



CABINET FOR HEALTH
AND FAMILY SERVICES

Medicaid Oversight and Advisory Committee Eligibility Redeterminations

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Public Health Emergency (PHE)

The Secretary for the Department of Health and Human Services declared a PHE on January 31, 2020, due to COVID-19



The PHE allowed states several flexibilities by:

- Triggering a variety of federal emergency powers
- Temporarily waiving certain Medicaid and Children's Health Insurance Program (CHIP) requirements and conditions
- Permitting continuous coverage



PHE flexibilities remain in effect for 90 days

- The PHE has been extended numerous times
 - Most recent extension to **October 13, 2022**.
 - CMS did not release a 60-day notice to end the PHE (required); it is assumed the PHE will be extended until (at least) January 11, 2023



Upon PHE expiration

- ✓ Restart Medicaid and CHIP eligibility reviews
- ✓ Resume temporarily waived requirements and conditions
- ✓ Identify flexibilities to permanently integrate into state waivers
- ✓ Unwind all PHE flexibilities

PHE Flexibilities Implemented in Kentucky (KY)

1915c Appendix K Waivers

- ✓ Temporarily modify provider qualifications (case management added in 2022)
- ✓ Increase payment rates for agency-managed services
- ✓ Include retainer payments to providers of personal care and residential and day habilitation services
- ✓ Expand opportunities for self-direction through suspension of all required additional screening (specifically required for immediate family members to approve them as an employee under Participant Directed Services)

1135 Waivers

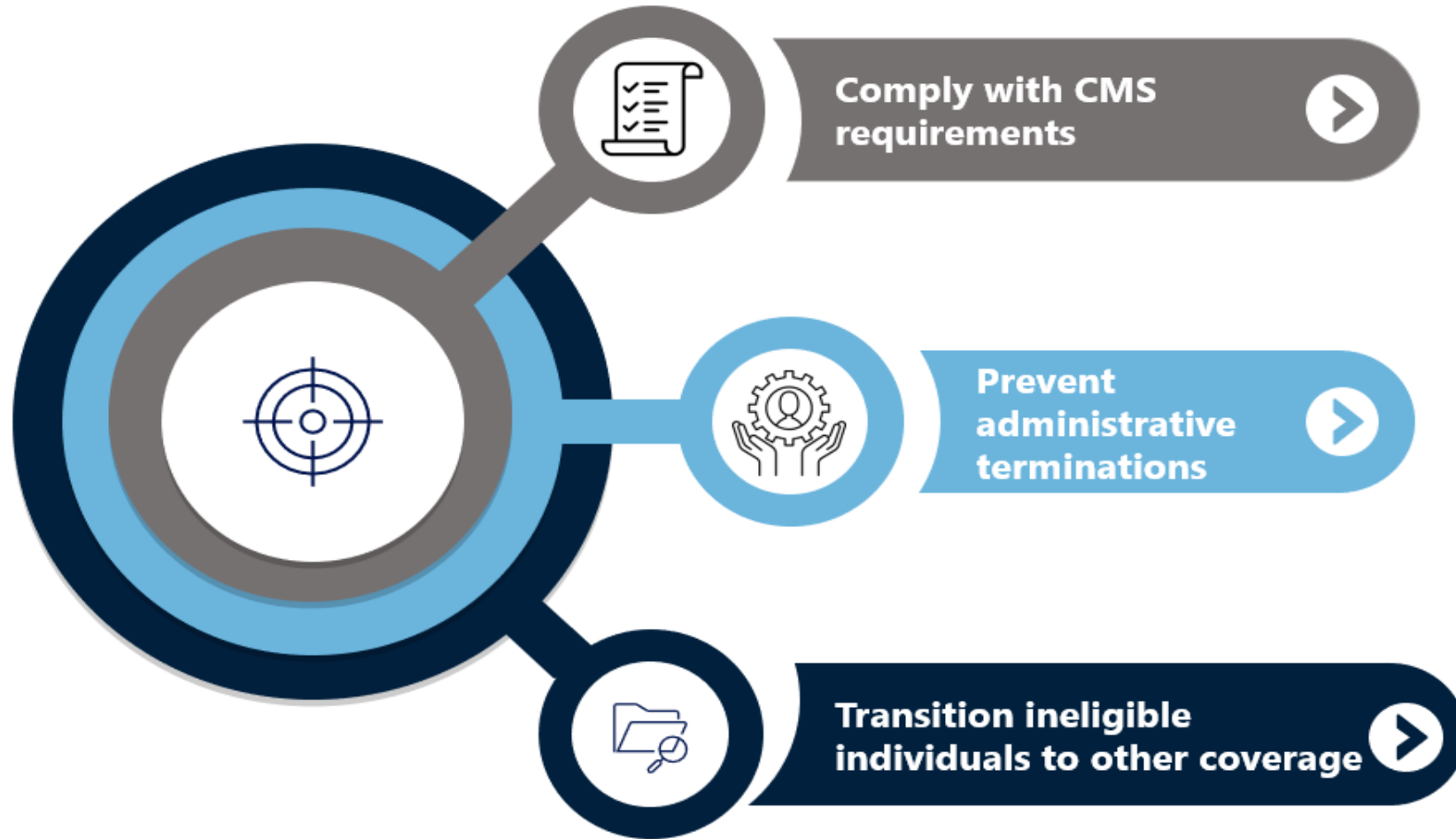
- ✓ Expansion of telehealth coverage
- ✓ Provider state licensure requirements and enrollment flexibilities
- ✓ Home health agency relief
- ✓ Suspend Medicaid FFS prior authorization requirements
- ✓ Suspend Preadmission Screening and Resident Review (PASRR) Level I and Level II Assessments for 30 days
- ✓ Provision of services in alternative settings

