

HHS CMS
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2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, all participants are in a listen only mode. During the Q&A session if you'd like to ask a question, you may press star 1 on your phone. Today's call is being recorded. If you have any objections you may disconnect at this time. I'll now turn the call over to Jackie Glaze. Thank you. You may begin.

Jackie Glaze: Thank you, and good afternoon, and welcome everyone to today's all state call and webinar. I will now turn to Anne Marie Costello, our Deputy Center Director, to provide highlights for today's discussion. Anne Marie?

Anne Marie Costello: Thanks, Jackie, and hi everyone. And welcome to today's all state call. We have lots of important information on the end of the Medicaid continuous enrollment condition and the start of unwinding. First up today, Jessica Stephens from our Center Director's office, will provide an overview of the center informational bulletin released last week, that updates and revises key due dates for certain state unwinding deliverables and activities in light of the enactment of the Consolidated Appropriations Act of 2023.

Then Kia Banton from our data and systems group, will provide an overview of a tool released last week, that explains certain routine documents states will need to submit to CMS, to document systems readiness before the initiation of renewals, as a result of the continuous enrollment condition expiration.

Finally, Jessica will make a repeat appearance, and do a high level walkthrough of a third document released last week on how health plans can support safe unwinding efforts. Then we'll open the lines for your questions. We'll use the webinar for today's presentations and Q&A. So if you're not logged into the webinar platform, I suggest you do so now.

Before I turn things over to our Center Director, Dan Tsai, to say a few words, I wanted to note that the COVID-19 Public Health Emergency is still in effect, as are all Medicaid Section 1135 waivers and temporary provisions approved by CMS, including disaster relief state plan amendments.

States may choose to rescind approved disaster relief (SPA) provisions, however, the effective date for rescission must follow applicable effective dates, public notice, and tribal consultation requirements, outlined in regulation and the state plan. States anticipating ending Section 1135 waiver flexibilities early, or rescinding approved disaster relief (SPA)s to review prior CMS guidance on these topics, including the American Rescue Plan Section 9817 HCBS Maintenance of Effort Requirement for Home and Community Based Services.

More information is available in the slides for today and recordings of previous state calls that were housed on May 11, 2021 and (unintelligible) 15th 2022 all state calls. Appendix K approvals also are not impacted because the Public Health Emergency is still in effect.

As explained in our December 2020 State Health Official Letter, states are expected to retain Appendix K changes according to the end date approved under Appendix K, but no later than six months after the Public Health Emergency expires. Additionally, states should refer to again, our ARC

Section 9817 Maintenance of Effort Requirements specified in the state Medicaid Director Letter 21-003, if anticipating ending Appendix K flexibilities early.

If you have questions please contact your state lead or send them to the unwinding mailbox at CMSUnwindingSupport@CMS.HHS.gov. And now I'll turn things over to Dan Tsai, our CMCS Center Director, to say a few words. Dan?

Dan Tsai:

Thanks, Anne Marie. Good afternoon, everybody. I just wanted to - I'll be brief. I'll say a few things today also noted for our weekly MAMD call with states on Friday. We have been, as a collective group, preparing for unwinding or beginning redeterminations for the past quite some time now; over a year and a half. And here we are.

And so folks have been hard at work. We appreciate being in the trenches together. I think the level of federal/state collaboration and openness is we're at a level we've never been at before. And we appreciate that. And we are in this together, and we're going to go through some challenging, intensive months ahead. I hope we will all be working together to try to maintain coverage to the greatest extent possible.

We are going to support and push to debate, partner, all of that. So we look forward to continuing this level of collaboration. The team will start walking through some really important pieces. We expect more guidance to come. We expect to be spending time with states both in smaller settings and recurring meetings on a very routine basis.

So thanks for your support and collaboration. Thanks for what folks are doing on the front lines. We are all here to serve right now close to 90 million

people enrolled in Medicaid and CHIP. That number will evolve as we start redeterminations. And we look forward to partnering together. So with that, thank you, and I'm going to turn it over to Jessica Stephens.

