Med-QUEST Healthcare Advisory Committee
April 20, 2022

Med-QUEST, DHS

Med-QUEST Healthcare Advisory Committee Agenda

I. Welcome/Call to Order

II. Introductions/Roll Call

III. Review of meeting participation guidelines and process

IV. Presentation and Discussion: Annual Public Forum - Progress report and update on the QUEST Integration Section 1115 Demonstration Project
   a. Public Comment

V. State Plan Amendment Presentations and Discussions
   a. Updates - Presentation on the status of State Plan Amendments previously reviewed by the MHAC.
   b. Presentation of State Plan Amendments being submitted for CMS approval
      i. 22-0001 Yearly Optional State Supplementary Payment
      ii. 22-0003 Increase in rates for services provided by Child and Adolescent Mental Health Division (CAMHD)
      iii. 22-0004 CAA and 22-0005 CAA Alternative Benefit Plan ABP
      iv. 22-0007 New Mandatory Benefits Under Section 9811 of the American Rescue Plan Act
   c. New State Plan Amendments under consideration
   d. Public Comment

VI. MQD Member Communications Regarding the Public Health Emergency Unwinding
   a. Public Comment

1115 DEMONSTRATION WAIVER ANNUAL PUBLIC FORUM

Med-QUEST Division

VISION

The people of Hawai'i embrace health and wellness

MISSION

Empower Hawai'i's residents to improve and sustain wellbeing by developing, promoting and administering innovative and high-quality healthcare programs with aloha.

CORE VALUES

Hi'iola ~ Embracing wellness

H Healthy Outcomes - We develop strategies and improvements necessary to promote overall wellbeing.

I Integrity – We are accountable to the work we do, the resources we manage and the people we serve.

' 'Ohana Nui – We focus on the whole family's needs, with priority on children ages 0 – 5 years old.

I Innovation –We cultivate an atmosphere of continuous learning and improvement.

O Optimism – We each make a difference for the people of Hawai'i.

L Leadership – We are all leaders in the work we do.

A Aloha – We extend warmth and caring to all.

Hawaii Health Innovation Framework

Healthy Families and Healthy Communities

Whole Person Health

- Integrate Care
- Mental Health & Substance Use Treatment
- Social Risk Factors/Social Drivers of Health

Whole Family -'Ohana Nui

- Young children and their families over the life course
- Social networks
- Build on strengths & Resilience
- Invest in primary care
- Lync & sync to services

Whole Community

- Population Health
- Health Equity and addressing disparities
- Where we live, work, play and learn
- System transformation
- Linking diverse community partners

