

Centers for Medicare & Medicaid Services COVID-19

Medicaid & CHIP All State Call

March 8, 2022

3:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. During the Q&A session if you'd like to ask a question you may press Star 1 on your phone.

This call is being recorded. If you have any objections you may disconnect at this time. Now I'd like to turn the call over to Jackie Glaze. You may begin.

Jackie Glaze: Thank you. Good afternoon and welcome everyone to today's All State call. I'll now turn to Dan Tsai, our Center Director, to provide opening remarks.

Dan Tsai: Thanks Jackie. Hi folks. Good afternoon or good morning for some folks depending on where you are dialing in from.

We - I think most folks know today's discussion is going to be around unwinding, parts of unwinding from the PHE. And it's a lot to cover over the course of actually both this All State call and then a range of other All State calls and other forums that are coming up.

So as folks that we've been in deep discussion with all of you at the state level and a range of other partners around preparation for and details around the requirements for how to unwind from the Public Health Emergency when that end should happen.

And last week we put out a number of things, including a State Health Official letter that I think was 40 something pages with a range of details around that, as well as a communications tool kit, an updated PowerPoint that further

clarified some of the flexibility we have within the federal regulations for utilizing health plans to outreach to individuals, which we strongly encourage, and a range of other things.

And that really reflects an intense amount of discussion, and debate, and dialog with the NAMD Work Group of states around many of the operational details that states and others have flagged on the ground. And so we've attempted to do our best to both lay those out as well as call out appropriately that we are in a mode of trying to ensure we can help folks preserve coverage.

And for folks to take the appropriate time to spread out the determinations when they'll start recognizing some of the other realities and pressures on the ground. So we are eager to continue to be just grateful for a lot of the partnership and back and forth between state, federal plan provider, and other folks just trying to figure out how to get stuff done together on this.

So today we're going to spend time walking through a good chunk of the unwinding state - the health official letter. And as I noted we'll have a lot more deep dive and technical assistance discussions and such in the coming weeks.

So appreciate your ongoing partnership, and I'm going to turn it to Jackie to go through a little bit more of the agenda and presenters, and to take it from there. Thanks.

Jackie Glaze: Thank you Dan. And as Dan mentioned today our call will focus on the new package of guidance and tools that we released last week to support states in your planning efforts related to the unwinding the continuous coverage requirements.

Shannon Lovejoy, Sarah Lichtman Spector and Meg Berry from Our Children and Adults Health Program Group will present on the new unwinding State Health Official letter that was released on March the 3rd. After the presentation we'll take your questions.

Would also be using the Webinar for today's presentation. So if you're not logged in to the Webinar platform I would suggest that you do so now.

Before we do jump in I'd like to flag that given all of the unwinding releases that we released last week we'll be holding an additional All State call this month. The call will be next Tuesday, March the 15th from 3:00 pm to 4:00 pm Eastern Standard Time.

With that I'll turn things over to Shannon, so she can start her presentation now. So Shannon?

Shannon Lovejoy: Thank you Jackie. And if we can go to the next slide. So this is just a complete run through of all the resources that CMS released last week that Dan mentioned. And again today we're going to spend time going through certain aspects of the unwinding State Health Official letter that was released, and we'll also do a quick preview of the updated planning tool.

Next slide please. We also, last week, released a brand new unwinding landing page on [medicaid.gov](https://www.medicaid.gov). This new page is a streamlined way for us to provide a one stop shop for states to go to find all of the unwinding guidance and resources that are being released and that will continue to be released, including State Health Official letters, other tools and templates, you know, the recordings and slides from related unwinding All State calls. And of course, we will update this Web page as new resources become available.

Next slide please. We also wanted to mention that we do have plans and forthcoming resources that we hope to release to states very soon. These include some of the unwinding state reporting tools that are alluded to in the State Health Official letter so states can report information on how they are progressing through their eligibility and enrollment work when the unwinding period does begin.

We are also intending to release additional resources to states related to fair hearing as we know that we're going to expect to see an increase in fair hearing volume as states start to restore operations and resume renewals during the unwinding period.

Next slide please. And as Jackie mentioned, we are adding an additional All State call. So this is the general list of the All State calls for the month of March. We are intending to use these calls to really be a series on unwinding where we will walk through different aspects of the State Health Official letter on each call and also highlight some of the additional tools and resources that are being released last week and that continue to be released.

Next slide please. So at this point I will now shift over to the unwinding State Health Official letter where today we will focus more on aspects of the SHO related to renewals and the distribution of renewals during the unwinding period.

