

Unwinding from the Public Health Emergency & Medicaid Continuous Coverage

October 2022

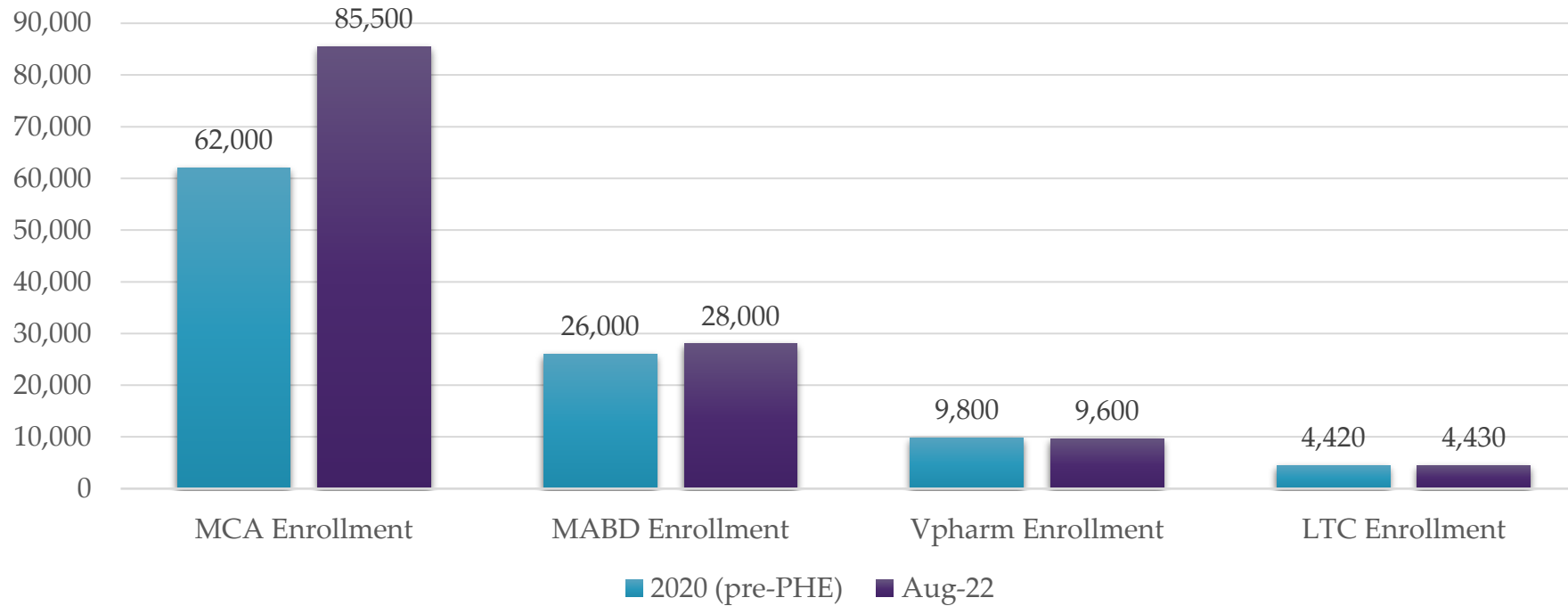
- PHE Overview and Continuous Coverage
- General Unwind Requirements from CMS
- State of Vermont's Goals
- Vermont Renewal Schedule
- Areas of focus:
 - System Readiness (Process & Policy)
 - Compliance
 - Communications
- References

- CMS: Centers for Medicare and Medicaid Services
- FPL: Federal Poverty Limit
- MCA: Medicaid for Children and Adults (MAGI)
- MABD: Medicaid for the Aged, Blind and Disabled (non-MAGI)
- LTC: Long Term Care Medicaid
- PHE: Public Health Emergency
- QHP: Qualified Health Plan

- FFCRA requires continuous Medicaid enrollment, with certain exceptions, through the end of the month in which the federally declared Public Health Emergency (PHE) ends
- This is a condition of receiving enhanced 6.2% Federal Medical Assistance Percentage (FMAP) during the PHE
- Congress put this measure in place in 2020 to support states with increased caseload during the pandemic

- The PHE has been in effect since January 31, 2020
- The Secretary of HHS periodically renews the declaration
 - The default renewal is for 90 days
 - The most recent renewal took place on October 13, 2022
 - Current expiration is January 11, 2023
- The federal government has committed to providing 60 days notice prior to the end of the PHE

