

Navigating Medicaid continuous coverage unwinding for RWHAP clients

Access, Care, and Engagement (ACE) TA
Center

March 14, 2023

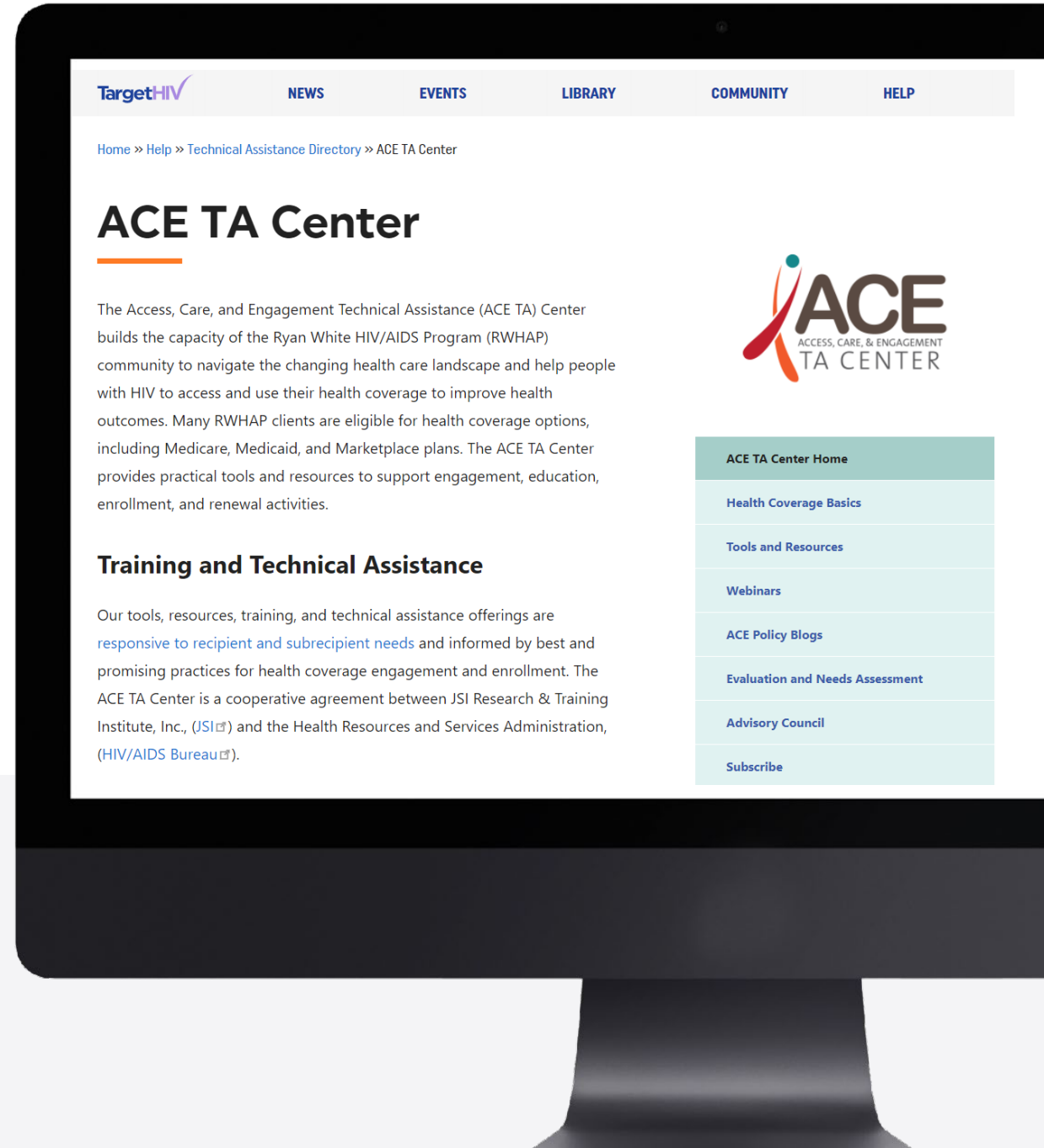


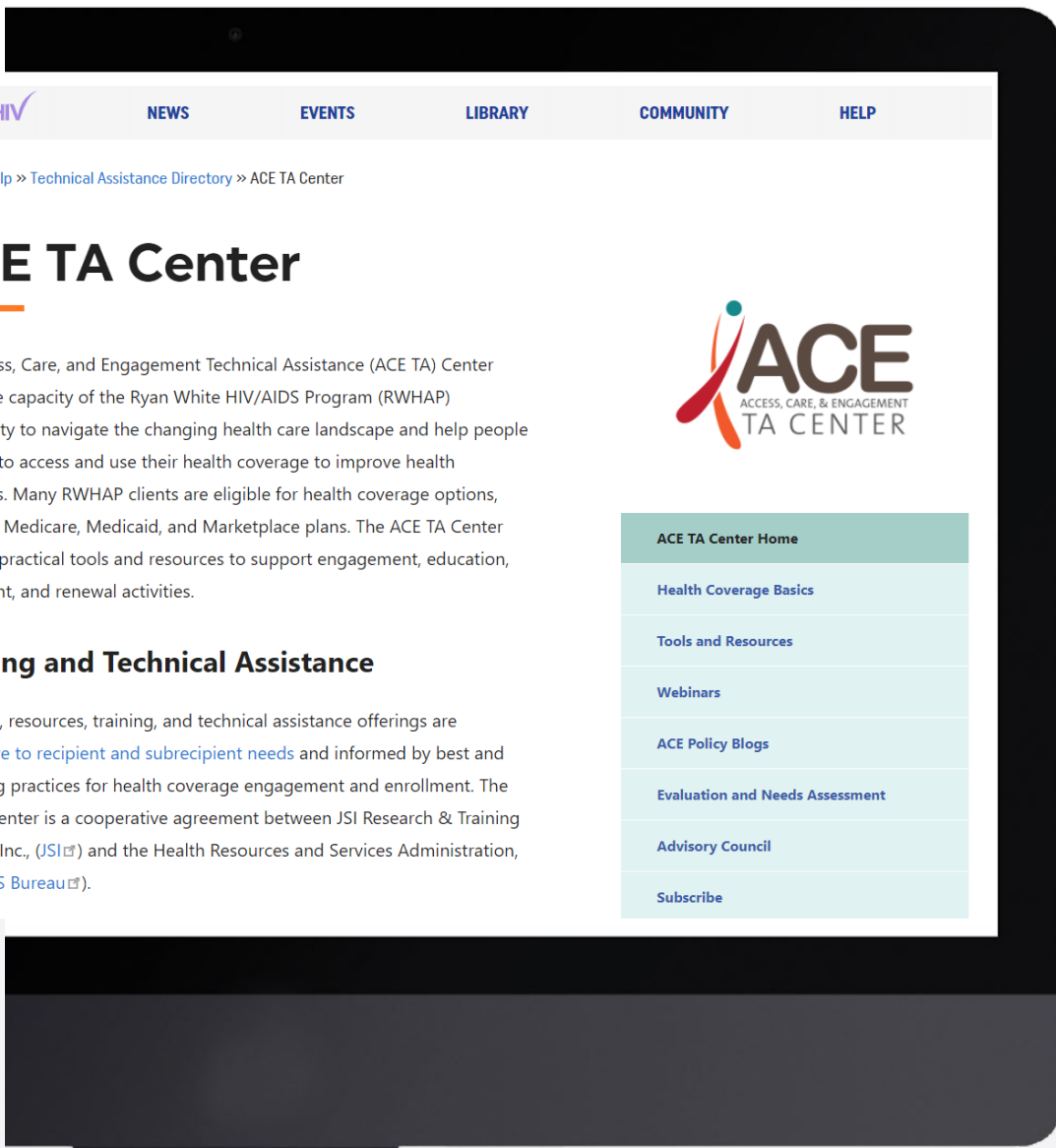
How to ask questions

Attendees are in **listen-only mode**.

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You may also **email questions** to acetacenter@jsi.com after the webinar.

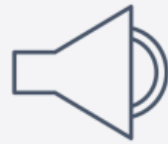




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The ACE TA Center helps organizations:



Engage, enroll, and retain

clients in health coverage (e.g., Marketplace and other private health insurance, Medicare, Medicaid).



Communicate with Ryan White HIV/AIDS Program (RWHAP) clients

about how to stay enrolled and use health coverage to improve health care access, including through the use of Treatment as Prevention principles.



