Survival Guide: Preparing for When Redeterminations Get Rough

March 1, 2023
Speakers

- **Garrett Hall (Moderator)**, Policy Analyst, Families USA
- **Jennifer Tolbert**, Director of State Health Reform & Associate Director, Program on Medicaid & the Uninsured, KFF
- **Sandie Ruybalid**, Deputy Administrator & Chief IT Manager, Nevada HHS Division of Health Care Financing & Policy
- **Allison Miles-Lee**, Managing Attorney, Bread for the City
Using Data to Monitor the Unwinding of the Medicaid Continuous Enrollment Provision

Families USA
Jennifer Tolbert
Associate Director, Program on Medicaid and Uninsured
March 1, 2023
During the pandemic, states were prohibited from disenrolling people from Medicaid in exchange for an increase in federal Medicaid matching payments.

The Consolidated Appropriations Act, 2023 delinked the Medicaid continuous enrollment provision from the COVID-19 public health emergency (PHE) and ends continuous enrollment on March 31, 2023.

- Also phases down enhanced federal matching payments through December 2023.

States can begin disenrolling people from Medicaid on April 1st but must meet monthly reporting and other requirements to continue drawing down enhanced federal funding.

The CAA also requires CMS to make public monthly data reported by states.
States must meet monthly reporting requirements.

### CMS-specified Monthly Reporting Requirements

- Total applications completed and pending
- Total renewals initiated
- Total beneficiaries due for a renewal in the reporting month
- Month in which renewals due in the reporting month were initiated
- Total beneficiaries due for renewal that have not received one
- Total Medicaid fair hearings pending

### Monthly Reporting Requirements Mandated by Consolidated Appropriations Act

- Number of beneficiaries renewed on a total and ex parte basis
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated for procedural reasons
- Number of individuals enrolled in separate CHIP
- Number of account transfers to FFM or SBM
- Number of individuals determined eligible for a qualified health plan (QHP)
- Number of individuals who selected a QHP or enrolled in a Basic Health Program
- Total call center volume, average wait time, and average abandonment rate
CMS has enhanced enforcement authority if a state is not in compliance with reporting requirements.

- The Consolidated Appropriations Act of 2023 provides CMS with new enforcement mechanisms if states do not comply with reporting requirements
  - FMAP reduction of up to 1 percentage point for any quarter in which a state is out of compliance
  - Required submission and implementation of a corrective action plan
  - Suspension of disenrollments for administrative reasons (e.g., failure to respond to a renewal request)
Certain metrics will be more useful for monitoring how things are going, but context will be needed to interpret data.

- Most valuable metrics:
  - Call center volume, wait times, and abandonment rates – *the canary in the coal mine*
  - Total disenrollments
  - Disenrollments for procedural reasons

- Understanding how states are prioritizing renewals will help contextualize the data
  - Some states will focus on individuals most likely to be ineligible first, while others will adopt a time-based approach relying on existing renewal dates
  - State approaches will affect the number of disenrollments in a given month-- will be front-loaded in some states, but will be more evenly distributed in other states
Figure 8

The timeliness of the data will affect its utility.

Cumulative Percent Change In Medicaid/CHIP Enrollment From February 2020 Through October 2022 By State

A few states have committed to posting unwinding data on their websites.

Utah Unwinding Eligibility Data

https://medicaid.utah.gov/unwinding/unwinding-eligibility-data/

https://mn.gov/dhs/medicaid-matters/renewal-dashboard/
Data needed to monitor the unwinding process across states is unlikely to be available in one place.

<table>
<thead>
<tr>
<th>CMS</th>
<th>State Websites</th>
<th>State/National Organizations</th>
</tr>
</thead>
</table>
| • Reporting will include all metrics  
• Will be available for all/most states  
• More likely to be comparable across states  
• Should be easy to trend  
• May lag by several months, at least initially  
• Unclear where data will be posted and if all in the same place | • Data will be more timely  
• May include a broader set of metrics  
• Not all states will post data  
• Unlikely to be comparable across states  
• May be difficult to trend  
• Time-consuming to compile for multiple states | • Will likely include most timely data  
• Trend data will be available  
• More likely to provide analysis of the data, including identification of concerning data points and trends  
• Depending on the source, may not be comparable across states  
• Will likely include a more limited set of metrics |
State of Nevada
Department of Health and Human Services

Nevada’s Plans to Troubleshoot Challenges
Preparing for When Redeterminations get Rough

Sandie Ruybalid, Deputy Administrator
Division of Health Care Financing & Policy (DHCFP)

March 1, 2023

Helping people. It’s who we are and what we do.
Nevada Medicaid
Background
Nevada Medicaid

- About 920,000 people enrolled
- Covers **one in three** Nevadans
- Expansion state (2014)
- **42% growth** since pandemic
- About **37%** of uninsured likely eligible for Medicaid coverage

