

Centers for Medicare & Medicaid Services COVID-19

Medicaid & CHIP All State Call

March 22, 2022

3:30 pm ET

Coordinator: And thank you for standing by. At this time all participants are in listen-only mode. During the Q&A session if you'd like to ask a question, you may press star 1 on your phone. Today's 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. And good afternoon and welcome everyone to today's All State Call and Webinar.

I'll now turn to Anne Marie Costello, our deputy center director and she will provide highlights for today's discussion.

Anne Marie?

Anne Marie Costello: Thanks, Jackie. Hi everyone and welcome to today's All State call.

Today is part three of our discussion of the package of guidance and tools that CMS released on March 3rd to support states in your planning efforts related to unwinding the continuous enrollment requirement.

First up we'll be joined by Shannon Lovejoy from our Children and Adults Health Programs Group who will provide an overview of a number of scenarios related to the 12-month unwinding timeline that was laid out in the State Health Official letter released on March 3rd.

Then (Kirsten Michaels), also from our Children and Adults Health Programs Group, will provide an overview of two new unwinding state reporting and monitoring tools that CMS released yesterday.

After that we'll take your questions. We'll use the Webinar for today's presentation. So if you're not logged in to the Webinar platform, I suggest you do so now.

With that, I'll turn things over to Shannon to start our presentation. Shannon?

Shannon Lovejoy: Thanks, Anne Marie. And as Anne Marie mentioned, we are - we appreciate the opportunity to come back for another discussion on the guidance that we provided in the State Health Official letter that was released earlier this month.

Next slide please. There's a letter that we released as you all know is the next in a series of guidance and tools that outline how states can address large volume of eligibility enrollment actions that they will need to take when the PHE ends and that letter further clarified expectations for states to restore routine operations as well as provide states with additional information on how they can distribute their work during their unwinding period and strategies that states can take to mitigate churn and help individuals transition between coverage programs.

As I mentioned, we've had a few calls now. So in our first call this month, we walked through aspects of the guidance related to the time to complete eligibility enrollment actions as well as the distribution of renewals.

And last week we discussed other aspects of the State Health Official letter related to how states can work through the anticipated influx that they're hearing and other strategies that states can take to mitigate churn.

For today's call I'm going to walk through some examples that relate to the timeline for states to initiate renewals which relates back to that conversation we had on March 8.

For these examples I am going to use hypothetical months in which the PHE will end and we're going to use the same months before our discussion today just for ease of our conversation. However, I just wanted to point out that neither the SHO letter nor this presentation signals when the federal PHE will eventually end.

Next slide please. So to quickly summarize what we discussed in our first call earlier this month, the State Health Official letter clarified what the 12-month unwinding period will look like for states. The SHO clarifies that states may take 12 months to initiate rather than complete renewals for total caseload or the entire population of individual to enroll to Medicaid and CHIP by the end of the month before the state begins its unwinding period.

And the renewal is considered to be initiated when the state begins the renewal process by accessing electronic data sources and checking other available information to the state in order to see if the individual's eligibility can be renewed without contacting the person or an ex parte renewal.

The State Health Official letter also clarified that while states can take 12 months to initiate renewals, the states have an additional 2 months or 14 months total to complete renewals that were initiated during the unwinding period.

And the renewal is completed when the state notifies an individual that their coverage has been renewed or when the states have advanced notice of termination and coverage ends for an individual who's been determined as ineligible or failed to return the renewal form.

We also know that a lot of states have been conducting renewals to some extent during the PHE. And the SHO clarifies when a state can begin its unwinding period. 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 or the end of the month the PHE ends.

What this means is that states essentially have a total of three months in which they can begin their unwinding period. A state could begin this unwinding period one month before the month in which the PHE ends, the month in which the PHE ends or the month after the month the PHE ends.

And this means that renewals that were initiated up to two months prior to the end of the continuous enrollment period can result in a termination of eligibility for individuals who are determined ineligible or who did not return their renewal form so long as the termination is not effective earlier than that first day of the month following the end of the continuous enrollment period.

Next slide.

So before I go into the examples, which are really designed to take into account the different time frames that states take to process renewals for a cohort of individuals. There are some, you know, aspects of this unwinding timeline that will remain true regardless of how long states take to process renewals for a cohort.

So all states have the ability to choose to begin their unwinding period in one or three months. Again that's the month before the PHE ends, the month in which the PHE ends or the month after the month in which the PHE ends.

