

Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare

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(Starts at 1:05 min mark) **Beth Lynk:** Thank you so much, Charles. And thank you, everyone, for joining us today. We are excited to see the numbers tick up. We are going to give it a moment as we have additional folks joining us. As you know, this is the second, or you may know, this is the second in our series of meetings about the Medicaid and CHIP enrollment unwinding. You are going to hear from a number of our experts at CMS and a number of our partners from the Center on Budget and Policy Priorities to the State of California, to our regional leaders across the country that are here to support you in our work to prepare for unwinding and to ensure that we are connecting people to coverage. My name is Beth Lynk, and I lead Strategic Communications and External Affairs here at CMS in the Office of the Administrator. Thank you for joining us today for this webinar and this conversation around ensuring that we are connecting folks to coverage in Medicaid and CHIP, whenever the COVID-19 public health emergency ends. I wanted to start by noting we do not have an end date to the COVID-19 public health emergency. As an administration, we have committed to giving 60-day notice to when that ultimate date will be. What we do know is planning now to ensure that the millions of people that are currently covered under Medicaid and CHIP are able to retain access or get connected to the best access to care that they can. And that they are eligible for an we need to prepare now, so we thank you for joining us on this call. During our first conversation in May, we shared some background information on Medicaid and CHIP, the continuous enrollment process that was established by the federal COVID-19 legislation. And what will happen when ultimately, states will start to restart eligibility renewal and go through that process. We also shared resources that will highlight again for folks on this call, including the toolkit, where you can send folks to update their contact information now at [Medicaid.gov/renewals](https://www.cms.gov/renewals). And other resources we will continue to highlight. The recording transcript and slide deck from our first conversation in May are available on our National Stakeholder Call webpage which is <https://www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls>. We do encourage everyone to watch that recording if you were not able to attend, and then the recording transcript for this call will be added there after the call. As I noted, we are recording this call. Thank you for agreeing to proceed under that. I will note that we are -- we do have a transcript available for folks for live closed captioning. You will find that link in the chat now if you need that assistance during the call. While members of the press are welcome to attend this call, please note that press and media questions should be submitted through our Media Inquiries form which may be found at <https://www.cms.gov/newsroom/media-inquiries>. For the duration of the call, participants will be muted. We will have a chance to take questions. We invite people, as we're seeing some participants already do, to take advantage of the Q&A feature at the bottom of the chat, to enter your questions. On the screen, you will be

able to see the agenda for the call. As I noted, we are going to hear from some of our key leaders, including Deputy Administrator, Daniel Tsai, who leads the Medicaid program and Deputy Administrator, Dr. Ellen Montz, who leads CCIIO and the Marketplace program, also known as Healthcare.gov for those who utilize the federal Marketplace. We will also hear from Center of Budget and Policy Priorities on some of the actions that states can take now to prepare. Then we will hear directly from the State of California with Jacey Cooper, presenting on some of their planning around outreach and engagement that they are doing now. Finally, we are going to hear about the regional engagements that we are doing, and want to make sure that you all are connected to our regional offices in your area. We will be providing those resources. I want to thank folks again for joining. With that, I will turn the call over to Daniel Tsai, Deputy Administrator and Director of the Center of Medicaid and CHIP Program. Dan?

Dan Tsai: Thanks, Beth. Good morning, good afternoon, good day folks, wherever you are zooming in or logging in from. Thank you for taking the time to join us. It's great to get folks gathered in this way, as Beth noted, we are doing a series of these. This is the second in a set of large stakeholder calls with folks at all different levels of local, state, federal government, provider, advocacy, and other type of roles. We really appreciate this important topic. And unwinding from the preparation for and executing unwinding from the public health emergency with respect to Medicaid and related topics is one of our top priorities as an administration, as Beth mentioned. We will go through a little more detail from a CMS standpoint about the preparation we have been working on with our state and many counterparts. But it really has been a tremendous effort across partnership, across the administration at CMS, at HHS, and others, states, with health plans and providers, with advocates and others. That continues to be the case. We are very grateful to have the Center on Budget and California colleagues actually presenting with us today. I just wanted to note a few things at the outset here before I turn it to Jessica Stephens on the CMS team. Number one, our priority is to make sure folks maintain coverage. And we are for Medicaid, and I think folks are dialing into this call, I think folks know as a result of during the pandemic, which we are still in formally, states have had to maintain Medicaid eligibility in order to be eligible for enhanced federal match for the Medicaid program. We are currently, give or take 80 million individuals enrolled in Medicaid and CHIP. When the PHE ends, at whatever time that happens, states will have about 12 months to conduct and resume regular operations for eligibility and redeterminations. We know that many -- most of the 87 million will continue to be eligible for Medicaid. We also know there are a number of folks who will have had changes in circumstance and may be eligible for highly subsidized coverage on the marketplace. Our goal is to make sure folks maintain coverage wherever possible. We are working across all different parts of CMS and the federal standpoint for that. Four messages I wanted to emphasize. Number one, as Beth noted, we do not have an end date yet on the PHE, but our message together with our partners has been prepare and act now. There is a huge amount of operational communication and other work to make sure folks are as prepared for the unwinding process as possible. Second, and we have stolen liberally from our state counterparts on this, we have put out a huge amount of guidance in conjunction with our state partners, advocates, and others, including punch lists of top policy and operational items for folks to be implementing, as well as guidance encouraging states and others