Improve the clarity

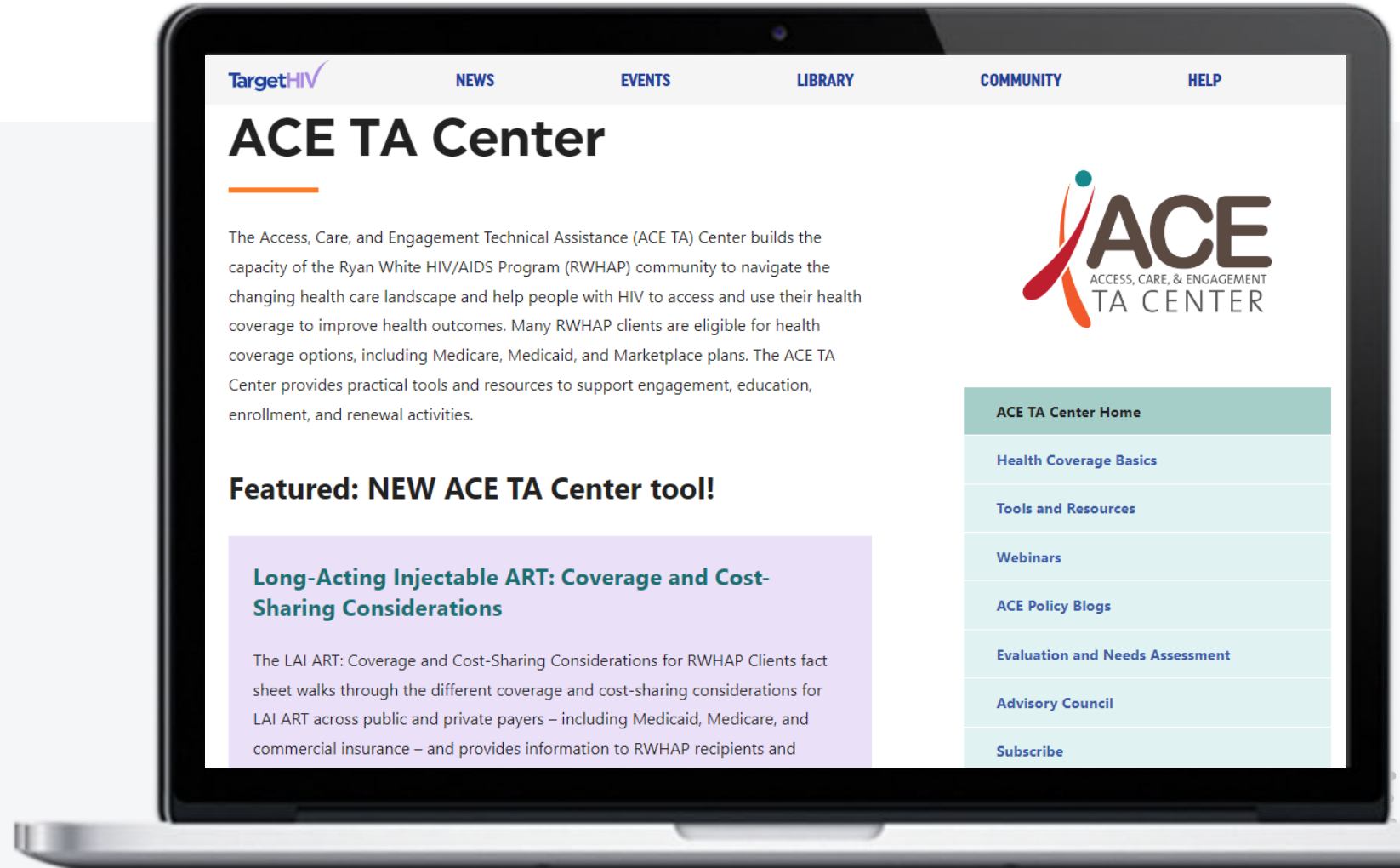
of their communication around health care access and health insurance.



- RWHAP program staff, including case managers
- RWHAP organizations (leaders and managers)
- RWHAP clients
- Navigators, State Health Insurance Assistance Programs (SHIP) counselors and other in-person assisters that help enroll RWHAP clients in health coverage

FIND US AT:

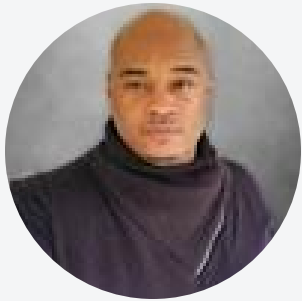
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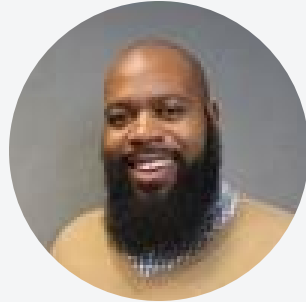
Roadmap for presentation



Today's presenters



Greg McGruder,
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Overview: Medicaid continuous coverage



Medicaid continuous coverage requirements

- As part of the federal response to the COVID-19 pandemic, states were given a bump in their federal Medicaid funding starting in March 2020.
 - In return, states were not allowed to terminate anyone's Medicaid coverage.
 - Also known as the **continuous coverage requirement**.
 - The original law tied the Medicaid continuous coverage requirement to the federal Public Health Emergency (PHE)
- Because of this continuous coverage requirement, the Medicaid rolls have swelled over the past three years.

