

MEDICAID MEMBER ADVISORY COMMITTEE

December 12, 2022





AGENDA

Natalie Pennywell

Agenda

1. Call to Order and Introductions
2. Minutes Approval 8.8.2022 MAC Meeting
3. MAC Public Meeting Rules Update
4. PHE Updates
5. Federal Marketplace and Future State-Based Exchange
6. Public Comment
7. Adjournment and Lunch



MINUTES APPROVAL

Natalie Pennywell

MAC PUBLIC MEETING RULES UPDATE

Emily McClellan, Policy, Regulation, and Member
Engagement Division Director

Natalie Pennywell, Outreach and Community
Engagement Manager



VIRGINIA MEDICAID MEMBER ADVISORY COMMITTEE (MAC) ELECTRONIC MEETINGS – REMOTE PARTICIPATION AND ALL-VIRTUAL MEETINGS

Emily McClellan

Directory, Policy, Regulation, & Member Engagement Division

Natalie Pennywell

Outreach and Community Engagement Manager

Virtual Meetings and Remote Participation – New Requirements Effective 9/1/22

§ 2.2-3708.3. (Effective September 1, 2022) Meetings held through electronic communication means; situations other than declared states of emergency.

...

D. Before a public body uses all-virtual public meetings as described in subsection C or allows members to use remote participation as described in subsection B, the public body shall first adopt a policy, by recorded vote at a public meeting, that shall be applied strictly and uniformly, without exception, to the entire membership and without regard to the identity of the member requesting remote participation or the matters that will be considered or voted on at the meeting. The policy shall:

- 1. Describe the circumstances under which an all-virtual public meeting and remote participation will be allowed and the process the public body will use for making requests to use remote participation, approving or denying such requests, and creating a record of such requests; and*
- 2. Fix the number of times remote participation for personal matters or all-virtual public meetings can be used per calendar year, not to exceed the limitations set forth in subdivisions B 4 and C 9.*

2023 Meeting Schedule

- April 17, 2023
 - Moved due to Easter Monday on 2nd Monday
- June 12, 2023
- August 14, 2023
- November 13, 2023



PHE UPDATES

*Sarah Hatton, MHSA, Deputy of
Administration, Director's Office*

*Jessica Anecchini, Senior Policy Advisor,
Administration*

*Natalie Pennywell, Outreach and Community
Engagement Manager*



COVID-19 PHE: UNWINDING UPDATES



Medicaid Continuous Coverage Requirements Under the Families First Coronavirus Response Act (FFCRA)

To support states and promote stability of coverage during the COVID-19 pandemic, FFCRA provided a 6.2 percentage point increase in the regular Medicaid matching rate, tied to certain conditions that states must meet in order to access the enhanced funding.

- As one of several conditions of receiving the temporary Federal Medical Assistance Percentage (FMAP) increase under FFCRA, **states are required to maintain enrollment of individuals in Medicaid** until the end of the month in which the public health emergency (PHE) ends (**the “continuous coverage” requirement**).
 - Since the beginning of the PHE, Virginia has received \$2,001,653,414 in increased funding through Q4 FY22.
- The continuous coverage requirement **applies to individuals enrolled in Medicaid as of March 18, 2020 or who were determined eligible on or after that date**, and has allowed people to retain Medicaid coverage and get needed care during the pandemic.
- When continuous coverage is eventually discontinued **states will be required to redetermine eligibility for nearly all Medicaid enrollees.**

★ *The current federal Medicaid continuous coverage requirement ends on January 31, 2023.*

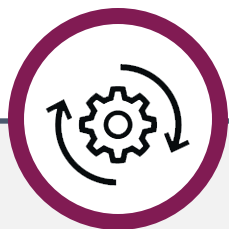
Updates on CMS Guidance

DMAS and DSS are working together to implement CMS' state based approach to keep eligible individuals enrolled, reduce churn, maximize successful transition to other coverage where appropriate, and achieving a sustainable renewal schedule.

