



VIRGINIA MEDICAID UNWINDING: ENDING CONTINUOUS COVERAGE REQUIREMENTS

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES



Overview & Purpose of Information

The following information is intended to provide an overview of the background of the continuous coverage requirements, the current guidance available from federal partners, and work and plans as we move forward. DMAS will continue to provide updates as information becomes available.

- 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.
- The Department of Medical Assistance Services (DMAS) has begun work to transition Medicaid members back to normal operations AKA resuming Medicaid renewals starting in March 2023.
- DMAS is collaborating with stakeholders across the Commonwealth to include sister agencies, health plans, advocates, application assisters, and providers to ensure a smooth transition for members and our partners.

The Commonwealth's Unwinding Planning Efforts

DMAS and DSS will be faced with a significant backlog of cases that await redeterminations at the end of the continuous coverage requirement. To date, the Department has made great strides in preparing for the end of the federal continuous coverage requirement by:



Making systems updates (e.g., new VaCMS automation) to improve the efficiency of the renewal/redetermination process. This is expected to reduce the number of individuals that are inappropriately terminated following the PHE.



Developing a detailed plan to stage redeterminations, including spacing redeterminations to allow timely and expeditious evaluations and by identifying actions that will be required for each coverage group.



Collaborating with managed care organizations (MCOs) to provide information/education to members post-PHE; ensure up-to-date contact information (e.g., addresses, phone numbers); and remind members to complete their renewal.



Addressing returned mail by engaging with a dedicated team within the Central Eligibility Unit. When the Commonwealth receives returned mail after sending initial notices, the state will have better insight into which enrollees have outdated mailing addresses and can target additional outreach to those enrollees through alternate modes of communication.



Communications plan (e.g., direct member mailing, digital outreach, updates to the Cover Virginia website, eligibility worker reinforcement, application assistance) to ensure members understand the steps they need to take, when to act, and what to do to maintain coverage.



Coordinating language approval and scheduled delivery of mailings/digital/telephonic outreach in order to ensure consistent messaging to members and coordinate timing of any outreach.



Identifying which federal flexibilities the Commonwealth will maintain and new strategies that the Department may want to leverage in order to help with the unwinding process.

Expectations for Returning to Normal E&E Operations After Continuous Coverage

CMS' guidance reiterates states' obligations with respect to conducting full redeterminations and providing enrollees ample time to respond to requests for redeterminations, as follows:

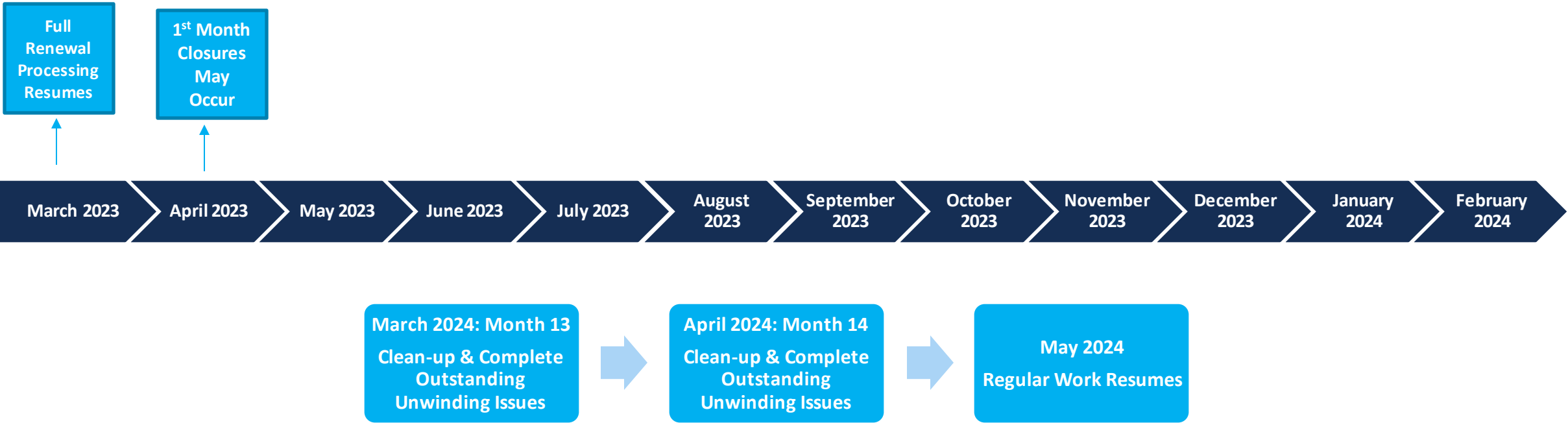
- States must first attempt to redetermine eligibility based on available information, without requiring information from the individual. If that information is sufficient to determine continued eligibility, the state must proceed with an “automated” renewal.
- If available information is insufficient to determine continued eligibility, the state must send a renewal form (pre-populated) and request additional information from the individual.
- Enrollees must be evaluated for other eligibility categories prior to termination and have their information shared with the state-based or federal Marketplace for an eligibility determination.
- States must send an adverse action notice prior to termination.

