

# Public Health Emergency Unwinding Monthly Stakeholder Meeting

September 21, 2023

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# 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, that ended on May 11, 2023



### 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 ended on May 11, 2023



**The Consolidated Appropriations Act 2023** separated continuous coverage from the PHE effective March 31, 2023 <u>and</u> phases out the enhanced FMAP through December 31, 2023



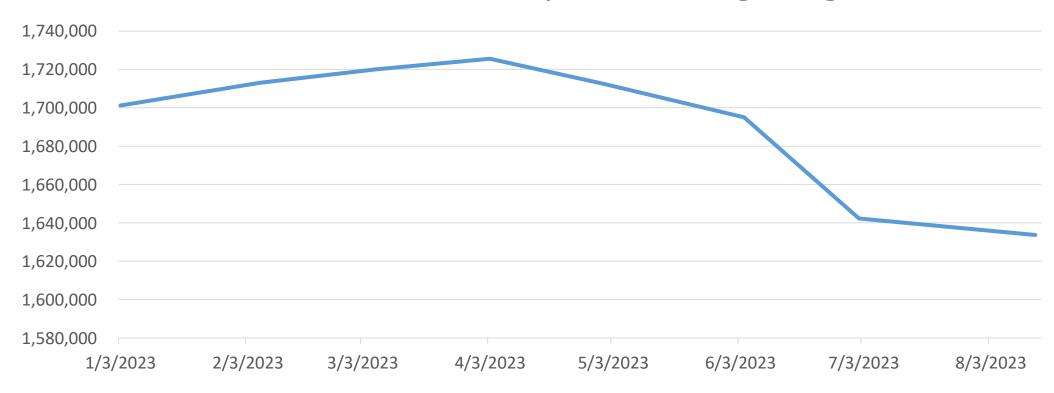
### **Upon PHE expiration**

- ✓ End PHE flexibilities
- Resume temporarily waived requirements and conditions
- ✓ Permanently integrate specific flexibilities into state plan or waivers



# Medicaid Enrollment during PHE

Medicaid Enrollment: January 2023 through August 2023





# July 1<sup>st</sup> – 31<sup>st</sup> Renewal Data

Initial Count of Beneficiaries due for Renewal: 54,975

CMS Unwinding Monthly Report:

27,044 Medicaid Approvals 20,344
Medicaid
Terminations

7,587
Individuals
Pending



# August 1<sup>st</sup> – 31<sup>st</sup> Renewal Data

Initial Count of Beneficiaries due for Renewal: 54,344

CMS Unwinding Monthly Report:

28,296
Medicaid
Approvals

18,662 Medicaid Terminations 7,386
Individuals
Pending



## Medicaid Reinstatements

Individuals procedurally terminated on their renewal due date are given 90 days to respond and provide requested information. If they are determined eligible, coverage is **reinstated** back to their termination date.

May Renewals 5,618 reinstatements as of 9/01/23

Jun Renewals 5,253 reinstatements as of 9/15/23

Jul Renewals 2,794 reinstatements as of 9/15/23

Aug Renewals 1,155 reinstatements as of 9/15/23



## Current Outreach Priorities

Households with children should respond to notices as children will have continuous coverage

Encourage members to respond to notices, even if they believe they are no longer eligible

When members are procedurally terminated, if they provide information within 90 days they can be reinstated

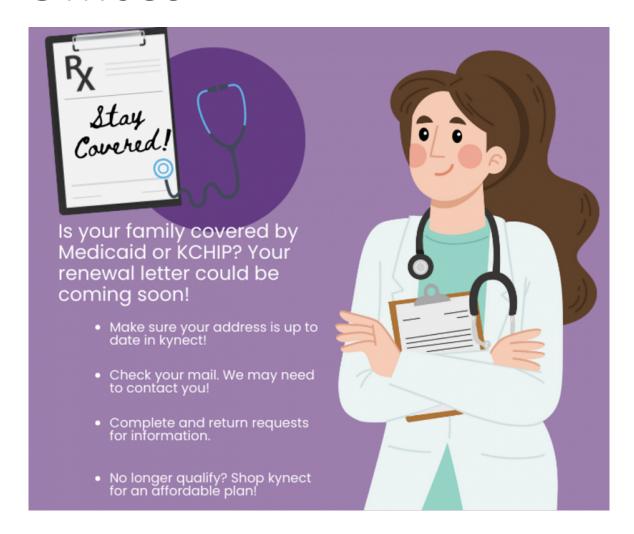


### Fliers and Materials for Offices

Help us get the message out to patients and clients!

