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M E M O R A N D U M

Preparing for COVID-19 PHE Unwinding – Returning to Medicaid Eligibility Redetermination

In March 2020, as part of COVID-19 relief legislation, Congress provided increased Medicaid funding to states. States had to meet several conditions to receive the federal funds, collectively called a Maintenance of Effort (MOE) requirement, as well as a "continuous coverage" requirement that prohibits states from terminating most Medicaid enrollees' coverage until after the public health emergency (PHE) ends, as determined by the U.S. Department of Health and Human Services.

During the PHE, Medicaid agencies can't disenroll anyone from Medicaid unless they ask to be disenrolled, move out of state, or die. Continuous coverage has allowed millions of people to stay covered without any interruption during the pandemic — and it's a major reason why there hasn't been an increase in the uninsured rate during the pandemic.

The Consolidated Appropriations Act of 2023 laid out timelines for states to return to regular re-determinations. For providers, this means your state will begin redetermining all residents covered by Medicaid in February, March or April. Your buildings will begin receiving Redetermination Notices in mass depending upon your state's start date: February, March or April.

Unwinding and Continuous Coverage

"Unwinding" is the process by which states will resume annual Medicaid eligibility reviews after the PHE ends. Medicaid agencies should first attempt to complete an automated renewal based on information available to them — some as wage information from state databases or information in Supplemental Nutrition Assistance Program (SNAP) files. If that is not possible, agencies then send renewal notices and requests for information to enrollees. When enrollees respond, agencies will process the cases, renew coverage for those who remain eligible, and notify those who are no longer eligible that their coverage will end. If enrollees don't respond, because they don't get the request for information due to having changed their address or phone number, or they don't understand what they are supposed to do, for example, their coverage will end.

Guidance documents from the Centers for Medicare & Medicaid Services (CMS) give states an unwinding period of up to 12 months to initiate renewals for all enrollees.[1] States can't take negative action based on older information the state may have obtained during the PHE. CMS has issued extensive guidance[2] and other materials that lay out best practices for states to consider when unwinding.[3]

Challenges with Unwinding

As states unwind, millions of people, including large numbers who are still eligible for Medicaid, could lose their coverage and become uninsured or experience gaps in coverage. Ending

continuous coverage and reinstating renewals for Medicaid enrollees raises challenges for enrollees, including:

- Knowing they must complete a renewal. Some enrollees may have moved during the pandemic and won't receive notice that their renewal is due if they have not updated their mailing address or other contact information with the state.
- Completing the renewal. Renewal forms are often confusing and action steps for enrollees may not be clear. Further, not all states allow enrollees to complete their renewal online or over the phone.
- Ensuring functional Levels of Care are conducted and medical necessity for NF placement is current or renewed.
- NF and AL residents whose care is Medicaid financed must meet state income and asset standards. Over the course of the PHE, residents' assets may have accumulated and could cause challenges with Medicaid eligibility.

State Challenges with Unwinding?

States will face a significant increase in workload as they begin the unwinding process. As they begin unwinding, they will have to conduct renewals on their entire caseloads, and they may not be able to keep up with deadlines for processing paperwork. Call centers may be overwhelmed, leading to long wait times. Many agencies have experienced high staff turnover during the pandemic, resulting in understaffing and new staff who haven't had experience processing Medicaid renewals.

States also face challenges reaching Medicaid enrollees who have moved and/or changed their phone number during the pandemic.

As renewals get underway, many people who remain eligible but lose coverage for procedural reasons (such as not returning a renewal form) will reapply. This will create an uptick in applications that states need to process on top of their high workload from renewals.

NFs and ALs Could Establish Teams of Unwinding/ Redetermination Navigators

Navigators and assisters will be critical to helping people successfully renew their Medicaid coverage. They can:

- Within federal guidelines for NFs and ALs, help Medicaid enrollees or work with guardians/conservators update current mailing address and phone number with the Medicaid agency even before the. Depending on the state, this could be through an online portal or by contacting the call center.
- Inform Medicaid enrollees that they will have to renew their coverage in 2022 and that they should watch for mail from the Medicaid agency and respond to any requests on a timely basis. Navigators and assisters should consider proactively contacting people they have helped enroll in Medicaid coverage to inform them of this upcoming change.

CMS beneficiary materials are available here. Providers and beneficiaries click on their home state to access guidance materials.

- Assist Medicaid enrollees through their renewal process such as by helping them complete the renewal form, gather necessary documents, and resolve any issues that arise.

Action Steps to Manage Large Scale Medicaid Eligibility Redeterminations

- Contact your state or local Medicaid eligibility contacts and re-establish communication on redeterminations. It is possible the state has specials processes in place or new staff handling redetermination. Also, your state may be allowing managed care plans to handle redeterminations.
- Ensure you have all current resident and family contact information – phone numbers, addresses, and documentation for any guardianship/conservator roles.
- Understand what is legal and best practice if there is a break in eligibility. Understand providers may not:
    - Discharge Medicaid Residents
    - Balance Bill Medicaid Residents

AHCA/NCAL will soon provide model guidance for managing unwinding.