

COVID-19 Public Health Emergency Unwind

Resumption of Standard Medicaid Operations

Meghan Groen
Senior Deputy Director
Behavioral & Physical Health & Aging Services Administration

November 1, 2023



Medicaid Background

Medicaid Program Background

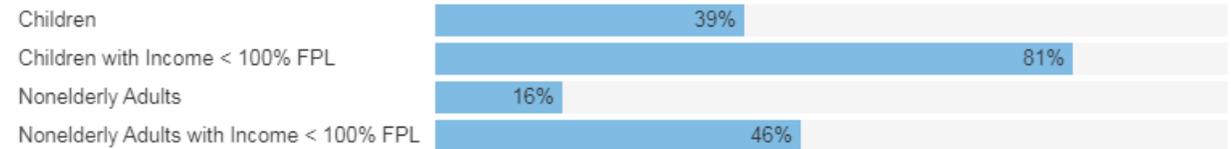
- Medicaid is a health care program jointly financed by states and the federal government.
 - States have flexibility to design and administer their Medicaid programs within federal guidelines.
- Medicaid is the nation's largest public health insurance program for people with low income.

Figure 4

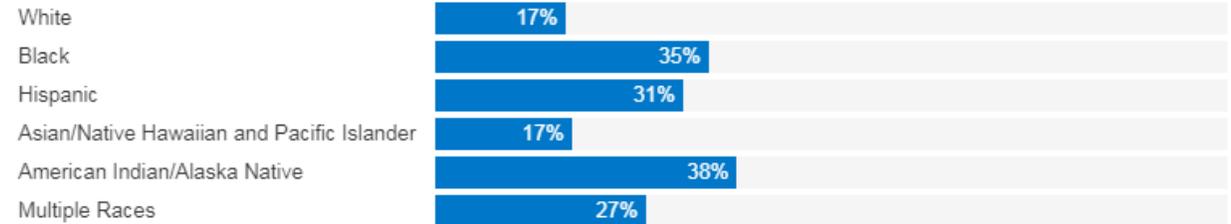
Medicaid is Particularly Important for Certain Populations.

Percentage of people within a group who have Medicaid

Adults and Children



Race/Ethnicity



Disability Status



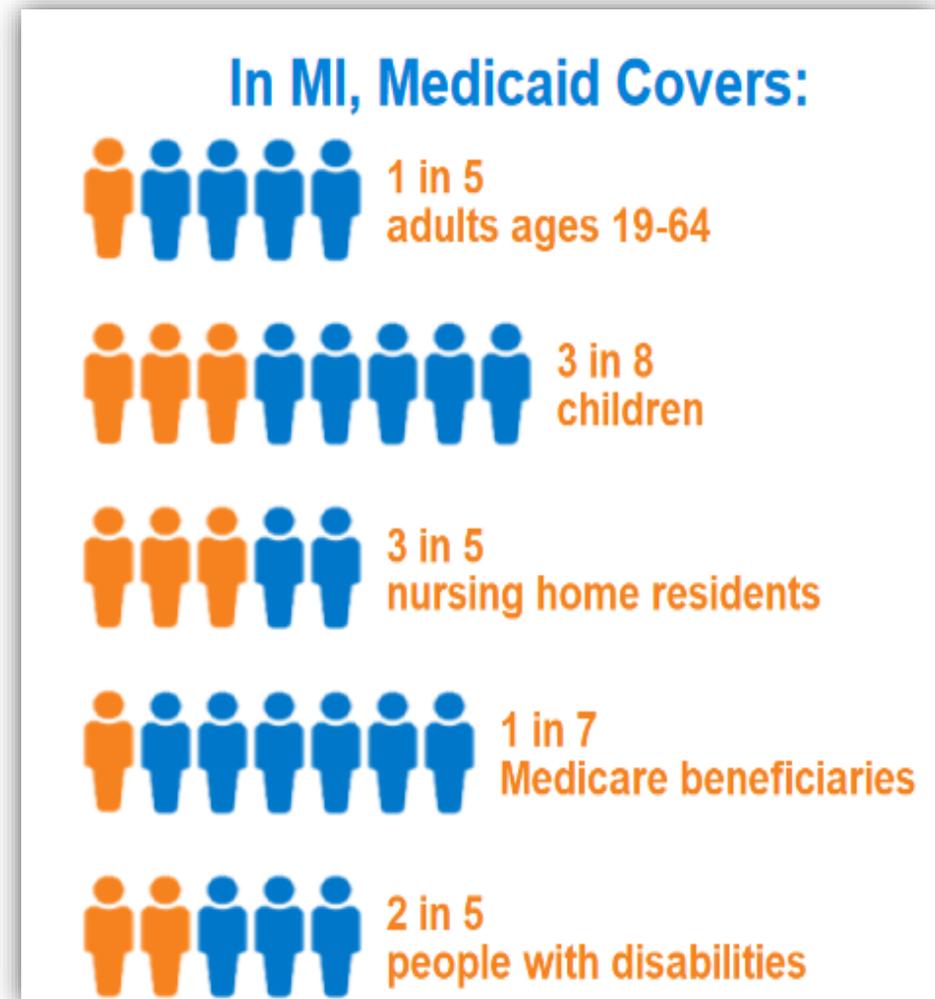
NOTE: FPL = federal poverty level. Estimates include the civilian, non-institutionalized population. Children includes people ages 0-18, nonelderly adults includes people ages 19-64. Disability is defined as having one or more difficulty related to hearing, vision, cognition, ambulation, self-care, or independent living.

