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

[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.

reduce risk of inappropriate terminations and that states' plans will establish a sustainable workload in future years.

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-month 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	32,155	31,018	32,837	33,124	38,756	37,957	36,454	33,222	26,972	26,866	34,265	35,314	398,940
Percent of renewals scheduled to be initiated	8.1%	7.8%	8.2%	8.3%	9.7%	9.5%	9.1%	8.3%	6.8%	6.7%	8.6%	8.9%	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.

West Virginia (WV) chose to begin its unwinding period beginning February 2023 meaning the continuous enrollment condition will expire on April 1, 2023. Most cases will remain in their current renewal cycle and those dates will not change because WV maintained renewals throughout the PHE. For the cases without a renewal date currently scheduled, the managed care population will be among the first renewals to be scheduled. Those members who are in Medicare Premium Assistance groups and long-term care will be among the next populations to have scheduled renewals, followed by any remaining populations needing to be renewed. Members who are pregnant or in a postpartum coverage period will be among the last population to have renewals completed. Additionally, members involved in programs, such as the Medicaid Work Incentive Network (MWIN), and the Breast and Cervical Cancer (BCC) programs, will be completed concurrently with the unwinding approach listed above, but may require manual processing and/or greater coordination with the programs who manage these members. Cases that have not been terminated and are without a renewal date will be scheduled equally across the 12-month unwinding period and completed in conjunction with the regularly scheduled renewals to help ensure the total caseload count is being managed per CMS's expectations. WV is also

combining SNAP reviews with the Medicaid eligibility reviews to find additional efficiencies within the renewal process.

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).**

   At present, we're not aware of any circumstances that would result in initiating more than 1/9 of the total caseload.

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.**

   As part of the efforts to improve coverage retention following the end of continuous coverage, the following strategies are either implemented or in process at this time.
   - Adopted the 12-months continuous eligibility for children and pregnant women via a State Plan Amendment (SPA) submission.
   - Encourage members through the communication plan to return renewals timely and to utilize support from entities, such as the Navigators, to help identify other insurance coverage options if ineligible for Medicaid or WVCHIP.
   - Starting in late January, WV Department of Health and Human Resources will begin direct outreach to all levels of enrollment staff, educating staff on updated procedures to limit coverage losses for procedural reasons.
   - Complete renewals during PHE to lessen loss of contact
   - Monitor monthly reporting
   - Attempted to evenly distribute renewals over 12-month period
   - Additional processing guidance and Frequently Asked Questions (FAQ) will be distributed statewide to staff

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.**

   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)*: WV uses the reasonable compatibility threshold of 10% for MAGI populations income. In addition, WV made system enhancements to the ex parte process by improving the efficiency of processing self-employment income. Qualifying a case for processing has expanded to include previously skipped individuals. Cases selected for processing has been changed from only medical cases, to include medical cases which have other current benefits as well.

□ Other strategies under consideration or planned *(please specify)*:

b. Update Mailing Addresses to Minimize Returned Mail and Maintain Continuous Coverage

☒ 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

☒ Already adopted

□ Planning or considering to adopt

☒ 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)*:WV is leveraging other program information such as SNAP, TANF, LIEP. Updates were made to the Income Maintenance Manual (IMM) to further clarify how to process returned mail.

□ Other strategies under consideration or planned *(please specify)*: _____

c. Improve Consumer Outreach, Communication, and Assistance

☒ 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)*: WV added Navigator contact information to member notices

□ Other strategies under consideration or planned *(please specify)*: _____

d. Improve Coverage Retention

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

- ☒ Already adopted
- □ Planning or considering to adopt

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

- □ Already adopted
- □ Planning or considering to adopt

☒ 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
  ☒ Already adopted
  □ Planning or considering to adopt

□ Other adopted strategies *(please specify)*: _____

□ Other strategies under consideration or planned *(please specify)*: _____

e. Promote Seamless Coverage Transitions

☒ 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)*: Added Navigator contact information to member notices

□ Other strategies under consideration or planned *(please specify)*: _____

f. Enhance Oversight of Eligibility and Enrollment Operations

☒ Identify a centralized team responsible for tracking emerging issues and needed solutions
  ☒ Already adopted
  □ Planning or considering to adopt

☒ Create tracking and management tools, data reports, and/or dashboards to monitor case volume, renewal rates, and workforce needs
  ☒ Already adopted
  □ Planning or considering to adopt

☒ 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
  □ 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
  □ Already adopted
  □ Planning or considering to adopt

□ Other adopted strategies *(please specify)*: _____

□ Other strategies under consideration or planned *(please specify)*: _____

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.**

- When a change in circumstances that may affect eligibility is identified during the unwinding period for an individual who has not received a full renewal in the prior 12 months, the State will wait until the date of their full renewal to act on the change.
- A "rolling redetermination" may be completed for all MAGI Medicaid and WVCHIP cases during a 12-month SNAP or TANF review or another MAGI Medicaid or WVCHIP review. The agency must begin a new 12-month certification period for all MAGI Medicaid or WVCHIP individuals determined eligible in the case in an effort to align renewal dates for all programs and all members of the household. This will reduce administrative burden for the clients and workers.
- Policy refreshers will be sent to the workforce to reinforce if the client responds and provides renewal information within 90 days of the effective date of closure, the agency will determine eligibility in a timely manner without requiring a new application. If the client is found eligible, the coverage must be back-dated up to three months.
- Policy refreshers will be sent to the workforce regarding the requirement to conduct a full renewal for all individuals prior to terminating benefits during the unwinding period. The special PHE code to maintain eligibility will be utilized until after the date of the full renewal.
- Policy refreshers have been issued regarding the correct procedure when processing returned mail.
- Implemented changes to improve the use of the ex parte renewal process.
- WV requested a 1902(e)(14) waiver to delay the resumption of premiums until the scheduled renewal is conducted for MWIN members.

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.**

☒ Expand informal resolution processes (e.g., informal troubleshooting, administrative review, or alternative resolution processes prior to a fair hearing)

- ☒ 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)

- ☒ Already adopted
- □ Planning or considering to adopt

☒ Streamline current fair hearing processes and operations (e.g., intake of fair hearing requests, scheduling)

- ☒ Already adopted
- □ Planning or considering to adopt

□ 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
- □ Planning or considering to adopt

□ Other adopted strategies *(please specify)*: _____

□ Other strategies under consideration or planned *(please specify)*: The WV Board of Review will authorize overtime to ensure cases are completed timely.