- While states are still required to initiate all renewals within 12 months, CMS granted an additional two months for states to complete clean up actions to come into compliance with Federal requirements for a total of 14 months.
- HHS has committed to providing a 60-day PHE final end date notice to CMS/states
 - Current PHE expiration date is January 11, 2023, a 60-day notice would have been due on November 12, 2022 for January expiration.
 - Another extension of the PHE is expected prior to the January expiration date – it is anticipated this extension will last for a full 90 days.
 - If this extension is the final PHE, the 60-day notice would be given on February 10, 2023 with a new assumed end date of April 11, 2023.
 - First month coverage termination could begin May 1, 2023.
 - 6.2% FMAP would end June 30, 2023.

Medicaid Enrollment in the Commonwealth During the PHE

The end of the continuous coverage requirement in the Commonwealth will present the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA).



Historically, the Commonwealth has experienced **churn, which is enrollees who reapply and re-gain coverage shortly after being terminated.**



From March 2020 through November 1, 2022, the Commonwealth experienced an **increase of 560,375 enrollees (a 27% increase in enrollment growth).**



Enrollment growth has been the **fastest among non-elderly, non-disabled adults**, and slower among children and aged, blind, and disabled (ABD) eligibility groups.



Post continuous coverage, **roughly 14% of the state's total Medicaid enrollees may lose coverage, and up to 4% of members may lose and regain coverage within 1-6 months of closure. The national average for loss is around 20%.**

Preparations to Resume Normal Operations

In mid-2020, shortly after the PHE declaration, preparations for resuming normal operations began. Much of this work will require teams to pivot to finalize the changes and undo temporary policies and procedures to revert to normal operations.

System Updates (VaCMS & MES)

20 Changes Implemented
3 Changes in Progress

Clean Up & Pre-Unwinding Processes

5 New or Updated Processes
Implemented

Stakeholder Outreach/Engagement

4 Toolkits
18 Outreach Templates
65 Provider Memos Issued
2 PHE Website Pages

Member Outreach/Engagement

1 million + Letters Mailed
1 Social Media Campaign
Radio Campaign in 5 Regions
3 PHE Website Page
1 Television Campaign

Training

7 Trainings Developed

Policy Flexibilities

9 Flexibilities Made Permanent

Unwinding Waivers

7 Waivers Submitted &
Approved

Temporary Flexibilities

116 Total Implemented
(74: Ended, 42: in Progress)

Health Plans Coordination

60 days before PHE Ends

- Approve all outreach materials
- Conduct additional work sessions and Q&A
- Continue Phase I member outreach
- Approve all outreach plans for each of the MCOs

30 days before PHE Ends

- Share the redetermination plan
- Share the MCO disenrollment report template
- For MCOs with QHPs, receive their outreach plan
- Continue Phase I member outreach, begin Phase II renewal outreach

Month 1 of Redetermination

- Begin the MCO disenrollment report
- MCOs begin outreach
- Continue Phase I member outreach and Phase II renewal outreach, begin Phase III member transition outreach

Communication & Outreach 90 Day Plan

60 days before PHE Ends

- Post 60-day notifications on websites, provider memos
- Continue to host Medicaid Ambassador workgroup
- Host PHE Unwinding Summit
- Participate in LDSS monthly calls
- Release Communications Toolkit

30 days before PHE Ends

- Host webinars with key stakeholders
- Host webinars/Q&A with key providers

Month 1 of Redetermination

- Continue to conduct outreach with key stakeholders
- Continue to host webinars with key stakeholders and providers
- Continue to host webinars with MCOs

Federal Public Health Emergency Unwinding Toolkit

*Normal Medicaid Enrollment Processes Will Start Soon
(Phases II and III)*



UNWINDING TOOLKITS FOR PHASES II & III

Community Outreach and Engagement Strategies (Based on 04/2023 PHE End)



Phase I Purpose:

- Encourage members to update contact information
- Campaign began in March will run throughout unwinding
- All stakeholder participation

Phase II Purpose:

- Encourage members to complete needed paperwork
- Campaign will run Feb 2023- Jan 2024
- All stakeholder participation

