



Unwinding of Continuous Coverage

February 21st, 2023



IDAHO DEPARTMENT OF HEALTH & WELFARE

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Unwinding of Continuous Medicaid Coverage 2

In April 2020, the Department of Health and Welfare (DHW) implemented **Medicaid (MC) Protection** to keep customers' Medicaid open while they were experiencing hardships related to the COVID-19 Public Health Emergency (PHE).

The Consolidated Appropriations Act recently provided States a fixed end date for continuous Medicaid coverage.

States are permitted to initiate Medicaid re-evaluations as early as February 1st (though states may not terminate Medicaid enrollment until April 1, 2023).

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Transitioning Medicaid Protected Clients 3

Idaho has started the Medicaid re-evaluation process February 1st for terminations or renewals beginning April 1st.

When DHW determines eligibility for Medicaid for April and beyond, it will no longer keep ineligible individuals on Medicaid as the protection no longer applies.

DHW will send re-evaluation notices each month and provide participants 60 days to complete their eligibility determination until all individuals in Medicaid protection have been processed (150,000 people).

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Benefit Program Operations 4

At the core of operations are eligibility workers. They are the front-line staff who process eligibility for all Benefit programs.

Experts on eligibility requirements for all benefit programs

Process applications, renewals and changes for Medicaid, SNAP, Child Care, and Cash Assistance

Attend 9 weeks of classroom training, plus 4 weeks of on-the-job training

Self-Reliance Specialists
310

Idaho Population
1,900,923

Idahoans with Benefits
451,487 or 23.8%

Ratio of SRS Staff to Customers
1: 1,456

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Benefit Program Operations 5

Average work processed each month by the Self Reliance Specialist (SRS) staff.

Applications 15,862	Renewals 28,063	Change Requests 11,361
Calls 146,355	In-Office Visits 7,380	Mail Received 16,099

Medicaid unwinding re-evaluation work will be in addition to current workloads for 150,000 Medicaid protected participants.

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Medicaid Re-evaluation Process 6

Whether it's with the customer over the phone, in an office, or processing a re-evaluation submitted online, an SRS must address the following information for each household.

Confirm all information needed for eligibility, address changes, and resolve discrepancies on the following topics:

- Household Composition
- Contact Information
- Citizenship, Residency, Immigration
- Relationships
- Disability and Medical Conditions
- Child Support Referrals and Compliance
- Income
- Resources
- Expenses
- Existing Health Coverage

Verify and key household information, including income from all sources:

- Check all available income databases
- Make calls to income source contacts to verify income information
- Resolve any discrepancies
- Request additional verification from the household when necessary for eligibility

Process the renewal:

- Review rights and responsibilities
- Obtain a signature from the customer
- Review household information and make corrections
- Review reporting requirements and next steps
- Document information and set next steps

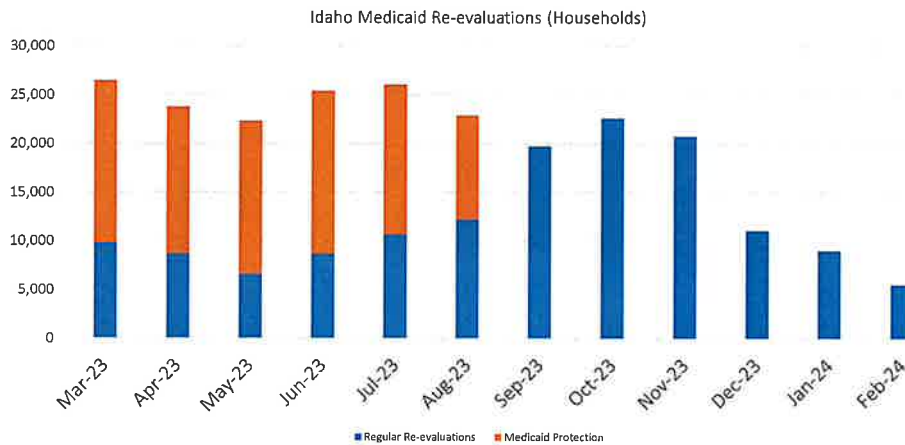
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Medicaid Protection Unwinding

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In addition to current workload, over the next several months DHW will complete a re-evaluation of Medicaid for all customers currently receiving Medicaid protection (92,000 households or about 150,000 individuals). Prioritizing over income participants.