Enrollment Numbers (Households)



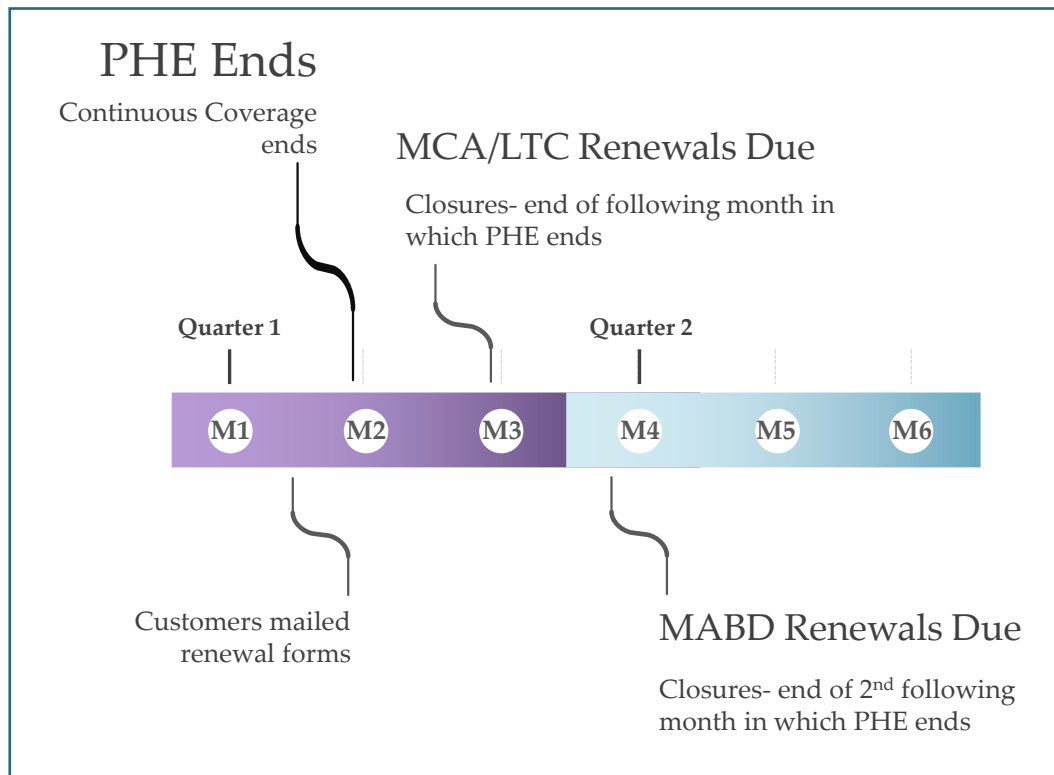
General Requirements from CMS

CMS has committed to providing 60 days notice prior to the end of the PHE

- CMS has issued guidance about “unwinding” from the PHE
- The unwind period begins when a state initiates renewals that could result in termination
 - States have 12 months to initiate renewals of total caseload
 - States have 14 months to complete required renewals
- Guidance limits monthly renewal processing to 1/9 of the population and encourages even distribution throughout the unwind period
- CMS will monitor states’ progress through regular reporting

❖ Renewals

- All renewals need to be initiated by the 12th month of the unwind
 - Initiated = automatic (ex parte) renewal process has begun
- Last renewal batch is completed by the 14th month of the unwind



Population to be spread out over 12 months to establish manageable monthly renewal volume for subsequent years.

❖ Pending Applications

- Applications must be processed in a timely manner following the PHE and during the unwind period
- Complete eligibility determinations for all pending applications received during the PHE within 2 months after the month in which the PHE ends.
- Resume timely processing of all applications within 4 months after the month in which the PHE ends.
- Includes verification processes with documentation requirements.

State of Vermont's Goals for Unwind Planning

- Maintain Vermont's high insured rate
- Keep eligible individuals enrolled in Medicaid and reduce churn
- Help Vermonters stay covered by facilitating marketplace transitions
- Achieve a sustainable renewal schedule
- Maintain stable operations
- Meet federal expectations

Although the guiding principle is to maintain coverage for Vermonters, DVHA does anticipate coverage losses associated with unwinding from the PHE.