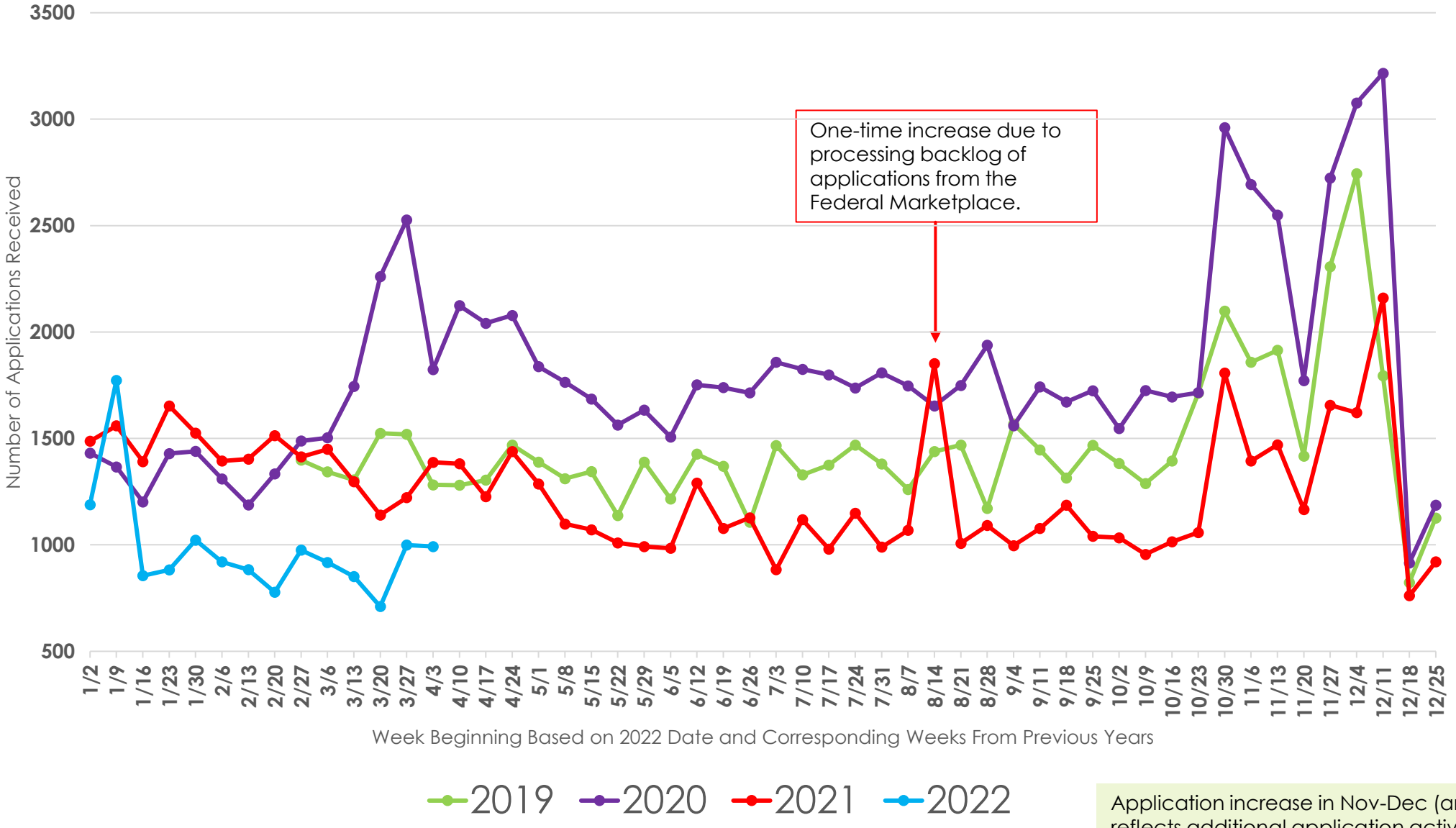
- Social Determinants or Drivers of Health
- Integration of behavioral health across the continuum
- Health Equity and addressing Health Disparities

