



Survival Guide: Preparing for When Redeterminations Get Rough

March 1, 2023



Dedicated to creating a nation where the best health and health care are equally accessible and affordable to all

Speakers

- **Garrett Hall (Moderator)**, Policy Analyst, Families USA
- **Jennifer Tolbert**, Director of State Health Reform & Associate Director, Program on Medicaid & the Uninsured, KFF
- **Sandie Ruybalid**, Deputy Administrator & Chief IT Manager, Nevada HHS Division of Health Care Financing & Policy
- **Allison Miles-Lee**, Managing Attorney, Bread for the City

Using Data to Monitor the Unwinding of the Medicaid Continuous Enrollment Provision

Families USA

Jennifer Tolbert

Associate Director, Program on Medicaid and Uninsured

March 1, 2023



Filling the need for trusted information on national health issues.

The Medicaid continuous enrollment provision will end in March.

- During the pandemic, states were prohibited from disenrolling people from Medicaid in exchange for an increase in federal Medicaid matching payments
- The Consolidated Appropriations Act, 2023 delinked the Medicaid continuous enrollment provision from the COVID-19 public health emergency (PHE) and ends continuous enrollment on March 31, 2023
 - Also phases down enhanced federal matching payments through December 2023.
- States can begin disenrolling people from Medicaid on April 1st but must meet monthly reporting and other requirements to continue drawing down enhanced federal funding
- The CAA also requires CMS to make public monthly data reported by states

Figure 5

States must meet monthly reporting requirements.

CMS-specified Monthly Reporting Requirements

- Total applications completed and pending
- Total renewals initiated
- Total beneficiaries due for a renewal in the reporting month
- Month in which renewals due in the reporting month were initiated
- Total beneficiaries due for renewal that have not received one
- Total Medicaid fair hearings pending

Monthly Reporting Requirements Mandated by Consolidated Appropriations Act

- Number of beneficiaries renewed on a total and ex parte basis
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated for procedural reasons
- Number of individuals enrolled in separate CHIP
- Number of account transfers to FFM or SBM
- Number of individuals determined eligible for a qualified health plan (QHP)
- Number of individuals who selected a QHP or enrolled in a Basic Health Program
- Total call center volume, average wait time, and average abandonment rate

CMS has enhanced enforcement authority if a state is not in compliance with reporting requirements.

- The Consolidated Appropriations Act of 2023 provides CMS with new enforcement mechanisms if states do not comply with reporting requirements
 - FMAP reduction of up to 1 percentage point for any quarter in which a state is out of compliance
 - Required submission and implementation of a corrective action plan
 - Suspension of disenrollments for administrative reasons (e.g., failure to respond to a renewal request)

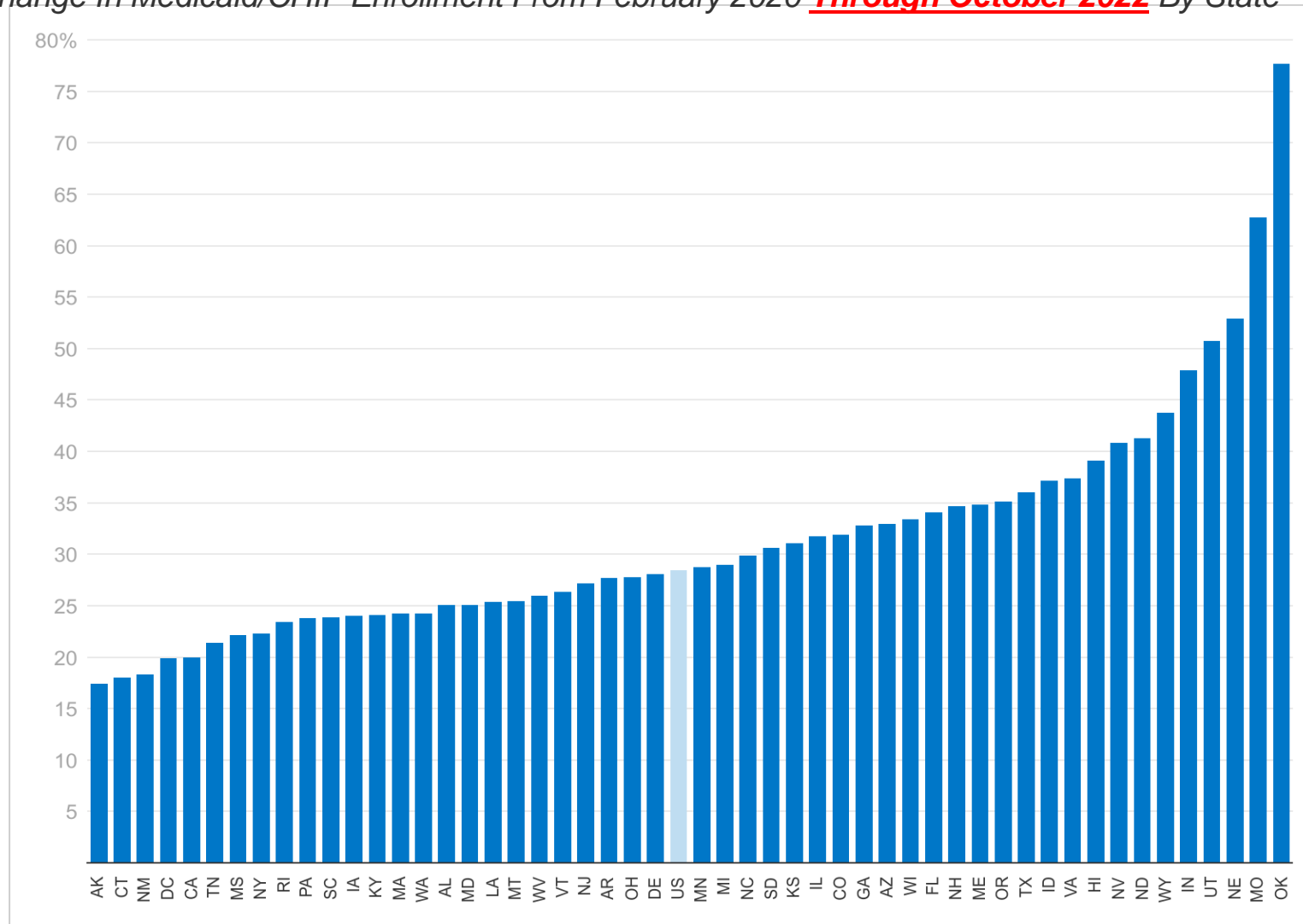
Certain metrics will be more useful for monitoring how things are going, but context will be needed to interpret data.

