



Not a Moment to Lose: Critical Changes States Should Implement to Prevent Medicaid Coverage Losses

October 24, 2022



Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all

Speakers

- **Arielle Kane (Moderator)**, Director of Medicaid Initiatives, Families USA
- **Marshall Wilmot**, Deputy Assistant Director of Systems Support, AHCCCS
- **Dareth Cox**, Administrator for the Office of Eligibility Compliance and Oversight, AHCCCS
- **Katie Hall**, Director of Policy and Applied Research, HealthSource RI
- **Garrett Hall**, Policy Analyst, Families USA



AHCCCS Medicaid Renewal Unwinding

Identify Override Populations

- Covid Override Dashboard
- Factually ineligible
- Procedurally ineligible
- Combination of both

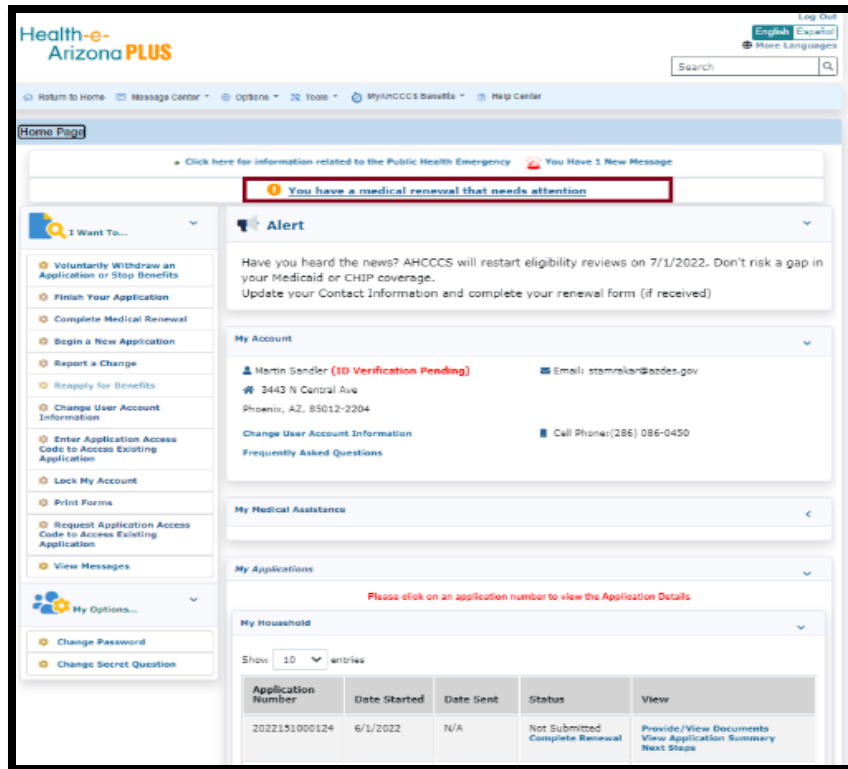
Override_Source	Total	MA	ALTCS	KidsCare	CRS	Homeless	Veteran	Under 19	65 and Over	FES
Eligibility & Verifications Failure	98629	97768	861	5219	487	1577	2153	29896	5097	1145
Eligibility Failure	189808	187622	2186	10660	658	3865	2799	41062	21340	2955
Verification Failure	321712	320263	1449	10485	2140	12157	4552	152174	11358	4471
Coverage extended to TMA & other Key codes through backend	34247	34243	4	419	194	596	577	13123	2138	327
Total	644396	639896	4500	26783	3479	18195	10081	236255	39933	8898

Household Alignment

- Previously renewed at an individual level
- Aligned Medicaid households
- Aligned Medicaid households with Arizona SNAP and TANF populations
- First contact resolution



User Interface Improvements



- New ALERT section
- New scrolling banner
- New static banner

Outreach



TARGETED OUTREACH



HEALTH PLANS



HEALTH-E-ARIZONA PLUS
COMMUNITY PARTNER
ASSISTOR

Individualized Communication

- Letters
- Text Campaigns
- Calls
- Social Media





Questions?