Other Flexibilities*

- ✓ Hospital 20% add-on to Diagnostic Related Group for COVID-19 diagnosis
- ✓ Nursing facility 30-day bed hold (return to 14 days)
- ✓ Nursing facility 75% bed reserve reimbursement (return to 50%)
- ✓ Nursing facility \$270 per diem add-on
- ✓ Increased telehealth platforms and use of telehealth for PASRR

*Other includes: 1902(e)(14)(A), CMS blanket waivers, KY state plan amendments (SPAs)

KY PHE Unwinding Goals



High-Level Timeline for the KY Unwinding

States are to receive a 60-day notification prior to the end of the PHE. The month after the PHE ends, states may begin normal operations for eligibility and enrollment actions. This slide assumes CMS will give 60-day notice in November and PHE will end in January, 2023.

60 Day Notification Period

Nov 12 ----- Jan 11

Sept- Nov	November	December	January	Feb -> 1 year
<ul style="list-style-type: none"> ➤ Create PHE Stakeholder Engagement Plan inclusive of: team KY stakeholders, KY's managed care organizations (MCO), providers, and advocates, beneficiaries, caregivers, and others, as identified <ul style="list-style-type: none"> ▪ Attend/schedule regular meetings, as appropriate ➤ Create PHE Communications Plan <ul style="list-style-type: none"> ▪ Seek approval ▪ Develop communications ▪ Finalize draft Receive approval ▪ Prepare for distribution ➤ Create PHE Training Plan (internal to DMS & external) <ul style="list-style-type: none"> ▪ Seek approval ▪ Develop training ➤ Confirm system change priorities and manage accordingly ➤ Confirm PHE flexibilities to unwind, extend, or allow to stop 	<ul style="list-style-type: none"> ➤ Continue to engage stakeholders via regularly scheduled meetings and communications ➤ Implement Communications Plan <ul style="list-style-type: none"> ▪ Finalize the beneficiary notices and key beneficiary and provider communications ▪ Receive approval ➤ Implement Training Plan for DCBS, kynectors call centers, MCOs, providers, and other stakeholders ➤ Plan and start development of feedback loops to monitor initial unwinding activity outcomes and make changes accordingly ➤ Continue system changes ➤ Develop SPA/waiver to extend certain flexibilities, as needed ➤ Complete and submit required CMS unwinding baseline data 	<ul style="list-style-type: none"> ➤ Continue to engage stakeholders via regularly scheduled meetings and communications ➤ Continue to implement the communications plan, moving to Phase 2 (active unwinding material development and finalization) ➤ Continue to implement the training plan <ul style="list-style-type: none"> ▪ Complete training for DCBS, kynectors, and other stakeholders ➤ Continue system changes ➤ Submit SPA/waiver to extend certain flexibilities, as needed ➤ Test feedback loops to monitor initial unwinding activity outcomes and make changes accordingly 	<ul style="list-style-type: none"> ➤ Continue to implement stakeholder, training, and communications plans, as appropriate ➤ Continue system changes ➤ Some flexibilities end on PHE end date unless extended by SPA/waiver* ➤ Implement feedback loops to monitor initial unwinding activity outcomes and make changes accordingly ➤ Complete and submit required CMS unwinding data and communicate details to others, as appropriate ➤ Track extension of certain flexibilities if SPA/waiver filed ➤ Confirm division of redetermination case loads 	<ul style="list-style-type: none"> ➤ Start eligibility and enrollment actions (verification and renewal actions) for Medicaid members over one year duration ➤ Implement feedback loops to monitor initial unwinding activity outcomes and make changes accordingly ➤ Complete and submit required CMS unwinding data and communicate details to others, as appropriate