SOURCE: KFF estimates based on the 2021 American Community Survey, 1-Year Estimates • PNG

Michigan's Medicaid Program

In FY22, Michigan's Medicaid program afforded health coverage to more than **3 million Michiganders** each month, including:

- **1.02 million children;**
- **326,000 people** living with **disabilities;**
- **157,000 seniors;** and
- More than **1 million adults** in the **Healthy Michigan Plan.**



PHE Unwind Overview

Federal Renewal Requirements

- For individuals whose Medicaid eligibility is based on modified adjusted gross income methods (MAGI), 42 CFR § 435.916 states:
 - The eligibility of Medicaid beneficiaries whose financial eligibility is determined using MAGI-based income must be renewed once every 12 months, and no more frequently than once every 12 months.
 - Renewal on basis of information available to agency.
 - The agency must make a redetermination of eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
 - This is “ex parte” renewal or passive renewal.

PHE Unwind Overview

2020

- January: Public Health Emergency (PHE) begins.
- March: Families First Coronavirus Relief Act (FFCRA).
 - Continuous coverage requirement effective January 1, 2020, through the end of the PHE.

2022

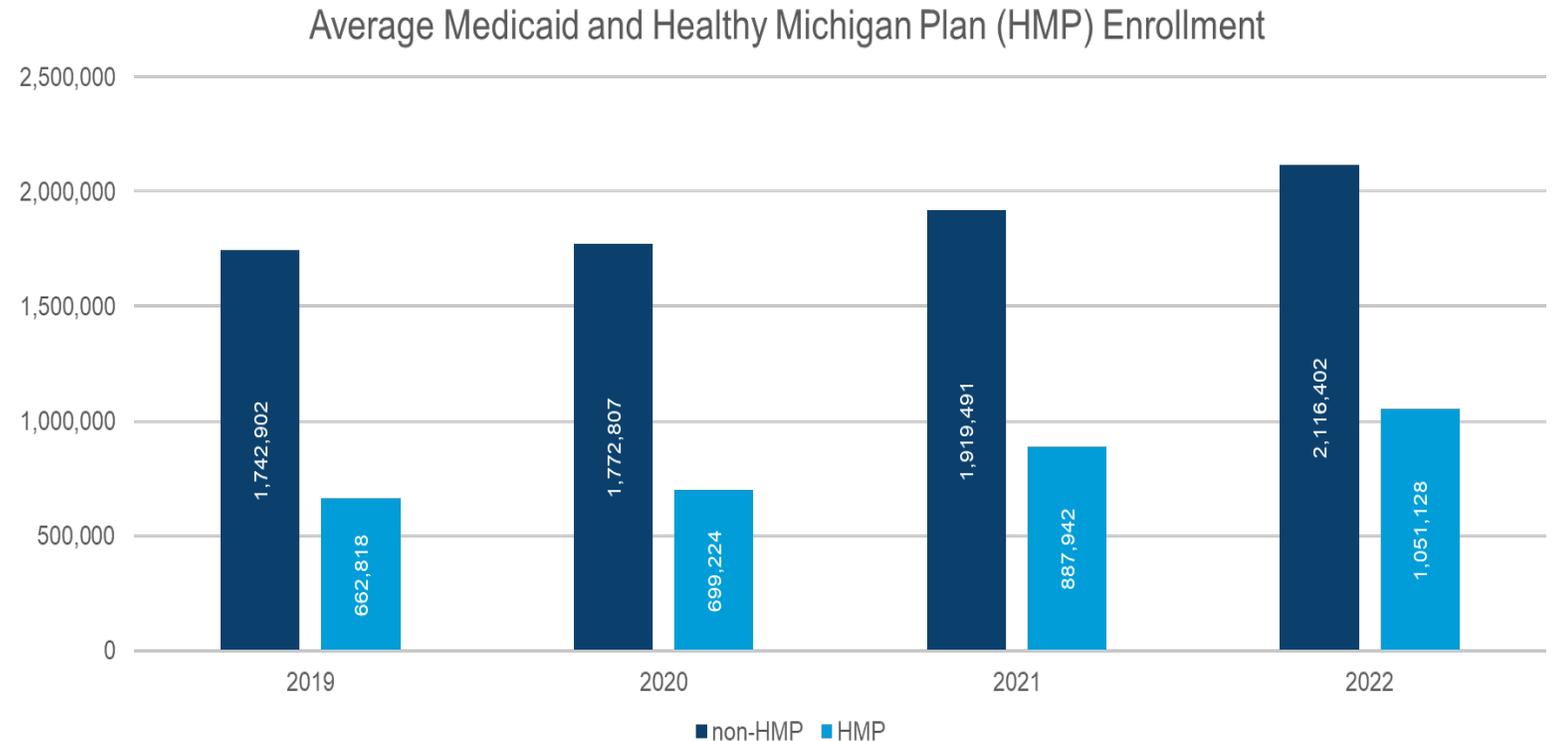
- December: Congress passes Consolidated Appropriations Act.
 - Decouples Medicaid continuous enrollment from the end of the PHE.

2023

- March 31: Last day of Medicaid continuous enrollment provisions.
- April: MDHHS begins to restart renewals.
- July: First month beneficiaries have coverage terminations in Michigan.

Medicaid Enrollment Growth

- March 2020 enrollment: 2,395,319
- May 2023 Enrollment: 3,214,910
- **819,591 additional individuals covered (34.2% increase)**



Michigan's Approach to Unwinding

Keeping Residents Covered

- Goal: MDHHS's highest priority is to keep as many Medicaid beneficiaries enrolled as possible, and provide a smooth transition to the Marketplace for those no longer eligible.
- MDHHS is working to reach this goal through:
 - Enhancing ex parte renewal process.
 - Adopting special CMS waivers and flexibilities during the PHE unwind.
 - Conducting robust outreach through mail, phone, text messages and email.