to take as much of the 12 month time as possible to make sure there is an orderly transition when the pandemic, PHE declaration ends. We are encouraging folks to plan for and implement as much of those as possible. Third, we have a tremendous focus on Medicaid marketplace transitions for the reasons I mentioned before. You will hear from Dr. Ellen Montz shortly. In different states, that looks different. Whether it is states in partnership with healthcare.gov at the federal standpoint or at the local state-based marketplaces. Fourth, we are so pleased to have so many of you on from across the country because so much of health care and reaching out and engaging our members is local. And making sure that we have simple messages, we have coordinated full-court press from an outreach and engagement standpoint with the goal of insuring as many folks maintain coverage. This really is an exercise in pulling out all the stops, working together, operational and policy wise with all of you, and folks you will hear from on this. With that, thank you all, I should have said that at the outset. I will turn it over to Jessica Stephens from the CMS team now to walk through more detail from the CMS standpoint. Jessica, turning it to you. Thank you.

Jessica Stephens: Thank you, Dan. Good morning/ afternoon to everyone. First, I am happy to be with you again. For those of you who may not have joined the first call, I wanted to spend a couple of minutes as we dive in to talk about a recap of where we are, why we are here, and talk about what is happening before passing it on to some of my colleagues. As Dan just said, enrollment in Medicaid and CHIP is at an all-time high. Both programs have played a critical role during the public health emergency in providing critical care for millions of individuals. A lot of that is due to the continuous enrollment condition which Dan also mentioned, which is as a condition of receiving increased funding, states have been required in Medicaid to maintain coverage for individuals during the public health emergency. And in the children's health insurance program, many states adopted flexibilities that have led to a similar outcome. But what does that mean? Once the public health emergency ends, states will have 12 months to initiate renewals for all individuals enrolled in their programs. That is all individuals enrolled in Medicaid, the children's health insurance program (CHIP), and if you are in New York or California, the basic health program as well. That will mean many individuals will need to transition their coverage. Some will be -- will no longer be eligible for Medicaid and CHIP, but may be eligible for marketplace coverage. My colleagues in CCIIO will talk about that a little bit more. Others will need to complete the renewal or redetermination process to maintain their current coverage. This is a big challenge ahead for many states and for many reasons. I think as we talked about the last time, just the sheer volume with the increase in enrollment is a lot of work for states, also at a time when, we have all heard about the great resignation, staffing and systems and other limitations are challenging. But also, the fact that many individuals may not have an in contact with their Medicaid agencies over the past couple of years, and ensuring that we have updated addresses, updated contact information, email, and other contact will be critical to ensure that individuals can complete the renewal process and ensure they either retain their current coverage or transition over to marketplace coverage. That said, yes, there are some challenges ahead, but states and CMS are doing a lot to prepare, and as you will hear from California in a little bit, there is a lot going on, even engaging with partners, managed care organizations, and others like you. On the CMS side,

there is a lot we are also doing. You may have seen our page [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding) that has a lot of information that we have released over the past couple of years. Guidance to states, but also stakeholders, on some of the information to help in some of the work ahead, including the communications toolkit that I think we referred to earlier on. More recently, we have also launched a new beneficiary focused page called [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). And I want to just give you a quick preview of what that looks like. [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) is a place where you can go, where you can refer individuals enrolled in Medicaid or CHIP to find information on their specific state agency, all states and territories here. To select a state and find information on where they can go, for example, to update their contact information, to find out more, to complete their renewals or re-determinations, and we will continue to update this page as we know more about when the public health emergency may end, with updated information that will be relevant to all beneficiaries. I encourage you to check out those resources. And with that, I will turn it over to I believe it is Jen Wagner from the Center on Budget and Policy Priorities.

Jennifer Wagner: Thank you so much Jessica, and thank you for having me here today. Today, we are going to talk about a paper we released that says it is time to get it right. The idea here is that we have an opportunity now to work with state and local agencies to make sure we implement improvements to policies and processes during the unwinding period, and beyond. If we have the slides up, we can show that as we have discussed, there is the unwinding -- we don't know when it is going to happen. That has made it very challenging for state and local agencies to plan and be ready. But we do know it will not happen until at least the end of this year, and possibly beyond. That the PHE is expected to last through at least October, and it could be extended yet again passed that. That means states have a little bit of time right now. If we go to the next slide, we show states have time now to make improvements to their systems and processing, really with a focus on making sure eligible people retain coverage. The stakes are high. Estimates are that 20 million or more enrollees may lose coverage. It is really important states take the actions necessary here. While we appreciate the attention to the fact that so many people could lose coverage, we also want to make the point that massive coverage loss is not inevitable. There are many best practices, requirements, ideas out there that states have implemented that can simplify and improve this process and ensure that eligible people stay on. States can take action and they should be expected to. We are going to talk about what some of those actions are and how you all on this call can be involved, in really holding states accountable and making sure they take this on in an affirmative way and don't just say, lots of people will lose coverage. We can do better and we must. The next slide gives you a visual of the possible outcomes as we work to renew all of these individuals on Medicaid. There is a bucket of folks who will be in eligible for Medicaid when the PHE ends. But they will be eligible for other coverage through their employer or through other coverage. We have also had a group of folks who will have income a little too high for Medicaid, but they will be eligible for premiums assistance on the marketplace. We know that is a challenging transition to make. So grateful a lot of you out there who are navigators and assisters will help people with that transition. There are some things that states can do as well to make sure their notices are clear and they help people who are found ineligible to make that transition. The bucket where states have the most opportunity is this group of folks who are eligible for Medicaid, but are