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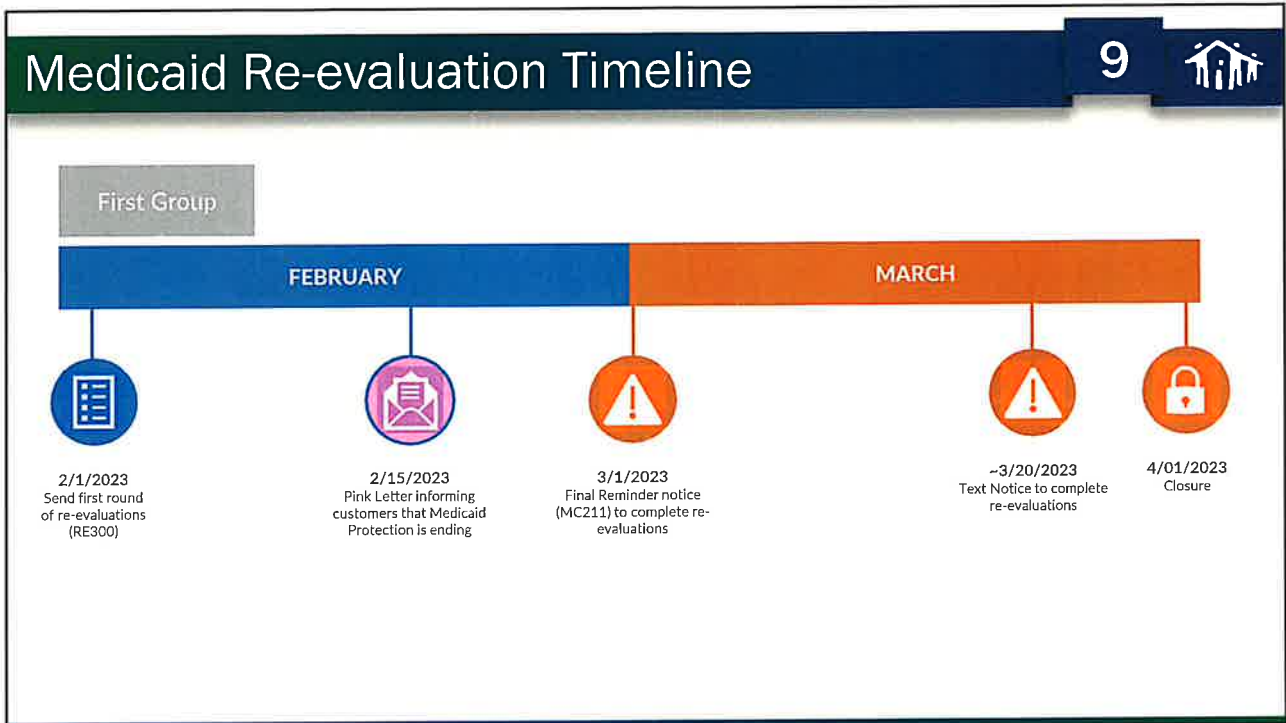
Capacity Risks < 6 Months