Med-QUEST Division

HOPE Summary

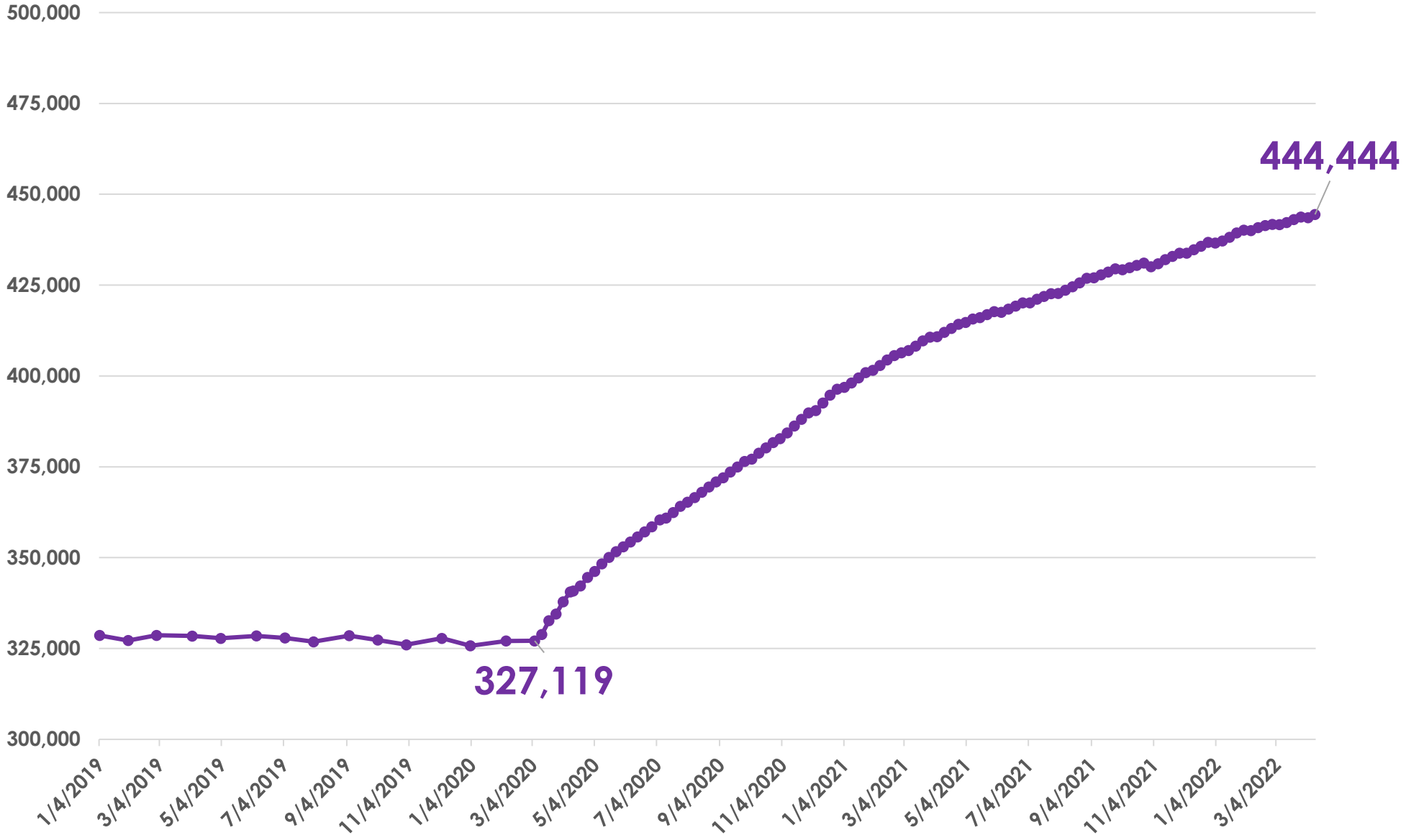
Goals	Healthy Families and Healthy Communities Better Health, Better Care, and Sustainable Costs			
Strategies	Invest in primary care, prevention, and health promotion	Improve outcomes for High-Need, High-Cost Individuals	Payment Reform and Financial Alignment	Support community driven initiatives
Foundational Building Blocks	1. Use **data & analytics** to drive transformation & improve care			
	2. Increase **workforce capacity**			
	3. Accountability, **Performance measurement** and evaluation			

Hawai‘i Medicaid Applications Received Per week: March 2020 to April 9, 2022 MQD has Received 160,885 Applications