going to get disenrolled for procedural reasons. Let's dive into that more on why that might happen. On the next slide, we talk about the ways this could happen. The enrollee might not receive, understand, or return their renewal notice. They may have moved during the pandemic and not updated their mailing address. We know notices are historically confusing. Sometimes folks might miss deadlines because they misplace a notice or have other challenges in their lives that might not make them respond timely. Some states may also require additional verification from the client, might require pay stubs or other information that the enrollee might not receive or know how to respond to, or might not be able to gather the specific requirements - information the state is asking for. There is also a high risk that state and county agencies are going to be overwhelmed by the amount of workload coming their way. We know that they're stuck, as Jessica said, with massive staffing shortages and other challenges. They're also going to face a wall of work in some cases from the SNAP side as other waivers end and other programs increase their workload. Some state agencies may not process documents timely, or there may be long wait times at call centers as people are seeking to get answers to questions or to complete renewals over the phone. That is going to jeopardize the coverage for people who are eligible and did everything right but may still lose coverage. What can we do here? The next slide shows some opportunities for action. The fact is that there are tons of best practices out there. Yes, Medicaid eligibility policy and processes are complicated, but there are ways to make it work. There are lots of things that states have implemented and there is an abundance of information that CMS has provided through guidance and other things about best practices and ways to really streamline this process and ensure eligible people stay on. The fact is many of these things are required. States are required to attempt an automated renewal using data sources before sending out paper documentation. How can we use this opportunity to actually get states to implement these things? If we do, it will reduce churn. Eligible people will stay on, they won't lose coverage at renewal and have to reapply and experience a gap in coverage, the additional burden that places on low income families. In addition, if we streamline the process, we are going to reduce agency workload. That is important to these agencies, as we have discussed, are overwhelmed and facing staffing shortages. Depending on your state, there are different angles that might be most useful. The fact is that there are opportunities here, and that states can implement these best practices, these ideas, these requirements, in a way that keep eligible people on. Let's not go back to the way things were pre-pandemic. Let's not go back to long wait times, long delays and processing cases, and eligible people losing coverage. Let's make sure that states are implementing these strategies and they keep eligible people enrolled and treat low income families with the respect and dignity that they deserve. I'm going to now turn it over to my colleague, Farah, to walk through some of these examples of best practices that states can implement.

Farah Erzouki: Great. Thank you, Jen. Onto the next slide, there are really three buckets of things states should prioritize as they look to the end of the PHE. The first is successfully reaching and communicating with enrollees about renewals resuming. During the course of the pandemic, millions of people faced housing instability. Many people moved and their contact information changed. State agencies likely don't have updated information for a significant number of their Medicaid population. Because of this, many people may not get

notices in the mail and it is time for them to renew and won't know what they need to do to keep their Medicaid coverage. To get ahead of this, states can take proactive steps, and many already have, to get updated contact information. Agencies can work with health insurance plans, NCOs, the USPS, and other entities to get more current information on enrollees. Agencies should also be proactive in creating materials that are easy to understand and translated into multiple languages. That is not only public outreach but things like renewal notices and forms. In this outreach, they should provide information on where people can go for help. They should also adopt a range of user-friendly methods to reach people such as text messages and emails to make sure people are getting that information in multiple modalities. These steps will be key in making sure people can be reached, that they are aware of what changes will be coming, and they know what they can do to keep their coverage. The second bucket is around conducting a streamlined renewal process, and some of the things Jen touched on. People often lose coverage from procedural reasons during the renewal process, like not submitting a form even if they are still eligible. Medicaid agencies will likely have the capacity issues during this unwinding process, like long call center wait times. States can work to get ahead of this by increasing the rate of automated renewals. Federal law actually requires agencies to first check electronic data sources to see if they show that an enrollee remains eligible, through a process known as *ex parte*. This is a really huge opportunity for state to streamline the renewal process, but states really vary in how much they use it. For those who do have to complete and submit documents, states can do some work there to make sure the processes are improved, like making the instructions clearer, making the forms shorter, and allow people to submit the forms in various ways, like online or even over the phone. These strategies will both reduce the number of procedural denials that happen, and decrease caseworker workload. No matter what, eligibility workers remain an essential part of the process and agencies are dealing with staffing shortages during a time when more capacity than usual will be necessary to get through the roles. To prepare for the work ahead, agencies should make sure they have adequate staffing to handle phone calls, process paperwork, and renew cases. These improvements to agency systems and capacity will really go a long way in the unwinding process and making sure people can navigate the renewals without major hiccups. Finally, there are some people who are going to be enrolled in Medicaid that will need to enroll in other types of coverage, like the Marketplace once the PHE ends, and their case is up for review. Many of those folks can get lost in the mix and have difficulty successfully in transitioning to other types of coverage. To prepare for the high amounts of potential transition, agencies should work closely with navigators and assisters, to support people who will need to transition to the Marketplace. And they should examine their current account transfer process and make sure that it works as smoothly as possible so people can enroll in the Marketplace without any delays. In the next slide here, there are a few examples of the innovative and proactive approaches that states have started to take to prepare for the unwinding with proven results already. These are states with very diverse context, so it is great to see this work is happening across the country already in preparation for the unwinding. For example, the state of Arkansas set up a new call center to reach enrollees and help people update their contact information. The state of New Mexico provided \$35 million to help people transition to the Marketplace. In Tennessee, a digital ad campaign across various social media platforms led to the creation of 16,000 new