Informational <u>fliers</u> available on PHE website to be printed and shared in provider offices, at community businesses, and handed out to clients!

It is also available in <a href="Spanish">Spanish</a>!





# Providers Supporting Patients Through Renewals

### **Waiver Participant & Provider Information**

- ➤ 1915(c) HCBS COVID-19 and Appendix K FAQ
- > Kentucky Level of Care System (KLOCS) Report
  - Nursing facilities and intermediate care facility providers can access the Medicaid Renewal Report in KLOCS.
  - See <u>the KLOCS Provider Medicaid Renewal Report</u>
     Quick Reference Guide to learn how to access a report of Medicaid Eligible Individuals who are due for renewal.

https://www.chfs.ky.gov/agencies/dms/dca/Documents/COVIDAppendixKCombinedFAQ.pdf

PROVIDER INFORMATION AND RESOURCES

### Kentucky Level of Care System

#### What It Is

The Kentucky Level of Care System (KLOCS) electronic system streamlines and automates the current level-of-care paper process. KLOCS generates user tasks and notifications to enable all stakeholders to interact electronically in level-of-care application, review and approval processes.

Starting Aug. 3, 2020, all nursing facility providers, institutionalized hospice service providers and ICF/IID providers are required to use KLOCS. **Please Note:** KLOCS does not impact ancillary services. Those processes remain the same.

The following changes take effect Aug. 3, 2020:

- Applications will be submitted and tracked using an online self-service portal.
- Level-of-care requests and discharges will be initiated electronically. This process
  automatically routes requests to the appropriate KLOCS personnel for review and
  completion of determinations.
- Providers will receive automatic task notifications and reminders to submit requested information

#### **Documentation**

#### Providers/Facilities

- KLOCS Telehealth Frequently Asked
  Ouestions []
- KLOCS Provider Telehealth Quick Reference Guide D.
- KLOCS Backdating and Correcting LOCs 🖫
- KLOCS Provider Webinar Part 1 presentation 12.
- KLOCS Provider Part 2 presentation []
- NF Hospice ICF Guide 🖟
- KLOCS Part 1 Provider Webinar recording
- KLOCS Part 2 Provider Webinar recording
- Part One Provider Webinar FAQs 🕼
- KLOCS Common Scenarios and Quick Reference Guide 🕞

- KLOCS Medicaid Renewal Report ORG



# Renewals: How patients respond to a notice

# Completing and Returning Forms

- Fill in all requested information
- Return by fax to 502-573-2005 or 502-573-2007
- Return by mail to P.O. Box 2104, Frankfort, KY 40602

### Self-Service Portal

- Log in to kynect at https://kynect.ky.gov/benefits
- Click on Review Benefits or upload requested information in RFI

# Call kynect or DCBS

- Call kynect (1-855-459-6328) Mon-Fri 8:00 am to 7:00 pm ET
- Call DCBS (1-855-306-8959) Mon-Fri 8:00 am to 4:30 pm ET and Saturdays from 9:00 am to 12:00 pm ET

# Visit a kynector, insurance agent or DCBS office

- Find a kynector or agent office\* and visit Mon-Fri 8:00 am to 4:30 pm local time
- Find a DCBS office\* and visit Mon-Fri 8:00 am to 4:30 pm local time

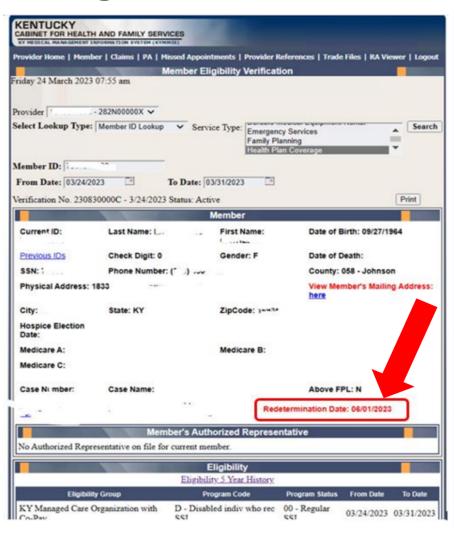


<sup>\*</sup>Find a kynector or agent office here: <a href="https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en\_US">https://kynect.ky.gov/benefits/s/auth-reps-assisters?language=en\_US</a>

<sup>\*</sup>Find a DCBS office here: https://kynect.ky.gov/benefits/s/find-dcbs-office?language=en\_US

# Providers Supporting Patients Through Renewals

- ✓ Here is how to find your patient's renewal date in KYHealthNet.
  - ➤ Old dates or "N/A" means the member is in a category not normally subject to an annual renewal.
- ✓ If they've updated their contact information with you, ask them to update it with kynect too!



