



All-State Medicaid and CHIP Call

March 22, 2022



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Agenda

- Part 3-State Health Official (SHO) Letter #22-001: *Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency* (continued from March 8th and March 15th All State Calls)
 - Scenarios of 12-Month Unwinding Timeline Options
- State Reporting and Monitoring Tools
 - State Renewals Distribution Report
 - Data Reporting Template
- Open Mic Q and A

State Health Official Letter #22-001:
Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP and the Basic Health Program Upon the Conclusion of the COVID-19 Public Health Emergency
Scenarios of 12-Month Unwinding Timeline Options

State Health Official Letter #22-001

- This SHO Letter:
 - Is part of a series of guidance and tools that outline how states may address the large volume of pending eligibility and enrollment actions they will need to take after the PHE ends;
 - Further clarifies expectations of states to restore routine operations; and,
 - Describes how states may distribute eligibility and enrollment work when the PHE ends and shares strategies states can utilize to mitigate churn for eligible enrollees, smoothly transition individuals between coverage programs and address the anticipated influx of fair hearing requests.
- The release of the SHO Letter does not signal when the federal PHE will end.
- The SHO Letter was introduced during the March 8th CMCS All State Call (timelines to complete eligibility and enrollment actions and distribution of renewals) and further discussed on the March 15th All State Call (fair hearings, e14 requests, and returned mail). Recordings and slides from the all state calls can be found on www.Medicaid.gov/unwinding.