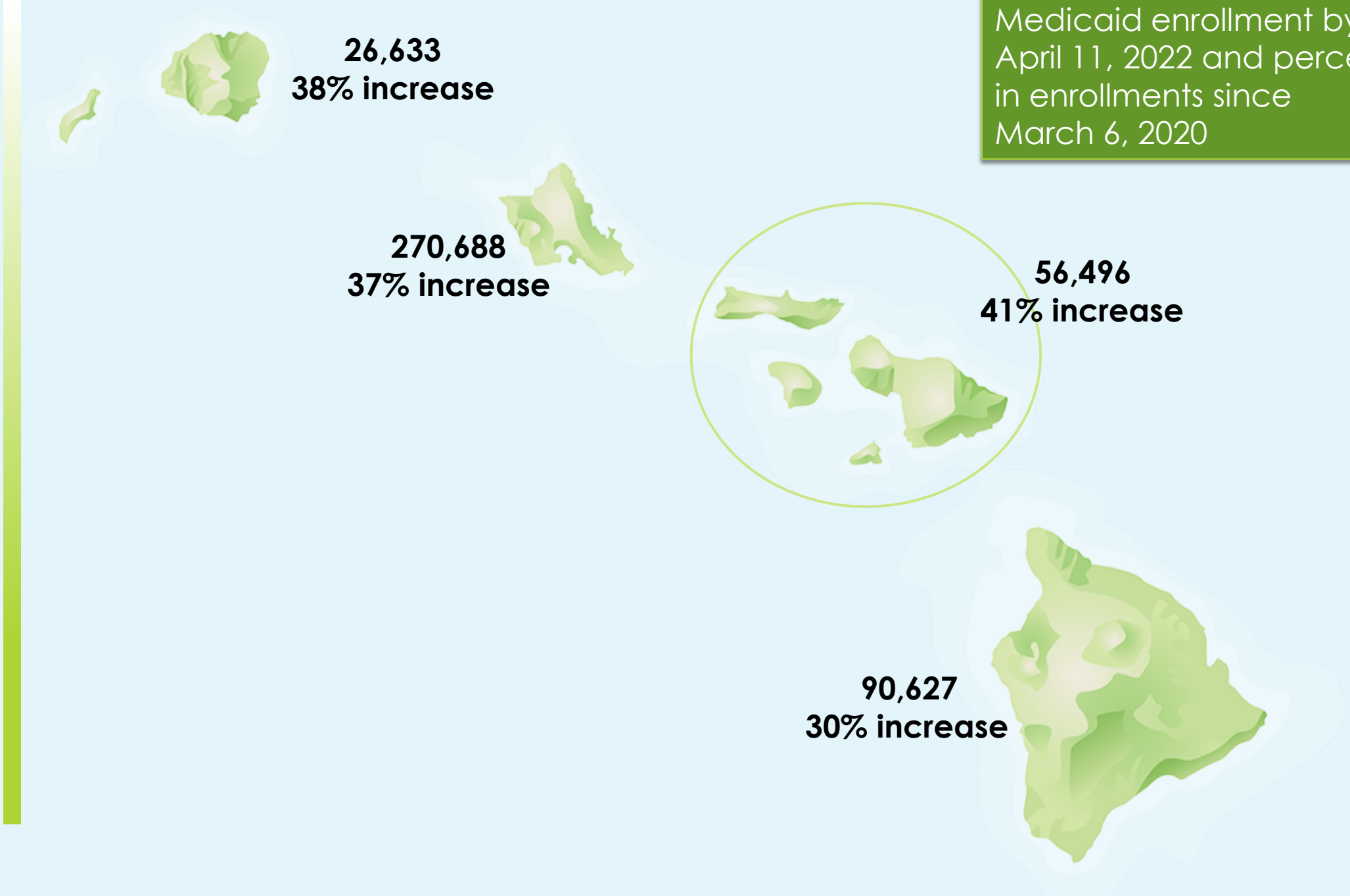


Application increase in Nov-Dec (and in Jan 2022) reflects additional application activity due to the Federal Marketplace open enrollment period.

Hawai'i Medicaid Monthly Enrollment: January 2019 to April 11, 2022
117,325 New Enrollments since 3/6/2020 (36% Increase)



Medicaid enrollment by County on April 11, 2022 and percent increase in enrollments since March 6, 2020



1115 WAIVER UPDATE: KEY ACHIEVEMENTS AND CHALLENGES

Med-QUEST (MQD) received approval for its Section 1115 waiver renewal in 2019

- The 1115 demonstration waiver has been in effect since 1994.
- On July 31st, 2019, the Centers for Medicare and Medicaid Services (CMS) approved MQD's 1115 waiver renewal request.
- The waiver allows MQD to operate a managed care program, provide certain specialty services, and expand eligibility for certain specific population groups.
- This renewal authorizes the waiver for another five years, from August 1, 2019 to July 31, 2024.
- Next waiver renewal due to CMS July 2023. Upcoming year to begin community and stakeholder engagement to plan for the next five years