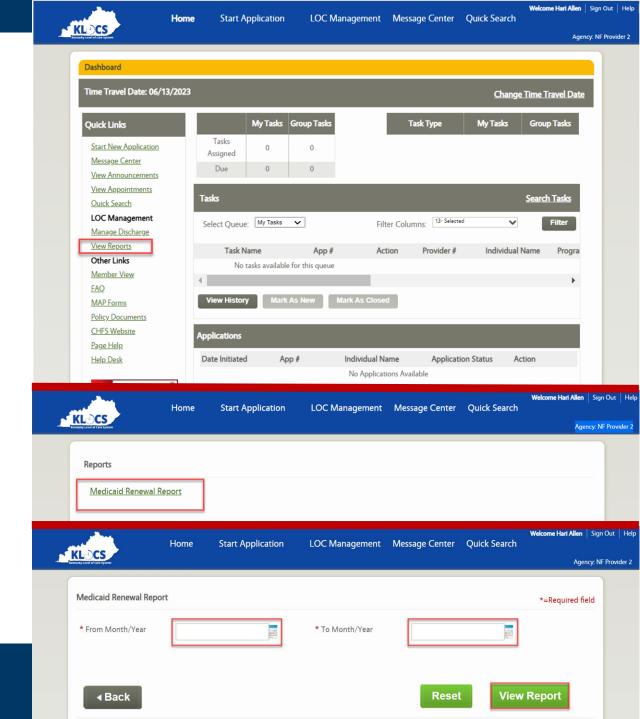
# How can I help my patients?

- ✓ Ask them to update their information in kynect by logging into kynect.ky.gov or calling 855-4kynect (855-459-6328)
- Remind them to watch for notices. Medicaid will contact them when it is their time to renew.
- ✓ If their renewal date is coming up, make sure they are aware.



# KLOCS Medicaid Renewal Reports

- On the Dashboard screen, under Quick Links section on the left, click View Reports.
- On the Reports screen, click *Medicaid Renewal Report*.
- Enter the appropriate start date and end date, then click View Report to generate Medicaid Renewal Report.



# Transition from Medicaid to Qualified Health Plan PHE Unwinding Special Enrollment Period



### Individuals MUST take action!

Kentucky Health Benefit Exchange

a part of kynect

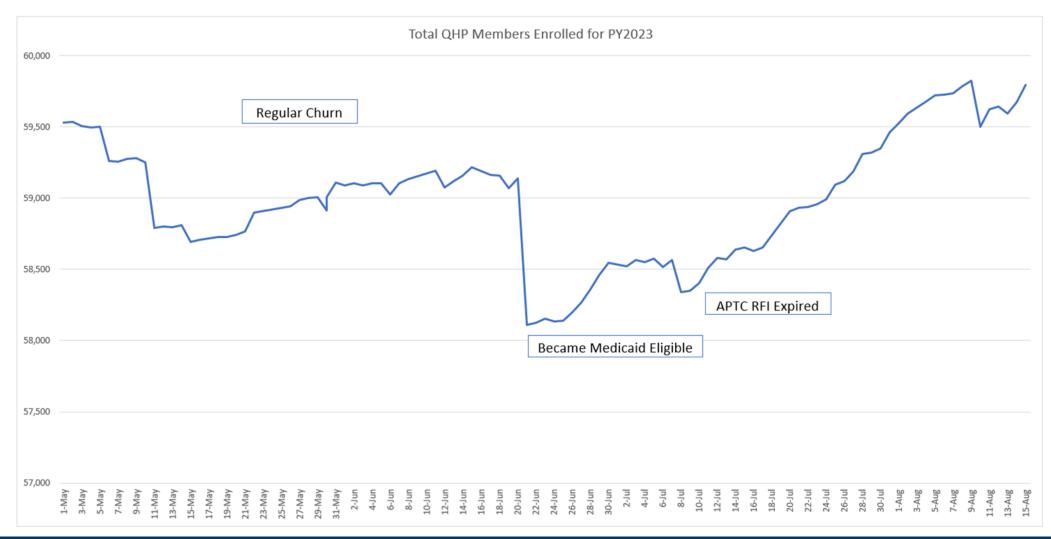
PHE Unwinding Special Enrollment Period (SEP) for individuals who have lost Medicaid coverage and submit a new application or update an existing application between **March 31, 2023 and July 31, 2024**.