Jessica Stephens: Thanks, Dan. And thanks, Anne Marie. Hello everyone. So as Anne Marie mentioned at the top, on Thursday CMS released a new informational bulletin that really focuses on some of the key dates related to the end of the continuous enrollment conditions that were in the Consolidated Appropriations Act, the omnibus. We'll be referring to it in a number of pieces at the CAA 2023.

For anyone who has not yet taken a look at the informational bulletin, yes we have a screen shot here in the link. But if you go to [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding), it is for now, the first link on the page. I do want to emphasize as Dan just said, that this is really the first in a series of guidance that we will be providing for states to help understand the provisions in the CAA 2023. And a lot more is to come.

But I really wanted to use this as an opportunity to immediately highlight some of the key dates to help states as you all plan your activities, when you'll be getting renewals, when you'll start your unwinding period, and when various deliverables and other items need to be submitted.

To that end, I think one of the critical changes that the CAA made was to separate the continuous enrollment conditions from the end of the public health emergency. And in so doing, provide us all with some certainty on unwinding which I know many states have been eager to have for quite a while. So whereas before, states seeking increased (SMAP) had to maintain enrollment of individuals until the month in which the Public Health

Emergency ends. Now we have a concrete date which is March 31st. Next slide, please.

So the slide that you're looking at is also Appendix A in the informational bulletin. And really walks through some of the key dates that have resulted from this concrete date of March 31st as the end of the continuous enrollment condition. You'll see here starting on the left hand side, December 29th is when the President enacted the legislation, and signed the bill.

At the top of this line are some of the key dates that resulted from the - directly from the legislation. And then the bottom are dates for various deliverables and actions that CMS will be taking as a result. So working backwards from March 31, 2023, we see that the first item on this list on the left, on the bottom, is the week of January 17, 2023 which happens to be next week. It snuck up on us a little bit.

But we will be starting our meetings with all states and territories on unwinding planning and systems readiness. Those Medicaid directors who are on the line, you will have received already an email, and we're working on scheduling and very much look forward to talking through a variety of issues with you, to help support the work that you're doing for unwinding.

February 1st is a critical date as it is the first day in which states may initiate renewals that can result in termination. Right? Formation cannot occur until - to be effective April 1st. But many states we understand, will be beginning that work on February 1st.

If a state is initiating renewals in February, if you all recall there are three options - you can start in February, March, or April 2023. If initiating renewals in February, what we've noted is that some of the key deliverables we've previously discussed - the renewal distribution plan, the system

configuration plan, and testing results which Kia will be talking about in a moment, would be due on February 1, 2023.

If initiating renewals not in February but in March or April, the last date to submit those same materials will be February 15, 2023. I will note and this is in a footnote at the bottom of the page, but I'll say it out loud that, you know, there are still the baseline unwinding data submission dates that still fall on the 8th of the month as appropriate. And so baseline data for states would be due February 8th for states that are seeking to begin renewals in February. And as with all dates on this, if a date falls on a weekend or a holiday, it would be due the next business day.

So again, the key date here is March 31, 2023 which is when the continuous enrollment condition ends, which means that the first terminations of coverage, of enrollment, could be effective April 1, 2023. More will be coming on this, but that quarter is also the first quarter in which the temporary (SMAP) decreases in alignment with the legislation. Next slide, please.

We also just wanted to take a second to walk through a concrete example here. This is a slide that many states are familiar with, in various iterations, our bubble chart for states that may have a 60-day renewal process. I want to highlight that this is again just illustrative. We know that states really vary in their renewal processes. Some have 75-days, some have 90-days.

In the appendix to the informational bulletin we have this and we have the same version of this slide for a state that has a 90-day renewal process. The concept is pretty much the same. And I apologize, there are a couple of formatting issues on this slide. But if you look at the version in the informational bulletin you'll see.

Essentially what we chose here are the three different options that states have to initiate their renewals, begin their unwinding period, which are February, March, or April 2023, where option A is February; B is March; and C is April. For a state with a 60-day renewal process that elects to begin renewals in February. You'll see that the 12-month unwinding period for initiating all renewals, will end in January 2024.

So that will be the last month to initiate all renewals for individuals who are enrolled when the state began their renewal process. March 15th, timeline apply, so you have two additional months to complete those renewals, would be March in this example. The same concept flows down. So option B started March and ended April; and C, start in April and end in May. Okay?