Home- and Community-Based Services (HCBS) will continue under the Demonstration

- Hawai‘i is one of a few states that has authorization for HCBS through its 1115 waiver.
- Other states typically have one or more “1915” waivers that authorize HCBS.
  - Dept of Health/ Developmental Disabilities Division operates the only 1915(c) waiver in Hawai‘i.
- CMS agreed to let Hawai‘i continue to use the 1115 as the vehicle until at least 2024.
  - MQD must put into place more reporting requirements for HCBS
  - Added reporting requirements to recent QI contract effective 7/1/21

Update on Waiver
QUEST (Hawaii Medicaid): Health Care Delivery System

- **QUEST Integration**: 99.9% of Medicaid beneficiaries have access to most health care services using managed care via health plans, including long term care services.

  - Re-procurement for QUEST Integration
    - Contract Start: 7/1/2021; CY 1/1/2022
    - AlohaCare, HMSA, Kaiser (Oahu/Maui), 'Ohana and United Healthcare
- **Community Cares Services**: Specialty Mental Health managed care plan for specialty mental health services for individuals with serious mental illnesses.
  - Contract Award – 'Ohana Health Plan 7/1/2021

Contract focus areas related to waiver: Social Determinants of Health/Social Risk Factors; Community Integration Services and Community Transition services; Integration of Behavioral Health; Investment in Primary care; Integration of health for people with complex health and social needs via new care models.

Default Enrollment – Dually eligible Medicare/Medicaid

- Default enrollment – automatically enroll a member aging into or becoming eligible for Medicare in the same health plan.
  - This will increase alignment for dual members in Medicaid and Medicare, provide members with easier and less complicated access to care, integrate benefits, streamline claims adjudication and payment

- All five health plans have completed the D-SNP agreements and received CMS approval to enable default enrollment for dual eligible members prior to the January 1, 2022 requirement.

Beyond Clinic Walls: Supportive housing for beneficiaries who are chronically homeless

- CMS approved MQD's §1115 renewal 7/31/2019 to provide "Community Integration Services," better known as supportive housing services.
- Supports for people to transition from homelessness or institutions like moving costs, utilities and rent deposits (payer of last resort)
- Supports for individuals that are homeless or at-risk of homelessness and meet a needs-based criteria:
  - A mental health or substance use disorder (SUD) need; or
  - A complex physical health need.
- Health plans and providers to provide services that will help obtain and maintain housing.
- MQD issued guidance and we are working with health plans for continued improvements

Aloha United Way Homeless Program

Community Integration Services: Evaluation Activities

- CIS topic of first rapid-cycle review
  - Conducted by an independent evaluator, the University of Hawaii
- Some Successes in implementation include:
  - Managed care plans working together to implement allowing for sharing of best practices and collaboratively exploring solutions to any encountered challenges
  - Managed care plans are leveraging existing relationships
  - Managed care plans are providing ongoing education and outreach to providers
- Some Select barriers in implementation include:
  - Inconsistent information and data sharing between agencies and housing service providers due to siloed and non-interoperable systems
  - Managed care plans still optimizing best workflows
  - Questions remain on the roles and responsibilities of the various parties involved in homeless services; enrollment of providers to become Medicaid providers; billing codes and tracking information

Managed Care: New Reports

- Starting in October 2021 there were new reports submitted by the health plans as part of the new contract
- Embedded in the new reports ability to have Key Performance Indicators (KPIs)
- Weekly training and technical assistance sessions were held with health plans and MQD staff to review the new reporting structure
- Initial results:
  - Positive that the reports were submitted,
  - Highlighted difficulties and long-standing inconsistencies in correctly populating the many data fields
  - MQD staff continue our steep learning curve in reviewing and responding to the new content in these reports

Managed Care: Health Plan Manual

- Hawaii's first Health Plan Manual was published in July 2021
- The first amendment was completed in October 2021, and regular quarterly updates are scheduled throughout the year

- Health Plan Manual can be found on our MQD Website at: https://medquest.hawaii.gov/en/plans-providers/health-plan-resources.html

