

All-State Medicaid and CHIP Call

April 5, 2022



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Agenda

- Medicaid and CHIP Unwinding Planning Efforts
Summary of Best & Promising State Practices from
CMS/State Discussions
- Strategic Approaches to Support State Fair Hearings as
States Resume Normal Eligibility and Enrollment
Operations After the COVID-19 PHE
- Open Mic Q and A

**Medicaid and CHIP Unwinding Planning Efforts
Summary of Best & Promising State Practices from
CMS/State Discussions**

Background: CMS/State Unwinding Discussions

- In December 2021, CMS launched a series of calls with Medicaid agency leadership from each state, DC, and 4 U.S. territories to discuss state plans for unwinding and identify state technical assistance needs and best practices, as states prepare to return to normal eligibility and enrollment operations after the COVID-19 Public Health Emergency (PHE).
- Discussion topics included renewal processes and planning, workforce capacity, stakeholder coordination, outreach and communication, and operational planning and preparation, along with discussion of states' questions and concerns.
- This deck includes specific examples of strategies that states reported to CMS during the calls, which they are planning and implementing for unwinding.
- CMS will use the findings from these discussions to inform additional guidance and continued support to states prior to and during unwinding.
- The best practices described in this deck may also help states learn from other states and identify concrete strategies to incorporate into their own unwinding plans.

State Unwinding Strategies: Common Themes

Renewals & Redeterminations

- Renewal processes during the PHE
- Planned distribution & prioritization of renewals for unwinding

Updating Enrollee Contact Information

- Coordination with managed care plans & other partnerships
- Returned mail and beneficiary engagement strategies
- Social media and state systems and operational updates

Workforce Capacity

- Expanding workplace flexibilities to support hiring and retention
- Leveraging vendors and other contractor support
- Systems and policy changes to promote automation

Outreach, Partnerships, & Communication

- Partnerships with providers and community-based organizations
- Messaging
- Targeted communications strategies

Theme 1:

Renewals & Redeterminations – Key Findings

- States will have a 12-month unwinding period after the end of the PHE to initiate renewals for all enrollees in Medicaid, CHIP, and the Basic Health Program (BHP) and must complete renewals for this group within 14 months.
- States must conduct a full renewal for all individuals, consistent with federal requirements.

Key Findings from State Discussions:

- Nearly all states reported conducting some renewals during the PHE
 - Over half of states have attempted to **process full renewals** where possible (via *ex parte* and by sending and processing renewal forms)
 - Roughly 1 in 5 states reported conducting ***ex parte* renewals only** and are not mailing information requests to enrollees. Several states have not conducted any renewals during the PHE
- States reported **wide variation in *ex parte* renewal success rates**, and many noted that rates have declined as the PHE has progressed. Maximizing *ex parte* renewal rates is a high priority in many states.
- In states conducting renewals, many are tracking and tagging beneficiaries whose coverage could not be renewed (due to ineligibility or non-response to information requests) and who remain enrolled due to the Families First Coronavirus Response Act (FFCRA) continuous enrollment provisions
- A majority of states plan to spread renewals over the full 12 months of the unwinding period, though budgetary and legislative factors may influence final decisions about the distribution and prioritization of cases

¹States may begin this 12-month unwinding period no earlier than the month prior to the month in which the PHE ends and no later than the month following the month in which the PHE ends.

Renewals & Redeterminations: State Approaches to Distribution & Prioritization

Population-Based Approach: Many states plan to prioritize redeterminations for individuals most likely to be ineligible for Medicaid/CHIP, while deprioritizing (postponing) renewals for certain populations to minimize beneficiary churn and ensure that eligible, vulnerable individuals retain coverage. For example:

Prioritized Renewals (to conduct <i>earlier</i> in the 12-month unwinding period)	Deprioritized Renewals (to conduct <i>later</i> in the 12-month unwinding period)
<ul style="list-style-type: none"> Beneficiaries determined ineligible, or individuals or whose renewals could not be completed during the PHE 	<ul style="list-style-type: none"> Pregnant/postpartum individuals, especially in states seeking to adopt the American Rescue Plan (ARP) extended postpartum coverage option
<ul style="list-style-type: none"> Categorically ineligible enrollees (e.g. based on age) 	<ul style="list-style-type: none"> Beneficiaries enrolled in SNAP/TANF (to align recert. dates)
<ul style="list-style-type: none"> Individuals identified through claims data as not having used services recently 	<ul style="list-style-type: none"> Individuals identified through claims data as in the midst of intensive treatments