Phase III Purpose:

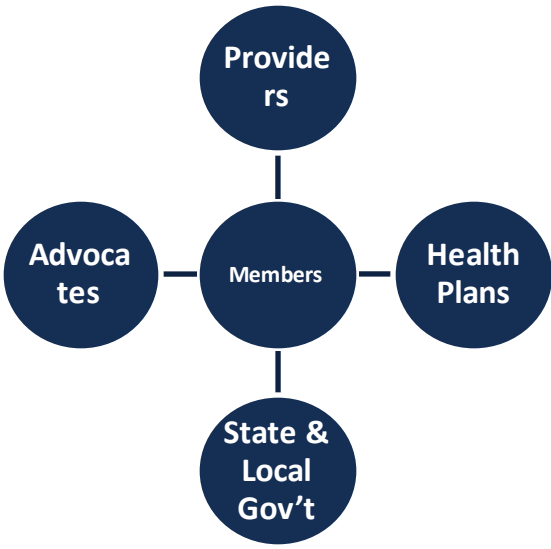
- Encourage members who lose coverage for administrative reason to complete needed paperwork
- Campaign will run April 2022-June 2024
- Primarily health plan participation & Marketplace navigators



Community Outreach and Engagement Strategies

Regularly Scheduled Meeting Cadence

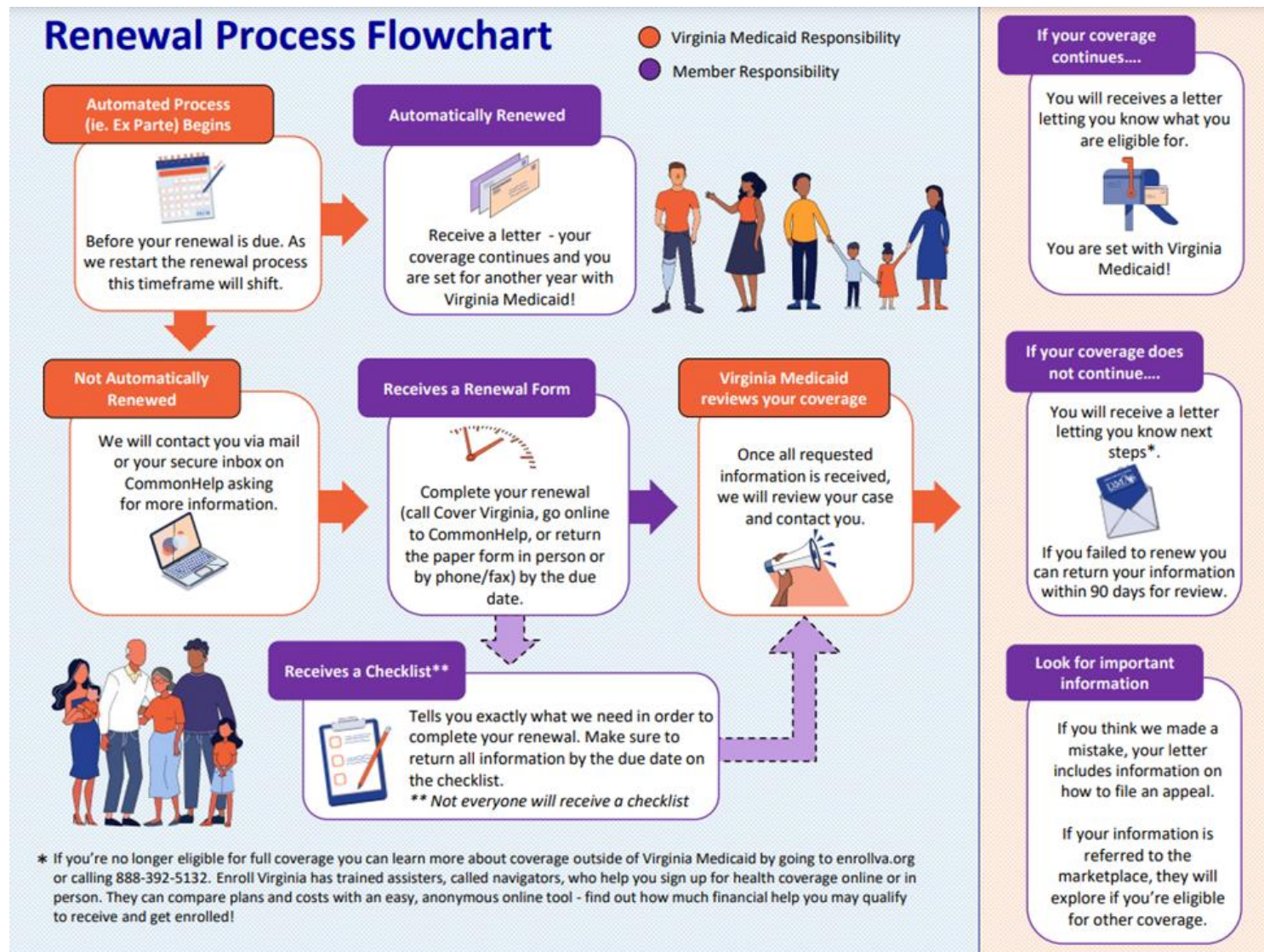
DMAS Community Outreach & Engagement: All Stakeholders	Bi-Monthly	Department of Education: Medicaid Coordinator & School Counseling Directors	Monthly
VDSS/DMAS/Local DSS Unwinding Planning	Monthly	Virginia Health Care Foundation Project Connect	Quarterly
HHR Secretary Report Out Meeting	Monthly	DMAS/MCO Leadership	Bi-Weekly
DMAS/DSS Unwinding Report Out Meeting	Bi-Weekly	Commissioner Calls with Local Leaders	Monthly
VA League of Social Services Executives (VLSSE) Benefits Programs Subcommittee Meeting	Monthly	VLSSE Executive Board Meeting	Quarterly
Local Directors Meetings	Quarterly		