- Individuals who are eligible for this Unwinding SEP will have 60 days after they submit their application to enroll in a QHP even if it has been longer than 60 days since they lost Medicaid.
- Coverage will start the first day of the month *following plan selection* but the *first payment must be paid* before the coverage is effective.

NOTE: If an individual is uninsured months from now...may still qualify for a Special Enrollment



# Qualified Health Plan Enrollment as of 8/15/23





# Unwinding Flexibilities Implemented

This is not a full list of all flexibilities. Please reference the KY PHE Flexibility Tracker for full information.

### Implemented For PHE Unwinding

- 60-Day extension window for individuals receiving long-term care and waiver services
- Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an ex parte basis
- Renew Medicaid eligibility for individuals with stable sources of income or assets, waiving asset verification processes
- Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries
- Suspend the requirement to apply for other benefits under 42 CFR 435.608
- Suspend the requirement to cooperate with the agency in establishing the identity of a child's parents and in obtaining medical support
- Permit managed care plans to aid enrollees in completing and submitting Medicaid renewal forms
- Establish 90-Day Reconsideration Period for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible

NOTE: HCBS Appendix K flexibilities will be covered in a separate stakeholder meeting to be announced in the near future

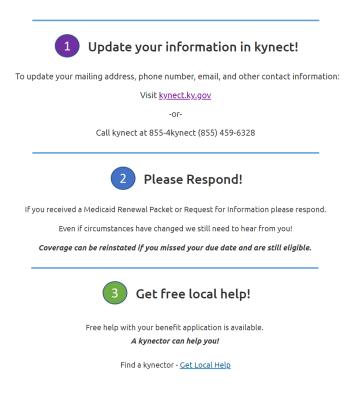


### KY PHE Website Resources

### https://medicaid.unwinding.ky.gov









If you no longer qualify for Medicaid, you can still get help from kynect!

You may be eligible to enroll in a Qualified Health Plan with Financial Assistance to help pay for premiums, co-pays and more.

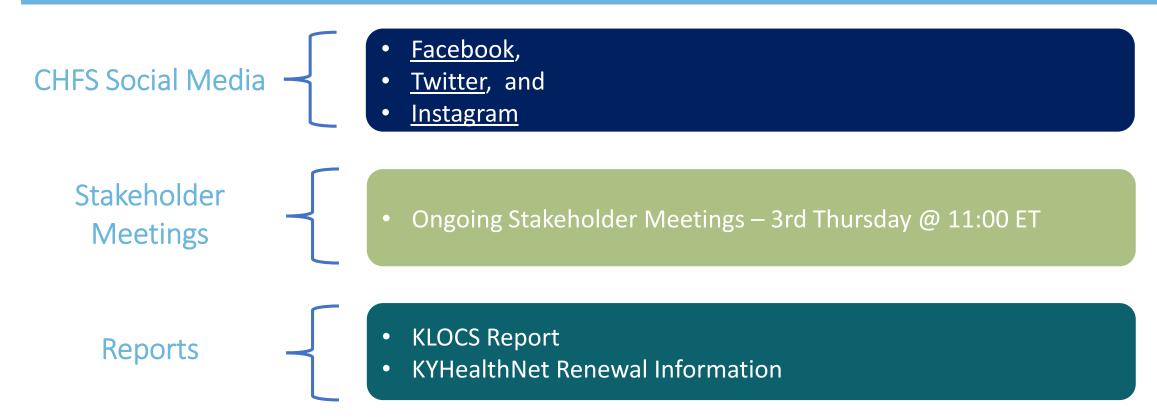
A licensed insurance agent can help you at no cost to you!

Find an Insurance Agent - Get Local Help



# How to Stay Informed...

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







Questions