- Workload & Capacity: May result in an unmanageable workload in the early months of unwinding
- Long-Term Impact: May create an uneven distribution of renewals in future years, especially if prioritizing individuals likely to be ineligible. If prioritized groups are ineligible and disenrolled, renewals for remaining households may be permanently compressed into later months
- Systems: Requires more sophisticated system logic and programming; may create multiple renewal dates within a household

Renewals & Redeterminations:

State Approaches to Distribution & Prioritization (cont.)

- **Time-Based Approach:** Some states indicated plans to distribute renewals based on the month of an enrollee's initial application or last renewal, or based on the time since the individual/household's last redetermination of eligibility. For example:
 1. Conduct renewals originally scheduled for Nov. 2020 in November of the state's unwinding period and Dec. 2020 renewals for the first December of the unwinding period. Individuals who applied in April during the PHE would have their coverage renewed in April during the unwinding period.
 2. Prioritize renewals for the cohort of individuals who have been enrolled for the longest time without receiving a redetermination (e.g. beneficiaries who would have been renewed in March 2020, or when the state stopped its renewal processing). Multiple states describe this as the "first in/first out" approach

State Considerations for Implementing a Time-Based Approach:

- Requires less complicated system changes than prioritizing based on population characteristics
 - May allow redetermination processes to continue, without significant changes, in states that have been conducting/attempting renewals during the PHE
- **Hybrid Approach:** Some states plan to combine approaches by conducting specific renewals (e.g. for those likely to be categorically ineligible) first and using a time-based approach for all other actions.

Renewals & Redeterminations

Reminders & Considerations:

- State flexibility to redistribute renewals is limited to the 12-month unwinding period and **will not be available in future years** after the unwinding period is complete.
 - States should **consider the impact of redistribution approaches** on the monthly renewal volume and workforce capacity, for both eligibility and fair hearing requests
- States **may not prioritize or deprioritize renewals based on available Federal Financial Percentage (FFP) matching rate**. States may also not prioritize cases in a manner that violates federal law.²

2. Applicable laws include, but are not limited to, the Americans with Disabilities Act of 1990 (ADA), Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973 (Section 504), the Age Discrimination Act of 1975, and Section 1557 of the Affordable Care Act (Section 1557)."

Theme 2:

Updating Enrollee Contact Information

- States may have had limited contact with enrollees over the past two years, particularly in states that have not been conducting renewals. As a result, enrollee contact information on file with states may be outdated.
- Without updated contact information (address, email phone number, etc.), renewals and notices may not reach individuals who have moved, leading to inappropriate coverage loss among eligible individuals.
- Transmitting updated contact information to the Marketplace for individuals found ineligible for Medicaid and CHIP is also critical in supporting outreach efforts to facilitate enrollment in a qualified health Plan (QHP).

Strategies States are Implementing:

- Nearly all states are implementing strategies to collect and verify updated enrollee contact information.
- Specifically, states are:
 - Implementing strategies to receive and update contact information from managed care plans
 - More than half of states are working with MCOs on contact information updates
 - Requiring call center representatives and eligibility workers to seek updated contact information (addresses, emails, phone numbers, and authorization for text messaging) during every interaction with members and beneficiaries.
 - Updating Interactive Voice Response (IVR) systems with messaging that reminds callers to update their contact information

Theme 2:

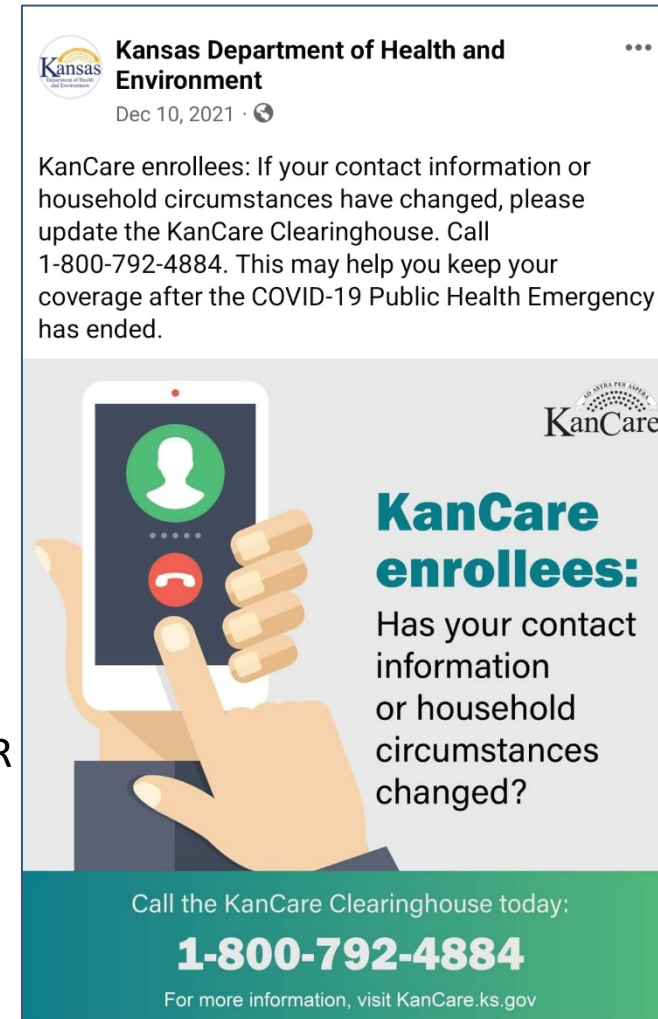
Updating Enrollee Contact Information (cont.)

Strategies States are Implementing to Update Enrollee Contact information (cont.)

- Sending postcards to individuals and using undeliverable mail received to have dedicated teams conduct proactive outreach (e.g. call campaigns) and/or to collect updated mailing addresses
- Implementing data matches with USPS address databases (e.g. National Change of Address (NCOA) Database) and state/local databases (e.g. state food bank registries)
- Partnering with providers, pharmacies, and stakeholders to amplify messaging about updating contact information
- Launching social media campaigns promoting updates
 - **Kansas** observed a **15-20% increase** in the number of beneficiaries contacting the Medicaid agency to update contact information following a social media campaign. KS also updated IVR messaging and added reminders to the state's Medicaid website

Additional Resources:

- Strategies to Engage Managed Care Plans in Unwinding Efforts, Updated Mar. 2022
- CMS Medicaid/CHIP Unwinding Communications Toolkit, Mar. 2022



Kansas Department of Health and Environment
Dec 10, 2021 · 🌐

KanCare enrollees: If your contact information or household circumstances have changed, please update the KanCare Clearinghouse. Call 1-800-792-4884. This may help you keep your coverage after the COVID-19 Public Health Emergency has ended.

KanCare enrollees:
Has your contact information or household circumstances changed?

Call the KanCare Clearinghouse today:
1-800-792-4884
For more information, visit [Kancare.ks.gov](https://www.kancare.ks.gov)

Theme 3:

Workforce Capacity

- **Limited workforce capacity is a top concern in most states.** Many have lost staff during the PHE, have new eligibility workers who have never completed the renewal process, or have been unable to hire the staff needed to keep pace with the anticipated volume of renewals and processing of appeals/fair hearings. Further, uncertainty regarding the end date of the PHE makes it difficult to plan.
- **Strategies States are Implementing:**
 - Continuing or adopting **workplace flexibilities** (e.g. telework), implement daytime & nighttime shifts, part-time work, overtime
 - **Leveraging experienced workers:** Rehire retired workers, redeploy training or call center eligibility staff to support renewal operations
 - **Using of third-party contractors** to support case processing (e.g. for data entry and call-center staffing)
 - **Distributing renewals** across the full 12-month unwinding period to maintain reasonable workloads for staff
 - **Conducting refresher trainings** on renewal/redetermination processing on policy, processes and systems
 - **Increasing automation** to minimize the need for paper-based manual work
 - Implement policy changes at application and renewal (e.g. add or increase reasonable compatibility thresholds; accept reasonable explanations in lieu of documentation) to increase *ex parte* rates and real-time eligibility determinations
 - Encourage beneficiaries and community partners to use online portals and applications to complete renewals, report changes, and update information where feasible.
 - Leverage technology (e.g for mobile-friendly apps) and add features to online accounts like the ability to upload documentation

