Public Health Emergency Unwinding

Stakeholder Engagement Meetings
March 2023
Public Health Emergency (PHE)

The Secretary for the Department of Health and Human Services declared a PHE on January 31, 2020, due to COVID-19

The PHE allowed states several flexibilities by:
- Triggering a variety of federal emergency powers
- Temporarily waiving certain Medicaid and Children’s Health Insurance Program (CHIP) requirements
- Permitting continuous coverage with 6.2% enhanced Federal Medical Assistance Percentage (FMAP)

PHE flexibilities remain in effect for 90 days
- The PHE has been extended numerous times
  - Most recent extension is to April 11, 2023
  - White House announced end on May 11, 2023

The Consolidated Appropriations Act 2023 separates continuous coverage from the PHE effective March 31, 2023 and phases out the enhanced FMAP through December 31, 2023

Upon PHE expiration
- Unwind PHE flexibilities
- Resume temporarily waived requirements and conditions
- Identify flexibilities to permanently integrate into state plan or waivers
Section 5131 of the recently enacted CAA makes key changes to the guardrails for unwinding, that will support eligible Member coverage retention.

- Separates the Medicaid continuous coverage requirement from the end of the PHE and sets a new statutory end date of March 31, 2023.
- Provides for extended enhanced federal medical assistance percentage (eFMAP) to support unwinding during a nine month phase-down from April 1, 2023 – December 31, 2023.
- Institutes new Medicaid, CHIP, and marketplace reporting requirements to enable oversight and unwinding and to improve transparency in state processes.
- Gives CMS targeted enforcement powers to reduce states’ regular FMAP, require corrective action, suspend procedural terminations, and impose civil monetary penalties as a result of non-compliance with federal renewal and CAA reporting requirements.

Source: State Health and Value Strategies
Kentucky’s PHE Unwinding Goals

- Comply with CMS requirements
- Prevent administrative terminations
- Transition ineligible individuals to other coverage
High Level Timeline for Renewals

February 15, 2023
Renewal Redistribution Plan and System Readiness Artifacts due to CMS

April 8, 2023
Baseline Unwinding Data Report due to CMS – progress reports due on the 8th of each month

May 2023 – April 2024
Conduct renewals over 12-month period

March 31, 2023
Continuous coverage ends – 14-month period to complete renewals

May 2023
Renewals start for members with renewal date of May 31, 2023
Renewal Caseload Planning

All individuals requiring renewal will be distributed across a 12-month period, based on the state’s renewal distribution plan.


- **Priority: May-October**
  - Medicare-eligible population will be prioritized in the first 6 months to enroll in Medicare

- **Priority: June**
  - Special circumstance population (over 14K beneficiaries) will be prioritized in June

- **Priority: July - ongoing**
  - QHP-eligible population will be engaged starting June 2023 for the duration of the renewal process

**IMPORTANT:** System will reflect updated coverage and renewal dates by March 25 and in KYHealthNet after April 7.
KY Medicaid Renewal Process

**March**
- May renewals will receive a text and/or email notification that their renewal month is approaching

**April**
- May renewals start processing
- May passive renewals successfully verified issued notice of renewal
- May passive renewals not verified issued request for information about 60 days prior to end date
- May active renewals issued renewal packet about 60 days prior to end date
- June renewals will receive a text and/or email notification that their renewal month is approaching

**May**
- May active renewals and passive renewals with RFI will issue notice of renewal or denial by month end date
- June renewals will start processing
- June passive renewals successfully verified issued notice of renewal
- June passive renewals not verified issued request for information about 60 days prior to end date
- June active renewals issued renewal packet about 60 days prior to end date
- July renewals will receive a text and/or email notification that their renewal month is approaching

**June**
- June active renewals will issue notice of renewal or denial by month end date
- July renewals will start processing
- July passive renewals successfully verified issued notice of renewal
- July passive renewals not verified issued request for information about 60 days prior to end date
- July active renewals issued renewal packet about 60 days prior to end date
- August renewals will receive a text and/or email notification that their renewal month is approaching

**DID YOU KNOW?** Members will receive a communication:
- About 90 days before their renewal end date and/or
- If there’s no response by the 15th of their renewal month

Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Notice of Eligibility
Request for Info
Renewal Packet
Example Notices

Example Notice of Eligibility:

Example RFI:

Example Renewal Packet:
Renewals: How to respond to a notice

Complete and return the form
- Fax to 502-573-2005 or 502-573-2007
- Mail PO Box 2104, Frankfort, KY 40602

Use the online Self Service Portal
- Log in at https://kynect.ky.gov/benefits
- Click on Renew Benefits or upload requested information from RFI

Call 1-855-459-6328 (kynect) or 1-855-306-8959 (DCBS)
- Monday through Friday from 8:00 am to 4:30 pm ET
- Saturday from 9:00 am to 2:00 pm ET (1-855-306-8959 only)

Visit a kynector, insurance agent or DCBS office
- Monday through Friday 8:00 am to 4:30 pm local time
- DCBS office: https://prd.webapps.chfs.ky.gov/Office_Phone/index.aspx
Example: Erica Smith’s Renewal Due Date is 5/31/2023 and her case can be passively renewed. Here is the timeline for her renewal...

