

Promoting Continuity of Coverage and Care for Children During Unwinding and Beyond

January 18, 2024

12:30 – 1:30 p.m. ET

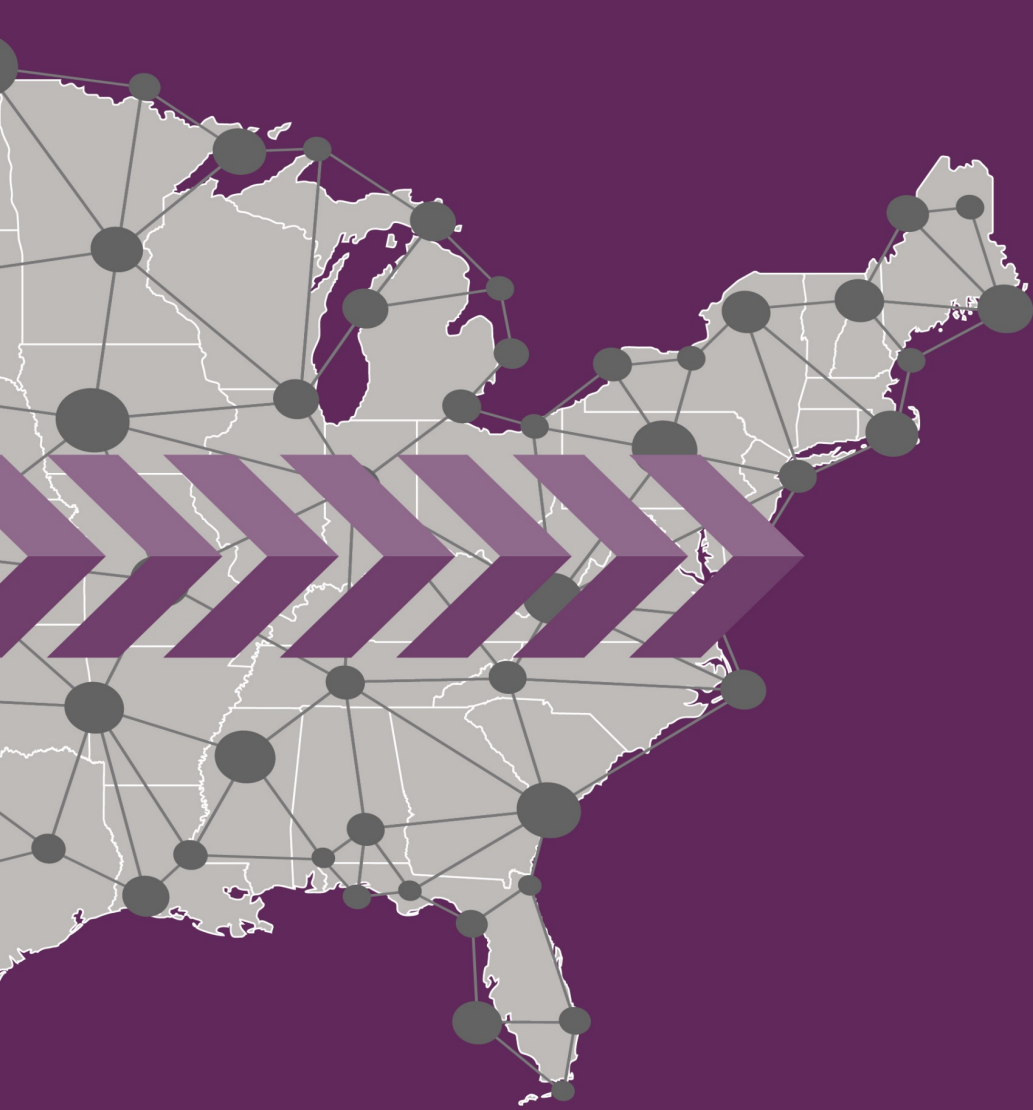
Please stand by, this webinar will begin shortly

STATE
Health & Value
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*Driving Innovation
Across States*

A grantee of the Robert Wood Johnson Foundation

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About State Health and Value Strategies

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare 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 School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare 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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About Manatt Health

Manatt Health, a division of Manatt, Phelps & Phillips, LLP, is an integrated legal and consulting practice with over 160 professionals in nine locations across the country. Manatt Health supports states, providers, and insurers with understanding and navigating the complex and rapidly evolving healthcare 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

Housekeeping Details

- Use the 'Q&A' function in Zoom to submit questions and comments to the meeting facilitators. **Note that you must select to submit a question anonymously.**
- All participant lines are muted. Use the 'raise hand' feature in Zoom if you would like to speak during the discussion portion. The meeting facilitators will then unmute you.
- After the webinar, the slide deck and a recording will be available at www.shvs.org.

Agenda

- **Level-Setting: Children's Coverage During the Unwinding Period**

- **Strategies to Promote Continuity of Coverage Among Children and Youth**

- **Targeted Messages to Children and Families About Medicaid/CHIP Coverage**

- **Discussion**



Level-Setting: Children's Coverage During the Unwinding Period

Recent Federal Actions to Preserve Coverage for Children and Youth

On December 18, the Centers for Medicare & Medicaid Services (CMS) released a suite of unwinding-related guidance that includes a focus on ensuring eligible children and youth maintain their Medicaid and Children's Health Insurance Program (CHIP) coverage.



A **CMCS Informational Bulletin (CIB)** reminding states of the federal renewal and reporting requirements and encouraging states to adopt additional child and family-focused strategies to support coverage retention.



A **slide deck** providing guidance and illustrative scenarios for when children transition from Medicaid to CHIP (and vice versa) and transition within Medicaid eligibility groups.

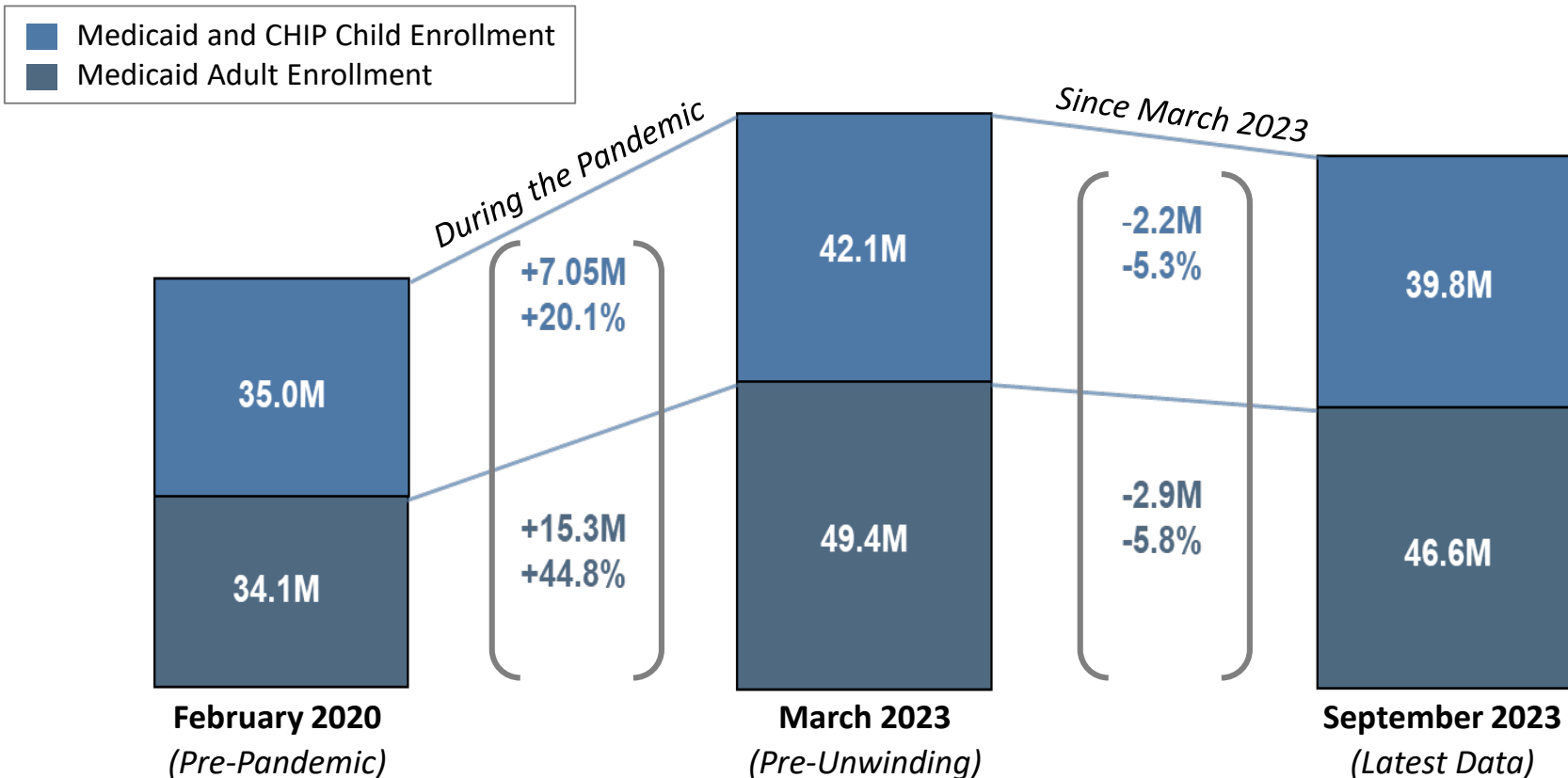


A **resource** providing states with operational considerations and illustrative scenarios for implementing section 1902(e)(14) waivers and other flexibilities.

Also see SHVS/Manatt Health, [HHS and CMS Take Action to Preserve Coverage for Eligible Children](#).

Medicaid And CHIP Enrollment Trends

In parallel with release of the guidance, CMS made available new data showing that, despite having higher eligibility levels, children are being terminated from coverage at a rate similar to that of adults.



Source: CMS, [Medicaid and CHIP Enrollment: Child and Youth Data Snapshot](#).

Federal Renewal Requirements for Children

- States must **first attempt to renew eligibility** for *all* Medicaid/CHIP enrollees **based on available data** without requiring additional information from the individual (i.e., *ex parte* renewal).
- States must **send a renewal form to a child's family/household only if available information is insufficient** to renew their eligibility on an *ex parte* basis.
- States must **conduct renewals at the individual level**. This means that even if a state is unable to renew a parent/guardian on an *ex parte* basis, the state must still renew on an *ex parte* basis other members of the household for whom the state has sufficient information to determine eligibility. This includes children in households with at least one adult enrolled in Medicaid and children in families with mixed immigration and citizenship status.
- States may not deny or delay a redetermination to an otherwise eligible child, including “**deemed newborns**,” as long as the family is attempting to obtain a social security number for the infant.
- States may not delay a renewal for Medicaid and CHIP **pending information needed to complete a redetermination or due to other requirements for another human services program** [e.g., Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF)].





42 C.F.R. §§ 435.916,
457.343, 435.911,
435.926, 457.340,
435.910, 435.956.

Also see SHVS/Manatt Health, [CMS Guidance on Conducting Eligibility Redeterminations at the Individual Level](#).

Strategies to Promote Continuity of Coverage Among Children and Youth

To protect the health and wellbeing of children and youth, states may consider adopting additional, actionable strategies that help keep Medicaid- and CHIP-eligible children covered.

CMS Offers Key Strategies to . . .

Increase <i>Ex Parte</i> Renewal Rates	Bolster Outreach and Renewal Assistance	Maintain Continuity of Coverage	Maximize Retention of Medicaid and CHIP
<ul style="list-style-type: none">■ Adopt High-Value Section 1902(e)(14) Waivers■ Implement Express Lane Eligibility	<ul style="list-style-type: none">■ Partner with Managed Care Plans■ Strengthen Community Partnerships	<ul style="list-style-type: none">■ Provide Continuous Enrollment (CE)■ Support Seamless Transition Across Programs	<ul style="list-style-type: none">■ Delay Or Pause Procedural Disenrollments■ Modify CHIP Policies■ Tailor Strategies to Children and Youth with Special Healthcare Needs
			

Source: CMS, [Ensuring Eligible Children Maintain Medicaid and Children's Health Insurance Program Coverage](#).



Strategies to Promote Continuity of Coverage Among Children and Youth



Adopt High-Value Section 1902(e)(14) Waivers

States may leverage certain section 1902(e)(14) waivers through December 31, 2024, to increase *ex parte* rates and enhance the *ex parte* process for children and youth, in effect minimizing loss of coverage.

Targeted SNAP/TANF Strategy	<ul style="list-style-type: none">Allows states to renew Medicaid eligibility based on financial findings from SNAP, TANF, or other means-tested programs.Can also be applied to CHIP in states where the SNAP or other means-tested program eligibility levels are higher than the Medicaid level and below CHIP levels.
\$0 Income Strategy	<ul style="list-style-type: none">Allows states to renew eligibility on an <i>ex parte</i> basis for Modified Adjusted Gross Income (MAGI) and non-MAGI individuals with \$0 income when no data is returned.
Low Income Strategy	<ul style="list-style-type: none">Allows states to renew eligibility on an <i>ex parte</i> basis for MAGI and non-MAGI individuals with income at or below 100% of the federal poverty level (FPL) when no data is returned.Helps states reduce administrative burden, particularly for verifying self-employment income.



States may also consider requesting authority to implement other section 1902(e)(14) strategies—such as the newer option to extend the renewal period for children for up to 12 months to give families additional time to renew their children’s coverage (as Kentucky and North Carolina have done), or bespoke waivers unique to a state’s circumstances.



Implement Express Lane Eligibility

States may adopt the Express Lane Eligibility state plan option, which can help streamline enrollment and renewals for children during unwinding and beyond.

Express Lane Eligibility State Plan Option

- Permits states to rely on findings (including related to income) from an entity designated by the state as an Express Lane Agency to determine a child's eligibility for Medicaid or CHIP.
 - Express Lane Agencies may include SNAP; TANF; Head Start; the National School Lunch Program; and Women, Infants, and Children; among others.
- May be used when determining eligibility for children at application or renewal.
- Requires a state plan amendment (SPA) approval to implement.

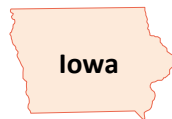
States that have implemented Express Lane Eligibility in Medicaid:



SNAP/TANF



National School
Lunch Program



SNAP



SNAP/NSLP



SNAP



SNAP/TANF



SNAP

Source: Sections 1902(e)(13) and 2107(e)(1) of the SSA; CMS, [Express Lane Eligibility for Medicaid and CHIP Coverage](#).



Partner With Managed Care Plans

States can partner with Medicaid and CHIP managed care plans to strengthen outreach and renewal assistance to families and support coverage retention among children.

State Medicaid and CHIP agencies can . . .

- **Send lists to managed care plans** of individuals who are due for renewal so that plans may conduct outreach to remind parents/guardians to respond to renewal packets.
- Have **managed care plans conduct additional outreach** to families who lost coverage for procedural reasons, so that families may return their renewal form to have their eligibility reconsidered.
- Ensure that managed care plans **utilize multiple modalities** to reach families (e.g., phone call, email, text).
- Request that managed care plans **partner with pediatricians and other children's providers** to support coverage retention and work with families to maintain enrollment (e.g., by tracking renewal dates and providing assistance to families with filling out renewal forms).
- Leverage **section 1902(e)(14) waiver authority** to:
 - Accept updated enrollee contact information provided by managed care plans without taking an additional step to verify the new information (the “Contact Update Strategy”).
 - Allow managed care plans to provide assistance to parents/guardians and their households to complete Medicaid and CHIP renewal forms (the “Renewal Support Strategy”).



Strengthen Community Partnerships

State Medicaid and CHIP agencies may collaborate with other state agencies and community partners to communicate to families up-to-date information about the redetermination process.

State Medicaid and CHIP agencies can . . .

- **Encourage parents or guardians to fill out renewal forms** for their children who cannot be renewed on an *ex parte* basis, even if the parents or guardians are no longer eligible.
- **Partner with other family-facing state agencies** to share up-to-date information about renewals, and request that they engage directly with families.
- **Promote consistent messaging** by distributing communication materials, such as flyers, social media graphics, and articles.
- **Engage community-based organizations** (e.g., Navigators/assisters, faith-based organizations and leaders, youth sports programs, barbershops, libraries) to play a role in educating families about renewing coverage.
- **Ask schools, early childhood programs, and summer camps** to include messaging about Medicaid and CHIP renewals (e.g., in texts, calls, backpack flyer/postcards).


Messages and materials specific to parents/guardians and children may be found on CMS' [Communications Page](#).



Provide CE to Children

As of January 1, states are required to provide children enrolled in Medicaid and CHIP with 12 months of continuous eligibility pursuant to the Consolidated Appropriations Act, 2023 (CAA).

- States that do not already comply with the CAA CE requirements (below) must submit a Medicaid SPA by March 31, 2024 and CHIP SPA by the end of the state fiscal year in which January 1, 2024 falls.

CE Feature	Existing State Plan CE Option	CAA CE Requirement 
Duration	12 months or a lesser period specified by state	12 months required
Age	Up to age 19 or a lower age specified by state	Up to age 19 required
Covered Population	Medicaid/CHIP: nearly all children	Same as current option
Exceptions	<ol style="list-style-type: none">Child reaches max ageVoluntary termination requestedMove out of stateEligibility erroneously granted due to fraudChild diesFor CHIP only, nonpayment of premiums	All except for #6 - No termination of eligibility during a CE period for nonpayment of premiums under Medicaid or CHIP

- States may also consider using **section 1115 authority to establish and propose CE policies that go beyond** what is authorized under the CAA, including multi-year CE for young children (e.g., 0 to 6 years old) and up to 24 months CE for other child and adult populations.



For more information on implementing the CE provisions in the CAA, see the SHVS/Manatt Health [summary](#) and [webinar](#) reviewing CMS' recent [sub-regulatory guidance](#).



Support Seamless Transitions Across Programs

States must have renewal processes in place to ensure children who are no longer eligible for Medicaid or CHIP can seamlessly transition between coverage programs.

- When a state reviews available data sources and finds that a Medicaid-enrolled child appears eligible for a separate CHIP, the state must:
 - Maintain the child in Medicaid coverage;
 - Send a renewal form to the family, requesting additional information needed to complete a determination for Medicaid; and
 - Provide a minimum of 30 days to respond if enrolled on a MAGI basis, or a reasonable amount of time to respond if enrolled on a non-MAGI basis.
- If the family responds to the renewal form, either maintain the child's Medicaid eligibility or enroll the child in CHIP, based on the information provided.
- If the family does not respond to the renewal form, CMS strongly encourages states to enroll the child in CHIP based on the available data from the *ex parte* process. ★

Source: 42 C.F.R. §§ 435.916 and 457.343; and CMS, [Transitioning Individuals Within Medicaid Eligibility Groups and Between Medicaid and CHIP at Renewal](#).



Delay or Pause Procedural Disenrollments

States may delay or pause procedural disenrollments for enrollees for one or more months to conduct targeted renewal outreach and encourage parents/guardians to return the renewal form.

- Allows time for enrollees who would otherwise lose coverage for procedural reasons to return the renewal form/other required documentation.
- May be targeted to specific populations at risk of losing coverage, including children.
- Available for states to implement throughout the unwinding period, or on an ad hoc basis for cohorts of renewals based on certain defined criteria (e.g., if the percent of anticipated procedural disenrollments exceeds a specified threshold).
- Requires CMS concurrence for an exception to timely determinations of eligibility [42 C.F.R. § 435.912(e)].



States interested in implementing this strategy should send an email requesting concurrence to the CMS unwinding mailbox (**CMSUnwindingSupport@cms.hhs.gov**) and note the use of this strategy in their unwinding plans.



Modify CHIP Policies

To avoid loss of coverage among CHIP enrollees due to failure to pay monthly premiums, states may eliminate or suspend premiums, enrollment fees, and premium lock-out periods.



For States Unable to Eliminate or Suspend Premiums . . . they can deploy targeted outreach and enhanced notice strategies to help prevent missed or late premium payments.



For States Unable to Eliminate or Suspend Premium Lock-Out Periods . . . they may instead establish affordable annual enrollment fees.



For States With Tiered Premium Structures that review available data sources during an *ex parte* renewal and find that a CHIP-enrolled child appears eligible for either a higher or lower premium band than their current band . . . they are encouraged to adopt CMS' premium assignment principles:

- Children found eligible for a **lower cost premium band** should be moved to this band and sent a notice about the change and basis for the determination. No further action should be required of the enrollee.
- Children found eligible for a **higher cost premium band** should be maintained in the same premium band and offered the opportunity to refute information obtained from data sources.



For States With Separate CHIP that Apply a Waiting Period. . . they may instead adopt alternative methods for addressing concerns about substitution of group health plan coverage, such as monitoring (e.g., adding questions to health coverage applications about enrollment in private coverage and conducting database checks to ensure CHIP enrollees do not have other coverage).



Tailor Strategies To Children and Youth With Special Healthcare Needs

States may deploy strategies specifically focused on mitigating coverage loss among children and youth with special healthcare needs (CYSHN).



States can identify CYSHN based on:

- **Eligibility group**, including children and youth enrolled in eligibility categories for individuals with disabilities, or former foster care youth.
- **Receipt of specialized or high-risk care for physical or behavioral health needs**, including through state plan benefits, 1115 waivers, and home and community-based services waivers.
- **Claims and encounter data** to identify children and youth in an active course of treatment for a complex illness (e.g., cancer treatment).



To minimize coverage loss for CYSHN, states can:

- **Partner with other entities**, including Title V and other state programs providing support to CYSHN and their families.
- **Adopt special redetermination processes** (e.g., longer timeframes to respond to requests for information, enhanced outreach through state or regional eligibility offices).
- **Require managed care plans to conduct targeted assistance** with completing renewals.
- **Fund Navigators and/or application assisters** or embed assisters into settings with high volumes of enrollees who are CYSHN to facilitate renewals and/or seamless transitions to other coverage.



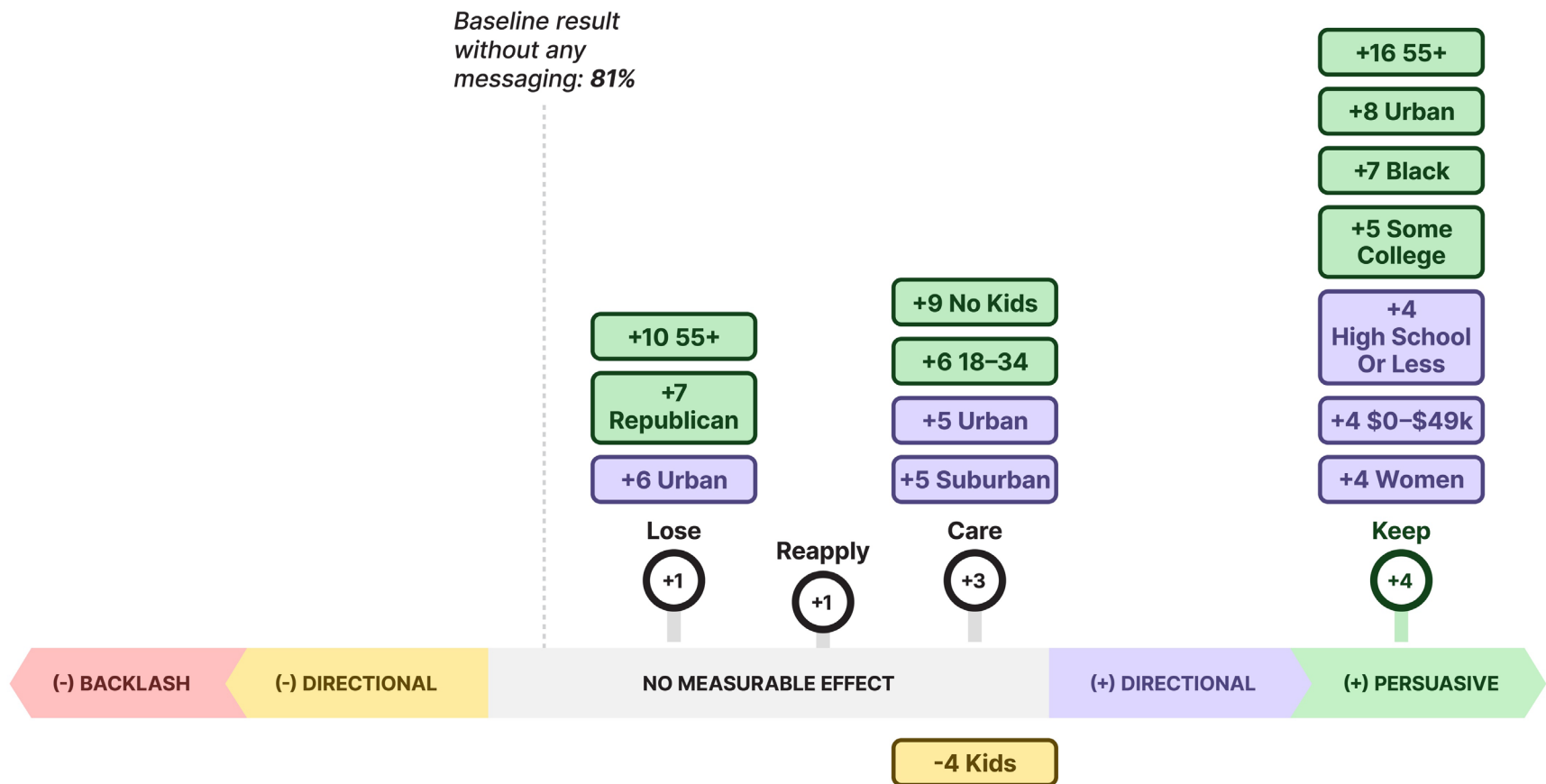
Targeted Messages to Children and Families About Medicaid/CHIP Coverage