Stakeholder Engagement	
Non-Profit Organizations: 243	Faith-Based Organizations: 82
State & Local Gov. Agencies: 253	Providers: 73
Businesses: 81	Committees/Taskforces: 43
Public & Private Schools: 98	Associations: 6
Community-Based Organizations: 67	Advocacy Groups: 28
Social Organizations	Others: 8
Members/General Public	

Toolkit: Phases II & III

The toolkit for Phases II and III focuses on returning to normal operations, AKA, renewal processes and where members can find alternate coverage if they are no longer eligible.



Toolkit: Phases II & III

The toolkit includes important messaging such as ways to return information online, and targeted messaging to populations on topics such as pregnancy and mental health related services.

Review, Respond, Renew!

Create a CommonHelp Account today!

- Respond and update your information or report any changes that would affect your Virginia Medicaid coverage on commonhelp.virginia.gov.
- To create an account, go to the website and click "Check my benefits."
- Link your case to your account with your case and client ID numbers. *(They are on the front of the paper renewal form that came in the mail.)*

Need additional help or more information?
Visit coverva.org or call Cover Virginia at 1-855-242-8282.



Review, Respond, Renew!

Reporting changes is easy when you have a CommonHelp account.

Send documents through commonhelp.virginia.gov. Report any information that changed from your last application or renewal.

This includes changes to your phone number, address, job or income, and people in your household. Report any information that changed from your last application or renewal at commonhelp.virginia.gov.

Need additional help or more information?
Visit coverva.org or call Cover Virginia at 1-855-242-8282.



Toolkit: Phases II & III

Since members may go down a different path if they are found ineligible versus those that did not return their paperwork, different messaging is included for each circumstance.

Get and Stay Covered!

If you no longer qualify for Virginia Medicaid, you may be able to get health coverage—and financial assistance to help pay for it.

Virginians can buy health coverage through Enroll Virginia and sign up for coverage on the Federal Marketplace at HealthCare.gov.

Enroll Virginia has offices in communities across the state and helps Virginians get high quality, low-cost health coverage. To learn more and complete an application, visit enrollva.org or call 888-392-5132.