- Automatic (ex parte) renewal rate is expected to be around 40%
- 60% of Medicaid enrollees will have to submit information as part of their renewal
- Out of date contact information could disrupt this outreach
- Normal churn with other programs
- Terminations will take place throughout the unwinding period.
- Terminated customers can reapply for Medicaid or QHP/marketplace coverage.

Vermont Renewal Schedule

- All beneficiaries will have eligibility redetermined over the 12 months following the PHE end.
- Population spread over 12 months to establish a manageable workload for subsequent renewal years.
- Certain subpopulations prioritized for renewal outreach based on eligibility factors.
- Long Term Care Medicaid enrollees will generally have the same renewal month they had prior to the PHE.

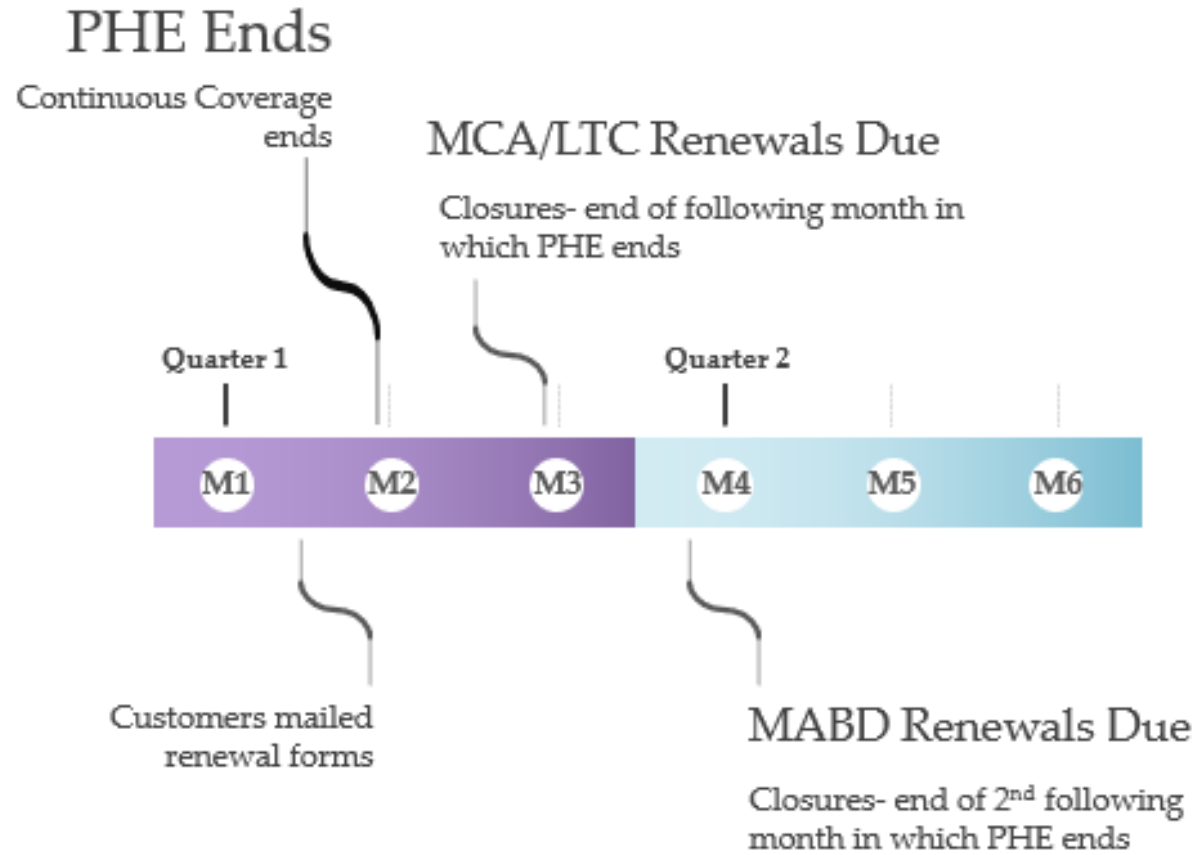
Total population ~207,000 members

Planned Renewal Volume per month (households)

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
MCA*	7500	7500	7500	7500	7500	7500	7500	7500	7500	7500	7500	7500
MABD*	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500	2500
LTC*	360	360	360	360	360	360	360	360	360	360	360	360

** Monthly volume displayed is in households or "cases", total enrolled population is higher (individuals)*

Numbers are approximate to illustrate scale;
Official enrollment references on slide 41



- Example:
 - PHE ends in January 2023
 - Continuous coverage ends January 31
 - Renewal notices sent in January
 - Reminder notices sent in February
 - If no response, termination effective February 28, 2023

Prioritization in first quarter

- Those who reported changes during the PHE making them ineligible for Medicaid
- Those who became ineligible during the PHE due to critical events (ie turning 19, 65)
- Those who did not reply to verification requests during PHE
- New applicants who are pending disability determinations
- Certain medically needy enrollees with spenddowns

Every month will also include an ex parte renewal population to establish even renewal volume for subsequent years.