The guidance also:

- ✓ Attempts to help mitigate coverage disruptions and address backlogs by **giving states 12 months to complete pending redeterminations.**
- ✓ Requires states to **complete prior to termination of eligibility an additional redetermination** for individuals determined ineligible for Medicaid during the PHE.

Redetermination Processing Timeline

Closures from redeterminations may not occur prior to the month after the maintenance of effort (MOE) ends. Redeterminations will be initiated over a 12-month period to ensure an even distribution of overdue renewals combined with currently due renewals, and a sustainable workload for local agencies in future years. In addition, CMS allows states an additional two months for all clean up work in order to align with federal processing requirements.



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 –
Increased Automation
(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)

Outreach, Engagement and Communications



Community Outreach and Engagement Strategies



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:

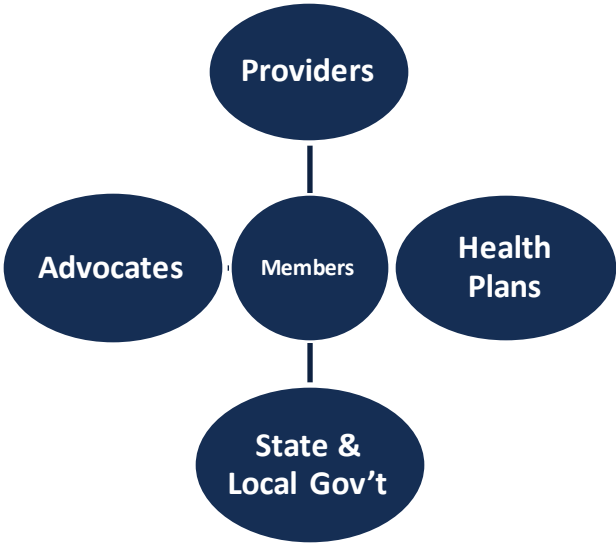
- Encourage members who lose coverage for administrative reason to complete needed paperwork
- Campaign will run April 2023-June 2024
- Primarily health plan participation & Marketplace navigators



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	

UNWINDING TOOLKIT FOR PHASE I

Federal Public Health Emergency Unwinding Toolkit

Normal Medicaid Enrollment Processes Will Start Soon



- Primary Message:
 - Phase I: Update Your Contact Information
- Toolkits Materials:
 - Stakeholder Documents
 - Information sheet, FAQs, Flier, and Poster
 - Member Documents
 - Information sheet, FAQs, and Flier
 - Messaging Templates
 - ENewsletter Blurb, ENewsletter Text, Text Messages, Email Text, and Website Text
 - Customizable Outreach templates
 - Rack card, Door hanger, Table Tent, A - Frame Sign, Event Poster, Window Cling, Fridge magnet, Tri-fold brochures, Bi-fold brochures, & Post Card

