PHE UNWINDING:
THE REVERIFICATION OF MEDICAID PARTICIPANT ELIGIBLITY

A Resource Guide for Hospitals

UPDATED March 3, 2023

This document will be updated regularly as additional information becomes available. Additions, clarifications and corrections are welcome and may be submitted by email to Brian Kinkade, Vice President of Children's Health and Medicaid Advocacy, at bkinkade@mhanet.com.

BACKGROUND

Beginning March 2020 and continuing throughout the COVID-19 public health emergency, federal law has prohibited states from removing individuals from Medicaid coverage in exchange for a 6.2% increase in the federal funding match rate states receive for their Medicaid expenditures. In Missouri, the disenrollment prohibition caused the Medicaid caseload to swell more than 70% to 1.4 million while the enhanced FMAP injected nearly $2 billion into the state treasury.

The Consolidated Appropriations Act of 2023 ends the COVID-19 continuous Medicaid requirement as of March 31, 2023, and phases out the enhanced Medicaid match by December 31, 2023. The act also requires states to reverify the eligibility of all Medicaid participants by June 30, 2024. The requirement that states resume regular verification of Medicaid participants' eligibility is commonly referred to as the "unwinding" of the COVID-19 continuous coverage policy.

It is unclear how many individuals covered by Medicaid today no longer meet the eligibility criteria for ongoing Medicaid coverage. There is concern that outdated contact information, complicated instructions and miscommunication will cause participants to lose Medicaid coverage even though they are qualified, or to not transition to no-cost/low-cost coverage through the federal marketplace if they do not qualify for Medicaid.

This guide summarizes actions to take and resources available for hospitals to help their Medicaid-covered patients avoid becoming uninsured as a result of the upcoming unwinding.

THE UNWINDING PROCESS AND THE RESUMPTION OF PERIODIC MEDICAID ELIGIBLITY VERIFICATION

The MO HealthNet Division administers the health benefits of Missouri's Medicaid program, MO HealthNet, but the Family Support Division is the agency responsible for determining individuals' eligibility for MO HealthNet coverage. Both divisions are part of and report to the Department of Social Services. FSD is the agency responsible for the unwinding.

Every individual enrolled in Medicaid has an "end date" for their coverage as part of their case record. An individual's current coverage end date is typically the end of the month one year from the date they applied for coverage or last had their eligibility verified. FSD commonly refers to this date as the "review date," even though the process of reviewing eligibility occurs well in advance. Of course, this end date has been disregarded since March 2020 because of the COVID-19 public health emergency. When unwinding begins, FSD will begin with individuals with a June eligibility end date, and generally proceed month by month through May 2024.

If an individual is part of a larger household, that individual's case will be scheduled for reverification on the basis of the reverification month of the head of household associated with the case.

At the time of this writing, FSD projects the number of households due for reverification by month to be:

June 2023	97,303	December 2023	102,848
July 2023	100,881	January 2024	67,710
August 2023	111,625	February 2024	62,528
September 2023	101,127	March 2024	114,042
October 2023	100,179	April 2024	104,794
November 2023	93,611	May 2024	100,680

In general, FSD's plan is to conduct the reverification process on the following schedule.

> *120 days before participant's current coverage end date*: FSD will check the participant's address against the National Change of Address Verification System. If different than the address of record in the state's eligibility system, FSD will update its record and use the new address for its verification checks.
>
> *90 days before participant's current coverage end date:* FSD will begin its attempt to verify the eligibility of the individual and those in his/her household, if applicable, *ex parte*, that is, without the individual's direct involvement. Federal law requires the state to first use information available through automated systems to determine if the individual and those associated with the individual's case are eligible for Medicaid coverage. FSD has access to and must use income and residency records of the IRS, Social Security Administration, SNAP (food assistance), employment security, etc., to determine a participant's eligibility. If

eligible, FSD will inform the head of household and others on the case by mail that their eligibility has been renewed. No further action is required.

Approximately 60 days before participant's current coverage end date: If a participant's eligibility cannot be verified *ex parte*, MHD will mail a request for the participant to submit an application. Those qualifying under Modified Adjusted Gross Income (MAGI) standards (non-disabled adults, parents, kids and pregnant women) will be mailed a "prepopulated" application (i.e., an application that the state has automatically filled out with the existing data in its system) with instructions to verify or update application data as necessary.