VIRGINIA'S MEDICAID PROGRAM
DMAS

Get and Stay Covered!

If you receive a letter letting you know you failed to renew, we cannot send your information to the Federal Marketplace for review of other coverage options and/or the Advanced Premium Tax Credits.

You will have 90 days to return your information so that we can review your case.

Make sure you turn in your form or any other documents we need as soon as possible!

If you have questions about what you need to send us, call your health plan or Cover Virginia at 855-242-8282.



VIRGINIA'S MEDICAID PROGRAM
DMAS

Toolkit: Phases II & III

You Will Be Hearing From Us!



Starting in [mm/yyyy], the Virginia Department of Medical Assistance Services will begin reviewing members' coverage to make sure you still qualify. Medicaid will not cancel or reduce coverage for members without asking for updated information.

Take the following action steps to make sure you stay covered:

- Review information regarding Virginia's renewal process.
- Read carefully all official mail, email or texts about what you need to do to renew your coverage.
- Visit the Cover Virginia website for updates and resources.
- Sign up for email and text updates, and follow Cover Virginia on social media.
- Respond when you get official notices from the Department of Medical Assistance Services (Virginia Medicaid), Social Services, Cover Virginia and your managed care health plan asking you to:
 - Update contact information (mailing address, email address, and phone numbers)
 - Respond to official notices that include a form or checklist about your renewal to confirm that you are eligible

(over)

Messaging for both phases (renewal and what comes next) are also available in flier and poster format.

We Want All Eligible Virginians to Get and Stay Covered!

Unless members have died, moved from the state permanently, or asked to end their coverage, Virginia Medicaid will not cancel their coverage without first asking for updated information to check and make sure they are no longer eligible.

Important Notes:

- Keep your eye out for any mail regarding your health care coverage so that you can return your information by the due date.
- Even if you think you might not be able to keep your Medicaid health coverage, please return your information anyway.
- If you do not return the information we need to review your case, we cannot automatically send your information to the Federal Marketplace to check if you are eligible for other low-cost coverage or the Advanced Premium Tax Credits. You will have 90 days to return your information.

Overall Action Steps:

- Review information about buying health coverage through Enroll Virginia.
 - Visit the Enroll Virginia website.
- Sign Up for coverage on the Federal Marketplace on HealthCare.gov:
 - Within 60 days after you lose health coverage or
 - Anytime during the annual open enrollment period from November 1 through January 15
- Learn more at enrollva.org or 888-392-5132:
 - Get help from trained assisters, called navigators, to sign up online or in person
 - Compare plans and costs with an easy, anonymous online tool
 - Find out how much financial help you may qualify to receive
 - Get enrolled!



If members have any questions or need help connecting to Enroll Virginia, they can email us at covervirginia@dmass.virginia.gov.





FEDERAL MARKETPLACE AND FUTURE STATE-BASED EXCHANGE

Sara Cariano, Senior Health Policy Analyst,
Virginia Poverty Law Center (VPLC)

THE FEDERAL HEALTH INSURANCE MARKETPLACE AND THE FUTURE STATE-BASED EXCHANGE

SARA CARIANO, SENIOR HEALTH POLICY ANALYST



Through Advocacy, Education, Litigation

*The Virginia Poverty Law Center (VPLC) breaks
down systemic barriers keeping low-income
Virginians in the cycle of poverty*