UNWINDING TOOLKIT: PHASES II & III

Federal Public Health Emergency Unwinding Toolkit

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



- Primary Messages:
 - Phase II: Review, Respond, Renew
 - Phase III: It is important that all eligible Virginians get and stay covered.
- Phase I, II, and III Overviews
- Phase II Renewal Process Flowchart and Info Sheets
- Phase II Messaging Templates
 - ENewsletter Blurb, ENewsletter Text, Text Messages, Email Text, & Website Text
- Phase II and III Social Media Copy and Graphics
 - General
 - Pregnant or Postpartum Members
 - Members in the Aged, Blind, or Disabled Eligibility Group
 - Members That Are Receiving Home and Community-Based Services (HCBS) Through a Waiver or State Plan
 - Members Who are Identified as Seriously Mentally Ill or With a Substance Use Disorder, Including By Virtue of Health Home or Waiver Program Enrollment
 - Children With Special Health Needs
- Phase II and III Member Flier/Poster
- Additional Resources

HOW TO RENEW FOR MEDICAID COVERAGE



PHONE

Cover Virginia Call Center: 1-855-242-8282 (TTY: 1-888-221-1590)



ONLINE

Common Help: www.commonhelp.virginia.gov



IN PERSON

Visit your local Department of Social Services

Find your nearest local department of social services by visiting:

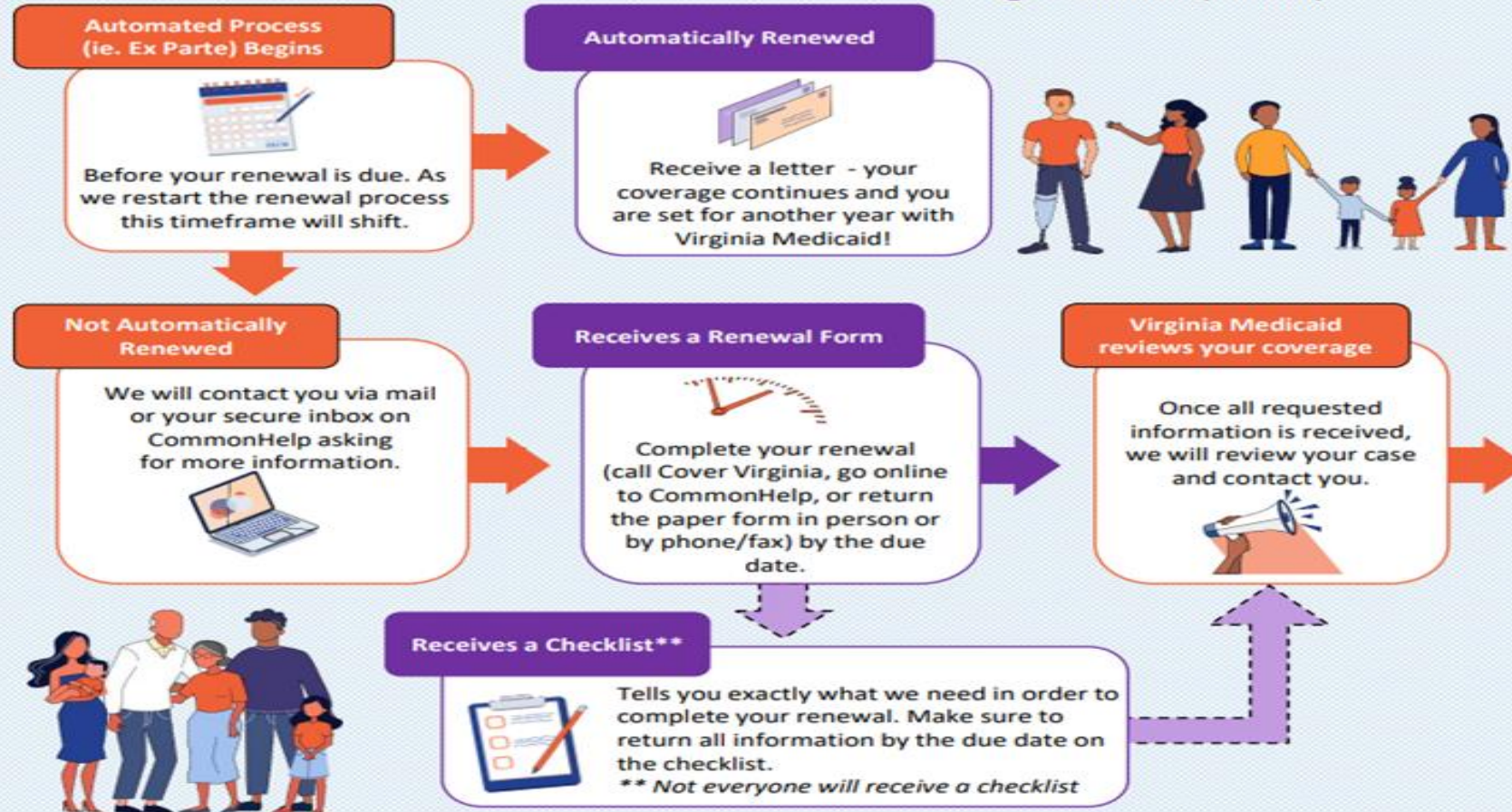
<http://www.dss.virginia.gov/localagency/index.cgi>