online accounts in three months. States have really demonstrated that there are ways for them to start preparing now that will make a critical impact on keeping people covered when the unwinding begins. Onto the next slide, really the most important take away from all of this should be each of you have a role to play in making sure your states use many of the strategies available to them to make sure their unwinding process is successful, and many eligible people stay covered. There are many things you can start doing today, no matter what kinds of organizations you work with or what state you live in. One idea is to first relay the message to people on the ground, especially if you work at an organization that directly serves Medicaid enrollees. Make sure the people you work with know that they should update their contact information to prepare, and how they can do that in your particular state because it does vary across states. And help them find out where they can go for help when their renewal is due, if not your own organization. You can also do some digging to find out which organizations are leading the work around this issue in your state, like advocacy groups, legal aid organizations, and community-based groups, and form coalitions and partnerships with them to work together on the issue. Working together will only make your avenues stronger. Lastly, you should reach out to your state agency to start the conversation on some of the things we have talked about today. Find out what their plans are and explore ways they can make their plan even stronger. Having that relationship with them will allow you to relay any feedback once the unwinding begins based on what you are seeing on the ground, and having that feedback loop will be really critical in ensuring their plans are aligned with what real people are experiencing and what their needs are. Onto the last slide, there is our contact information in case you have questions or want to talk about the things we discussed today more. With that, I think I am turning it over to Dr. Ellen Montz.

Ellen Montz: You are. Thank you. All right. Good afternoon, everyone. And thank you all for being here. As was mentioned, I am Ellen Montz, Director of CCIIO and run the federal Marketplaces. Here in CCIIO, we are working in lockstep with our Medicaid and CHIP team at CMS, our CMS Office of Communications and other partners across the Administration as part of a multifaceted effort to help facilitate continuity of coverage for individuals no longer eligible for Medicaid or CHIP as they transition from that Medicaid and CHIP coverage to Marketplace coverage where appropriate. We had a nice presentation about the various buckets of individuals, where individuals may find themselves as they are redetermined eligible or no longer eligible for Medicaid and CHIP during the unwinding. First, for those of you who are less familiar with the marketplaces, or as some call them, the exchanges, I want to highlight a few points, and I think I saw a few questions in the chat about this. The first in most states, as mentioned, the federal government, that is me and my team at CCIIO, runs the marketplace for individuals and families. Again, on the web, it is found at healthcare.gov. In some states, they run their own marketplaces, 18. CCIIO works in close partnerships with those states as well. Second thing that is really important here as we think about these coverage transitions, is as it relates to the information exchange between Medicaid and the Marketplace, the federal marketplace, we receive daily information from the Medicaid and CHIP agencies in the states where we run the Marketplace through a secure electronic file. And that file that comes to us includes information for two types of individuals. First, it includes individuals who apply for