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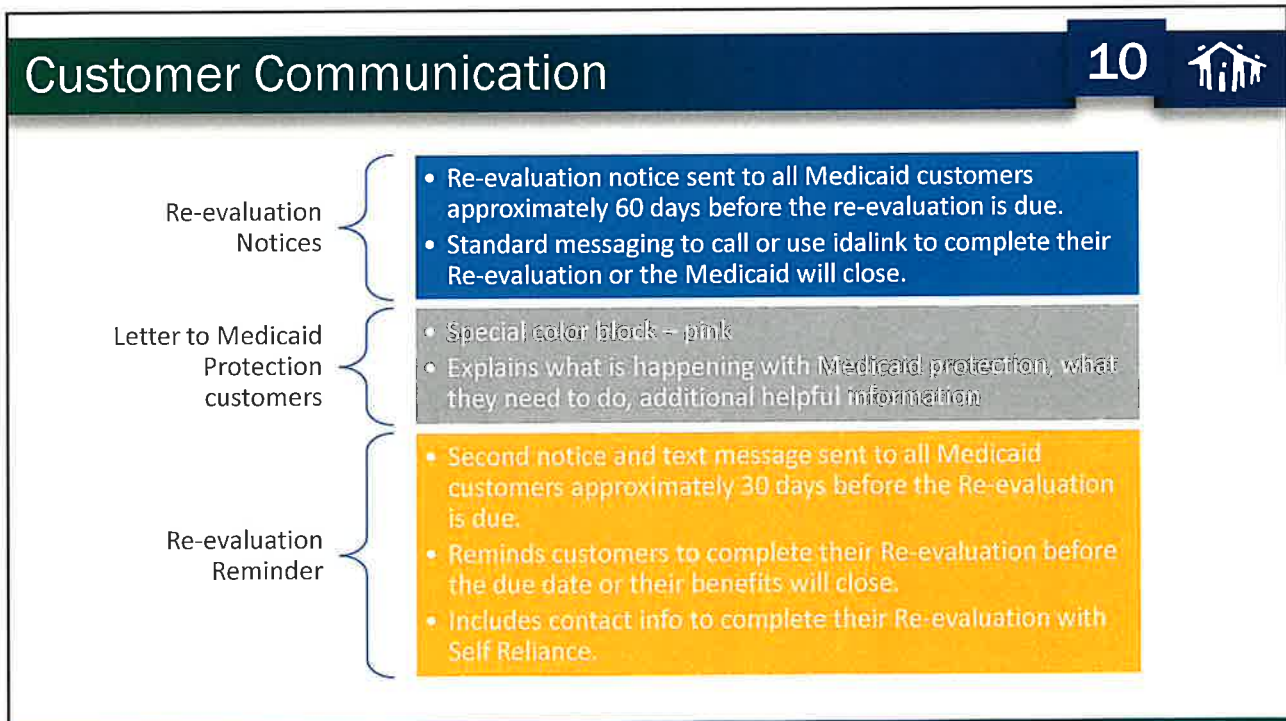


Rolling telephone calls	Impact to processing other programs	Increased errors (over payments)	Increased processing time
Customer frustration	Delay access to services for vulnerable families	Lost staff opportunity checking on status	Customer complaints
Increased fair hearings	Increased lobby traffic wait time	Federal audit findings	Staff turnover

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Customer Communication

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Customer affected by Medicaid Protection will receive a PINK ADDRESS BLOCK letter

DATE

Mario Mario
 PO BOX 12345
 BOISE, ID 12345-1234

provided continued Medicaid coverage for individuals who may have otherwise been ineligible

Specific language in development

Letter includes:

- Explanation of end of Medicaid Protection
- Date customer's protection will end
- Instructions to complete re-evaluation
- Customer support contact information
- This letter is in addition to the initial renewal notification

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Customer Communication

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Final Reminder Notice

Case Number	879491
Customer Name	Mario Mario
Phone	800-225-1234
Home Email	mmario@idaho.gov
Fax	800-225-1234
Date of Birth	01/01/1980

Mario Mario
PO BOX 12345
BOISE, ID 12345-1234

Hi! We have important information for your household.

Our records indicate that the household member(s) listed below has/have not completed a re-evaluation for continued Medicaid benefits

- [H Member]
- [H Member]
- [H Member]

To ensure you do not lose your Medicaid benefits, you must re-evaluate as soon as possible using the information below, or your Medicaid benefits will end on December 31st, 2020.

What you need to do

Complete your re-evaluation by providing updated household and income information as soon as possible using one of the methods below:

Log In or register at idaho.gov. Once logged in, follow the prompts to complete your re-evaluation and upload copies of your verification documents. Once submitted, you can track the status of your re-evaluation.

Call us at 1-844-558-2464, Monday through Friday, 8:00 AM-4:00 PM (MT), to complete your re-evaluation. You may be asked to provide verification documents via mail, email, or fax.

Mail: Self-Service Program, PO Box 81729, Boise, ID 83720-0628
 Email: MyServices@idaho.gov
 Fax: 1-800-434-8278 (not free)

Next Steps/Questions

After you complete your re-evaluation, you will receive a notice containing the results of your re-evaluation.