*If you would like to learn more about Medicaid Redeterminations:
visit coverva.org*

Toolkit: Phases II & III

Renewal Process Flowchart

- Virginia Medicaid Responsibility
- Member Responsibility



* If you're no longer eligible for full coverage you can learn more about coverage outside of Virginia Medicaid by going to enrollva.org or calling 888-392-5132. Enroll Virginia has trained assisters, called navigators, who help you sign up for health coverage online or in person. They can compare plans and costs with an easy, anonymous online tool - find out how much financial help you may qualify to receive and get enrolled!

If your coverage continues....

You will receive a letter letting you know what you are eligible for.



You are set with Virginia Medicaid!

If your coverage does not continue....

You will receive a letter letting you know next steps*.



If you failed to renew you can return your information within 90 days for review.

Look for important information

If you think we made a mistake, your letter includes information on how to file an appeal.

If your information is referred to the marketplace, they will explore if you're eligible for other coverage.

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.



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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.

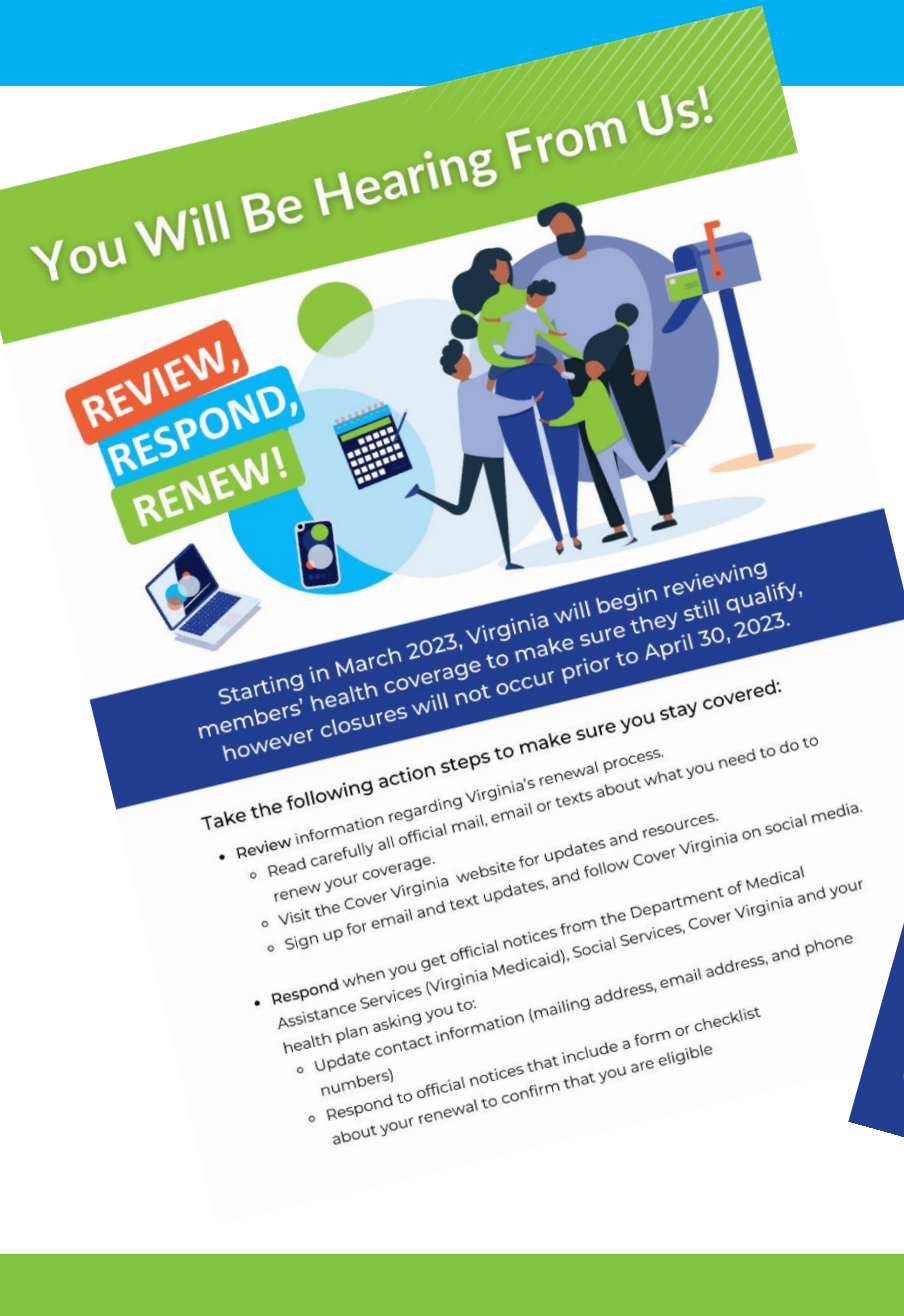
Make sure you turn in your form or any other documents we need as soon as possible!

