

Virginia Medicaid Prepares for End to Federal Public Health Emergency

The Families First Coronavirus Response Act (FFCRA) directs states to maintain Medicaid health coverage for individuals enrolled on or after March 18, 2020. In return, states receive enhanced funding through a 6.2 percentage point increase in the Medicaid matching rate. The “continuous coverage” requirement will expire at the month after the month in which the federal public health emergency (PHE) ends.



At the end of the PHE, states must return to normal enrollment operations and re-determine eligibility for Medicaid members. The Centers for Medicare and Medicaid Services (CMS) released guidance that describes timelines and obligations for states to follow as they implement this significant initiative. The guidance gives states 12 months to initiate redeterminations and an additional two months for “clean up” for further processing efforts, for a total of 14 months. This implementation timeline enables states to resume normal operations efficiently and establish a redetermination schedule that is sustainable in future years.

CMS also requires states to complete a full redetermination for individuals determined ineligible for Medicaid prior to terminating their coverage. States must use an automated “ex parte” renewal process before asking Medicaid members to complete a manual or paper option. In Virginia, 53% of all renewals traditionally have been completed through this automated process, and the Medicaid agency anticipates that these rates will remain consistent after the PHE. Virginia has continued to renew Medicaid members during the PHE using this automated process, reducing workload for local social services agencies. Although federal post-pandemic rules require states to re-evaluate all members, this ongoing work to keep member eligibility up-to-date will help to support smooth and efficient operations once the PHE ends.

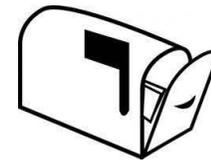
Current State	End of Enhanced FMAP	Earliest Allowable Start to Redeterminations	Notes
<p>PHE Scheduled to end 07/15/22*</p> <p>*States did not receive the 60 day notice signaling the end of the PHE by 07/15/22. This means another extension is expected, but the extension and its associated length have not been announced.</p>	<p>End of quarter in which PHE ends (currently 9/30/22)</p>	<p>End of month in which PHE ends (currently 7/31/22)</p>	<ul style="list-style-type: none"> • Key dates are tied to the PHE and are likely to change, since the U.S. Department of Health and Human Services (HHS) is expected to renew the PHE • States have up to 12 months to initiate redeterminations and an additional two months for “clean up” activities

Historically, the Commonwealth experiences a “churn” rate of 25% as Virginians lose coverage, then reapply and regain coverage, with a potential gap typically lasting less than three months. Virginia, like other states, is experiencing significant enrollment growth (28.1%, or an increase of nearly 471,425 members from March 2020 through April 2022) as people have retained coverage throughout the pandemic. It is estimated that roughly 14-20% of the Commonwealth’s total Medicaid enrollees may lose coverage during the 14-month unwinding period, and up to 4% of recipients may lose and regain coverage (churn) within one to six months of closure. This is in comparison to the 20% that is the national average. Most of these individuals are eligible for Medicaid or coverage through the Federal Marketplace.

Planning Activities

The Department of Medical Assistance Services (DMAS) and the Department of Social Services (DSS) are collaborating on a variety of activities in preparation for this significant initiative.

- Making systems updates to improve the efficiency of the review/redetermination process.
- Developing a detailed plan to phase-in redeterminations using the time-based approach described in the CMS guidance.
- Crafting a communications plan (e.g., direct member mailing, digital outreach, updates to the Cover Virginia and DMAS websites, eligibility worker engagement, application assistance) to ensure members understand the steps they need to take, when to act, and what to do to maintain coverage.
- Collaborating with managed care health plans to share information with members, ensure up-to-date member contact information, and remind members to complete their renewal.
- Dedicating a team within DMAS to address returned mail.
- Identifying which federal flexibilities may be maintained as well as new strategies the Commonwealth may want to leverage to help with the redetermination process.



How You Can Help

Right Now:

Help us spread the word to your constituents that they need to update their contact information now to prepare for the redetermination process.

- [Use the resources in CoverVA Toolkits](#) to share fact sheets and FAQs in different languages with constituents who visit your office and at constituent events.
- [Display posters in your office in different languages.](#)
- Follow us on [Facebook](#), [Twitter](#) and Instagram, and [sign up for email and text updates.](#)

Once the PHE Ends:

Learn more about how DMAS and DSS are preparing for this initiative, so you are ready to help your constituents when they have questions.

- Contact us at DMASInfo@dmass.virginia.gov.
- [Read about Medicaid PHE policies on eligibility, enrollment and appeals.](#)