



State Strategies to Support Medicaid/CHIP Eligibility and Enrollment in Response to COVID-19

April 29, 2020, 2:00-3:00 pm ET

STATE
Health & Value
STRATEGIES
COVID-19

A grantee of the Robert Wood Johnson Foundation

About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and health care by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's Woodrow Wilson School of Public and International Affairs. The program connects states with experts and peers to undertake health care transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies, and brings together states with experts in the field. Learn more at www.shvs.org.

Questions? Email Heather Howard at heatherh@Princeton.edu.

*Support for this webinar was provided by the Robert Wood Johnson Foundation.
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Housekeeping Details

All participant lines are muted. If at any time you would like to submit a question, please use the Q&A box at the bottom right of your screen.

After the webinar, the slides and a recording will be available at **www.shvs.org**.

COVID-19 Resources for States

State Health and Value Strategies has created an accessible one-stop source of COVID-19 information for states at **www.shvs.org/covid19/**.

The webpage is designed to support states seeking to make coverage and essential services available to all of their residents, especially high-risk and vulnerable people, during the COVID-19 pandemic.

About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 90 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving health care policy and regulatory landscape. Manatt Health brings deep subject matter expertise to its clients, helping them expand coverage, increase access, and create new ways of organizing, paying for, and delivering care. For more information, visit www.manatt.com/ManattHealth.aspx

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Context Setting



Webinar Objectives

- Explore the policy, operational and communications strategies available to state Medicaid and CHIP agencies to support eligibility and enrollment in response to COVID-19
- Identify the necessary legal authorities, where relevant, for implementing new eligibility and enrollment strategies

Fiscal Pressures on States are Rising

Recent National Governors Association Letter to Congress

Governors' Letter Regarding COVID-19 Aid Request

Apr. 23, 2020 | Executive Committee | NGA Letters



The Honorable Mitch McConnell
Majority Leader, United States Senate
U.S. Capitol Building, Room S-230
Washington, DC 20510

The Honorable Chuck Schumer
Minority Leader, United States Senate
U.S. Capitol Building, Room S-224
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House, United States House of Representatives
U.S. Capitol Building
Washington, DC 20515

The Honorable Kevin McCarthy
Minority Leader, United States House of Representatives
U.S. Capitol Building
Washington, DC 20515

Dear Majority Leader McConnell, Minority Leader Schumer, Speaker Pelosi, and Minority Leader McCarthy:

As governors, we prioritize the health and welfare of our citizens above all other considerations. In response to the crisis and to ensure the safety of our citizens, we closed non-essential businesses, limited large gatherings, and implemented stay-at-home orders. We did not make these decisions lightly. As a result, our national and local economies are in dire straits and have resulted in the most dramatic contraction of the U.S. economy since World War II. Many states are already reporting precipitous declines in revenues that fund state services in health care, education, public safety, transportation, and other vital programs. States and local governments need robust support from the federal government as we navigate the response to this pandemic and to help foster the economic recovery that is ahead.

State Stabilization

The federal-state partnership is the lynchpin to responding and recovering from the novel coronavirus (COVID-19). Congress must appropriate an additional \$500 billion, specifically for states and territories, in direct federal aid that allows for replacement of lost revenue. These continuing losses will force states and territories not only to make drastic cuts to the programs we depend on to provide economic security, educational opportunities, and public safety, but the national economic recovery will be dramatically hampered.

As fiscal pressures on states rise, there is an increased need for additional and sustained increases in FMAP to support state Medicaid agencies' response to the COVID-19 crisis

Preparing for Increased Enrollment While Managing A Compromised Eligibility and Enrollment Workforce

Multiple Factors Contributing to Increased Strain on Eligibility and Enrollment Processes

Projected increase in enrollment:

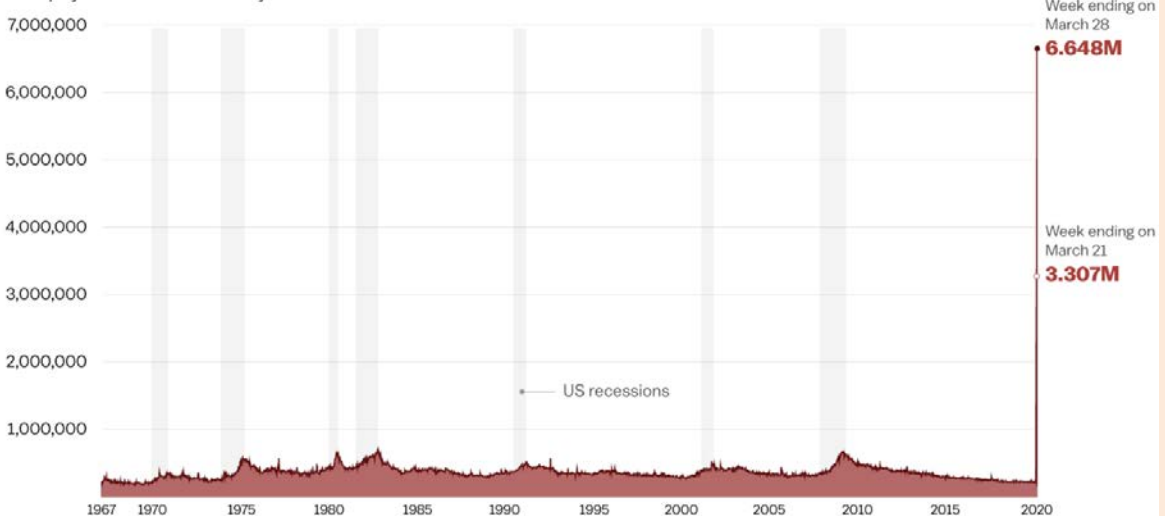
- Individuals are newly uninsured as they lose their employer-sponsored insurance
- Eligible uninsured individuals are applying for coverage when they become sick or fear becoming sick

Compromised eligibility and enrollment workforce:

- State Medicaid/CHIP agencies may be facing a reduced workforce due to illness and remote work requirement

An unprecedented rise in unemployment

Unemployment insurance claims by week



Source: Bureau of Labor Statistics. Unemployment Insurance Claims by Week. April 2020.

Federal Continuous Coverage Requirements

States have been rapidly implementing the federal continuous coverage requirements to be eligible for enhanced FMAP; rising new application volume is happening against this backdrop.

The Families First Act created a temporary 6.2 percentage point increase in the FMAP (match rate) for states and territories.

- To be eligible for the increased FMAP, states may not reduce coverage for any Medicaid beneficiary enrolled on or after March 18, 2020 through the end of the month of the emergency period.
- During this period, states may not:
 - Disenroll most individuals enrolled on or after 3/18
 - Reduce the amount, duration, or scope of benefits available to enrollees (although existing restrictions on federal financial participation (FFP) apply for certain noncitizens and incarcerated individuals)

To receive the temporary increased FMAP, a state may move individuals to another Medicaid eligibility group only if doing so would not reduce the amount, duration, and scope of benefits available.

Sources: COVID-19 FAQs for State Medicaid and CHIP agencies. CMS. Updated April 2, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>
FFCRA FMAP FAQs. CMS. Updated April 13, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>
FFCRA and CARES Act FAQs April 13, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf>

Populations Subject to Federal Continuity of Coverage Requirements

Requirements apply to Medicaid beneficiaries who...	Requirements do not apply to individuals who are...
<ul style="list-style-type: none"> ✓ Age out of their eligibility category (e.g., children who turn 19 or expansion adults who turn 65) ✓ Reach the end of their 60 day post-partum period if pregnant ✓ Lose other benefits (e.g., SSI, foster care assistance payments) that were the basis for Medicaid eligibility ✓ Become eligible for Medicare and the Medicare Savings Program ✓ Receive services with a pending fair hearing appeal (i.e., aid continuing) ✓ No longer meet level-of-care requirements under 1915(c) waivers ✓ Are in a reasonable opportunity period, and state is unable to verify declared citizenship/satisfactory immigration status ✓ Have unknown whereabouts 	<ul style="list-style-type: none"> ✗ Determined presumptively eligible but have not received a final determination of eligibility ✗ Title XXI CHIP enrollees (<i>Note: there is an underlying CHIP MOE that already limits changes to eligibility standards, methodologies, processes</i>) ✗ Individuals whom the state has determined are not citizens or in a satisfactory immigration status (<i>coverage would be limited to emergency Medicaid services</i>) ✗ Enrolled in Refugee Medical Assistance ✗ Deceased ✗ Non-residents

Key Insight for States: States will need to develop staging approach for processing crunch of redeterminations at the end of the emergency

Sources: COVID-19 FAQs for State Medicaid and CHIP agencies. CMS. Updated April 2, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>
 FFCRA FMAP FAQs. CMS. Updated April 13, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>
 FFCRA and CARES Act FAQs April 13, 2020. Available: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-CARES-faqs.pdf>



Policy and Operational Strategies to Support State Medicaid/CHIP Eligibility and Enrollment

Overview of Strategies to Support Eligibility & Enrollment



Adjust Application Pathways to Handle Crush of New Enrollment



Simplify Medicaid/CHIP Application



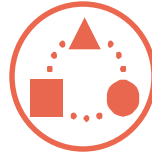
Re-Evaluate Verification Processes



Explore Optional Continuity of Coverage for Current and New Applicants



Utilize Hospital and “Regular” Presumptive Eligibility Policies



Leverage Eligibility Determinations in Other Programs



Prioritize Monitoring and Oversight







Conduct Outreach and Enrollment for Uninsured in a Social Distancing World



Target Communication Strategy

Adjust Application Pathways to Handle Crush of New Enrollment

In light of increased application volume, state Medicaid/CHIP agencies are developing mitigation strategies for each application pathway.