And just highlight, you know, there are more details in this guidance. And once again, we will be sharing much more about all of the other provisions that are in the CAA shortly. But I will leave it there and pass it onto - back to Jackie.

Jackie Glaze: Thank you, Jessica. And next, Kia Banton will provide an overview of the Systems Artifacts refresher that was released last week. Kia, I'll turn to you.

Kia Banton: Thank you, Jackie, and hi everyone. I hope everyone is having a great day so far. This one is to go through the (RFX) refresher that we posted last week. We put this out to provide a little bit more information into what we mean when we say systems readiness (RFX). Those of you on the line who work closely with systems, know what they are and are well-versed. But we recognize that there are others in the state who may not have as much detail as the systems teams do.

So when we talk configuration plan we're looking for the plan that really outlines how the state intends to test the changes that they need, so that they can begin renewal at the end of the continuous enrollment provision. This should include any required changes based on flexibilities that states may have adopted related to the Public Health Emergency. With the testing plan, that's the one that will document how the state will implement the actual testing.

And then the results are just the results of what you execute in a test plan. We, because all the states have different processes with their testing, we did not publish a template for states to use. Instead, we are simply asking for states to provide copies of their existing documentation. Please do not create anything new for this. Copies of what you already have will suffice.

We just to ask that the test plans are aligned with our previously published MES, I'm sorry, Medicaid Enterprise Systems testing guidance, that they identify as is normal practice, right, your limitations, risks, and (unintelligible) mitigations that may have come up during the testing process. And those documents will be submitted to the unwinding support mailbox at CMSUnwindingSupport@CMS.HHS.gov.

I also wanted to note that we know that there are a few states who didn't make systems changes, and they use manual work around, during the Public Health Emergency, so do not plan to test. That's fine. So what we'll need you to do in that case is submit a letter to the same mailbox that describes why there is no testing, or limited testing in that insurance situation.

Jessica already hit on the due dates, but I don't think it will hurt to repeat them. So for your systems artifacts, for states who are starting renewals in February, you should have those submitted to the mailbox by February 1st.

And then all other states who are starting in March or April, you have until February 15th to submit those.

I would say that if, you know, folks have any questions that we're not able to address on this call, please don't hesitate to reach out to myself and (unintelligible) to the unwinding mailbox, and we will review and respond to those questions for you. I know that (Ed) is on as well, so did you have anything that you wanted to hit on that I may not have covered? Silence as a no. So I'll turn it back to Jackie and (Ed) and I will be on for questions toward the end of the call.

Jackie Glaze: Thank you, Kia. So Jessica Stephens is up next, and she'll walk through the document that was released last week, that does talk about ways that managed care plans can support states with the unwinding efforts. So Jessica, back to you.

Jessica Stephens: Thank you, Jackie. And shifting gears a little bit, but only a little, because all of these are in the interest of supporting states with unwinding, we wanted to highlight that on Friday, we released a third document, and this is one that may be familiar to a lot of states, but it has some new content in it. It is a slide deck on strategic approaches to engaging managed care plans, to maximize continuity of coverage, as states resume normal eligibility and enrollment operation.

Mouthful, but really this is a deck that really highlights strategies that states and health plans can use to support individuals as they go through the renewal process and in advance of unwinding. We initially released a version of this deck actually a little over a year ago, and had one update, last year, with additional guidance in response to some of the questions that we received.

What we have done this time is create additional updates that really provide some concrete scenarios for states and for plans, to discuss what is possible and what is not possible, as it relates to partnering with health plans to support unwinding. You may remember that - or when we first, initially released the deck, we highlighted a few strategies including things like partnering with plans, to update contact information and let's see, a vast majority of states have taken up (1902 E14) authority to do that in a more streamlined way.

We highlighted strategies such as sharing files to have health plan support outreach to individuals to help them complete the renewal process, as well as ways that managed care plans and qualified health plans, QHPs, can work to re-enroll individuals who may be lost due to procedural reasons, or transition over to the marketplace. Next slide, please.

