



Planning for the End of the Continuous Coverage Requirement

Iowa Medicaid
2023

Overview

This slide deck is catered to Iowa Medicaid's stakeholders and provides an in-depth overview of the end of the continuous coverage requirement and associated unwind plan.

Continuous Coverage Requirement



- The Families First Coronavirus Response Act (FFCRA) was signed on March 18, 2020.
- The FFCRA included a 6.2% federal medical assistance percentage (FMAP) funding increase for states retroactive to January 1, 2020, and was originally in place until the end of the calendar quarter in which the public health emergency (PHE) ends.
- The funding increase is contingent on a maintenance of effort provision (MOE) also known as the continuous coverage requirement.
- The MOE requires states to maintain Medicaid coverage for all members enrolled on or after March 18, 2020.

Iowa Medicaid PHE Responses



Eligibility

- Iowa initially paused the issuance of review forms to members as allowed by federal regulations during an emergency
- Helped to prevent unintended disenrollment
- Continued passive (ex parte) review process throughout PHE.
- Re-initiated issuance of review forms beginning June 2021

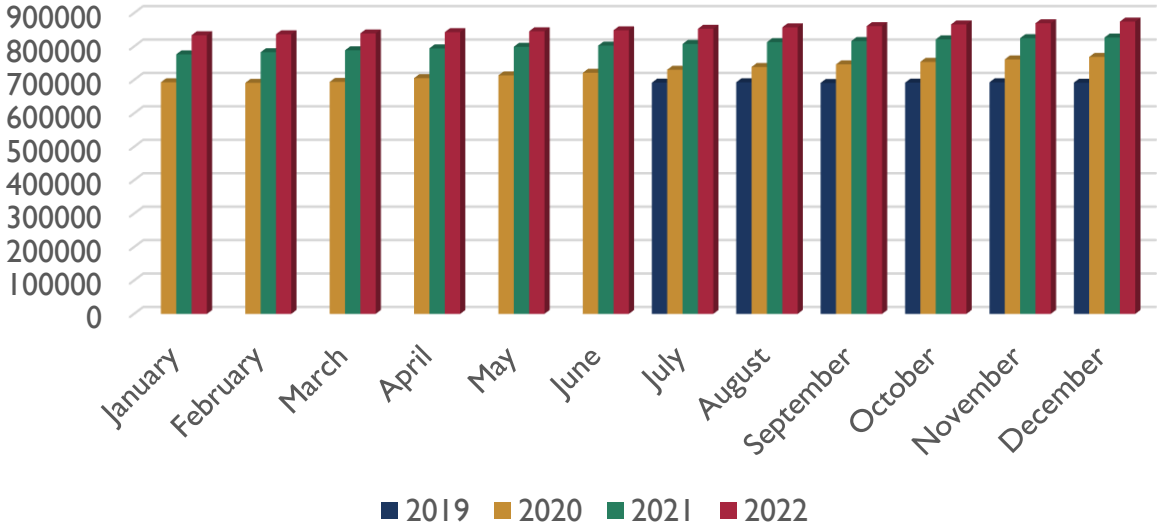
Cost Sharing

- Iowa suspended all cost sharing and premiums for members

COVID-19 Testing Group

- New coverage group created
- Ensured coverage for COVID-19 testing, treatment and vaccines for uninsured Iowans
- Available through the last day of the PHE

Medicaid and CHIP Enrollment since 2020



	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
2019							691,872	693,114	690,966	691,768	692,888	691,663
2020	692,847	691,130	694,176	705,273	713,511	721,485	730,348	738,806	746,633	753,929	761,457	768,767
2021	776,418	782,749	788,575	794,212	799,050	802,634	807,615	813,134	816,397	821,276	824,793	826,774
2022	833,611	836,434	839,105	842,869	845,486	848,416	852,874	857,198	861,007	865,915	869,427	874,453

The End of the Continuous Coverage Requirement



The FFCRA originally included requirements for the continuous coverage requirement to last through the end of the month in which the PHE ends.

On December 29, 2022, the Consolidated Appropriations Act was signed into law. This law included updated language within the Families First Coronavirus Response Act that ‘de-linked’ the Medicaid continuous coverage requirement from the federal PHE and instead set a final date of the continuous coverage requirement of March 31, 2023.