Reminders & Considerations:

- The Medicaid agency may only delegate authority to determine eligibility to a government agency that maintains merit-based personnel standards (42 C.F.R. § 431.10(c))
- States may use third-party contractors to support certain state agency operations that do not require discretion. However, a state may not delegate to a contractor (which is not a government agency) the authority to determine or verify eligibility or undertake other tasks that require discretion.

Theme 4:

Outreach, Partnerships, & Communications

- States have begun to think about outreach and beneficiary communications strategies for unwinding, but many are waiting for more certainty of the PHE's end date to launch comprehensive campaigns.
- Many states plan to take a phased communications approach, focusing first on contact information updates, and later on communications around renewals, the end of the PHE, and re-enrolling individuals who lost coverage during their renewal but remain eligible.

- ***Strategies States are Implementing:***

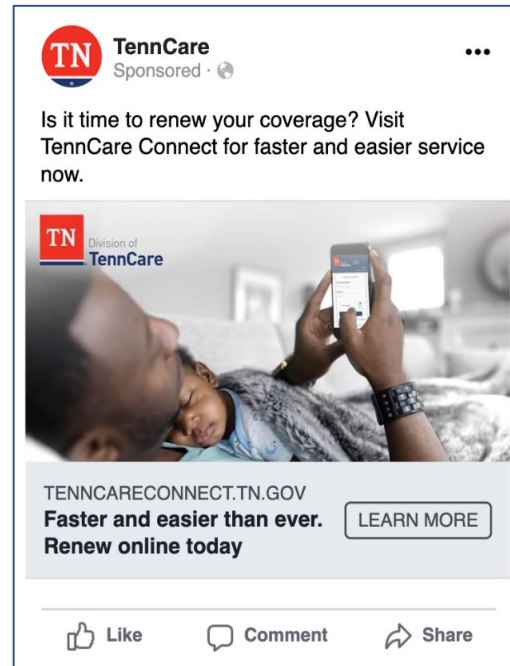
- Implementing broad and targeted social media campaigns
- Partnering with providers and provider associations, pharmacies, FQHCs, and other health care networks
- Collaborating with community-based organizations and coalitions, including food banks, legal aid networks, churches and faith organizations, aging and disability partners, community centers and language support centers
- Re-activating partner networks developed for previous outreach campaigns, e.g. COVID-19 vaccine outreach, campaigns for previous eligibility expansions or section 1115 demonstration implementation
- Texting and calling campaigns, though lingering policy questions remain
- Purchasing paid media buys, such as radio and TV (more limited use across states)
- Leveraging available data to support outreach efforts, e.g. using data analytics to identify counties with the highest Medicaid enrollment and targeting outreach in those areas, using renewal data to conduct direct outreach to individuals the state has been unable to renew during the PHE

Example of Unwinding Outreach & Marketing: TN Digital Adoption & Social Media Campaign

