

VIRGINIA MEDICAID UNWINDING: ENDING CONTINUOUS COVERAGE REQUIREMENTS AND THE RETURN TO NORMAL ENROLLMENT



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Medicaid Continuous Coverage Requirements: Background, Preparation and Partnerships

- States were required to maintain enrollment of Medicaid members (enrolled as of March 18, 2020) to receive the additional 6.2 % increase until the end of the month in which the federal Public Health Emergency (PHE) ends.
- Since March of 2020, DMAS and DSS have closely collaborated to implement flexibilities and protect needed coverage during the PHE to allow access to services. In a parallel effort, the DMAS and DSS began planning in mid-2020 for the eventual unwinding. This close partnership has continued throughout the PHE to ensure all efforts were made to utilize available resources throughout the return to normal transition
- Unwinding Taskforce: Secretary Littel convened a monthly unwinding taskforce beginning in January 2022 to include DMAS and DSS leaders and the Office of the Attorney General.
 - In July 2022, the taskforce was expanded to include Senate and House finance staff and the Department of Planning and Budget per a General Assembly mandate.
- In December 2022, the Consolidated Appropriations Act (CAA) was signed into effect decoupling the PHE from the continuous coverage requirement effective March 31, 2023:
 - Stepped down the enhanced FMAP beginning April 1, phasing out the enhanced match December 31, 2023.
 - CMS requires that states have an approved mitigation plan – or approval not to submit a mitigation plan by March 31, 2023. States that did not receive this approval face the loss of enhanced FMAP, restrictions on taking actions to close enrollments, and delayed redetermination timelines.
 - Virginia was one of 44 states required to submit a mitigation plan. DMAS received CMS approval on March 29, 2023.

Medicaid Enrollment in the Commonwealth

The end of the continuous coverage requirement in the Commonwealth will present the single largest health coverage event since the first open enrollment of the Affordable Care Act (ACA). This event is also known as unwinding.



Historically, the Commonwealth has experienced **churn, which is enrollees who reapply and re-gain coverage shortly after being terminated.**



From March 2020 through March 1, 2023, the Commonwealth experienced an **increase of over 630,000 enrollees (a 41% increase in enrollment growth).**



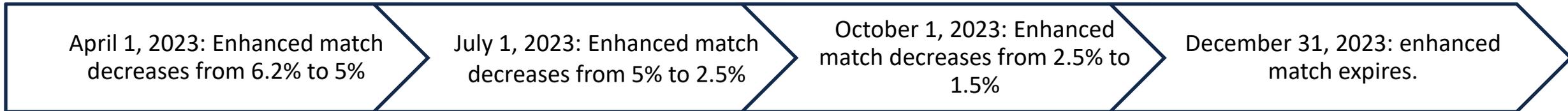
Enrollment growth has been the **fastest among non-elderly, non-disabled adults**, and slower among children and aged, blind, and disabled (ABD) eligibility groups.



Post continuous coverage, **roughly 14% of the state's total Medicaid enrollees may lose coverage, and up to 4% of members may lose and regain coverage within 1-6 months of closure. The national average for loss is around 20%.**

Timeline – Redetermination & Financial Impacts

Federal guidance requires states to initiate all redeterminations within 12 months. The first month is considered the month in which the state runs the normal renewal process. CMS recommends states redetermine no more than 1/9 of the total population per month in order to avoid processing errors which may result in corrective action plans and decreased enhanced funding.



Enrollment Growth and Coverage Loss

- Virginia Medicaid has experienced a 41% growth since March 2020 with enrollment increasing from 1.5 million to almost 2.2 million members.
- During the continuous coverage requirements growth in the program was highest among the Expansion coverage group which consists of adults between the ages of 19-64. Approximately 168,000 Expansion adults are parents.
- During the return to normal transition period, 14% of the population is expected to lose coverage with an additional 4% of the population losing and regaining coverage within one to six months after the loss.