Non-MAGI participants (elders and disabled) will be sent a blank application and instructed to complete it. FSD is developing the capability to send elders and disabled participants a prepopulated application, but it is unclear at the time of this writing when it will be capable of doing so.

Participants must return their completed application by mail or drop it off in a local FSD Office. Alternatively, a participant may respond to the request to reapply by phone. FSD has contracted with WIPRO to operate a dedicated call center for taking Medicaid applications by phone. FSD suggests the call center will be participants' most expeditious route if a new application is requested. This number will be provided in FSD's correspondence.

FSD will mail the case head with the results of its eligibility determination for all the participants associated with the case. If the participant(s) is determined to be ineligible for coverage, the mailed notice will provide the usual instructions on how to appeal the agency's decision and the time frame for doing so.

Approximately 2 weeks before the participant's current coverage end date: FSD will notify the family by mail if the *ex parte* reverification could not be completed, and applications subsequently requested have not been received. At this time, FSD will begin to contact the family through alternative contacts that it may have (i.e., email, text, phone, etc.)

On participant's current coverage end date: If the case head has not responded to FSD's requests for eligibility information, FSD will initiate its standard case closure process. Note that federal law requires that FSD document the attempts to contact the case head through means other than mail before closing the case for "technical reasons" (i.e., failure to provide requested information), although the exact process FSD will be required to follow is not fully known at this time. The participant's closure notice will provide the usual instructions on how to appeal the agency's decision and the time frame for doing so.

90 days after the participant's end date: If a participant fails to respond to FSD's request for reapplication and the participant's case is closed, FSD will continue to

accept the requested reverification information for up to 90 days following the participant's original eligibility end date. If a participant is found to be eligible after retuning reverification within this 90-day period and the participant is found to be eligible for coverage, coverage will apply retroactively to the previous eligibility end date so there will be no lapse of coverage.

The graphic below, provided by FSD, displays the critical dates associated with cases to be reverified each month.

Annual Renewal Timeline

The table below shows the estimated timeline for the annual renewal process.

Month Annual Renewal is Due	FSD will check cases against U.S. Postal Service NCOA*	FSD will start ex-parte process**	FSD will send pre-populated annual renewal form OR decision letter	Participant must return pre-populated form by the deadline
June 2023	March 2023	April 2023	May 2023	June 30, 2023
July 2023	April 2023	May 2023	June 2023	July 31, 2023
August 2023	May 2023	June 2023	July 2023	August 31, 2023
September 2023	June 2023	July 2023	August 2023	September 30, 2023
October 2023	July 2023	August 2023	September 2023	October 31, 2023
November 2023	August 2023	September 2023	October 2023	November 30, 2023
December 2023	September 2023	October 2023	November 2023	December 31, 2023
January 2024	October 2023	November 2023	December 2023	January 31, 2024
February 2024	November 2023	December 2023	January 2024	February 29, 2024
March 2024	December 2023	January 2024	February 2024	March 31, 2024
April 2024	January 2024	February 2024	March 2024	April 30, 2024
May 2024	February 2024	March 2024	April 2024	May 31, 2024
New cycle will begin with June 2024 annual renewals.				

Additional information on the reverification process can be found in the FAQs at the DSS Renew Website.

STRATEGIES TO HELP PATIENTS NAVIGATE MEDICAID REVERIFICATION

There are several practical strategies hospitals can employ to help their Medicaid patients prepare for, navigate and complete the reverification process so that, if eligible, the patient maintains their Medicaid coverage, or if not, the patient transitions to subsidized marketplace coverage.

COMMUNICATION

If Medicaid participants are unaware that they will soon be required to have their eligibility reverified, the probability they will complete the process successfully decreases and hospital actions to help them will be less effective. Hospitals can help their patients become aware by displaying informational flyers in patient waiting areas, posting social media messages, and including statements or alerts in communications going out to patients generally, and patients known to have Medicaid coverage specifically.

There are three messages about the unwinding that are particularly important for hospitals to communicate with their Medicaid patients.

1) **Ensure contact information is up to date in the state Medicaid system.** It is important FSD has the participant's current mailing address. Participants can update their address, email address and phone number online or by phone at 855-373-4636. It is particularly important for participants to keep their mailing address current, although the state's capacity to conduct business via text, phone and email is increasing. Hospital employees with e-MOMED or MEDES/FAMIS access can see the contact information the state has on file for a current or former participant.