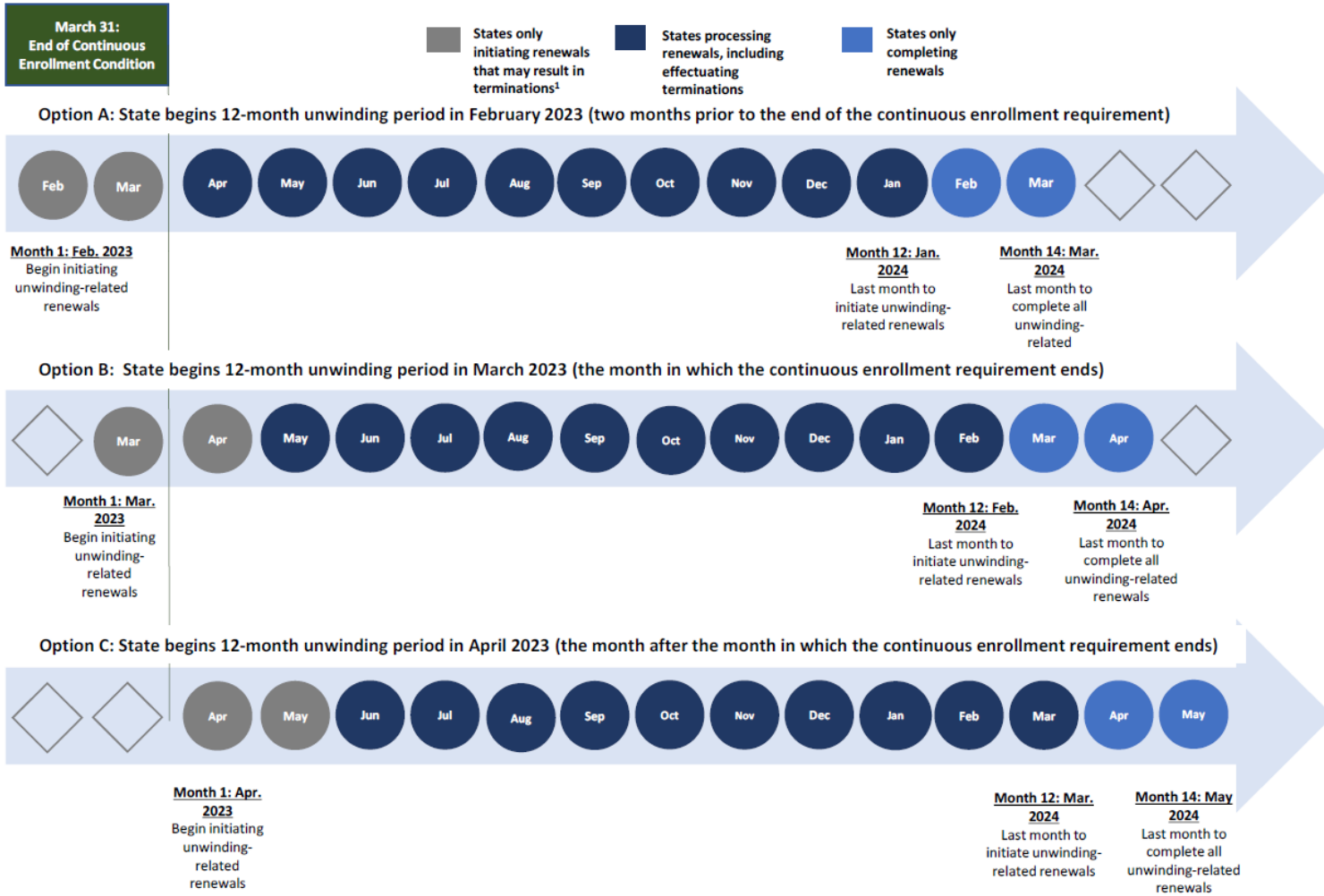
The end of the continuous coverage requirement is strictly for Medicaid eligibility. The PHE is not necessarily going to end at the same time and other Medicaid PHE flexibilities (such as telehealth and vaccine coverage) may still be in effect until the end of the PHE.

Centers for Medicaid and Medicare Services (CMS) Guidance

- After the continuous coverage requirement ends, all states must conduct a full review of eligibility consistent with federal requirements for all individuals on Medicaid.
- CMS has instructed that states will have a 12-month unwinding period to initiate all renewals for members and must complete all renewals within 14 months. CMS provided three options that states have for when their 12-month unwinding period can start.
- 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

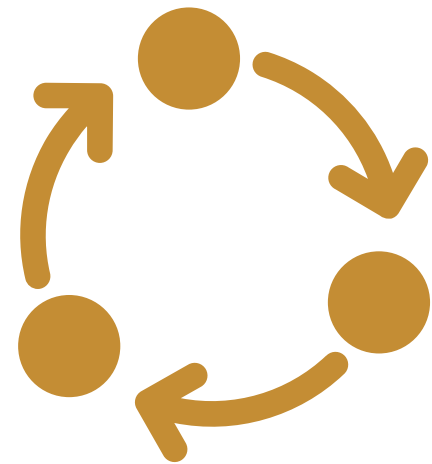


CMS Guidance (cont.)



Operational Goals for the Unwind

- Expeditious redeterminations of eligibility for all Medicaid enrollees.
- Seamless member experience for redeterminations and possible coverage transitions.
- Minimize impact on eligibility workers and state staff.
- To clearly communicate the unwind plan to our Medicaid members, providers, stakeholders and partners, and be transparent with the progress of the plan.



