New Hampshire Department of
HEALTH & HUMAN SERVICES

WORKING DRAFT

DHHS Preparation for End of Medicaid Continuous Enrollment

February 9, 2023

Agenda

- Continuous Coverage Requirement
- Pathways to Marketplace Coverage
- DHHS Activities to Support Unwind
- NH Reporting Requirements



Continuous Coverage Requirement

Background

- At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA), which included a requirement that Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 public health emergency (PHE) ends, in exchange for enhanced federal funding.

- The Federal Public Health Emergency was initiated in early 2020 and has been renewed by the Secretary of Health and Human Services every 90 days since then. The PHE was renewed most recently on January 11, 2023.

- Primarily due to the continuous enrollment provision, Medicaid enrollment has grown substantially compared to before the pandemic and the uninsured rate has dropped.

Changes in Enrollment- NH Medicaid

	Feb 28 2019	Feb 29 2020	Feb 28 2021	January 30, 2023
Standard Medicaid	128,252	127,356	143,182	154,503 (over 20% increase over 2019 figures)
Granite Advantage **(Expansion Group)**	51,240	51,574	72,392	95,491 (86% increase over 2019 figures)
Total	179,492	178,930	215,574	249,994 (39% increase over 2019 figures)

Protected Individuals

Protected Individuals - Individuals who no longer meet eligibility requirements and/or have overdue administrative tasks to complete their redeterminations placing them at risk of losing coverage when the continuous coverage period ends.

- **Overdue Redetermination** – Individuals who have not completed their renewals will be provided an opportunity to renew based on our State Plan for Prioritizing and Distributing Renewals.

- **Pending Ineligible** – Individuals who have completed a renewal within the past 12-month and subsequently had a change in circumstance (e.g., categorically ineligible) in their 12-month eligibility period.

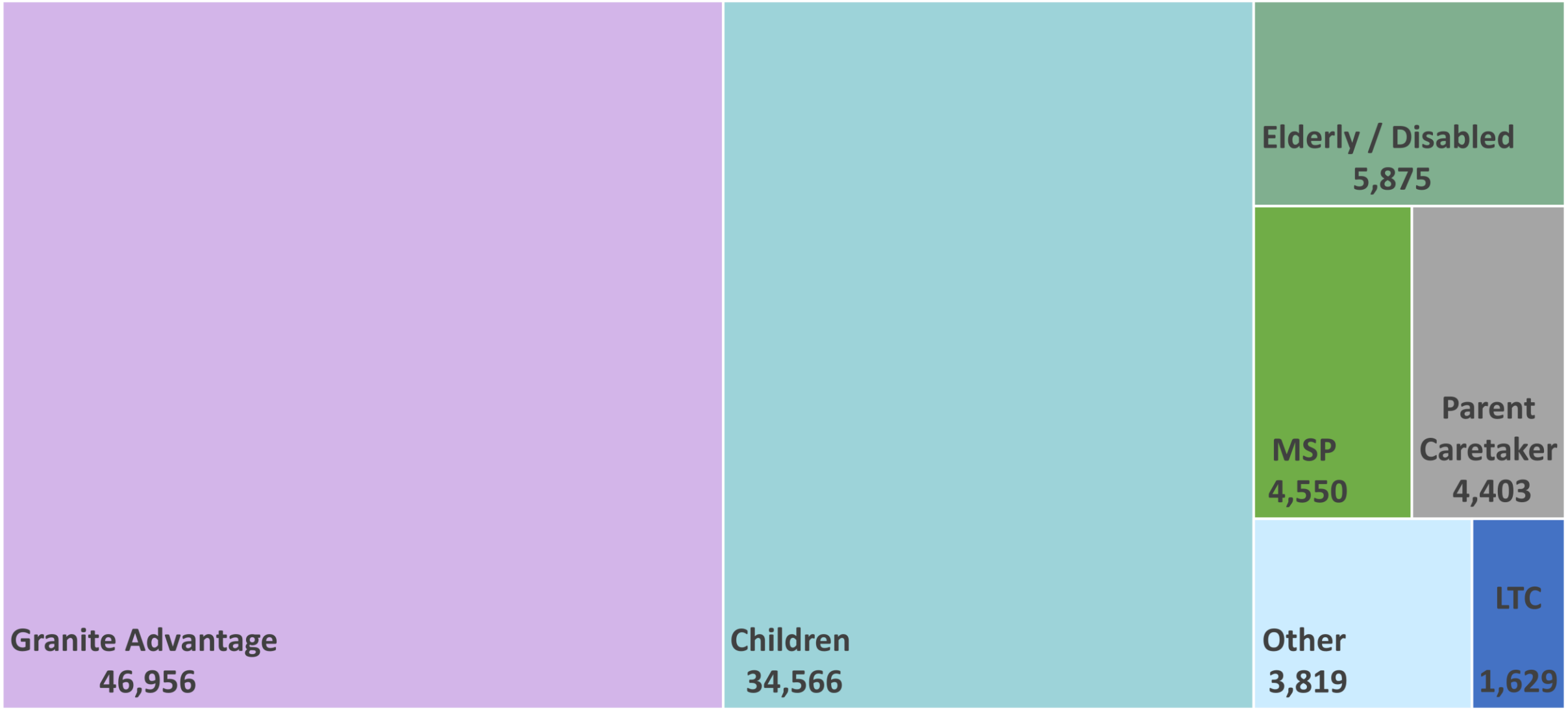
Protected Population Count as Individuals

Pending Ineligible
28,996

Overdue Redeterminations
72,802

Total Protected
101,798

NH Protected Medicaid Individuals by Eligibility Category



New HEIGHTS data as of 01/04/2023, the protected population size increases monthly.