1. Erica’s information in the system was up to date and verified
2. **No action** was required to continue Medicaid coverage
3. Erica will receive a *Notice of Eligibility (NOE)* in the mail

**Important:**
When Erica is passively renewed, her coverage end date and her renewal date will be updated to 5/31/2024
Example: Jason Johnson’s Renewal Due Date is 8/31/2023 but there is additional information needed to process his case. Here is the timeline for his renewal...

1. Jason receives an RFI in the mail to present more information
2. This required Jason to take action to continue Medicaid coverage by responding to RFI
3. Jason’s case will be processed with the new information

Important:
Jason has 90 days past his renewal due date to submit information and have his coverage reinstated retroactively

Jason has 120 days to appeal his coverage decision and request a fair hearing
Example: Tom Star’s Renewal Due Date is 1/31/2024. He will go through an active renewal after the system attempts to verify data. Tom’s eligibility depends on consideration of resources. He will receive a prepopulated form for him to complete and return. Here is the timeline for his renewal…

Renewal Packet sent to cases failing passive renewals

12/12/2023

Reminder to complete Renewal Packet by renewal due date

1/15/2024

Renewal due date 1/31/2024

Members failing to respond are sent discontinue notice

1/31/2024

2/1/2024

Important:

Tom has 90 days past his renewal due date to submit information and have his coverage reinstated retroactively

Tom has 120 days to appeal his coverage decision and request a fair hearing

1. Tom’s case will be actively determined

2. This required Tom to take action to continue Medicaid coverage by responding to the Renewal Packet

3. Tom’s case will be processed with the full provided information
KY Medicaid Renewals: Overall SNAPSHOT

Medicaid current population: 1,719,927

Estimated total who may lose eligibility: 236,246

Of those, 74,764 are over 138% FPL and may qualify for other coverage such as a Qualified Health Plan (QHP) with Advance Premium Tax Credit (APTC)

<table>
<thead>
<tr>
<th>Age</th>
<th>Member Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 or younger</td>
<td>59755</td>
<td>25%</td>
</tr>
<tr>
<td>19 to 64</td>
<td>158505</td>
<td>67%</td>
</tr>
<tr>
<td>65 or older</td>
<td>17986</td>
<td>8%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>236,246</td>
<td></td>
</tr>
</tbody>
</table>

IMPORTANT: Member may provide information or circumstances may change prior to redetermination.
## Renewals by the Numbers

### SNAPSHOT

**Data as of 3/6/2023**

#### Ethnicity

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>IndividualCounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>UnKnown</td>
<td>13,163</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>16,509</td>
</tr>
<tr>
<td>Non-Hispanic or Non-Latino</td>
<td>206,574</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>236,246</strong></td>
</tr>
</tbody>
</table>

#### Race

<table>
<thead>
<tr>
<th>Race</th>
<th>IndividualCounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaskan Native</td>
<td>534</td>
</tr>
<tr>
<td>Asian</td>
<td>4,407</td>
</tr>
<tr>
<td>Black or African American</td>
<td>34,318</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>488</td>
</tr>
<tr>
<td>Unknown</td>
<td>20,266</td>
</tr>
<tr>
<td>White</td>
<td>180,916</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>240,929</strong></td>
</tr>
</tbody>
</table>

#### Categories

<table>
<thead>
<tr>
<th>Categories</th>
<th>MemberCounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children over 19</td>
<td>8259</td>
</tr>
<tr>
<td>Pregnant women outside 12 month postpartum</td>
<td>4601</td>
</tr>
<tr>
<td>Over 64</td>
<td>17151</td>
</tr>
<tr>
<td>Former foster over 26</td>
<td>170</td>
</tr>
<tr>
<td>SNAP enrolled</td>
<td>26797</td>
</tr>
<tr>
<td>Under state guardianship</td>
<td>193</td>
</tr>
<tr>
<td>Nursing Facility</td>
<td>1214</td>
</tr>
<tr>
<td>Enrolled in a MSP</td>
<td>20642</td>
</tr>
</tbody>
</table>

- **HCBS waivers (total) and each waiver**
  - o ABI Acute and ABI Long-Term Care Waiver  43
  - o Home and Community Based (HCB) Waiver  884
  - o Michelle P. Waiver  412
  - o Supports for Community Living (SCL) Waiver 245
  - o Model II 0
Renewals: What’s Next?