As we know the Public Health Emergency has interrupted state eligibility and enrollment operations. And Medicaid and CHIP program enrollment has grown to nearly 85 million individuals, in large part due to the continuous enrollment requirement that states implemented but as well as other policies that states have implemented to meet the response and meet the demands of the Public Health Emergency in their state. And as a results states will have a

large volume of work that they will need to address once the Public Health Emergency ends.

Next slide please. The State Health Official letter that we released last week is really part of a series of guidance and tools that we are providing states to restore routine operations and address the large volume of work that will need to occur once the Public Health Emergency ends.

And this new State Health Official letter really builds on the existing SHOs that were previously released back in December of 2020 and August of 2021, such that we're building on the initial guidance that was released, expanding on the timelines that we announced in the August State Health Official letter, but also provide additional clarifications for states on how they can restore their operations, distribute their eligibility and enrollment, work over the public health - the unwinding period after the Public Health Emergency eventually ends as well as different tools and strategies that states can take to mitigation churn and help promote continuity of coverage for eligible individuals.

As with the other SHO letters that CMS has released, this State Health Official letter does not signal when the federal Public Health Emergency will end instead it's really intended for - to assist states in their planning efforts so that they are ready to begin the unwinding process once the PHE does eventually end.

Next slide please. So states will still need to develop a comprehensive plan to restore their routine operations, and the State Health Official letter does not change this. The state's unwinding operational plans should really address how the state is going to work through eligibility and enrollment actions in an efficient and methodical way that ensures that eligible individuals are able to

maintain coverage and that helps promote seamless coverage transitions because we know there will be a good number of individuals who have become eligible for other insurance affordability programs.

The unwinding plan should also help states ensure that they're able to create a sustainable distribution of renewals that will allow the state to be successful in future years for making timely renewals. And then, of course, the state's plan will need to ensure that the state is able to complete any work within the timelines that have been specified in the State Health Official letter. And as we noted later in the presentation we will walk through an updated planning tool that's available to states that they can use in these planning efforts.

Next slide please. The State Health Official letter does not change the timelines in which states have to process pending applications once the PHE ends. And these are the timelines that were initially announced in that December 2020 State Health Official letter.

However, we do want to point out that we strongly encourage states to do everything that they can now to restore timely application processing in part to limit the amount of work that they will need to do when the PHE ends but more importantly to make sure that new applicants who are eligible for Medicaid and CHIP are able to enroll in coverage and do not experience any delays in accessing needed services.

However, a state may take a phased approach in order to complete work on pending applications once the PHE ends. So the state will have two months after the month in which the PHE ends to complete eligibility determinations for pending MAGI and non-disability related applications that were received during the PHE.

States will have three months after the month in which the PHE ends to complete eligibility determinations for pending disability related applications that were received during the PHE. And then states will have a total of four months to restore timely processing of all applications.

Next slide please. The SHO provides clarifying guidance around the 12 month timeline that was first announced in that August 2021 State Health Official letter. So that's 12 months that states are being provided now to complete work on post enrollment verification, re-determinations based on changes in circumstances and renewals.

And these clarifications are intended to take into account the time it takes for states to process renewals for a cohort of individuals from the time a state initiates the renewal process by attempting to review eligibility without contacting the individual based on available information or what we call an ex parte renewal, you know, being able to send out a renewal form for those individuals who cannot be renewed successfully on an ex parte basis, providing individual time to respond, completing the re-determination on all basis if necessary and of course sending any appropriate notice of the determination of eligibility or any advance notice of termination.

The SHO clarifies to account for this process that states may take 12 months to initiate rather than complete renewals for its entire caseload or the entire population that's enrolled by the end of the month before the state begins its unwinding period. A renewal is considered to be initiated when the state begins the ex parte renewal process by accessing electronic data sources and other information to the state in order to determine if the beneficiary's eligibility can be renewed without contacting the individual.

The SHO also clarifies that states may take an additional two months, or a 14 months total, to complete renewals that were initiated in that 12 months unwinding period. A renewal is considered completed when the state notifies the individual that coverage has been renewed or when the state sends advanced notice of termination and the state terminates the beneficiary's coverage if the individual is determined to no longer be eligible or fails to return the renewal form or other information needed by the state to determine eligibility.

The SHO also clarifies when a state may begin its unwanted period. So as we know, the continuous enrollment period for states that are claiming at this 6.2 percentage point FMAP increase, that was authorized under the Families First Coronavirus Response Act, is the end of the month in which the PHE ends.

The first day that a termination of Medicaid eligibility can be effective is that first day of the month following the end of the continuous enrollment period. We know that most states have been conducting renewals to some extent during the PHE and the SHO clarifies which states may choose to begin their 12 month unwinding period as early as the second month prior to the end of the continuous enrollment period.