Special handling during unwind period

- New applicants during the last year of the PHE: no renewal for 12 months
- Critical events: time renewal with critical event that changes eligibility (ie turning 19)
- Medicare eligible: align with Medicare open enrollment (unless CMS finalizes loss of Medicaid qualifying event for Medicare enrollment)
- Pregnancy: no renewal until after 12 months post-partum

Maintain coverage until later in the unwind period

- Children in custody
- Medicaid for working people with disabilities

Every month will also include an ex parte renewal population to establish even renewal volume for subsequent years.

- Verifications
 - To be processed in conjunction with renewal

Note: Some verifications have been processed during the PHE
- Changes of circumstance
 - Customers will need to go through a renewal first before adverse changes will apply to their coverage
- Transitions
 - Population that could transition to another program will be screened for that program through a streamlined process. Example: MCA (MAGI) --> MABD (non-MAGI)

Areas of Focus for Unwind Planning

Systems (Process & Policy)

Compliance

Communications

Systems (Process & Policy)

- **Renewals:**

- Use of federal data services hub to anticipate eligibility status and spread renewal populations
- Use of additional data sources to minimize required documentation
- Updated MABD renewal processes
- Use of VT 3Squares data

- **Coverage Transitions:**

- Special enrollment period
- Online MABD application

- **Transition to QHP/Marketplace Coverage:**
 - Vermont has an integrated exchange (Vermont Health Connect), processes Medicaid and QHP eligibility in one system
 - Loss of Medicaid is a qualifying event to come into marketplace coverage
 - During the unwind, this is interpreted broadly so that any type of Medicaid loss triggers an enrollment opportunity
 - DVHA has implemented a new continuous enrollment opportunity for individuals up to 200% FPL
 - Marketplace coverage affordability improved by expanded federal subsidies through 2025

- Income-based marketplace enrollment opportunity (launched July 2022)
- Medicaid post-partum coverage period extension to 12 months (Medicaid State Plan amendment for March 2023)
- Dr. Dynasaur (Medicaid for children) premium suspension through the unwind period (suspended since spring 2020)

DVHA has received the following 1902(e)(14)(A) waivers from CMS to facilitate the unwind process:

- Medicaid renewal for individuals based upon Supplemental Nutrition Assistance Program (SNAP/3Squares) eligibility
- Ex parte renewal for individuals verified to have no income and no additional income data returned from electronic data sources
- Facilitating renewal for individuals with no asset verification system data returned within a reasonable timeframe
- Use of the United States Postal Service returned mail to update beneficiary contact information

The following 1902(e)(14)(A) concepts are under consideration:

- Flexibility on pursuit of unearned income
- Flexibility on transfer of asset review for LTC Medicaid
- Additional sources for updated information
- Expanded use of SNAP/3Squares data

Compliance

- CMS requires monthly submissions of application and renewal data showing unwind progress.
- CMS will not consider eligibility and enrollment actions that are delayed due to the PHE as untimely for purposes of the Payment Error Rate Measurement (PERM) or Medicaid Eligibility Quality Control (MEQC) Programs audit programs if actions are consistent with CMS unwinding guidance.