Potential Pathways	Description
In-Person 	<ul style="list-style-type: none"> Develop messaging to direct in-person applications to telephone or online pathway; states can also direct individuals to call-center or virtual navigators for assistance
Telephone 	<ul style="list-style-type: none"> Monitor call center volume Institute mitigation strategies for long wait-times and dropped calls Consider expanding call center capacity, including by using contractors to perform certain administrative functions
Online 	<ul style="list-style-type: none"> Take step to make the system as automated as possible to minimize need for manual processes Consider switching from an FFM-Assessment to Determination and redirect applicants to Healthcare.gov
By Mail 	<ul style="list-style-type: none"> Communicate to consumers and assisters to apply via online/telephone

Simplify Medicaid/CHIP Applications

Strategies

- Develop simplified application for online and paper (for those who apply by mail)

Source: 42 CFR § 435.907(b)(2) (Allows for use of alternative single, streamlined application)

State Next Steps

- Submit Medicaid and/or CHIP Disaster Relief SPA with simplified application for approval
- Strategy requires IT systems changes, new policy directives, and eligibility worker/call center trainings

The Families First Coronavirus Response Act also created a Medicaid optional eligibility group for testing. States exploring the option to develop a simplified application will also be evaluating whether and how to implement that optional Medicaid eligibility group, application processes.

Re-Evaluate Verification Processes

Verification Plan Addendum Options for MAGI-Populations

- **Accept self-attestation and conduct post-enrollment verification** for income, residency, age/DOB, household composition, and/or receipt of other coverage (e.g., Medicare)
- Given significant changes in income that may not be reflected in data, adopt a **reasonable compatibility threshold** (or increase current threshold) for inconsistencies in income when the self-attested income is at or below, and the income obtained electronically is above, the applicable income standard
- Allow individuals to provide a **reasonable explanation of inconsistencies** in lieu of requiring paper documentation, and enable acceptance of those explanations by phone and online
- **Suspend mid-coverage year periodic data checks** (e.g., income, IRS, SSA, SWICA, unemployment, Work Number/TALX, TANF, PARIS)

These options are available both during and after the emergency period.

Re-Evaluate Verification Processes (Cont'd)

Medicaid Disaster Relief SPA

- Extend **reasonable opportunity period** for individuals in a satisfactory immigration status if individual is making a good faith effort to obtain documents or if state needs more time to verify eligibility (strategy available during and beyond emergency period)
- **Accept self-attestation and conduct post-enrollment verification** for non-MAGI populations (e.g., for assets)

Concurrence Letters

- Allow for **self-attestation of resources** for individuals whose financial institutions are unable to provide verification of resources due to the emergency
- Allow for **self-attestation of medical expenses** (needed to meet spend-down for purpose of determining medically needy eligibility)

Medicaid Disaster Relief SPA Instructions & Template: <https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/state-plan-flexibilities/index.html>

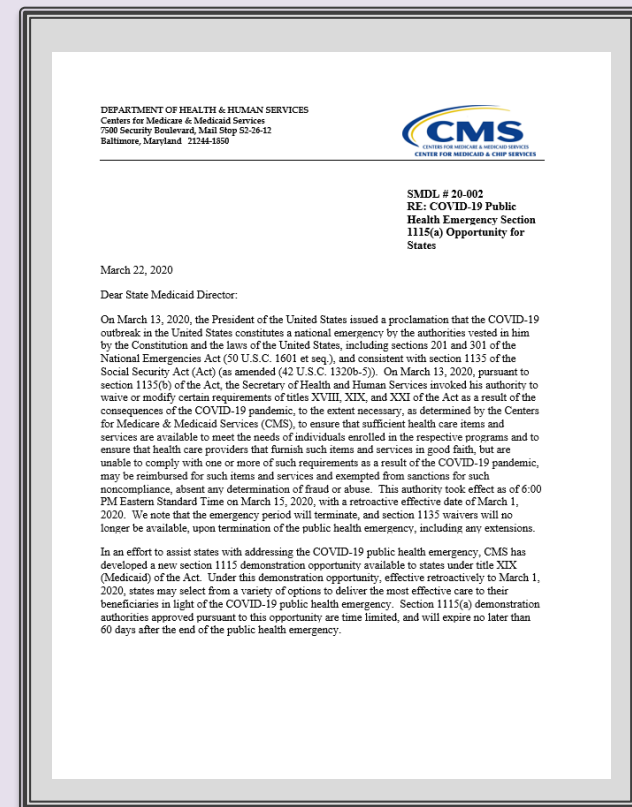
Medicaid Disaster Relief SPA FAQs: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-faqs.pdf>