- Most valuable metrics:
 - Call center volume, wait times, and abandonment rates – *the canary in the coal mine*
 - Total disenrollments
 - Disenrollments for procedural reasons
- Understanding how states are prioritizing renewals will help contextualize the data
 - Some states will focus on individuals most likely to be ineligible first, while others will adopt a time-based approach relying on existing renewal dates
 - State approaches will affect the number of disenrollments in a given month-- will be front-loaded in some states, but will be more evenly distributed in other states

Figure 8

The timeliness of the data will affect its utility.

Cumulative Percent Change In Medicaid/CHIP Enrollment From February 2020 Through October 2022 By State



Source: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated January 31, 2023.



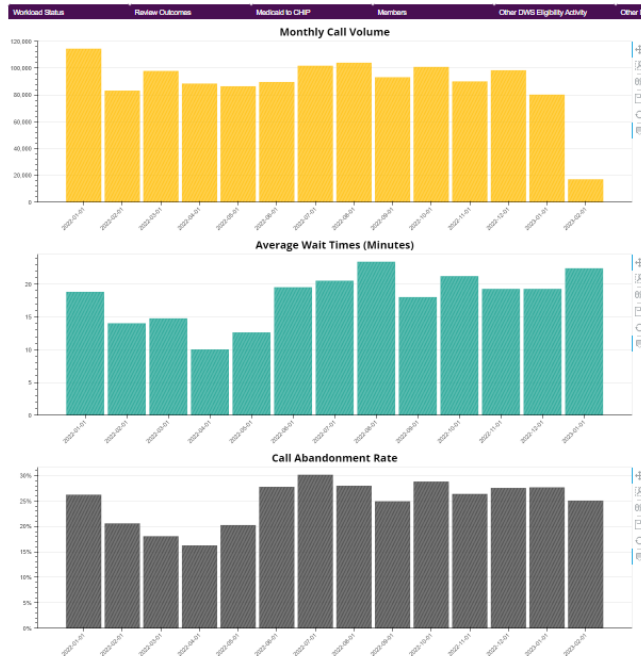
Figure 9

A few states have committed to posting unwinding data on their websites.

Utah Unwinding Eligibility Data

Due to the size of the Unwinding Eligibility Data chart and density of information, we recommend that you view this page in FULL SCREEN mode.

Last Dashboard refresh: 2/13/2023 | Next Dashboard refresh: 3/13/2023



Resuming Renewals in Minnesota Health Care Programs

This dashboard shows data on the progress in resuming Minnesota Health Care Programs renewals. The data may be filtered by renewal date, major program, age group, race/ethnicity, and social vulnerability index (SVI).

Filters:

- Select Enrollee Program: All
- Select Race/Ethnicity: All
- Select Social Vulnerability Quartile: All
- Select Renewal Month: All
- Select Major Program: All

Enrollees by renewal date (not filterable by renewal date)

Renewal Month	Enrollees due for Renewal	Enrollees auto-renewed	Enrollees with coverage extended	Enrollees with coverage closed	Enrollees still being processed
2023-01 January	285,814	31,484	285,445	358	12
2023-02 February	78,222	11,157	77,595	135	485
2023-03 March	102,997	11,743	102,064	145	784
2023-04 April	100,324	10,239	96,540	175	3,600
2023-05 May	94,574	0	0	0	94,574
2023-06 June	93,047	0	0	0	93,047
2023-07 July	93,021	0	0	0	93,021
2023-08 August	102,497	0	0	0	102,497
2023-09 September	94,880	0	0	0	94,880

Households by renewal date (not filterable by renewal date)

Renewal Month	Households due for renewal	Households auto-renewed	Households with coverage extended	Households with coverage closed	Households still being processed
2023-01 January	136,182	17,113	136,151	332	12
2023-02 February	37,239	6,024	36,906	124	343
2023-03 March	59,540	6,538	59,119	138	502
2023-04 April	57,077	5,671	55,871	156	1,989
2023-05 May	52,902	0	0	0	52,902
2023-06 June	52,801	0	0	0	52,801
2023-07 July	53,042	0	0	0	53,042
2023-08 August	57,318	0	0	0	57,318
2023-09 September	53,773	0	0	0	53,773

<https://mn.gov/dhs/medicaid-matters/renewal-dashboard/>



<https://medicaid.utah.gov/unwinding/unwinding-eligibility-data/>

Figure 10

Data needed to monitor the unwinding process across states is unlikely to be available in one place.

CMS	State Websites	State/National Organizations
<ul style="list-style-type: none">• Reporting will include all metrics• Will be available for all/most states• More likely to be comparable across states• Should be easy to trend • May lag by several months, at least initially• Unclear where data will be posted and if all in the same place	<ul style="list-style-type: none">• Data will be more timely• May include a broader set of metrics • Not all states will post data• Unlikely to be comparable across states• May be difficult to trend• Time-consuming to compile for multiple states	<ul style="list-style-type: none">• Will likely include most timely data• Trend data will be available• More likely to provide analysis of the data, including identification of concerning data points and trends • Depending on the source, may not be comparable across states• Will likely include a more limited set of metrics

Joe Lombardo
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Nevada's Plans to Troubleshoot Challenges
Preparing for When Redeterminations get Rough

Sandie Ruybalid, Deputy Administrator
Division of Health Care Financing & Policy (DHCFP)



March 1, 2023

Helping people. It's who we are and what we do.

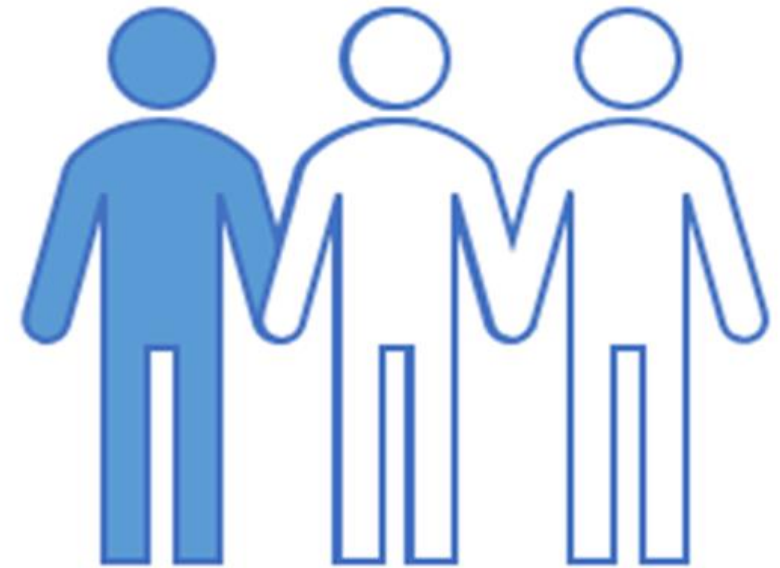


Nevada Medicaid Background



Nevada Medicaid

- About 920,000 people enrolled
- Covers **one in three** Nevadans
- Expansion state (2014)
- **42% growth** since pandemic
- About **37%** of uninsured likely eligible for Medicaid coverage



Source: Nevada DHCFP, DHHS, 2023.