This means that states have a choice of three months in which they can begin their unwinding period, the month before the month in which the PHE ends, the month in which the PHE ends or the month after the month in which the PHE ends. This means that renewals that are initiated up to two months prior to the end of the continuous enrollment period can result in the termination of eligibility for beneficiaries when the state determined no longer meet eligibility criteria or who do not return information that's needed by the state to complete the renewal so long as the termination is effective no earlier than



that first day of the month following the end of that continuous enrollment period.

States may not use information that's gathered during a renewal to make a determination of ineligibility and terminate coverage for renewals that are initiated for a cohort of individuals in the month prior to the last two months in which the continuous enrollment requirement is in effect. And in the next slide I'll go to what this means and a little bit more detail.

Next slide please. So this graphic is found in Appendix A of the State Health Official letter. It represents what the options may look like for state to begin its unwinding period.

As you'll see Options A, B and C present three different months in which a state may begin its unwinding period. But in each option states have the full 12 months to initiate renewals and the additional two months to complete renewals that were initiated during this 12 months unwinding period.

Option A, in this graphic, reflects the earliest a state can begin its unwinding period. In Option A, the end of the PHE occurs in what is month two in this option.

And the end of the continuous enrollment period is the last day of the month two. And the first day of month three is the first date the determination of eligibility can be effective for individuals who've been protected by the continuous enrollment period.

Any renewals that are initiated in month one in this Option A, again this is renewals in which the state has begun the ex parte renewal process by accessing electronic data sources, and that may result in termination in months

three or later. Any renewals that are initiated before month one may not result in termination.

In Option B, the end of the PHE is occurring in month one in this option, and the end of the continuous enrollment period is the last day of month one. So the first day of month two is the first date the determination of eligibility can be effected for beneficiaries protected by the continuous enrollment period.

In a state that chooses to follow Option B, the unwinding period is beginning in month one. This means that renewals initiated month one will be the first cohort that can result in termination either because the individual in the state was determined - or because the state determined beneficiaries ineligible or the beneficiary did not return the renewal form of their requested information.

Option C reflects the last month in which a state could begin its 12 month unwinding period. In Option C the PHE ends in the month prior to month one and - which is represented in this graphic by a second diamond in the left side of the diagram, and this is after the continuous enrollment period ends.

We know that most states have been conducting at least ex parte renewals. And we expect that many states that have been initiating renewals during the unwinding period may elect Option A or B and potentially that states that have not been conducting renewals might be more likely to like Option C. However, which option a state chooses is entirely its choice regardless of whether or not the state has been conducting renewals during the Public Health Emergency.

And just to further explain how this can work using example, of course we don't know when the Public Health Emergency will end, but let's say for

example, if the Public Health Emergency ends on July 15 that means that the end of the continuous enrollment period is July 31.

In this case the state could begin their unwinding period in either June, July or August. And so looking at this graphic Option A would reflect the state that is choosing to initiate renewals that may result in terminations in June, Option B is reflecting a state that is choosing to initiate renewals in July that would result in termination and then Option C for states that would initiate renewals in August that could result in terminations.

We know this is a lot of information to cover and we do intend to come back in one of the future All State calls this month to walk through additional scenarios to further explain how the guidance in the State Health Official letter can be applied.

Next slide please. States must still initiate a full renewal for their total caseload in Medicaid and CHIP during the 12 month unwinding period. And there's nothing in the State Health Official letter that changes the process in which states need to take to complete that renewal eligibility.

So states should still be processing renewals consistent with renewal requirements such as making sure the states initiating renewals by starting - by attempting to renew eligibility based on the available information without contacting the individual - sending renewal forms to those individuals who cannot be renewed on an ex parte basis, providing time for the individual to respond, which again for a MAGI beneficiary a pre-populated form must be sent with a minimum of 30 days to respond to that form, and then of course the state needs to make sure they're determining eligibility in all basis and sending any required notice.

States must make sure that they're initiating a renewal including for those individuals that were determined ineligible during the Public Health Emergency but whose coverage would maintain the state did not terminate enrollment in Medicaid due to the continuous enrollment requirement. And this also includes individuals who are receiving benefits pending the outcome of a fair hearing and were continuously enrolled during the PHE. If states need additional information on the requirements to conduct a renewal they can refer to the December 2020 CMCS informational bulletin on Medicaid and CHIP renewal requirements.

Next slide please. In the State Health Official letter we provide additional information and guidelines for states based on questions that we have received from you all on when a state can process a renewal and initiate that renewal during the 12 months unwinding period.