*1915c Appendix K flexibilities end 6 months after PHE ends

Preparing for the Renewal Process



1

Reviewed CMS Guidance

Reviewed CMS State Health Official (SHO) letters from March 2022, August 2021, and December 2020 to inform decision-making on Kentucky's renewal approach



2

Reviewed Internal Processes

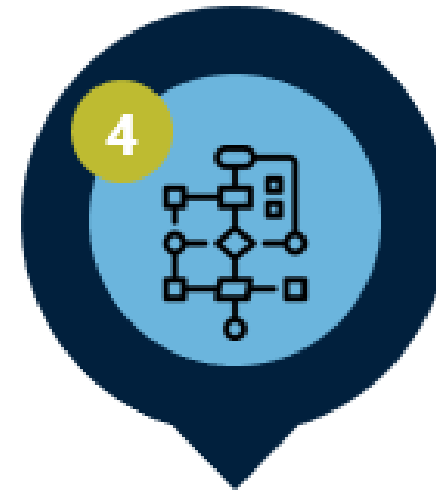
Engaged key DMS decision makers and teams to identify potential approaches to renewals and mapped impact of each on all key stakeholders



3

Selected the Approach to Renewals

Identified the best approach for Kentucky for renewals (engage those actively requiring renewal process)

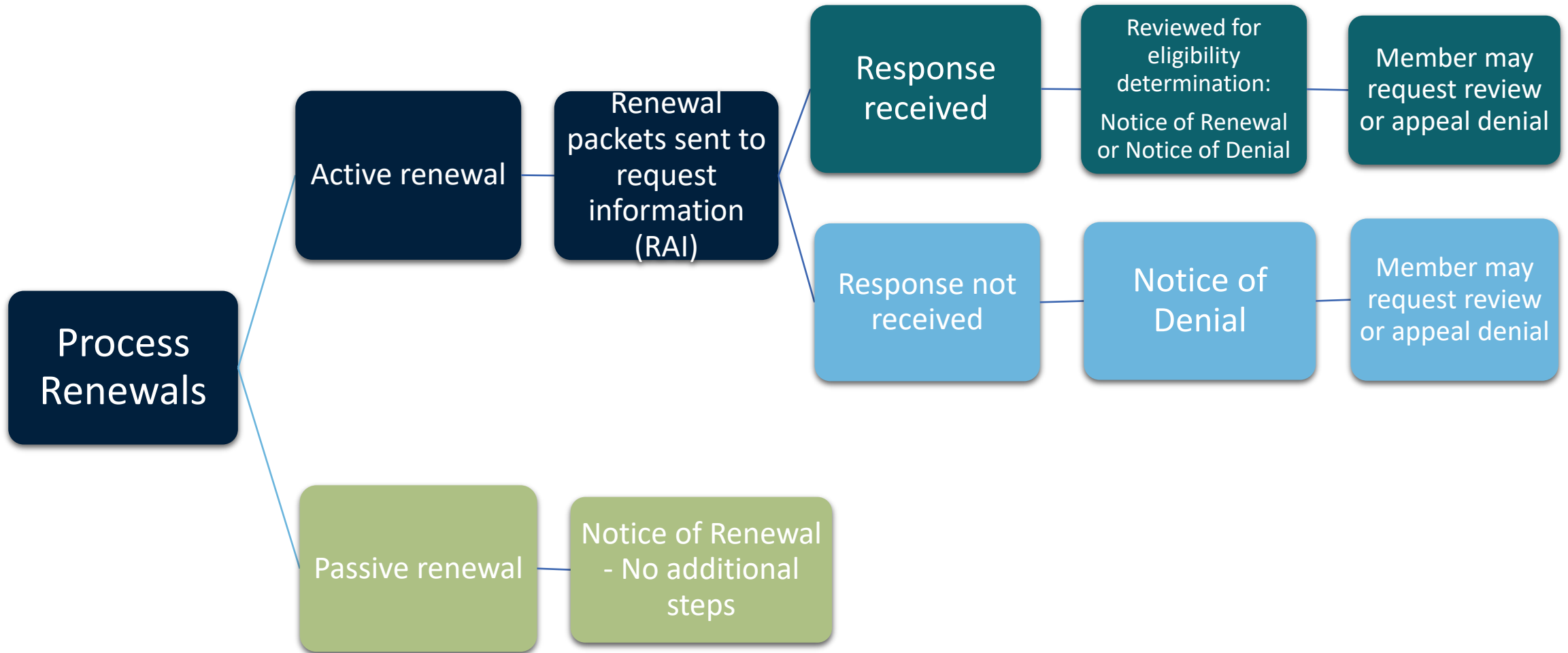


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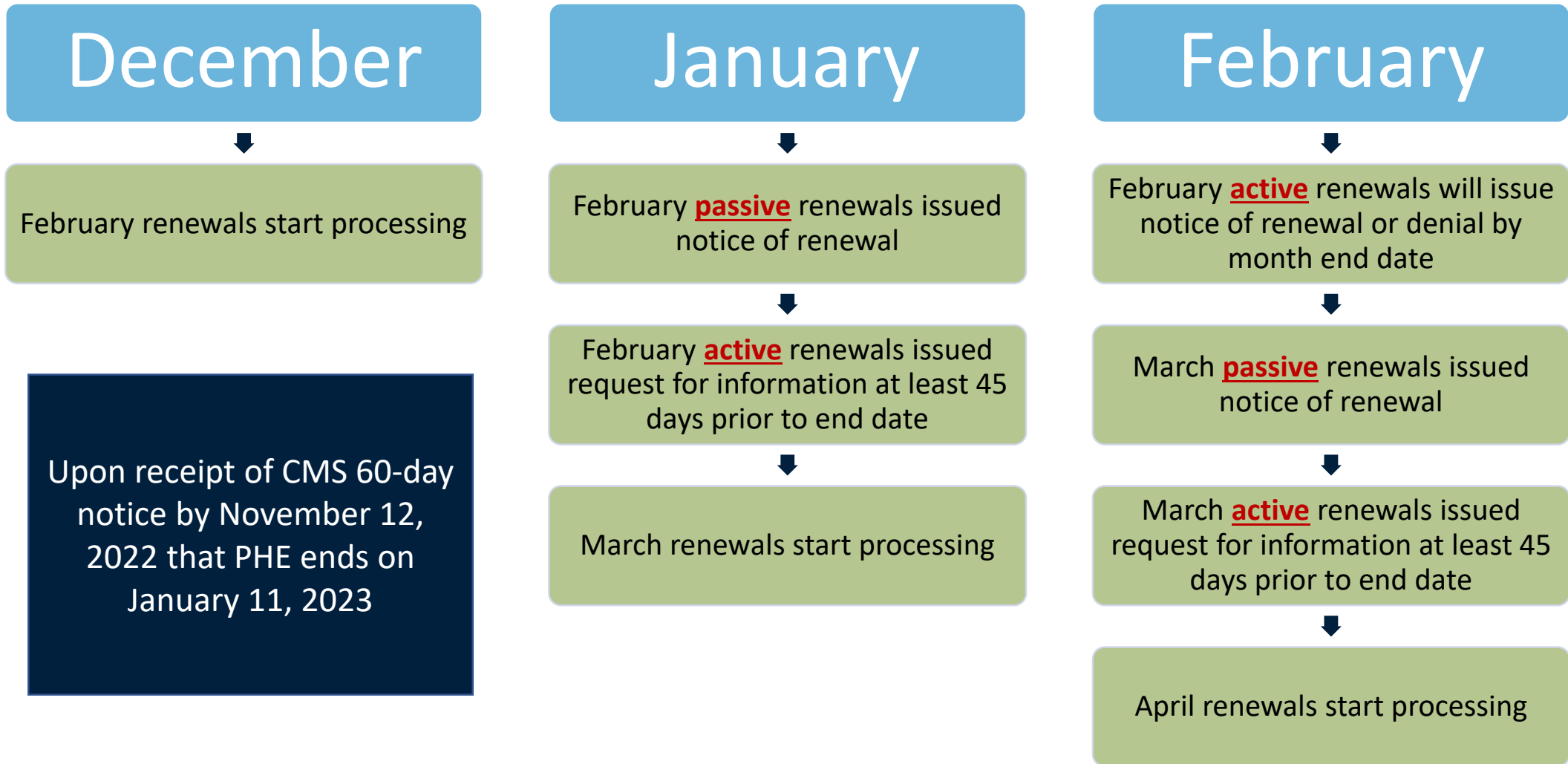
Preparing the Algorithm & Preparing Comms