ACA MARKETPLACE

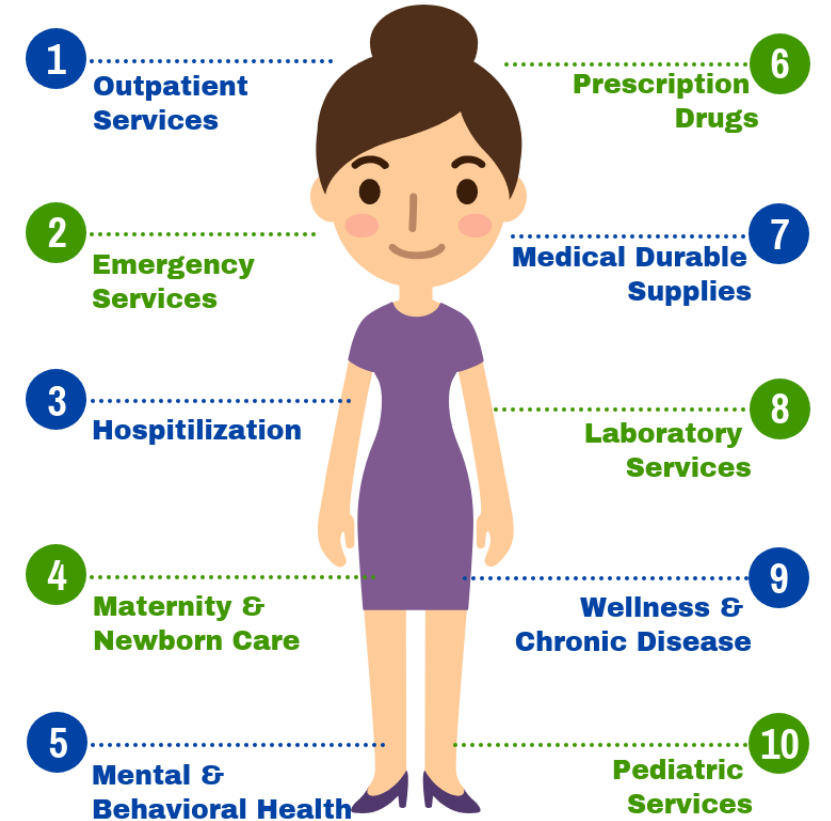
- VA uses the Federally Facilitated Marketplace at www.healthcare.gov, will transition to a state-based exchange for 2023 Open Enrollment
- Individuals and families can shop and compare Qualified Health Plans (QHPs)
- Uses plain language to explain coverage options
- Financial assistance available only through the Marketplace
- No obligation to enroll in a health plan after applying
- Conducts both a Medicaid and Marketplace eligibility assessment
 - Applicants determined or assessed Medicaid eligible are sent to VA to be enrolled or have the Medicaid eligibility determination completed

ACA IMPACTS ON THE INDIVIDUAL MARKET

Consumer Protections

- Guarantee issue and renewal (no denials for preexisting condition)
- Medical Loss Ratios (limits insurer profit)
- Require coverage for 10 Essential Health Benefits and preventative services for free
- Banned caps on coverage and instituted out-of-pocket maximums
- Banned discrimination in premium rates (community rating) and plan design
- Allow children to remain on their parent's plan until age 26

The 10 Essential^X HEALTH BENEFITS



Exchange.Healthcare

ELIGIBILITY FOR MARKETPLACE INSURANCE

To purchase insurance on the Marketplace:

- Live in its service area
- Be a U.S. citizen or national, or be a non-citizen who is lawfully present in the U.S.
- Not be incarcerated

To get financial assistance:

- Not have access to other affordable and adequate insurance (full-benefit Medicaid, Medicare Premium Free Part A, employer-based coverage, etc.)
 - Even if not enrolled!
- Have income above 100% federal poverty guidelines*
- Additional financial assistance for those between 100% and 250% FPL

*Functionally 138% FPL in VA due to Medicaid Expansion.

*Special rule for certain non-citizens with income below 100% FPL.

ELIGIBILITY FOR NON-CITIZENS

“Lawfully present” non-citizens are eligible for ACA coverage and financial assistance if they meet other program eligibility criteria.