Thank You.



Rhode Island's Response to Unwinding

HealthSource RI presentation for Families USA, October 2022

HealthSource RI (HSRI) is RI's State Based Marketplace

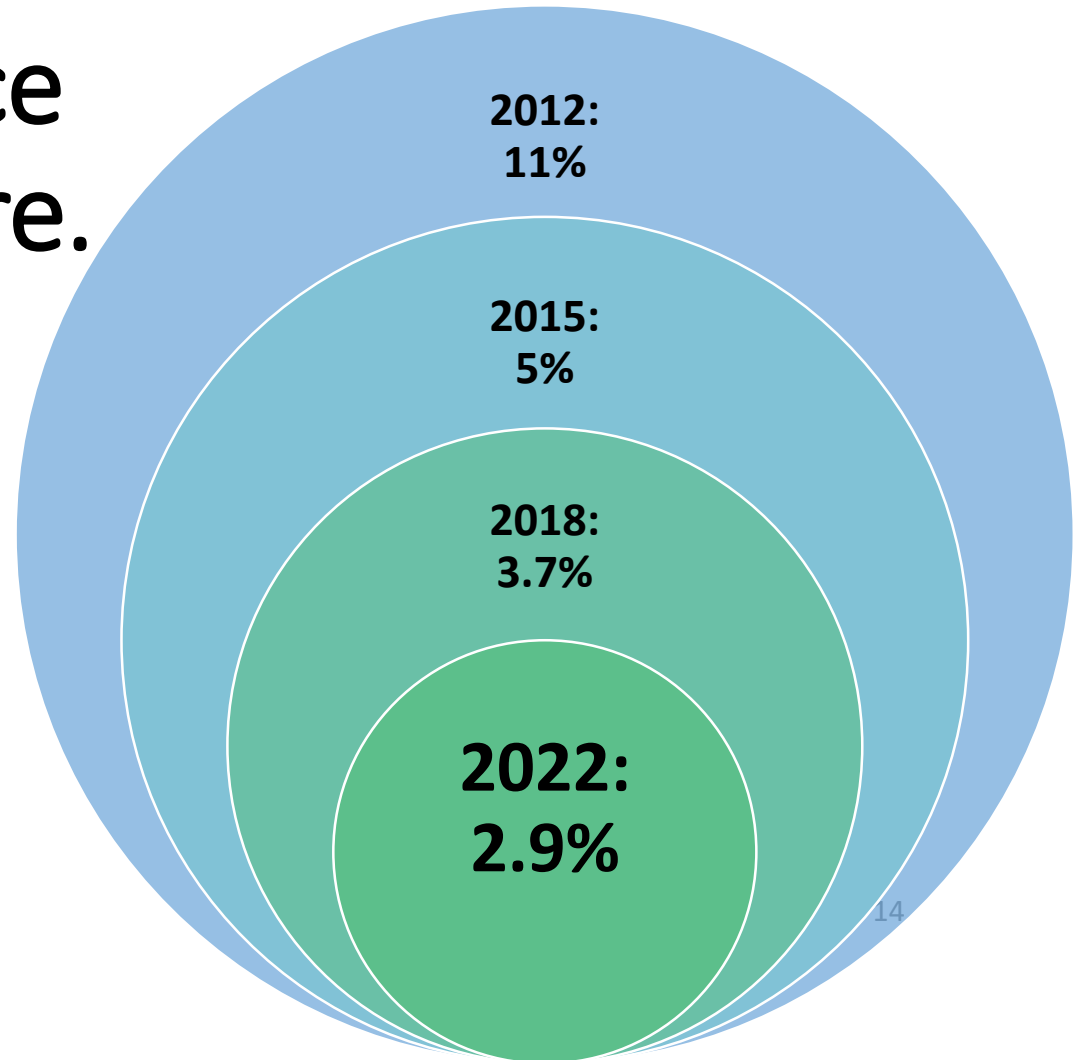
- RI has approximately **1 million** residents
- Medicaid enrollment: **353,000**
- HSRI's enrollment:
 - Individual Market – **31,000**
 - HSRI for Employers – **7,000**
(small business program)
- **25,000** inquiries handled per month through the HSRI Contact Center
 - Appointments, walk-in, call center, web chat