2) **Prepare for Medicaid reverification. Watch the mail for letters from FSD about your Medicaid coverage.** The state is required by federal law to reverify the eligibility of all Medicaid participants by June 2024. FSD's first and primary method of contact is the U.S. mail. FSD will contact a participant by mail if updated information on income, residency, family composition, etc. is needed to verify their continued eligibility for Medicaid coverage.

3) **Read and respond quickly to letters from FSD about Medicaid eligibility.** Once FSD mails a request for information, the participant is on the clock to respond. Failure to respond in a timely fashion may result in the participant's case being closed and their Medicaid eligibility terminated unnecessarily.

Of these three basic messages arguably the most important is that participants ensure FSD has their current contact information. The failure of the state's letters to reach Medicaid program participants is a leading cause of participants unnecessarily losing Medicaid eligibility. MHD participants can update their address, as well as email address and phone number online or by phone at 855-373-4636.

Although mail remains the primary method of contact on eligibility issues, recent changes in federal law requires the state to attempt to contact a participant by email, text, or phone before closing a case due to the participant's failure to respond to mailed correspondence. Therefore, it is important to encourage participants to not only keep their mailing address current with FSD, but also their cell phone number and email address.

DSS has an assortment of unwinding posters, flyers and social media messages available for providers to use to alert their Medicaid patients to the coming eligibility reverification and keeping their contact information up to date in their state Medicaid case file. These materials are available free of charge at the DSS unwinding website at https://mydss.mo.gov/outreach-materials. **For convenience, MHA mailed five copies each of provider-facing and participant-facing Medicaid Eligibility Renewal posters from the DSS Family Support Division to hospital marketing executives on March 6.**

Participants can also subscribe for email updates on Medicaid reverification at this website: https://public.govdelivery.com/accounts/MODSS/subscriber/new?topic_id=MODSS_291. The updates provided through this subscription will be general in nature, and not specific to the subscriber's personal case circumstances.

EDUCATION

At appropriate points of contact with Medicaid patients, tell them how and when they can expect the state to check their Medicaid eligibility. Hospitals should proactively identify patient contact opportunities and prepare to deliver helpful guidance and support for Medicaid patients preparing or working through their eligibility review.

- **Explain the importance of tending to reverification information requests promptly.** Historically, a participant's failure to respond in a timely fashion to FSD's requests for eligibility information is the primary reason Medicaid participants have their applications rejected or have their cases closed and become uninsured.

- **Look up the patient's review date in e-MOMED or FAMIS/MEDES and inform them when they can expect communication from FSD.** When verifying a patient's current Medicaid eligibility at registration, take a moment and check when their case is due for review. Use the opportunity to explain that in the weeks before this date, they should receive letters from FSD about their Medicaid eligibility, and it is very important to read and respond quickly.

- **Verify the patient's contact information on file with FSD is up to date and complete in e-MOMED, FAMIS/MEDES.** Tell the patient how to update it if it is out of date or if the email address or phone number is missing.

- **Include educational materials in patients' take-home paperwork.** A wide variety of eligibility renewal educational materials is available at the DSS Renew website. These materials may be downloaded and printed without cost.

- **Provide a patient-specific reminder page or note card if reverification is several months away**. Hospitals often will have face-to-face contact with patients whose eligibility review is still several months away. For these patients a reminder page with their case review date and the names of those in their MHD may be helpful. MHA will develop a template and provide to hospitals sometime in March.

- **Explain that they will have to reverify their Medicaid eligibility even if they or their kids are enrolled in managed care**. We know some individuals who are enrolled in managed care do not understand that their managed care plan coverage is actually provided through MHD. Explain to patients that they are covered through MHD even if they are enrolled with Home State Health, Healthy Blue, or the United Community Health Plan, and will need to complete the FSD's MO HealthNet eligibility reverification to keep their managed care plan coverage.

FACILITATION

At appropriate points of contact with Medicaid patients, hospitals might consider having their staff work directly with patients to help them complete critical MHD reverification activities and reduce the chances the patient's reverification review will fail because of the participant not responding to FSD's request for eligibility information.