Letter includes:

- Reminder to complete re-evaluation
- Warning of potential end of benefits
- Instructions on how to complete re-evaluation
- Customer support contact information

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Partnership with State Based Marketplace

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DHW is committed to minimizing gaps in coverage and ensuring that eligible individuals retain coverage in Medicaid.

Those who are determined no longer eligible are appropriately transitioned to the State Based Marketplace (SBM), Your Health Idaho.

DHW and Your Health Idaho are working together to mitigate the effects of procedural terminations and minimize gaps in coverage.

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Federal Unwinding Compliance

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States should initiate no more than 1/9 of their total Medicaid and CHIP renewals in any month during the unwinding period.

States provided up to 12 months to initiate renewals and additional two months to complete. CMS is strongly encouraging states take the full time.

Every individual in Idaho's Medicaid Protection population must have a renewal completed before closing.

States must make a good faith effort to contact an individual using two modalities before terminating enrollment based on mail returned to the state in response to a redetermination.

states' progress will be monitored to ensure required eligibility actions and reporting requirements are being completed.

CMS confirms its intent to monitor compliance and impose penalties such as corrective action plan(s), Enhanced or Regular FMAP reduction, suspension of Medicaid procedural terminations, and/or civil monetary penalties up to \$100,000 per day.

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Medicaid Protection FAQ
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Medicaid Protection FAQ

Medicaid Protection is ending soon. Here is what you need to know.

The information below is intended to help Medicaid customers learn more about Medicaid Protection and how it impacts them.

What is Medicaid Protection and how does it impact your Medicaid coverage?

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The Division of Self-Reliance promotes stable, healthy families by helping Idahoans meet their basic needs and gain financial and health stability.

Benefit Programs Operations

SELF-RELIANCE SPECIALISTS (SRS)

At the core of operations are eligibility workers. They are the front line staff who process eligibility for all Benefit programs.

Experts on eligibility requirements for all benefit programs

Process applications, renewals and changes for Medicaid, SNAP, Child Care, and Cash Assistance

Attend 9 weeks of classroom training, plus 4 weeks of on-the-job training

Self-Reliance Specialists
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OPERATIONS

The average work processed each month by the SRS staff.



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Renewals
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In-Office Visits
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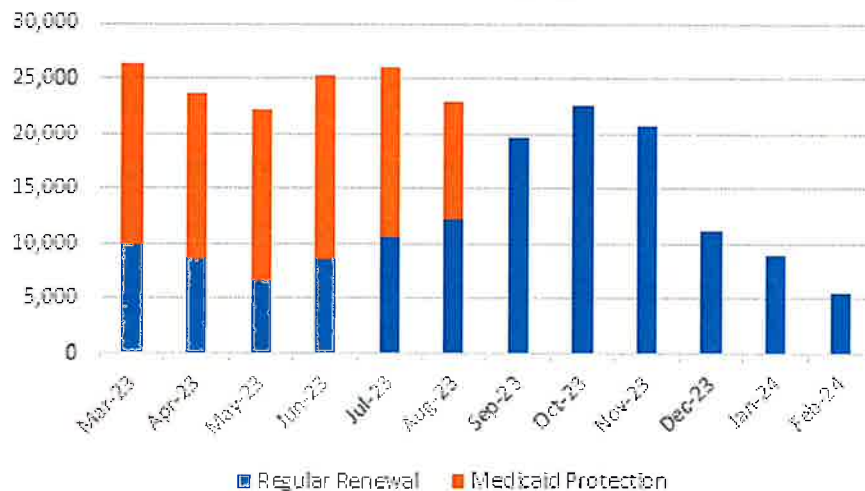


Mail Received
16,099

MEDICAID PROTECTION UNWINDING

In addition to their current workload, over the next several months DHW will complete a renewal of Medicaid eligibility for all customers who are currently receiving Medicaid.

Idaho Medicaid Renewals (Households)



MEDICAID RENEWAL PROCESS

Whether it's with the customer over the phone, in an office, or processing a renewal submitted online, an SRS must address the following information for each household. Each renewal takes approximately 45-60 minutes to complete.