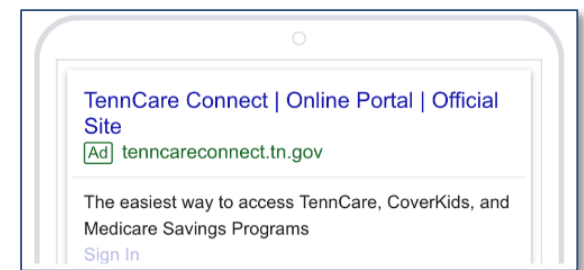
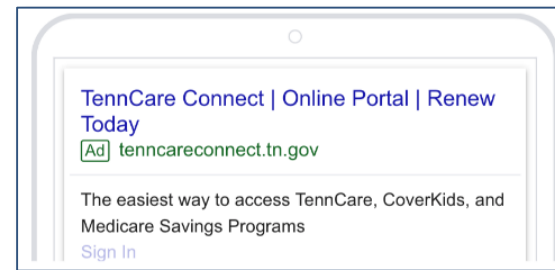
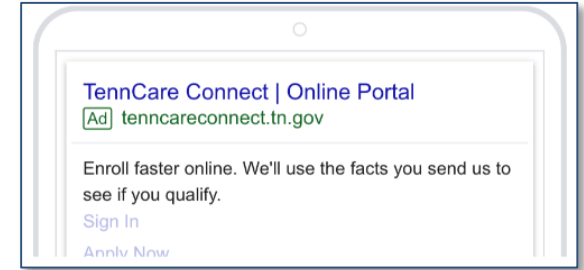
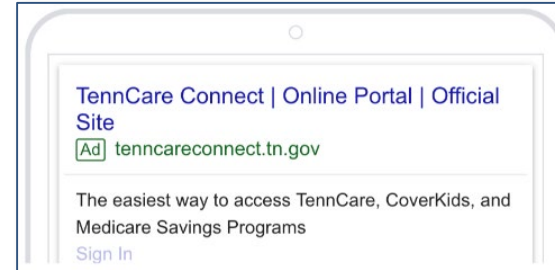
- In early 2020, **Tennessee** piloted a digital adoption campaign by using a targeted advertising strategy.
- TennCare implemented Facebook, Instagram, and Google Search advertisements to reach specific populations and enhance the likelihood of completing renewals.
- The state saw a **107% increase in renewal responses**, **29% increase in website traffic**, and **16,000 new online accounts** created in just 3 months (see examples of campaign ads below).



Instagram Ad



Facebook Ad



Google Search Ads

Outreach, Partnerships, & Communications (cont.)

- **Strategies States are Implementing (cont):**

- Creating toolkits for state legislators to use share with their constituents
- Partnering with state Departments of Education to send flyers home in backpacks and engage schools in outreach efforts
- “Branding” communications to ensure consistent messaging across partners
- Tailoring all materials and strategies to ensure culturally and linguistically appropriate messaging; translating materials and outreach into multiple languages and working with local community partners; making materials available in alternative formats for people with disabilities

- Several states are planning color-coded letter campaigns, using colored paper or envelopes for renewal forms and information. In **New Hampshire**, for example, enrollees are reminded to look for the pink letter and respond, as part of the state’s effort to encourage households to complete their renewals timely.

Molly Bawn
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Nashua District Office
26 Whipple St.
Nashua, NH 03060

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

September 29, 2021

JANE DOE
123 EVERY ST
ANYTOWN NH 01234

Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.

IMPORTANT INFORMATION REGARDING YOUR MEDICAL ASSISTANCE REDETERMINATION

We have completed our review of your 05/2021 redetermination and have determined that based on the information you provided us, you will not be eligible for the medical assistance program for the reasons listed below once the COVID-19 Federal Public Health Emergency (PHE) ends. If you have different information, please update NH EASY with the correct information or contact us as soon as possible to avoid a gap in your medical assistance coverage at the end of the PHE.

Program	Reason
Granite Adv.	Your household's total income, after deductions, is more than the limit set for this program.

There are four ways to complete required actions or update your information:

1. **Online:** Go to <https://nheasy.nh.gov> and make the updates using your NH EASY account.
The majority of clients use NH EASY because it is a fast and easy way to complete your redetermination, upload verifications, and more online using a phone, desktop or tablet. If you do not have an account, you can create one at <https://nheasy.nh.gov>.
2. **By mail:** Send a copy to the Central Scanning Unit, PO. Box 181, Concord, NH 03302 (or upload online using NH EASY).
3. **In person:** Bring a copy to any District Office that is convenient to you.
4. **By phone:** Call (603) 271-9700 or 1-844-275-3447 (ASK-DHHS) (NH Only).

