State Report on Plans for Prioritizing and Distributing Renewals Following the End of the Medicaid Continuous Enrollment Provisions

Instructions

All states must complete and submit to Centers for Medicare & Medicaid Services (CMS) this reporting form summarizing state's plans for initiating renewals for its total caseload within the state's 12-month unwinding period. States must submit this form to CMS by the 45th day before the end of the month in which the COVID-19 public health emergency (PHE) ends. States submit completed forms to CMS via the COVID unwinding email box at CMSUnwindingSupport@cms.hhs.gov.

Background

The end of the continuous enrollment requirement for states[1] receiving the temporary increase in their Federal Medical Assistance Percentage (FMAP) ("temporary FMAP increase") under section 6008 of the Families First Coronavirus Response Act (FFCRA) (P.L. 116-127) presents the single largest health coverage transition event since the first Marketplace Open Enrollment following enactment of the Affordable Care Act ("continuous enrollment condition"). To ensure states maintain coverage for eligible individuals, all states must provide the CMS with a summary of their plans to prioritize, distribute and process renewals during the 12-month unwinding period described in State Health Official 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,"[2] and #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."[3]

Over the course of their 12-month unwinding period, states will need to conduct a renewal of every beneficiary enrolled in their Medicaid and CHIP programs as of the end of the month prior to their unwinding period ("referred to herein as the state's "total caseload"). States that have a more even distribution of renewals over the course of a year are better able to maintain a workload that is sustainable in future years, thereby enabling the state to avoid renewal backlogs and reduce the risk of inappropriate terminations. The volume of renewals and other eligibility actions that states will need to initiate during the 12-month unwinding period creates risk that eligible beneficiaries will be inappropriately terminated. This risk is heightened in states that intend to initiate a large volume of their total caseload in a given month during the unwinding period, particularly if a state initiates more than 1/9 of its total caseload in a given month.

Therefore, in order to better understand states' plans to process renewals during the unwinding period, CMS is requiring states to describe how they intend to distribute renewals as well as the processes and strategies the state is considering or has adopted to mitigate against inappropriate coverage loss during the unwinding period. CMS will use this information to identify states at greatest risk of inappropriate coverage losses and will follow up with states as needed to ensure that proper mitigations are in place to reduce risk of inappropriate terminations and that states' plans will establish a sustainable workload in future years.

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[1] Throughout this document, the term "states" means states, the District of Columbia, and the U.S. territories.

[2] CMS State Health Official 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" (August 13, 2021). Available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf.

[3] CMS 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" (March 3, 2022). Available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf.

Section A. Renewal distribution plan

1. Please complete questions 1a. and 1b. to describe how the state intends to initiate Medicaid and CHIP renewals during the state's 12-month unwinding period.

a. Please indicate the approximate number of Medicaid and CHIP renewals that the state intends to initiate each month during the state's 12 months unwinding period using the following chart:

Note that the percentage of renewals scheduled to be initiated in a given month is based on the state's total caseload as of the end of the month before the state begins to initiate renewals that may result in termination of beneficiaries who do not meet eligibility requirements or who fail to timely return information needed to complete a renewal. States may not initiate renewals that may result in terminations more than two months before the continuous enrollment condition ends in the state. A state's total caseload may be the state's total enrollment of individuals or the total number of households with one or more household members enrolled in Medicaid.

Unwinding Period Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of renewals scheduled to be initiated	16,475	16,475	16,475	16,475	16,475	16,475	16,475	16,475	16,475	16,475	16,475	16,475	197,700
Percent of renewals scheduled to be initiated	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	100%

b. Is the state measuring the volume of renewals that it intends to initiate each month by households (which may include more than 1 beneficiary) or individuals?

- ☐ Households
- ☑ Individuals

2. Please briefly summarize the state's plan to prioritize and distribute work during the 12-month unwinding period. *This summary should identify any populations the state is prioritizing for completion sooner or the order in which the state intends to initiate renewals; any unwinding-specific strategies the state intends to adopt in order to align work for all beneficiaries in a household, to align renewals with SNAP recertifications, or to align work on changes in circumstances with a full renewal; and any other information related to how the state plans to prioritize and distribute work associated with processing renewals and redeterminations during the unwinding period.*

The monthly volume above is distributed across programs as follows: Medicaid for Children and Adults (MCA) 13500, Medicaid for the Aged, Blind and Disabled (MABD) 2600, Long Term Care Medicaid (LTC) 375. Actual monthly volume and completion rate will depend on staff and system capacity.

MCA: Determined ineligible during the Public Health Emergency – distribute renewals across the first quarter of unwind period. Align renewals to age off dates. Align renewals for pregnant women to one-year post-partum. Prioritize backlog of transitions from Medicaid for Children and Adults (MCA) to Medicaid for the Aged, Blind and Disabled (MABD), limited by MABD renewal populations. Reduce Medicaid renewal populations during Open Enrollment months, otherwise distribute renewals evenly across 12 months. Process changes as reported only if eligibility determination has been performed in the previous 12 months, otherwise hold eligibility impact until scheduled unwinding renewal.

