



COVID Unwinding - Medicaid

Status and Next Steps

Background Information

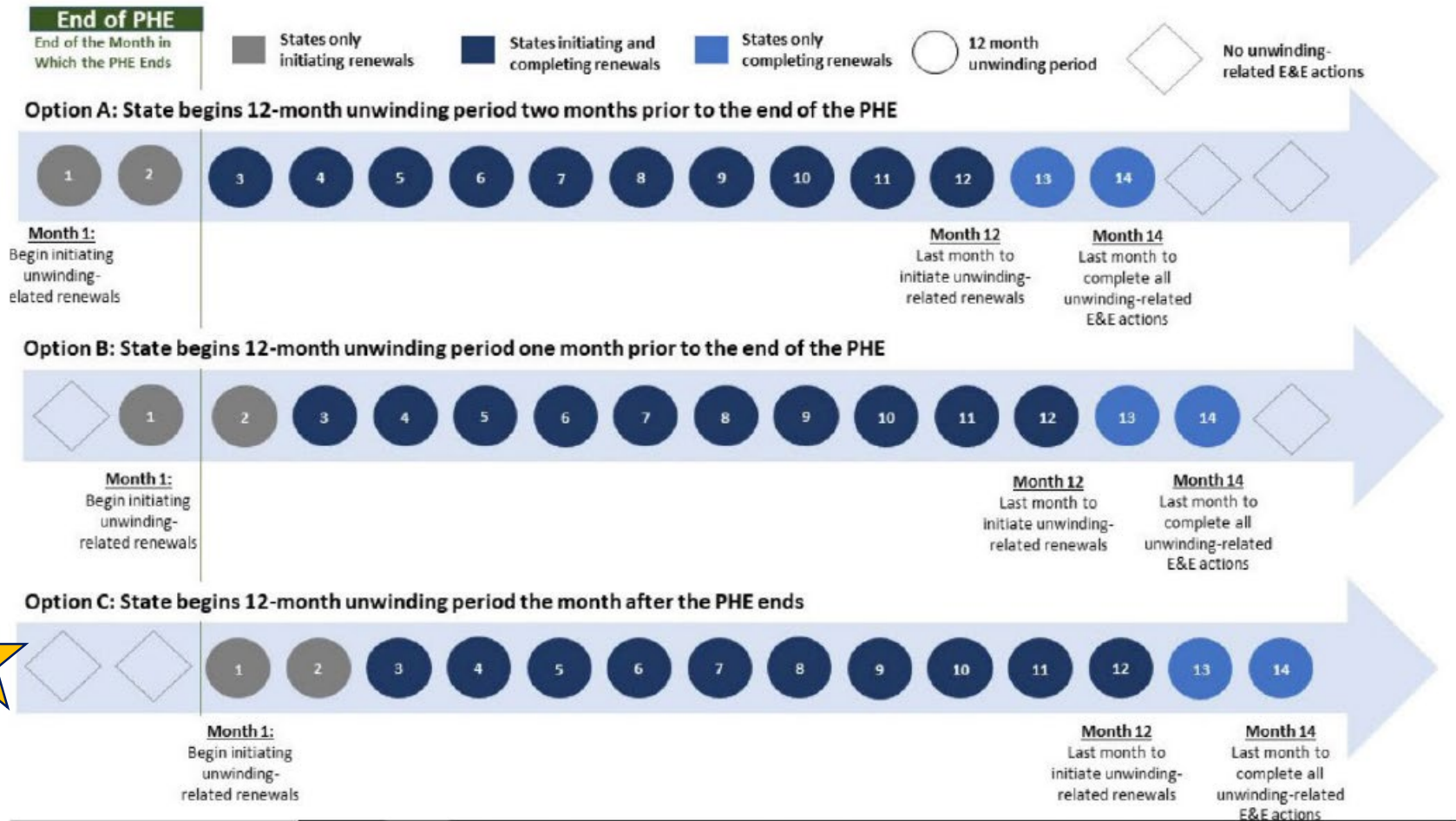
- “**Unwinding**” refers to the activities necessary for the RI EOHHS Medicaid program to reverse actions taken at the start of the federally-declared public health emergency – i.e.. maintenance of continuous, minimum essential coverage.
- CMS has committed to providing 60-days notice to states ahead of the end of the PHE.
- RI-specific authorities granted by CMS under the emergency declaration via Waivers 1115, 1135 or the Disaster Relief State Plan Amendment (SPA) will expire with the PHE expiration if they haven’t been sunset already.
Telehealth will continue due to enacting legislation.
- Upon termination of the federally-declared PHE, states will have 12 months* to redetermine all beneficiary eligibility.
*Failure to complete all redeterminations puts RI Medicaid’s federal funding participation at risk.

End of the PHE?

- Currently declared through 4/16/22
 - 4/16/22 (minus) 60-days, was 2/15/22 – no notice was received.
 - **Future extensions of the PHE may not always be 90-days in length.**
 - **Next notice could be the 60-day marker ending the PHE.**
- Many states and various organizations have petitioned Congress to extend the 60-day notice to upwards of 120-days.
 - New CMS guidance on this and other ‘unwinding’ topics is anticipated.

Potential Timeline from [SHO22-001](#) released March 3, 2022

Draft: This document is intended for review and discussion purposes only.






RI EOHHS / Medicaid's Unwinding Focus

The approach to unwinding varies by state and territory. In RI, the focus is on maximizing coverage continuity VS swiftly cutting program costs to minimize budget impacts.



RI EOHHS / Medicaid's Readiness

Area of Focus	Readiness
Systems	
Communications	
Workforce	

Systems Readiness

COMPLETED:

- All beneficiaries will have eligibility redetermined over the 12 months following the PHE-end.
- Redetermination schedule set:
 - Approved by CMS, RI focused on the most equitable approach.
 - FIFO, primarily
 - Alignment with SNAP / DHS Program renewals
 - Spread over 12 months to establish a manageable workload for subsequent renewal years.
- Maximizing data sources to allow for “passive” renewals – including an enhancement to passively renew some non-MAGI beneficiaries

PENDING SYSTEM RELEASE:

- Potential increase to “reasonable compatibility threshold”
- Automation for “Easy Enrollment” with the RI Health Insurance Exchange (HealthSourceRI)
- Notice / Stuffer Language Updates

Communications Readiness

COMPLETED:

- Enhanced communication tools (Email and Text capabilities – to supplement mailings)
- Preliminary EOHHS Communications Plan
- Initial social media attempts to get beneficiaries to update their addresses
- Work with MCOs to obtain updated beneficiary information (based on most recent returned mail)

PENDING / INITIATING:

- Identifying Channel Strategy
- “Ground Softening” campaigns
- Identifying “Ambassadors” / outreach partners
- Notice / Stuffer Language Updates
- Alternative avenues for updated beneficiary contact information
- Additional advisory meetings with Advocates

Workforce Readiness

PENDING / INITIATING:

- Identifying workforce capacity and gaps
- Establishing training priorities
- Streamlining procedures

Other Notes

- Beneficiary population does not understand the terms “PHE” or “Public Health Emergency” – Medicaid will not use these terms.
- Mailings that require action will be marked “Action Required – Open Immediately”
- Redeterminations requiring action will be communicated with the MCOs for additional beneficiary support