Snapshot of Unwinding Data Report

RENEWALS INITIATED	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
4. Total beneficiaries for whom a renewal was initiated in the reporting period		
RENEWALS AND OUTCOMES	NUMBER	STATE NOTES/ADDITIONAL INFORMATION ABOUT THE DATA
5. Total beneficiaries due for renewal in the reporting period (5a+5b+5c+5d)		
5a. Of the beneficiaries included in Metric 5, the number renewed and retained in Medicaid or CHIP (those who remained enrolled) [5a(1) + 5a(2)]		
5a(1) Number of beneficiaries renewed on an <i>ex parte</i> basis		
5a(2) Number of beneficiaries renewed using a pre-populated renewal form		
5b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (and transferred to Marketplace)		
5c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e. failure to respond)		
5d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed		
6. Month in which renewals due in the reporting month were initiated		
7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed		

- Beneficiaries have the right to request a Medicaid fair hearing on an eligibility determination and the right to continue to receive benefits pending the fair hearing decision.
- In anticipation of a large volume of fair hearing requests during the unwind period, DVHA:
 - Is working with the Human Services Board on the expected volume of cases.
 - Has an internal process to review requests for faster, informal resolution.

Communications

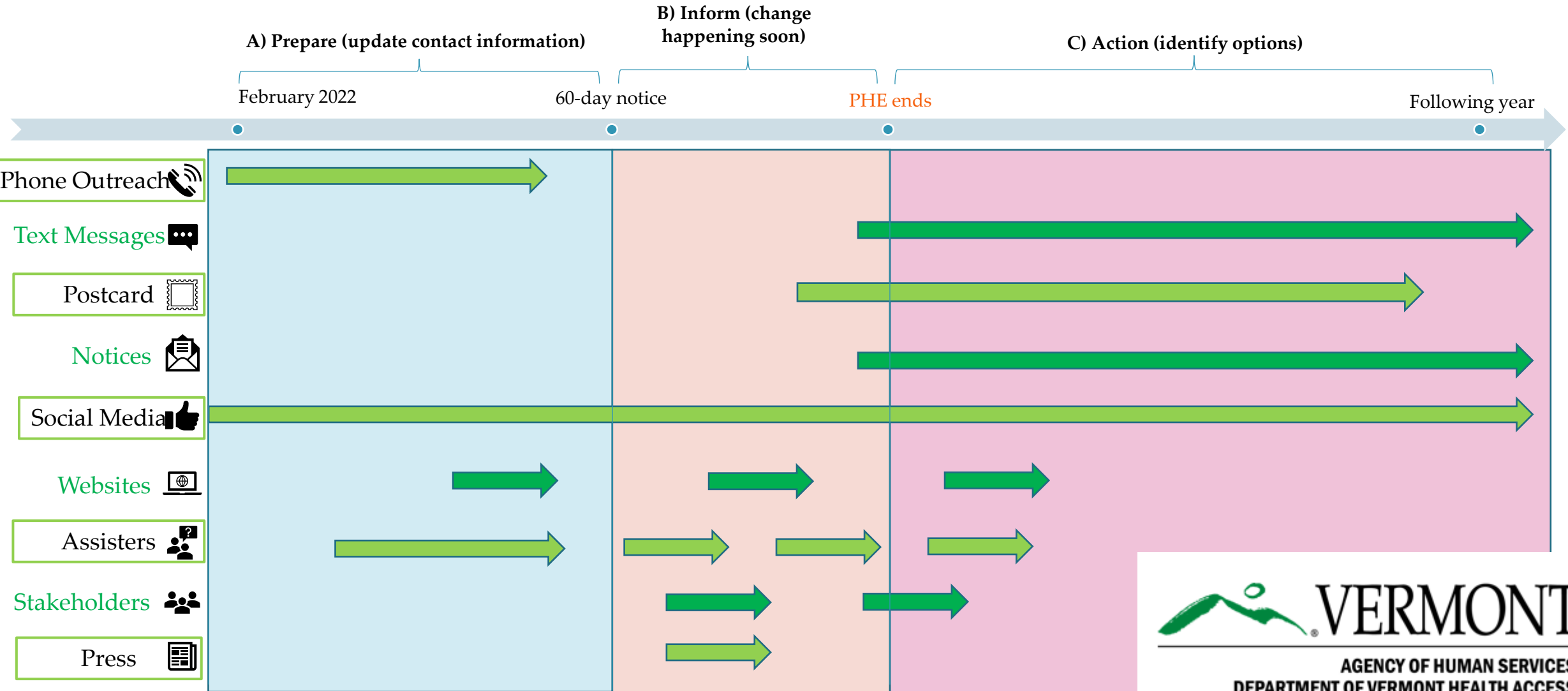
- **Completed/Planned:**


- Updating contact information
 - Enhanced returned mail review process
 - Call center verifying and updating contact information when customers call
- Member noticing
 - Post card/flyer to members before processing renewals during unwind
 - Special envelope
- Stakeholder engagement planning
 - Town halls
 - Social media