Rhode Island

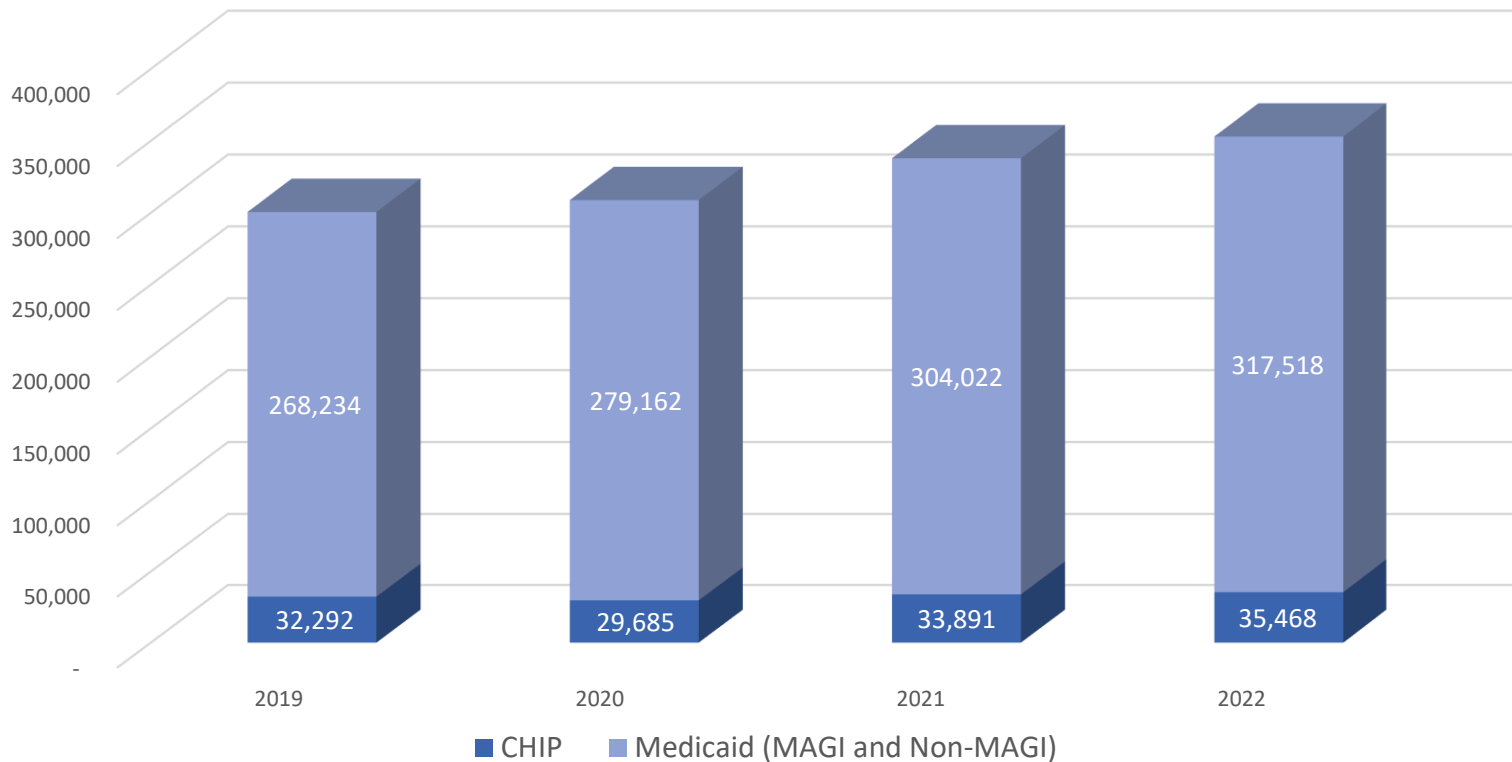
More Rhode Islanders have health insurance than ever before.