We do want to point out that no matter when a state chooses to pick up a case during the unwinding period it may not shorten a beneficiary's eligibility period. And the timing of when a state can pick up a case for renewal and initiate that renewal process really depends on whether or not the individual's eligibility was successfully renewed in the last 12 months of the Public Health Emergency.

So if a state was attempting ex parte renewals, and maybe if they were sending out renewal forms and able to process those forms or even if they just stopped the process at the ex parte piece, any individual for whom the state was not able to successfully renew coverage, and therefore not start a new eligibility period, the state can pick up those cases and initiate the renewal at any point in time during the unwinding period.

The state does not need to wait a specific amount of time in order to pick up the case. They can pick it up according to their own plans for prioritizing distributing renewals.

However, for any individual who the state has successfully renewed coverage the state will need to make sure that they are not shortening the beneficiary's eligibility period. So anyone who has reviewed successfully on an ex parte basis or whose eligibility was completed after the individual's returned a renewal form or requested information and they were granted a new eligibility period, which for the vast majority of beneficiaries will be a 12 month eligibility period, the state needs to make sure that they are not conducting the renewal during the unwinding period any earlier than they ordinarily would when the beneficiary's renewal is due.

Next slide please. In the SHO we also provide additional information on when a state can act on changes in circumstances during the unwinding period. And we know this is a question that states have raised especially on some of the more recent All State calls, and we do address this in a State Health Official letter.

Similar to the conversation we were having on the last slide whether or not a state needs to complete a full renewal or if a state can simply act on a change in circumstance really depends on whether the individual's eligibility had been successfully renewed in the last 12 months and whether the individual was granted a new eligibility period. So for any individual for whom the state was not able to renew eligibility, either because the individual is determined ineligible or the state was not able to complete the renewal, the individual must have a full renewal even if they have reported a change in circumstances or change of circumstances have been identified the state may not simply act on only the change in circumstance.

However, the state has an option as to when they conduct that full renewal. So the state could choose to conduct that for renewal at the time the change is identified. The state also has the option to wait to process the information based on when the state plans to complete the renewal for that individual based on its operational plan.

If an individual was successfully renewed in the last 12 months, meaning the state either successfully renewed the individual's eligibility on an ex parte basis or after the individual returned to renewal form, they were determined eligible and they were granted a new eligibility period, anyone who reports a change in circumstance during that 12 month eligibility period and the unwinding period the state may act on the change in circumstance as they ordinarily would consistent with requirements at 42 CFR 435.916D.

Of course we are offering some options for states to align and streamline work. And there is an option available to states which we'll discuss more in a little bit where states can wait to act on changes in circumstances with the renewal due during the unwinding period. On the next few slides I'll walk through a few examples to show how this policy works.

Next slide please. So in these examples, again we don't know when the Public Health Emergency will end, so we are, just for the purposes of the example, saying that if the Public Health Emergency ends in July such that the end of the continuous enrollment requirement is July 31, of 2022. And in these examples we are assuming a state is starting its unwinding period in August, meaning August is the month the state is initiating renewals that could result in termination of coverage.

So in this example we have (Maria). And (Maria) was due for renewal in April. The state was unable to renew (Maria)'s eligibility on an ex parte basis.

They sent (Maria) a pre-populated renewal form and (Maria) returned her form. The state determines that (Maria) was no longer eligible based on the information she provided.

However, (Maria)'s enrollment was maintained because the state was claiming the temporary increased FMAP and following the continuous enrollment requirement. (Maria) is now granted a new 12 month eligibility period because her eligibility was not actually renewed.

So when the state begins its unwinding period in August the state, you know, in its plans had aligned and decided when it was going to pick up serious (Maria)'s case. And in this particular example (Maria)'s case was scheduled to be initiated for a new renewal in December of 2022.

However, in October (Maria) comes in and reports a change in circumstances. Because (Maria) is not within a 12 month eligibility period the state must conduct a renewal and may not act only on the change in circumstance and determine (Maria) ineligible based on the particular factor of eligibility.

The state will need to conduct a full renewal to make sure that they're collecting updated information so that the state can redetermine eligibility in all basis prior to sending any advance notice or termination with fair hearing rights. Again, the state has the option to complete the renewal for (Maria) in October when she announced the change in circumstances or the state can initiate the renewal in another point in time during the 12 month unwinding period consistent with how it was planning to complete renewals.

Next slide please. So in this scenario we are using the same fact pattern in terms of the Public Health Emergency, for this example, and in July the state is starting its 12 month unwinding period in August. In this case, we have (Ava).

And (Ava) was also due for renewal in April however for (Ava), the state initiates the renewal and they are able to determine that (Ava)'s eligibility continues. (Ava) is granted a new 12 month eligibility period that extends from May of 2022 through April of 2023.