- **Pending:**

- Texting platform
 - Use of texting to remind members to update their mailing addresses and to respond to renewal notices

Communication Modalities and Timeline




 **VERMONT HEALTH CONNECT**
DVHAVHC1
Vermont Health Connect
280 State Drive
Waterbury, VT 05671-8100

Important Renewal Notice

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
MONTPELIER, VT
PERMIT #212

Action Needed
Health Care Information Enclosed

 **GreenMountainCare**
A HEALTHIER STATE OF LIVING

Important Review Notice

DCFP11
Department of Vermont Health Access
Application and Document Processing Center
280 State Drive
Waterbury, VT 05671-1500

PRESORTED
FIRST CLASS MAIL
U.S. POSTAGE PAID
MONTPELIER, VT
PERMIT #212

Action Needed
Health Care Information Enclosed

Vermont Health Care Information
Open Right Away

DID YOU KNOW...

THE NATIONAL PUBLIC HEALTH EMERGENCY IS ENDING.
We want to make sure you get important information about how your health insurance may be affected.

WATCH YOUR MAIL
for the envelope with the **red stripe** from Vermont Health connect or Green Mountain Care.

Don't miss this letter! Read and respond to this important notice about your health insurance!

#StayInsuredVT

VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS



State of Vermont
Department of Vermont Health Access
280 State Drive
Waterbury, Vermont 05671

WHAT TO DO NOW? Make sure we have your correct address and other contact information on file. Log into your Vermont Health Connect account to report changes or call us at 1-855-899-9600.

WHAT TO DO LATER? It's very important to check any mail we send to you. Read the notice carefully! Instructions include what changes you can expect to your health coverage and any actions you need to take. Questions? Call us or connect with an Assister near you.

For more information:
VermontHealthConnect.gov
or call **1-855-899-9600**.

- Mailed to all Medicaid households
- Plain language review
- Mailed quarterly prior to renewal notice

**Subject to change based on PHE unwind timing, etc.*



**AGENCY OF HUMAN SERVICES
DEPARTMENT OF VERMONT HEALTH ACCESS**

- Design modeled using CMS suggestions and striped envelope
- SOV color palette
- Consistent language



The National Public Health
Emergency is ending

**Don't miss
this letter!**

Check to make sure we have your current address. We want to make sure you get important information about how your health insurance may be affected..

#StayInsuredVT

**Subject to change based on PHE unwind timing, etc.*

The National Public Health
Emergency is ending

**DON'T MISS
THIS LETTER**

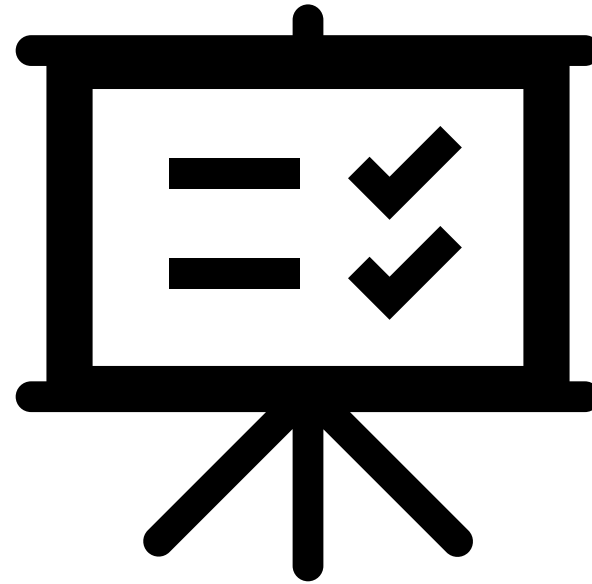
Read the notice carefully! Instructions include what changes you can expect to your health coverage and any actions you need to take.

#StayInsuredVT



**Subject to change based on PHE unwind timing, etc.*

- Update contact info
- Open mail
- Encourage customer contact
- Knowledge of options
- Understand timing



References

CMS:

- [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)
- [State Health Official Letter # 22-001](#)
- [COVID-19 PHE Unwinding Section 1902\(e\)\(14\)\(A\) Waiver Approvals | Medicaid](#)

DVHA:

- [Enrollment and Expenditure Reports | Department of Vermont Health Access](#)
- dvha.vermont.gov/unwinding