Uninsured rate by year



Medicaid enrollment increased during the COVID-19 PHE:

R.I. Medicaid Enrollment 2019-2022



Unwinding Timeline

- Public Health Emergency (PHE) for COVID-19 was just extended through January
- CMS will give states a 60-day warning before it ends
- Unwinding will begin the month after the PHE ends, and continue for 12-14 months

If PHE ends mid-Jan:

- Feb 1: Process kicks off with a 60-day notice for those with data inconsistencies
- March 31—last day of Medicaid coverage for those who don't verify Medicaid eligibility
- April 1--QHP coverage could begin April 1
- This process will continue for 12 monthly cycles until unwinding is complete

RI should find out in mid-Nov if the PHE will end in Jan

HealthSource RI's Unwinding Response Goals

1

Keep Rhode Islanders connected to coverage + minimize unintended gaps in coverage

2

Leverage RI's coordinated approach to health + human services to enable as seamless a process as possible

3

Establish lasting improvements to how RI supports people when transitioning between coverage programs

Post-PHE: How can we mitigate coverage loss?

- **Affordability** – ARPA provides enhanced federal tax credits through 2022, and the IRA extended them through 2025.
- **Administrative burden** – How do we solve for program complexity and the burden of compliance?
 - Improving access is a product of affordability *and ability*. How can we make this easier?
 - Transitioning customers in RI already have QHP eligibility, but still need to pick a plan and pay for their coverage to be activated.

Automatic Enrollment

- Those whose Medicaid coverage ends and are eligible for the program will be **auto-enrolled**.
 - People who meet eligibility guidelines but for some reason are not auto-enrolled can still benefit if they actively select a plan.
- The program will pay for **two months of premium**.
- Auto enrolling to a **silver metal level plan** offered by a QHP carrier that also has a majority of Medicaid enrollment to minimize changes
- A **pre-existing Special Enrollment Period** will allow consumers to pick a different plan immediately or for 60 days following their Medicaid termination.
- Auto-enrolled customers will be **permitted to cancel coverage** (retroactively) for up to 60 days.

Beyond Automatic Enrollment

- For those whose Medicaid is ending and have household income between 200% and 250% FPL:
 - Not automatically enrolled. If customer selects a plan, program will make payment for first two months QHP premium.
 - The program will also pay for two months of dental plan, if selected by consumer.
- For the population being auto-enrolled:
 - If they select and enroll in dental plan, state will make payment for two months dental premiums.

Helpful Conditions



- HSRI operates an **integrated eligibility system** in partnership with our state Medicaid program and Department of Human Services.
- Rhode Island **state law requires residents to have qualifying health coverage** (enforced through the personal income tax filing)
- There is overlap in our **Medicaid and QHP** carriers
- **Enhanced APTCs** were recently extended through 2025
- **State and Local Fiscal Recovery Funds** (under ARPA) are available for innovative projects

Anticipated Outcomes of Program

- Keep Rhode Islanders **connected to coverage**
- **Tailored** to serve households who may need it most
- Helps the state stay on a path to **near-universal health coverage**
- May **reduce call volumes** and customer service needs
- May **establish lasting improvements** to how the state serves people transitioning between coverage programs.



