

All-State Medicaid and CHIP Call

August 19, 2021



This communication was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this document is intended only to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based upon. This document summarizes current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information.

Agenda

- State Health Official (SHO) Letter #21-002: *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*
- FAQs – Implementation of American Rescue Plan Act of 2021 (ARP) Section 9817: Additional Support for Medicaid Home and Community-Based Services during the COVID-19 Emergency
- Open Mic Q and A

State Health Official Letter # 21-002

SHO #21-002: 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.

- Released August 13, 2021
- Updates guidance released in the 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*, in two key areas:
 - **Extends the timeframe for states to complete pending eligibility and enrollment work from 6 months to 12 months after the PHE ends**
 - **Requires a redetermination of eligibility after the PHE prior to taking any adverse action (i.e., rescinds the option to avoid repeating a redetermination for certain individuals)**

Updated Guidance: 12 Month Timeline

- To minimize burden for both states and beneficiaries, states may take *up to 12 months* after the month in which the PHE ends to complete pending post-enrollment verifications, redeterminations based on changes in circumstances, and renewals.
- The 12 month timeline:
 - Provides more time to conduct outreach and implement strategies to maintain coverage.
 - Allows states to adopt strategies to streamline enrollment processes, such as continuous eligibility, Supplemental Nutrition Assistance Program (SNAP) enrollment strategies and extended timeframes for individuals to respond to renewal forms and requests for information.
 - Provides the opportunity to better manage coverage transitions following the PHE and distribute workload in a manner that is sustainable in future years.
- States may align pending post-enrollment verifications and redeterminations based on changes in circumstances with the individual's renewal due during the 12 month post-PHE period.
- This policy change does not affect the timeframe in which states must resume the timely processing of all applications. States continue to have up to 4 months after the month in which the PHE ends to resume timely processing of all applications.

Updated Guidance: Redeterminations

- A redetermination must be completed in accordance with 42 C.F.R. §435.916 prior to taking an adverse action with respect to any individual after the PHE, even if the state conducted a redetermination during the PHE.
 - Includes all individuals determined ineligible or who failed to respond to a request for information during the PHE and whose coverage has been identified for termination following the PHE.
 - Removes option in the December 2020 SHO to avoid completing another redetermination, prior to terminating coverage after the PHE ends, for actions completed within 6 months of the individual's termination.
- Medicaid redetermination requirements must be followed for the additional redetermination.
 - Includes checking available information and data sources to attempt a redetermination without contacting the beneficiary, and requesting documentation to obtain reliable information when eligibility cannot be renewed based on available information, as appropriate.
 - Refer to the December 2020 CMCS Informational Bulletin “*Medicaid and Children’s Health Insurance Program Renewal Requirements*” for more information on processing renewals and redeterminations based on changes in circumstances.

Risk Based Approach and Planning

- States are still expected to adopt a risk-based approach to complete pending work and document their plans to return to routine operations as outlined in the December 2020 SHO #20-004 (based on length of time a case as been pending, population, a combination of age and population, or other state identified approach).
- States must continue to develop and document their operational plans to return to routine operations.
- Given the changes made by SHO #21-002, states are encouraged to reassess their risk-based approach and make adjustments to their operational plans to restore routine operations after the PHE ends and distribute workload across 12 months. This includes identifying strategies that streamline eligibility and enrollment.

Planning Strategies During the PHE

- Prioritize actions that:
 - Ensure eligible individuals are able to enroll and remain enrolled in coverage, and
 - Make timely determinations of eligibility for new applicants.
- Complete as many redeterminations and verifications as possible to limit backlog of actions post-PHE and renew and verify coverage for eligible individuals.
- Reengage beneficiaries and update their contact information.
- Review authorities adopted during the PHE and adopt or continue authorities to streamline eligibility and enrollment processes, including submitting state plan amendments, updating verification plans, and modifying internal state policies/processes.
- Review staffing assignments and workflow changes.
- Develop training on efforts to address the volume of work and the policy changes being made to streamline enrollment.

Strategies to Streamline and Maintain Enrollment

States are encouraged to adopt a number of strategies and options to maintain continuity of coverage and create administrative efficiencies to complete pending work throughout the 12 month post-PHE period. Strategies may include, but are not limited to:

- Adopting or extending streamlined enrollment and retention options, such as:
 - Continuous eligibility
 - Express Lane Eligibility at application and/or renewal
 - Streamlined renewal policies for beneficiaries eligible on a basis other than modified adjusted gross income (MAGI) (already required for MAGI beneficiaries), including prepopulated renewal form, minimum 30 days to return the renewal form, 90 day reconsideration period
- Investing in process improvements to:
 - Maximize use of data, particularly data from other state and federal programs to verify financial eligibility; accept self-attestation when appropriate
 - Encourage online and telephonic applications and renewals
 - Assess processes for addressing returned mail to avoid unnecessary terminations

Strategies Continued

- Improving beneficiary communications and outreach:
 - Conduct outreach to enrollees on renewal processes using multiple modalities
 - Encourage individuals to update contact information
 - Extend timeframe for responding to initial requests for information or documentation
 - Review notice language to ensure notices convey critical information and in plain language
 - Implement strategies to improve response rates, such as relabeling envelopes to indicate the information is time-sensitive
- Ensuring robust beneficiary assistance:
 - Provide training to ensure the eligibility and enrollment workforce understands current and evolving policies, such as temporary strategies for mitigating coverage loss
 - Update call center scripts and provide training and informational materials to staff
 - Engage navigators, application assistors and Connecting Kids to Coverage grantees to assist individuals at renewal
- Create approaches for strong monitoring and evaluation
 - Identify a centralized team for tracking emerging issues and needed support
 - Establish tracking and management tools, data reports, and/or dashboards to identify emerging issues

Medicaid.gov Resources

- August 2021 SHO #21-002, *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* <https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>
- 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/federal-policy-guidance/downloads/sho20004.pdf>
- December 2020 CMCS Informational Bulletin, *Medicaid and Children's Health Insurance Program Renewal Requirements* <https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf>
- Medicaid and CHIP Learning Collaborative Webinar Series
 - Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries: Part 1 <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/preventing-inappropriate-terminations.pdf>
 - Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries: Part 2 <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/inappropriate-terminations.pdf>

Questions