Confirm all information needed for eligibility, address changes, and resolve discrepancies on the following topics:

- Household Composition
- Contact Information
- Citizenship, Residency, Immigration
- Relationships
- Disability and Medical Conditions
- Child Support Referrals and Compliance
- Income
- Resources
- Expenses
- Existing Health Coverage



Verify and key household information, including income from all sources:

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Process the renewal:

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Idaho unwinding of Medicaid protection:

The Idaho Department of Health and Welfare (IDHW) has approximately 450,000 individuals on Medicaid and of those about **150,000** individuals have Medicaid Protection due to the Continuous Enrollment Condition for receiving temporary Federal Medicaid Assistance Percentage ([SHO-23-002](#)).

Under the continuous coverage requirement, states must keep enrollment of nearly all Idaho participants through March 31st, 2023. With the continuous coverage expiration, states will need to conduct a full renewal for all participants over the following 12 months prior to disenrollment.

In addition, the temporary Federal Medicaid Assistance Percentage (FMAP) increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. For the calendar quarter that begins on April 1, 2023, and ends on June 30, 2023, the FMAP will be 5 percentage points. For the calendar quarter that begins on July 1, 2023, and ends on September 30, 2023, it will be 2.5 percentage points. For the calendar quarter that begins on October 1, 2023, and ends on December 31, 2023, it will be 1.5 percentage points.

Medicaid Protection started in March 2020 and provided continuous enrollment to an individual in three situations.

1. The individual experienced a change (address, household members, income, etc.) and when the change was acted on, the individual would have closed Medicaid completely.
2. The individual experienced a change and when the change was acted on, the individual would have moved to a lower coverage Medicaid.
3. The individual was due for a renewal but did not complete the renewal. These individuals have a due or past due renewal date in our system.

Steps Idaho takes to complete renewals:

1. DHW has a CMS approved waiver to use information from the US Postal Service to update addresses and determine if someone may no longer be a resident of Idaho.
2. Idaho uses electronic interfaces to compare against known eligibility information to complete an auto renewal (ex parte) which makes a determination and sends a notice of eligibility/change/closure to the customer.
3. When an auto renewal cannot process through eligibility system, IDHW sends the individual a notice to complete their renewal. The notice generates 60 days prior to the due date.
4. Customers can complete their renewal via the online portal Idalink or by calling IDHW. Average time for staff to complete a renewal is 45 minutes.
5. If the customer does not complete their renewal DHW sends the individual a second notice to complete their renewal 30 days before the end of their certification date.
6. DHW sends a text message to the individual to complete their renewal 15-30 days in advance.
7. DHW sends a final closure notice if the renewal was not completed on day 60.

Operational considerations:

The Division of Welfare (Self-Reliance) is responsible for completing the unwinding process of Medicaid Protection as well as maintaining current operational expectations for all other benefit programs. This includes processing applications, changes, and renewals for SNAP (food stamps), Medicaid, Child Care, Aid to the Aged, Blind, and Disabled (AABD), and Temporary Assistance for Families in Idaho (TAFI).

The division takes pride in leading the nation in accuracy and timeliness for all benefit programs and took careful consideration when determining how much work could be added during the Medicaid Protection unwinding to limit negative impacts to Idaho families.

- Universal workforce – the division has a business model with eligibility workers who are trained in all programs that reduce the number of times an action must be taken because many families receive more than one benefit.
- Vacancy rate – as of February 6th is 6.5% (20)
- Training – 9 weeks (includes onboarding and department training), 4 weeks of on the job training, then an additional four months of coaching/mentoring and 100% review before this is incrementally reduced based on performance
- New hires – 29 started in October 2022, 18 began in January 2023. This means out of 310 SRS staff the Division of Welfare has 243 fully trained and producing minimum expectations.
- Scheduled/unscheduled/protected leave – 12% daily (On average 35 SRS staff are out)
- Based work capacity on previous open enrollments as well as Medicaid Expansion in the fall of 2019, which encompassed call volume, task work, and workforce productivity expectations.