Protected Population Count as Households

Pending Ineligible
21,781

Overdue Redeterminations
47,532

Total Protected
69,313

Congress Acts to End Continuous Enrollment Requirement

- At the end of 2022, Congress passed the Consolidated Appropriations Act.
- In that legislation, Congress put an end to the continuous enrollment requirement as of March 31, 2023 and phased down the enhanced federal funding until December 2023.
- States that accept the enhanced federal funding can go back to regular operations on April 1, 2023, but they have to follow certain guidelines. Regular operations means the state returns to ending coverage for those whose eligibility status has changed after sufficient notice and opportunity to respond.
- According to CMS, the federal agency that oversees Medicaid, each state has 12 months to return to normal operations. States cannot initiate renewals for more than 1/9th of all of its households in that 12-month period.

FMAP PHASE OUT

Table 1. CAA, 2023 FMAP Increase Phase Out 2023 Calendar Overview

Q1: January 1-March 31, 2023	6.2 percentage points
Q2: April 1-June 30, 2023	5.0 percentage points
Q3: July 1-September 30, 2023	2.5 percentage points
Q4: October 1-December 31, 2023	1.5 percentage points

CMS Requirements

- To monitor state unwind activities and ensure compliance with federal guidance, CMS requires states to submit a Renewal Distribution Plan.

- CMS also requires states to make monthly reports to CMS reflecting metrics that monitor state enrollment and eligibility activities and trends.

New Hampshire's Renewal Distribution Plan

- New Hampshire's Renewal Distribution Plan assigns a renewal month over the next 12 months to all of the households in the protected group that need a renewal. These renewals are distributed across the 12-month period beginning in March 2023. This allows the state to prepare the most vulnerable - people in active treatment or with chronic conditions, children, people who are elderly or living with disabilities – to mitigate interruptions in coverage wherever possible.

- The Plan also accounts for the standard renewals that will occur each month for those in Medicaid not in the protected group. The Plan's distribution of renewals allows DHHS to avoid exceeding the 1/9th limit.

- Impacted beneficiaries will be notified of their assigned redetermination date through NH Easy, if they have an online account, or by mail if they do not. NH DHHS will begin notifying newly assigned redetermination dates on February 10th.

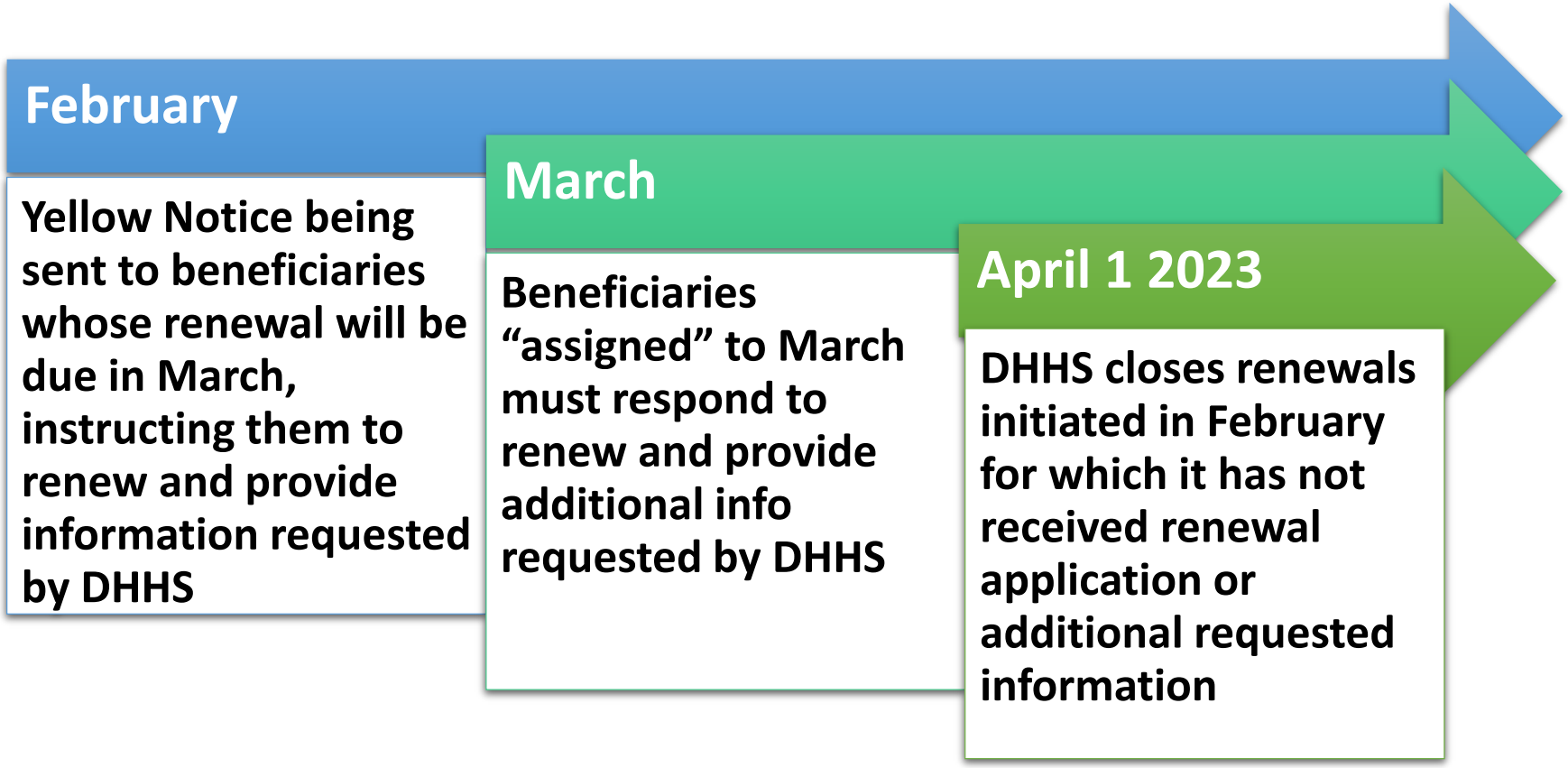
- April 1 is the earliest date any NH Medicaid enrollee who has been protected during this period can be disenrolled.

