Medicaid and CHIP
MAC
Learning Collaboratives

The Coverage Learning Collaborative

Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries: Part 1

Operational Strategies for States and Territories

Thursday, July 29, 2021

Agenda

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- **Eligibility and Enrollment (E&E) Workflow Processes and Oversight**
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- **Consumer Outreach and Communication**
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  - Enhance Consumer Notice Language
  - Conduct More Intensive Outreach
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- **Questions and Wrap Up**

Context Setting

Background

- **States* are responsible for ensuring that individuals who are eligible for Medicaid and CHIP remain enrolled as long as they meet eligibility criteria.**
- **States must take all reasonable measures to:**
  - **Ensure accurate and timely eligibility determinations at application; and**
  - **Prevent inappropriate terminations, including when conducting redeterminations at annual renewal or upon a change in circumstances.**
- **Continuity of coverage can help ensure that individuals have access to critical health care services, mitigate churn, reduce application volume for states, and minimize the number of appeals that state agencies must process.**

The purpose of this presentation is to share operational strategies that states can employ to mitigate inappropriate coverage loss.

While the strategies described in this presentation may be used during and immediately after the COVID-19 public health emergency (PHE), they all have broad applicability beyond the PHE period.

***Throughout this deck, "states" refer to states, the District of Columbia, and U.S. territories.**

Sources: 42 CFR § 435.930; 42 CFR 457.340; 42 CFR 457.343.

Impact of the COVID-19 PHE on E&E Processes

COVID-19 PHE Impact on E&E Processes

- During the PHE, stay-at-home orders, social distancing mandates, and transitions to telework have affected routine state operations such as processing applications, redeterminations, and renewals.
- Further, as a condition of receiving the temporary 6.2% Federal Medical Assistance Percentage (FMAP) increase under the Families First Coronavirus Response Act (FFCRA), states are required to continue enrollment for most individuals enrolled in Medicaid as of or after March 18, 2020, through the end of the month in which the PHE ends.

When the COVID-19 PHE concludes, states will be tasked with addressing a significant backlog of pending renewals/redeterminations and other eligibility actions. The volume of pending actions is likely to place a heavy burden on the E&E workforce and existing processes and increase the risk of inappropriate terminations of eligible individuals.

States are expected to take steps to mitigate inappropriate losses in coverage as they plan to resume normal operations after the PHE.

Planning for the End of the COVID-19 PHE

States are encouraged to begin planning for the end of the PHE now and to invest in strategies to mitigate inappropriate terminations.

States may wish to continue implementing certain flexibilities that were approved during the PHE. For example, states may extend strategies designed to minimize state workloads or streamline E&E processes for populations that tend to maintain eligibility for longer periods, such as maintaining verification process changes or adopting continuous eligibility for children.

To do so, states are encouraged to work with CMS to identify and submit the appropriate State Plan Amendments (SPAs) and/or waiver requests and commence planning/implementation of systems changes.

States are also encouraged to reassess system functionality and operations to ensure full policy compliance with relevant federal requirements that promote continuity of coverage among eligible individuals (e.g. related to renewal and redetermination processes).

Relevant Renewal/Redetermination Federal Requirements

Relevant Federal Requirements

Federal regulations are designed to enable eligible individuals to retain coverage. Ensuring full state implementation of these requirements is a first step to avoiding inappropriate terminations.

Medicaid and CHIP regulations promote continuity of coverage for eligible individuals by requiring states to:

- **Use Information Available to the Agency:** States must attempt to determine and redetermine eligibility using available information whenever possible and only request documentation when sufficient information is not available through electronic data sources.

  42 CFR § 435.916
  42 CFR § 435.911
  42 CFR § 457.343

- **Enable Communication through Multiple Modalities:** States must accept information online, by phone, mail, and in person and provide assistance to applicants/beneficiaries to help complete required processes.

  42 CFR § 435.907
  42 CFR § 435.908
  42 CFR § 435.916
  42 CFR § 457.343

- **Check Other Potential Coverage Options Before Terminating:** States must redetermine Medicaid eligibility on all bases prior to terminating a beneficiary's coverage and transfer accounts for ineligible Medicaid and CHIP beneficiaries to other health insurance affordability programs, as appropriate.