Medicaid and CHIP at the Medicaid and CHIP agency in the state, and who are found ineligible. Those folks get passed on to the Marketplace. And second, that file includes information on individuals who were enrolled in Medicaid and CHIP, but found ineligible, following a redetermination by the state agency. These are not the folks that may be procedurally denied, maybe there is a paperwork issue. These are individuals who are affirmatively ineligible, found ineligible by the state, for Medicaid and CHIP coverage. We receive this information and this is our key here to success, this information. Although you may or may not be aware, a few states are working toward this goal, which is a great one. But individuals determined no longer eligible for Medicaid and CHIP are not automatically enrolled in coverage on the Marketplace. These individuals, these families, need to take an action to enroll in Marketplace coverage, so we have that continuity of coverage to ensure folks don't fall into gaps. To that end, on the federal Marketplace, we are extremely focused on providing the necessary outreach and education. That includes help from you all to get these folks who are no longer eligible for Medicaid and CHIP to healthcare.gov or the appropriate state based exchange and enroll in that coverage. A few key things in service to that goal, we are hard at work with our Medicaid agencies on improving the completeness of the contact information that we receive from these folks. We really need to have that great contact information that folks have talked about. Many incredible partnerships at the state Medicaid agencies, have made system changes to improve that contact information, added more contact information, so we have greater avenues to reach these folks in order to get them to that front door at healthcare.gov. Because we know that when people get to that front door and they apply for coverage, and they see the quality and affordable health plans available to them, they sign up. This is really the key piece to getting folks into that coverage, getting their contact and getting them to that front door and the help they need in applying. To that end, we are also focused on systems and policy changes that will make it a little bit easier for folks to navigate their way once we do get to that front door, into the coverage that they get. First, we have made some changes to our consumer notices that individuals will get when we get that information from the state. Really taking a streamlined approach to instructions on how to apply, as well as providing information on how to get help in that application process. We also completely revamped our eligibility notices to help individuals who apply and may still need to provide additional information. Second, we made some system changes to minimize the need for paper. And third, we are thinking about policies that we may implement to give folks a little bit longer time and signing up for Marketplace coverage in the instances where we are not in an open enrollment period. Finally, I want to highlight in partnership with our colleagues at Medicaid and CHIP, and our CMS Office of Communications, we are developing a comprehensive consumer and stakeholder engagement strategy to include a multimodal campaign to reach these individuals who come in to us on an inbound account transfer. So, it's not just going to be hey, we sent you a paper notice -- my lights went off. Hey, we sent you a paper notice, come to us. No. We are taking all of our avenues in order to contact folks, as well as really leveraging our partnerships across the industry, folks on this call, our partnerships with state Medicaid agencies, state-based marketplaces, beneficiary consumer advocates, health plans, our NCOs, our QHPs, navigators and assisters, agents and brokers, departments of insurance, you name it. Certainly, all of you on the call. We really have that robust strategy to leverage all of our reach to get folks connected to marketplace

coverage. The last point I will emphasize, and I think someone said it before, is that this process of going from Medicaid to Marketplace, and also the other direction, Marketplace to Medicaid, is --is one that is currently difficult for consumers. The work we're doing here, and I say we come in meaning all of us on the call, is an incredible opportunity to improve these processes and the way that we reserve continuity, of coverage for folks not only during unwinding, but in the medium and longer-term. I'm looking forward to working with you all on the future here. I will provide more to come I believe in next month's session. With that update, I will transition it I believe back to Jessica Stephens.

Jessica Stephens: Thank you, Ellen. I am delighted to introduce our colleagues from California. As I mentioned earlier on in the conversation, states are really doing a lot to prepare for unwinding. There is a lot of work ahead. But really have stepped up in our partnering and we will hear a little bit about that in a moment. We have Jacey Cooper, who is the Director, the Medicaid Director in California. So, Jacey, I will pass it to you.

Jacey Cooper: Great. Thank you so very much. California has been forging ahead. You can go to the next slide. In regards to preparing for the public health emergency unwinding. Some may know this and some may not, but we are currently at around 14.8 million lives in our Medicaid program in California, and anticipate we will be over 15 million by the time the public health emergency starts unwinding. We have a heavy lift ahead of us. We are doing everything we can to prepare for the unwinding in California. Our top goal, and very large focus, is minimizing beneficiary burden through this process, and really promoting continuity of coverage for our beneficiaries. When we say continuity of coverage or just prioritizing coverage for us, it will either mean they stay on Medicaid or they may be transitioning to the Marketplace or other employer-based coverage. Our goal is people remain covered, and that is where we are very focused. In order to execute this, we have focused on two main things. Building a public plan for how we are going to execute this over the next few years, as well as building a coalition of trusted provider partners. Or just partners across the entire state of California. In May, the Department of Healthcare Services, here in California released a public COVID-19 public health emergency operational unwinding plan. Really, the intent behind this was being as transparent as we can with our providers, our plans, our navigators, our advocates, in regards to how California plans on unwinding the public health emergency. It included an outline of all of the federal flexibilities that we executed in California. We had over 120 state and federal flexibilities the we put in place. We outlined how we are moving forward in regards to all of those, what will remain after the end public health emergency, what will continue moving forward, and what will end. So, people understand that and are tracking how this will happen. We also did a full outline of our redetermination plan in California, how we will approach it from a population perspective, from a communication perspective. And we really thought it was important to make sure everyone had a clear understanding of our approach as we move forward, so that we can appropriately engage people over the next few years. The next thing we did is we really focused on building a coalition of trusted partners. We launched also earlier this year what we are calling the DHCS Coverage Ambassador program, and really this is around building on a coalition across the entire state of California of trusted messengers in