NH DHHS Unwind Renewal Plan Summary

Unwinding Period Month	1	2	3	4	5	6	7	8	9	10	11	12	Total
Number of renewals scheduled to be initiated	12,477	18,115	18,115	18,115	18,115	18,115	18,007	10,675	10,675	10,675	10,675	10,675	174,437
Percent of renewals scheduled to be initiated	7%	10%	10%	10%	10%	10%	10%	6%	6%	6%	6%	6%	100%

- **Based on households, not individuals.**
- **The first renewal month will be March. DHHS will be processing these cases in March and they will be the first cases to close if eligibility is not redetermined by March 31st and their first day without coverage will be starting April 1st.**
- **See Slides 18 for Renewal Distribution Plan in context of Other Enrollment Transitions By Individuals**

Initiation of Renewals
Anticipated Timeline - Example



Time to respond is from the date of their notice to end of following month. This cycle repeats over the 12-month unwind period.

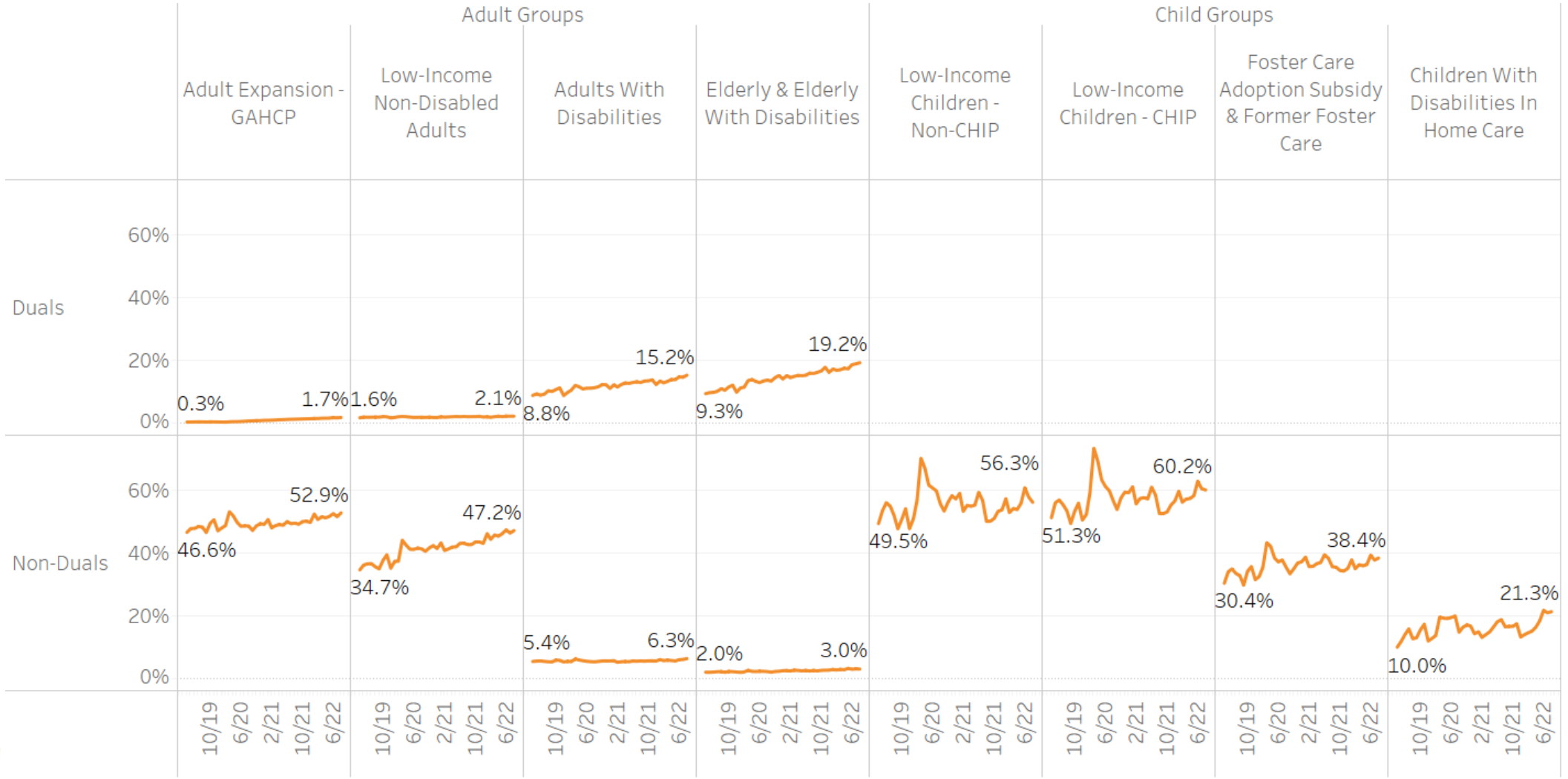
Not All Protected Households Will Be Reassigned a Renewal Date