  42 CFR § 435.916
  42 CFR § 435.930
  42 CFR § 435.1200
  42 CFR § 457.350

Source: CIB "Medicaid and CHIP Renewal Requirements". https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf

Relevant Federal Requirements (Continued)

Provide Sufficient Time for Beneficiary Responses. States must provide beneficiaries with sufficient time to respond to requests for information whenever it is needed.	42 CFR § 435.916 42 CFR § 457.343 CMCS Informational Bulletin (December 2020)*
Provide Advance Notice of Adverse Actions. States must provide advance notice of termination and appeal rights.	42 CFR § 435.917 42 CFR § 431, subpart E 42 CFR § 457.340(e) 42 CFR § 457.1130
Simplify Reenrollment. For MAGI beneficiaries whose eligibility has been terminated at renewal for failure to return the renewal form or other needed documentation requested, the agency must reconsider the individual's eligibility without requiring the individual to fill out a new application if the renewal form and/or requested information is returned within 90 days after the date of termination.	42 CFR § 435.916(a)(3)(iii) and (b) 42 CFR § 457.343
Ensure Accessibility for All Beneficiaries. States must ensure information is accessible, including for individuals with disabilities or who have limited English proficiency.	42 CFR § 435.905 42 CFR § 457.110

*Source: CIB "Medicaid and CHIP Renewal Requirements". https://www.medicaid.gov/federal-policy-guidance/downloads/cib120420.pdf

Eligibility and Enrollment Workflow Processes and Oversight

Eligibility and Enrollment Workflow Processes and Oversight Strategies

- Support State E&E Workforce
- Update E&E Workforce Training and Policies
- Enhance Oversight of E&E Operations
- Conduct Diagnostics and Ongoing Monitoring by Modality

Support State E&E Workforce

States require a robust workforce to process outstanding E&E actions accurately and efficiently. States can implement strategies that maximize capacity without exacerbating budget constraints.

Workforce Support

- Assess volume and type of work that needs to be completed to identify staffing needs.
- Redistribute workforce to ensure adequate staffing across impacted units.
- Leverage contractors to support existing E&E workforce. (*Note: Contractors may facilitate E&E processes but may not make eligibility determinations.*)
- Reassign workers from other state agencies.

IT Systems Prioritization

- Identify and prioritize enhancements to systems that facilitate greater automation and the need for extensive manual workarounds (e.g. to maximize *ex parte* renewals after the PHE).

Workflow Efficiencies

- Encourage applicants/beneficiaries to submit applications, forms, and documentation via select modalities (online or telephone) to reduce the volume of manual processing and provide relief for other in-person/mail workflows that require additional staff time (only appropriate where in-person assistance is not needed).
- Create specialized units to process complex/time-consuming applications/redeterminations (e.g., evaluating self-employment income). This practice diverts those applications from the standard queue for more efficient processing.

Update E&E Workforce Training and Policies

A well-trained and informed workforce that is equipped to handle all aspects of the E&E workflow process is essential to mitigating inappropriate terminations.

- Provide initial and ongoing training to ensure the E&E workforce understands current and evolving E&E policies, such as temporarily-adopted strategies for mitigating coverage loss.
- Communicate regularly with the E&E workforce to apprise staff of changes to operations and policies.
- Offer specialized training to different units or teams to support certain tasks or workflows.
- Issue internal policies and strategies to ensure that coverage is maintained for those who are eligible.
- Update eligibility manuals so that they may serve as current resources for the E&E workforce.

Enhance Oversight of E&E Operations

Management oversight reports and dashboards that monitor E&E workforce processes can help identify processing backlogs, point to opportunities for improvement, and increase efficiency.

- Identify a centralized team responsible for tracking emerging issues and needed solutions.
- Establish tracking and management tools, data reports, and/or dashboards that include:
  - Dates and time between key steps in the process to identify pain points that require operational or policy interventions
  - Data, possibly broken out by:
    - Enrollment/redetermination modality (e.g., online, telephone, in-person, mail)
    - Eligibility type (e.g., Medicaid MAGI and non-disability based determinations, disability-based determinations)
    - Region/county
    - Other relevant factors for diagnostics
- Implement “early warning/trigger” mechanisms that flag when a large number of beneficiaries lose or are slated to lose coverage due to no response or missing paperwork.
- Automate a flag based on a data review for the agency to pause and consider a change in its practices to mitigate inappropriate coverage loss.