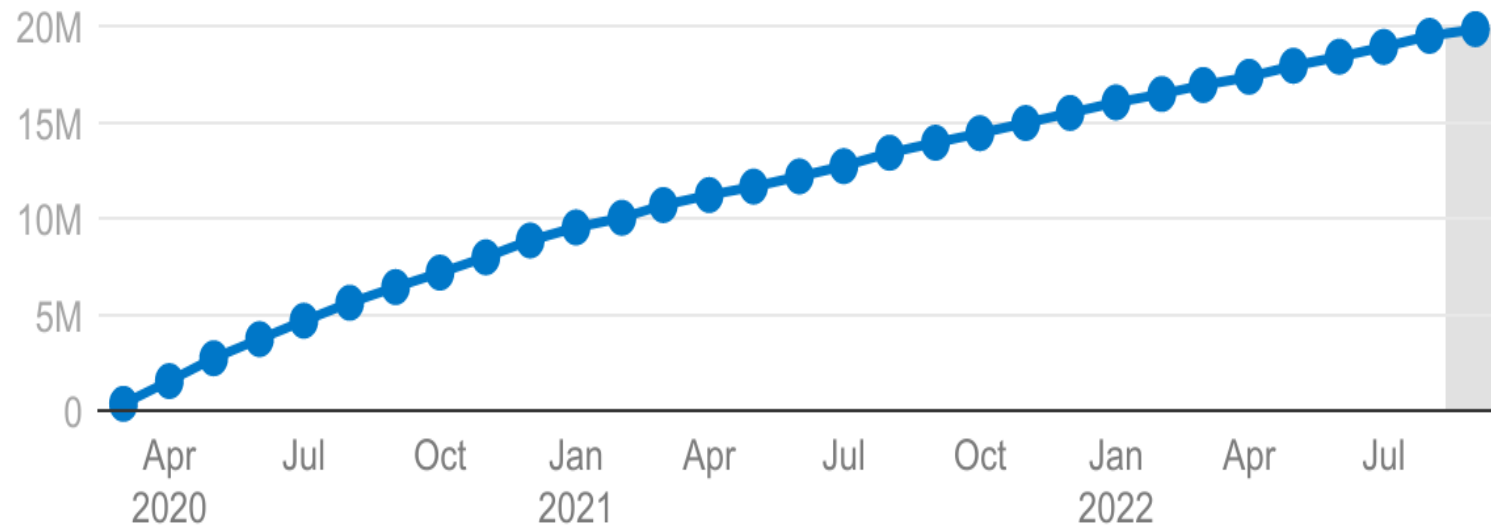
Figure 1

Medicaid/CHIP Enrollment, February 2020-September 2022

Cumulative Change In Medicaid/CHIP Enrollment Since February 2020

Change

% Change



Why will Medicaid continuous coverage end?