What to expect and what you can do!

Members should keep their contact information updated so Kentucky Medicaid is able to reach them when it is their time to renew!

Update your information as soon as possible!

Visit kynect.ky.gov or call kynect at 855-4kynect (855-459-6328) with questions and to update your mailing address, phone number, and email!

Be on the look out for any mail or outreach from Kentucky Medicaid and be sure to respond!
Renewals: Need help?

<table>
<thead>
<tr>
<th>There are people in your community who can help you!</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>kynector</strong> or <strong>licensed insurance agent</strong> available online and by calling <strong>1-855-4kynect</strong> (1-855-459-6368)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If you’re 65+ call the SHIP Hotline at (877) 293-7447 (option #2) or call DAIL at (502) 564-6930 and ask for a SHIP counselor to learn about Medicare options!</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Check out Kentucky’s website for all things Medicaid Renewals and PHE Unwinding!</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="https://khbe.ky.gov/Enrollment/Pages/PHEUnwinding.aspx">https://khbe.ky.gov/Enrollment/Pages/PHEUnwinding.aspx</a></td>
</tr>
</tbody>
</table>
Communication is key!

Members * Providers * State Agencies * Managed Care Organizations * Advocacy & Community Based Organizations
Proactive Approaches to Help Members

- MCO Member Support
- Contact Center Direct Outreach
- Kynectors and Insurance Agents
- Tracking returned mail
- Providers and Associations
- KLOCs and KYHealthNet Reports
- Coordination with DAIL and SHIP
- Community Advocacy Organizations
PHE Flexibilities Ending on May 11, 2023

NOTE: HCBS Appendix K flexibilities do not end until 6 months after the end of the PHE

<table>
<thead>
<tr>
<th>Providers</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Suspension of provider revalidations</td>
<td>• Second Presumptive Eligibility (PE) period in a calendar year</td>
</tr>
<tr>
<td>• Suspension of recoupments and payment intercepts</td>
<td></td>
</tr>
<tr>
<td>• Temporary provider enrollments</td>
<td></td>
</tr>
<tr>
<td>• Use of unlicensed facilities as an alternative location</td>
<td></td>
</tr>
<tr>
<td>• Use of a temporary expansion site or other areas that do not comply with requirements</td>
<td></td>
</tr>
<tr>
<td>• Use of SNF beds for patients not meeting SNF requirements</td>
<td></td>
</tr>
</tbody>
</table>

This is not a full list of all flexibilities. Please reference the KY PHE Flexibility Tracker on MedicaidUnwinding.ky.gov for full information.
PHE Flexibilities Extended

**Members**
- Disregard for excess resources for LTC members for 12 months past the PHE.
- 120-day period to file an appeal and for the state to make a decision
- Re-enrollment of member to previous MCO if within 120 days

**Covered Services**
- Required coverage of COVID-19 vaccines, testing and treatments without cost sharing (ARPA)
- Telehealth audio-only, non-HIPAA compliance platforms extended through August 9, 2023*
- Methadone take-home doses for OUD (SAMSHA extension)

*Following CMS guidance released on April 11, 2023, Office of Civil Rights is providing a 90-calendar day transition period for covered health care providers to come into compliance with the HIPAA Rules with respect to their provision of telehealth (begins May 12, 2023 and will end on August 9, 2023).

This is not a full list of all flexibilities. Please reference the KY PHE Flexibility Tracker on MedicaidUnwinding.ky.gov for full information.
PHE Flexibilities Permanently Implemented

<table>
<thead>
<tr>
<th>Provider</th>
<th>Coverged Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Nurse Aide applicants use of I-9 instead of Social Security Card (907 KAR 1:250)</td>
<td>• Expanded telehealth (907 KAR 3:170)</td>
</tr>
</tbody>
</table>

This is not a full list of all flexibilities. Please reference the [KY PHE Flexibility Tracker on MedicaidUnwinding.ky.gov](https://MedicaidUnwinding.ky.gov) for full information.
How to stay informed...

Kentucky’s Medicaid Renewals and PHE Unwinding Website - MedicaidUnwinding.ky.gov

CHFS Social Media
• Facebook,
• Twitter, and
• Instagram

Stakeholder Meetings
• Ongoing Stakeholder Meetings – 3rd Thursday @ 11:00 ET