### Key Nevada Medicaid Statistics

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>912,726</td>
<td>Nevadans covered by Medicaid</td>
</tr>
<tr>
<td>272,369</td>
<td>Growth in pop. compared to pre-COVID (42% growth)</td>
</tr>
<tr>
<td>$5.5 billion</td>
<td>FY22 spend (nearly 30% of state expenditures)</td>
</tr>
<tr>
<td>55%</td>
<td>Births covered by Nevada Medicaid</td>
</tr>
<tr>
<td>78%</td>
<td>Recipients served by Medicaid Managed Care Plans</td>
</tr>
<tr>
<td>44%</td>
<td>Recipients who are children or youth (0-18)</td>
</tr>
<tr>
<td>91,750</td>
<td>Dually eligible for Medicare &amp; Medicaid (10%)</td>
</tr>
<tr>
<td>80%</td>
<td>Recipients who live in Clark County</td>
</tr>
<tr>
<td>62%</td>
<td>Medicaid-covered nursing facility bed days</td>
</tr>
</tbody>
</table>
Nevada Medicaid Oversight & Operations

Federal Agency

Single State Agency

Divisions

Functions

Sources: 42 CFR 431.10; NRS 232.290 – 232.359; NRS Chapter 422; NRS Chapter 422A

Charts and tables created by the Department of Health and Human Services, Division of Health Care Financing and Policy
Unwinding Approach
Continuous Coverage in Nevada

- Nevada did not stop doing renewals only disenrollments

- Division of Welfare and Supportive Services (DWSS) does not have a backlog of applications

- No major system changes were made for continuous coverage

- Federal Consolidated Appropriations Act (CAA) of 2023
  - Sets the end date for continuous coverage March 31, 2023
  - Unwind process begins on April 1, 2023
Unwind Planning Efforts

- **Goal:** Avoid loss of coverage
  - Leads: DHCFP, DWSS, and Silver
  - State Health Insurance Exchange
  - Office of Analytics

- **Summary of efforts:**
  - Formal Project Management
  - **Operational Unwinding Plan**
  - Regular partner meetings
  - Multi-media **member outreach**
  - **Update My Address** webform
  - Ex-Parte Renewals
  - Unwind Dashboard (coming soon)
Communications Approach

• **Phase 1** – This phase is designed to encourage members to provide DWSS with any updated contact information (name, address, phone number, and email)

• **Phase 2** – This phase is designed to encourage members to continue to update contact information, to report any change in circumstances, and check for upcoming renewal packets for members whose cases have not auto-renewed

• The first message regarding renewals sent to over 330,000 Medicaid members and will continue to send out “update your contact information”, renewal and transition messages **weekly** until April 1, 2023, and **monthly** thereafter. DHCFP is also working on a texting solution.
Ex-parte Process Automation

- Nevada’s ex-parte process was historically entirely manual
- Automated processing including matching up to 5 data sources
- Went live December of 2022 processing renewals for 12 months of eligibility
- Those who are not able to be renewed are mailed a packet to return
- Renewal numbers thus far
  - On average over 16,000 households have been renewed per month
  - Of those eligible for Ex-parte renewal over 50% renewal rate
**Eligibility Sequencing Map**

**ELIGIBILITY SEQUENCING MAP PART 2**

**June Renewal Month**
This map highlights renewal activities for an individual whose renewal month is June 2023. The continuous enrollment condition ends March 31, 2023. DWSS will begin renewal activities in March 2023.

1. On approximately March 15th, DWSS will attempt to renew eligibility using available information and data sources without contacting the beneficiary (through ex parte).
   - If successful, an ex parte notice of approval will be mailed April 1st.
   - If unsuccessful, DWSS will mail a renewal packet.
2. DWSS will send a renewal packet or ex parte approval notices on April 1st. 60 day prior to the renewal month (June 2023).
3. The beneficiary has 60 days to return the renewal packet. If they return it but DWSS needs more information, DWSS will send a Request for Information.
4. If the individual is no longer eligible, they will receive a notice 10 days prior to the date their eligibility will end.
5. If the individual continues to be eligible, the renewal date will advance to the following year.

**May 31, 2023**
The last day of eligibility
The first day the beneficiary will not have Medicaid coverage will be June 1, 2023

**April 1, 2023**
Start of 14-month renewal period

**May 1, 2023**
16-day Termination Notice

**May 31, 2023**
Last day of eligibility

**April 1, 2023**
Ex-Parte approval letters & Renewal packets mailed

**June 1, 2023**
No longer Medicaid covered

***Please note that the dates are an approximation and may vary***

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NEVADA MEDICAID COVID-19 PUBLIC HEALTH EMERGENCY OPERATIONAL PLAN

Version 1.8
Georgetown University Health Policy Institute
50-state Unwinding Tracker

• Nevada ranked in top 10 states for success in the following online
  • Public state plan
  • Alert to update Contact Information
  • Unwinding FAQ & Guidance
  • Communications toolkit/materials
  • Unwinding Dashboard planned
CMS & Stakeholder Collaboration
Constant Guidance/Feedback Loops

• **CMS** in partnership with **National Association of Medicaid Directors (NAMD)** and **State Health and Value Strategies (SHVS)** are providing guidance and support
  • Resources and toolkits are provided by each entity have been made available publicly

• **CMS** is working with each state (1:1) to address mitigation strategies
  • Our mitigation plan is set to be released **March 13, 2023**
  • This plan will outline items Nevada can start addressing before the renewal process beings

• Any new information or updates are shared with our **Sister Agencies, Managed Care Organizations and Marketplace**
  • These key entities also share any barriers or setbacks, and we work together to produce a solution or resolve
Monitoring
Dashboards & Reports

CMS Reporting Requirements
States are required to submit performance indicator reports monthly which will be leveraged to populate our Unwinding Dashboard.

Nevada will be publishing our Unwinding Dashboard publicly
Used to monitor activities specific to the Unwinding and Renewal process including application processing time, call center wait times, renewals, and account transfers.

DHHS Dashboards & Reports
Our Office of Analytics maintains dashboards and reports that are used to identify any red flags or issues in the Medicaid program.

- OFFICE OF ANALYTICS - DATA & REPORTS (nv.gov)
- Public Health Unwind Estimates for Individuals on Active Medicaid with Excess Income
Impacted Population Analysis

Affected Population and Statistics from DHHS Office of Analytics

- 77% had at least one health care service from a core service provider in past year paid by Medicaid
- 50% had seen physician specialist(s) in past year with an average of about 8 specialist visits or claims per individual
- 45% had seen primary care provider(s) in past year with an average of about 4 provider visits or claims per individual
- 9% had seen a behavioral health provider in past year with an average of about 11 behavioral health visits or claims per individual
Closing Comments
Contact Information

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(775) 684-3710

Nevada Medicaid Website: http://dhcfp.nv.gov/
Acronyms

• CMS – Centers for Medicare and Medicaid Services
• DHCFP – Division of Health Care Financing and Policy
• DHHS – Department of Health & Human Services
• DWSS – Division of Welfare & Supportive Services
• FFCRA – Families First Coronavirus Response Act
• FMAP – Federal Medical Assistance Percentage
• HHS – U.S. Health and Human Services

• MCO – Managed Care Organization
• PHE – Public Health Emergency
References & Resources

CMS Medicaid.gov

Consolidated Appropriations Act of 2023
https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF

DHCFP Member Outreach Page
https://dhcfp.nv.gov/Pgms/CPT/COVID-19/MemberOutreach/

DHCFP Operational Unwinding Plan

Georgetown University Health Policy Institute 50-state Unwinding Tracker
https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/

State Health & Value Strategies (SHVS)
https://www.shvs.org/resource/phe-unwinding-resources-for-states/
Medicaid Redeterminations: What Advocates can do as Red Flags Emerge

Allison Miles-Lee, Managing Attorney, Bread for the City
Bread for the City

We serve DC residents living with low income in an atmosphere of dignity and respect, with a vision of building a nurturing community and providing holistic, comprehensive services.

With over 110 staff at our NW and SE Centers, we serve more than 32,000 people a year.
DC Healthcare Alliance

- Locally funded health insurance program for people with income at or below 210% FPL who do not qualify for Medicaid due to immigration status
- Recertifications were suspended, briefly restarted, were suspended again and have now started again
- Canary in the coal mine
- ~17,000 DC residents, Medicaid ~303,000 (17x)
How Alliance recertifications are supposed to work

- Notices mailed out contain recertification paperwork
- New online option: District Direct (phone app and online portal)
  - Can also upload verifications
  - Notices also appear online
- In person, mail, fax
Our concern in a nutshell

● People are submitting recerts in person or online and still are terminated
● In many cases, not denied, just not processed
● Result: delayed health care, facing emergency hospital costs, not able to get prescriptions
Issues that we are seeing

- System “glitches”
- Verifications being requested that are not required
- People encounter difficulty uploading documents or don’t know that they are required to
- With the start/stop of recertifications, people may disregard notices to recertify
- Recert notices going out without recertification paperwork to fill out
Issues that we are seeing (cont.)

- Dropped off documents being lost (though later they can often be “found” in the system)
- People lack technological skills to do online recertification, not a good alternative option for many
- Language access: notices going out in English even though the person has self identified as LEP/NEP
- Poor treatment of LEP/NEP people at service centers
- OAH: Judges ordering action and it’s not happening
Positive changes

- Recert period changed from 6 months to one year (Alliance Coalition worked for years on this)
- No in-person interview requirement (came out of pandemic)
- Online option now available
- District Direct working group of advocates/relationships with DHS (responsive when true emergency)
- DHCF Alliance-specific email
- Sharing data with DHCF ombudsman
Things to improve on

- Improve online system language to make it more easily understandable
- DHS staff needs to assist: kiosks at service centers?
- Increase staff to process recertifications
- Provide receipts for in-person document drop
- Better ways for advocates to escalate
Contact

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