What you're seeing here is a slide that is actually at the beginning of the appendix in the new deck, where we highlight the different scenarios that we talked through in detail, to explain using some hypothetical examples of ways in which for example, plans can help individuals complete the renewal process, how they can help when somebody has been found ineligible for Medicaid and CHIP.

There were a lot of questions initially around supporting the enrollment when the termination reason is unclear. So for example, if somebody has had their enrollment - has lost enrollment and they're not sure exactly why, maybe they didn't respond to a renewal form or perhaps, they were lost - lost coverage due to cause, we lay out some concrete ways in which both the managed care plan and the qualified health plan can engage in order to appropriately support that individual either transition to new coverage in the marketplace, or re-enroll in Medicare CHIP.

Similarly, the last two scenarios that we have here, highlight the ways that individuals can be supported to enroll in a marketplace qualified health plan, and ways in which they can leverage - sorry, yes, states can partner with plans to leverage marketplace features and brokers. At the end, we also highlight a couple of reminders and largely this came from some feedback from many of you, about some of the questions that you had about for example, data sharing and when is it appropriate for a plan, or when is it possible for a plan to provide one-on-one assistance?

The answer is generally, generally not, but we can talk through that in more detail as folks have questions, and then certainly what are the lines around outreach and communication. I'll stop there and turn things back to Jackie.

Jackie Glaze: Thank you, Jessica. And thank you, Kia, for your presentations. So we're ready to take the states' questions at this point. So we'll follow the format as we have in the past, by asking that you submit your questions through the chat function. We will take those first. And then we will follow by taking questions over the phone lines. So I do see a few questions, so I will turn now to you, (Ashley).

(Ashley): Thanks, Jackie. We do have a few questions in the chat so far. The first couple are around the systems artifacts. And the first one says, regarding system artifacts, our state anticipates having a significant number of documents to submit. Is it okay that we may have to send multiple emails due to size constraints?

Kia Banton: Hi, (Ashley), this is Kia. And yes, that's okay. If you're - for whatever reason, if you should receive a balance, just reach out to (Ed) or I, or your state officer. We can always create a (box) file or something, for you to upload your information to.

(Ashley): Thanks, Kia. And the second questions says, can CMS clarify the artifacts needed? A previous document stated all system project changes since the beginning of the PHE, and the new document states for systems changes made to the Medicaid enterprise systems in order to resume full renewal processes when redeterminations are to take place?

Kia Banton: This is Kia again. (Ed) is on as well. So he may want to also chime in here. But the document is that you're submitting your configurations test plans and your testing results. We did not prescribe exactly what you test, but one could argue that if you made changes to your eligibility system it will impact your ability to renew. So if you've done sort of your end-to-end testing prior to initiating renewals, I think the documentation related to that would suffice.

And if it's also helpful, you know, we can also set up a quick call to sort of weave through what makes these most sense in your situation. Because I'm not sure which state submitted this and, you know, what has been done over the last three years now, or so. (Ed) would you like to add to that response?

(Ed); So the only thing I would add is I can understand the confusion on this one, because initially and all along in our conversations, we've asked states to keep track of all of the things they had to do in order to support the continuous enrollment period, right? So we were saying make sure you have those same states. But when it comes time for the actual submission of the artifacts to CMS, to demonstrate readiness, we've kind of narrowed the field to try and limit the effort of the states, to just the thing as Kia described, and in the refresher, for the systems that are affected end-to-end.

Different than previously, we wanted states to keep track of everything. We did want that, but they don't need to give us everything. We need the pieces related to the systems support. Thank you.

(Ashley): Great. Thank you both. The next questions says, when can we expect the next guidance from CMS, and what is or are the likely topics?

Sarah Del Lone: Hi. This is Sarah Delone. I can take that. I will say the when, we're working as quickly as we can, or maybe - and so just stay tuned. I mean as you can imagine and as you're aware, it's a complex piece of legislation. And so we're working quickly, specifically on the 5131 provision, which is what the next guidance we'll focus on, and the conditions that states will need to continue to meet, and the new conditions that they'll be required to meet, in order to claim the increased (SMAP) that's available under 6008, after March 31st and through December 31st.