 - Conducting statewide media campaign.
 - Partnering with Managed Care Organizations (Medicaid Health Plans, PIHPs, Integrated Care Organizations).

PHE 1902(e)(14)(A) Waivers

- MDHHS has submitted 1902(e)(14)(A) waivers for the following strategies:
 - Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs.
 - Renew Medicaid eligibility for individuals with no income and no data returned on an ex parte basis (\$0 income strategy).
 - Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources.
 - Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms.
 - Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of presumptive eligibility on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state).
 - Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid during a 90-day reconsideration period.
 - Extend automatic reenrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage ("Managed Care Plan Auto-Reenrollment Strategy").

PHE Special Flexibilities

- MDHHS is also electing the following flexibilities that do not require waiver approval from CMS:
 - Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available.
 - Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach.
 - Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded.
 - Inform all beneficiaries of their scheduled renewal date during unwinding.
 - Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail.
 - Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period.
 - Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons.

Robust Communication

Get ready to renew now.

Following these steps will help determine if you still qualify:



Make sure your contact information is up to date.



Check mail or text messages for a letter.



Complete your renewal form (if you get one).

- Media campaign: Radio, social media, minority media outlets.
- Toolkit and support for community and provider partners:
 - Social media and web resources
 - Beneficiary letters and flyers
 - Additional print materials such as wallet card, posters, and brochure
- Earned media: Press release and media interviews.
- Many of the materials have been translated into Spanish and Arabic.
- Toolkit and other materials routinely shared with the Legislature.