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



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Toolkit: Phases II & III



You Will Be Hearing From Us!

REVIEW, RESPOND, RENEW!

Starting in March 2023, Virginia will begin reviewing members' health coverage to make sure they still qualify, however closures will not occur prior to April 30, 2023.

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 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



It Is Important for 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 Health Insurance 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 the Health Insurance Marketplace
 - Visit the Enroll Virginia website for resources
- Sign Up for coverage on the Health Insurance Marketplace on HealthCare.gov
 - There are special rules that allow those who have lost Medicaid to apply for health insurance and subsidies
- Learn more at enrollva.org or 888-392-5132:
 - Get help from trained assistants, 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!

For questions, additional help, or language assistance services or large-print, call Cover Virginia at 1-855-242-8282 (TTY: 1-888-221-1590) or email covervirginia@dmass.virginia.gov.

This entity does not discriminate on the basis of race, color, national origin, sex, age, or disability, in its programs and services.

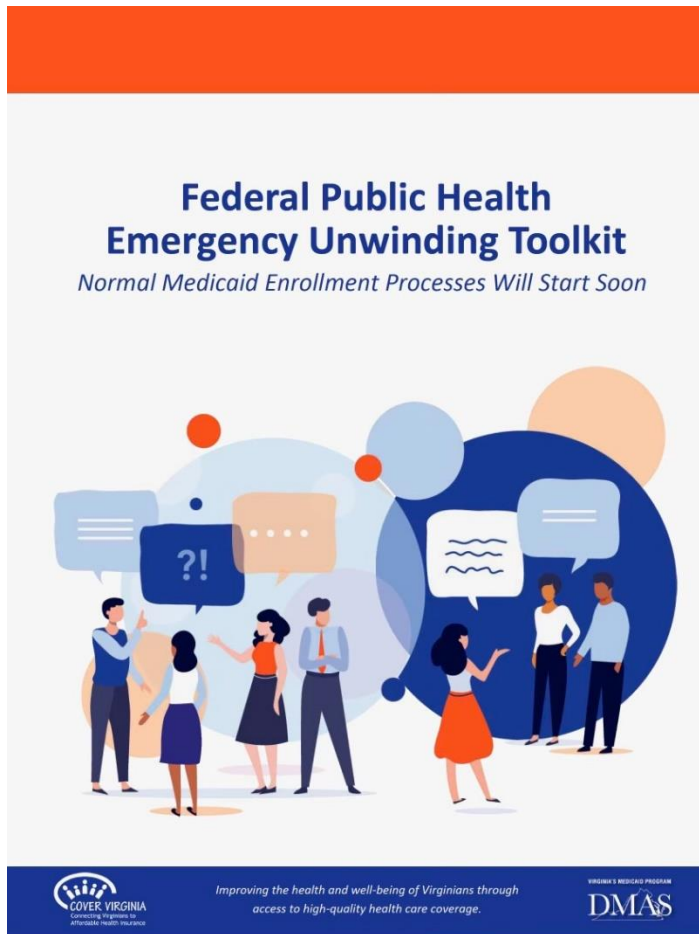
DMAS PHE III Poster 0223 v2

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Messaging for both phases (renewal and what comes next) are also available in flier and poster formats. To include all translations to:

Spanish, Arabic, Amharic, Urdu, Vietnamese, Dari, and Pashto

Stakeholder Toolkits



The Phase I, II, and III toolkits and other subsequent documents can be found on the Cover Virginia website on the **Return to Normal Enrollment** webpage under the **Toolkits & Materials** section.

Town Halls/Listening Sessions

Stakeholder Group		Date	Time
Medical Providers and Medical Advocates	✓	2/28/2023	7:30 AM
Medicaid Programs for Older Adults	✓	3/2/2023	9:00 AM
Housing Programs	✓	3/6/2023	12:00 PM
Advocates and Community Leaders	✓	3/6/2023	6:00 PM
Home Health Associations	✓	3/7/2023	6:00 PM
Nursing Facilities	✓	3/13/2023	12:00 PM
General Session - Everyone	✓	3/13/2023	6:00 PM



VIRGINIA MEDICAID RETURN TO NORMAL ENROLLMENT TOWNHALLS/LISTENING SESSIONS: WHAT YOU NEED TO KNOW

