

# COVID-19 Public Health Emergency Unwind

Resumption of Standard Medicaid Operations  
October 2023



# Michigan's Approach to Unwinding

# Keeping Residents Covered



- Goal: MDHHS's highest priority is to keep as many Medicaid beneficiaries enrolled and provide a smooth transition to the Marketplace to those no longer eligible.
- MDHHS is working to reach this goal through:
  - Enhancing ex parte renewal process.
  - Adopting special CMS waivers and flexibilities during the unwind.
  - Conducting robust outreach through mail, phone, text messages, and email.
  - Conducting statewide media campaign.
  - Partnering with Managed Care Organizations.

# PHE 1902(e)(14)(A) Waivers



- MDHHS is submitting 1902(e)(14)(A) waivers for the following strategies:
  - Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs.
  - Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy).
  - Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources.
  - Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms.
  - Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of PE on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state).
  - Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period.
  - Extend automatic reenrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage ("Managed Care Plan Auto-Reenrollment Strategy").

# PHE Special Flexibilities



- MDHHS is also electing the following flexibilities that do not require waiver approval from CMS:
  - Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available.
  - Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach.
  - Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded.
  - Inform all beneficiaries of their scheduled renewal date during unwinding.
  - Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail.
  - Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period.
  - Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons.

# Flexibilities for Beneficiaries Undergoing Life Saving Treatment

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- Based on criteria outlined in a proposal to MDHHS from the Medical Care Advisory Council, MDHHS is providing special flexibilities for beneficiaries undergoing life saving treatment.
- For Medicaid beneficiaries who are receiving one of the following treatments:
  - Chemotherapy
  - Radiation
  - Immunotherapy infusions
  - Dialysis

# Flexibilities for Beneficiaries Undergoing Life Saving Treatment

- Process for Implementing:
  - Each month, MDHHS pulls a list of beneficiaries with the four conditions who were unable to be passively (ex-parte) renewed
  - MDHHS checks whether the beneficiary had another form of comprehensive insurance coverage, such as Medicare.
  - If a beneficiary has other comprehensive insurance coverage, a renewal packet is mailed to check their Medicaid eligibility.
    - If they were no longer eligible for Medicaid, they should still be able to receive their life-saving treatments under their other insurance.
  - For those who could not be passively renewed and MDHHS could not find other credible insurance coverage, MDHHS chose to move these beneficiaries to the last month of the unwinding, May 2024.



# Partnership with FQHCs & Safety Net Providers

# Partnership with FQHCs



- MDHHS has requested e14(a) waiver authority to designate FQHCs to complete presumptive eligibility determinations for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days.
  - Presumptive eligibility is temporary Medicaid eligibility as determined by a trained qualified entity.
  - This allows individuals to receive needed health coverage and providers to receive payment for services provided before a full Medicaid determination is completed
- DHHS is working on final materials and will roll this out to selected FQHCs in the coming weeks

# Partnership with Safety Net Providers



- DHHS in partnership with several safety net providers and health plans are hosting a series renewal events to provide communities with access to navigator supports
  - Partners include Salvation Army, Michigan Primary Care Association, Cherry Health, Meridian, Corewell
- First event was September 30<sup>th</sup> in Grand Rapids
- Second event will be October 24<sup>th</sup> in Detroit and will run in partnership with Salvation Army Bed and Break trucks
- Additional events planned for Flint and Macomb county

# Medicaid Renewal & Closure Data

As of September 21, 2023



# Medicaid Renewals & Closures

- MDHHS is committed to transparency and supplying unprecedented amounts of data during the unwind.
- Unwinding data, including data submitted to CMS on monthly basis is available at: <https://www.michigan.gov/mdhhs/end-phe/michigan-medicaid-renewals-data>

