Medicaid Oversight and Advisory Committee
Eligibility Redeterminations
September 15, 2022

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Department for Community Based Services
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)

<table>
<thead>
<tr>
<th>1915c Appendix K Waivers</th>
<th>1135 Waivers</th>
<th>Other Flexibilities*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporarily modify provider qualifications (case management added in 2022)</td>
<td>Expansion of telehealth coverage</td>
<td>Hospital 20% add-on to Diagnostic Related Group for COVID-19 diagnosis</td>
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<tr>
<td>Increase payment rates for agency-managed services</td>
<td>Provider state licensure requirements and enrollment flexibilities</td>
<td>Nursing facility 30-day bed hold (return to 14 days)</td>
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<tr>
<td>Include retainer payments to providers of personal care and residential and day habilitation services</td>
<td>Home health agency relief</td>
<td>Nursing facility 75% bed reserve reimbursement (return to 50%)</td>
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<tr>
<td>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)</td>
<td>Suspend Medicaid FFS prior authorization requirements</td>
<td>Nursing facility $270 per diem add-on</td>
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<td></td>
<td>Suspend Preadmission Screening and Resident Review (PASRR) Level I and Level II Assessments for 30 days</td>
<td>Increased telehealth platforms and use of telehealth for PASRR</td>
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<td></td>
<td>Provision of services in alternative settings</td>
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*Other includes: 1902(e)(14)(A), CMS blanket waivers, KY state plan amendments (SPAs)*
KY PHE Unwinding Goals

- Comply with CMS requirements
- Prevent administrative terminations
- Transition ineligible individuals to other coverage
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  January 11

- 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 baseline data
- Continue to engage stakeholders via regularly scheduled meetings and communications
- Implement Communications Plan
  - 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
- Test feedback loops to monitor initial unwinding activity outcomes and make changes accordingly
- 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
- Some flexibilities end on PHE end date unless extended by SPA/waiver*
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*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).

4. 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

Process Renewals

Active renewal
- Renewal packets sent to request information (RAI)
- Response received
- Reviewed for eligibility determination: Notice of Renewal or Notice of Denial
- Member may request review or appeal denial

Response not received
- Notice of Denial
- Member may request review or appeal denial

Passive renewal
- Notice of Renewal - No additional steps
- No additional steps
- Response not received
- Notice of Denial
- Member may request review or appeal denial
KY Medicaid Renewal Process

**December**
- February renewals start processing

**January**
- February *passive* renewals issued notice of renewal
- February *active* renewals issued request for information at least 45 days prior to end date
- March renewals start processing

**February**
- February *active* renewals will issue notice of renewal or denial by month end date
- March *passive* renewals issued notice of renewal
- March *active* renewals issued request for information at least 45 days prior to end date
- April renewals start processing

Upon receipt of CMS 60-day notice by November 12, 2022 that PHE ends on January 11, 2023
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)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Member Count</th>
<th>% of Member Count</th>
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<tbody>
<tr>
<td>18 or younger</td>
<td>51,778</td>
<td>25%</td>
</tr>
<tr>
<td>19 to 64</td>
<td>144,517</td>
<td>69%</td>
</tr>
<tr>
<td>65 or older</td>
<td>14,446</td>
<td>7%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>210,741</td>
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The Anticipated Renewal Caseload

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

Data as of 9/1/22

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 (EMC), 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