



Planning for the End of the Continuous Coverage Requirement

Iowa Medicaid
2023

Continuous Coverage Requirement

(Original FFCRA Parameters for Unwinding)

Continuous Coverage

- Under the continuous coverage requirement, states must maintain enrollment of nearly all Medicaid enrollees (enrolled as of March 18, 2020, or determined eligible on or after that date) through the end of the month in which the PHE ends.

Provided a 6.2% increase in the regular federal Medicaid matching rate

- Contingent on states following the continuous coverage requirement until the final day of the month in which the PHE ends
- Conditioned on not charge Medicaid premiums exceeding those in place on January 1, 2020, and not imposing cost-sharing for COVID-19 testing and treatment

PHE 90-day extensions

- As these requirements hinged on the end of the federal PHE it created a lack of certainty around the end date of the continuous coverage requirement as the PHE is only extended in 90 day increments

End of the Continuous Coverage Requirement (Consolidated Appropriations Act Changes)



President Biden signed the Consolidated Appropriations Act signed into law on December 29, 2022

'De-linked' the Medicaid continuous coverage requirement from the federal PHE

Set a final date of the continuous coverage requirement of March 31, 2023

Tiered the ending of additional funding

- 6.2% through March 2023
- 5% through June 2023
- 2.5% through Sept 2023
- 1.5% through Dec 2023

Additional eligibility processing requirements

- Adds strict reporting guidelines and possible sanctions for procedural reasons
- Adds extra follow-up on returned mail

Centers for Medicaid and Medicare Services (CMS) Unwinding Guidance

- Requires full review of eligibility consistent with federal requirements for all individuals on Medicaid
- 12-month unwinding period to initiate all renewals for members and must complete all renewals within 14 months
- States may choose to begin their unwinding period in one of three months relevant to the end-date of the continuous coverage requirement.
- Iowa chose Option A:
 - **Option A:** February 2023
 - **Option B:** March 2023
 - **Option C:** April 2023



CMS Guidance (cont.)

**March 31:
End of Continuous
Enrollment Condition**

States only
initiating renewals
that may result in
terminations¹

States processing
renewals, including
effectuating
terminations

States only
completing
renewals

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



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



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



Redistribution Plan for 12-month Unwind Period



Prioritizing work on redeterminations for those who have not had a successful renewal completed in the past 12 months.

- This includes cases that we have maintained Medicaid eligibility due to the continuous coverage requirement.

Redistribution plan that will ‘front load’ redeterminations in the first few months following end of the continuous coverage requirement, as we anticipate more discontinuances for those that haven’t had a successful review.

- This will help to equalize future years’ workload.

Eligibility Workforce

Unprecedented enrollment and the volume of redeterminations during the unwinding period will cause increased workload and stress on eligibility staff.

Strategies to alleviate eligibility staff stresses:

- Leveraging overtime hours when available for staff during the unwind period.
- Identifying workers from specialized units to aid processing any backlogs as needed.
- Statewide equalization/distribution of workloads to avoid backlogs.
- Refresher trainings for all eligibility workers.

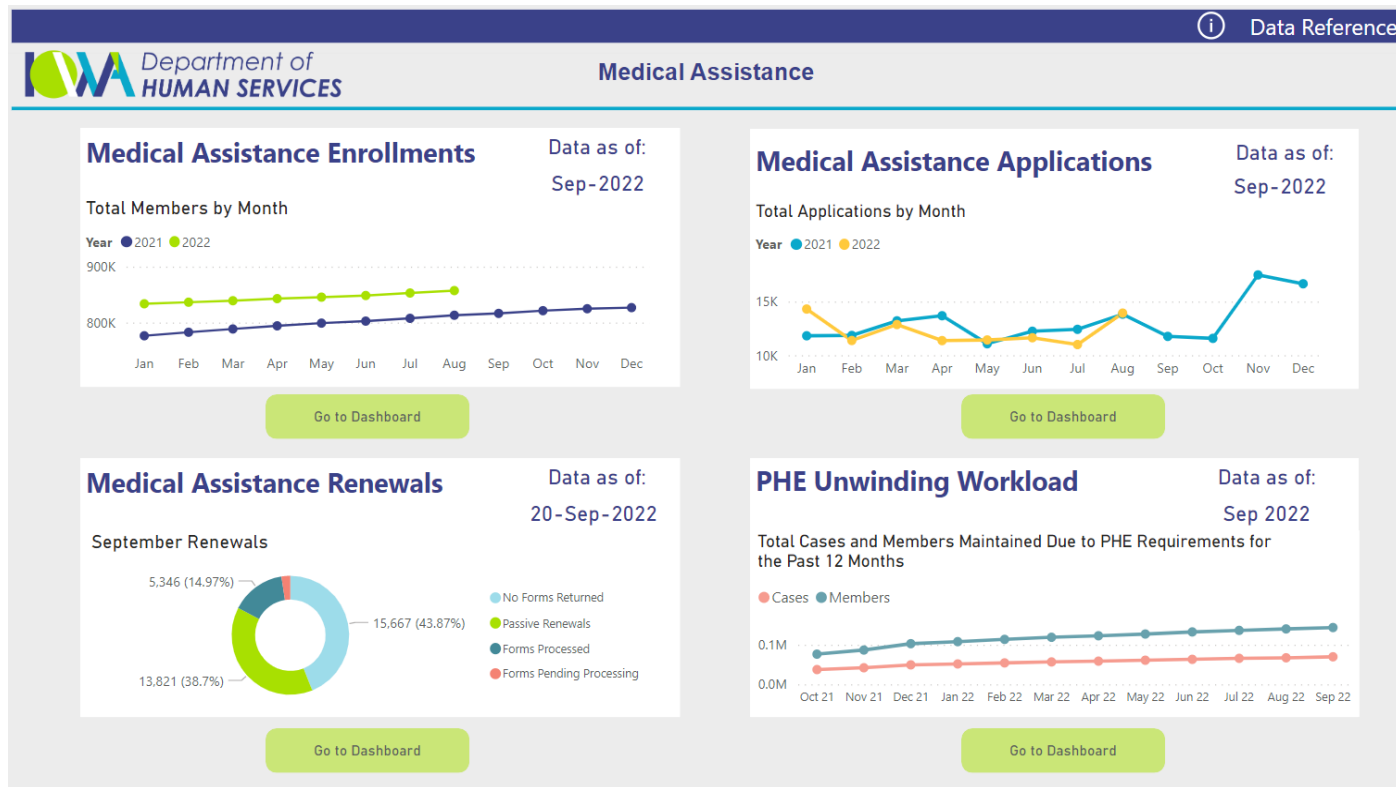


Key Unwinding Timeline

	December 2022 & January 2023	Month before MOE Ends (February 2023)	MOE Ends (March 31, 2023)	Month Following MOE End (April 2023)	Remainder of 12-month unwind period (May 2023 – March 2024)
Factors	President Biden signs Consolidated Appropriations Act into law, which de-links the continuous coverage requirement from the end of the PHE	Continue to maintain Medicaid for all enrollees while planning for 12-month unwinding period.	Last month of continuous coverage requirement. 6.2% enhanced federal match is decreased to 5%.	Begin returning to normal Medicaid operational processes.	Enhanced federal match rate incrementally decreases: <ul style="list-style-type: none"> • 5% effective April 2023 • 2.5% effective July 2023 • 1.5% effective Oct 2023 • No match starting Jan 2024
Eligibility Renewals	Continue: <ul style="list-style-type: none"> • Ex parte renewals • Attempting renewal when acting on change in circumstances • Attempting renewals when completing SNAP recertifications Finalization of redistribution of renewals Development of eligibility staff training for unwinding period	Begin ex parte process for renewals that may result in a discontinuance after continuous coverage requirement ends. Review forms will be issued for those that did not successfully get renewed during the ex parte process for those with renewal month in the trigger/kick-off month (first month after the continuous coverage requirement ends).	Most review forms will be received by households (whose renewal is due in the trigger/kick-off month). Iowa Medicaid will start to receive some completed renewal forms back.	Review forms (for those with a renewal in the trigger/kick-off month) are due on the 5th of this month. First discontinuances will occur this month for coverage effective the following month.	Renewal cycle continues each month for members with upcoming renewals. Monitoring and adjusting redistribution of renewals based on CMS guidelines.
Communication	Stakeholder outreach and toolkit development. Continue Phase I of communication plan. Campaign for updated contact information from members and initiate Phase II of the communication plan.		Phase III begins. Ensure members complete their renewal and provide requested information for accurate eligibility determinations.	Continue to focus on members completing renewals and initiate Phase IV of communication plan for those that are found ineligible for Medicaid.	Continue implementation of Phase III and IV of communication plan until all unwinding activities are complete for the 12-month unwinding period.

Unwind Dashboard

A public dashboard is available on the Iowa HHS website:
https://dhs.iowa.gov/dashboard_welcome



- Medical assistance enrollments
 - Medicaid enrollment from 2019 and ongoing.
- Medical assistance applications
 - Comparison of total applications received from 2019 and ongoing

- Medical assistance renewals
 - Renewals due
 - Renewals processed
- Unwinding workload
 - Cases and members maintained because of continuous coverage requirements



Other Considerations for the Unwind

- MCO Open Choice period
 - New MCO (Molina) is being onboarded which is including an open choice period for all MCO members at the same time the unwinding period is starting
- Largest Medicaid event since the implementation of the Affordable Care Act
 - Unprecedented enrollment and renewals
 - Leverage MCOs, stakeholders and other partners for help in critical messages
 - Webpage campaign including website updates, unwind resources, guides, toolkits and scheduled webinars
 - E-Newsletter updates

Communication Strategies for the Unwind



Continuous Coverage Unwind Timeline

	Green Phase	Blue Phase	Red Phase	Yellow Phase
Date	Prior to January 1, 2023	January 1, 2023 – April 1, 2023	Iowa's 12-month unwind period: after the member receives their renewal packet in the mail.	Iowa's 12-month unwind period: If a member receives notice that they are no longer eligible for Medicaid.
Description	Updating member information to have the correct address, phone, and email contacts to reach members with important updates about their health coverage.	Preparing members and stakeholders for the Iowa Medicaid unwinding period. This includes explaining changes that will resume normal Medicaid operations, timelines for these changes, and how that might impact them.	Helping members successfully fulfill their renewal requirements to ensure that their annual Medicaid eligibility renewal is completed accurately. This will help to prevent members from losing their Medicaid eligibility for procedural reasons.	Specifically for individuals that were disenrolled from Medicaid based on their annual renewal, this phase will focus on providing information, resources, and processes on obtaining alternative health coverage after disenrollment.

Note: Phases Blue, Red, and Yellow all occur during Iowa's full 12-month unwinding period but are different for each member based on their scheduled renewal month.

Communications Materials

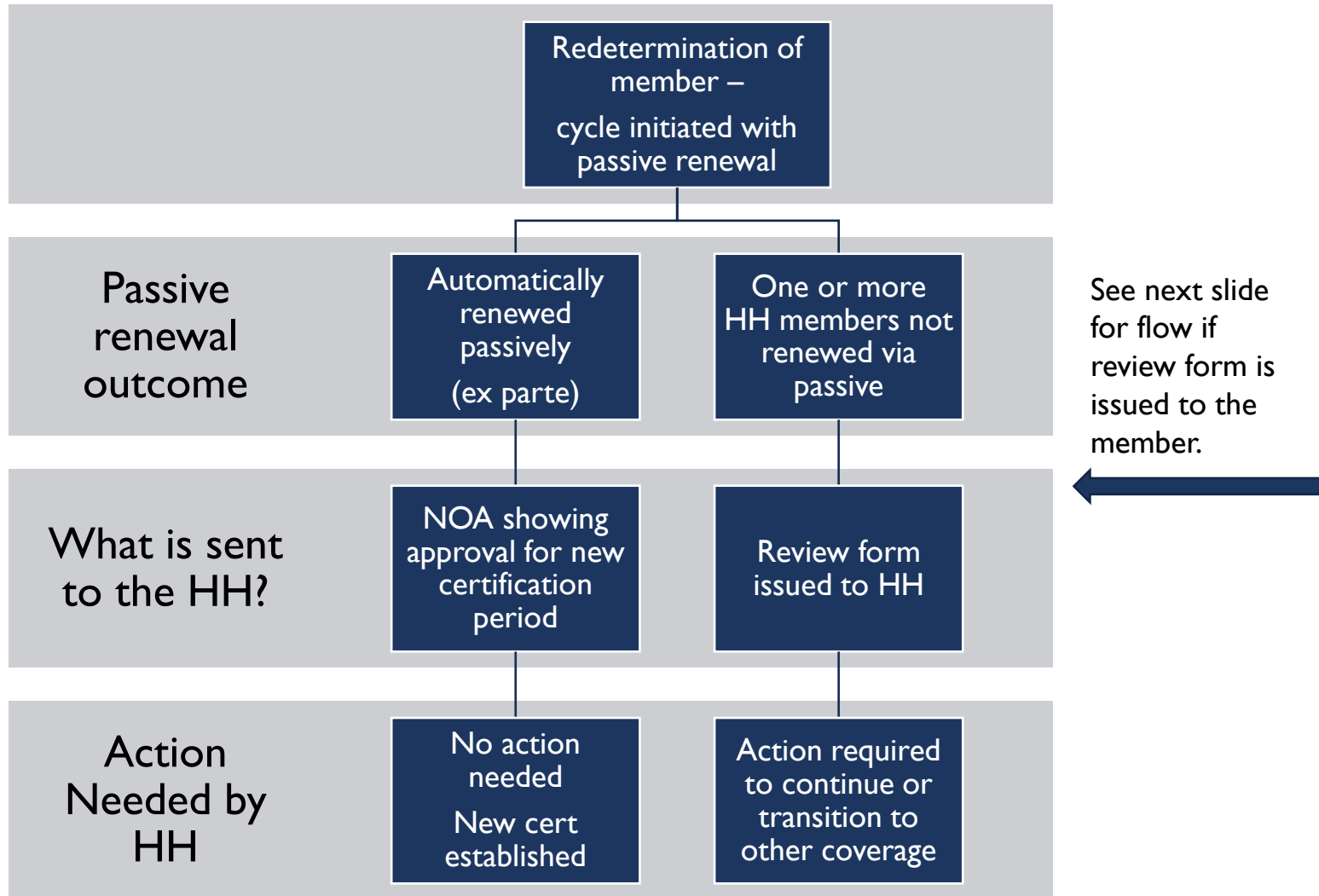


- Iowa Medicaid will utilize the following resources:
 - Leverage MCOs, stakeholders and other partners for help in critical messages
 - One-page stakeholder guide & contacts
 - Social media messaging and reminders
 - Training Member Services on the phased communications plan
 - Frequently Asked Questions
 - Visual dashboards
 - Updated informational letters
 - Targeted email notifications
 - Webpage campaign including website updates, unwind resources, guides, toolkits and scheduled webinars
 - E-Newsletter updates

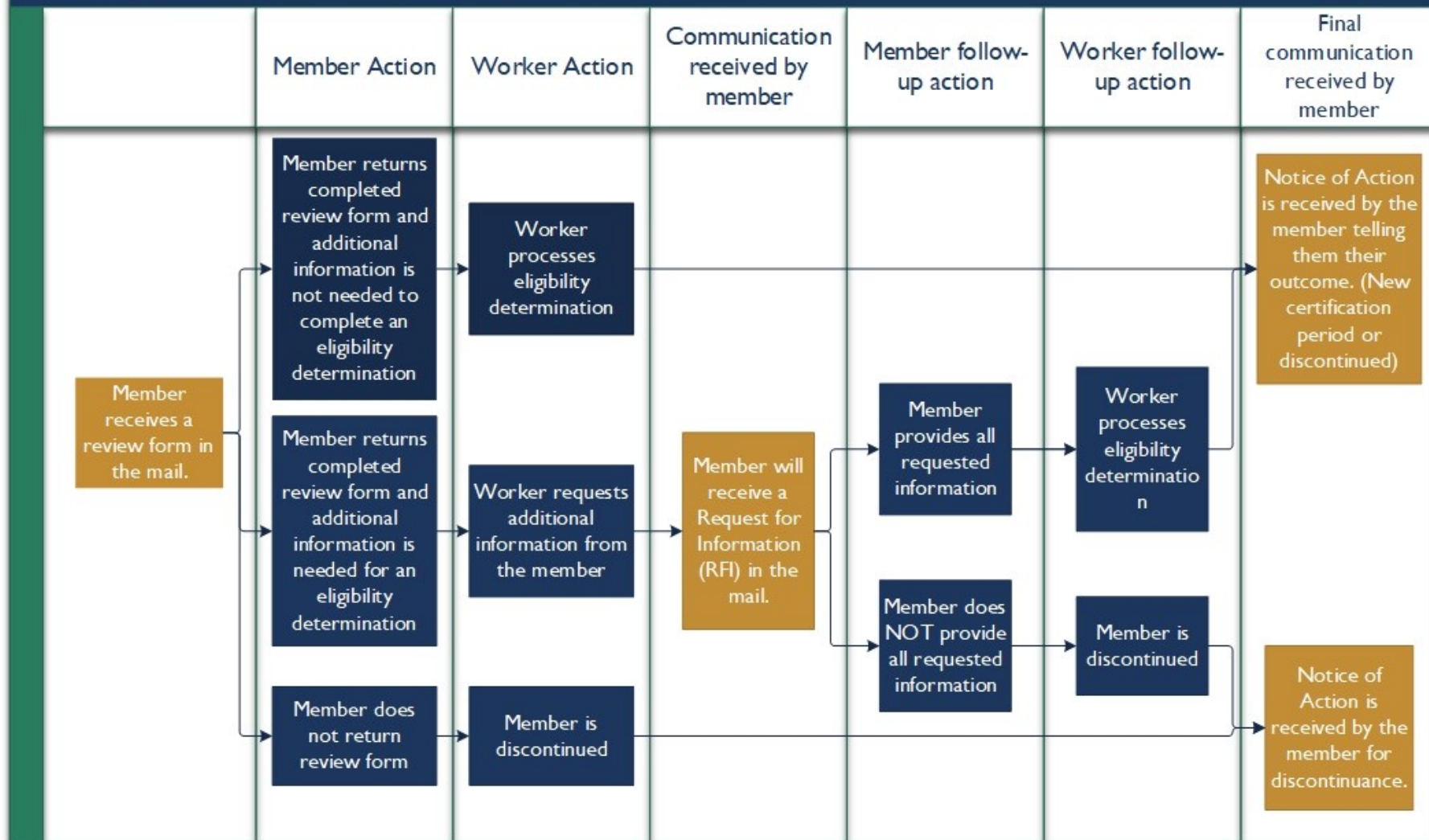
Member Renewal Processes for the Unwind



Member Communication at Passive Renewal



Member Action and Communication for Review Forms



Resources to Help Members with Renewals

Monthly townhalls

[Medicaid Town Halls | Iowa Department of Health & Human Services](#)

Website

[Medicaid Member Services | Iowa Department of Health & Human Services](#)

Unwind

[Unwind: The End of the Continuous Coverage Requirement | Iowa Department of Health & Human Services](#)



Key Messages to Share with Members

1. Check your mail for a notice of a new certification period or a new review form.
2. Complete and return your renewal form in a timely manner.
3. If additional information is requested, provide that information to Iowa Medicaid in a timely manner.

Medicaid and the Marketplace

Transitions from Medicaid to Marketplace
Coverage after the End of the Continuous Coverage
Requirement



How to Enroll in the Marketplace

- Members have several options for enrolling in Marketplace coverage:
 - Enroll directly at the Marketplace through healthcare.gov.
 - Contact a licensed agent or broker for assistance.
 - Contact a navigator or consumer assistance counselor (“assister”).

Helpful Tips for Discontinued Members

- Assistance in enrolling at healthcare.gov
- [Find Local Help](#)
 - Search for local agent/broker or assister
 - Allows members to select assisters, including assisters with specialized services such as assistance with deaf/hearing impaired or low-income populations.
- Those potentially eligible for Medicare can contact SHIP/ID for help and information
 - [Find a SHIP Counselor | SHIP-SMP \(iowa.gov\)](#)



Media Inquiries

- Please use the resources available to you online and through our frequently asked questions document.
- If you have a specific question that needs addressed, please contact the HHS public information officer, Alex Carfrae, at acarfra@dhs.state.ia.us or 515-281-4848.



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