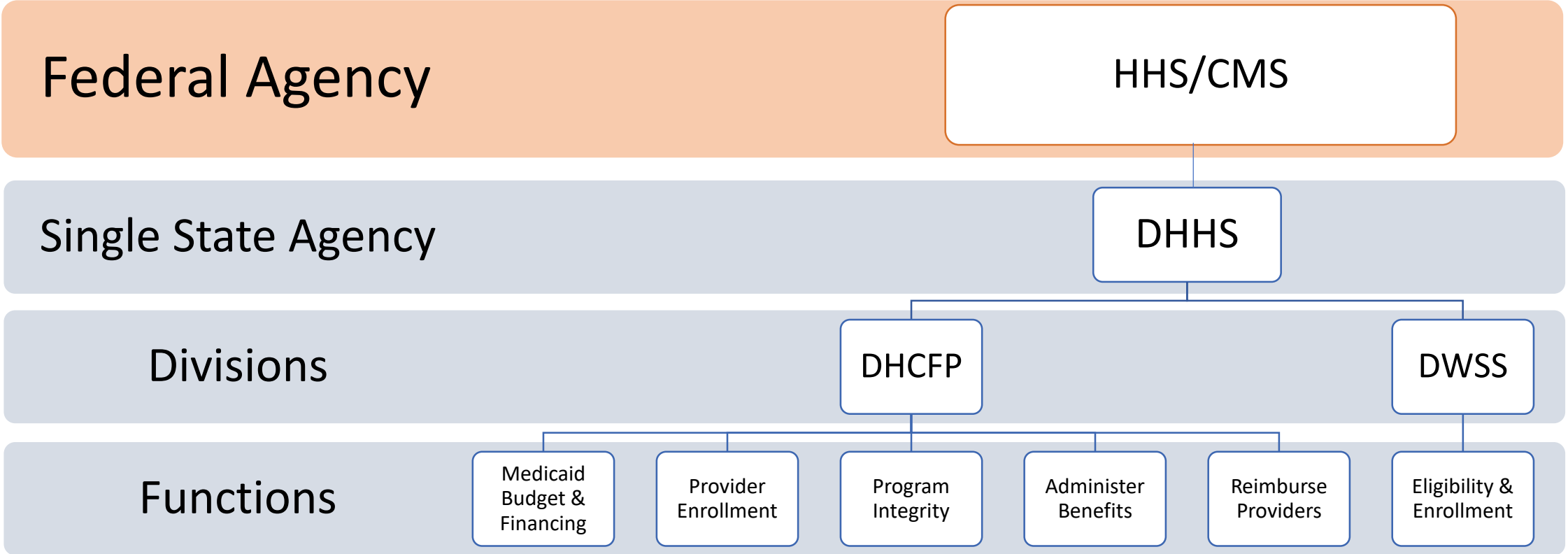


Key Nevada Medicaid Statistics

912,726	Nevadans covered by Medicaid
272,369	Growth in pop. compared to pre-COVID (42% growth)
\$5.5 billion	FY22 spend (nearly 30% of state expenditures)
55%	Births covered by Nevada Medicaid
78%	Recipients served by Medicaid Managed Care Plans
44%	Recipients who are children or youth (0-18)
91,750	Dually eligible for Medicare & Medicaid (10%)
80%	Recipients who live in Clark County
62%	Medicaid-covered nursing facility bed days



Nevada Medicaid Oversight & Operations



Sources: 42 CFR 431.10; NRS 232.290 – 232.359; NRS Chapter 422; NRS Chapter 422A





Unwinding Approach



Continuous Coverage in Nevada

- Nevada did not stop doing renewals only disenrollments
- Division of Welfare and Supportive Services (DWSS) does not have a backlog of applications
- No major system changes were made for continuous coverage
- Federal [Consolidated Appropriations Act \(CAA\) of 2023](#)
 - Sets the end date for continuous coverage **March 31, 2023**
 - Unwind process begins on **April 1, 2023**

Unwind Planning Efforts

- **Goal: Avoid loss of coverage**
 - Leads: DHCFP, DWSS, and Silver State Health Insurance Exchange
 - Office of Analytics
- **Summary of efforts:**
 - Formal Project Management
 - [Operational Unwinding Plan](#)
 - Regular partner meetings
 - Multi-media [member outreach](#)
 - [Update My Address](#) webform
 - Ex-Parte Renewals
 - Unwind Dashboard (coming soon)



DEPARTMENT OF HEALTH AND HUMAN SERVICES

NEVADA MEDICAID

COVID-19 PUBLIC HEALTH EMERGENCY
OPERATIONAL UNWINDING PLAN

February 8, 2022






Communications Approach

- **Phase 1** – This phase is designed to encourage members to provide DWSS with any updated contact information (name, address, phone number, and email)
- **Phase 2** – This phase is designed to encourage members to continue to update contact information, to report any change in circumstances, and check for upcoming renewal packets for members whose cases have not auto-renewed
 - The first message regarding renewals sent to over 330,000 Medicaid members and will continue to send out “update your contact information”, renewal and transition messages **weekly** until April 1, 2023, and **monthly** thereafter. DHCFP is also working on a texting solution.



Ex-parte Process Automation



Ex parte ×

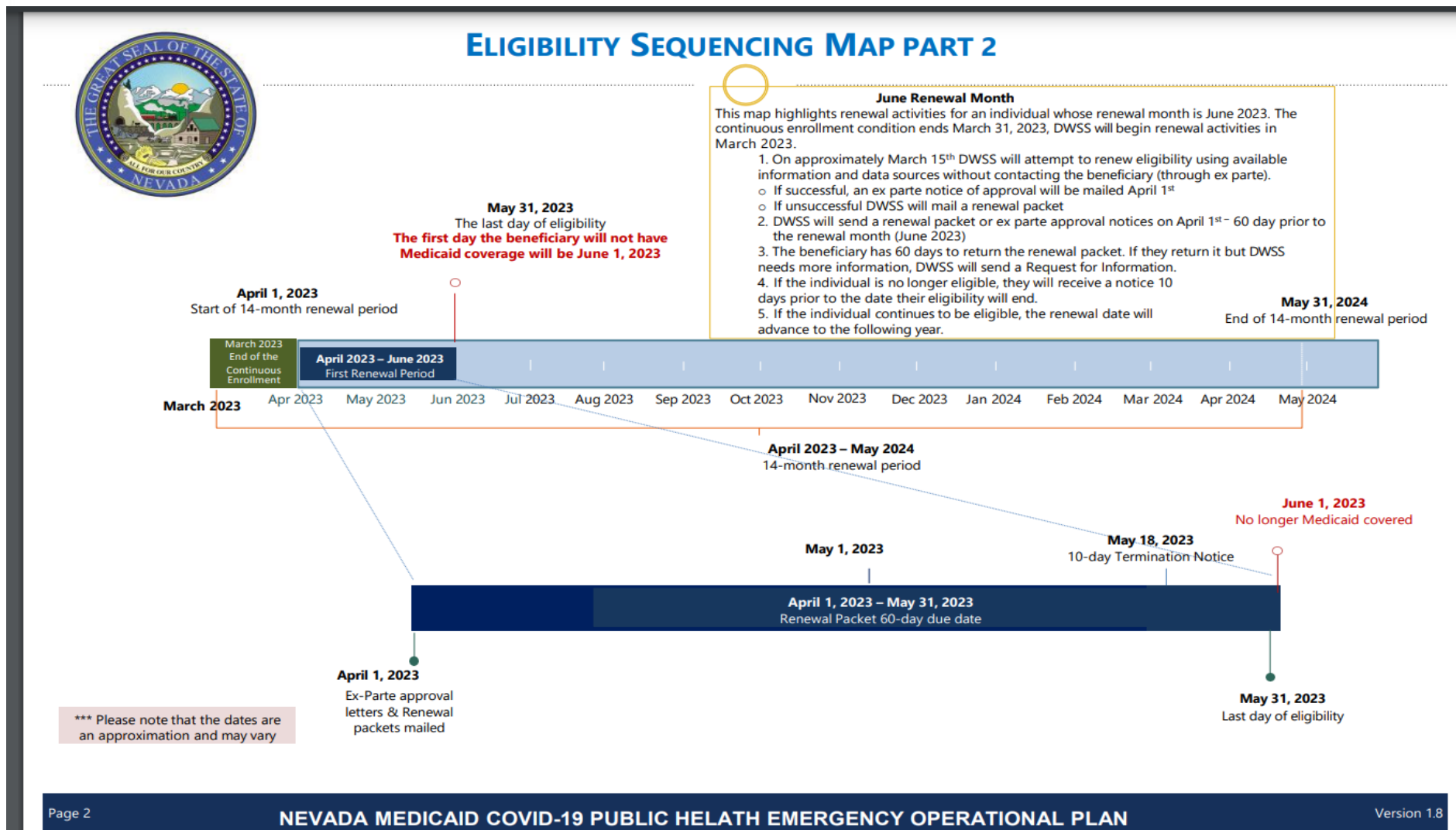
In law, ex parte () is a Latin term meaning literally "from/out of the party/faction of" (name of party/faction, often omitted), thus signifying "on behalf of (name)". An ex parte decision is...

en.wikipedia.org

- Nevada's ex-parte process was historically entirely manual
- Automated processing including matching up to **5 data sources**
- Went live **December of 2022** processing renewals for **12 months of eligibility**
- Those who are not able to be renewed are mailed a packet to return
- Renewal numbers thus far
 - On average over **16,000 households** have been renewed per month
 - Of those eligible for Ex-parte renewal over **50% renewal rate**



Eligibility Sequencing Map



Georgetown University Health Policy Institute

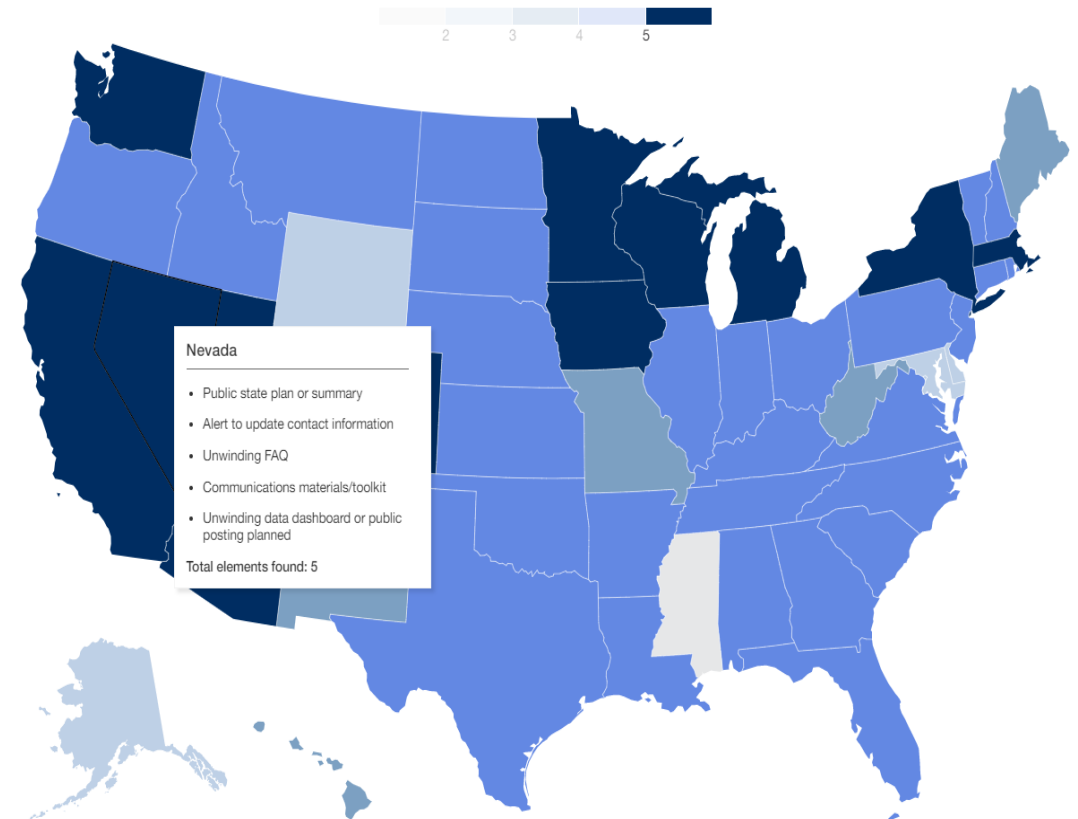
50-state Unwinding Tracker

- Nevada ranked in top 10 states for success in the following online

- Public state plan
- Alert to update Contact Information
- Unwinding FAQ & Guidance
- Communications toolkit/materials
- Unwinding Dashboard planned

50-State Unwinding Tracker (Map)

Hover over the map to see which of the five key documents or information your state has posted as they prepare for the unwinding of the Medicaid continuous coverage protection at the end of the public health emergency.





CMS & Stakeholder Collaboration



Constant Guidance/Feedback Loops

- **CMS** in partnership with **National Association of Medicaid Directors (NAMMD)** and **State Health and Value Strategies (SHVS)** are providing guidance and support
 - Resources and toolkits are provided by each entity have been made available publicly
- **CMS** is working with each state (1:1) to address mitigation strategies
 - Our mitigation plan is set to be released **March 13, 2023**
 - This plan will outline items Nevada can start addressing before the renewal process beings
- Any new information or updates are shared with our **Sister Agencies, Managed Care Organizations and Marketplace**
 - These key entities also share any barriers or setbacks, and we work together to produce a solution or resolve



Monitoring



Dashboards & Reports

CMS Reporting Requirements

States are required to submit performance indicator reports monthly which will be leveraged to populate our Unwinding Dashboard

Nevada will be publishing our Unwinding Dashboard publicly

Used to monitor activities specific to the Unwinding and Renewal process including application processing time, call center wait times, renewals, and account transfers

DHHS Dashboards & Reports

Our Office of Analytics maintains dashboards and reports that are used to identify any red flags or issues in the Medicaid program

- [OFFICE OF ANALYTICS - DATA & REPORTS \(nv.gov\)](https://www.nv.gov/office-of-analytics-data-reports)
- [Public Health Unwind Estimates for Individuals on Active Medicaid with Excess Income](#)



Impacted Population Analysis

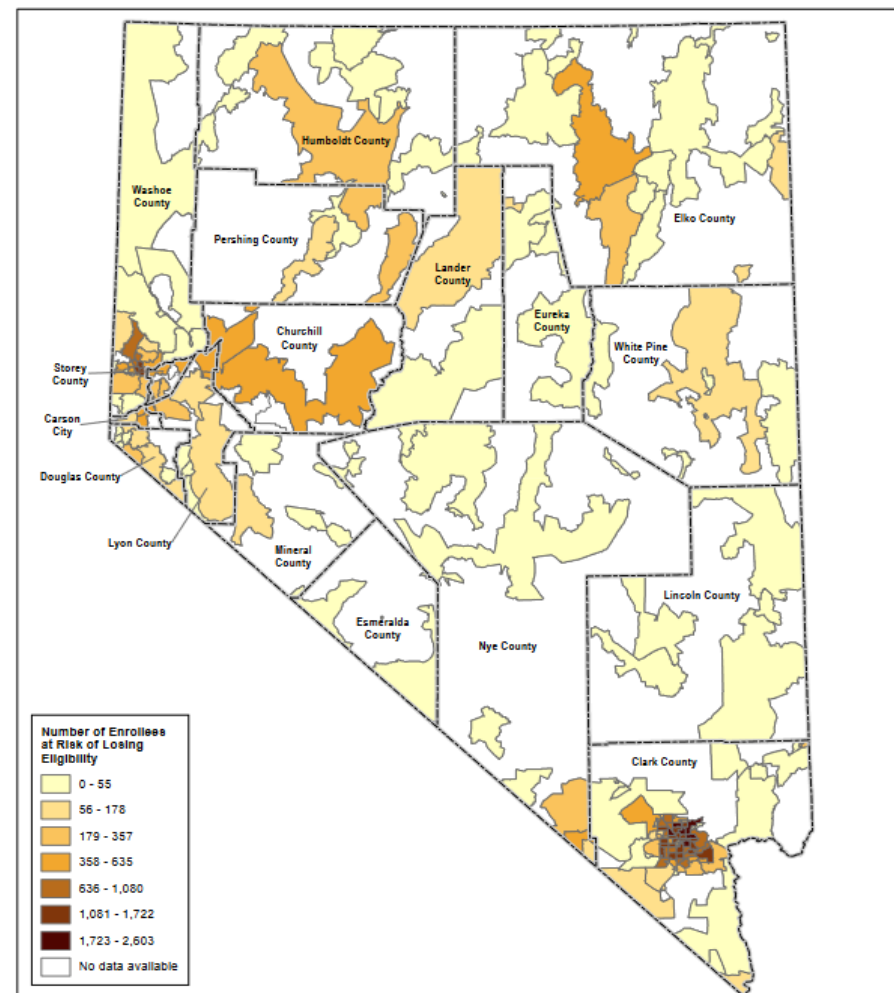
Affected Population and Statistics from DHHS Office of Analytics

- **77%** had at least **one health care service** from a core service provider in past year paid by Medicaid
- **50%** had seen physician specialist(s) in past year with an **average of about 8 specialist visits** or claims per individual
- **45%** had seen primary care provider(s) in past year with an **average of about 4 provider visits** or claims per individual
- **9%** had seen a behavioral health provider in past year with an **average of about 11 behavioral health visits** or claims per individual

Medicaid Enrollees at Risk of Losing Eligibility Due to Excess Income by Zip Code* in Nevada

Data as of 2/2023

*Post Office and other non-geographic area zip codes are combined with enclosing zip codes.





Closing Comments



Contact Information

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[Nevada Medicaid Website: http://dhcfp.nv.gov/](http://dhcfp.nv.gov/)

Acronyms

- CMS – Centers for Medicare and Medicaid Services
- DHCFP – Division of Health Care Financing and Policy
- DHHS – Department of Health & Human Services
- DWSS – Division of Welfare & Supportive Services
- FFCRA – Families First Coronavirus Response Act
- FMAP – Federal Medical Assistance Percentage
- HHS – U.S. Health and Human Services
- MCO – Managed Care Organization
- PHE – Public Health Emergency

References & Resources

CMS Medicaid.gov

<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>

Consolidated Appropriations Act of 2023

<https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF>

DHCFP Member Outreach Page

<https://dhcfp.nv.gov/Pgms/CPT/COVID-19/MemberOutreach/>

DHCFP Operational Unwinding Plan

<https://dhcfp.nv.gov/uploadedFiles/dhcfpnavgov/content/Pgms/CPT/COVID-19/Nevada%20COVID-19%20PHE%20Operational%20Unwinding%20Final%202.2023.pdf>

Georgetown University Health Policy Institute 50-state Unwinding Tracker

<https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/>

State Health & Value Strategies (SHVS)

<https://www.shvs.org/resource/phe-unwinding-resources-for-states/>

Medicaid Redeterminations: What Advocates can do as Red Flags Emerge

Allison Miles-Lee, Managing Attorney, Bread for the City

Bread for the City

We serve DC residents living with low income in an atmosphere of dignity and respect, with a vision of building a nurturing community and providing holistic, comprehensive services.



With over 110 staff at our NW and SE Centers, we serve more than **32,000** people a year.

DC Healthcare Alliance

- Locally funded health insurance program for people with income at or below 210% FPL who do not qualify for Medicaid due to immigration status
- Recertifications were suspended, briefly restarted, were suspended again and have now started again
- Canary in the coal mine
- ~17,000 DC residents, Medicaid ~303,000 (17x)

How Alliance recertifications are supposed to work

- Notices mailed out contain recertification paperwork
- New online option: District Direct (phone app and online portal)
 - Can also upload verifications
 - Notices also appear online
- In person, mail, fax

Our concern in a nutshell

- People are submitting recerts in person or online and still are terminated
- In many cases, not denied, just not processed
- Result: delayed health care, facing emergency hospital costs, not able to get prescriptions

Issues that we are seeing

- System “glitches”
- Verifications being requested that are not required
- People encounter difficulty uploading documents or don't know that they are required to
- With the start/stop of recertifications, people may disregard notices to recertify
- Recert notices going out without recertification paperwork to fill out

Issues that we are seeing (cont.)

- Dropped off documents being lost (though later they can often be “found” in the system)
- People lack technological skills to do online recertification, not a good alternative option for many
- Language access: notices going out in English even though the person has self identified as LEP/NEP
- Poor treatment of LEP/NEP people at service centers
- OAH: Judges ordering action and it’s not happening

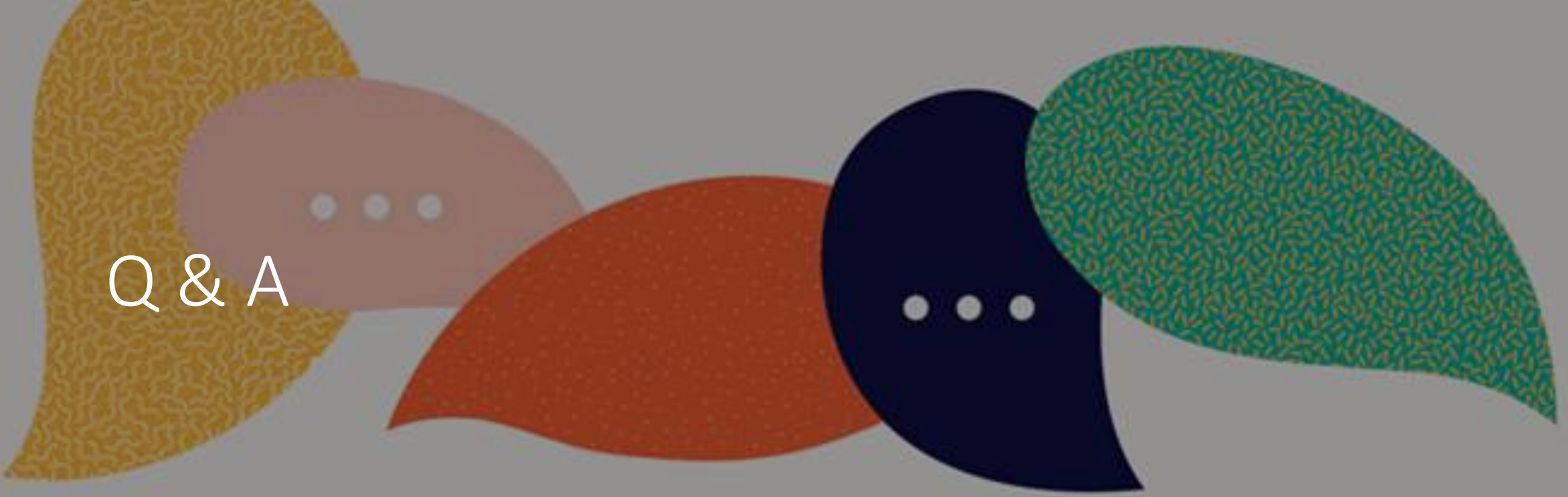
Positive changes

- Recert period changed from 6 months to one year (Alliance Coalition worked for years on this)
- No in-person interview requirement (came out of pandemic)
- Online option now available
- District Direct working group of advocates/ relationships with DHS (responsive when true emergency)
- DHCF Alliance-specific email
- Sharing data with DHCF ombudsman

Things to improve on

- Improve online system language to make it more easily understandable
- DHS staff needs to assist: kiosks at service centers?
- Increase staff to process recertifications
- Provide receipts for in-person document drop
- Better ways for advocates to escalate

Q & A



Source: Florida International University [Image]

Contact

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[@FamiliesUSA](https://www.instagram.com/FamiliesUSA)



FamiliesUSA.org