There are some in the protected population who will not be re-assigned a renewal date because due to a regulatory exception, DHHS is not required to redetermine their eligibility.

There are approximately ~21.7K individuals in this group. They will be among the first to transition out of Medicaid enrollment.

Other beneficiaries will lose coverage throughout the unwind because their eligibility status has changed and they no longer qualify for any Medicaid category of coverage or they do not respond to renewal requirements.

Percent of Population with No Provider Payments



April 2019 to September 2022; data through 12/31/2022

Monthly Distribution Individuals (Estimated)

Grouping	Mar-2023	Apr-2023	May-2023	Jun-2023	Jul-2023	Aug-2023	Sep-2023	Oct-2023	Nov-2023	Dec-2023	Jan-2024	Feb-2024	Total
Lost contact	2,378	2,905	534	586	282								6,685
Financially & procedural ineligible		9,326	7,250										16,576
Categorically & Procedural Ineligible			3,948										3,948
GA Medicare & Procedural			361										361
Cases with adults			1,071	7,460	7,783								16,314
MSP Only					180	2,342							2,522
Cases with children						11,149	8,921						20,070
Vulnerable (LTC, Disabled (not elderly)							3,664						3,664
Suspended (Correctional facility)							1,027						1,027
SNAP/Cash/Spenddown Aligned Renewals	27	168	122	290	116	93	141	138	176	180	182	2	1,635
Renewals	**2,405**	**12,399**	**13,286**	**8,336**	**8,361**	**13,584**	**13,753**	**138**	**176**	**180**	**182**	**2**	**72,802**
*Pending Ineligible	24,139	4,857											28,996
Grand Total Individuals	**26,544**	**17,256**	**13,286**	**8,336**	**8,361**	**13,584**	**13,753**	**138**	**176**	**180**	**182**	**2**	**101,798**
% Estimated to Close	82%	66%	52%	53%	51%	49%	38%	0%	40%	41%	37%	0%	58%
Est. Pending Ineligible & Admin Closures	**21,881**	**11,421**	**6,863**	**4,401**	**4,284**	**6,697**	**5,284**	**57**	**70**	**74**	**68**	**2**	**58,961**

*Pending Ineligible	Mar-2023	Apr-2023	Total
Pending Ineligible with rede in first 2 months	4,468	2,841	**7,309**
Pending Ineligible no Rede	19,671	2,016	**21,687**
Total	**24,139**	**4,857**	**28,996**

First (3) Months Summary	Individuals	Percent
Impacted individuals	57,086	56%
Estimated to close	40,165	58%
Est % total protected to close in 1st 3M		39%



Pathways to Marketplace Coverage

Pathways to Marketplace Coverage for Those Who Lose Coverage

There are multiple avenues for those who lose Medicaid coverage to gain Marketplace coverage:

A) Standard Electronic File Transfer: DHHS is required to conduct an electronic file transfer to the Marketplace for those it has identified as over-income and no longer eligible for any other Medicaid coverage category.
42 CFR 435.1200(e).

B) Pilot Electronic File Transfer: DHHS is conducting an electronic file transfer pilot with CCIIO to capture those who are likely over income but not captured in the first category because of outstanding administrative tasks by the beneficiary; and

C) Unwinding Special Enrollment Period

CCIIO Announces Unwinding Special Enrollment Period

- On January 27, CCIIO announced a Marketplace Special Enrollment Period (SEP) for qualified individuals and their families who lose Medicaid or CHIP coverage due to the end of the continuous enrollment condition, also known as "unwinding."

- This SEP, called the "Unwinding SEP," will allow individuals and families in Marketplaces served by HealthCare.gov to enroll in Marketplace health insurance coverage outside of the annual open enrollment period.

- CMS will update HealthCare.gov so that Marketplace-eligible consumers who:
  - a) submit a new application or update an existing application between March 31, 2023 and July 31, 2024; and
  - b) attest to a last date of Medicaid or CHIP coverage within the same time period,
  - c) will be eligible for an Unwinding SEP.

- Consumers who are eligible for the Unwinding SEP will have 60 days after they submit their application to select a Marketplace plan with coverage that starts the first day of the month after they select a plan.