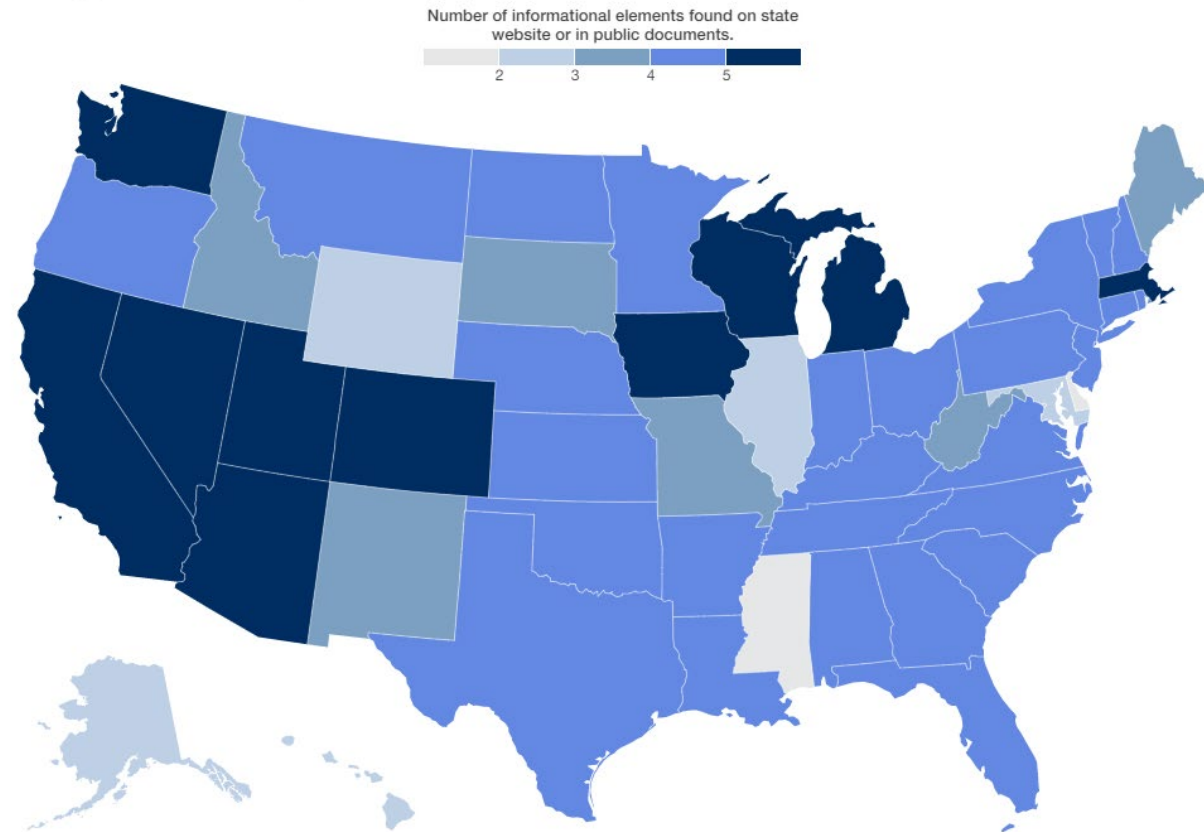
- The December 2022 omnibus spending package included a date for the end of the Medicaid continuous coverage requirement.
 - This meant the Medicaid continuous coverage requirement would end regardless of whether the federal PHE also ended.
 - Once the continuous coverage requirement ends, state Medicaid agencies will be required **to conduct eligibility review for all Medicaid enrollees.**
 - This process is often referred to as “Medicaid unwinding”
- The law was passed and Medicaid continuous coverage ends March 31, 2023, with terminations beginning as early as **April 1, 2023**

Medicaid unwinding planning

- States were required to submit a “renewal distribution plan” to the Centers for Medicare & Medicaid Services (CMS)
 - This plan details how they will stagger renewals for all Medicaid enrollees over a 12 month period.

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.



Medicaid unwinding timeline

- States will begin reviewing eligibility in February, March, or April, however **exact timeline and process will vary**.
 - In states that began sending termination notices in February, the termination effective date can be no sooner than **April 1, 2023**.

Unwinding timeline

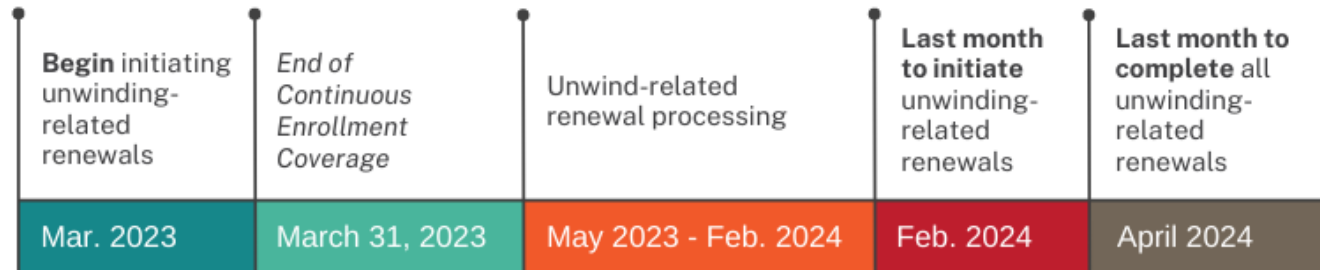
Option A

State begins 12-month unwinding period in Feb. 2023.



Option B

State begins 12-month unwinding period in Mar. 2023.



Option C

State begins 12-month unwinding period in April 2023.