Case# 8725362737
ID : CN0030

Telephone: (603) 271-9700 or (800) 852-3345 (NH Only)
TDD Access: (800) 735-2964 (NH Only)

Additional Resources:

CMS Unwinding [Communications Toolkit and Graphics](#); [Consumer Research on Unwinding](#). Also available in [Spanish](#)

Next Steps

- CMS will continue to identify promising/best practices and common challenges by engaging with states and stakeholders as states plan for and begin unwinding.
- CMS is also meeting with states on state systems planning for unwinding and to discuss the expiration or continuation of temporary flexibilities adopted during the COVID-19 PHE.
 - These discussions will also inform future guidance and individualized state technical assistance.
- CMS will issue additional guidance on many of the themes identified in these discussions.
- For questions and requests for further technical assistance from CMS on unwinding, please contact your state lead and cc: CMSUnwindingSupport@cms.hhs.gov

Additional Resources for States

- **State Health Official Letter #22-001:** Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency
- **State Unwinding Planning Template:** Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency
- **Punch List of Streamlined Enrollment & Retention Strategies:** Strategies States and U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as they Return to Normal Operations
- **Medicaid and CHIP Continuous Enrollment Unwinding Toolkit in English & Spanish**
 - Medicaid Unwinding Toolkit Graphics
 - Consumer Research on Unwinding Phase I: Preventing Churn
- **Strategies for Coordinating with Managed Care Plans:** Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations
- **Telework Playbook for States:** State Medicaid and CHIP Telework Playbook

For additional tools and resources, please visit [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding)

Strategic Approaches to Support State Fair Hearings as States Resume Normal Eligibility and Enrollment Operations After the COVID-19 PHE

Background: COVID-19 PHE

- The COVID-19 outbreak and implementation of federal policies to address the resulting public health emergency (PHE) have disrupted routine Medicaid and Children's Health Insurance Program (CHIP) eligibility and enrollment operations.
- Medicaid and CHIP program enrollment has grown by 20 percent since February 2020 and, as of September 2021, nearly 85 million individuals were enrolled.
- This growth in enrollment is mostly due to the continuous enrollment condition that states implemented as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage (FMAP) increase under section 6008 of the Families First Coronavirus Response Act (FFCRA).
- When the continuous enrollment condition ends, states will have a 12-month unwinding period to *initiate* all renewals and other outstanding eligibility actions, and an additional two months to *complete* all pending actions initiated during the 12-month unwinding period.

Increased Fair Hearing Request Volume: The Context

- As states resume processing renewals and other eligibility actions, they may experience an increase in fair hearing volume which challenges their ability to process fair hearings timely.
- Generally, states are required to take final administrative action on a fair hearing request within 90 days of receipt of the request (42 C.F.R. § 431.244(f)(1)), while states must take final administrative action on expedited fair hearings “as expeditiously as possible” (42 C.F.R. § 431.244(f)(3)).
- During the PHE, a number of states were granted a regulatory concurrence that allowed a state to take more than 90 days to take final administrative action on Medicaid fair hearing requests due to an emergency beyond the state’s control.
- When the continuous enrollment condition ends, states are expected to resume timely processing of fair hearing requests.
- This deck provides steps states can take to assess their fair hearing process and capacity in preparation for the increased volume of requests, and outlines strategies states can use to address the anticipated fair hearing volume.

How to Use This Resource

- States may want to use this resource by utilizing following steps:
 - **Step 1:** Assess the fair hearing process and capacity (slide 6)
 - **Step 2:** Review strategies to address anticipated fair hearing volume:
 - Strategic redeployment of state resources (slide 7-8)
 - Expanding informal resolution processes (slide 9)
 - Streamlining fair hearing processes and operations (slides 10-11)
 - Engaging internal and external stakeholders (slide 12)
 - **Step 3:** If a state anticipates needing longer timeframes to process fair hearing requests, consider requesting the authority to implement a mitigation strategy using section 1902(e)(14)(A) authority (slide 13)
- Each strategy contains several options for states to consider. States can decide which strategies and options to tailor to their unique structures and circumstances to best enable their capacity to respond to the anticipated increased fair hearing volume.
- States can also leverage additional resources for fair hearing requirements and tools (slide 14).