Source: Temporary Special Enrollment Period (SEP) for Consumers Losing Medicaid or the Children's Health Insurance Program (CHIP) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition– Frequently Asked Questions (FAQ)

Unwinding Special Enrollment Period continued

- Between March 31, 2023 and July 31, 2024, Marketplace-eligible consumers who are losing Medicaid/CHIP coverage due to unwinding can access the Unwinding SEP by submitting or updating an application through:
  - HealthCare.gov,
  - a certified partner that supports SEPs,
  - or the Marketplace Call Center.

- Consumers who are determined eligible for this Unwinding SEP will have 60 days from the date on which they submit a new or updated HealthCare.gov application to make a plan selection.

- ***Consumers do not have to wait for their Medicaid or CHIP coverage to end, before submitting an application for Marketplace coverage. Per regulation, consumers losing minimum essential coverage (MEC), such as Medicaid or CHIP, may report that loss of coverage up to 60 days before their last day of Medicaid or CHIP coverage***.

Source: Temporary Special Enrollment Period (SEP) for Consumers Losing Medicaid or the Children's Health Insurance Program (CHIP) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition– Frequently Asked Questions (FAQ)

Unwinding Special Enrollment Period continued

- Consumers' Marketplace coverage will start the first day of the month following plan selection under this Unwinding SEP. For example, if a consumer who is eligible for the Unwinding SEP selects a plan on August 20, 2023, Marketplace coverage will start on September 1, 2023.

- Although there is no new application for this SEP, CMS has made updates to the existing application question on HealthCare.gov that asks about a recent loss of Medicaid or CHIP coverage and updated existing functionality to grant the Unwinding SEP to eligible consumers.

- Consumers can also be determined eligible for the Unwinding SEP through existing questions on partner applications that ask about a recent loss of Medicaid or CHIP coverage.

Navigating Insurance Coverage

If you have questions about or lose your health insurance coverage, you have options! New Hampshire offers free enrollment assistance through NH Navigator programs. Navigators can help with private insurance or Medicaid.

To contact an insurance navigator call:

1-877-211-6284 or 800-208-5164.

Please contact the New Hampshire Insurance Department if you have questions or concerns about Marketplace plans: (800) 852-3416 or email consumerservices@ins.nh.gov

Jeremy Smith, First Choices Services;
Adrian Jasion, Foundation for Healthy Communities;
https://acanavigator.com/nh/home

Elias Ashooh, Health Market Connect; https://www.hmcnh.com/

(603) 309-2021



Activities to Support Unwind

Other Activities DHHS Is Undertaking To Manage the 12-month Unwind Activities

- Outreach to Lost Contact
- Workforce Capacity and Application Processing
- Reporting To CMS
- Heads Up Letter
- Social Media
- DHHS Unwind critical contacts

“Heads Up” End of Continuous Coverage Letter

Bureau of Family Assistance
Claremont District Office
17 Water Street
Claremont, NH 03743-2280

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

May 07, 2022

****
Aviso importante acerca de sus beneficios. Por favor llame a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratuitos de un intérprete.
****

JOHN A DOE
17 NOWHERE ST
SOMETOWN NH 11111-0001

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447) and select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Continuous Medicaid Coverage is Ending

You or a member of your household have been receiving continuous Medicaid coverage due to the COVID-19 federal public health emergency, even if you did not complete a redetermination when it was due or provide us with the required documents. **This continuous coverage is ending on March 31, 2023. You must complete a redetermination or respond to Department requests for information to keep your Medicaid coverage.**

What do I need to do?

DHHS will be sending requests for redeterminations to people who are currently covered by Medicaid. To keep your coverage, you must either complete a redetermination or provide information requested by DHHS. These requests will be on yellow paper or posted to your NH EASY account, highlighted in yellow.

When you get a yellow notice, please follow the instructions included in the notice and complete a redetermination and/or provide the requested verifications. We are asking you to do this so we can determine if you are still eligible for, and will be able to keep, your Medicaid coverage.

If you receive “Spenddown” Medical Coverage, you will get a letter explaining when you will need to start sending us unpaid medical bills that you still owe to meet your deductible and open your Medicaid.

Case# 12345678
ID : CN9996

Ways to complete your redetermination or provide requested information:

1. **Online:** Through your NH EASY account https://nheasy.nh.gov if you do not have an NH EASY account, you can create one today using this same link.
2. **By mail:** Centralized Scanning Unit, PO Box 181, Concord, NH 03302.
3. **In person:** Visit one of our District Offices, locations can be found at https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations

Once you complete your redetermination and/or all requested information is provided, you will receive a notice of decision informing you of the status of your Medicaid eligibility.

What should I do if I no longer need Medicaid coverage?

If you no longer need Medicaid coverage, you can voluntarily request to end your coverage by using one of the three options above or by calling the Customer Service Center at one of the numbers listed at the top and bottom of this letter.

Options for those who are no longer eligible for Medicaid:

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

New Hampshire’s Navigators are:
- First Choices Services; 1-877-211-NAVI or (603) 931 3858; https://acanavigator.com/nh/home
- Health Market Connect; 1-800-208-5164; https://hmcnh.com

You can also visit the Federal Health Insurance Marketplace at https://www.healthcare.gov/, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Need Help?