The Families First Coronavirus Response Act directed states to maintain Medicaid health coverage for individuals enrolled on or after March 18, 2020, regardless of changes in their circumstances through the end of the COVID-19 Public Health Emergency. Recent federal guidance in the 2023 Consolidated Appropriations Act ends this continuous coverage requirement on March 31, 2023. In March of 2023, the Department of Medical Assistance Services and the Department of Social Services will resume full redeterminations of Medicaid eligibility, with the first closures occurring on April 30, 2023. Over the course of 12 months, redeterminations will be initiated for all 2.2 million Virginians enrolled in Medicaid. We invite all of our community partners, stakeholders, and community members to join us as we share information about how resuming to normal operations will impact members and how Medicaid partners can assist during the transition.

SESSION AGENDA

- Welcome and Opening Remarks
- Medicaid Unwinding Background
- Renewal Process Plans and Partnerships
- Unwinding Communications, Outreach and Engagement Efforts
- Questions and Answers
- Closing Remarks

[Click here](#) to register for one of the upcoming sessions below!

SESSION (BY AUDIENCE)	DATE	TIME
Medical Providers and Medical Advocates	2/28/2023	7:30 AM
Medicaid Programs for Older Adults	3/2/2023	9:00 AM
Housing	3/6/2023	12:00 PM
Advocates and Community Leaders	3/6/2023	6:00 PM
Home Health Associations	3/7/2023	6:00 PM
Nursing Facilities	3/13/2023	12:00 PM
General Session - Everyone	3/13/2023	6:00 PM

SCAN FOR
MORE INFO



SCAN ME

Takeaways & Your Support!



Remember

- Medicaid renewals will begin in March 2023, some of the members will get paper renewal packets in the mail
- This is a 12-month process, not everyone will get renewed at the same time



Support Virginia Medicaid

- Please ensure Medicaid has the most up to date contact information for your patients/members
- If the members receive the renewals packet, encourage them to complete their renewal
- Provide additional feedback about resource use and how we can better support you as you support our Medicaid members.

Thank you to all partners across the Commonwealth who are working to support the efforts to ensure a smooth transition back to normal processing.



Additional questions, feedback, and/or presentation requests can be sent to covervirginia@dmass.virginia.gov.