MABD: Determined ineligible during the Public Health Emergency – distribute renewals across the first half of unwind period. DCHC age-off – renew during the first 3 months. Medically Needy who met their spenddown with onetime expenses – renew during the first 3 months, all other medically needy spread over 12 months. Prioritize backlog of transitions from Medicaid for Children and Adults (MCA) to Medicaid for the Aged, Blind and Disabled (MABD), limited by MABD renewal populations. Process changes as reported only if eligibility

determination has been performed in the previous 12 months, otherwise hold eligibility impact until scheduled unwinding renewal.

LTC: Critical events indicating transition from MCA to MABD/LTC process during first month; changes reported during PHE suggesting ineligibility, process during first 6 months; otherwise even distribution

Section B. Strategies to promote coverage retention and prevent inappropriate terminations of coverage

1. **Briefly describe any circumstances that may result in the state initiating more than 1/9 of its total caseload of renewals in a particular month (e.g., routine schedule of renewals results in month(s) with more than 1/9 of renewals due; annual workforce and staffing trends affects work volume in particular months; pending work due during the PHE is scheduled to be completed in less than 12 months).**

Although Vermont does not intend to initiate more than 1/9 of total caseload in a given month, there will be monthly fluctuations in renewal volume to accommodate priority renewals, maintenance of ex parte population for even renewal distribution in future years, competing operational requirements such as Open Enrollment, and staffing and system capacity.

2. **Describe how the state will ensure that eligible individuals retain coverage and limit coverage losses for procedural reasons (i.e., for a reason other than a determination that the individual no longer meets eligibility requirements for coverage) as the state initiates and processes renewals and other eligibility actions during the 12-month unwinding period.**

Efforts to get updated contact information. Special outreach campaigns prior to renewal. Renewal form in specially marked envelope. Outreach through multiple modalities. Stakeholder engagement and support. Efforts to reduce procedural closures. Verification flexibility including additional data sources and increased response window.

3. **Select which strategies the state currently utilizes or is planning to adopt to ensure eligible individuals remain enrolled or are transferred to the appropriate program during the unwinding period.**

For a comprehensive list of strategies that promote continuity of coverage, states may refer to the "Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations" available on Medicaid.gov at https://www.medicaid.gov/sites/default/files/2021-11/strategies-for-covrg-of-indiv.pdf.

a. <u>Strengthen Renewal Processes</u>

☑ Expand the number and types of data sources used for renewal (e.g., use both Internal Revenue Service (IRS) and quarterly wage data; leverage unemployment income data sources)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Create a data source hierarchy to guide verification, prioritizing the most recent and reliable data sources (e.g., leverage SNAP data that is updated every six months; first ping IRS data and if not reasonably compatible, then ping quarterly wage data) and verify income when data source in the hierarchy confirms reasonably compatibility.

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Use a reasonable compatibility threshold (e.g., 10%) for income for MAGI and non-MAGI populations and a reasonable compatibility threshold for assets for non-MAGI populations, if not already used

- ☐ Already adopted
- ☑ Planning or considering to adopt

☑ Ensure that individuals can submit requested information to the agency over the phone, via mail, online, and in-person, consistent with federal regulations

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Ensure renewal forms are pre-populated for individuals enrolled in Medicaid, CHIP, and BHP on a MAGI basis, consistent with federal requirements

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Expanded use of ex parte. Updated MABD renewal form.

☐ Other strategies under consideration or planned

b. <u>Update Mailing Addresses to Minimize Returned Mail and Maintain Coninuous Coverage</u>

☑ Engage community-based organizations, application assisters (including Navigators and certified application counselors), and providers to conduct outreach to remind individuals enrolled in Medicaid, CHIP, and BHP to provide updated contact information

- ☑ Already adopted
- ☐ Planning or considering to adopt

☐ Require managed care plans to seek updated mailing addresses and either share updated information with the state Medicaid or CHIP agency and/or remind individuals to update their contact information with the state

☑ Send periodic mailed notices, texts, and email/online account alerts reminding individuals to update their contact information (e.g., on a quarterly basis)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Use of USPS returned mail to update beneficiary contact information.

☐ Other strategies under consideration or planned

c. <u>Improve Consumer Outreach, Communication, and Assistance</u>

☑ Revise consumer notice language to ensure that information is communicated in plain language, including that it clearly explains the appeals process (also known as the Medicaid fair hearing and CHIP review process, as applicable)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Conduct more intensive outreach via multiple modalities to remind individuals enrolled in Medicaid, CHIP, or BHP of anticipated changes to their coverage and obtain needed information (e.g., require eligibility workers to make follow-up telephone calls and to send an email if an individual has not responded to a request for information)

- ☐ Already adopted
- ☑ Planning or considering to adopt

☑ Implement a text messaging program to quickly communicate eligibility reminders and requests for additional information, as permitted

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Review language access plan to provide written translation of key documents (e.g., notices, applications, and renewal forms) into multiple languages, oral interpretation, and information about how individuals with limited English proficiency (LEP) can access language services free of charge, provided in a culturally competent manner

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Ensure that information is communicated to individuals living with disabilities accessibly by providing auxiliary services at no cost to the individual, including but not limited to written materials in large print or Braille, and access to sign language interpretation and/or a teletypewriter (TTY) system, consistent with the Americans with Disabilities Act (ADA) and section 1557 of the Affordable Care Act

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Long term care Medicaid customer support unit established for customer outreach calls.