- Today's CMS All State Call will provide examples related to the timeline for initiating renewals as well as provide an overview of two recently released state reporting and monitoring tools.

Timelines to Process Renewals

The March 2022 SHO clarifies CMS' expectations for states to process post-enrollment verifications, redeterminations based on changes in circumstances, and renewals during the 12-month unwinding period.

Clarifying the 12-Month Unwinding Period

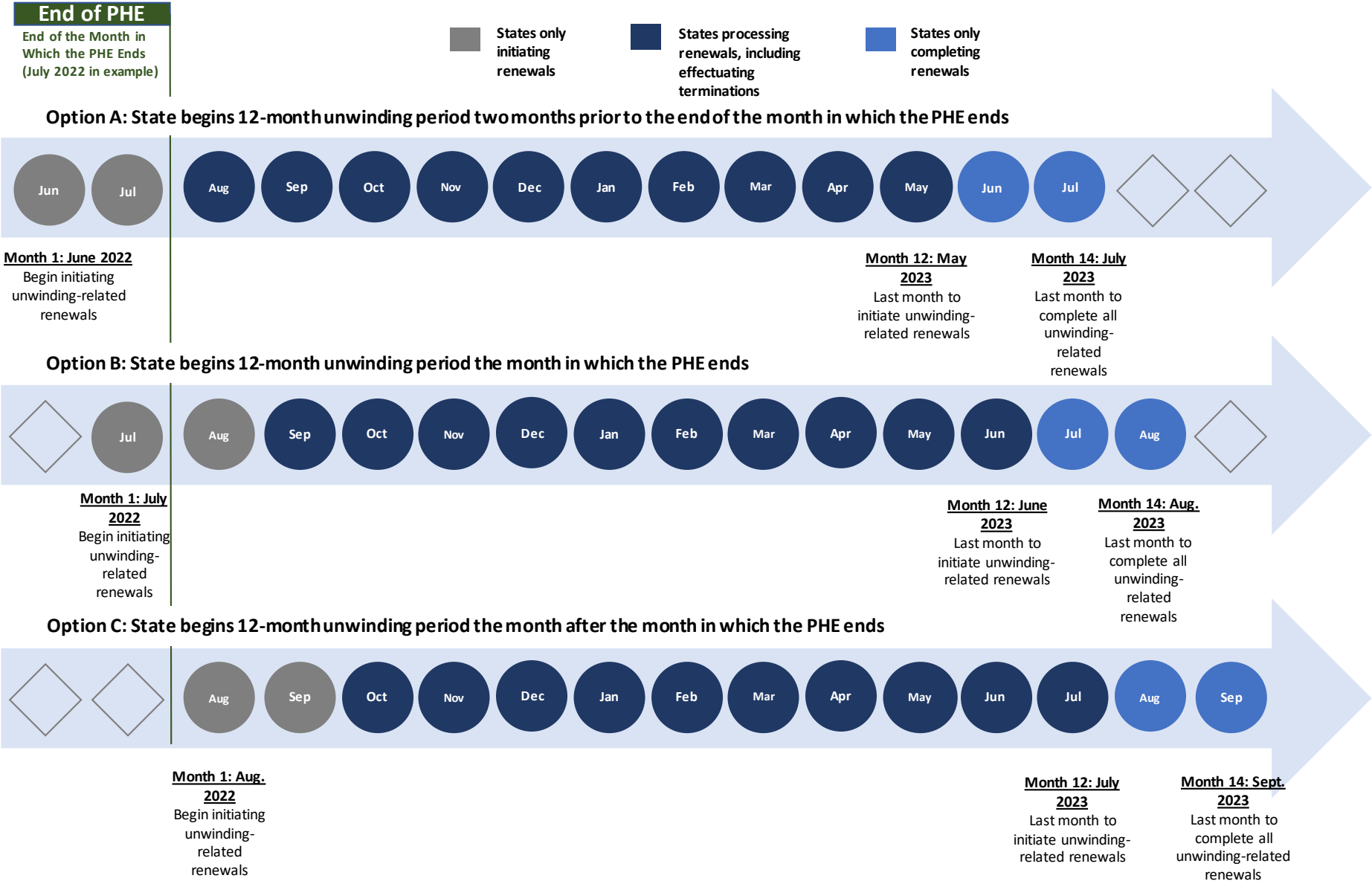
- To account for the time needed to initiate and complete renewals, CMS will consider states to be in compliance with the 12-month unwinding period provided the state has:
 - **Initiated** all renewals (as well as post-enrollment verifications and redeterminations based on changes in circumstances) for the state's entire Medicaid and CHIP population ("total caseload") by the last month of the 12-month unwinding period.
 - A renewal is considered to be "initiated" when the state begins the *ex parte* renewal process by accessing electronic data sources and other information available to the state in order to determine if eligibility can be renewed without contacting the individual.
 - **Completed** such actions by the end of the 14th month from the start of the state's unwinding period.
- States may begin their 12-month unwinding period **up to two months** prior to the end of the month in which the PHE ends. This means that states may initiate a renewal (i.e., month state begins the *ex parte* process) that may result in termination of coverage when the continuous enrollment requirement ends two months prior to the end of the month in which the PHE ends.