Future Evaluation

- **Efficacy of the policy** – Were we successful in helping Rhode Islanders stay covered?
- **Impact at varying income levels** – Did outcomes differ at different levels of household income?
- **Did “opt-out” make a difference** – As compared to those who had to actively select a plan, were those auto-enrolled more likely to get and stay covered?



Thank You

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Roadmap of the Discussion



PERTINENT INFO ON THE PHE
& EX PARTE PROCESS

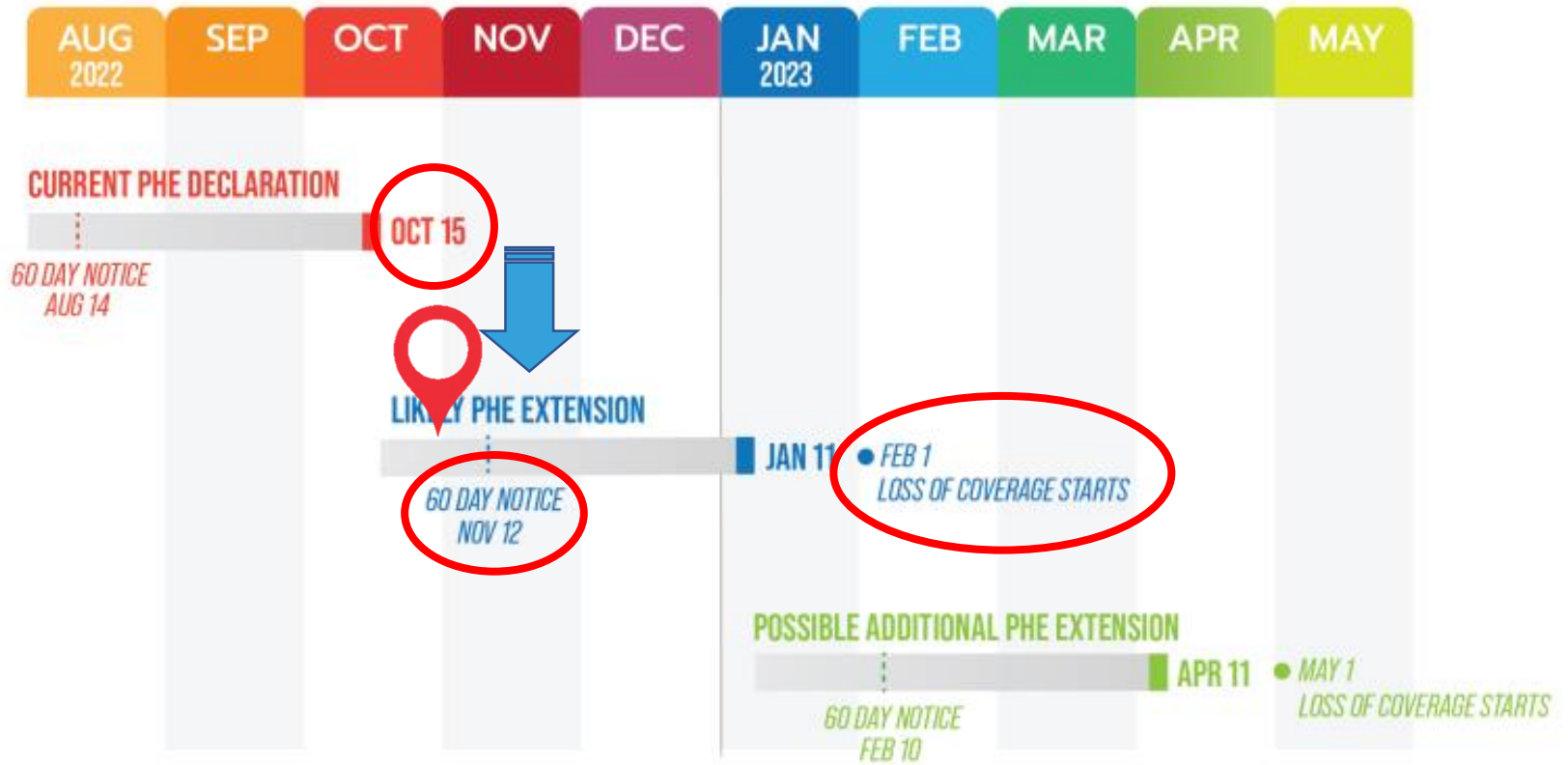


CLEAR, ACHIEVABLE GOALS
TO CHAMPION IN YOUR
STATES




CHECKLIST OF VITAL
CHANGES TO INCREASE EX
PARTE RATES