State Spotlight: Monitoring and Oversight in Michigan

Michigan implemented both central and county-level oversight processes to ensure that E&E actions are completed in a timely and accurate manner and to prevent inappropriate terminations.

- The state receives a weekly report of all Medicaid coverage closures that have occurred.
- During the PHE, staff review all closures to ensure that each meets the allowable reasons for termination under the federal Medicaid continuous enrollment requirement as a condition of receiving the temporary FMAP increase during the PHE under the FFCRA (i.e., beneficiary deceased, beneficiary moved out of state, beneficiary requested termination).
- States may consider implementing a similar approach for a sample of cases after the PHE.

State Spotlight: Monitoring and Oversight in Michigan (Continued)

Oversight of County-Level Workforce Capacity

- In certain counties, E&E workers are assigned task-based responsibilities rather than being assigned specific beneficiary cases.

- In these counties, supervisors use a dashboard to monitor a variety of workforce issues, such as the following:
  - Individual worker case load/capacity
  - Backlogs or delays in work processing
  - Workers who are online at any given time
  - Cases that require policy clarification
  - Cases that require reassignment to a specialist

Screenshot of Dashboard Change Queue by Task Prioritization and Category

34 Higher Priority Changes

33	1	0	0 (0)
0 - 10 Days Old	11 - 30 Days Old	>30 Days Old	Primary Workers (Active)

Sub-Category	0 - 10 Days Old	11 - 30 Days Old	>30 Days Old	Primary Workers (Active)
Process Urgent Change	0	0	0	0 (0)
Asset Detected	0	0	0	0 (0)
Medical Transportation Request	0	0	0	0 (0)
MRT	0	0	0	0 (0)
Process Address Change	0	0	0	0 (0)
Process Group Composition Change	0	0	0	0 (0)
Process Income Change	1	1	0	0 (0)
Process Medical Change	0	0	0	0 (0)
VCL Due	32	0	0	0 (0)

95 Lower Priority Changes

93	2	0	0 (0)
0 - 10 Days Old	11 - 30 Days Old	>30 Days Old	Primary Workers (Active)

Sub-Category	0 - 10 Days Old	11 - 30 Days Old	>30 Days Old	Primary Workers (Active)
MAGI Results	0	0	0	0 (0)
Paris Match	1	0	0	0 (0)
Process Legal Change	0	0	0	0 (0)
Process New Hire	0	0	0	0 (0)
Process Overissuance Change	0	0	0	0 (0)
Process Wage Match	0	0	0	0 (0)
Review case	89	2	0	0 (0)
Run eligibility	3	0	0	0 (0)

Conduct Diagnostics and Ongoing Monitoring by Modality

States are encouraged to review their current process flows (e.g., timeliness, managing volume, obtaining signatures) to identify opportunities to improve accessibility and timely information exchange across all modalities.

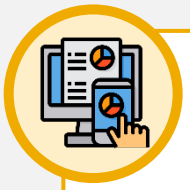
Importantly, states can emphasize in their communications with consumers, including in application/renewal materials, that telephone and online submission modalities are available in addition to mail and in-person submission modalities. Doing so can reduce burden for applicants/beneficiaries and state agencies and may help to expedite eligibility (re)determinations.

- **Telephone**
  - Implement a plan for member call centers to remain active and open during an emergency or during extended hours to answer calls and questions (e.g., re-route call centers, if needed).
  - Review call center data to assess whether changes are needed to meet increased demand. Institute mitigation strategies for long wait-times and dropped calls.
- **Online**
  - Consider accepting Marketplace assessments as determinations on a time-limited basis; for permanent changes, submit a Program Administration State Plan Amendment.
- **Mail**: Develop protocols for processing mail applications to minimize eligibility determination backlogs.
- **In-Person**
  - Ensure that in-person application processing is continuously available, especially to serve vulnerable populations.
  - Develop messaging to educate individuals on availability of telephone or online modalities for those who do not require in-person assistance.