The 12-month unwinding period may begin no later than the first day of the month following the month in which the PHE ends.

Unwinding Timeline Guiding Principles

- States may choose to begin their unwinding period in one of 3 months:
 - 1 month prior to the month in which the PHE ends;
 - The month in which the PHE ends; or
 - The month after the month in which the PHE ends
- Regardless of the month in which the state begins its unwinding period, states claiming the temporary increased federal medical assistance percentage (FMAP) authorized under the Families First Coronavirus Response Act (FFCRA) *may not terminate coverage* until the first day after the month in which the PHE ends.
 - This requires states to maintain enrollment for enrollees through the last day of the month in which the PHE ends-
- All states have 12 months to initiate renewals of their total caseload and an additional 2 months to complete work for renewals initiated during the 12- month period - 14 months total.
- States must process renewals consistent with federal requirements at 42 CFR 435.916, 457.343, and 600.340 once the unwinding period begins in the state.
- CMS is available to answer questions and provide technical assistance as states develop their plans to distribute renewals during the unwinding period and process renewals within the timelines specified in the SHO.

Example 1: Unwinding Timeline for State with a 60-day Renewal Process



*Hypothetical timeline assumes PHE ends in July 2022 for illustrative purposes only

Example 2: Unwinding Timeline for State with a 90-day Renewal Process

End of PHE

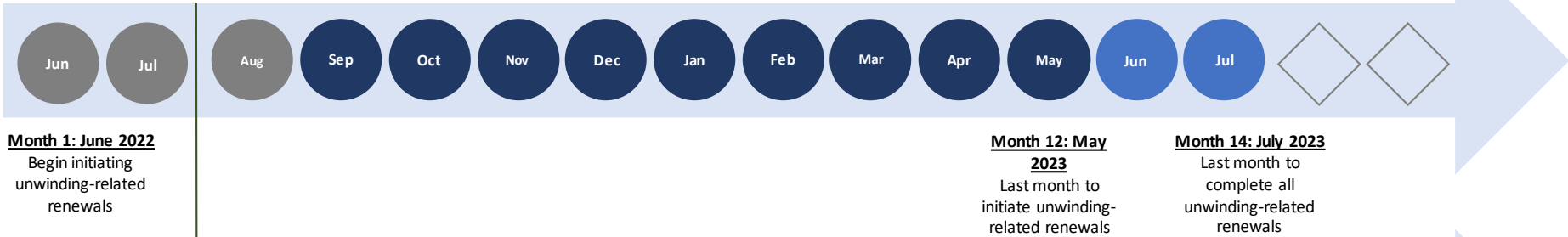
End of the Month in Which the PHE Ends
(July 2022 in example)

States only initiating renewals

States processing renewals, including effectuating terminations

States only completing renewals

Option A: State begins 12-month unwinding period two months prior to the end of the month in which the PHE ends



Option B: State begins 12-month unwinding period the month in which the PHE ends



Option C: State begins 12-month unwinding period the month after the month in which the PHE ends

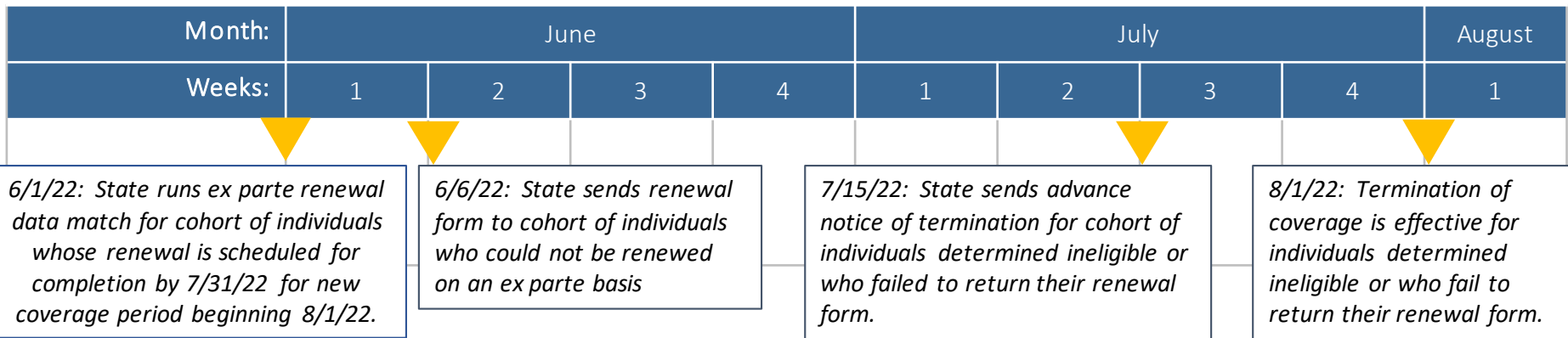


*Hypothetical timeline assumes PHE ends in July 2022 for illustrative purposes only

Scenario 1 (Option A from Example 1, Slide 7)

First Month a State Can Begin the 12 Month Unwinding Period

- For illustrative purposes only, assume the PHE ends on July 15, 2022, and continuous enrollment requirement ends on July 31, 2022.
- State's renewal process for a cohort takes approximately 60 days to complete from initiation of *ex parte* reviews to final determination.
- State has been conducting renewals during the PHE but maintaining coverage for those determined ineligible or who fail to return the renewal form/requested information.
- The state elects to begin its 12-month unwinding period in June 2022.
- State would ordinarily send advance notice of termination around the 15th of the month to effectuate a termination by the first of the following month.