Inventory of Medicaid/CHIP flexibilities and authorities in the event of a disaster: <https://www.medicaid.gov/state-resource-center/downloads/mac-learning-collaboratives/medicaid-chip-inventory.pdf>

Re-Evaluate Verification Processes (Cont.)

1115 Waiver

- On March 22, 2020 CMS Issued a State Medicaid Director Letter detailing a new **Section 1115 demonstration waiver template** targeted at the COVID-19 outbreak, available to states until 60 days after the end of the public health emergency
- States may leverage the following verification strategies:
 - Self-attestation or alternative verification of individuals' eligibility (income/assets) and level of care to qualify for long-term care services and supports
 - Modify eligibility criteria for long-term services and supports
 - Reduce or delay the need for states to conduct functional assessments to determine level of care for beneficiaries needing long-term services and supports



Explore Continuity of Coverage: State Options

Strategies

- **Strategy for Post-Emergency Period: 12 months continuity of coverage for children** (via Medicaid and/or CHIP Disaster Relief SPA)
- Delay acting on **change in circumstances** during emergency period (via Medicaid Concurrence Letter and/or CHIP Disaster Relief SPA)
- Extend **reasonable opportunity period** for collecting citizenship/immigration documentation (via Medicaid and CHIP Disaster Relief SPAs)
- **Renewals:**
 - Delay acting on renewals during emergency period (via Medicaid Concurrence Letter and/or CHIP Disaster Relief SPA)
 - Extend the redetermination period for non-modified adjusted gross income (MAGI) populations to once every 12 months (via Medicaid Disaster Relief SPA)

Utilize Presumptive Eligibility (PE): Regular PE

States can implement PE or expand upon their current PE processes to quickly enroll eligible people into coverage. Changes should be made via the Medicaid Disaster Relief SPA. (Continuous coverage requirements do not apply to PE.)

Program Feature	Description	Sample Policy Changes
Eligible Populations	At state option, states can use PE for children, pregnant women, parents, expansion adults, former foster care children, certain individuals with income above 133% FPL individuals eligible for breast and cervical cancer treatment, and individuals eligible for family planning services	Extend regular PE to all eligible populations
Qualified Entities	A qualified entity is an entity determined by the state to be capable of making PE determinations based on an individual's household income and other requirements	<ul style="list-style-type: none"> • Designate additional health care providers, schools, community-based organizations, jails, or other entities as qualified entities • Establish state and local government agencies as qualified entities
Application	<ul style="list-style-type: none"> • States are not required to use a written application for PE; they can use verbal screening questions or a written or online application (but states still need to establish standard practice) • A state may use either gross income or a reasonable estimate of MAGI 	<ul style="list-style-type: none"> • Develop administrative guidance clarifying that qualified entities may administer PE applications verbally or through an online portal • Simplify PE income determination process by switching to a "gross income" approach



Source: C. Mann and E. Dervan. COVID-19: Providing Coverage and Care to People Eligible for Medicaid but Unenrolled. Manatt Health. Available: <https://www.manatt.com/Insights/Newsletters/COVID-19-Update/COVID-19-Providing-Coverage-and-Care-to-People-Eligible-for-Medicaid-but-Unenrolled>

Utilize Presumptive Eligibility: Hospital PE

Federal Medicaid law requires states to have a program that allows hospitals to enroll certain Medicaid eligibility groups. States can look to broadening their current hospital PE policies and operational approaches using the Medicaid Disaster Relief SPA.