☑ Other strategies under consideration or planned

Please specify:

Stakeholder engagement.

d. <u>Improve Coverage Retention</u>

☐ Adopt 12 months continuous eligibility for children (via SPA)

☐ Adopt 12 months continuous eligibility for adults (via 1115 Authority)

☑ Provide 12 months of postpartum coverage (via SPA, beginning April 2022)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Consider reducing or eliminating periodic data matching to support efficient operations (e.g., reduce or eliminate periodic data checks for income changes mid-coverage year to mitigate additional requests for information and manual work by state agencies)

- ☑ Already adopted
- ☐ Planning or considering to adopt

☐ Direct managed care plans via contract requirements to conduct outreach and provide support to individuals enrolled in Medicaid and CHIP to complete the renewal process

☑ Other adopted strategies

Please specify:

Note: Postpartum SPA to be submitted Spring 2023.

☐ Other strategies under consideration or planned

e. <u>Promote Seamless Coverage Transitions</u>

☑ Ensure accounts are seamlessly transferred to the Marketplace when individuals are found ineligible for Medicaid, CHIP, or BHP

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Obtain and include robust contact information (e.g., mailing address, email address, and telephone numbers) in the Account Transfer to the Marketplace so that individuals may be easily reached post-transition

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Revise notices to ensure they clearly explain the Account Transfer process and next steps and applicable deadline(s) for applying for and enrolling in a QHP with financial assistance, and where to seek answers to questions at the Marketplace

- ☑ Already adopted
- ☐ Planning or considering to adopt

☑ Other adopted strategies

Please specify:

Special enrollment (SEP) flexibilities: continuous enrollment up through 200% FPL, broad use of loss of MEC, flexible effective dates.

☐ Other strategies under consideration or planned

f. <u>Enhance Oversight of Eligibility and Enrollment Operations</u>

- [x] Identify a centralized team responsible for tracking emerging issues and needed solutions
  - [x] Already adopted
  - [ ] Planning or considering to adopt
- [x] Create tracking and management tools, data reports, and/or dashboards to monitor case volume, renewal rates, and workforce needs
  - [x] Already adopted
  - [ ] Planning or considering to adopt
- [x] Implement "early warning/trigger" mechanisms that flag when a large number of individuals lose, or are slated to lose, coverage due to no response or missing paperwork
  - [ ] Already adopted
  - [x] Planning or considering to adopt
- [ ] Automate a "circuit breaker" flag based on a data review for the agency to pause and consider a change in its practices to mitigate inappropriate coverage loss
- [ ] Other adopted strategies
- [ ] Other strategies under consideration or planned

4. Please describe any other type of strategy the state intends to implement to ensure that the state will not inappropriately terminate coverage for beneficiaries who continue to be eligible for Medicaid and/or CHIP and will appropriately transition the appropriate ineligible individuals to other health insurance affordability programs.

State screens for other health insurance affordability programs when an individual is determined to be no longer eligible for Medicaid. Processes are in place to transition between programs without a break in coverage. Medicaid coverage is not terminated at renewal until all eligibility processes and verifications are complete. Coverage is extended as needed while required information is gathered. Expanded use of 90 day reconsideration period and retroactive Medicaid eligibility. Assister and stakeholder support.

5. Select which strategies the state currently utilizes or is planning to adopt to ensure the fair hearing process is timely and accessible for any beneficiaries who lose coverage due to redeterminations triggered by the end of the continuous enrollment period.

- [x] Expand informal resolution processes (e.g., informal troubleshooting, administrative review, or alternative resolution processes prior to a fair hearing)
  - [x] Already adopted
  - [ ] Planning or considering to adopt
- [ ] Redeploy state resources (e.g., adjusting state or local agency staffing and use of contractors to support the fair hearing process, as permissible)
- [x] Streamline current fair hearing processes and operations (e.g., intake of fair hearing requests, scheduling)
  - [ ] Already adopted
  - [x] Planning or considering to adopt

- [x] Engage internal and external stakeholders to increase beneficiary understanding, resolve cases before they need an appeal, and reduce inappropriate denials that generate appeals
    - [ ] Already adopted
    - [x] Planning or considering to adopt
- [ ] Other adopted strategies
- [ ] Other strategies under consideration or planned

PRA Disclosure Statement The Centers for Medicare & Medicaid Services (CMS) is collecting this mandatory report under the authority in sections 1902(a)(4)(A), 1902(a)(6) and 1902(a)(75) of the Social Security Act and at 42 C.F.R. § 431.16 to ensure proper and efficient administration of the Medicaid program and section 2101(a) of the Act to promote the administration of the Children's Health Insurance Program (CHIP) in an effective and efficient manner. This reported information will be used to assess the state's plans for processing renewals and mitigating against inappropriate beneficiary coverage losses when states begin restoring routine Medicaid and CHIP operations after the COVID-19 public health emergency ends. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #66). The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.