And regardless of the month that a state is beginning this unwinding period, states that are claiming the temporary FMAP increase that was authorized under the FFCRA may not terminate coverage until the first day after the month in which the PHE ends which means that states are maintaining enrollment for individuals through the last day of the month that the PHE ends.

And again regardless (unintelligible) states chosen to begin its 12-month unwinding period, all states have 12 months to initiate renewals for their total caseload and all states may have an additional two months to complete work for renewals that were initiated during that 12-month period so that provides states a total of 14 months.

And nothing in the guidance changed the process that states need to take to conduct a renewal. So all states should process renewals consistent with federal requirements which means that states are starting the renewal process by accessing data sources and checking available information to attempt to renew eligibility on an ex parte basis without contacting the individual and the renewal forms for those individuals whose eligibility can't be renewed on an ex parte basis and renewal (unintelligible) 30 days to return their renewal form. And states will also need (unintelligible) eligibility in all bases (unintelligible).

And of course as states, you know, begin to get into the guidance that was released in (unintelligible) are going to distribute their work and process

renewals consistent with the guidance CMS is available to partner with (unintelligible) questions or provide additional (unintelligible) in the course you begin the unwinding period we will still remain available to help work with states.

Next. (Unintelligible) first previewed it on the March 8...

Anne Marie Costello: I'm sorry to interrupt, Shannon.

Shannon Lovejoy: (Unintelligible) back in March 8 was a little bit more generic. In this one, we've modified it. So that is an example (unintelligible) days to process renewals (unintelligible) sending that final eligibility.

You will see here in Options A, B and C are the three months that a state (unintelligible) unwinding period.

So in Option A, a state is choosing to begin its unwinding period in the earliest month in which they can begin their 12-month unwinding period. So in this example -- and in all the examples we will use today -- the state is - the (unintelligible) that the public health emergency is ending in July of 2022.

So here in Option A, a state is starting their unwinding period in June which is the earliest month that a state could begin its unwinding period.

Because that there's a state that generally takes about 60 days to process renewals, we are expecting to see that in June and July the state is initiating and processing their renewal and that we'll see the first terminations of coverage with those individuals determined ineligible to start in August which is the month after the month the PHE ends or the month when the continuous enrollment requirement ends.

And in this example the state is initiating renewals to their 12-month unwinding period from June of 2022 through May of 2023 on the two additional months the complete work is June and July of next year.

In Option B, this is similar outline in terms of the 12- to 15-month period except the state is choosing to begin - PHE ends.

And in Option C, the state is beginning its unwinding period the month after the month in which the PHE ends which is August.

Next slide please. So in this example it's the similar time frame and graphic that you've seen except this is what it might look like for a state that takes approximately 90 days to process renewals for a cohort of individuals.

So again Option A, B and C reflects the same time periods that we just went over in the previous slide. And in this example the PHE is ending in July. That means a state has started its 12-month unwinding period in June, July or August.

In Option A, the state is beginning its unwinding period the earliest possible month which in this example would be June of 2022. Because this is a state that takes approximately 90 days to process renewals for a cohort of individuals, the state - we'll likely to see that the state is initiating processing renewals in June, July and August with the first terminations really going into effect in September. Again that's because we're, you know, assuming this is a state with a 90-day renewal process.

But as you will see just like the previous example the state has 12 months. So between - in Option A between June of 2022 and May of 2023 to initiate

renewals and then there's two additional months to complete work on those renewals that were initiated.

Of course Option B is for a state that is choosing to begin its unwinding period the month in which the PHE ends which would be July in this case.

And in Option C the state is choosing to begin its unwinding period the month after the month in which the PHE ends which in this case would be August.

Next slide please. So in this first scenario, we are going to walk through an example of, you know, that follows the first timeline. And we'll go through a few examples to show the early - the different months that a state could begin its 12-month unwinding period.

This particular example is going back to that first graphic and using Option A which is the earliest that a state could begin its 12-month unwinding period.

This example, we're again assuming the PHE ends in July. We are assuming that this is a state that takes approximately 60 days to process a cohort - or to process renewals for a cohort of individuals.

And this is a state that is choosing to begin its unwinding period in June of 2022 which is the earliest the state could begin its unwinding period.