Communication Strategies



Established a dedicated website at michigan.gov/2023benefitchanges for all beneficiary and stakeholder information.



Convening regular meetings with key partners and statewide associations.



Biweekly email updates, briefings to inform, educate, and support Legislative partners.



Hosting educational webinars and partnering with community organizations to support broad awareness and engagement.

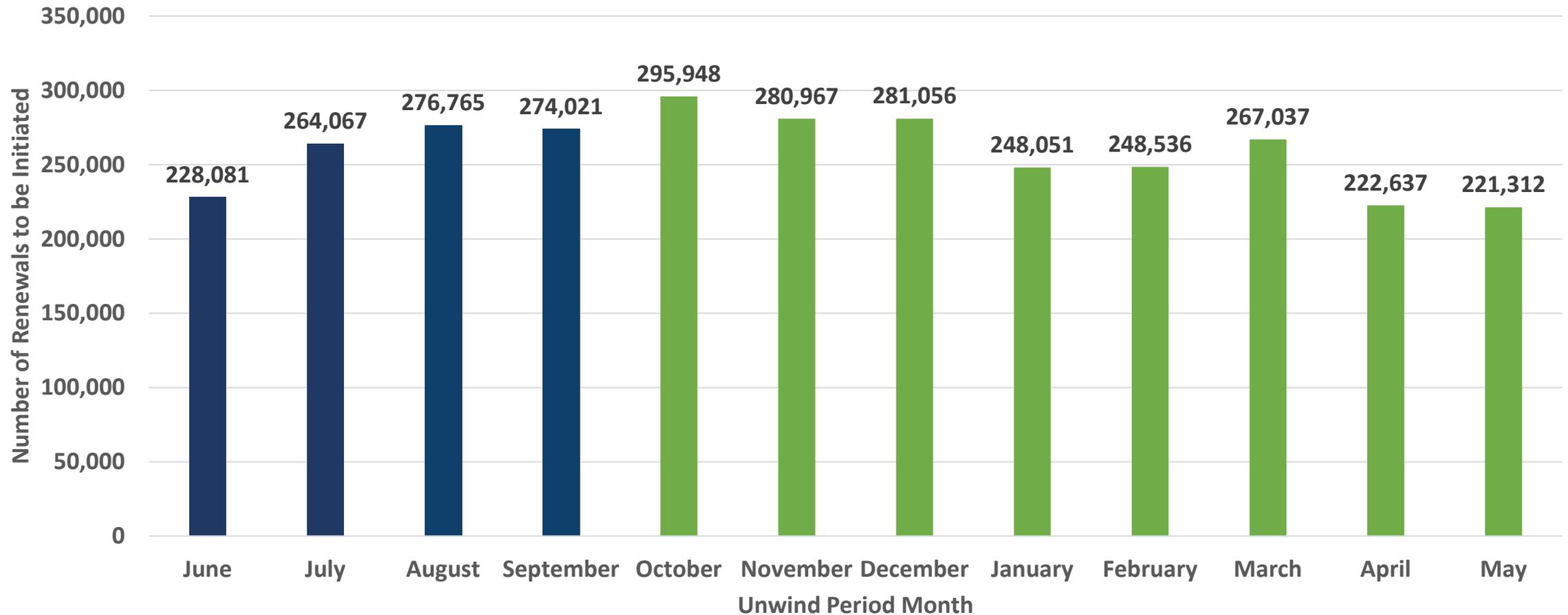


Proactive phone and email outreach to beneficiaries who have not returned paperwork and could be subject to closure.

DHHS Local Office Collaboration

Monthly Renewals

Starting the unwind, MDHHS had 3,108,477 Medicaid renewals to review.



Ensuring Local Office Success



Hiring Staff to Manage the Workload

- 581 staff hired in FY23
- 53 staff hired in FY24

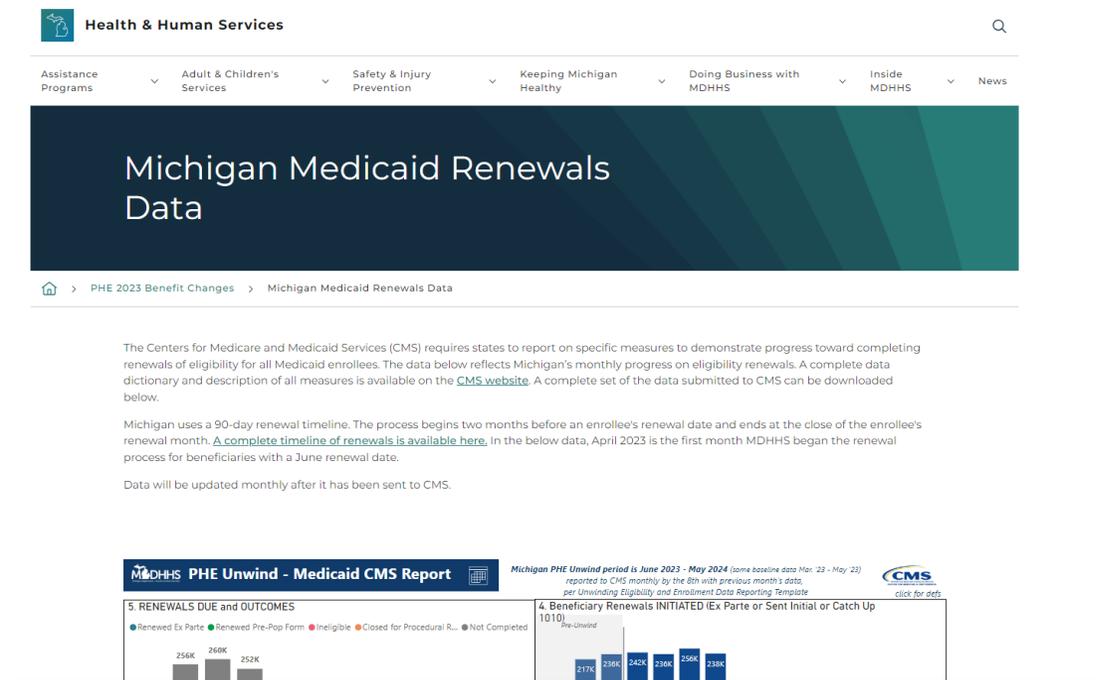
Overtime and Bridges Hours Expanded

- Local Office Enhancements:
 - ESA, technical, BPHASA, and local office collaboration.
 - Policy and business process clarifications and communications.
 - Conduct statewide and individual trainings.
 - One-on-one support provided to local offices as requested.
 - Local office input to continually improve reports.
 - Increase passive renewals.
 - Automated processes.
 - Aligning review dates for families.

Medicaid Renewal & Closure Data

Medicaid Renewals & Closures

- MDHHS is committed to transparency and supplying unprecedented amounts of data during the unwind.
- MDHHS updates data monthly, including data submitted to CMS.
- Data is available at: <https://www.michigan.gov/mdhhs/end-phe/michigan-medicaid-renewals-data>