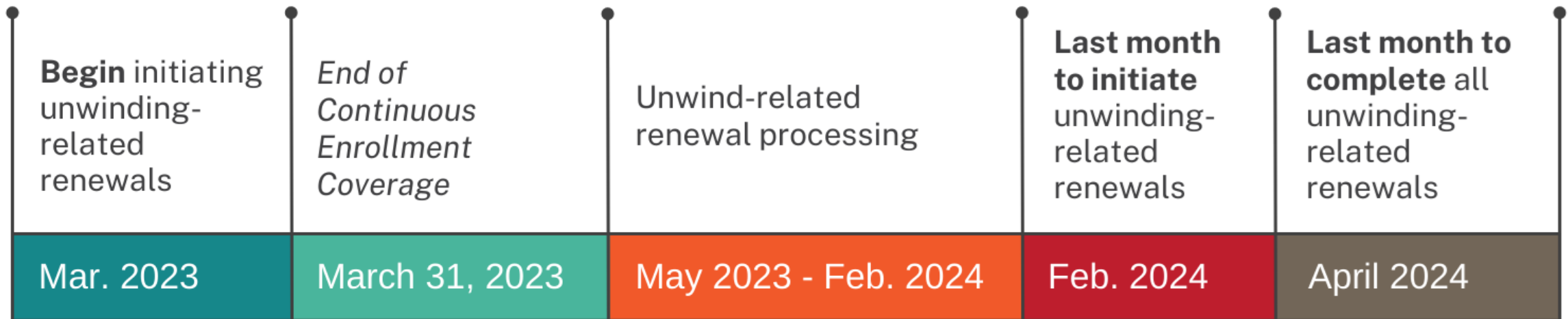
Unwinding timeline: Option A

State begins 12-month unwinding period in February 2023 (two months prior to the end of the continuous enrollment requirement).



Unwinding timeline: Option B

State begins 12-month unwinding period in March 2023 (the month in which the continuous enrollment requirement ends).



Unwinding timeline: Option C

State begins 12-month unwinding period in April 2023 (the month after the month in which the continuous enrollment requirement ends).