Leveraging Other Program Data

Leverage Information from Other Means-Tested Programs

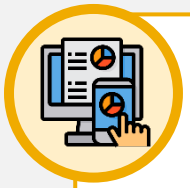
To minimize requests to applicants/beneficiaries for additional documentation, states may be able to leverage data captured by other means-tested programs to verify Medicaid eligibility.



Leverage Data from Means-Tested Programs. States may use verified information from other state and federal programs to verify the financial eligibility of an individual.

- For example, Supplemental Nutrition Assistance Program (SNAP) income data captured in an integrated E&E system may be used to verify continued eligibility at redetermination.
- When processing a change in circumstances, if a state has sufficient information with respect to all eligibility criteria to renew the beneficiary's eligibility, the state is encouraged to begin a new 12-month renewal period for that beneficiary.

Leverage Information from Other Means-Tested Programs (Continued)



Express Lane Eligibility (ELE) Option: ELE is a longstanding option that allows states to rely on findings from a designated "Express Lane" partner agency to streamline and simplify enrollment and renewal for children in Medicaid and CHIP. States may enroll or renew coverage for children based on determinations of gross income and certain other information made by other agencies, without additional verification. Express Lane agencies may include SNAP, the National School Lunch Program (NSLP), Temporary Assistance for Needy Families (TANF), Head Start, and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), among others.

- States can use this option at application, renewal, or both.
- To elect this option, states must submit a SPA.

Facilitated Enrollment State Plan Option. For some individuals receiving SNAP, TANF, or other means-tested benefits, states may use a targeted enrollment strategy to rely on income determinations made by another program if the state is certain the individual would be income-eligible using MAGI-based methods.

- States can use this option at application, renewal, or both.
- To elect this option, states must submit a SPA.

Consumer Outreach and Communication

Consumer Outreach and Communication Strategies

- Strengthen Consumer Communication Strategies
- Enhance Consumer Notice Language
- Conduct More Intensive Outreach
- Conduct Ongoing Stakeholder Engagement

Strengthen Consumer Communication Strategies

States are encouraged to explore and adopt consumer communication strategies that ensure that beneficiaries are provided accurate information and do not miss important information regarding their coverage, including requests for information.

States must ensure that all consumer communications (e.g., website language, call center, consumer notices) are accessible, culturally competent, ADA-compliant, and available in numerous languages consistent with federal regulations.

States are encouraged to:

- Develop and provide policy training, scripts, and informational materials to call center staff.
- Describe all the modalities (online, by telephone, by mail, and in-person) through which a beneficiary may report new information on websites, communication materials, and notices. Direct individuals to the state call center to address any questions.
- Identify strategies for communicating up-to-date information regarding coverage.

Enhance Consumer Notice Language

States are encouraged to review existing applicant and beneficiary notices and communications and make modifications needed to effectively convey critical key messages.

States are encouraged to review existing notice language and confirm that it:

- Provides clear instructions on how to complete renewal forms or respond to a request for information (e.g., how to correct information, need to sign the form, date by which the form must be returned)
- Clearly explains what additional information, if any, is needed to determine eligibility
- Clearly describes the beneficiary's obligation to report changes in circumstances and the impact that changes in circumstances may have on continued eligibility for Medicaid/CHIP.
- Advises consumers to keep contact information up-to-date to ensure continuity of Medicaid/CHIP coverage.
- Prominently displays key messages first through clear and simple wording.

States are also encouraged to implement strategies that can help improve response rates to consumer notices, such as by relabeling envelopes to clearly indicate that the information enclosed is important and time-sensitive and by changing the format so that the notices do not look like government documents.

For more information on model notice language, states may refer to the "Effective Communication of Eligibility Determinations" tools and resources online.

Conduct More Intensive Outreach

To help avoid terminations of eligible beneficiaries that result from a beneficiary's failure to respond to renewal forms or requests for additional documentation, states are encouraged to adopt more intensive outreach strategies.

Reminders. States are encouraged to issue use multiple modalities in advance of anticipated changes to a beneficiary's coverage or other potential E&E actions (e.g., annual renewal date) that alert the beneficiary to the upcoming change and remind them to respond to forthcoming requests for information.

Outreach Via Multiple Modalities. Prior to terminating coverage for failure to return a renewal form or provide requested information, states are encouraged to make follow-up attempt(s) through email, texts, telephone, and/or via electronic account.

- Multiple attempts through multiple modalities is recommended (e.g., if no response is received to a mail notice, send a notice to an electronic account and/or place a telephone call).

Conduct More Intensive Outreach (Continued)

Outreach via Text Messaging. Some states have explored a text messaging strategy as a mechanism for quickly communicating eligibility reminders and requests for additional information.

- Text messaging can serve as a supplementary mode of communication and cannot replace traditional modes of communication, including mail.
- Texts are recommended to include links or phone numbers that beneficiaries can use to take the required action.

Extend Deadlines for Requests for Information. To ensure beneficiaries have sufficient time and notice to respond, states are encouraged to:

- Extend the timeframe for responding to initial requests for documentation or additional information prior to termination (e.g., extend timeline from 10 days to 20 days).
- Send a second notice or conduct additional outreach through non-mail modalities (e.g., phone calls or texts) if the beneficiary does not respond after the first notice was sent.

State Spotlight: Intensive Outreach Pilot in Michigan

To maximize the number of eligibility determinations that are completed in a single day, Michigan is currently piloting an intensive beneficiary outreach program in two counties. Preliminary reports suggest that the program has been well received, may yield cost savings, and has potential for scalability.

Project One Day Pilot Program

- This pilot leverages multiple modalities of outreach to beneficiaries.
- This pilot is centered around highly intensive worker/beneficiary interactions.
  - For example, to collect missing information from beneficiaries (e.g., full address), E&E workers reach out to beneficiaries via phone and text rather than waiting to issue a request via mail.
  - Beneficiaries may supply information over the phone or via text message.
  - If additional documentation is required, beneficiaries may email or upload documents via the online portal.

State Spotlight: Intensive Outreach Pilot in Michigan (Continued)

Project One Day Pilot Program (Continued)

- Despite having a more intensive workload, E&E workers report feeling more satisfaction from processing determinations rapidly.
- Beneficiaries have generally been receptive to receiving communications via phone and text, and are glad to receive benefits on the same day that they submit their applications.
- Based on the results of the pilot, the State plans to assess if and how this model of intensive outreach can be scaled (e.g., statewide vs. counties only, all applications vs. Medicaid MAGI applications only, applicability of outreach model to facilitate renewals).

Conduct Ongoing Stakeholder Engagement

States are strongly advised to engage with key stakeholders (e.g., providers, beneficiaries, families, tribes and tribal organizations) on an ongoing basis. Communicating regularly with stakeholders can help identify opportunities for stakeholders to support updating eligibility information and can ensure that beneficiaries' evolving and diverse needs are being met.

- States are encouraged to communicate with stakeholders through a variety of methods, such as:
  - Routine updates to Medicaid/CHIP agency websites;
  - Mailings of hardcopy materials;
  - Agenda items as part of Medicaid advisory committee updates; and
  - Email blasts.
- A targeted communication strategy focused on providers could encourage providers to remind individuals to update their eligibility information.
- A targeted communication strategy focused on managed care plans that seeks to mitigate coverage loss could include engaging members to provide updated eligibility information (more detail will be provided during Part II).

Critical Steps before the End of the PHE

While states are encouraged to consider all of these strategies on an ongoing basis, taking a few key actions before the end of the PHE may be critical to ensure that eligible individuals remain enrolled as states return to normal operations.

- Assess volume and type of work now that needs to be completed to identify staffing needs and workforce and IT strategies to meet these needs.
- Discuss staffing assignments and workflow changes with workforce prior to the end of the PHE.
- Develop training now specific to efforts to address the volume of work states will need to address to ensure staff are aware of changes in procedures being adopted to streamline enrollment and ensure eligible individuals remain enrolled.
- Establish tracking systems and processes now so they can be deployed after the PHE ends.

Questions and Wrap Up

Part II of this webinar series will take place on August 3, 2021.

If you have any questions or would like technical assistance to address state-specific challenges, please contact your state lead.

If you have any updates to your contact information or would like more information about the Coverage LC, please contact MACLC@mathematica-mpr.com.