Estimated Time Remaining for States to Improve Their *Ex Parte* Rates Before Redeterminations Begin





states do not have a moment
to lose to start making these
improvements

The image features a person's hands typing on a laptop. The scene is overlaid with various digital icons: speech bubbles, gears, a shield, a building, and a bar chart. The background is a blurred office setting with a teal digital overlay.

Tools to Prevent Medicaid Coverage Losses



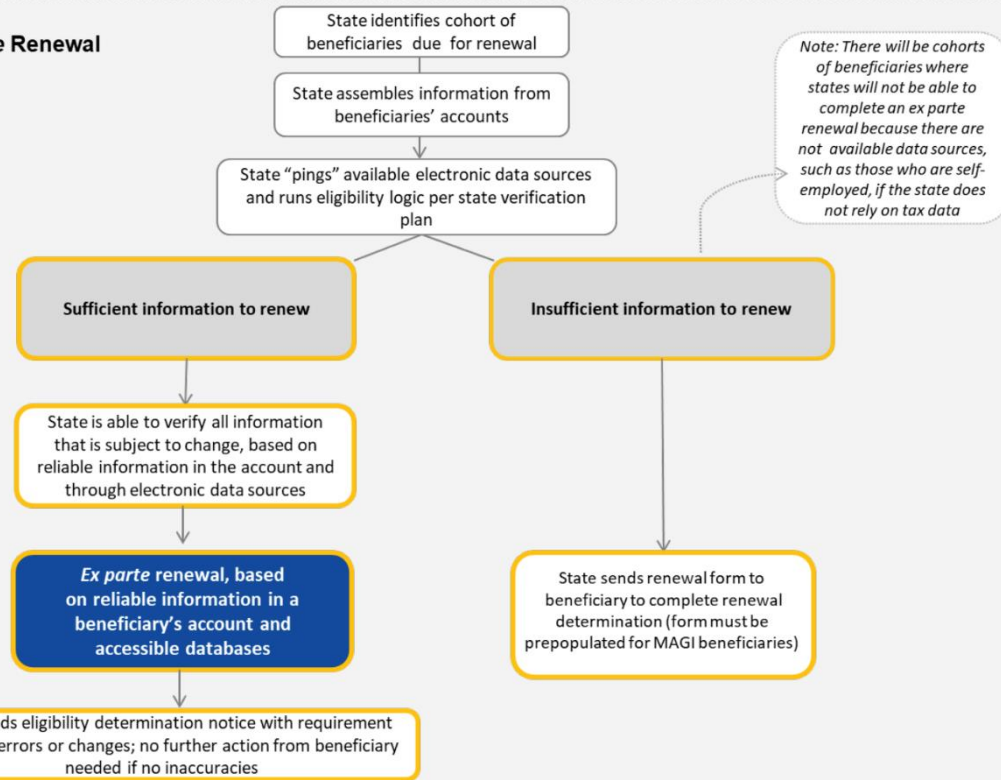
Renewing beneficiaries' coverage based on existing and accessible beneficiary data without having to contact beneficiaries for updated information.

What are Ex Parte Renewals?