the community that can help us assist delivering important messages over the next few years. This will be a very large transition for many people in California. We really wanted to build a communication toolkit that all of our trusted messengers could use across the state. We are giving a consistent message that is informed with where we are at any given point during the public health emergency unwinding. We have been providing these toolkits to legislators, to our MediCal managed care plans, to our county partners, to providers and community-based organizations, making sure they have the most up-to-date information at any point. We have been holding webinars so they can understand how to use them. We have templates that they can customize, so they can put flyers in their clinics or they can make sure that, whether it is others, have talking points in regards to how to communicate to people. We have also been working very closely with Cover California, which in California is our exchange, to make sure there is a seamless communication plan across both of our entities. In California, we have the luxury of very smooth transitions from MediCal to Cover California. We want to make sure people understand what that means as it starts happening again with the public health unwinding. We have partnered with them on that consistent messaging as well. Our outreach toolkits have been translated into 19 threshold languages. So, everybody has it translated in the languages that are necessary for our very diverse community here in California. We think that is so critical, given the important information we are sharing with our beneficiaries across the state of California. We also have an easy way that people can sign up to be a coverage ambassador. They can sign up and they will receive regular updates from the department. We think this is really important because right now, we are getting message out and regards to updating their contact information, which is really important. We know we will need to pivot our communication over the unwinding. We also want to be able to report back to our key partners how we are doing. When the unwinding happens, we will be providing our data and stats to those individuals so they know where we are, where we need to improve, and we think that is an important communication tool. We already have over 1100 community-based organizations and local entities who have signed up to be coverage ambassadors to carry that message for us across the state. We know in the coming months, as we prepare for the unwinding, we will have many more help us in that communication. We also have forged ahead and greatly expanded our statewide navigator program with a large investment in the budget to ensure that we have our navigators informed on the ground, in the communities, and really communicating directly with our beneficiaries so they understand what this transition means, they understand when to engage, and they are critical partners for us as we move forward. If you can go to the next slide, I will give an overview of how we are approaching this. Here, we have two phases in California. We currently are focused on getting beneficiaries updated contact information. All of our toolkits, scripts, social media pieces, our website banners we have been posting, those are all focused on getting individuals to update their contact information. We identified in California over the public health emergency, we have lost significant contact information from our beneficiaries. We are really looking to increase that. For us in particular, we are at over 12% of our individuals who we need to get that information from. It is probably higher because that is probably underestimating currently where we are. We have a multi-channel communication campaign on this, and this is phase one. As soon we, though, get information that the public health emergency is ending, and we have a date

in front of us, we will be ready to launch an additional toolkit that will include new and updated flyers for clinic offices, social media, call scripts, and banners, to get information out that people should be responding to the renewal packets that will be coming to them in the mail. We will have additional messaging for them around that, as well as continuing to push the update of the contact information. In California, we will take the full 12 months to do our redeterminations. And we will need that full time. We will be pushing both messages, but we will be ready to then launch an additional campaign across the state of California. We also are in the process of building a statewide media campaign that will launch in 2022, because we need to make sure that everybody is tracking the various phases and information. Again, California's main goal is maintaining coverage for our beneficiaries, whether that is in Medicaid, the Marketplace, or employer-based coverage. Our number one obligation is making sure that individuals remain in coverage and we do a smooth transition for those individuals. I would also like to say how much we appreciate the partnership with CMS. It has been an incredible partnership between the Medicaid agencies and them, the amount of guidance, feedback, touch bases, we have really appreciated the partnership, and really hope individuals forge ahead with building not only a plan for what they are going to do, but a communication plan that really involves a coalition of trusted partners to make sure individuals are getting the information they need over the coming years. Now it is my pleasure to turn it over to John Hammarlund at CMS.

John Hammarlund: Thank you very much. I want to add my welcome and thanks to you for joining this important call today. My name is John Hammarlund, I serve as the Deputy Director of CMS's Office of Program Operations and Local Engagements. I have the pleasure of working with the 10 CMS regional Administrators and the staff Director of our Puerto Rico office. And all of us look forward to partnering with you over the coming months to educate persons with Medicaid and CHIP coverage and ensure they take the necessary steps to renew their coverage or transition to other coverage if necessary. I am joined today for this section of the call by Jesse Cross-Call, the Deputy Director of External Affairs at HHS. Jesse does a lot of work with the department's regional offices through the Office of Intergovernmental and External Affairs. Our two groups have been working closely together on the state and stakeholder outreach around the PHE unwinding. I am going to turn it over to Jesse to start us out. Jesse?