# Medicaid Renewals & Closures (cont.)

## MICHIGAN DHHS PHE Unwind - Medicaid CMS Report

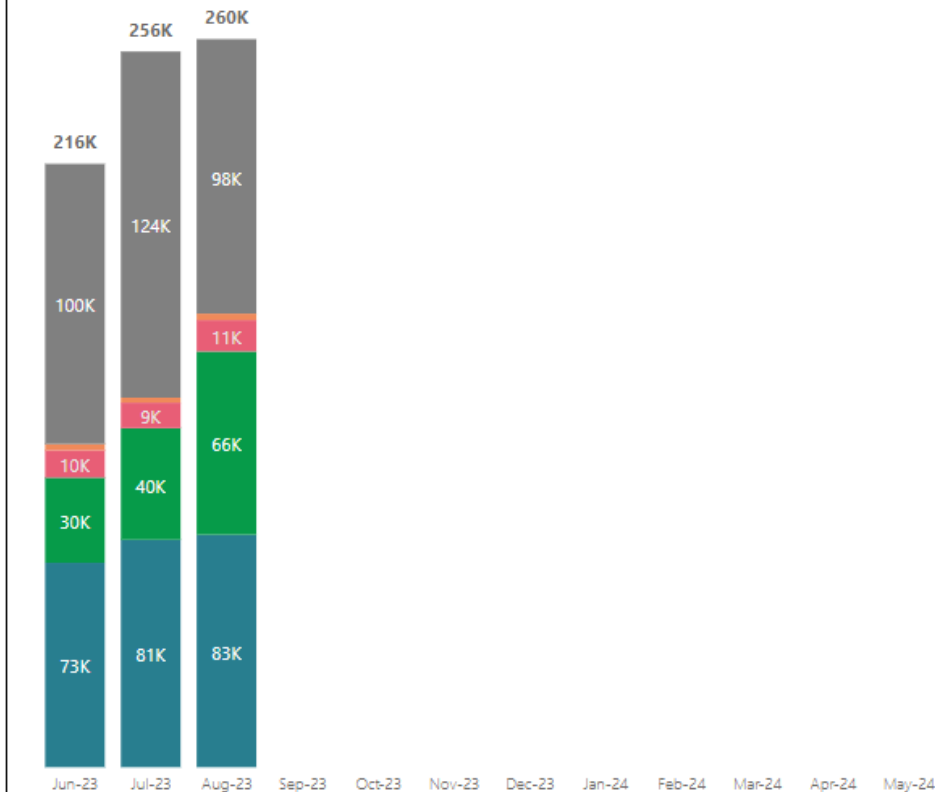


Michigan PHE Unwind period is June 2023 - May 2024 (some baseline data Mar. '23 - May '23) reported to CMS monthly by the 8th with previous month's data, per Unwinding Eligibility and Enrollment Data Reporting Template



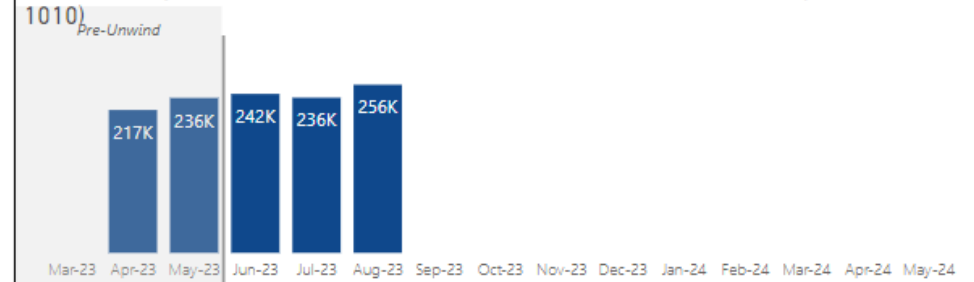
### 5. RENEWALS DUE and OUTCOMES

Renewed Ex Parte Renewed Pre-Pop Form Ineligible Closed for Procedural R... Not Completed

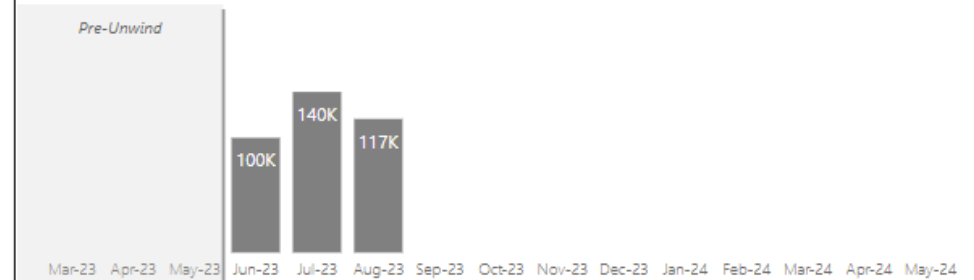


Renewed Ex Parte Ineligible for Medicaid/CHIP Not Completed  
Renewed Pre-Populated Form Closed for Procedural Reasons

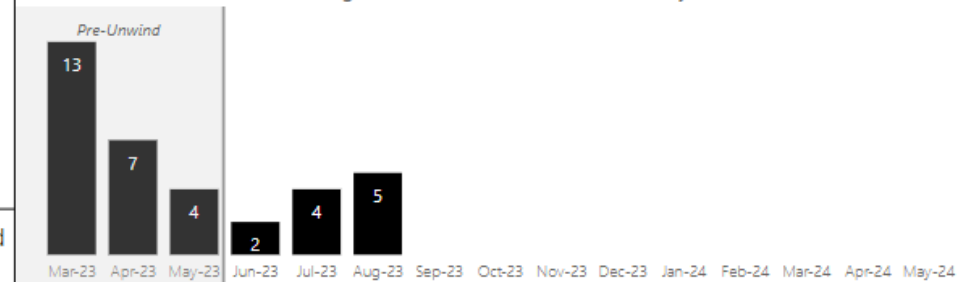
### 4. Beneficiary Renewals INITIATED (Ex Parte or Sent Initial or Catch Up