So that's really the large focus of that guidance. There are a couple of other pieces that are in there, but that's really the main focus. And as quickly as we can get it to you, we will.

(Ashley): Thanks, (Sarah). The next question says, can CMS elaborate on the more than one modality rule when it comes to returns mail? Does the physical letter count as one modality, therefore one additional modality will be needed?

Sarah De Lone: That is one of the very issues that we will be addressing in the guidance that we're working on. So I think we just want to ask the state to hold on and the answer will be coming.

(Ashley): Okay. Thanks, Sarah. And we have one more question right now. It says if a state fails to meet the newly added reporting requirements under Section 1902

(TP2A) of the Social Security Act and incurs a (SMAP) penalty or multiple penalties, will the penalty apply only to the month in which the state failed to meet the new reporting requirements, or will it be applied to the entire period of July 2023 through June 2024?

Sarah De Lone: I don't know if our friends from management group want to wade in, but I should have said the reporting requirements are another piece of what we will be addressing in the next guidance. And as well as is the question that's raised. But I defer to FMG if they have anything that they can offer now.

Rory Howe: This is Rory Howe with the Financial Management Group. That's right, Sarah. We're, you know, looking at that issue and will definitely provide clarity as soon as we can states. But we don't have anything more right now.

(Ashley): Okay. Thanks for the questions. We'll move now to the phone lines. So I'll ask (Ted) if you could please provide instructions to the participants for registering their questions. And if you could open the phone lines, please.

Coordinator: Yes. The phone line are now open for questions. If you would like to ask a question over the phone, please press star 1 and record your name. If you'd like to withdraw your question, press star 2. Thank you. There is a question in the queue from (Henry Litman). Your line is now open.

(Henry Litman): Thank you. I appreciate the conversation this afternoon. A quick question about the follow up for people who lost contact. Can states include partners like their MCOs in terms of satisfying that requirement or the expanded requirements under the omnibus still here? That's my question for today.

Sarah De Lone: Sure. This is Sarah Delone again. (Henry), thanks for the question. You're going to hear a little bit of a broken record, but I want to say first, we

absolutely support and encourage those other strategies. They hold a lot of promise. And sort of the applicability of that to the condition for (unintelligible) increase (SMAP), beyond the 31st, will be - will definitely be in the upcoming guidance.

(Henry Litman): Okay. Thank you. I appreciate it.

Coordinator: There is another question in queue from (Arka Deb). Your line is open.

(Arka Deb): Sure. Thanks. I think I put this in the chat too. I'm just curious, overall to the context of this while you're winding down, the new streamlined enrollment policies that were in the proposed final rule for '22, already in effect, will they make anything easier while they have the wind down? Thank you.

Sarah De Lone: So this is Sarah Delone again. The - we have not yet finalized the rule that was proposed for the eligibility enrollment, you know, sort of streamlining in related provisions. So those are not currently in effect. You know, we don't expect to finalize that rule until later this year. And just will add that we're cognizant, you know, some of those provisions - there is some overlap with some of those provisions with some of the flexibilities that states have had during unwinding.

And, you know, we'd be looking to make those available to states. But are cognizant that other provisions will compete, and so we're looking, you know, very closely at the implementation timelines that, you know, would be reasonable. We've had a lot of comments, great comments. I appreciate the feedback from you all on that, so that's a manageable load for states.

(Arka Deb): Thank you.

Coordinator: And again, if you would like to ask a question over the phone, please press star 1 and record your name. And I'm showing no further phone questions at this time.

Jackie Glaze: Thank you, (Ted). So we'll circle back. (Ashley), I'll turn back to you for additional questions through the chat.

(Ashley): Okay. Thanks. The next question says, do you have any guidance on when CHIP premiums will be reinstated? And are states allowed to continue to delay premiums until the end of the PHE? Or will that provision end when redetermination starts?

Sarah De Lone: Do we have any of our CHIP experts on the line? We may need to take that back. Okay. I think we'll need to circle back. I mean I will say that the limitations on changing premiums that are tied to the claiming of the increased (SMAP), right, which for Medicaid, will continue with the CA, make some changes in that, that also will be addressed in the upcoming guidance.

Those provisions are not formally applicable to CHIP, although states did do things in their - with their disaster (SPA)s in CHIP. So it may be a state specific question. We may need to end up providing some one-on-one TA for you. But we will share that question back with our CHIP experts, to circle back.

(Ashley): Okay. Thanks, Sarah. The next question says, will CMS be releasing guidance on members enrolled under the (SSI) coverage group?

Sarah De Lone: I think we might need a little more information about the question. I think (Suzette Sang) on earlier calls, talked about, you know, what we've learned and what the expectations would be for the renewal process for individuals in

1634 states, that are automatically enrolled as a result of receiving (SSI). But if the questioner can provide a little bit more information that would be helpful. If you need a repeat on that I think (Suzette) is on and she'd be happy, I'm sure, to share the information again.

(Suzette Sang): Yes. Thank you, Sarah. I'm on. And can say again, after all we learned, we come - states, you know, can continue their practice I think of, you know, because of the way that information comes over on the (STX), individual - (SSI) individuals aren't always scheduled for a renewal. But the state acts on changes of circumstances which we think is completely acceptable, and therefore that means that in terms of (unintelligible) reporting states should not be - or don't need to report the (SSI) population in your unwinding data.

And know we had, you know, - we have shared this information. We, you know, are looking for the right forum to put out maybe some more formalized guidance. So please, if a state has any questions or if you'd like anything in writing, please let us know or submit a question to the mailbox if you haven't already, and we are happy to follow up and share more information.

(Ashley): Okay. Thanks, (Suzette). Then we have a question that says can CMS clarify how the states will be able to track which individuals transfer to the federal exchange actually end up enrolling in a QHP? And maybe I can just say on this one, that this is in reference to the CAA's reporting requirements. And as Sarah mentioned earlier, is an area that will be addressed in the forthcoming guidance we are putting together.

It looks like we have multiple questions that are asking if we have any updates on the FCC interpretation of the TCPA and texting guidelines.

Anne Marie Costello: Hi. This is Anne Marie Costello. We do not yet have guidance from FCC.
We are still awaiting that guidance.

(Ashley): Thanks, Anne Marie. And then it looks like we have one more question and it says, when does CMS anticipate releasing a final rule on the modifications to the IFR?

Sarah De Lone: (Ashley), this is Sarah Delone. We have, you know, received, you know, appreciate again all the comments that many of you have submitted to us. And those comments are under review, and we don't have a specific timeline to share. So the, you know, advice would remain. I mean that provision, the continuous enrollment condition is only in effect through the end of March.

And, you know, unless and until we were to finalize something prior to then, the IFC remains, you know, the current interpretation.

Jackie Glaze: Thank you, Sarah. We'll move back to the phone lines. So I'll ask (Ted) if you could once again provide instructions to the participants on how to register their questions, and then open the phone lines, please.

Coordinator: Yes. As a reminder, if you would like to ask a question over the phone, please press star 1 and record your name. I'm showing no phone questions at this time.

Jackie Glaze: Thank you, (Ted). I'm not seeing any additional questions in the chat, so we'll wait another minute or two and see if we do have additional questions. And then we may finish early today.

Sarah De Lone: While you're waiting, Jackie, I just want to thank people for raising the questions even though, you know, about the new conditions and the reporting

requirements. And although we don't have answers to provide to you today, it is always so helpful for us to hear the questions and to know what's, you know, sort of burning top of your mind. So I appreciate the questions today.

And I certainly encourage you to submit your questions to the unwinding mailbox in the event that you have one that we haven't anticipated already, for addressing in the guidance that's coming up. It's always helpful for us to know.

Jackie Glaze: Thank you, Sarah. Ashley, I'm not seeing any questions. Are you?

(Ashley): No. I'm not.

Jackie Glaze: Okay. So I think we will conclude early today. So in closing, again we do thank you for your participation and your questions. And we'd also like to thank our team today for their presentations. So looking forward, our next call is planned for January 24th. We will provide the topics and invitation shortly. If you do have questions that come up between the next call, please reach out to us, your state leads, or bring your questions to the next call. So again, we thank you. And we hope you all have a great afternoon. Have a good afternoon. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

[End]