Program Feature	Description	Sample Policy Changes
Eligible Populations	<p>Qualified hospitals must determine eligibility presumptively for certain populations: children, pregnant women, parents, former foster care youth, individuals eligible for family planning services, individuals eligible for breast and cervical cancer treatment, the expansion new adult group, and individuals with income above 133% FPL</p> <p>States may also add any other eligibility group covered by the state Medicaid program, including the new optional COVID-19 testing group, the aged, blind, disabled, or medically needy, or individuals covered under an 1115 waiver</p>	Permit qualified hospitals (or their third party contractors) to make PE determinations for additional eligibility groups not already covered
Eligibility Period	States must adopt reasonable standards regarding the number of periods of PE that will be authorized in a given timeframe	Allow one period of PE per calendar year
Application	<ul style="list-style-type: none"> States are not required to use a written application for PE; they can use verbal screening questions or a written or online application States may use either gross income or a reasonable estimate of MAGI States may temporarily stop asking about immigration status if they normally require hospitals to do so. 	<ul style="list-style-type: none"> Develop administrative guidance clarifying that qualified hospitals may administer PE applications verbally or through an online portal and not to ask about immigration status Simplify PE income determination process by switching to a “gross income” approach

Leverage Eligibility Determinations in Other Programs

Strategy	Description	Implications
Express Lane Eligibility* <i>(children only)</i> 	<p>Allows states to enroll and renew children's coverage using findings from other public programs, like WIC or Head Start, to determine eligibility for Medicaid/CHIP</p>	<p>Leveraging Express Lane Eligibility and the SNAP SPA Strategy would allow states to streamline enrollment for several programs for which individuals may be eligible, while alleviating the burden on beneficiaries and Medicaid, CHIP and other social service eligibility and enrollment staff and systems.</p>
SNAP SPA Strategy** 	<ul style="list-style-type: none"> Permits states to use SPA authority to enroll certain to be eligible non-elderly, non-disabled SNAP participants into Medicaid Identifies MAGI-based eligibility criteria that states must apply to SNAP participants before enrollment in Medicaid (requires state to send follow-up questions) 	<p>Standing up these strategies require IT systems changes and new operational processes</p>

* Express Lane Eligibility Option. CMS. February 2010. Available: <https://www.medicaid.gov/sites/default/files/Federal-Policy-Guidance/downloads/SHO10003.PDF>

**Using Supplemental Nutrition Assistance Program (SNAP) Information to Facilitate Medicaid Enrollment and Renewal. State Health Reform Assistance Network: RWJF. September 2016. Available: <https://www.shvs.org/wp-content/uploads/2016/09/State-Network-Manatt-Using-SNAP-Information-to-Facilitate-Medicaid-Enrollment-and-Renewal-September-2016.pdf>

Prioritize Monitoring and Oversight

- Develop dashboard on application and enrollment (by modality) and track where pain points are and where state needs to implement operational or policy interventions
 - *Reminder:* Federal flexibilities can be pursued on an on-going basis; issues may arise down the road and the state can submit a follow-up request for federal flexibility
- For states with integrated eligibility and enrollment systems, ensure Medicaid/CHIP specific changes are implemented even if they do not apply to other public benefit programs (e.g., COVID unemployment income is not countable for MAGI/non-MAGI income)
- Issue directives and provide training, as needed, with eligibility and enrollment workforce to help them stay abreast of COVID-19 eligibility and enrollment changes
- Establish feedback loop with consumer advocates, providers, and eligibility enrollment/call center staff to better understand enrollment challenges in the field

Even during this period of flexibility, to ensure program integrity states should be documenting all policy changes and memorializing CMS communications and approvals.

Target the State's Communication Strategy

Strategies for States

- Create a centralized hub for the latest information on COVID-19, including clear directions on where to go to enroll in Medicaid/CHIP coverage
- Incorporate Medicaid enrollment information across earned/social media and partner outreach
- Coordinate across agencies (Governor's office, Department of Insurance, departments of social services, Department of Labor, state-based marketplaces) to provide easy-to-find information on Medicaid/CHIP coverage and COVID-19
- Tailor information for specific audiences including consumers, providers, carriers and staff
- Provide information and materials in multiple languages and via trusted partner networks
- Leverage direct-to-consumer assistance

Conduct Outreach and Enrollment for Uninsured in a Social Distancing World

Strategies for States to Consider

- **Current enrollment assisters**
 - Leverage existing “*boots on the ground*” for telephonic and online outreach and enrollment (e.g., *navigators, application assisters, community health workers*)
- **Unemployment Offices**
 - Coordinate with unemployment insurance offices to provide referrals for health insurance enrollment
 - Outstation eligibility workers at unemployment offices following social distancing requirements
- **Public school “grab and go” meals**
 - Distribute Medicaid enrollment information
- **Testing sites**
 - Provide handout on availability of Medicaid coverage
- **Faith communities**
 - Tap into e-newsletters and virtual services
- **Small businesses**
 - Provide coverage and enrollment information to share with current/former employees
- **Grocery store PSAs**
 - Provide recorded audio PSAs or readers, posters

Questions?

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Thank You

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