Pandemic: COVID-19 Vaccine and boosters

- Med-QUEST Division helped organize COVID-19 vaccines and booster shots provided to Adult Foster Home caregivers and residents
- The shots were provided by independent pharmacies who traveled from house to house, in order to bring the booster shots to the most vulnerable Medicaid members
- While the efforts were not as successful as the initial COVID-19 vaccines that were rolled out earlier in 2021 with far fewer homes consenting to the vaccines, during the latter part of December and into January, the efforts picked up some, likely in response to the rapid spread of the Omicron variant

Other initiatives (sampling)

- Social Determinants of Health/ Social risk factors:
  - Discussions on Screening questions, Closed Loop Referrals, SDOH Transformation plans; workflow with Health Plans
- Behavioral Health Integration
  - SBIRT implementation w/ hospitals and Health Plans; CIS integrated with Behavioral Health; Collaborative Care w/ community providers
- Primary Care:
  - APRN as Primary Care; Report on Spending in primary care, prevention and SDOH*
- Maternal/Child Health:
  - Medicaid Innovation Collaborative; EPSDT digitization and update of Child Screening schedule
- People w/ complex health needs
  - Community palliative care benefit; Revised Health Functional Assessments for people with special health care needs
- Payment Reform & Financial Alignment
  - Implementation of APR-DRG (All Patient Refined - Diagnostic Related Groupers) for Inpatient Hospital; Primary care, Preventive Services, SDOH Spend*

CMS APPROVALS AFFECTING THE 1115 WAIVER

Section 9817: Home & Community-Based Services Financial Plan

- Section 9817 of the American Rescue Plan Act (ARPA) provides states with a temporary **10 percentage point** increase to the FMAP for Medicaid expenditures for home and community-based services (HCBS) from **April 1, 2021 to March 31, 2022**.
- States must use these funds attributed to the increased FMAP to **enhance, expand, or strengthen HCBS** under the Medicaid program by **March 31, 2024**.
- Partial approval for Hawaii to qualify for a temporary 10 percentage point increase approved on 9/14/21 and 2/15/22
  - Strengthen provider/workforce capacities/workforce (e.g., training, increase payment rates)
  - Increase HCBS capacity and quality (e.g., build capacity in Community Care Foster Family Homes to serve challenging members, especially those with behavioral health needs)
- Will likely require 1115 waiver amendments to implement

Managed Care - Risk Mitigation COVID-19 Public Health Emergency (PHE)

- During the COVID-19 Public Health Emergency (PHE) the State is allowed temporary or emergency specific amendments/changes to our existing 1115 Waiver
- Risk Mitigation: Related to how Health Plans paid by narrowing the risk corridor
- Submitted on 10/22/21 and approved on 12/20/21

PUBLIC COMMENT

V. State Plan Amendment Presentations and Discussions: Updates

State Plan Updates

21-0012 Pharmacy and Preventative Services –Hawaii working on response to CMS Request For Additional Information (RAI).

21-0013 Pharmacy and Podiatry Services–Public Notice to include compliance under § 440.345 related to full access to EPSDT services posted 03/09/22. Received RAI pending amendments to 21-0012.

21-0016 Non-Emergency Transportation-Approved 01/28/22

21-0017 Third-Party Liability (TPL)-Approved 01/21/22

21-0019 Critical Access Hospital payment limit removal –Approved 02/21/22

21-0018 COVID-19 Vaccine (1 year post PHE) –CMS sent out 3 templates to states to address Vaccine Administration Coverage and Reimbursement, Testing and Treatment. This SPA (21-0018 will be updated in the new SPA template under Vaccine Administration issued by CMS and will be added to SPA 22-0007. **(See NEW State Plan Amendments Section)**

V. State Plan Amendment Presentations and Discussions: New

22-0001 Yearly Optional State Supplementary Payment

Background:

Yearly Amendment required to align with the Cost-of-Living Adjustment (COLA) for Social Security and Supplemental Security Income (SSI) benefits.

SPA language:

2021 Federal rate $783.00 to 2022 new Federal rate $841.00 for Domiciliary Care Type I and II.

2022 State rate remains the same at $651.90 (Domiciliary Care Type I) and $759.90 (Domiciliary Care Type II)

Purpose: The state supplemental security income SPA is a SPA completed every year related to Cost of Living Adjustment (COLA) increases from the Social Security Administration. The amendment is required to update the federal portion of the monthly income standards for Domiciliary Care Type I and Type II homes according to the COLA increase percentage.