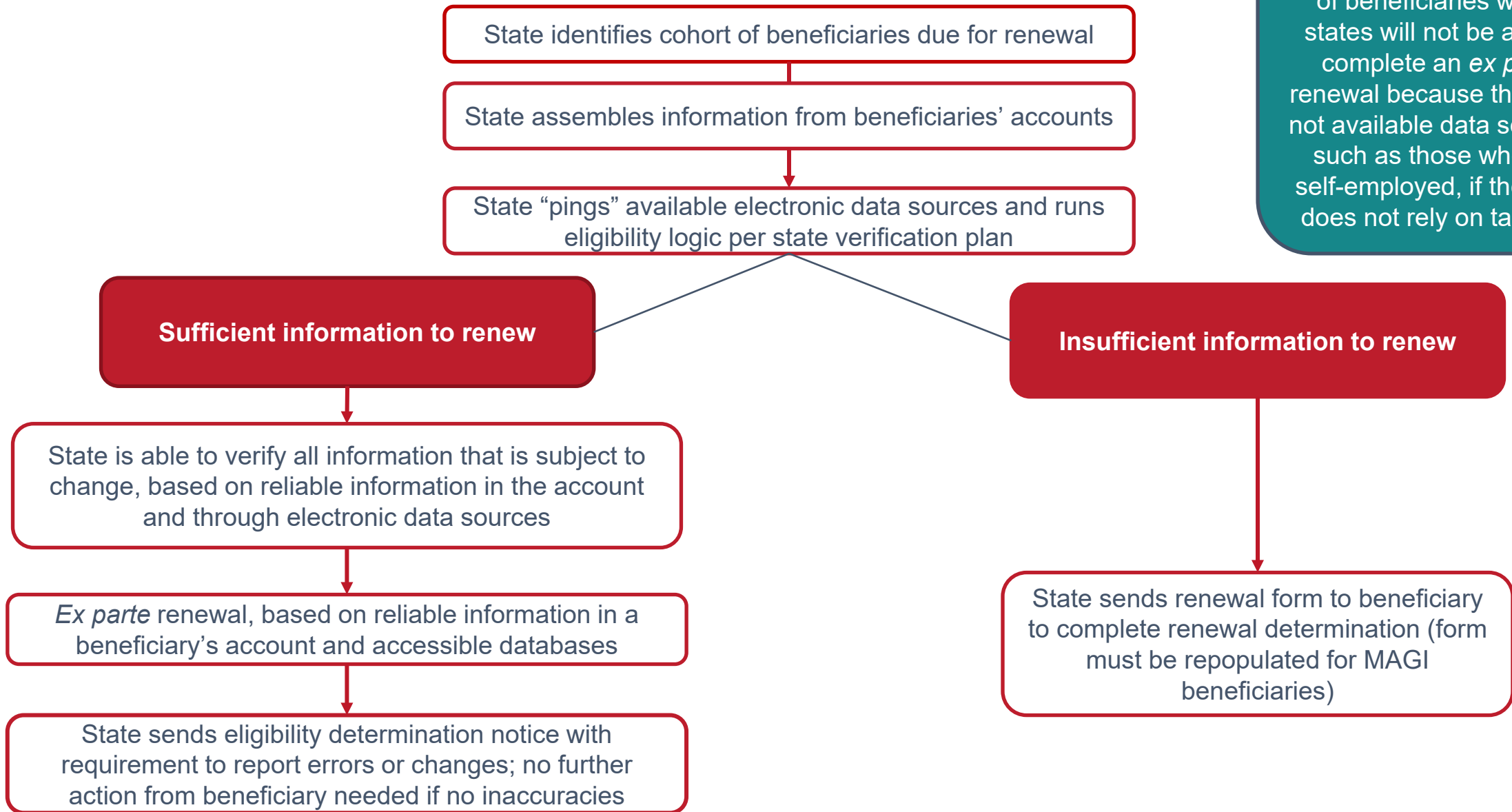
State Medicaid agency requirements

- States must attempt to gather and maintain up-to-date contact information for all enrollees.
 - This includes mailing address, phone number, and email address.
 - States are encouraged to use multiple data sources and/or adopt multiple strategies in order to update contact information.
- States cannot disenroll individuals based only on returned (undelivered) mail
 - Prior to disenrolling an individual, the state must make a “good faith effort” to contact the person using more than one contact method.
- States must report on renewal and termination activities to CMS regularly
 - These reports will contain data on number of renewals initiated, number of terminations, etc.

State Medicaid agency requirements, cont.

- States are required to attempt to renew eligibility on an *ex parte* basis
 - *Ex parte* renewals are renewals that are based on available, reliable information gathered without contacting the individual.
 - For example, Medicaid agencies can use data from Social Security Administration (SSA) and/or SNAP benefits data
 - *Ex parte* renewals can help ease burden on both enrollees and Medicaid staff during the unwinding period
- In addition to an *ex parte* renewal attempt, states must also provide a renewal form that is prepopulated and allow beneficiaries to return the signed renewal form by mail, in-person, online or phone

Ex Parte renewal process



Note: There will be cohorts of beneficiaries where states will not be able to complete an *ex parte* renewal because there are not available data sources, such as those who are self-employed, if the state does not rely on tax data

New: Marketplace Special Enrollment Period

- A new Special Enrollment Period (SEP) is available in states that use Healthcare.gov for individuals who lose Medicaid coverage as a result of the unwinding.
- Individuals may apply for Marketplace coverage under the “Unwinding SEP” from **March 31, 2023 through July 31, 2024**
 - As a part of this process, they will need to attest that their Medicaid coverage ended within this time period
 - Individuals will not be required to provide documentation for this SEP
- State-based exchanges may also offer this SEP
 - Visit your state’s marketplace website to learn more about available SEPs

New: Medicare SEP

- There is also a new SEP for individuals who were enrolled in Medicaid during the PHE and missed their Medicare enrollment period
 - If an individual enrolled into Medicare during the PHE (prior to January 1, 2023) and paid late enrollment fees, they are eligible to have those fees reimbursed if they are otherwise eligible for this SEP.
- Individuals should contact the Social Security Administration to enroll into Medicare with this SEP

How RWHAP programs can support clients through the unwinding process



Poll

- How is your organization preparing for the Medicaid unwinding process? (check all that apply)
 - Conducting outreach to clients
 - Working with our state's Medicaid office to identify RWHAP-eligible clients who might lose coverage
 - Building internal capacity to conduct enrollments once unwinding begins
 - Other (chat in)

Four steps to support clients through the unwinding process

1. Understand your state's process for Medicaid renewals
2. Conduct outreach to clients and support enrollment into other coverage options
3. Prepare for a possible ADAP/RWHAP Enrollment Surge
4. Educate broader enrollment networks about the RWHAP

Step 1: Understand your state's process for Medicaid renewals

- Find your state's plans for unwinding on the state Medicaid agency's website
- Know if your state's ADAP is working with your state Medicaid programs to identify individuals losing Medicaid eligibility who may be eligible for ADAP
- RWHAP frontline assisters and program staff should monitor unwinding activities and report problems to state Medicaid offices
 - For example, a red flag might be an erroneous termination notice.

Step 2: Conduct outreach to clients and support enrollment into other coverage options

- Inform clients enrolled in Medicaid about the ending of the Medicaid continuous coverage requirement.
- Encourage clients to confirm or update their contact information with their state Medicaid agency.
- Remind clients to check their mail frequently for letters from their state Medicaid agency, and respond promptly to requests for information.
 - *Prompt: “Have you received information from the state Medicaid agency?”*
 - *“What did the letter/email/text/phone call say?”*

Pulse check

- Are you actively reminding clients to check their mail and bring in anything they don't understand?
 - Yes
 - Sometimes
 - No

Pulse check

- What strategies or tactics have you used to ensure clients are opening and responding to mail? *Chat in your response*

Step 2:

Conduct outreach to clients and support enrollment into other coverage options

- Support clients who need to submit documentation as part of their Medicaid renewal.
 - *Prompt: “Did the letter/email/text/phone request more information? What did they request?”*
- Help eligible clients to identify other coverage options if they are no longer eligible for Medicaid
 - Be sure to explore all available health coverage options, including Marketplace, employer-sponsored insurance, and Medicare coverage.