- **Help the patient use the online "Report a Change" webform to update or add the patient's mailing address, cell phone number and email address.** When verifying a patient's current Medicaid eligibility at registration, take a moment and check when their case is due for review. If it is outdated, take a minute and with the patient, complete FSD's online form to have the patient's correct mailing address updated. At the same time, add the patient's email address and cell phone number if they have either or both and if they are willing to provide those contacts to the state. Counsel the patient that email and phone/text can be important ways for FSD to contact them when communication by U.S. mail fails.

- **Answer questions about or explain FSD letters.** Correspondence from FSD can be confusing, especially for those who deal with it infrequently. Some hospital staff are very adept at understanding the meaning of FSD's Medicaid eligibility correspondence and can explain it to patients who are having difficulty understanding it.

- **Help the participant respond to an FSD application or request for information online or by phone, or act on their behalf as an authorized representative.** With the patient's permission, hospital staff can assist patients who need to complete the MHD application or respond to requests to verify specific eligibility criteria by calling the FSD reverification contractor with the patient (call center number to be determined), or helping them respond online.

- **Help identify requested documentation and upload/transmit it to FSD.** Hospital staff can help patients needing to provide proof of income or residency identify acceptable source documents and transmit the requested documentation to FSD.

- **Escalate case processing problems to FSD via FSD.MEDESUSER@dss.mo.gov.** FSD has designated this mailbox for providers to send information on errant or problematic case determinations to a Jefferson City-based unit created specifically to work them. Hospital staff using this service should summarize the issue and submit it using the template developed by FSD.

- **Encourage patients who are disenrolled to respond to FSD's information request.** Individuals who do not respond to FSD information requests in a timely fashion and are disenrolled can be re-enrolled with no lapse in coverage if they return the information requested by FDS within 90 days of their disenrollment date and if FSD determines they are eligible for continued coverage. Hospitals who learn of disenrolled patients who are in this grace period should help them take quick action on the information request. Outside of this grace period, the individual would have to reapply for coverage and he/she likely would be uninsured for a period of time as a result.

- **Connect patients no longer eligible for Medicaid coverage to HealthCare.gov or a local assister/navigator.** Individuals who have lost their Medicaid coverage are probably eligible for highly subsidized coverage through the federal health care marketplace. If FSD determines an individual is no longer eligible for Medicaid coverage, FSD will automatically forward the individual's "account" to the federal marketplace, and this should trigger an application for subsidized marketplace coverage. If the individual loses Medicaid coverage because they did not respond to FSD requests for updated eligibility data, FSD WILL NOT transfer the account to the marketplace automatically. However, the individual would still be allowed to apply for marketplace coverage through the application processes. It is important to note that CMS has established a special "Unwinding Open Enrollment Period" which allows any individual losing Medicaid coverage during the unwinding period to obtain coverage through the marketplace until July 31, 2024.

REVERIFICATION RESOURCES

Reverification Resources for Hospitals

- www.mhanet.com/Medicaid-reverification
  MHA's webpage for unwinding news, guidance and resources for hospitals.

- State information system access
  Email Mallory Arnold and Andrea Jones, Missouri Family Support Division

- MHA Reverification Hospital Workgroup
  An affinity group hosted by MHA that is open to all Missouri hospital employees. This workgroup will provide an open forum for the exchange of reverification news, policy updates, issue identification/resolution, etc. To participate, email Brian Kinkade, MHA VP of Children's Health and Medicaid Advocacy

- For help with any reverification policy or process issue
  Email Brian Kinkade, MHA VP of Children's Health and Medicaid Advocacy

- Reverification Overview (PowerPoint presentation format)

General Education and Patient Outreach Support

- DSS "Renew" Webpage
  DSS's home page for unwinding news and participant information.

- DSS Reverification Communications Tool Kit
  A compendium of communications reverification communications materials, including links to downloadable flyers and social media messaging, and an overview of the public awareness strategy.

- DSS Renewal 101 Document
  An excellent summary document with key facts on the unwinding process and resumption of Medicaid eligibility determinations.

- DSS Medicaid Renewal Frequently Asked Questions (FAQs)

- Missouri Foundation for Health
  Outreach and education resources on Medicaid and Medicaid adult expansion.

- Cover Missouri
  Medicaid & marketplace information; navigator & assister links