Key Takeaways

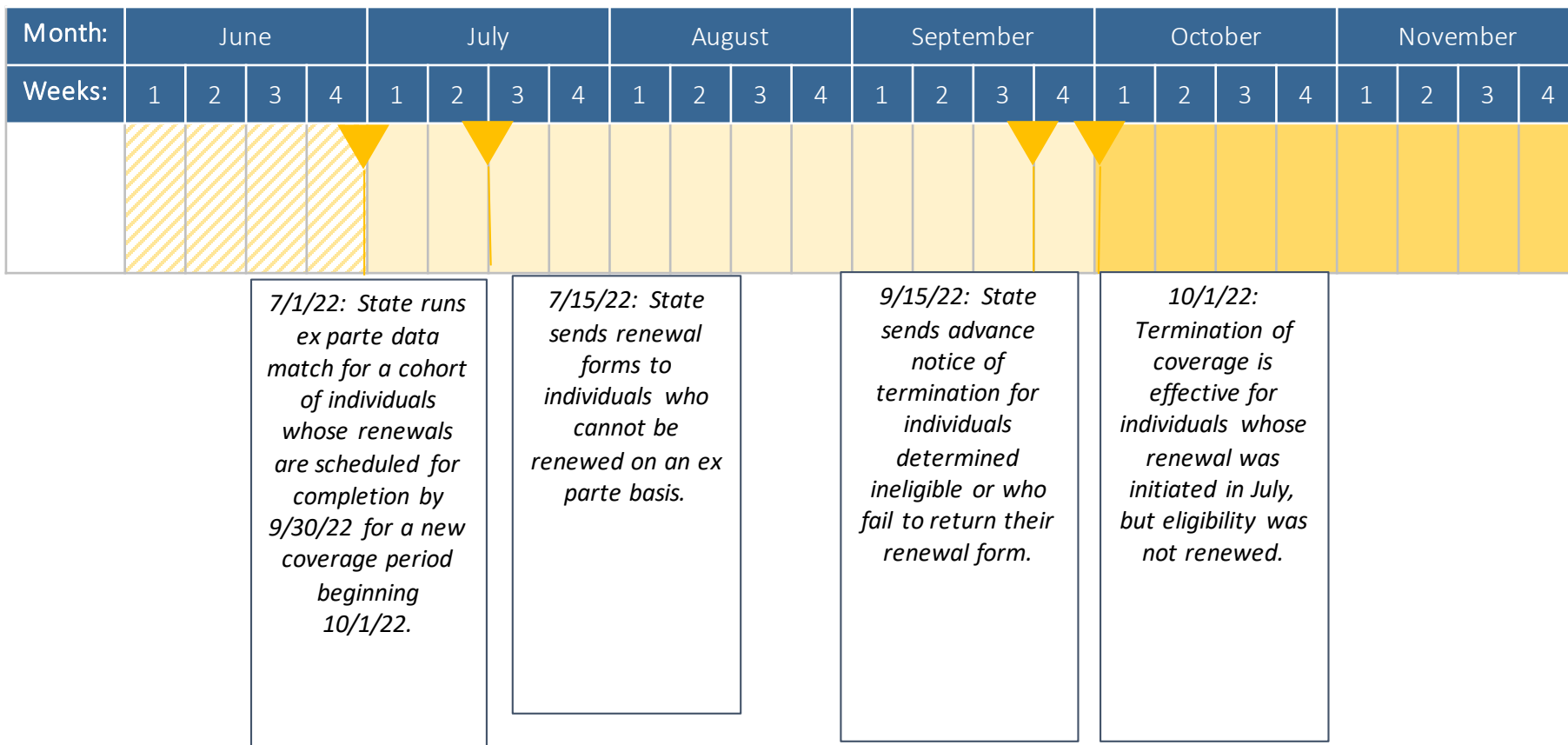
- The state's 12-month unwinding period begins in June 2022.
- The state may terminate coverage as early as August 1, 2022 (individual is enrolled through July 31, 2022) for renewals conducted consistent with 42 CFR 435.916, 457.340, and 600.320 that are initiated on June 1, 2022.
- The state would need to **initiate** renewals for its entire caseload by May 2023 and **complete** all renewals by the end of July 2023.

Scenario 2 (Option B from Example 2, Slide 8): Second Month a State Can Begin the 12 Month Unwinding Period

- For illustrative purposes only, assume the PHE ends on July 15, 2022 and continuous enrollment requirement ends on July 31, 2022.
- State's renewal process for a cohort takes approximately 90 days to complete from initiation of *ex parte* reviews to final determination.
- State has been conducting renewals during the PHE but maintaining coverage for those determined ineligible or who fail to return the renewal form/requested information.
- The state elects to begin its unwinding period in July 2022.
- State would ordinarily send advance notice of termination around the 15th of the month to effectuate a termination by the first of the following month.

See Next Slide For Scenario Timeline

Scenario 2: Second Month a State Can Begin the 12 Month Unwinding Period (cont'd)



Key Takeaways

- No terminations for any cohorts before the state begins its 12 month-unwinding period in July 2022.
- The state would need to **initiate** renewals for its entire caseload by June 2023 and **complete** all renewals by the end of August 2023.

Scenario 3 (Option C from Example 2, Slide 8): Latest Month a State Can Begin the 12 Month Unwinding Period

- For illustrative purposes only, assume the PHE ends on July 15, 2022 and continuous enrollment requirement ends on July 31, 2022.
- State's renewal process for a cohort takes approximately 90 days to complete from initiation of *ex parte* reviews to final determination.
- State has been conducting renewals during the PHE but maintaining coverage for those determined ineligible or who fail to return the renewal form/requested information.
- The state elects to begin its unwinding period in August 2022.
- State would ordinarily send advance notice of termination around the 15th of the month to effectuate a termination by the first of the following month.

See Next Slide For Scenario Timeline

Scenario 3: Latest Month a State Can Begin the 12 Month Unwinding Period (cont'd)



Month:	June				July				August				September				October				November			
Weeks:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4

Scenario 4: Comparison of Earliest Month States Initiating Renewals During the PHE Can Effectuate Terminations

- For illustrative purposes only, assume the PHE ends on July 15, 2022 and continuous enrollment requirement ends on July 31, 2022.
- State renewal process for a cohort takes approximately 70 days to complete from initiation of *ex parte* reviews to final determination.
- State has been conducting renewals during the PHE, but maintaining coverage for those determined ineligible or who fail to return the renewal form/requested information
- The earliest month in which the state may initiate renewals that may result in terminations of coverage is June 2022; the earliest month in which terminations can be effective is August 2022.
- The state elects to begin its unwinding period in June 2022.
- State would ordinarily send advance notice of termination around the 15th of the month to effectuate a termination by the first of the following month.

See next slide for an illustration of when states that have been conducting renewals during the PHE can rely on the information gathered during a renewal to terminate coverage.

Scenario 4: Comparison of the Earliest Month a State Can Use Information Gathered During a Renewal and Terminate Coverage

Year:	2022																			
Month:	May				June				July				August				September			
Weeks:	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
 State may <u>not</u> act to terminate coverage					<p>5/23/22: State runs ex parte renewal data match for a cohort of individuals whose renewals are scheduled for completion by 7/31/22 for a new coverage period beginning 8/1/22.</p>				<p>6/6/22: State sends renewal forms to a cohort of individuals whom the state tried to renew via ex parte run initiated on 5/23/22</p>				<p>8/1/22: State begins a new coverage period for individuals whose eligibility is renewed. No terminations occur</p>							
 State may act to terminate coverage																				
					<p>6/20/22: State runs ex parte renewal data match for a cohort of individuals whose renewals are scheduled for completion by 8/31/22 to effectuate a new coverage period beginning 9/1/22.</p>				<p>7/6/22: State sends renewal forms to a cohort of individuals the state tried to renew via ex parte run initiated on 6/20/22</p>				<p>8/15/22: State sends advance notice of termination to a cohort of individuals determined ineligible or who fail to return their renewal form.</p>				<p>9/1/22: Termination of coverage is effective for a cohort of individuals whose renewal was initiated in June but eligibility was not renewed.</p>			

Key Takeaways

- A state may not terminate coverage for individuals for whom ex-parte renewals were initiated more than 2 months prior to the end of the continuous enrollment period (in this scenario renewals initiated in May 2022 or an earlier month).
- The earliest the state may start its unwinding period is June 2022.
- If the state begins its unwinding period in June 2022 it would need to **initiate** renewals for its entire caseload by May 2023 and **complete** all renewals by the end of July 2023.

State Reporting and Monitoring Tools

State Reporting and Monitoring Tools

CMS will monitor states' progress in meeting the timelines and completing required eligibility and enrollment actions.



- **State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions (State Renewals Report):** All states will submit a form to CMS describing how they will distribute renewals and planned or adopted strategies to mitigate churn and maintain timely fair hearing processing. This report is a **one-time submission**.
- **Unwinding Eligibility and Enrollment Data Report:** All states will submit data on metrics regarding application processing, renewal initiation and dispositions, and fair hearings.
 - States will be required to submit baseline data (one time) and **monthly data**, for a minimum of 14 months, to CMS.
 - If reported data indicate that states are not meeting timelines or demonstrate other compliance issues, CMS will follow up with the individual state and provide technical assistance. In some cases, states may be expected to report additional data and/or report information more frequently.