Visit one of our District Offices in person or contact the DHHS Customer Service Center toll-free at **1-844-ASK-DHHS (1-844-275-3447) and select option #3** or (603) 271-9700, (TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.

Case# 12345678
ID : CN9996

Page 2 of 2

Outreach to Lost Contact

- Contacted **25,730 households** by e-mail and text messages reminding them to update contact information with **33.6% of beneficiaries contacted updating their information***
- Aligning electronic data sources with most up to date address resources
- Provider and MCO lost contract rosters for stakeholder coaching
- Mass campaign for all known lost contact with Email and Text in February 2023

Lost Contact Multi-Modality

Cohort	Primary Modality	Secondary Modality
Paper Mailing Clients	Postal service	Prior to notice print: • Utilize NCOA to validate address and case worker to update and send mailing to updated address as required based on NCOA report to case worker(s) When mail returned: • E-mail request for address update (if e-mail on file) • Text request for address update (if opted in for text messaging) • If forwarding address on envelop, case worker to update address in New HEIGHTS and send mailing to the new address In addition to the above: • MCO notification of lost contact members and MCO address updates posted to change reporting for worker • Select providers (e.g., nursing homes) notified of lost contact to coach clients to update address • Social media postings for address update
NH EASY "Green" Clients	E-mail notification with pointer to notice in secure self-service account	• Text notification (in addition to e-mail if opted in) • Paper notice sent ONLY if e-mail bounces back from messaging service (Trumpia) Note: If paper notice is returned as secondary modality, then paper mailing secondary modality is applied.

Workforce Capacity and Application Processing

- DHHS is pursuing a source of funding to:
  - Expand the current call center with additional staffing to support the anticipated increase in call volume for the duration of the current call center contract that ends June 30th
  - Establish a more robust call center beginning July 1st to continue managing ongoing increased call volumes, provide enhanced customer service and perform administrative functions
  - Add equipment for the Central Scanning Unit to support efficient process of the increased volume in client verifications and returned mail

- Partnering with internal and external stakeholders on client outreach to provide wrap around services to our shared clients

- New workload distribution and management strategies
  - moving all protected cases to one dedicated team for case management and redetermination processing
  - engaging former eligibility staff to assist with processing redeterminations as an overtime project

Workforce Capacity and Application Processing (continued)

- Recent eligibility new hires will primarily focus on the redetermination process during Unwind
- Streamlining of appeals processing with system enhancements for tracking purposes and coordination with appeals unit
- Refinement of ex parte and passive renewal with associated efficiencies
- Promotion of NH EASY for online renewals, noticing, and general communication to drive down paper inputs and call center volume

  (Note: NH EASY enables individuals, authorized representees, and providers (e.g., nursing homes) to be more self sufficient.)
- Updates to notices and additional text/e-mail notices and coaching, including heads up notice for when clients will renew to reduce call volume