Developed and refined the algorithm to identify the estimated number of Medicaid renewals in which to focus

KY Medicaid Renewal Process



KY Medicaid Renewal Process



KY Medicaid Renewals: Overall Snapshot

Medicaid current population: 1,668,079



Estimated total to lose eligibility: 210,741

Of those, 75,213 are over 138% FPL and may qualify for other coverage such as a Qualified Health Plan (QHP) with Advance Premium Tax Credit (APTC)

Age Group	Member Count	% of Member Count
18 or younger	51,778	25%
19 to 64	144,517	69%
65 or older	14,446	7%
Grand Total	210,741	

The Anticipated Renewal Caseload

Renewal Month/Year	Total Case Count
22-Nov	47,853
22-Dec	57,464
23-Jan	51,544
23-Feb	66,067
23-Mar	65,087
23-Apr	54,934
23-May	55,477
23-Jun	49,709
23-Jul	42,653
23-Aug	41,404
23-Sep	37,600



This caseload assumes PHE unwinding commences in November. However, CMS did not release the 60-day notice.

Near-Term Priorities



Unwinding Plan

Develop the state's comprehensive unwinding operational plan



Training

Identify training needs for CHFS staff, providers, and others. Prepare and plan



Stakeholder Engagement

Engage key stakeholders in PHE unwinding discussions & activities



System Updates

Prepare and prioritize system updates via change request process



Policy Decision Making

Plan unwinding or integration of state policy flexibilities



Coordinate across CHFS

Ensure all CHFS team members understand unwinding efforts in place

KY PHE Integrated Eligibility and Enrollment System (IEES) PHE Unwinding Changes

Revert changes implemented for COVID and follow pre-COVID rules for eligibility:

- Presumptive Eligibility (PE) rules – one PE period
- Transition between Medicare Savings Program (MSP) and other Medicaid Types of Assistance (TOA)
- Allow transition from Medicaid to QHP/APTC
- Utilize pre-COVID rules for new applications upon the PHE end date

Extend the recertification date by one-month based on active or passive renewal status as this will help distribute the renewal load across one-year

Extend automatic re-enrollment into MCO to 120 days

Extend timeframe to take final administrative action on Fair Hearing Requests

KY PHE IEES Unwinding Changes

Stop Medicaid re-instatements via the special circumstance process

Stop extensions for Emergency Time Limited Medicaid (EMT), assign a recertification period

One-time outreach to existing Medicaid individuals regarding PHE ending; Mass resident outreach utilizing Salesforce Marketing Cloud (Nudging) PHE Unwinding Awareness and Benefits Expiration & Renewal Campaign

Create CMS Report template for unwinding - include baseline and monthly numbers in the report format

Remove the unwinding rules put in place unless approved by CMS to extend

KY PHE IEES Unwinding Efficiencies

Utilize MCO for most recent mailing address

Leverage Robotic Process Automation (RPA) Bot to lookup external systems data and enter data/case notes. For example, based on the pre-defined business rules, the Bot can search identified system, unemployment, child support, to name a few, and make the information available to case workers, rather than the case worker having to log into another system, look up the information, return to IEES and enter it

Leverage Optical Character Recognition (OCR) based RPA process to systematically read returned mail and perform the required IEES updates. For example, based on pre-defined business rules, the Returned Mail Processing Bot can enter case notes and trigger the RAI

Leverage OCR based RPA process to systematically review the Medical Review Team (MRT) response to determine if the individual is disabled or if more information is required

Revise Kentucky Level of Care System notices to inform individuals if they are admitted to a Nursing or Long-term Care (LTC) Facility that they must contact the Department for Community Based Services (DCBS) to reapply or report a change to their Medicaid case.

Facilitated enrollment, utilizing SNAP eligibility to complete Medicaid renewal



Questions