Actively review disenrollment decisions

- State Medicaid agencies will experience significant workload increase and may not be able to process documents on time.
- If you believe a client was incorrectly disenrolled from Medicaid, reapply or file an appeal with your state Medicaid agency immediately. All states' Medicaid programs are required to have a process to appeal a Medicaid coverage decision.

Step 3: Prepare RWHAP staff for enrollment surge

- Prepare staff for enrollment activities
 - Provide enrollment training to new staff, or staff who have not provided enrollment support recently.
 - Consider flexed schedules to provide enrollment support to clients before or after normal working hours.
- Build enrollment partnerships to help support enrollment needs of clients.

Working with external enrollment partners

- External enrollment partners may include:
 - Certified Application Counselors (CACs)
 - Navigators
 - Health insurance agents and/or brokers
 - Area Aging Agencies/ State Health Insurance Programs (SHIPs)

SHIPs are particularly important enrollment partners for Medicare eligible individuals!

- SHIPs provide free, one-on-one insurance counseling assistance to Medicare-eligible individuals, their families, and caregivers
- RWHAP programs are encouraged to become SHIP-certified organizations
- RWHAP staff are encouraged to become SHIP-certified counselors

Step 4: Educate your enrollment networks about the RWHAP

- Many clients transitioning off of Medicaid may not be connected to RWHAP. These individuals may receive enrollment assistance from Navigator entities, Certified Application Counselor (CAC) organizations, or SHIP counselors who may not be familiar with the RWHAP.
- Engage with enrollment assistance entities in your area. Make sure these partners are aware of RWHAP, including role of ADAP, in supporting access to health coverage.
 - Reminder: The RWHAP is not health insurance!

Training for external enrollment partners

targethiv.org/assisters

I'm new to supporting people with HIV.

How do I help them enroll in health coverage?

Revised May 2019



Know that the Ryan White Program supports access to HIV care.

Most low-income people can access HIV care, medications, and support services through the Ryan White HIV/AIDS Program (RWHAP).

- The RWHAP, including the AIDS Drug Assistance Program (ADAP), provides access to critical medications.
- The program helps all consumers - insured, underinsured, and uninsured.

Contact your state's RWHAP, including ADAP, to learn how the Program can provide financial help for health coverage.

Find a RWHAP provider: locator.HIV.gov

- The RWHAP encourages eligible consumers to enroll in comprehensive health coverage to access both HIV and non-HIV services.
- The RWHAP can help eligible consumers pay for health insurance premiums and out-of-pocket expenses.
- The RWHAP in your state, including ADAP, can provide HIV medications to consumers who are uninsured or have a

Understand why continuous HIV medication coverage is essential.

Medication can help people living with HIV live a healthy life.

- Taking HIV medication every day can lower the level of HIV in a person's blood to an undetectable level (viral suppression).
- Missed doses of medication can quickly lead to increased levels of HIV in the blood.
- People with HIV who have consistent viral suppression do not sexually transmit HIV.

Explain insurance terms and benefits.

Insurance and enrollment terms are confusing for everyone.

- Consumers need to understand the basics of health insurance to avoid coverage gaps and to make the most of their coverage.
- Explain insurance terms and concepts in plain language and provide real-world examples when possible. Encourage consumers to ask questions, or ask them to state what they need to know or do in their own words.

How Assisters Can Help People Living with HIV Get Affordable Coverage



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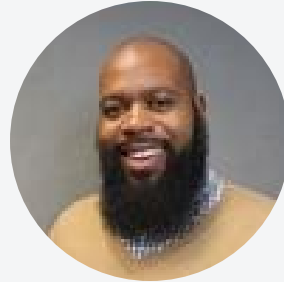
Navigating Medicaid Unwinding: Experience on the ground





**Report from the ground:
Conversation with Nadeen
Israel, Brayden Turner,
Mel Clay, and Greg
McGruder**

Q&A Panelists



Mel
Clay



Brayden
Turner



Liesl
Lu



Nadeen
Israel



Molly
Tasso

Resource round up

- Georgetown University Navigator Resource [Guide](#)
- Kaiser Family Foundation [brief](#)
- CMS Unwinding Communications [toolkit](#)

Thank you for joining us!



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Sign up for our mailing list, download tools and resources, and more.

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