Year	Virginia: First Closures (04/30/2023)												2024	
Month	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Monthly Workload			201,237	134,679	176,718	173,530	154,587	190,702	178,513	167,421	170,853	202,949	203,737	214,038

Preparations to Resume Normal Enrollment:

Policy, Vendor Support, and Outreach & Communications

A strong emphasis was placed on system enhancements to include increased automation, workforce tools, and reporting as well as expanding existing operations to support the local workforce and ensure a timely completion of the unwinding.

Cover Virginia:

- Executed a contract modification to expand the existing Cover Virginia operation to include a redetermination call center and processing unit throughout the return to normal process and new permanent units dedicated to pregnant women and application assisters. The expanded operations were successfully implemented on April 3, 2023.
- The vendor is expected to process approximately 420,000 or 1/3 of all cases over the next 12 months. The operation includes an existing Incarcerated Unit, responsible for completing renewals for over 30,000 incarcerated enrollees through exchanges with the Department of Corrections and state/local jails.

Outreach & Education:

- Ongoing outreach campaigns to include mailings to 1.1 million households, radio, television, and social media campaigns, and dedicated pages across three websites. Development of four stakeholder toolkits, 18 outreach templates, 60 provider memos, and engagement through speaking events and eight public townhalls to nearly 1000 different stakeholder groups.
- Return to Normal Operations Summit held on March 8, 2023 for over 300 stakeholders in partnership with the Department of Social Services (DSS), Virginia Association of Health Plans (VAHP), Virginia Poverty Law Center (VPLC), Virginia Health Care Foundation (VHCF), and the State Corporation Commission (SCC).

Preparations to Resume Normal Enrollment: Local Agency Planning and Partner Collaboration

DMAS and VDSS developed a plan to prepare Local Agency staff to be able to complete the Medicaid unwinding work that includes training and informational sessions, workgroups, and additional federal waivers.

23 System Updates:

- Increased the number of successful “no touch” actions at application, change, and renewal to promote consistency, reduce local worker burden, and allow a stronger focus on high-risk populations which require manual processing.
- Increased reporting to meet federal requirements and to allow closer monitoring of progress throughout the unwinding period.

Training and Information Sessions:

- Developed an eLearning that refreshed local agency staff on renewal processing.
 - Over 3,000 Local Agency staff have completed this training.
- Hosting subject-matter expert led webinars that focus on Q&A with local agency staff to assist in preparing them for the work.
 - Over 2,000 Local Agency staff have attended these webinars and this series will continue until the end of April 2023.

Managed Care Organization (MCO) and Virginia Insurance Marketplace collaboration:

- Executed agreement with the six health plans to solidify plans for four round of targeted member outreach across all modalities.
- Implemented new data sharing processes to include addresses, closures, and closure reason.
- Collaboration with the State Corporation Commission to ensure the smooth transition of individuals no longer eligible for coverage to other health coverage through referrals to the new Virginia Insurance Marketplace beginning In November 2023.

Community Outreach and Engagement Strategies



Phase I Purpose:

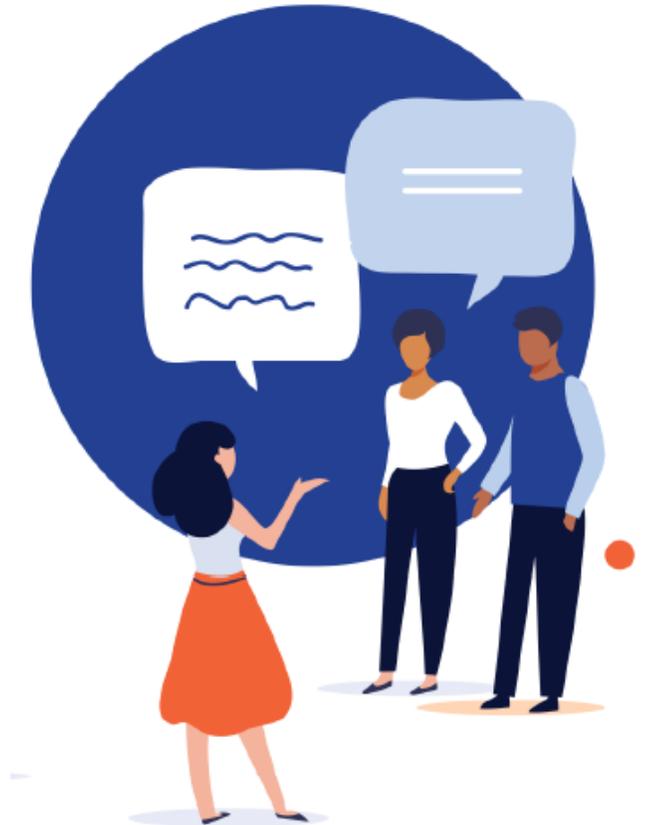
- Encourage members to update contact information
- Campaign began in March will run throughout unwinding
- All stakeholder participation