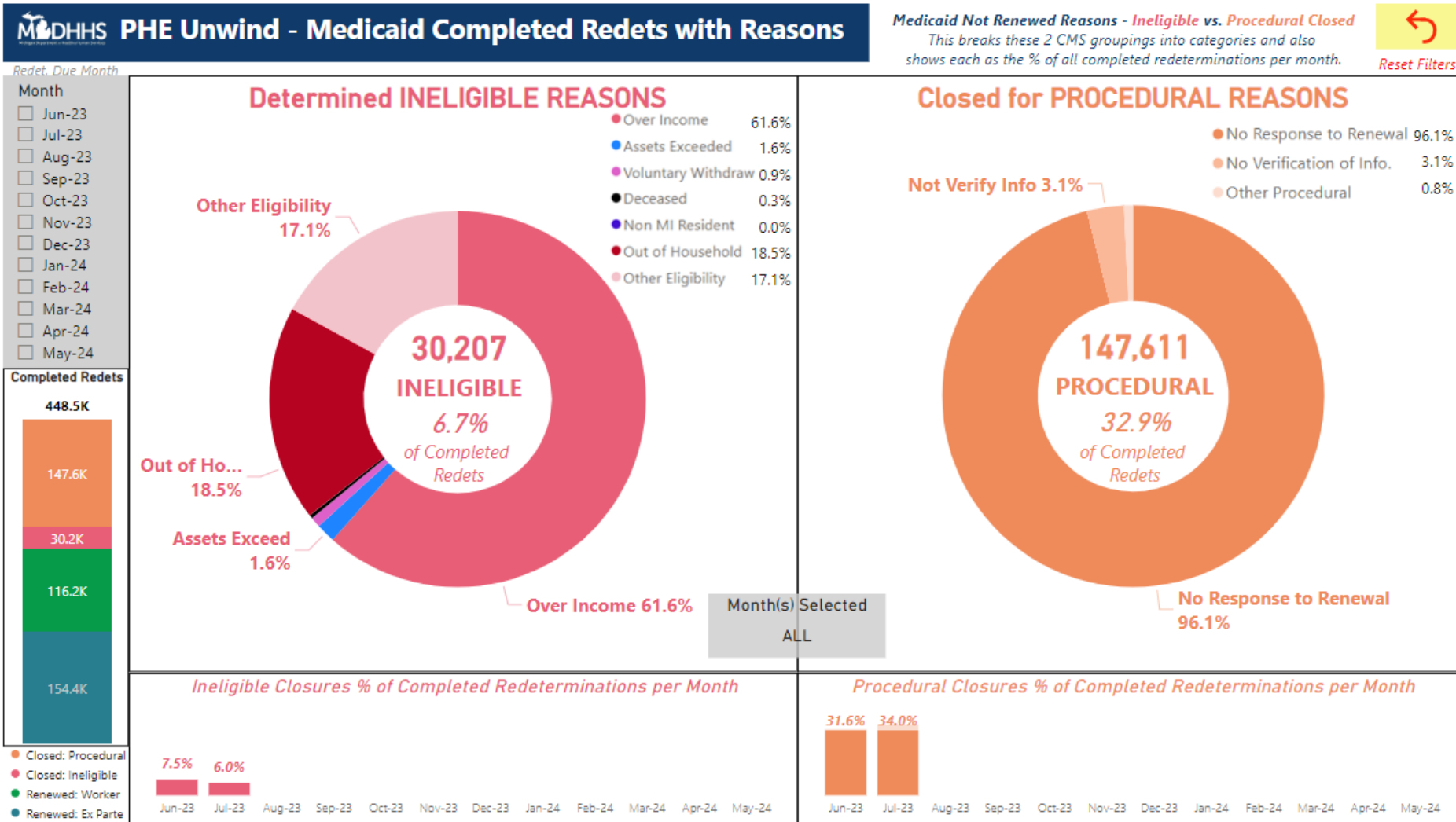
### 7. Total Renewals Due since beginning of Unwind NOT YET COMPLETED



### 8. Total Medicaid Fair Hearings PENDING MORE than 90 days



# Medicaid Renewals & Closures (cont.)



# Marketplace Transitions



# MDHHS & DIFS Partnership to Ensure Smooth Marketplace Transitions



- Implemented a joint Marketplace Coordination Workgroup to support robust interagency communication and coordination.
- Released joint guidance to MDHHS's contracted Medicaid Health Plans (MHPs) regarding permissible beneficiary outreach, including establishing an outreach strategy for MHPs that offer a Marketplace plan
- Developed an outreach strategy to assure that individuals who are transitioning from Medicaid coverage due to excess income are aware of their options for staying covered
  - Includes providing education about the Federal Marketplace and how to find additional resources, including navigators and assisters in their community
- Built website for specific Marketplace information and education related to PHE
  - <https://michigan.gov/staycovered>

# Questions