Pre-Unwinding Workload Strategies



- Renewals when acting on changes in circumstance
- Renewals when completing a SNAP recertification
- Ex parte renewals
- Eligibility system clean-up activities
- Managed care organization (MCO) text campaign for updating contact information
- Member portal enhancements to allow for online renewals and reported changes
- Field staff training
- Business process redesign
- MCO outreach and stakeholder toolkits

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.
 - PARIS match workers
 - Call center staff
 - Clerical staff
- Statewide equalization/distribution of workloads to avoid backlogs.
- Refresher trainings for all eligibility workers.

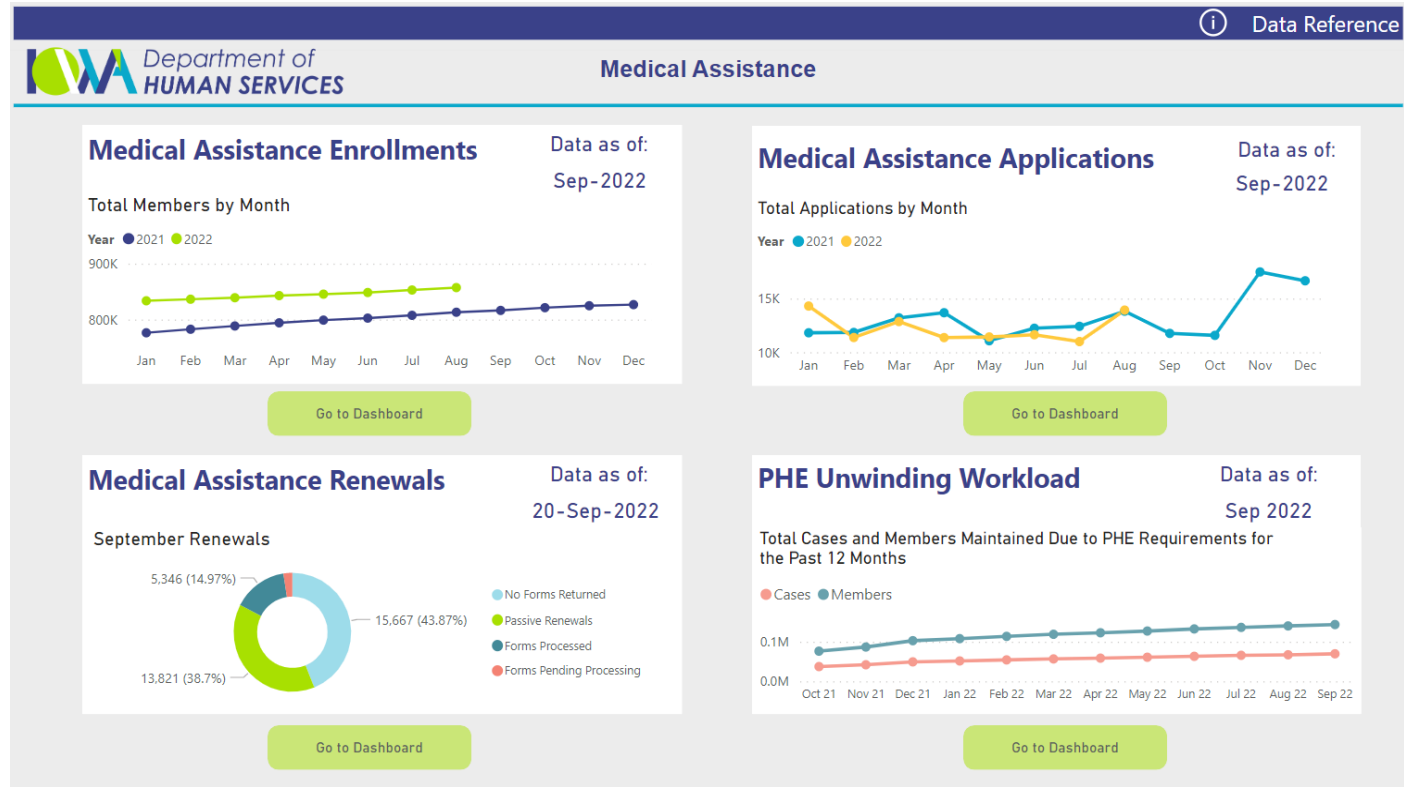


Key Unwinding Timeline

	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	<p>President Biden signs Consolidated Appropriations Act into law, which de-links the continuous coverage requirement from the end of the PHE</p>	<p>Continue to maintain Medicaid for all enrollees while planning for 12-month unwinding period.</p>	<p>Last month of continuous coverage requirement.</p> <p>6.2% enhanced federal match is decreased to 5%.</p>	<p>Begin returning to normal Medicaid operational processes.</p>	<p>Enhanced federal match rate incrementally decreases:</p> <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	<p>Continue:</p> <ul style="list-style-type: none"> • Ex parte renewals • Attempting renewal when acting on change in circumstances • Attempting renewals when completing SNAP recertifications <p>Finalization of redistribution of renewals</p> <p>Development of eligibility staff training for unwinding period</p>	<p>Begin ex parte process for renewals that may result in a discontinuance after continuous coverage requirement ends.</p> <p>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).</p>	<p>Most review forms will be received by households (whose renewal is due in the trigger/kick-off month).</p> <p>Iowa Medicaid will start to receive some completed renewal forms back.</p>	<p>Review forms (for those with a renewal in the trigger/kick-off month) are due on the 5th of this month.</p> <p>First discontinuances will occur this month for coverage effective the following month.</p>	<p>Renewal cycle continues each month for members with upcoming renewals.</p> <p>Monitoring and adjusting redistribution of renewals based on CMS guidelines.</p>