Rapid Message Test

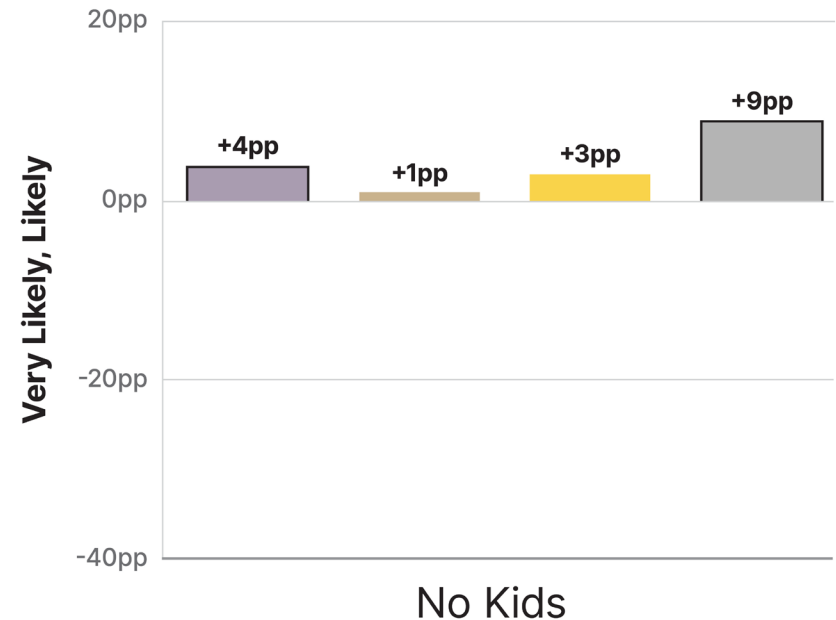
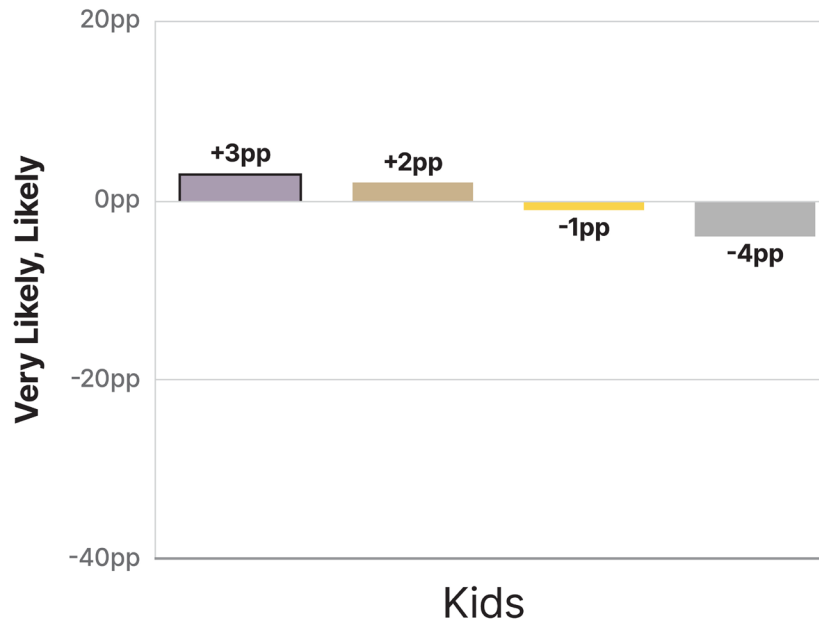
- Fielded December 20 - 22, 2023, online and in English only.
- Audience: Medicaid members, nationwide, ages 19 through 64.
- Four messages were tested against a placebo unrelated to Medicaid. Each message, including the placebo, was seen by at least 600 respondents for a total sample size of 3,063.

See SHVS/GMMB, [Rapid Message Test Insights to Inform 2024 Medicaid Renewal Messaging.](#)

Message Persuasiveness Scale, Including Demographic Subgroup Results



Message Lift by Household Type, With and Without Children Under 19



Keep Reapply Lose Care

Message with the highest probability to be best

Small sample size

Recommended Messaging

- [MEDICAID PROGRAM] renewals happen every year. This means [STATE/AGENCY/PROGAM] will review your eligibility to make sure you still qualify. If you want to keep your [MEDICAID PROGRAM], it's important to complete your renewal on time. That way you can keep your benefits, like doctor visits and prescriptions.
- Your children may be able to keep their [MEDICAID PROGRAM] coverage even if you are no longer eligible. It's important to respond to requests from [MEDICAID PROGRAM/AGENCY] so they can determine eligibility for each person in your household. Your children may be able to keep their coverage even if adults in the household do not qualify.

Discussion

The slides are available at www.shvs.org.

Thank You

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