- Excludes those with DACA status and undocumented individuals
- If ineligible for Medicaid due to immigration status, can get financial assistance with income below 100% FPL (only group that can get this)
- No waiting period (ex. 5-year bar)

MARKETPLACE FINANCIAL ASSISTANCE

Advanced Premium Tax Credits

- Lowers monthly premium amount
- Based on projected annual income (Modified Adjusted Gross Income)
 - Household size is determined using tax filing principles, no exceptions
- Must file taxes and married filers must file jointly
- Reconciled on the enrollee's taxes at the end of the year
- Can be used for any Marketplace plan except Catastrophic Plans

Cost-Sharing Reductions

- Lowers deductibles, out-of-pocket maximums and other cost-sharing
- Only available in Silver Plans
- Three levels of assistance
 - <150% FPL
 - 151% - 200% FPL
 - 201% - 250% FPL

ARPA ENHANCED SUBSIDIES EXTENDED BY THE INFLATION REDUCTION ACT THROUGH 2025

Income	FPL	Silver Plan Premium (APTC Applied)	
		Before ARPA/IRA	After ARPA/IRA
\$27,180	200%	\$1,770.14/year (\$147.68/month)	\$543.60/year (45.30/month)
Savings		\$1228.54/year (\$102.08.month)	

Note: Shows premium amounts based on the benchmark plan

OPEN ENROLLMENT AND SPECIAL ENROLLMENT PERIODS

Open Enrollment

- November 1 – January 15
- Must apply and enroll by December 15 for coverage to begin January 1!

Special Enrollment Periods

- Available all year long to those who experience a “qualifying life event”
 - Loss of coverage (including Medicaid)
 - Marriage, requires one spouse to have had prior coverage
 - Birth of child or adoption (Not necessarily an SEP for the parents)
 - Permanent move to a location with different plan options, requires prior coverage
 - Release from incarceration
 - Change in immigration status that makes you newly eligible for Marketplace coverage
 - Household income below 150% FPL
- Must apply within 60 days of the qualifying life event, except for household income below 150% FPL

<https://www.healthreformbeyondthebasics.org/sep-reference-chart/>

MARKETPLACE CHANGES FOR 2023

Elimination of the family glitch

- Kept family of employee out of coverage when the employee could get affordable coverage through their employer.

Reinsurance

- Virginia reimburses health insurers for certain high-cost claims, reducing Marketplace premiums.

End of the COVID-19 Public Health Emergency and Medicaid Unwinding

- Expect many who are found ineligible for Medicaid, particularly those enrolled in Medicaid Expansion whose income has increased to transition into the Marketplace.

FEDERAL MARKETPLACE APPLICATION PORTALS

Online: www.healthcare.gov

Phone: 1-800-318-2598

Medicaid transfers: When a Medicaid/CHIP enrollee is terminated or an applicant is found ineligible for Medicaid and likely eligible for ACA coverage, the state transfers their information to the Marketplace. The individual must complete an application and enroll in a plan.

TRANSITION TO A STATE-BASED EXCHANGE (SBE)

Why?

- Additional state flexibility and control
- State retains user and enrollment data, enabling deeper analysis and targeted outreach
- Allows for better integration (hopefully!) with other state systems, such as Medicaid eligibility and enrollment systems

When?

- Open Enrollment for plan year 2024 (November 1, 2023 – January 15, 2024)

How?

- Current healthcare.gov accounts will be transitioned to the state-based exchange
- Administered by Virginia Health Benefit Exchange division within the State Corporation Commission
- Platform and Marketing contracts have been awarded

83% of uninsured adults who sought Marketplace or Medicaid coverage found at least one enrollment step somewhat or very difficult.

ENROLL VIRGINIA

Statewide program to provide **free and unbiased** education, application and enrollment assistance. Assistance available in multiple languages.