Step 1: Assess Fair Hearing Process and Capacity

- **Assess** the state’s ability to process fair hearing requests timely.
 - States can use the “Eligibility and Enrollment Pending Actions Resolution Planning Tool” to assist in assessing anticipated fair hearing volume, capacity, and current process (see link on side 14).
- **Create a process map** to assess and look for ways to streamline current processes and operations (e.g., intake of fair hearing requests, scheduling):
 - Outline current steps and entities/staff involved in the hearing process: draw out an appellant’s appeal process, from denial or other adverse action to final administrative action, and all steps along the way. A software mapping tool may be helpful.
 - For each stage of the process, identify the timeframe to completion and contingencies, barriers, or bottlenecks that could affect whether the next step can be reached timely.
 - Sketch out a possible future process, incorporating any new strategies, staff responsibilities, or innovations to address anticipated barriers and mitigate challenges with timely processing of fair hearing requests.

Step 2: Review Strategies – Strategic Redeployment of State Resources

Determine if a **strategic redeployment of state resources** could help address capacity issues identified in the state's self-assessment

- **Adjust staffing** by redistributing current staff duties, detailing state staff to Medicaid or administrative hearing agency, or repurposing fair hearing resources used for different programs at sister agencies to increase capacity.
- **Use hearing officers** to conduct and issue hearing decisions, if currently using administrative law judges (ALJs).
- **Leverage contractors** to the fullest extent possible, or consider temporary contract modifications to shift or increase capacity. (See chart on slide 8 for more information about permissible use of contractors.)

Step 2: Review Strategies – Strategic Redeployment of State Resources (Continued)

Consider **leveraging contractor resources** to assist with increased fair hearing volume

States can use contractors to support the administrative functions of the fair hearing process that do not require discretion, but must use employees of a government agency which maintain personnel standards on a merit basis for fair hearing functions that require discretion. See examples below.

Contractor Support Functions	Government Agency Staff Functions
Intake of fair hearing requests	Conduct fair hearings
Follow-up on requests (e.g., calling to collect missing information)	Evaluate evidence
Schedule fair hearings	Develop, write, and issue fair hearing decisions
Evidence collection and management	Any other function involving discretion (e.g., evaluating expedited hearing requests)
Send fair hearing-related notices	
Technology (e.g., teleconference support)	
Other administrative tasks	

Step 2: Review Strategies – Expanding Informal Resolution Processes

Consider establishing, modifying or expanding an **informal resolution process** to help resolve fair hearing requests prior to conducting a fair hearing

- **Troubleshoot appeals** - Train and deploy policy, call center, and/or eligibility staff to screen fair hearing requests to identify procedural or inappropriate denials.
 - Have staff review cases to determine whether the denial was appropriate or could be cured by additional information provided by appellant (for example, returning the renewal form).
 - For inappropriate/procedural denials, have staff communicate with the beneficiary to resolve issue.
 - Depending on how a state conducts eligibility determinations, these staff may redetermine eligibility or transfer to other staff to effectuate the decision.
- **Require internal review before hearing officer formal review** - Use paralegals or senior eligibility staff to review appeals to spot incorrect decisions, address eligibility errors, or to develop more detailed information to facilitate hearing officer review, if needed.
- **Implement pre-hearing alternative dispute resolution** - Use mediation, pre-hearing conferences, or other alternative dispute resolution to identify consensus resolution, eliminating the need to conduct a fair hearing.

Step 2: Review Strategies – Streamlining Fair Hearing Processes and Operations

Identify additional strategies that can help the state **streamline its fair hearing process** to decrease processing times and increase efficiencies

- **Prioritize categories of fair hearing requests** - e.g., individuals having urgent health needs, individuals who have lost coverage or services, or vulnerable populations such as foster youth, individuals experiencing domestic violence, or those experiencing homelessness.
- **Utilize scheduling strategies** to improve the timing and workflow of fair hearings:
 - **Schedule “round robin” hearing panels** in which a set of fair hearings are assigned to a day and time for a group of hearing officers, rather than assigning cases to a specific hearing officer. This can reduce scheduling gaps by allowing hearing officers to proceed with the next hearing as soon as the prior hearing ends or when an appellant fails to appear.
 - **Schedule hearings in blocks by type** so a hearing officer hears the same type of cases (e.g., Medicaid eligibility fair hearings or other categories of Medicaid fair hearings) on a given day.
- **Utilize additional hearing modalities** (in-person, video, telephonic) to improve access and efficiency while providing access to individuals with disabilities and those who have limited English proficiency. May increase efficiencies when conducting a fair hearing, saving time for state agency staff and appellants.