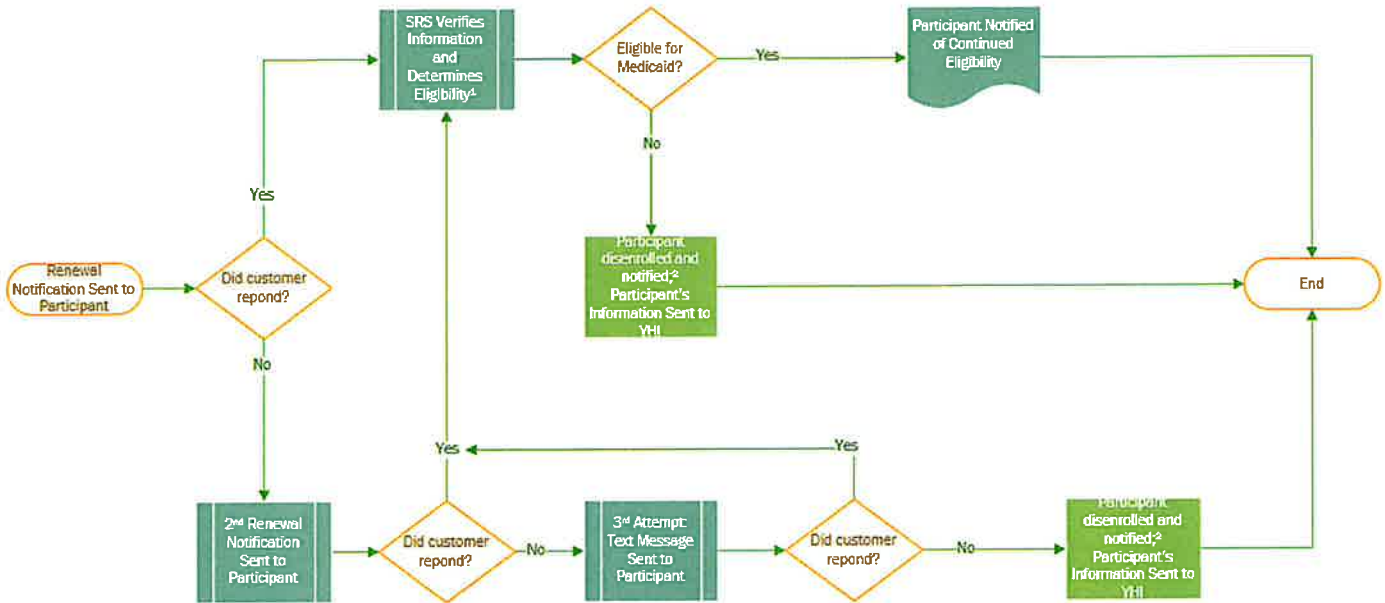
Policy requirements:

Centers for Medicare & Medicaid Services (CMS) requires states as part of their unwinding process and conditions of receiving the Federal Medicaid Assistance Percentage (FMAP) to assess readiness in automation updates/changes, policy, and operational strategies ([SHO-23-002](#)). IDHW is responsible for ensuring a smooth transition for enrollment in a Qualified Health Plan (QHP) through the state-based marketplace, Your Health Idaho (YHI). Additional unwinding requirements include:

- CMS recommends states initiate no more than 1/9 of their total Medicaid and CHIP renewals in a given month during the unwinding period.
- CMS allows states up to 12 months to initiate renewals and additional two months to complete. CMS is strongly encouraging states take the full time.
- Every individual in Idaho's Medicaid Protection population must have a renewal completed before closing.
- States must make a good faith effort to contact an individual using two modalities before terminating enrollment based on mail returned to the state in response to a redetermination.
- CMS will monitor states' progress to ensure required eligibility actions and reporting requirements are being completed.
- CMS confirms its intent to monitor compliance and impose penalties such as corrective action plan(s), Enhanced or Regular FMAP reduction, suspension of Medicaid procedural terminations, and/or civil monetary penalties up to \$100,000 per day.

Medicaid Unwinding process:

Idaho currently has about 450,000 Medicaid participants. Of those, 150,000 are in Medicaid Protection. Below is a Medicaid renewal process overview with the planned distribution over the unwinding process starting February 1st, 2023.



¹States are required to complete a full renewal prior to disenrollment. On average, completing such a review takes 45 minutes.
² Eligibility ends 60 days after the original renewal notification was sent to participant.

Idaho Medicaid Scheduled Re-evaluations by Month (Households)