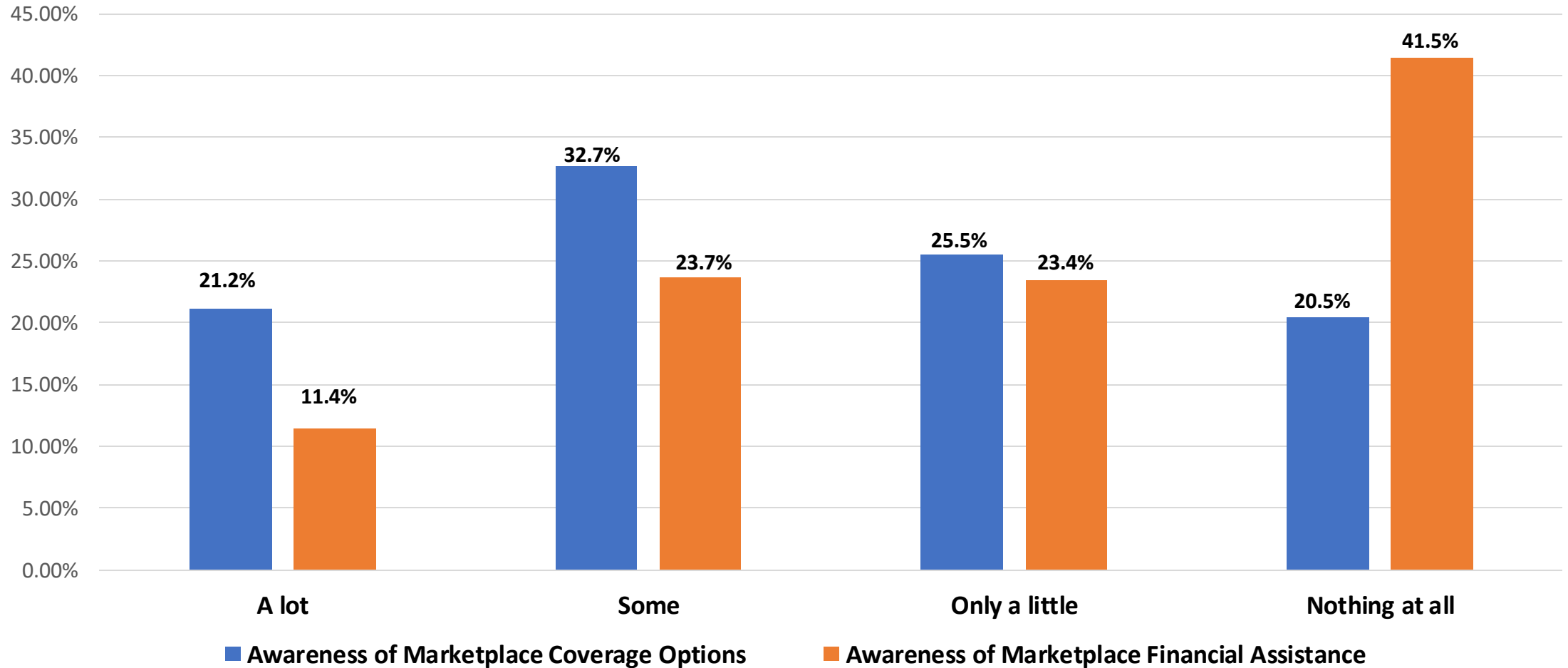
Hotline – 1-888-392-5132

Online – enrollva.org/get-help



Urban Institute Coronavirus Tracking Survey, <https://www.urban.org/sites/default/files/publication/103558/many-uninsured-adults-have-not-tried-to-enroll-in-medicaid-or-marketplace-coverage.pdf>, September 2020

AWARENESS OF MARKETPLACE HEALTH PLANS AND FINANCIAL ASSISTANCE, UNINSURED ADULTS 19-65, 9/2020



Urban Institute Coronavirus Tracking Survey, <https://www.urban.org/sites/default/files/publication/103558/many-uninsured-adults-have-not-tried-to-enroll-in-medicaid-or-marketplace-coverage.pdf>, September 2020

NAVIGATOR ROLE

- Educate consumers about the ACA and Medicaid/FAMIS
- Provide one-on-one application and enrollment assistance
- Assist with post-enrollment issues and complex case work
 - Medicaid and Marketplace appeals, special enrollment periods, transitions between programs, premium tax credit reconciliation
- Conduct community engagement and outreach
- Focus on hard-to-reach populations
- Required to be unbiased and provide all assistance for free

Thank You

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PUBLIC COMMENT

Medicaid Members
and Public



ADJOURNMENT AND LUNCH

THANK YOU