



All-State Medicaid and CHIP Call

May 17, 2022



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Agenda

- Eligibility & Enrollment Processing for Medicaid, CHIP, and BHP During COVID-19 Public Health Emergency
Unwinding: Key Requirements for Compliance
- Unwinding FAQs
- Open Mic Q and A



Eligibility & Enrollment Processing for Medicaid, CHIP, and BHP During COVID-19 Public Health Emergency Unwinding Key Requirements for Compliance



May 17, 2022

The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

Background & Context

- CMS has issued an array of guidance and tools to support state processing of eligibility and enrollment actions during and after the PHE, including new flexibilities and requirements for states. (see www.Medicaid.gov/unwinding).
- States are also still obligated to meet existing federal requirements for renewals, verifications, applications, and oversight of their programs. Compliance with these existing requirements will be critical to ensuring that timely and accurate eligibility determinations are completed and that eligible individuals remain enrolled or are transferred seamlessly to other coverage.
- To refresh states' awareness of these requirements to support compliance, this deck provides an overview of key eligibility and enrollment requirements for states in the context of [unwinding](#).
- States that do not to comply with federal requirements may be required to develop a corrective action plan (CAP). If at any point CMS determines that the state is not meeting the requirements outlined in an established CAP, CMS may initiate formal compliance proceedings and Federal Financial Participation may be at risk.

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State Unwinding Q&As

Enrollment:

- 1. Change in Circumstances:** Can states act on changes in circumstances reported during the unwinding period, without completing a renewal, for a beneficiary who has not been renewed in the previous 12 months, if the change reported positively affects a beneficiary 's eligibility?

1902(e)(14) Waivers:

- 2. 1902(e)(14) Waiver Allowing State Reliance on Change of Address Information from NCOA/USPS:** Can states request a 1902(e)(14)(A) waiver to treat updated in-state contact information received from the National Change in Address (NCOA) or USPS returned mail data bases as reliable and update the beneficiary's case record with the new contact information without first sending a notice to the beneficiary address on file with the state in order to provide them with the opportunity to dispute the address change, as otherwise required under regulations at 42 C.F.R. § 435.916(d)?

State Unwinding Q&As (cont'd)

1902(e)(14) Waivers (cont'd):

4. **1902(e)(14) Waiver Allowing States to Auto Re-enroll Individuals into Managed Care Coverage After a 120 Day Gap:** Under 1902(e)(14)(A) waiver authority, could Medicaid beneficiaries be up to 120 days late in submitting their renewal paperwork and still be re-enrolled into managed care back to the date they lost coverage (120 days of retroactive coverage)?

5. **1902(e)(14) Waiver Update on Zero-Dollar Income:** On prior calls, we believe we heard that CMS was reconsidering the requirement that there be an attestation of zero-dollar income that was verified within the last twelve months for the zero-income 1902(e)(14)(A) flexibility. Could you remind us of that update?

State Unwinding Q&As (cont'd)

Eligibility:

5. Medically Needy Spenddown: Please provide states with guidance on the timing of reimposing spenddown on individuals who obtained eligibility as medically needy during the PHE. If medically needy enrollees are eligible for another group within the same coverage tier, should they be moved to that group, or have their medically needy coverage maintained until the next renewal?

Fair Hearings:

6. Earliest Start Date for Fair Hearing Flexibility: For the State Fair Hearing flexibility, is the earliest start date the end of the PHE? If so, can a state who does not currently have a regulatory compliance email for this flexibility during the PHE submit one now to receive the flexibility before the PHE ends?

Questions