In this example the state begins its unwinding period. (Ava) comes in in October and reports a change in her circumstances.

Because (Ava)'s eligibility has been renewed in the last 12 months from the change the state can act on the change in circumstance as they ordinarily would. Again, the state can choose to act on the change in circumstance in October or if this is a state that's choosing to align actions on changes in circumstances with the renewal that's due during the unwinding period the state would also be able to have the option to act on the change when (Ava)'s renewal comes due, which would be, you know, April of the following year.

Next slide please. So states are still expected to adopt a risk based approach and develop a plan for how they will distribute their renewals. For the purposes of time I'm not going to walk through all of these risk based approaches because these are the same ones that were highlighted in the December State Health Official letter.

But I did want to point out that for any population that's getting prioritized in the state, the state needs to make sure that they're not prioritizing populations based on a particular eligibility group, the availability of federal financial



participation or prioritizing populations in a manner that would constitute a violation of federal laws and protections.

Next slide please. So once a state determines how it will prioritize its eligibility and enrollment work it will need to establish a distribution schedule to initiate and process renewals and other actions over the 12 month unwinding period. And again, the distribution plan should ensure that the state is able to maintain coverage for eligible individuals and help those individuals seamlessly transition between coverage if they become eligible for other insurance affordability programs.

And the state will want to make sure they're trying to achieve a somewhat even distribution of renewals to mitigate future challenges the state might experience if they're processing a large volume of action at a certain point in time during the unwinding period. Of course states may not shorten a beneficiary's eligibility period in order to achieve a more even distribution of renewals.

And there are a number of flexibilities that are in place for states during the unwinding period in terms of how they distribute their renewals, but after the unwinding period states are not going to have the ability to shorten or extend the beneficiary's eligibility period.

Next slide please. So given the increase of Medicaid and CHIP enrollment during the Public Health Emergency, you know, we are very concerned that there is an acute risk that individuals may lose coverage and inappropriately as, you know, states begin to work through their process. And we are recommending the states initiate no more than 1/9 of their total caseload of renewals in a given month to mitigate the risk of churn as well as to help states establish a sustainable renewal schedule.

Again, the total caseload includes all Medicaid and CHIP beneficiaries who are enrolled at the end of the month before the state begins a 12 month unwinding period. And when a state is calculating its 1/9 total it is - the state can use either the total number of individuals that's enrolled in the program or they can rely on the total number of households enrolled in the program depending on how the state, you know, does their own calculation.

We believe that this 1/9 renewal threshold really helps recognize the natural fluctuations that states see and the volume of renewals that naturally exist. But it will also help states really think about that even distribution of renewals so that after they come out of the unwinding period they've set themselves up for success to be able to maintain their workload in future years.

Next slide please. And then the last point I will cover, before I'll turn it over to my colleagues, was just to go over some of the options that are available to states during the unwinding period to help streamline the renewal process to minimize burden on beneficiaries as well as minimize state workload. And some of these options look familiar because they were first announced in the December State Health Official letter on unwinding.

So states can choose to align a Medicaid renewal with the individual SNAP re-certification and therefore it will allow the state to leverage some of the information that's being gathered at the same time during the SNAP re-certification. I've already noted in this presentation states can also align acting on post enrollment verifications and changes in circumstances at renewal so that states can really just focus on completing the volume of renewals during the 12 months unwinding period and minimize the number of requests for information that are going out to individuals.

And finally states also during this unwinding period do have the option to align renewals for all individuals in a household which we believe is a strategy that can really help minimize enrollees' burden by allowing families to just receive one request for information if necessary from the state. And it will allow the state to process a renewal for an entire household.

Next slide please. So now I'm going to turn the conversation over to my colleague Sarah Lichtman Spector, who is going to walk through some additional considerations for states as they prioritize and distribute their work. Sarah?

Sarah Lichtman Spector: All right, thanks Shannon. So with respect to individuals whose Medicaid benefits have been maintained during a reasonable opportunity period these are individuals who have not had an eligibility determination completed yet. They're individuals who've been receiving benefits pending a determination of eligibility that rests on the verification either of their US citizenship or their satisfactory immigration status.

We recommend that states review their verification and ROP processes that have been applied during the PHE in order to determine the appropriate action for these individuals whose citizenship or immigration status was not verified during the PHE but for whom their benefits have continued. There are a few scenarios I'll walk through quickly that may be in effect in your states.

If a state did not provide, or fully provide, an individual notice to initiate a reasonable opportunity period during the Public Health Emergency the agency must send the required notice after the Public Health Emergency ends and provide a 90-day reasonable opportunity period for the individual. If a state has already provided a fully compliant notice and reasonable opportunity

period we encourage states to attempt to re-verify eligibility for these beneficiaries before the state's unwinding period begins.

If a state would like to re-verify these individuals, after the end of the continuous enrollment period, states are not required but may extend the reasonable opportunity period for individuals who have attested to satisfactory immigration status and for whom are making a good faith effort to obtain any necessary documentation or if the state needs more time to verify the individual's satisfactory immigration status.

For individuals who have attested to US citizenship states may verify their US citizenship during the unwinding period through a Disaster Relief 1115 demonstration, which would provide for an extension of the reasonable opportunity period beyond the 90-day time frame.

Next slide please. So with respect to one additional population, I'm going to address before I turn it over to one of my colleagues, we know that there are some individuals for whom Medicaid benefits have been maintained due to the continuous enrollment provision who have obtained Medicare eligibility but may not have been enrolled in Medicare.

So we encourage states to identify these Medicare eligible enrollees who might have missed their Medicare initial enrollment period and advise them to enroll in Medicare. Either one, during their initial enrollment period or two during the current Medicare general enrollment period which as many you know at the moment is before March 31, the end of this month, but of course comes around every year.

The other thing is to consider that in scheduling renewals during the unwinding period for individuals who may be Medicare eligible states should

consider the timing of the next Medicare general enrollment period in order to avoid gaps in coverage by scheduling these individual's renewal to coincide with the Medicare general enrollment period.

And with that I am going to turn it to my colleague, Meg Berry. You can go to the next slide please.

Meg Berry: Thanks Sarah. First, I want to point out that for states that aligned their separate CHIP renewal policies with Medicaid many of the policies that Shannon discussed do apply to separate CHIPs, and we've tried to be clear about that throughout the letter.

But we acknowledge that even for states that aligns their separate CHIP renewal policy with Medicaid CMS released guidance in January of 2021 that said, states should dis-enroll individuals from a separate CHIP whom the state knew to be ineligible. So these were individuals who aged out of CHIP, who ended their post-partum period or who the state determined to be ineligible due to a change in circumstance.

So we do know that some states have continued to cover these individuals with state only funds. So we are providing an opportunity for states to receive federal financial participation for these enrollees by submitting an 1115 demonstration application for CMS consideration. The coverage under these 1115s can last through the end of the unwinding period or until a re-determination is conducted during the unwinding period.

And for states that are interested in pursuing this type of Sectional 1115 demonstration should contact their state lead or their Section 1115 Demonstration Project Officer. I will turn it back to Shannon.

Shannon Lovejoy: Thanks Meg. And if we could go to the next slide. Thank you.

So the last piece we wanted to cover was just to let states know that we updated the eligibility enrollment pending actions resolution planning tool that's available to states. If you remember we had released the planning tool back in January of last year, and so this tool is really an update to that to account for the new guidance and resources that we've provided states.

This tool is divided into three parts. There's a readiness assessment that has some guided questions for states to assess their readiness, there's a state planning approach and strategy section where states can really define their planning and organization structure and identify the staging and timing of activities. And then there's a section where states can provide what is essentially a snapshot of their overall approach so that they have a nice summary of the actions that they're planning to take.

Okay, as we're waiting to go to the next slide just noticed - noting that the work - this might look a little familiar to you in terms of the charts that the states can complete. We note that we strongly encourage states to really take a look at this tool and use it in their planning efforts especially since it reflects a lot of the new guidance that we have released.

And with the layout of the chart we have designed it so states could use it to document their unwinding operational plans so states are not required to do so. But if a state's not using it to document their plans they still may want to review it and take a look to make sure that as they're thinking through their operational unwinding plans, you know, that they're taking into consideration a variety of different factors that may be outlined in this tool.

Next slide please. And so with that I think - I know we covered a lot of information today. We'll now I'll turn it over to Jackie to answer any questions states may have.

Jackie Glaze: Thank you, Shannon, Sarah and Meg for your presentation today. We're ready to take the questions now. So I do see that we do have a few questions in the chat function, so we'll begin by taking those questions first, and then we'll follow by taking questions of the phone line. So I'll turn now to (Ashley) to take the questions.

Ashley Setala: Great, thanks Jackie. And we did get a couple of questions asking if the slides are posted. So I did want to flag that, yes they are currently available on [medicaid.gov](https://www.medicaid.gov) if you visit the [medicaid.gov](https://www.medicaid.gov) homepage and click on our COVID page icon.

In addition to launching the unwinding page last week we also added some left navigation to our COVID page. And so there's now a link directly to the Medicaid and CHIP All State calls on the left-hand side of the page, and the slides are available there now. So our first question says, "Can you please define what is meant by post enrollment verification?"

Shannon Lovejoy: This is Shannon, and I can get us started, but others should feel free to jump in. So some states have elected an option to enroll individuals based on self-attested information and complete the verification after enrollment. So the work related to post enrollment verifications that we discussed during - in the State Health Official letter and during this presentation applies to those states that have elected this particular verification option.

Ashley Setala: Okay, thanks Shannon. Then the next question says, "Our automated ex parte process begin about 90 days prior to the renewal end date. The guidance

allows for a two-month unwinding period. Does that mean if the PHE ends July 15, 2022, for example, allowing closures July 31, 2022 that we could not initiate our ex parte process 90 days prior during April of 2022, or May 2022?"

Sarah Delone: Hi, this is Sarah Delone. (Karen), if you're having an audio issue, that's correct. You could not - the renewals that you initiated three months prior to the end of the continuous enrollment period, so that you begin in May with that ex parte renewal process, those could not result in termination.

You could, you know, you could use that information that you've gathered to decide you're going to do those right away again, re-initiate the ex parte process in June or do them later. But the renewals that you have initiated in May could not result in a termination.

Ashley Setala: Okay, thanks Sarah. The next question says, "Our state is required by state legislation to use an outside vendor as part of the unwinding re-determination process to provide results from electronic data sources the state doesn't generally access. Because the vendor's system won't be integrated with our eligibility and enrollment system these data sources won't be compared as part of the regular ex parte process. However, if data sources provided by the vendor confirm of beneficiaries eligibility we still expect to use the information to complete an ex parte renewal because the information is known to the agency and won't need to be requested from the beneficiary. Is a signature required in this circumstance in order to complete the renewal."

Sarah Delone: Ashley, can you repeat the question because I mean as a general matter, right, there's no signature requirement in an ex parte renewal process. I mean the whole point is that it happens without contacting the beneficiary which you would need to do - which, you know, which you would have to contact the beneficiary to get a signature.



So I want to make sure that I didn't miss anything. And I know Shannon's is having a little bit of audio problems so hopefully she's able to hear it now as well.

Ashley Setala: Sure. So the question says essentially that, the state is using an outside vendor for the unwinding re-determination process to provide data from electronic data sources that they don't generally access. And because the system won't be integrated with their eligibility and enrollment system they are not using the data sources as part of the regular ex parte process but plan to if the data sources confirm a beneficiaries eligibility use that information to complete an ex parte renewal because the information is known to the agency and won't need to be requested from the beneficiary?

Sarah Delone: Sure (Suzette) so if you want to jump in that sounds great.

(Suzette): Sure. Thank you for the question. So I think the first part of the question whether or not the state would need a signature, you know, if the state is checking data sources to make an ex parte determination a signature is not required.

But whoever the state is asking we may want to talk through that process to be sure that the state is using that data source correctly and in line with your processes and verification plan. So we like please contact us and we can talk through the use of that data for the ex parte process.

Ashley Setala: Thanks (Suzette). The next question says, "The show addresses renewals for those found ineligible during the PHE and those who are in a 12-month eligibility period when the PHE ends and then report a change after the end date. If a beneficiary is found to be ineligible during the PHE and then

reestablishes eligibility prior to the PHE end date is that individual considered to be in a 12-month period of eligibility allowing for renewal during a regularly scheduled time frame?"

Shannon Lovejoy: This is Shannon. I can jump in. So yes we know some states have been, you know, initiating renewals during the Public Health Emergency and some states have been, you know, trying to check eligibility again for some individuals or individuals submitting a report of new information.

So if an individual is determined eligible during a renewal process, whether, you know, it's the first attempt that a state made to renew eligibility or a later attempt the state is able to renew eligibility, at that point in time if the state can successfully renew the individual's eligibility they would begin a new eligibility period for that individual.

And then, you know, the application of the policies would apply in terms of, you know, additional - a renewal that might occur during unwinding period and making sure the state understands like when to act on changes in circumstances. But yes if a state is able to renew an individual's eligibility during the end point - or during the Public Health Emergency a new eligibility period would begin for that individual.

Ashley Setala: Thanks Shannon. Then we have a question that says, "For the 1115 waiver on CHIP is the beginning of the demonstration the beginning of the continuous eligibility period, so March 2020?"

Shannon Lovejoy: That is an excellent question and I would encourage the person who asked that question to follow-up with me or their CHIP Project Officer directly.

(Ashley): Okay, now we have a question that says, "If the PHE ends in July is it expected that the notice to members say, July 31 or August 1 as the termination date?"

Shannon Lovejoy: So this is Shannon and I can start and others can jump in. This will depend on when a state is initiating the renewal and going through the renewal process.