CMS Reported Data

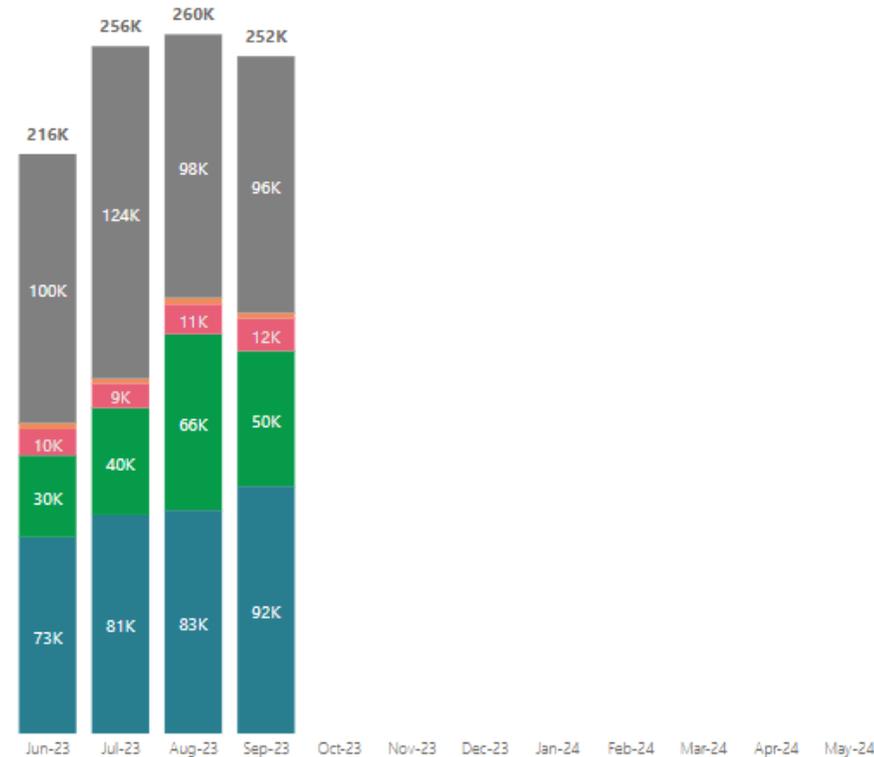
MDHHS PHE Unwind - Medicaid CMS Report

Michigan PHE Unwind period is June 2023 - May 2024 (some baseline data Mar. '23 - May '23) reported to CMS monthly by the 8th with previous month's data, per Unwinding Eligibility and Enrollment Data Reporting Template



5. RENEWALS DUE and OUTCOMES

Renewed Ex Parte (Blue) Renewed Pre-Pop Form (Green) Ineligible (Red) Closed for Procedural R... (Orange) Not Completed (Grey)

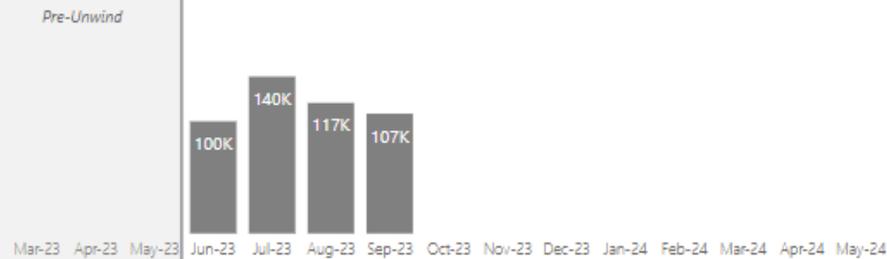


Renewed Ex Parte (Blue) Renewed Pre-Populated Form (Green) Ineligible for Medicaid/CHIP (Red) Closed for Procedural Reasons (Orange) Not Completed (Grey)

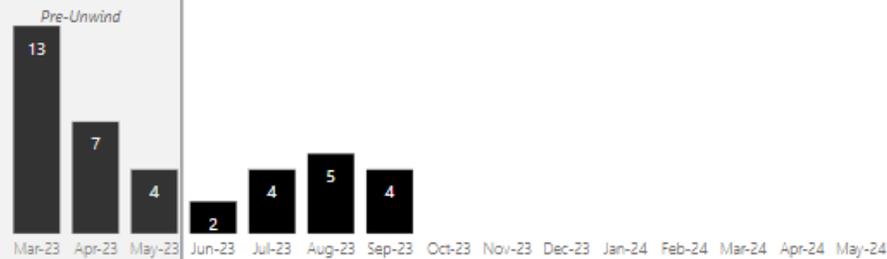
4. Beneficiary Renewals INITIATED (Ex Parte or Sent Initial or Catch Up 1010)