Phase II Purpose:

- Encourage members to complete needed paperwork
- Campaign will run March 2023 – March 2024
- All stakeholder participation

Phase III Purpose:

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



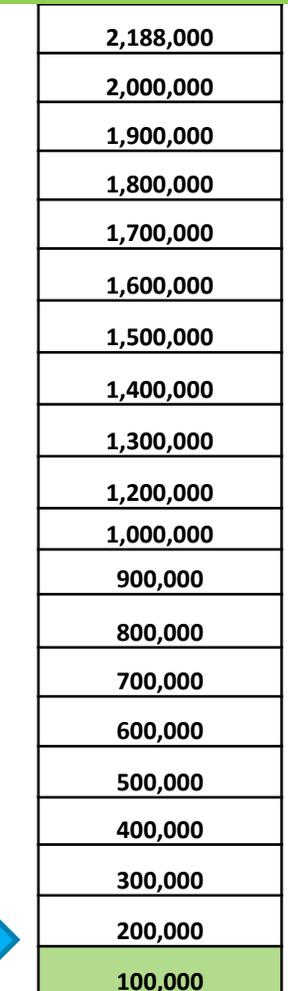
Medicaid Renewals Monthly Update

Data as of May 2, 2023

Next Automated Run: May 20th
Next mailing: May 22nd

Renewals Counts by Case

Completed by Member



Month	Total Cases Due	Automatic Renewals Completed	Paper Packets Mailed
March (Due: May)	121,604	83,776 68.9 % Success	36,488
April (Due: June)	96,521	25,541 26.5% Success	68,377

- Per federal guidance, April 30th, 2023, was the first month states were permitted to close eligibility.
- Renewals that are unable to be completed through the automated process are mailed two months prior to the month in which the renewal is due.
- Prior to the COVID-19 Public Health Emergency, on average:
 - 64,000 cases were due each month
 - 32,000 or 50% were completed through the automated process
 - 32,000 cases were manually processed across 120 local agencies.

196,031 Member Renewals Completed

- **Member and Stakeholder Resources and Material** can be found on the Cover Virginia, Cubre Virginia, and DMAS websites. The Return to Normal Enrollment page on each site contains toolkits, information, and resources for members, providers, and other stakeholders. to learn more about Virginia's preparation and important updates.
 - DMAS Website: <https://www.dmas.virginia.gov/covid-19-response/>
 - Cover Virginia Website: <https://coverva.dmas.virginia.gov/return-to-normal-enrollment/>
 - Cubre Virginia Website: <https://cubrevirginia.dmas.virginia.gov/return-to-normal-enrollment/>
- **The Renewal Status Dashboard** can be found on the DMAS site under the Data tab that tracks the progress toward redetermining Virginia's Medicaid population on a monthly basis.
 - The dashboard can be found at <https://www.dmas.virginia.gov/data/return-to-normal-enrollment/eligibility-redetermination-tracker/>
- **Legislator Resources and Information** can be found on the DMAS website at: <https://www.dmas.virginia.gov/about-us/legislative-office-resources/>
 - New dashboards are available which provide enrollment data by Virginia State House and Senate districts as well as Congressional districts.

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