State Renewals Report

States will be required to submit a mandatory reporting form (State Renewals Report) to CMS summarizing the state's plans for initiating renewals for its total caseload within the state's 12-month unwinding period.

What information do states report?



- **Renewal distribution plan.** States must report their renewal distribution plan, including the number of Medicaid and CHIP renewals the state intends to initiate each month and the state's plan to prioritize and distribute work over the course of its 12-month unwinding period.



- **State strategies.** States also must report the strategies currently used or ones the state is planning to adopt to ensure eligible individuals remain enrolled or are transferred to the appropriate program during unwinding. They include:
 - Strengthening renewal processes
 - Updating mailing addresses to minimize returned mail and maintain continuous coverage
 - Improving consumer outreach, communication, and assistance
 - Improving coverage retention
 - Promoting seamless coverage transitions
 - Enhancing oversight of eligibility and enrollment operations
 - Ensuring the fair hearing process is timely and accessible

How States Will Return the State Renewals Report

States submit the State Renewals Report to CMS using a provided form that is submitted via email to the CMS Unwinding Support mailbox.



- **How frequently do states report?** States only submit this form to CMS once.



- **When do states report?** States must submit this required form to CMS by the 45th day before the end of the month in which the COVID-19 PHE ends. For example, if the PHE ends July 15, 2022, the form would be due by June 17, which is 45 days before the end of July. CMS will communicate to states the specific date the form is due when states are notified when the PHE will eventually end.



- **How do states report?**
 - States received a State Renewals Report form to complete from their CMS state lead. The form is also available on the Medicaid.gov [unwinding page](#).
 - States will submit the completed form to CMS via the COVID unwinding support email address, CMSUnwindingSupport@cms.hhs.gov.
 - States are asked to use the following naming convention for their file name when they submit the form: “[State Name] Renewal Distribution Report”



- **What if a state needs help or has questions about the State Renewals Report form?** States can access help at anytime by emailing CMSUnwindingSupport@cms.hhs.gov.

Unwinding Eligibility and Enrollment Data Reporting

States will be required to report on metrics designed to demonstrate a state's progress towards restoring timely application processing and initiating and completing renewals of eligibility for all Medicaid and CHIP enrollees, and timely processing of fair hearings, consistent with the guidance outlined in SHO #22-001.



- **What information do states report?**

- The **baseline report** is meant to serve as a starting point to track a state's pending eligibility and enrollment actions that the state will need to address when the state begins its unwinding period. States will be required to report data on pending applications, renewals, and fair hearings.
- The **monthly report** is designed to support CMS in tracking the state's progress in addressing pending eligibility and enrollment actions throughout the unwinding period. States will be required to report data on pending and completed applications and renewals and pending fair hearings.
- Detailed specifications for the metrics included on each report will be made available.



- **How frequently do states report?** States submit a baseline report to CMS once and submit reports to CMS on a monthly basis during the state's unwinding period.



- **When do states report?**

- **Baseline reports** are due at the end of the month prior to the month in which the state's unwinding period begins.
- **Monthly reports** are due on the 8th calendar day of each month. The first monthly report will be due on the 8th of the month following the month in which the state begins its unwinding period.

How States Will Report Unwinding Eligibility and Enrollment Data

States will report their unwinding metrics in the same portal used to report the Performance Indicators (PI) data.

- **How do states report?**

- States will submit their data at <https://sdis.medicaid.gov/user/login>, the same site states use to report their monthly Performance Indicator (PI) data.
- This portal is set up to accept submissions from those with PI submission credentials.
- States may use the Unwinding Data Report excel workbook as a planning tool to review the metrics before submitting their baseline and monthly reports through the online portal.



- **What if a state needs help or has questions about unwinding reporting or submission requirements?**

- States can access help at anytime by emailing UnwindingMetricsTA@mathematica-mpr.com.
- CMS will also be hosting a training webinar for states on April 12, 2022, which will review the metrics and how to submit their Unwinding Data Report; the webinar will be recorded and posted on [Medicaid.gov](https://www.Medicaid.gov) so that states can access it at any time.



Questions
