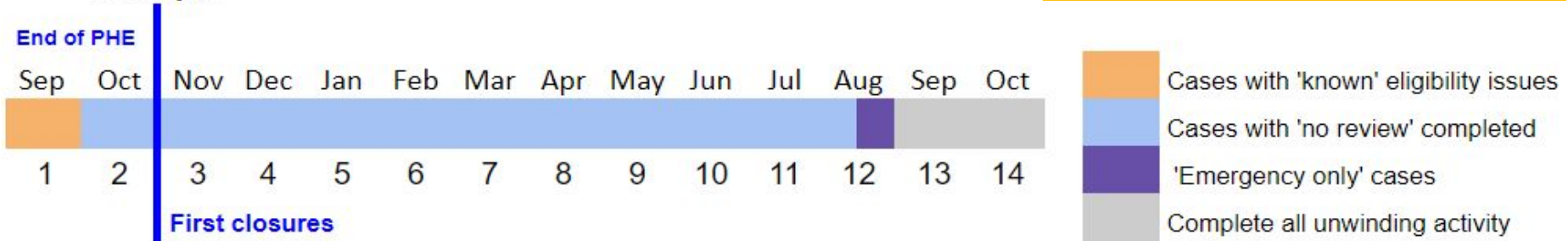
All cases will be reviewed in 12 months \approx 264,000 cases

- Most cases at their regularly scheduled review month
- Cases held open will be assigned a review month \approx 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

Example



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

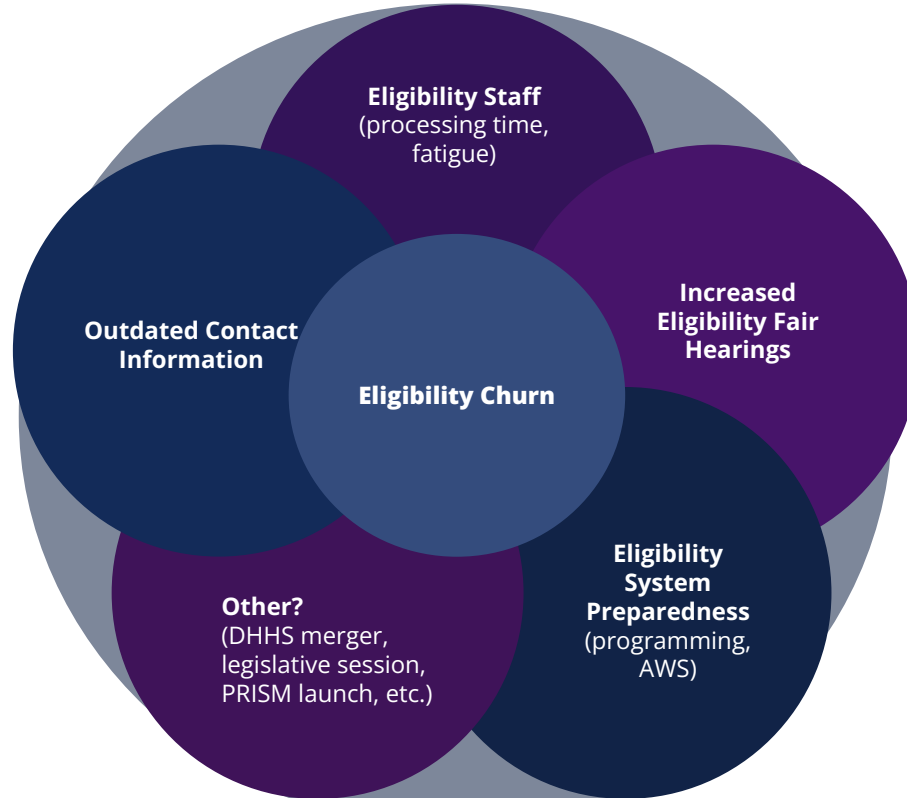
- CHIP Premiums will resume at the CHIP member's next renewal
- Medicaid spenddowns will be required at the member's next renewal
- Optional COVID-19 group
 - All coverage ends at last day of PHE
- Other eligibility components will return to normal
 - (overpayments, ESI sanctions, Medical Support Enforcement 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.

01	COVID-19 Coverage Group	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Notify CHIP members that quarterly premiums will begin following their first renewal
04	Spenddowns/ MWI Premium	<ul style="list-style-type: none"> Notify Medically Needy members that their monthly spenddowns will be required following their first renewal.
05	Emergency Medicaid	<ul style="list-style-type: none"> 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



“This is a marathon, not a sprint!”