Jesse Cross-Call: Thanks, John. Appreciate that introduction. Good to be with everyone today. Just to reiterate what others have said, and we are going to keep saying, the stakes are really high around the unwinding of the public of emergency. But large coverage losses are not inevitable. If we all do our share together. First if you joined our call last month, you are familiar with the two-phase campaign plan we are executing. A really brief refresher on that, the first phase, which is where we are right now, is a time for preparation, a time to educate beneficiaries, and it is a time to prepare your organization for the work ahead, learn more about the renewal process, and make a plan for how your organization will engage in this work. The second phase is the go time, that's all hands on deck. That is when we need to ensure the Medicaid and Chip beneficiaries take the necessary steps to renew coverage and transition to other coverage that are no longer eligible for Medicaid. Now, As John previewed, we have been doing a lot of planning on this at what you could call the national level: those of us at CMS,

HHS, CMCS, CCIIO, and all of the other parts of government. We also have a regional infrastructure that we are activating in this work. Next slide. You are probably not aware of this, but we very much are, that HHS and CMS is split into 10 regions. Each of these regions has a regional Director from HHS, a regional Administrator from CMS, and a large staff that goes along with them. These folks are our eyes and ears on the ground, and the public health emergency is a key part of the work they are doing in the months ahead. They can be a resource and a partner in your work. What I'm going to do now is put up, real briefly, the names and email inboxes of the folks working -- the folks in leadership in each of these regions. Next slide. Do not worry. As has been said, we will share these slides with you afterward and they are going to be posted on the unwinding website so you can retrieve the names and email addresses later. Next slide. Giving a little bit of time for folks to take this in. And then next slide, please. All right. That is a bit of a preview of how we are organized along regional lines. Now I will hand it back to John to discuss the work that the regional staff are doing and how you can work with them on this work.

John Hammarlund: Thanks, Jesse. It is my pleasure to share with you all what our collective plans are moving forward. First, we want to make sure you fully understand the issue and are committed to taking action. That is, that you understand what the ending of the PHE will mean for beneficiaries in your state, and how your states renewal procedures will likely play out and when. Second, we hope your organization has planned for how you will engage beneficiaries and educate them about the upcoming changes. We want you to consider us as your local definitive and friendly source of the latest information from CMS and HHS. We commit to partnering with you and keeping you up-to-date as we produce new partner materials. Jessica Stephens described some of those tools earlier in this call, and our next speaker, Beth Lynk, will review the resources available to you. Third, we hope you will give us feedback along the way. For example, what messaging from CMS to do you need and not have? What additional materials should we be producing and putting into the toolkit? We in the regional offices will be regularly asking you for your feedback and then providing it to our colleagues at headquarters, so they can develop additional materials to help you in your outreach and education efforts. We will incorporate the information and tips you share with us in this call series as we move forward. We would love to share some of the best practices that emerge around engaging partners and beneficiaries. Finally, if the opportunity is right, regional staff or other HHS and CMS officials can take part in information sessions or outreach events that you put together around the unwinding. We can do those by phone or zoom, maybe, knock on wood, even in person if circumstances around travel and the pandemic allow. We hope you will invite us. Now that you know who we are and how to reach us and what our plans are, we hope you will keep in touch. Please contact the regional administrators or regional directors if you have questions or comments on outreach and beneficiary education. If you have policy questions, please submit that in the chat for this call and we will use them to inform future agenda topics and future monthly calls. In closing, I want to let you know that we will be sharing more about outreach and beneficiary education efforts at the local level in future calls in this series. Now, I would like to turn it over to our colleague, Beth Lynk, who will say more about the resources we are producing. Beth?

Stefanie Costello: Thanks, John. I am actually going to take it from here. I know we are tight on time, and there's been a lot of good questions that have come in. We want to make sure we have a good amount of time to answer some of these. I want to first start by saying thank you for all of the good questions. I know there is a lot about the Marketplace. And we wanted to let you all know that our next call is going to be focused on the Marketplace. And all of the questions you are entering in or might still be rattling around in your brain, please dump them in the Q&A. We are going to use those to help form the agenda for our next Marketplace -- for the next call on July 27th. Again, we will focus on the Marketplace and be able to incorporate some of your questions into the presentations that we have. Again, you can mark your calendar for July 27th, and we will be addressing many of those questions, making sure we have the right subject matter experts on the call to give you that. I also noticed we had a number of questions again about the end of the public health emergency. So, I just wanted to reiterate that since the beginning of the Administration, the Department of Health and Human Services has committed that it will provide states with 60 days notice before any planned expiration or termination of the PHE, to give states as much time as possible. The current declaration is set to expire in mid-July, but because we are within that 60 day date, it is safe to assume that it will be extended past mid-July. As soon as we have any other updates, again, with the commitment of the Administration, we will update you. Just wanted to make sure everyone heard that same message. Our first question, we are going to turn it over to Jessica in CMCS. Jessica, we received a question, it is not a 60 day -- is it 60 days required to certify or 12 months? Can you please provide some clarification around that?

Jessica Stephens: Sure. States have 12 months to complete the renewal process -- sorry, not to complete, to initiate the renewal process for all individuals who are enrolled in the program. That would mean that in many cases, a state might divide all, however many people are enrolled in Medicaid and CHIP, over that 12-month period, and do a cohort of individuals over each month. States vary in how much time each individual's renewal period might take. In order for the states to take all of the necessary steps, which include like checking data and then reaching out, it may be between 60 and 90 days on average. State individuals have to have a minimum of 30 days to respond.

Stefanie Costello: Great. Thank you so much. Our next question is for Jennifer Wagner. We received a question: our state uses ex parte renewal process but the auto-renewal rates are low due to all the changes the enrollees have experienced. Are there examples of states with high percentages of ex parte renewals? If so, what would lead to that success?