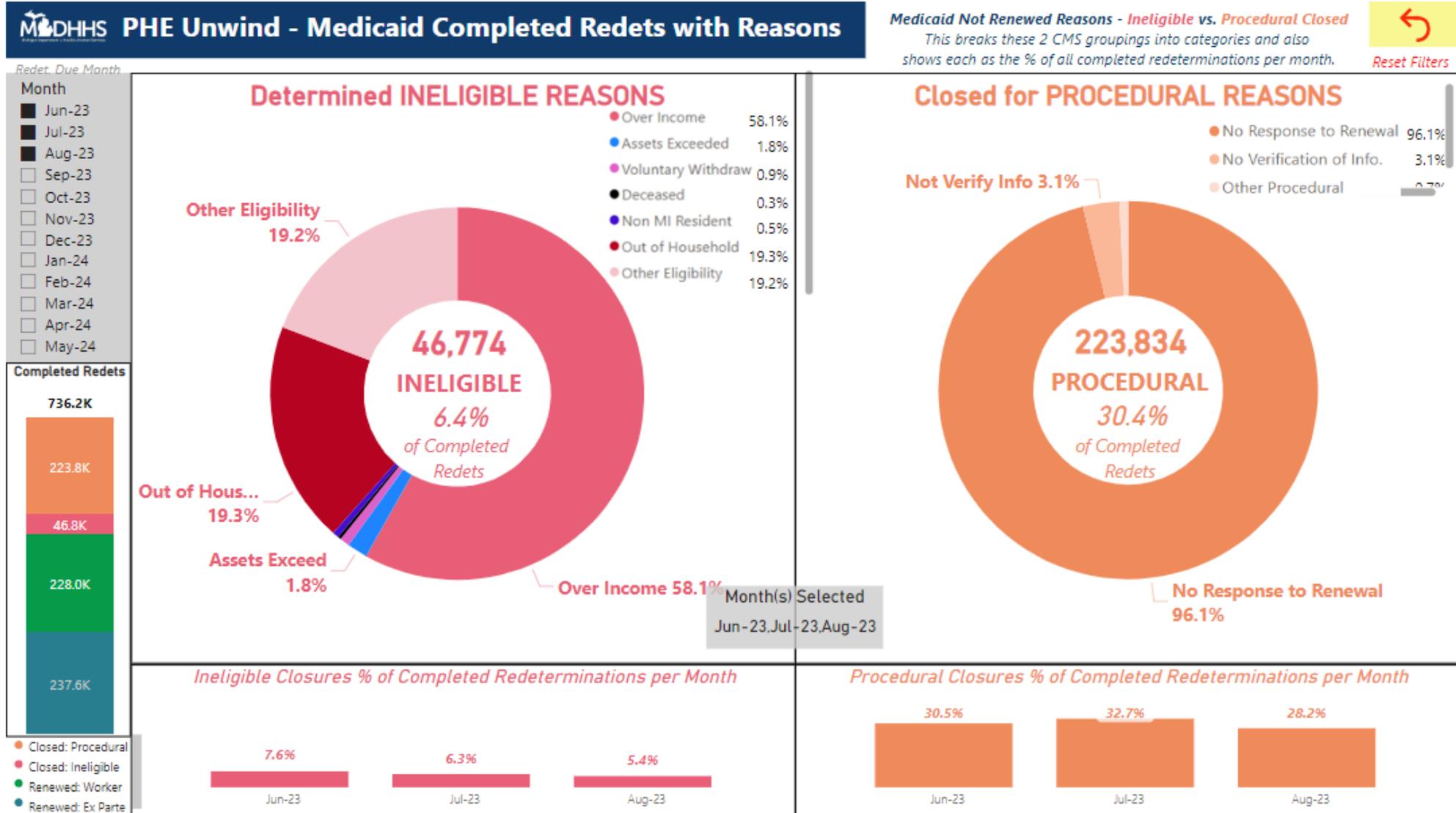
7. Total Renewals Due since beginning of Unwind NOT YET COMPLETED



8. Total Medicaid Fair Hearings PENDING MORE than 90 days



Additional Monthly Data



Marketplace Transitions

MDHHS & DIFS Partnership to Ensure Smooth Marketplace Transitions



- Implemented a joint Marketplace Coordination Workgroup to support robust interagency communication and coordination.
- Released joint guidance to MDHHS's contracted Medicaid Health Plans (MHPs) regarding permissible beneficiary outreach, including establishing an outreach strategy for MHPs that offer a Marketplace plan.
- Developed an outreach strategy to assure that individuals who transition from Medicaid coverage due to excess income are aware of their options for staying covered.
 - Includes providing education about the federal Marketplace and how to find additional resources, including navigators and assisters in their community.
- Built website for specific Marketplace information and education related to PHE.
 - <https://michigan.gov/staycovered>

Important Resources & Phone Numbers



Resources and Phone Numbers



- MDHHS Website: michigan.gov/2023benefitchanges
 - Information for providers and beneficiaries.
- DIFS Website: michigan.gov/staycovered
 - Information on Marketplace coverage.
- MI Bridges Help Desk: 1-844-799-9876
 - Available 8 a.m. – 5 p.m., Monday – Friday.
 - Assistance with accessing MI Bridges account.
- Local Office/UCL Phone Number: 1-844-464-3447
 - 9 a.m. – 3 p.m., Monday – Friday.
 - To reach a specialist.

Questions

MDHHS Contact Information

Chardaé Burton

Director of Legislative Affairs

(517) 243-3221

Burtonc5@michigan.gov