Reporting To CMS Requirements

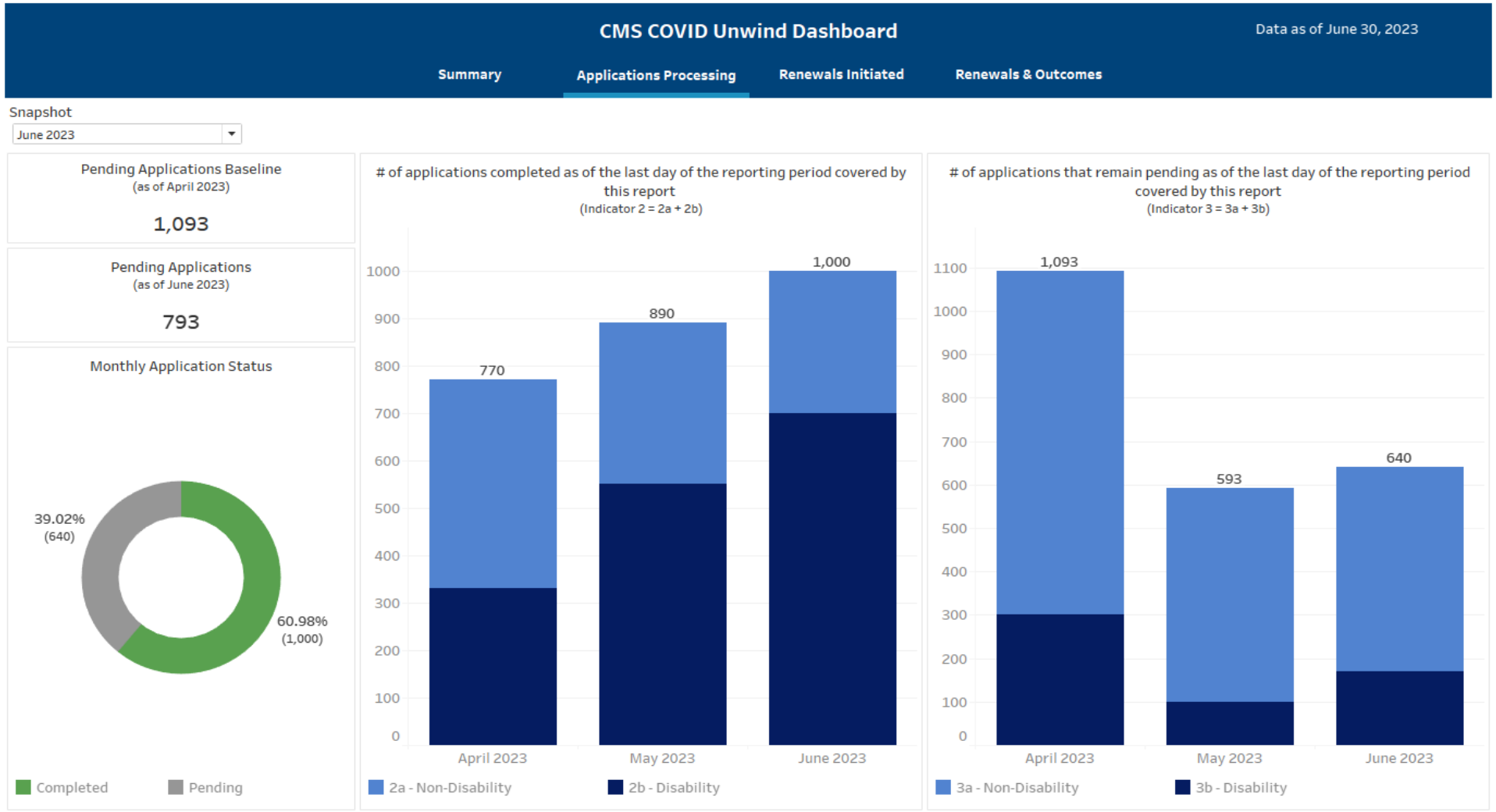
CAA 2023 Reporting Requirement	New Hampshire Status
(A) The number of eligibility renewals initiated, beneficiaries renewed on a total and ex parte basis, and individuals whose coverage for medical assistance, child health assistance, or pregnancy-related assistance was terminated	New Hampshire is prepared to report this monthly metric as it is included in the current CMS monthly unwind report released in 2022
(B) The number of individuals whose coverage for medical assistance, child health assistance, or pregnancy-related assistance was so terminated for procedural reasons	New Hampshire is prepared to report this monthly metric as it is included in the current CMS monthly unwind report released in 2022
(C) Where applicable, the number of individuals who were enrolled in a State child health plan or waiver in the form described in paragraph (1) of section 2101(a)	New Hampshire does not think this applies to us but looking for CMS to confirm
(D) Unless the Administrator of CMS reports such information on behalf of the State: ‘‘(i) In a State with a Federal or 20 State American Health Benefit Exchange…. I) the number of individuals whose accounts were received via secure electronic transfer by the Federal or State American Health Benefit Exchange…(II) the number of individuals identified in subclause (I) who were determined eligible for a qualified health plan….or (if applicable) the basic health program established under section 1331 of such Act; ‘‘(III) the number of individuals identified in subclause (II) who made a qualified health plan selection or were enrolled in a basic health program plan (if applicable)	New Hampshire is seeking confirmation if CMS reports this information on behalf of the state If New Hampshire is required to report on this metric, guidance is needed on how and where to report as there currently is not a placeholder in the reporting portal

Reporting To CMS Requirements (continued)

CAA 2023 Reporting Requirement	New Hampshire Status
(E) The total call center volume, average wait times, and average abandonment rate (as determined by the Secretary) for each call center of the State agency responsible for administering the State plan under this title (or a waiver of such plan) during such month	New Hampshire is prepared to report this monthly metric, however we need guidance how and when to report as there is currently not a placeholder in the unwind reporting portal
'(F) Such other information related to eligibility redeterminations and renewals during the period described in paragraph (1), as identified by the Secretary	New Hampshire will await further guidance on any potential additional metrics required by CMS
Baseline Unwinding Report Requirements	**New Hampshire Status**
Application Processing	New Hampshire is prepared to report this metric
Total Beneficiaries Enrolled	New Hampshire is prepared to report this metric
Timeline for Renewal Process	New Hampshire is prepared to report this metric
Medicaid Fair Hearing	New Hampshire is prepared to report this metric

Reporting - CMS Metrics

New Hampshire is prepared to meet CMS reporting requirement and has created visualization dashboards based on CMS metrics for enhanced visibility and oversight.



Reporting - Protected Population Tracking

Select to view the dashboard by unique **Case** or unique **Individual** counts.