Step 2: Review Strategies – Streamlining Fair Hearing Processes and Operations (Continued)

- **Develop or enhance electronic appeals management processes** to reduce reliance on paper files and achieve efficiencies (e.g., online fair hearing requests, upload of evidence).
- **Develop templates** to standardize and streamline the fair hearing process, by ensuring necessary and consistent information is gathered during the hearing and reflected in the hearing decision including:
 - Appeal summary templates for reviewers to categorize the case and issues being raised.
 - Fair hearing question templates to ensure reviewers or hearing officers/ALJs ask all necessary questions consistently during the hearing on certain types of high volume subject areas.
 - Hearing decision templates to help standardize and simplify decision-writing and create greater consistency in decision justifications for appellants.
- **Streamline the decision process** by accepting the hearing officer's/ALJ's decision as final without further Medicaid agency review or approval (if state currently requires state Medicaid agency review of hearing officer's/ALJ's recommended decision).

Step 2: Review Strategies – Engaging Internal and External Stakeholders

Consider increasing regular **engagement with internal and external stakeholders** to support the state's fair hearing process

- **Identify internal and external stakeholders** who work closely with beneficiaries and are involved with or affected by the fair hearing process.
 - Stakeholders could include sister state agencies, ombuds offices, legal services providers, health care providers, and social and community service organizations.
- **Utilize regular feedback loop** between agency and stakeholders to increase beneficiary understanding, resolve cases before an appeal and reduce inappropriate denials. Communication could flow between state:
 - *To Stakeholders:* Communicate upcoming process changes, dates, and deadlines (e.g., when renewal cycles will begin, informal resolution processes) to stakeholders regularly and proactively.
 - *From Stakeholders:* Have stakeholders alert the state about emerging systemic or process concerns that could increase appeals, and cases involving vulnerable individuals that warrant prioritization.

Step 3: Consider Mitigation Strategy if State Experiences a Fair Hearing Backlog

If the strategies in step 2 are insufficient to assist the state in managing increased fair hearing volume, **consider requesting mitigation authority** from CMS

- When a state experiences an increase in fair hearing volume that exceeds its capacity to process fair hearing requests timely, CMS may grant states authority under section 1902(e)(14)(A) of the Social Security Act to temporarily extend the timeframe to take final administrative action on fair hearing requests.
- Section 1902(e)(14)(A) authority can only be granted to protect beneficiaries. In order to use this option states must:
 - Provide benefits pending the outcome of a fair hearing decision (including reinstating benefits pursuant to 42 C.F.R. § 431.231), regardless of whether or not a beneficiary has requested a fair hearing prior to the date of the adverse action; and
 - Forgo recoupment from beneficiaries if the fair hearing ultimately upheld the agency's determination.
- CMS is available to provide technical assistance. Interested states should contact their state lead.

Resources

- **Medicaid.gov: Unwinding and Returning to Regular Operations after COVID-19** <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>
- **March 2022 SHO #22-001: Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency** <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>
- **Eligibility and Enrollment Pending Actions Resolution Planning Tool – Version 2.0** (March 2022) <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-covid19-health-emergency-eligibility-enrollment-pending-actions-resolution-planning-tool.docx>
- **December 2020 SHO #20-004: Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency** <https://www.medicaid.gov/sites/default/files/2020-12/sho20004.pdf>
- **State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions (Renewal Distribution Report)** <https://www.medicaid.gov/resources-for-states/downloads/state-renewable-fillable-report.pdf>
- **Medicaid Fair Hearing Authorities:** Section 1902(a)(3) of the Social Security Act, 42 C.F.R. part 431, subpart E
- **Medicaid Single State Agency Authorities:** Sections 1902(a)(4) and (a)(5) of the Social Security Act, 42 C.F.R. § 431.10

Questions