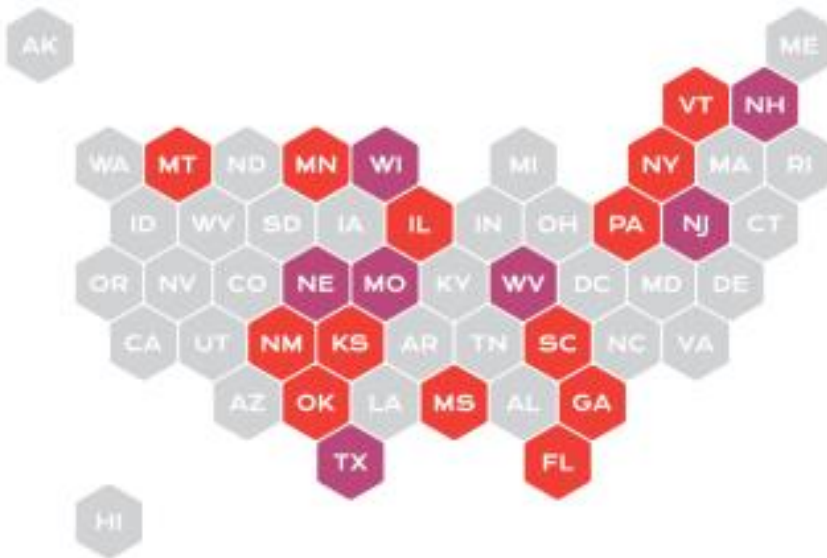
What are Ex Parte Renewals?



Renewal Processes: *Ex Parte*

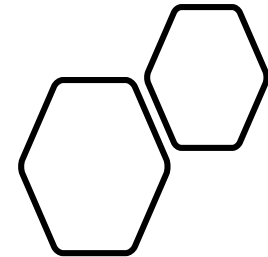
Ex Parte Renewal



States That Need To Improve Their *Ex Parte* Rates⁵



-  Rates between 25% and 50%
-  Rates less than 25%



Checklist: Key Policies to Prevent Coverage Losses

- Publicly release an operational PHE unwinding plan.
- Set, publicize, and achieve a defined minimum rate of *ex parte* redeterminations.
- Transparently report *ex parte* renewals data and outcomes.

CMS

- Incorporate the full spectrum of available data sources into the *ex parte* process.
- Enact legislation to auto-enroll beneficiaries losing Medicaid coverage into qualified health plans with premium assistance.

CMS

- Pursue express lane eligibility (ELE) and a facilitated enrollment state plan amendment (SPA).

CMS

- Remove requirements that beneficiaries must consent to the *ex parte* process.

CMS

- Maximize the time periods that data sources can be considered usable for *ex parte* determinations.

CMS

- Remove limitations on the number of times a beneficiary can be renewed via the *ex parte* process.



Transparency and Goal Setting

- Publicly release an operational PHE unwinding plan. 28 States
- Set, publicize, and achieve a defined minimum rate of *ex parte* redeterminations. 50% → 60%
- Transparently report *ex parte* renewals data and outcomes.

High Impact Legislative and Systems Changes

- Incorporate the full spectrum of available data sources into the *ex parte* process. **#1 Strategy**
- Enact legislation to auto-enroll beneficiaries losing Medicaid coverage into qualified health plans with premium assistance. **Only 3% regained coverage**
- Pursue express lane eligibility (ELE) and a facilitated enrollment state plan amendment (SPA).

High Impact Legislative and Systems Changes

CMS



Extend ex parte renewals to both MAGI and non-MAGI populations

15 States

CMS



Examine data sources' hierarchy to consider all information

CMS



Fully automate the ex parte process

Progress in NC

Critical Technical Changes

- △ Remove requirements that beneficiaries must consent to the *ex parte* process. 25 states partner w/ MCOs
- △ Maximize the time periods that data sources can be considered usable for *ex parte* determinations.
- △ Remove limitations on the number of times a beneficiary can be renewed via the *ex parte* process.



states do not have a moment
to lose to start making these
improvements

Q & A



Source: Florida International University [Image]

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FamiliesUSA.org