Jennifer Wagner: That's a great question. There is doing an ex partake and there's doing it well. It really requires an examination of what is going on in the state. We have seen that some states are excluding entire categories of coverage from the ex parte process. Some Medicaid recipients with SNAP, for example, or the non-MAGI, or the elderly and disabled are not even included in the process off the bat. That significantly lowers rates. There are unnecessary requirements to consent to auto renewal that some states are misapplying to the

process. Then you have to look at what data sources are being used. If they are using quarterly wage data, if they are using the work number, things like that, and then the third level is the rules that states set for compliance and reasonable compatibility. Some states are unnecessarily restrictive and require you are at the same employer or that things match a little bit more exactly than they have to. I would be happy to have further conversations with anyone interested in diving into that process. There are lots of opportunities, and in many cases the ex parte process has not been looked at since back in 2013 or so when it was first implemented. Lots of tweaks could significantly improve that rate.

Stefanie Costello: Great. Thank you very much Jennifer for that explanation. I'm going to pass it back to Jessica. We have received a number of questions related to state plans. If there is a central location for these plans. Jessica?

Jessica Stephens: Sure. States are not required to share their full plans with CMS or to post them publicly. However, we know states are doing a lot of work on their plans right now, and some, including California, have posted plans publicly. I think as we get closer to the public health emergency, we would likely expect more states to post them. But there is no current requirement for them to do that at this time.

Stefanie Costello: Thank you. We also received a number of requests for resources. If you check your chat, we did post some of the links that were mentioned today including ones from our partners in California and CBPP as well as some of the CMS links. Those are in your chat. You will receive those links via email after today's call. I will now pass it over to Beth. She has a few closing remarks for us.

Beth Lynk: Thank you so much, Stefanie. And thank you to everyone for joining us today and for this really robust and great call. As Stephanie noted, we have about more than 100 questions that we received, and so we will be using those to inform future conversations, future calls, future resources that we look to support you all for. So, thank you. I think we are going to put a slide up on the screen, so you will see that shortly. As we get that up, I did want to just acknowledge a few things in closing, as we transition to the end of this call. We are really, again, grateful to you all for taking the time to join us today. This is not the last you will hear from us. As you heard from John and Jesse, you will be hearing from us in the regions. We are looking to engage with folks more there and really support you are organizing efforts, your outreach, engagement and planning on this issue. It will be an all hands on deck effort. And as you have been hearing loud and clear, the time is now to start planning to build that network and build some of those connections. If you are not in contact with your state Medicaid office, we are happy to help build some of those connections and connect you if you are not connected with your state-based exchange. If you are a state-based exchange or need a connection to our federal marketplace team, we are happy to help facilitate that. We do encourage folks to continue to review the resources available. As we noted, [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding) is your home base for a huge repository of resources available for you. Also, a consumer facing website, which is [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals), provides a key resource for folks to find out how to update their contact

information with their state Medicaid agency today, and to take that action. You can go to [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) to find contact information for Medicaid offices across the country. We do really encourage you to begin reaching out to your audiences, your partners, your communities, to raise awareness about this action that will be happening in the months ahead. I do just want to highlight that we have had over 3000 folks on the phone at the high point. We really appreciate folks that have joined the webinar. We had upwards of thousands of folks that RSVPed, and will be getting these resources. We really do appreciate you for joining us and make in the millions of folks that are enrolled in Medicaid and CHIP coverage are able to retain the coverage and that they are eligible or get transitioned into the Marketplace. As I noted, this is not the last time you will hear from us. We are going to be back next month and the month after that to engage. In a moment, we will be sharing those dates available for these future calls which you can see on the slide right now. Next month will be Wednesday, July 27, still at noon. We encourage you to join us. If we go back to the prior slide, I did want to highlight a few additional resources that folks will get in your materials. Some are new this month as well. As I noted, the two key websites for you to bookmark are those unwinding and renewals pages. We also have the communications toolkit and graphics that are available to folks in English and Spanish at the links here. We are going to continue to provide transcripts and slides from all these webinars. And we also know that you may want an expert to join you and your community for a webinar that you may be planning, for activities, so we have made available speaking request form where you can get any of the folks that you have been hearing from on the call here to speak, or some of our other subject matter experts to speak to your community as you are looking to educate your community members and your partners about that. And then also, wanted to lift up again, the Center on Budget and Policy Priorities report for all of you. And thank you, Hailey, for dropping the speaking request form in the chat. Finally, I want to say from the Biden-Harris Administration and from all of us here, we really appreciate your partnership and commitment. As you can hear, this is a huge priority for the Biden-Harris Administration to make sure we will have a plan and work with our partners to connect people to the best coverage they are eligible for. So that as few people as possible lose coverage, and we can't do that without you. We are incredibly grateful you have taken time out of your busy schedule to join us on this call and we look forward to working alongside you and continuing to engage over the coming months. Thank you for joining, and folks can now disconnect.