Communication	<p>Stakeholder outreach and toolkit development.</p> <p>Continue Phase I of communication plan. Campaign for updated contact information from members and initiate Phase II of the communication plan.</p>		<p>Phase III begins. Ensure members complete their renewal and provide requested information for accurate eligibility determinations.</p>	<p>Continue to focus on members completing renewals and initiate Phase IV of communication plan for those that are found ineligible for Medicaid.</p>	<p>Continue implementation of Phase III and IV of communication plan until all unwinding activities are complete for the 12-month unwinding period.</p>

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

Appeals & Fair Hearings During the Unwind

- Expected volume increase of fair hearing requests once continuous coverage requirements expire at the end of March 2023.
- Mitigation strategies
 - Pre-emptive communication with administrative law judges about workload and volume expectations.
 - Appeal unit will contract additional staff to help with workload as needed.
 - Special group of dedicated staff will handle appeals.
 - Special templates for field staff who process appeal hearings.



Challenges & Other Considerations for the Unwind

- Open enrollment (FFM, MCO, Medicare)
- MCO open choice period for the onboarding of Molina may cause additional confusion and timing issues with the beginning of the unwinding period
- ABC (legacy eligibility system) migration to ELIAS (new eligibility system) throughout 2023
- Finalizing transition from DDI contract to M&O contract late 2022/early 2023 for our eligibility system
- Iowa Department of Health and Human Services alignment
- Rent reimbursement program is moving from IDR to HHS
- Business process redesign project

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.

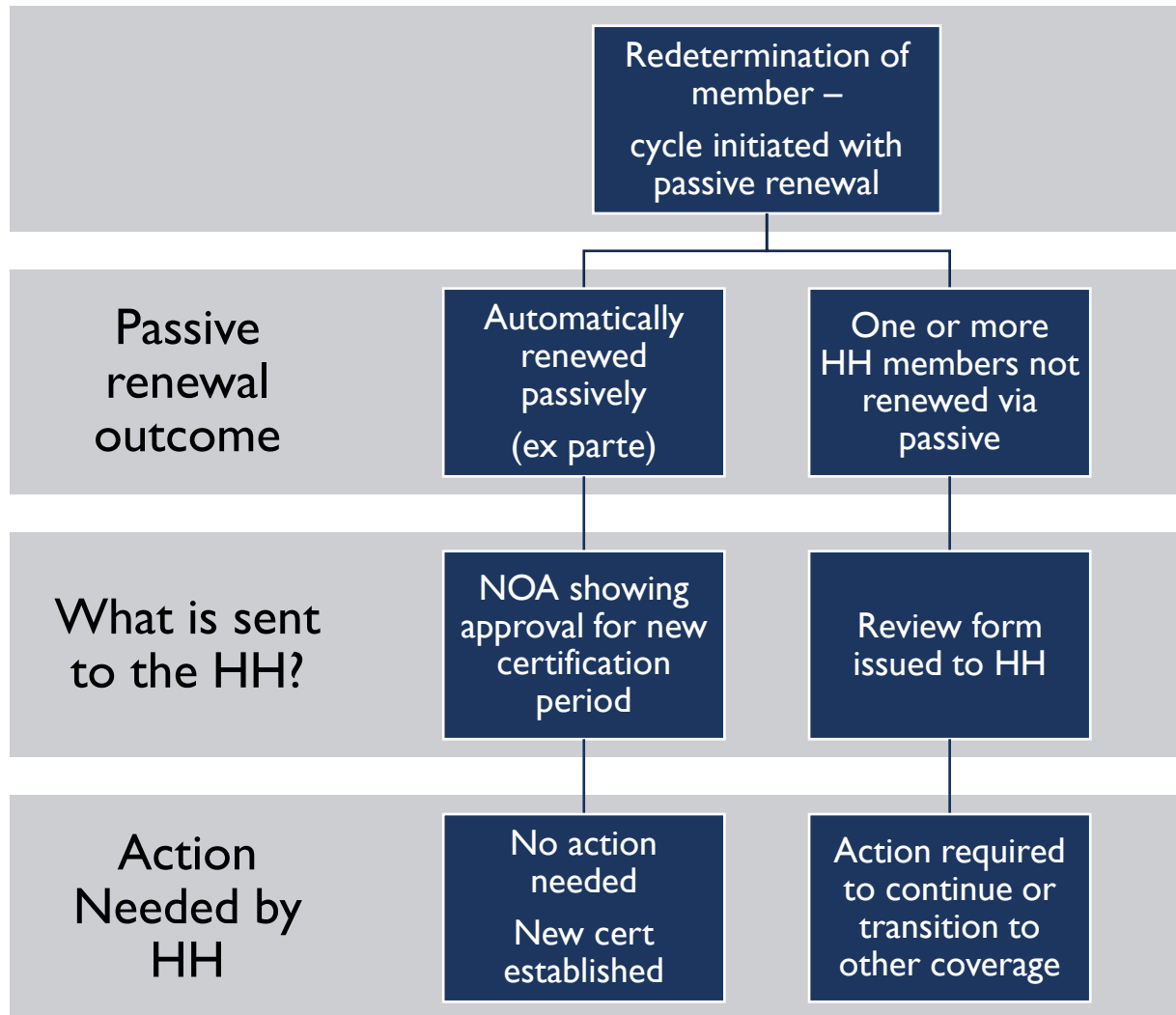
Note: Phases Blue, Red, and Yellow all occur during Iowa's full 12-month unwinding period but are different for each member based on their scheduled renewal month.