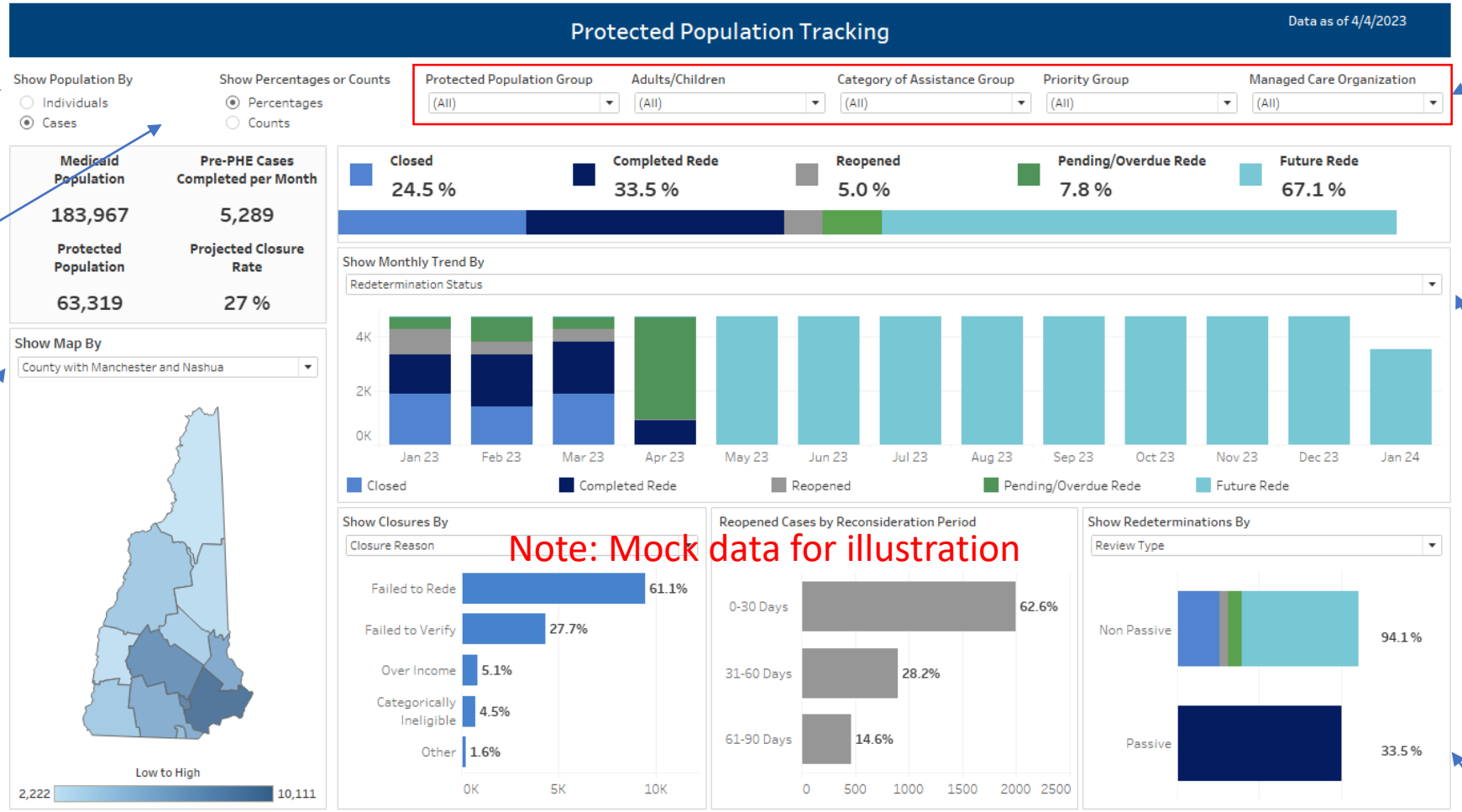
Key metrics can be displayed as percentages or counts.

The map can be viewed by **County** (Manchester and Nashua are displayed separately) or **Town**.

Users can select a County/Town to filter the dashboard.

Filter to view the data by Protected Population Group, Adults/Children, Category of Assistance Group, Priority Group or Managed Care Organization.

Users can view a Monthly Trend that displays the Redetermination Status or a Monthly Trend that displays the Closed Cases/Individuals and the Reason for the Closure. Users can also select a Month to filter the dashboard.



Note: Mock data for illustration

This chart displays the number of Closed Cases/Individuals for the selected Protected Population. The chart can be displayed by Closure Reason, Closure Method, or Closure Outcome.

This chart displays the number of Cases/Individuals that were Reopened within 30, 60 or 90 Days.

This chart displays the Redetermination Status for all Cases/Individuals. The chart can be displayed by Review Type, Category of Assistance Group, or Managed Care Organization.

Social Media Resources

- **Continuous #Medicaid coverage ends on March 31. Watch for a yellow notice from DHHS, so you can complete a redetermination or give us additional information. If you don't respond, your #Medicaid could close. Learn more at https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes.**

- **MEDICAID RECIPIENTS: Don't get caught without health insurance! If you get a yellow notice from DHHS, be sure to follow the instructions, or you could lose your Medicaid. Learn more at https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes.**

- **No longer eligible for #Medicaid? New Hampshire's Insurance Navigators can help you explore other health coverage options. Learn more at https://www.dhhs.nh.gov/financial-assistance-0/post-pandemic-benefit-changes**



Contact Information for DHHS Team

Complex policy questions

- **Henry Lipman**, Medicaid Director, Henry.D.Lipman@dhhs.nh.gov
- **Dawn Tierney**, Medicaid Policy Administrator, Dawn.I.Tierney@dhhs.nh.gov

Challenging or complex client situations

- **Karen Hebert**, Director, Division of Economic Stability, Karen.E.Hebert@dhhs.nh.gov
- **Amy Newbury,** Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

Eligibility or Call Center questions or concerns

- **Amy Newbury**, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

NH EASY questions or concerns

- **Debra Sorli**, Administrator, Bureau of Family Assistance, Debra.E.Sorli@dhhs.nh.gov
- **Amy Newbury**, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov