ALSTON & BIRD

TO: Health Care Clients

FROM: Alston & Bird LLP

DATE: November 3, 2022

RE: A&B Summary – Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare, A Partner Education Monthly Series

On October 26, 2022, the Centers for Medicare & Medicaid Services (CMS) hosted a webinar entitled, *Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare, A Partner Education Monthly Series*. The webinar is the sixth in a series of monthly educational meetings on the Medicaid and Children's Health Insurance Program (CHIP) continuous enrollment unwinding process following the end of the COVID-19 public health emergency (PHE). Officials from CMS, Arizona's state Medicaid Agency, and an Arizona nonprofit discussed the transition from Medicaid to Medicare and specifically highlighted the importance of outreach to communities most at-risk[1] of losing Medicaid coverage following the end of the PHE.

Discussion

I. Welcome and Opening Remarks (Stefanie Costello, Office of Communications, CMS)

- Ms. Costello said the PHE was extended for an additional 90 days on October 13, 2022. She reminded attendees that the Biden Administration will provide a 60-day notice ahead of the end of the PHE.

II. Medicare Transitions (Kim Glaun, Medicare-Medicaid Coordination Office, CMS)

- Ms. Glaun provided background on dually eligible individuals and the Medicare Savings Programs (MSP). She said approximately 12 million individuals are simultaneously enrolled in both Medicare and Medicaid. She noted that MSPs make Medicare affordable to those who may not otherwise be able to afford coverage, expanding access to care and improving economic security for beneficiaries.
- Ms. Glaun discussed Medicare transitions for Medicaid beneficiaries. She explained that many individuals are enrolled in Medicaid and become eligible for Medicare at age 65 or due to certain disabilities or End State Renal Disease (ESRD). She noted that upon qualifying for Medicare, beneficiaries may retain Medicaid eligibility and newly qualify for an MSP; however, she said some individuals may lose Medicaid eligibility.

[1] Presenters discussed at-risk in terms of those who were most affected by the COVID-19 pandemic and those who were likely to lose Medicaid coverage due to complexities or unawareness of the redetermination process following the end of the PHE.

- Ms. Glaun shared information on the proposed Medicare Special Enrollment Period (SEP) following the loss of Medicaid coverage. She explained that individuals who maintained Medicaid coverage due to continuous coverage during the COVID-19 PHE, may not enroll in Medicare on time.
    - She highlighted that in order to avoid gaps in coverage and smooth the transition to Medicare for individuals who leave Medicaid entirely, CMS proposed a Medicare SEP for individuals starting on or after January 1, 2023, which will end six months after an individual's Medicaid termination.
    - Ms. Glaun concluded that CMS is working on finalizing this proposal and that the draft regulation is available on the Federal Register.[2]
- Ms. Glaun also shared requirements for renewals once the COVID-19 PHE ends. She stated that everyone enrolled in Medicaid will undergo an eligibility renewal and that states have 12 months to initiate renewals. She emphasized that CMS recommends states take a risk-based approach to renewals, based on those most at risk for losing coverage.
    - Ms. Glaun explained that states must attempt to renew eligibility for all individuals enrolled in Medicaid on an *ex parte* basis. Therefore, she said a state must renew a beneficiary's enrollment automatically if they have all the information they need. Ms. Glaun noted that if a state does not have all of a beneficiary's information, they must provide beneficiaries with a renewal form to collect the necessary information.
    - Ms. Glaun said if an individual is no longer eligible for their current eligibility group, the Medicaid agency must consider whether the beneficiary may be eligible for other groups covered by the group. She emphasized that the state must maintain coverage until a beneficiary is enrolled into another group.
    - Ms. Glaun shared that the enrollee resource page is available on the CMS website.[3]

III. Arizona Unwinding Stakeholder Engagement

- Kristin Challacombe, Deputy Director, Arizona Health Care Cost Containment System (AHCCC)
    - Ms. Challacombe said Medicaid is the largest insurer in Arizona (AHCCC is Arizona's Medicaid agency) and that enrollment in Medicaid increased over 30 percent over the COVID-19 PHE.
    - She said Arizona will initiate their renewals process in a hybrid approach. First, Ms. Challacombe said Arizona will process those who will become "ineligible" for coverage and then process those who are nonresponsive to the state's requests for more information. She estimates that nearly 650,000 members are either non-responsive or factually ineligible. Second, the state will process applications within these groups from oldest to newest submissions. Ms. Challacombe further explained that Arizona will adjust post-PHE redetermination batches based on volume of regular monthly Medicaid renewals and align all Medicaid renewals with Supplemental Nutrition Assistance Program (SNAP) renewals.

[2] The proposed rule, *Medicare Program; Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and Other Revisions to Medicare Enrollment and Eligibility Rules* can be found here: https://www.govinfo.gov/content/pkg/FR-2022-04-27/pdf/2022-08903.pdf.
[3] The CMS webpage can be found here: Medicaid.gov/renewals.

  - Ms. Challacombe emphasized that stakeholder partners are critical to engage in the renewals process and to ensure continuous coverage for beneficiaries.
    - She said AHCCC utilizes COVID Override Files for partner outreach. She explained that the Medicaid Managed Care Organizations (MCOs) use these files to directly outreach their members. She noted that use of the COVID Override Files by MCOs generally increased over the PHE.
  - Ms. Challacombe also mentioned a national 2-1-1 phone call initiative to help beneficiaries navigate the redetermination process. She said staff on the 2-1-1 calls can answer questions about health plans on the marketplace or other coverage options as well.
- Heidi Capriotti, Public Information Officer, AHCCC
  - Ms. Capriotti emphasized that access outreach is critical to help beneficiaries navigate the health care system and redetermination process. She shared examples of direct outreach efforts and communication channels.
  - She said the key messages for Medicaid members include: (1) update your contact information, (2) check your mail, (3) complete your renewal, and (4) connect to coverage.
  - Ms. Capriotti provided an overview of AHCCC's 60-day plan to provide outreach and communication for members and shared that the AHCCC toolkit can be found online.[4]

IV. Arizona State Medicaid Partner: Vitalyst Health Foundation (Marcus Johnson, Director of State Health Policy and Advocacy, Vitalyst Health Foundation)

- Mr. Johnson emphasized the need to conduct outreach to larger geographic areas to reach wider communities and the greatest number of people. He also emphasized the need to conduct outreach to populations who were disproportionately at risk during the PHE.
- Mr. Johnson noted that the most at-risk populations were in the greater Phoenix area, and that some cities had over 50 percent of their population fall into at-risk communities/categories.
- He shared efforts of the Cover Arizona Coalition and the Cover Kids Coalition to bring coverage to individuals and families who qualify for Medicaid and the marketplace as well as other public benefits. He said one of the coalitions most critical partnerships is with a navigator organization that establishes a statewide network of people who are experts in coverage options.
- Mr. Johnson discussed a few key traditional and non-traditional (e.g., libraries, faith-based groups, food banks, community health workers, and small businesses) partners who are critical to conducting outreach in wider geographic areas.
- Mr. Johnson also shared examples of direct outreach efforts and communication channels.

V. Question-and-Answer Session (Stefanie Costello, Office of Communications, CMS)

- Q: Will there be retroactive termination of enrollment, and will CMS reimburse providers who are still recovering from losses due to increased Medicaid enrollment?
  - Jessica Stephens (Office of Center Director, CMS) said there is no retroactive termination of enrollment for beneficiaries nor reimbursement for providers. She said states will only terminate eligibility when conducting redeterminations at the end of the PHE. She noted beneficiaries will receive advance notice of any terminations or action.

[4] The AHCCC toolkit can be found here: https://www.azahcccs.gov/AHCCCS/AboutUs/Return_to_Normal.html.

- Q: What is the timing of the release for the Medicare SEP regulation?
    - Ms. Glaun said she is confident the regulation will be coming out soon and that the SEP will be effective January 1, 2023. However, she noted the final rule has not yet been issued.
- Q: What are the MSP resource limits for 2023?
    - Ms. Glaun said the resource limits usually come out in the fall each year but have not yet been released for 2023.
- Q: Will the Medicare SEP cover people who do not completely lose Medicaid and are in the Medicaid spend-down category?
    - Ms. Glaun explained that the spend-down group includes beneficiaries whose income is over the Medicaid eligibility limit, but their medical expenses allow them to meet the Medicaid income eligibility threshold. She said the proposed SEP does not apply to individuals who have already met their spend-down amount because they are considered eligible for Medicaid. However, she said the SEP could be utilized by beneficiaries who have not met their spend-down threshold and will need Medicare coverage.
- Q: Can individuals who just turned 65 still use Healthy Indiana Plan (HIP)[5] benefits?
    - Ms. Glaun said during the PHE, individuals retained coverage in Medicaid automatically. She said if an individual had both Medicare and Medicaid, Medicare covered services first and HIP served as a wrap-around payment. She noted after the PHE, for individuals who retain Medicaid coverage (usually under MSPs), Medicare will continue to cover services first. However, she noted that some individuals may lose their HIP coverage once the continuous enrollment flexibility under the PHE no longer applies.
- Attendees also asked Ms. Challacombe and Ms. Capriotti to share advice and recommendations for various outreach methods, including text messaging campaigns and flyer distribution.
- Ms. Costello reemphasized that the PHE was extended until mid-January and may or may not be extended again. She said there will be a 60-day notice before the end of the PHE (mid-November).

VI. Closing Remarks (Stefanie Costello, Office of Communications, CMS)

- The recording, transcript, and slides will be posted to the CMS National Stakeholder Calls webpage.
- Unwinding Speaking Request Form
- Medicaid and CHIP Beneficiary resources
- Unwinding Homepage on Medicaid.gov
- The next webinar will be held on December 7, 2022 at 12:00pm ET.

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We hope this summary was helpful to you. Please do not hesitate to contact us if you have any questions.

[5] The Healthy Indiana Plan is a health-insurance program for qualified adults.