So in this example the state runs the ex parte renewal data match for a cohort of individuals which renewal is scheduled for - on June 1st for renewal scheduled for completion by July 31st for a new coverage period that begins August 1st for those individual who are found eligible.



On June 6, the state starts sending out renewal forms for a cohort of individuals whose eligibility cannot be renewed on an ex parte basis.

From June until the beginning of July, the state is then processing the renewal forms that have been coming in and of course initiating renewals for new cohorts of individuals.

On July 15th is the states send that they have notice of termination for its first cohort of individuals who have been determined ineligible or failed to return their renewal form during their unwinding period. Such that the state on August 1st begins terminations of coverage that are going to effect for individuals who are determined ineligible (unintelligible) return the renewal form.

And the key takeaways from this scenario is that the state is beginning its unwinding period in June of 2022 and that the state may terminate coverage as early as August 1 such that individuals who are enrolled through July 31 which would be the date - the last date that the continuous enrollment condition is in effect assuming that the state is conducting renewals consistent with federal requirements.

And in this example, the state will need to initiate renewals for its entire caseload between June of 2022 through May of 2023 and complete renewals that were initiated during the unwinding period by July of 2023.

Next slide please. And so in this scenario we are going to follow a state that's electing to begin its unwinding period in Option B in those earlier graphics. So the month in which the PHE ends.

In this scenario, we are focusing on the example that we provided in that second graphic where a state is taking approximately 90 days to process renewals for a cohort of individuals.

So again in this example, the PHE is ending in July. The state takes approximately 90 days to process renewals. And the state is choosing to begin its unwinding period in July of 2022.

Next slide please. (Unintelligible) that you will see, you'll see that the month of June is listed but it's shaded out. Well, because the PHE ends in July, states could choose to begin their unwinding period in June. But in this example this state is choosing to begin its unwinding period in July.

So any renewal that's initiated before July is not a renewal that the state would take action on to terminate coverage for individuals who are determined ineligible or who did not return their renewal form.

Instead in this example the state is starting to run the ex parte data match for a cohort of individuals on July 1st. And for this cohort, the individuals are scheduled to have their renewals completed by the end of September for new coverage beginning for those individuals who are found eligible on October 1st.

On July 15, the state starts to send out renewal forms for those individuals who cannot be renewed on an ex parte basis. So between July and the beginning of September the state is processing renewal forms that are coming in to re-determine eligibility and initiating renewals for new cohorts of individuals.

On September 15, the state begins to send advanced notice of termination for those individuals who have been determined ineligible or who fail to return their renewal form. Such that we begin to see the first round of terminations of coverage go into effect on October 1 for those individuals whose renewal was initiated on July but whose coverage was not renewed.

Again the key takeaways here are that there are no terminations for - renewals for cohorts of individuals that were initiated prior to the state's 12-month unwinding period. So no terminations for renewals initiated before July. And in this example the state would need to initiate renewals for its entire caseload from July of 2022 through June of 2023 and complete renewal by the end of August of 2023.

Next slide please. In this scenario it is similar to the scenario in which we are also using again a state that takes approximately 90 days to process renewal for a cohort of individuals and again we're assuming that the PHE is ending July in this example. But in this example we are mirroring Option C in that second example slide. So this is a state that's choosing to begin its unwinding period in August of 2022 which in this example is the month after the month.

Next slide please. So again we have the similar timeline that we saw on the last scenario. The month of June and July are months that a state could have started its 12-month unwinding period. But this is a state that is choosing to start its unwinding period in August which means (unintelligible) taking action to terminate coverage for any renewals initiated in those months.

Okay. I'm going to try that one again just in case I'm coming back a little bit clear now. So again in this example we see a timeline of between June and November. Again June and July are months that a state could have begun its 12-month unwinding period. But the state in this example is instead choosing

to begin its unwinding period in August. That means that if the state is initiating renewals in June or July, they may not result in terminations of coverage.

So in this example, the state is initiating renewals starting on August 1st and that the state is attempting - starting that process by attempting to check data sources and available information to see if eligibility can be renewed on an ex parte basis. And this is for a cohort of individuals whose renewals are scheduled for completion by October 31 for a new coverage period beginning November 1 of 2022.

On August 15, the states send out renewal forms for those individuals who cannot be renewed on an ex parte basis. And between August and October the state is processing renewal forms and initiating renewals for new cohorts of individuals.

On October 14th, the states start sending out advanced notice of terminations for individuals who were determined ineligible or failed to return the renewal form such that terminations of coverage for individuals whose renewals were initiated in August go into effect on November 1.

Again the key takeaway from this slide is there are no terminations of eligibility for renewals for cohorts of individuals that were initiated prior to August. And in this example the state would begin its 12-month unwinding period in August and would initiate renewals between August of 2022 through July of 2023 and make sure that's completing renewals that were initiated during the 12-month unwinding period by the end of September of 2023.

Next slide please. This scenario is a little bit different than the previous ones that we have walked through. This is really a comparison to help states see at

what point they could begin their 12-month unwinding period and what cohort of renewals that are being initiated can result in terminations of coverage.

So again we are assuming that the PHE ends in July in this example. But in this example we are taking a state that takes approximately 70 days to process renewals for a cohort of individuals. And this is a state that is wanting to begin its 12-month unwinding period in the earliest possible month that it can start which in this example would be June of 2022. And that means that terminations cannot go into effect earlier than August of 2022.

Next slide please. So in this scenario you'll see that we have two lines that outline two different timelines. So in this top line where you see the red "X" this is a state that - because they take a 70-day process they tend to initiate renewals. Meaning that they're checking data sources as part of their ex parte renewal process at the end of the month.

So in this first line a state is initiating renewals but they initiate renewals on May 23. Meaning that they're running the ex parte renewal data match for a cohort of individuals whose renewals are scheduled for completion by the end of July for a new coverage period that would begin August 1.

And in June, on June 6, the state is sending out renewal forms to these individuals who they could not renew on an ex parte basis.

In this example, the state may not act to terminate coverage for any individual who was determined ineligible or who failed to respond to a renewal form because the state had initiated the renewal, meaning it started that ex parte process in May, which is outside of that three-month window in which a state could begin its unwinding period in this example.

However, in the second line, we see that the state is continuing to initiate renewals and it initiates renewals for a cohort of individuals -- meaning it's starting that ex parte data match -- on June 20. And this is for a cohort of individuals whose renewals are scheduled to be completed on - by August 31st for a new coverage period that could begin on September 1st.

In this second line, the state is sending out renewal forms by July 6. And then between July and August, it's processing return renewal form.

On August 15, the states send advanced notice of termination for individuals who are determined ineligible or who failed to return the renewal form and thus beginning their 12-month unwinding period effective June of 2022.

So the key takeaways from this slide is that a state cannot terminate coverage for individuals whose renewal was initiated more than two months prior to the end of the continuous enrollment period. So in this example the first line the state had initiated that ex parte renewal process in May which is one month too early.

The earliest for the state to start its unwinding period in this example is June of 2022. And of course on this particular example the state is starting their 12-month unwinding period at June of 2022. They have through May of 2023 to initiate renewals for total caseload and can complete renewals by the end of July of 2023 for renewals that were initiated during the unwinding period.

Next slide please. I will now turn this call over to my colleague, (Kirsten), who's going to walk through some of the new state reporting and monitoring tools that we recently released. (Kirsten)?

(Kirsten Michael): Thanks, Shannon. So as Shannon mentioned earlier, we have released two tools for reporting and monitoring. These tools will be used to monitor states' progress in meeting timelines and completing required eligibility and enrollment action.

The first is called the state report on plans for prioritizing and distributing renewals following the end of the Medicaid continuous enrollment provision or in short the state renewals report.

States will each submit this form to CMS, describing plans for distributing renewals as well as any plan or adopted strategy to mitigate churn and maintain timely fair hearing processing. This report is submitted once.

The second report is called the eligibility and enrollment data report. All states will submit data on metrics regarding application, renewal initiation and disposition and Medicaid fair hearing.

States will be required to submit baseline data once and then monthly data for a minimum of 14 months. If the data reported to CMS indicates that a state isn't meeting timelines or demonstrates compliance issues, CMS will follow up with the individual state and provide technical assistance. CMS may ask for additional information or data as well.

Next slide please. In this slide we provide more information on the state renewals report. This form is a required submission to CMS that explains the states' plan for initiating renewals with total caseloads within the 12-month unwinding period.

In the renewals report, states will report their renewal distribution plan including the number of Medicaid and CHIP renewals that the state intends to

initiate each month and the states' plan to prioritize and distribute work over the course of the 12-month unwinding period.

As part of this form, states must also report the strategies currently used or the strategies the state is planning to adopt to ensure that eligible individuals remain enrolled or transferred to the appropriate program.

These strategies include strengthening the renewal processes, updating mailing addresses to minimize return mail and maintain continuous coverage, improving consumer outreach, communication and assistance, improving coverage retention, promoting seamless coverage transition, enhancing oversight of eligibility and enrollment operation and ensuring the fair hearing process is timely and accessible. The renewal form contains additional detail about each of this strategy.

Next slide please. To submit the renewals report, states will complete the forms provided by CMS and submit via e-mail to the CMS unwinding support mailbox. States will submit the renewals online.

This form must be submitted to CMS by the 45th day before the end of the month in which the COVID-19 public health emergency ends.

So for example, if the PHE were to end on July 15, 2022, the form will be due June 17 which is 45 days before the end of July. However, CMS will communicate the data report is due once states are notified when the PHE will end.

States will receive, if you haven't received it already, a renewal report form to complete by e-mail from their state lead. The form is also posted on



[Medicaid.gov](https://www.medicaid.gov) on the Unwinding page. And once completed the form will be submitted to the e-mail address [cmsunwindingsupport@cms.hhs.gov](mailto:cmsunwindingsupport@cms.hhs.gov).

And finally, if help is needed, states can send an e-mail address - an e-mail to the same e-mail address with any questions.

Next slide please. So this slide addresses the second tool, the unwinding eligibility and enrollment data report. As we mentioned, states will be required to report data to demonstrate progress on restoring application processing and initiating and completing renewals of Medicaid eligibility for all Medicaid and CHIP enrollee as well as timely processing of fair hearing consistent with the guidance in the SHO letter 22-001.

States will submit two reports: A baseline report and a monthly report. The baseline report serves as a starting point to track a state's pending eligibility and enrollment actions that a state will need to address when the unwinding period begins. States will be required to report data on pending applications, renewals and fair hearing.

The monthly report will track a state's progress throughout the unwinding period and addressing pending eligibility and enrollment action. This includes data on pending and completed applications, renewals and fair hearing.

We will provide detailed data specifications -- or otherwise known as a data dictionary -- for each report.

States will submit the baseline report once and monthly reports during the state's unwinding period.

The baseline report is due at the end of the month prior to the month in which the state's unwinding period begins.

The monthly report is due on the 8th calendar day of each month with the first report due on the 8th of the month following the month in which the state begins its unwinding period.

Next slide please.

So you may be wondering, how are these reports submitted? So states will submit the eligibility and enrollment data, so the baseline and monthly reports, using the same site used for performance indicator data. The portal is set up to accept submissions with PI submission credential. We are also providing the unwinding data Excel workbook as a planning tool that can be used to review the metrics before submission.

For any questions states may have, we have created a technical assistance mailbox. Please note however that this is a different e-mail address than the previously referenced mailbox. So any questions about data can be sent to [unwindingmetricsta@mathematica-npr.com](mailto:unwindingmetricsta@mathematica-npr.com).

We will be hosting a Webinar training on April 12, 2022. And in that Webinar we will review the metrics and explain how to submit the unwinding data report. The Webinar will also be recorded and posted on Medicaid.gov.

And with that, I will turn it back to Jackie.

Jackie Glaze: Thank you so much, (Kirsten) and Shannon. We really appreciate your presentation today.

So now we're ready to take questions. And as we've been in the past, you can begin putting your questions into the chat. And I already see a few. So we'll start with those questions. And then we'll follow by taking questions over the phone line. So, (Ashley), I'll turn to you.

Ashley Setala: Thanks, Jackie. The first question says, "Do you have a sense of when CMS might release sample language to request 1902(e)(14)(A) waiver authority?"

Sarah DeLone: Hi, this is Sarah DeLone. I can jump in.

We don't have an exact date but we know that states are anxious for that. And so we are working to get that out to you all as quickly as possible. And in the meantime please don't hesitate to let us know what (e)(14) authority you're interested in so we can start providing you with any technical assistance that you may need and even provide you that advanced - that language, you know, before we get it through our whole process. So stand by. Hopefully soon.

Ashley Setala: Thanks, Sarah. We have another question on (e)(14) waivers. And it says, "If in the interest of preparation a state submits a 1902(e)(14)(A) request which is then improved, is the state bound to implement the waiver strategy? Are we able to withdraw the request or can the state let the request expire and choose not to implement based on findings that the strategy may not be assistive with unwinding operations?"

Sarah DeLone: So this is Sarah again. You're certainly not bound to continue to apply the waiver authority. It would be important though to not just abandon using the authority but to let us know that you plan to stop using that so we can have a documentation. So it's clear to us and, you know, auditors and (firm) reviewers, et cetera, what process the state is or is not following in processing your renewals.

Ashley Setala: Okay, thanks. The next question is on Shannon's presentation. And it says, "Option A of the guidance says a state begins 12 months unwinding period two months prior to the end of the PHE but the slide says one month prior the month it ends and the month after the PHE ends. Can you clarify?"

Shannon Lovejoy: Yes. States have a total of three months in which they could choose to begin their unwinding period. So the first month the state can begin its unwinding period is one month before the month in which the PHE ends, month in which the PHE ends or the month after the month in which the PHE ends.

So in the examples we walked through we were saying that July was the month in which the PHE ends. That means the state could choose if that were the case. That means the state could choose to begin its unwinding period in either June, July or August.

Ashley Setala: Thanks, Shannon. The next question says, "In regards to changes in circumstances, if a state continues to do renewals during the PHE and has cases where the member remained eligible but then reports the change after the end of the PHE, can we take action without waiting on the next renewal as they had a complete one within the last 12 months?"

As an example, the renewal was completed March of 2022 and the member continues to the eligibility requirement then in November 2022, presumably after the end of the PHE reports an increase in income that makes them ineligible, can the state take adverse action in November or do we have to wait until March 2023 for the next renewal?"

Shannon Lovejoy: This is Shannon again. So in this example, the state has an individual whose eligibility has been successfully renewed and they are within a 12-month

eligibility period. And because the change in circumstance is occurring within the eligibility period, the state can take action on it as they ordinarily would.

If this was an individual who had - whose eligibility had not been renewed such that the individual was not within an eligibility period, it is at that point that the state would have needed to conduct a new renewal for the individual.

But based on this scenario provided, the state could act on the change in circumstance as they ordinarily would consistent with our requirements.

Ashley Setala: Thanks, Shannon. The next question says, "If the state begins its unwinding period in June, is the state able to use data which was automatically requested via an RRV service initiated in May? Eligibility worker action regarding the ex parte renewal process will not begin prior to June 1st, only the information would have been automatically requested and returned for use in the renewal process."

Shannon Lovejoy: This is Shannon. So, you know, for - when a state can begin its unwinding period, it is based off of when the state is accessing the data sources that it ordinarily would consistent with its verification plan to begin the ex parte renewal process.

And in this example it seems like the state may be, first of all, initiating renewals. You know, in the examples we've been using, that would be outside of the window. So the state would not be able to initiate renewals in May if the PHE were to end, for example, in July. But the state would also need to make sure that if it's, you know, conducting renewals for individuals that they are going through the full process to access the data sources that they ordinarily would during an ex parte renewal to initiate that renewal process and then continuing on from there to, you know, send out renewal forms to

some individuals could not be renewed based on the available information and the data that the state checks during the ex parte renewal process.

Ashley Setala: Thanks, Shannon. The next question says, “What is CMS’s expectation to resume premiums and/or enrollment fees for programs that require these at the end of the PHE? Example, if the PHE ends in July, it is expected that premiums or enrollment fees begin being due again in August 2022 or do we need to wait to start - restart premiums or enrollment fees until members have had a renewal completed to ensure they’re in the correct program before having to pay a premium or fee?

And in the same example, if they began premiums or enrollment fees in August but the member does not pay, can their case be closed for nonpayment prior to a renewal being completed?

Sarah Lichtman Spector: This is Sarah Lichtman Spector. Let me jump in.

I think there are a number of different hypotheticals there. We know one sort of works directly with the individual if you can share the question with us (Ashley).

Let me say a couple of high-level things which is that states are going to be in a variety of places. Some states we know have suspended premiums. Other states haven’t. And certainly there’s not a requirement to charge premium. So I would want to make sure our response is telling to the situation at hand.

Ashley Setala: Okay. Thanks, Sarah. The next question says, “Have any states submitted (e)(14) request and has CMS approved any?”

Sarah DeLone: Hi, this is Sarah.

(Suzette): Hi, this is (Suzette).

Sarah DeLone: Oh, go ahead, (Suzette).

(Suzette): I was just going to say no, we have gotten a number of requests and have set up a few calls. The states are interested. We have not approved any yet. And as Sarah said, we know states are very anxious and we are developing a standard language that states - to help states submit the letter that needs to be submitted in order to have CMS grant these authorities.

So we're overly hoping to -- for the states who have reached out -- be able to provide that to the states very soon and provide additional technical assistance and are also planning on putting out some more general information or language that states can use when wanting to submit one of these authorities.

But again we will say please contact your state lead and we are happy to work with states as they get ready to submit those.

Ashley Setala: Thanks, (Suzette). We have a question that says, "Are there templates for the temporary state plan authority that states can use during the unwinding period? For the - and for the temporary state plan, what is the effective date? The end of the PHE or backdated to the beginning of the PHE?"

Sarah DeLone: It's sounding like, (Ashley), we don't have the right subject matter expert on for the process for extending authorities that want - you know, that extending authority, you know, flexibilities beyond the end of the PHE. I think probably it's going to also depend on the specific authority that you're talking about.

There's one set of rules for the 1135 waiver authorities. Their disaster SPAs, those typically were set up to expire at the end of the PHE. So those would expire unless you've taken action to continue them.

And there is a streamline process to do that. But it sounds like we don't have the right person to talk you through that. So maybe we could take that question back and come back next week.

Ashley Setala: Okay, thanks.

Jackie Glaze: Thank you. So I think we're ready to move to the phones. Operator can you please provide instructions for how to register the questions and then if you can open the phone lines please?

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. There is a question in the queue from Pat Curtis. Your line is now open.

Pat Curtis: Yes. I want to ask a question about the extension of the different authorities. And I appreciate your responses on the disaster SPAs. We are looking at the kinds of things we might want to continue past PHE. And we've put in our request for the working information. So we are on your list somewhere.

This question has to do with the verification plan. The - some of the - the authority for the verification plan was the disaster verification plan.

So if we want to continue anything that's in our disaster verification plan, we don't submit another temporary verification plan but we can take those changes and include them in a verification plan that won't mirror the one that



we had before the PHE. This should be permanent. I don't know if we can change it down the line but there's no such thing as another temporary disaster verification plan. We either change it or we just go back to the way we were before the PHE.

Sarah Delone: So that is a great question. I mean, it's true. I'll confess right now we're having a little behind the scenes messaging back and forth. I think whether or not there's a simplified way for you to do that, we haven't thought through that. You - it's true you would - I mean, it does need - it would need to become part of your sort of permanent verification plan if you want to make that change permanently. But I think that our team, (Suzette), that is leading is thinking through if there's a simpler way to help you all do that.

Pat Curtis: Right.

Sarah Delone: So I guess the short - the one answer is yes, you need to have it shifted into your permanent plan and we'll see if there's a simpler way that we can help make that happen.

Pat Curtis: That's great. Thank you so much.

Coordinator: As a reminder if you would like to ask a question over the phone, please press star 1 and record your name. Thank you.

And I'm showing no further phone questions at this time.

Jackie Glaze: Thank you. We'll switch back to the chat function. (Ashley), are there few more questions?

Ashley Setala: Yes. We have a question that says, “Is there going to be a deck or a call specific to fair hearings?”

Sarah Lichtman Spector: This is Sarah Lichtman Spector. I can say definitely and affirmative we have been working on a slide deck with some additional strategies related to the increase of fair hearing volume. We’ve certainly heard that concern from a number of states. It’s been sort of last stages of getting finalized and then yes, it’s our intention to schedule that for an upcoming update call. So stay tuned.

Ashley Setala: Thanks, Sarah. We have a question that says, “Does the state need another disaster relief SPA to keep people enrolled to the end of the month in which the PHE ends if the PHE ends on a day mid-month?”

Sarah DeLone: This is Sarah. No, the continuous enrollment requirement for the increased FMAP for all you states that are claiming that, which I believe is still every state, that is required to continue the coverage through the end of the month in which the PHE ends. So you do not need a state plan amendment for that authority.

And in fact you need to continue the enrollment of everybody who’s enrolled until you have completed the full renewal.

Ashley Setala: Thanks, Sarah. The next question says, “Who should the (e)(14) letters be addressed to, the general unwinding mailbox or the state lead or someone else?”

(Suzette): Hi...

((Crosstalk))

(Suzette): Yes. So they should be addressed to Sarah DeLone and sent through your state lead please.

Ashley Setala: Thanks, (Suzette). The next question...

Sarah Delone: (Unintelligible) to start with since we don't have - haven't provided you with - if we haven't provided you with the model language yet, you can just reach out to your state lead with an indication of what (e)(14) authorities you're interested in, right? Would that be a fair statement, (Suzette)?

(Suzette): Yes. Yes. Thank you. That's right. So if you have interest, please reach out and indicate what you're interested in and you are happy to either again working to provide you that language or set up a call to talk through any specific questions you have or how the state would like to implement the option. And then once we - once you know the state is ready to formally submit that request, it would be addressed to Sarah DeLone and through the - to your state lead again. That's right.

Ashley Setala: Thanks. The next question says, "We have been completing ex parte renewals all along. Does the timing begin when we knew the renewals requiring a response and not just based on when ex parte review is completed?"

Shannon Lovejoy: This is Shannon. So for states that have been initiating renewals, your unwinding period begins once you initiate renewals for cohort of individuals and go through the entire renewal process and those renewals could result in terminations of coverage for individuals who are determined ineligible or who failed to request - or, sorry, failed to return their renewal form.

Again there's three potential months which a state could have to begin their unwinding period. So, you know, a state that is looking to figure out which month they want to start, the start month has been months that the state would initiate renewals, send out forms and then really what's the key piece of it is to begin your unwinding period. There will be terminations of coverage that result for those individuals who are determined ineligible or failed to return the renewal form.

Ashley Setala: Thanks, Shannon. We have a question that says, "Is it fair to say that should the PHE end in July states would receive notification from HHS-slash-CMS by May?"

Sarah DeLone: Hi, this is Sarah DeLone. So, you know, as the Secretary had informed the governors back in the fall, the intention is to provide 60 days of advanced notice before the PHE would end. So it'd be 60 days before whatever the date the PHE would end. And it's our understanding that that's still the policy.

Ashley Setala: Thanks, Sarah. The next question says, "As 1634 states, we allow renewals to be completed by the FSA for our SSI client. Are these individuals included in our total caseload?"

Shannon Lovejoy: This is Shannon. Yes, those individuals would be included in your total caseload. It's for all individuals who are enrolled at the end of the month before the state begins its unwinding period.

Ashley Setala: Okay. And we have a question that says, "If the states selected individuals for renewal in March of 2022 and the member did not respond to the renewal, state maintains the benefits."

The states start unwinding in June of 2022 and in August 2022, the member reports a change that would provide an upgrade of benefits but the annual renewal has not been initiated. Can the state act on that change of circumstance because it is an upgrade?"

Shannon Lovejoy: So the - I think we'll need to get back to you on this one. I mean, generally speaking we discussed, you know, when a state can act on changes in circumstances. But I think it would also depend too on how state is getting this information as well and verifying this information to figure out if the individual was eligible for additional benefits because it seems like this is an individual who's outside of their eligibility period.

Ashley Setala: Thanks, Shannon. Then I have a question that says, "I know we've discussed this but I want to get clarification. For individuals who are homeless indicated on the application and eligibility file who have reported zero income, are they eligible ex parte without further verification?

These individuals may have been on the program for several years without any additional verification since they indicated they were homeless on the initial application with zero income. So there's nothing to verify. For these individuals, we would expect to receive no response from our income verification sources so it should technically qualify for ex parte renewal. Is it okay to proceed with the ex parte renewal for these individuals without additional verification even if no additional verification occurred in the last year?"

(Suzette): Hi, this is (Suzette) and I can start. So the answer to the question is if an individual is up for renewal and the state attempts an ex parte renewal and has no return of data sources, per our regulation the state may not assume zero income unless reach out to the individual to confirm continued eligibility.

The (e)(14) strategy we have proposed that states may use during the unwinding period allows for the assumption of zero income if the state has information in the record that the person or household attested to zero income are verified zero income in the last 12 months.

So in the example given, the state would need to reach out to the individual to confirm continued eligibility.

Jackie Glaze: Thank you, (Suzette).

So in closing, I'd like to thank our team for their presentation today. Our next call will take place on April the 5th on a Tuesday from 3:00 to 4:00 pm, Eastern Standard Time. The topic and invitations will be forthcoming.

Of course, if you do have questions for the next call, feel free to reach out to us, your state leads or bring your questions to the next call.

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

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

END