So, you know, if, you know, hypothetically the PHE ends in July the state can initiate renewal in June, July or August. And then the, you know, any notice that would go out would be based on the eligibility determination and making sure that the state isn't terminating coverage, any, you know, making sure coverage is not terminated any sooner than, in this example August 1, because the continuous enrollment requirement would go into effect through the end of July. But again, the state would need to look at when they're initiating the renewals and the outcome of that process.

Sarah Delone: This is Sarah, maybe can add. I think, I'm not sure, I think maybe the question was also should the notice say like if the day at the last day of coverage is going to be July 31 and their termination, you know, effective is effective August 1 such that they receive a service on July 31 it's going to be reimbursed. And, you know, FFP would be available if they receive the service on August 1 it would not be covered unless, of course, they appeal and are successfully or get benefits pending.

Then I think that would be, you know, the - as long as they advance ten days notice, a minimum ten days notice is provided, you would treat this the same as you always do however you do draft your notices. It should be clear that the last day of coverage in this hypothetical is July 31, and that there is no more coverage effective August 1. So however that is communicated in your notices it would be the same, nothing special here.

Ashley Setala: Thank you Sarah. So we'll move to the phone lines now. Operator, could you please provide instructions for individuals on how to register their calls? And then we will take a few questions through the phone lines.

Coordinator: Yes, the phone lines are now open for questions. If you would like to ask a question over the phone please press Star 1 and record your name.

If you'd like to withdraw your question press Star 2. Thank you. And I'm currently showing no phone questions at this time.

Jackie Glaze: Thank you. (Ashley), I'll turn back to you if you want to ask a few more questions or take a few more questions from the chat.

Ashley Setala: Sure. So we have a question that says, "To clarify in states that chose to complete all activities on the case with the person's next annual renewal following the end of the PHE can states complete any outstanding ROP requests as part of that renewal process or is the guidance stating that ROP needs to be addressed separately from the other case processing activities?"

Sarah Lichtman Spector: So this is Sarah. I can begin and jump in about the part about ROP, and then we'll defer to Shannon or anyone else for a part of the question.

So the options that I laid out as it relates to ROP are, you know, first to evaluate what's the process that's already going on in the state and then to take it from there. And, you know, because those are individuals who have not had their eligibility determination completed yet, you know, you want to - I would say you want to think about them, right, a little bit differently than you do individuals who are up for renewal.

With that said, the other part of your question was about sort of how you do the case management and case clumping. And I want to defer to Shannon or others if others have other thoughts on that part of the question.

Sarah DeLone: Sarah, I'm going to ask a hypothetical which I think might be getting at the question. Like let's say somebody had applied for coverage in October of 2021.

And the state provided, let's say there are - they test the US citizenship status let's do both citizen and non-citizen, they test the US citizenship status not verified electronically. They're provided the notice that they have a reasonable opportunity, 90 days, to provide documentation of citizenship.

This - the person does not provide documentation. It's not verified in that 90 days. So they have received the compliant reasonable opportunity period.

Does the state and now - let's say the state is initiating their unwinding period starting first - that first activity in August? We're using a hypothetical of a July PHE end date.

Does the - does that individual need to be sort of - does that termination need to be processed right away or can - could the state wait until October say or some later date in the unwinding period?

Sarah Lichtman Spector: So in that situation we're encouraging the state to re-verify the individual's eligibility prior to the end of the continuous enrollment requirement taking place. But once the continuous enrollment requirement has ended the state has a choice.

If the individual has - if the state wants to re-verify that individuals - if the individual is a non-citizen and wants to re-verify that individual's immigration - satisfactory immigration status after the continuous enrollment requirement has ended it could do so. If the state would like to - using the good faith exception if that individual - either the state is continuing to verify the individual's immigration status or that individual is continuing to provide documentation. So the state could choose to provide another reasonable opportunity period and re-verify the individual's satisfactory immigration status.

If a state would like to do that, and the individual had attested to US citizenship, the state would need to - could do so and would do so by requesting a Disaster Relief 1115 demonstration that would allow for an extension of the reasonable opportunity period, which at this point would be well beyond the 90-day time frame, and could do that to verify an individual who had attested to US citizenship.

Jackie Glaze: Thank you Sarah. So I want to thank all of our presenters for their presentations today. And just as a reminder, we will have an additional All State call this month which will take place next Tuesday, March the 15th from 3:00 pm to 4:00 pm Eastern Standard Time.

We will continue our discussion on the unwinding State Health Official letter on this call, and the invitation is forthcoming. So if you do have questions between calls feel free to reach out to us, your state lead, or bring your questions to the next call.

We thank you all for joining us today, and we hope everyone has a great afternoon. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

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