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

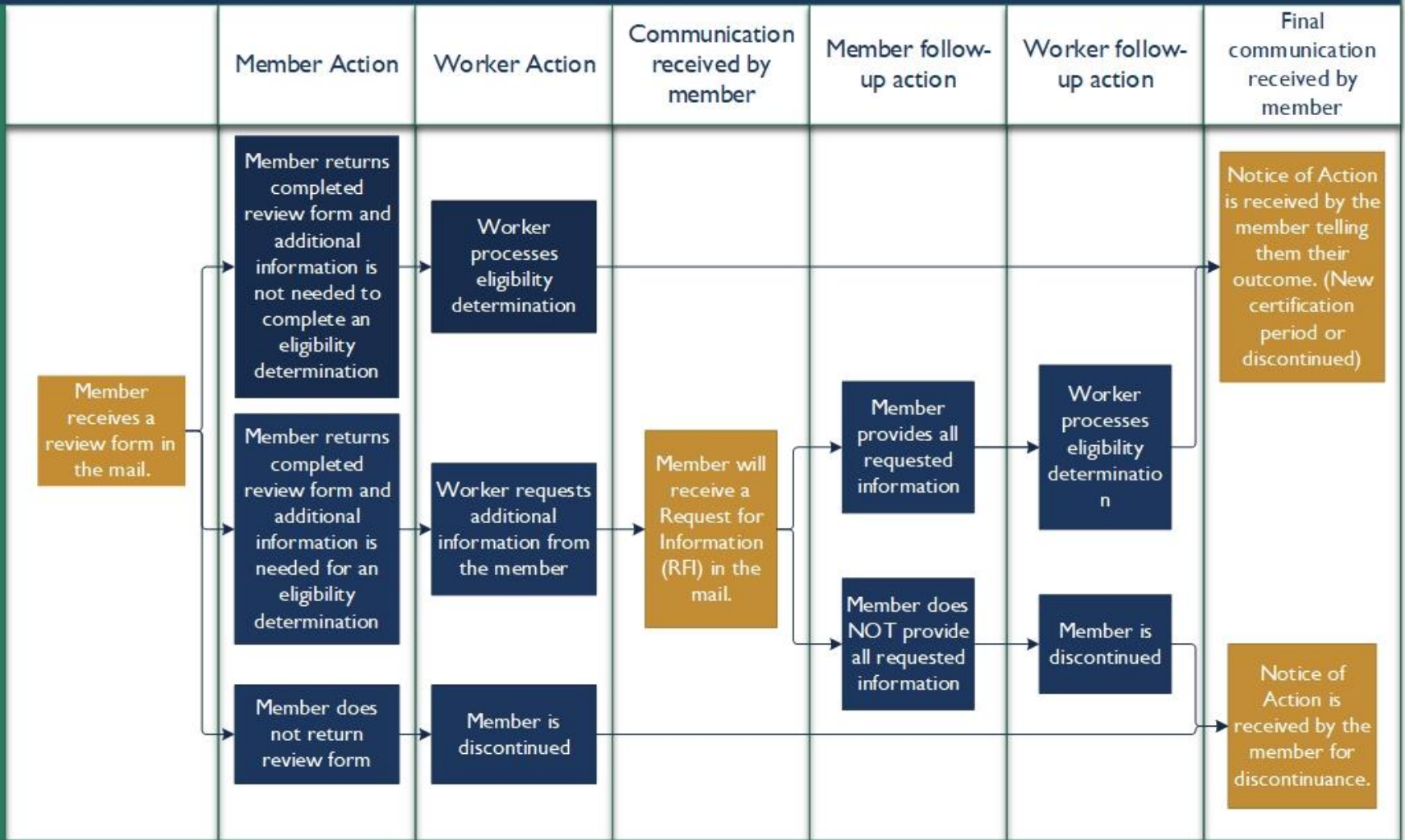
Member Communication at Passive Renewal



See next slide for flow if review form is issued to the member.



Member Action and Communication for Review Forms



Examples of Medicaid Renewal Eligibility Determinations

Allison

- Was passively renewed.
- Received a notice of action (NOA) in the mail telling her that she was approved for a new certification period, including the income that was used to complete her eligibility determination.

Alex

- Was not passively renewed.
- Received a review form in the mail.
- Did not return their review form.
- Alex receives a NOA stating their coverage is discontinued because HHS did not receive their review form.

Anna

- Was not passively renewed.
- Received a review form in the mail.
- Returned her review form to HHS.
- Anna receives a NOA stating she was approved for a new certification period.

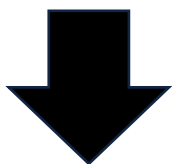
Arlo

- Was not passively renewed.
- Received a review form in the mail and returned his review form to HHS.
- Worker needs additional information to process Arlo's case.
- Arlo receives a request for information in the mail that asks for additional information.

MCOs

Key Message

Update member information to have the correct address, phone number, and email to ensure they receive important communication about their Medicaid coverage.



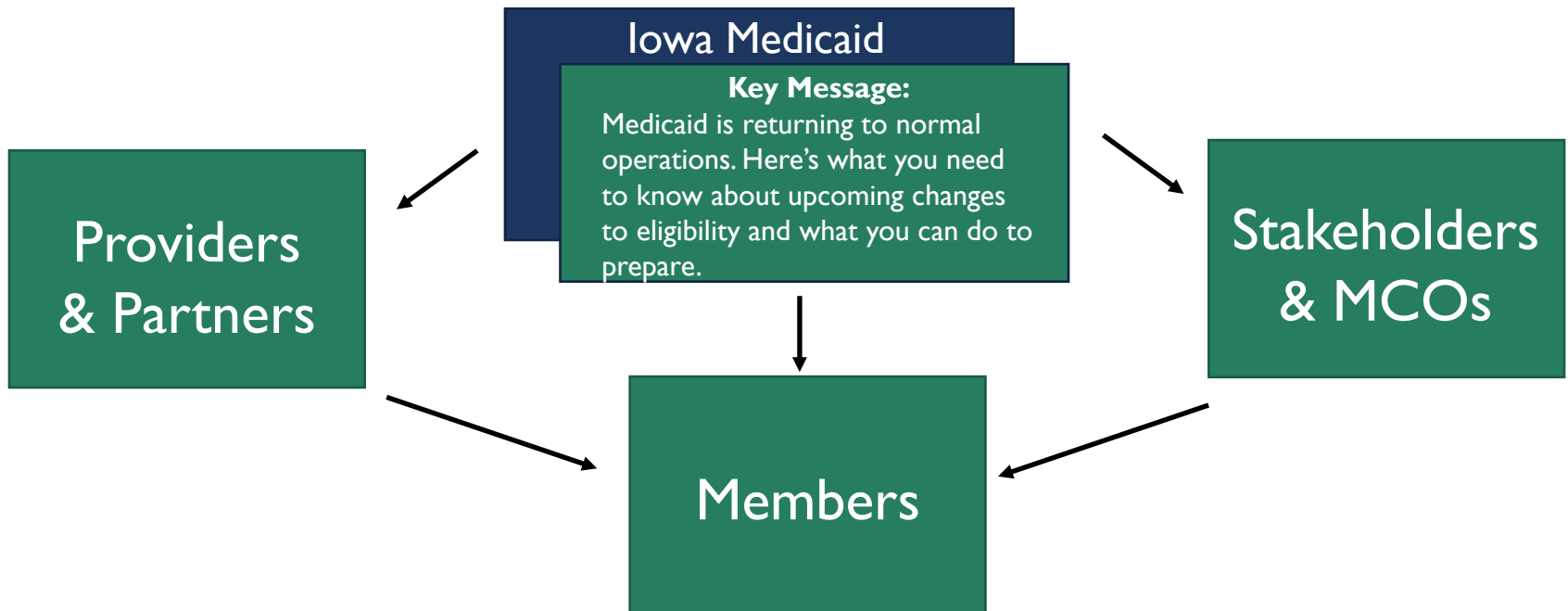
Stakeholders,
Providers, Members,
and Partners

Green Phase: Updating Member Information

- This phase focuses on updating member contact information before eligibility redetermination in the Red Phase
 - MCO text messages
 - Digital media reminders and messages will also be pushed by Iowa Medicaid through web and social media.

Blue Phase: Get Ready for Renewals

- This phase began soon after the Consolidated Appropriations Act of 2023 was signed into effect. Blue Phase prepares members and stakeholders for the Iowa Medicaid unwind period.
- This includes explaining changes that will occur to resume normal Medicaid operations, timelines for these changes and how that might impact them.
- This phase is heavily focused on digital communication such as social media, webpage updates, e-news and other digital avenues.



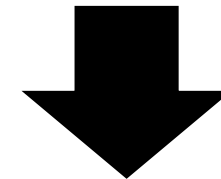
Red Phase: Renewal

- This phase heavily focuses on encouraging current members to renew their eligibility requirement. Everyone who is currently on Iowa Medicaid must go through the eligibility redetermination process to be considered for Medicaid coverage.
- Red Phase will help 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.
- As with the other phases, appropriate communications will be pushed out through digital and social media as well as a potential physical mailing to members.

Iowa Medicaid

Key Message

It is now time to renew your Medicaid health coverage. Here is what you need to do to keep your coverage.

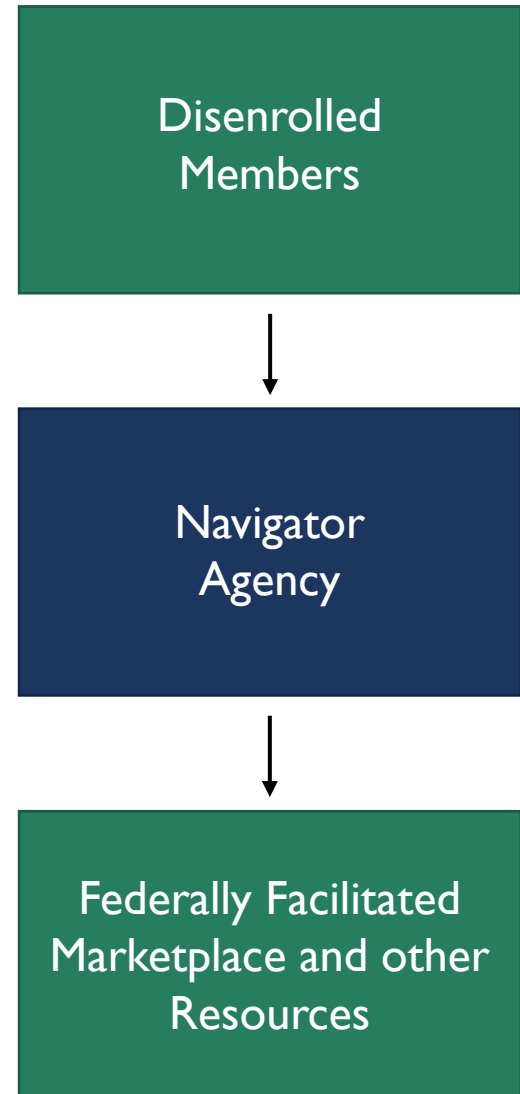


1. Check your mail for a notice of a new certification period or a new review form.
2. Complete and return your renewal form in a timely manner.
3. If additional information is requested, provide that information to Iowa Medicaid in a timely manner.

Yellow Phase: Resources and Transition Information for Discontinued Members

Once eligibility renewals are complete, members who are determined to be ineligible for Medicaid will begin losing their coverage. If a member is found ineligible due to being over income, they will automatically be referred to the Federally-Facilitated Marketplace (FFM). More detailed information and resources will be found in the digital member toolkit.

Iowa Medicaid and MCO call centers will be trained on pointing these former members to the resources available to them. The Unwind webpage will be updated to guide members to resources and contacts available to them.



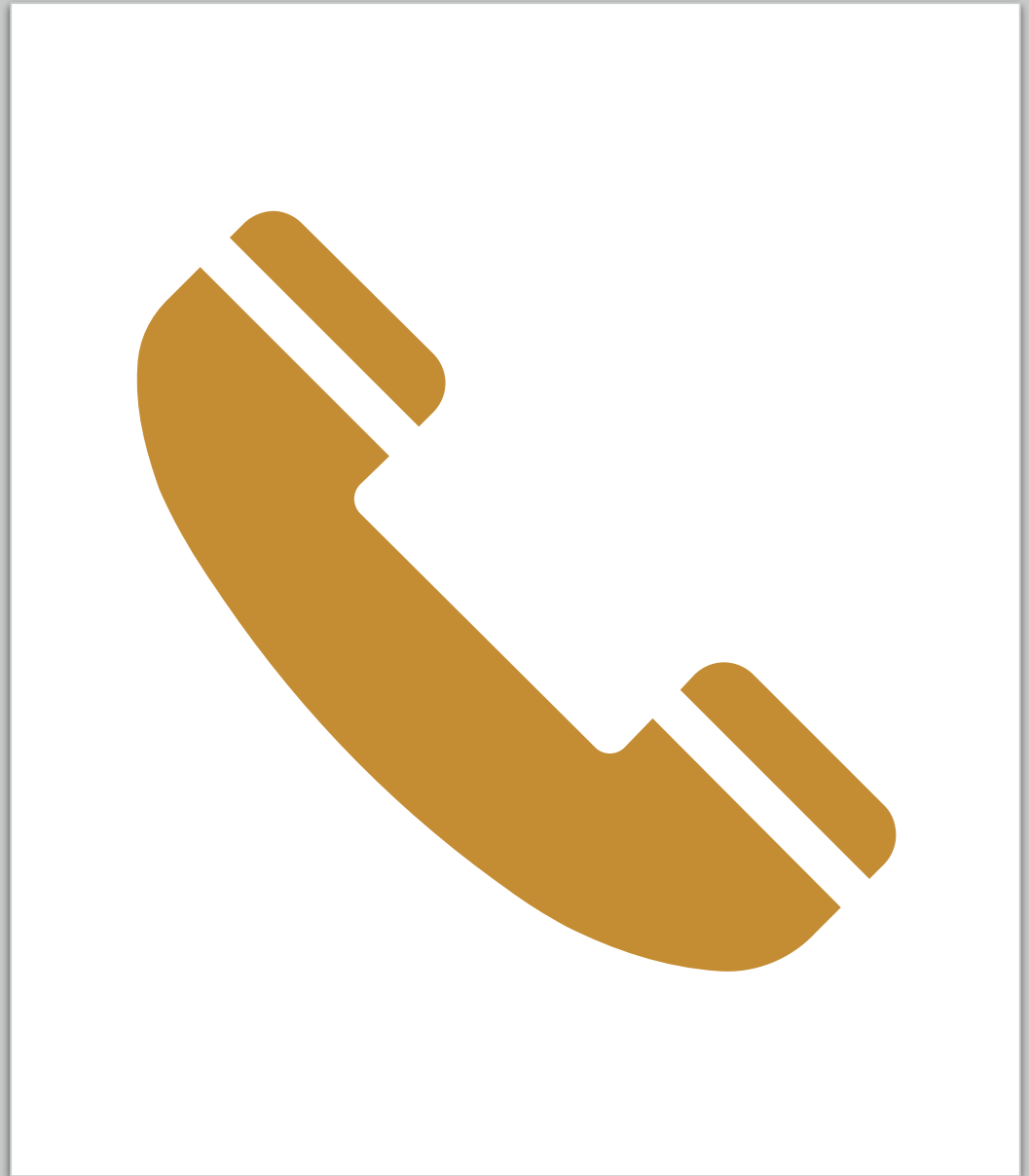
Communications Summary



1. Iowa Medicaid is using all avenues of communication available through call centers, digital and social platforms and working through third-party entities like the navigator agencies to make the transition back to normal Medicaid Operations seamless and understandable to Iowans.
2. Members will find current updates for the unwind plan on the HHS website now and continuing through Iowa Medicaid's 12-month unwinding period.
3. Where applicable, communication will include links to social media and web platforms where members, providers, stakeholders and Iowa Medicaid partners can receive current information.
4. Iowans are encouraged to attend the monthly Medicaid town halls to receive updates and ask questions on the unwind plan.
5. Iowa Medicaid will work closely with MCO and dental care plans to make sure all members are given appropriate communications with clear and concise timing for each phase of the communications plan.

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.



Medicaid and the Marketplace

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

Marketplace Transition

- Members no longer eligible for Medicaid coverage upon completion of a renewal after the end of the continuous coverage requirement may be eligible for health insurance coverage at the federal Marketplace.
- Members enrolled in Marketplace coverage may be eligible for financial assistance with paying monthly premiums and/or cost-sharing payments. The financial assistance is commonly referred to as advance premium tax credits (APTCs) and cost-sharing reductions (CSRs).





How to Enroll in the Marketplace

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

Helpful Tips

- Enroll only at the .gov website. Providing information at a .org or .com website may result in solicitation calls and emails.
- Assistance in enrolling at [healthcare.gov](https://www.healthcare.gov) can be found by clicking the following links:
- [Find Local Help](#)
 - Search for local agent/broker or assister
 - Members should enter their location information and search.
 - This link will redirect members to a local agent or broker.
 - Type of local help
 - Allows members to select assisters, including assisters with specialized services such as assistance with deaf/hearing impaired or low-income populations.





Additional Information

- More information about ACA enrollment is available on healthcare.gov.
- Get answers:
 - <https://healthcare.gov/get-answers/>
- Navigators, Assisters and Partners:
 - <https://marketplace.cms.gov/>
 - <https://marketplace.cms.gov/technical-assistance-resources/assister-programs/cac-apply>

Follow Us!

@iamedicaid



STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

@IowaHHS