22-0003 Increase in rates for services provided by Child and Adolescent Mental Health Division (CAMHD)

Background:

CAMHD is requesting rate increase for services provided based on latest rate study and comparison of multi-
state rate reporting.

SPA language:

- This amendment adds a new CAMHD Fee Schedule (Supplement 3 to Attachment 4.19-B) to include new services and updated rates provided by CAMHD.
- The amendment also connects the Medicaid Fee Schedule posted at https://medquest.Hawaii.gov/enplans-providers/fee-for-service/fee-schedules.html to the CAMHD Fee Schedule if there are services provided by CAMHD that are not listed.

Note: Goal is to submit SPA packet to CMS by (05/01/2022)

Clinical Trial related services mandatory benefit: 22-0004 CAA and 22-0005 CAA Alterative Benefit Plan (APB)*

Background:

- The Consolidated Appropriations Act (CAA) adds a new mandatory 1905(a) benefit that covers services in connection to qualifying clinical trials, effective January 1, 2022. The aim of this policy is to allow Medicaid members to participate in these qualifying clinical trials.

- The covered "routine patient costs" include any item or service provided under the qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from the trial, to the extent that the state plan or waiver would typically cover these items or services. It also includes any item or service required for the provision of the investigational item or service that is the subject of the trial, including administration, if already covered by the Medicaid program.

Note: *Whenever a benefit affects the Alternative Benefit Package (ABP-Low Income Adults group), the state is also required to post public notice as a technicality. SPA 22-0004 affects the ABP so SPA 22-0005 is the ABP version that can be viewed on the Med-QUEST site at https://medquest.hawaii.gov/en/about/state-plan-1115.html

Clinical Trials related services: 22-0004 CAA and 22-0005 Alternative Benefit Plan (ABD) (continued)

SPA language:

(j) Routine Patient Cost for Items and Services in connection with participation by Medicaid Beneficiaries in qualifying clinical trials under 1905(a)(30).

The Hawaii Medicaid Fee Schedule is based on a combination of sixty percent of the 2006 to current Medicare Fee Schedule as applicable. Services not covered by Medicare in 2006 are paid at sixty percent of the Medicare Fee Schedule on the first year in which the code/service is covered by Medicare, whichever is later. The Medicaid Fee Schedule is located at https://medquest.hawaii.gov

Reimbursement rates, except as specified below and other parts of this Attachment, for providers of medical care who are individual practitioners and other providing non-institutional items and services shall not exceed the maximum permitted under federal laws and regulations and shall be the lower of the Medicare Fee Schedule as described above.

22-0007 New Mandatory Benefits related to COVID-19 (ARPA Section 9811)

Background:

Coverage of New Mandatory Benefits (COVID-19 vaccine administration reimbursement and coverage, testing reimbursement and coverage and treatment) under Section 9811 of the American Rescue Plan Act (ARPA) Note: This SPA also requires that an alternative benefit version is submitted.

SPA language:

Coverage:

1. COVID-19 Vaccine and Vaccine Administration:
   - a. assures coverage of COVID-19 vaccines and administration of vaccines
   - b. provided to all eligibility groups covered by the state
   - c. provided to beneficiaries without cost sharing
   - d. coverage for any medically necessary COVID-19 vaccine counseling for children under 21
   - e. state assures compliance with HHS COVID-19 PREP Act declarations and authorizations

2. COVID-19 Testing:
   - a. assures coverage of COVID-19 testing to include all types of FDA authorized COVID-19 tests
   - b. provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits
   - c. provided to beneficiaries without cost sharing
   - d. state assures compliance with HHS COVID-19 PREP Act declarations and authorizations
   - e. 8 COVID Home Test Kits per individual, per month.

3. COVID-19 Treatment and Coverage for a Condition that may seriously complicate the treatment of COVID:
   - a. assures coverage of COVID-19 treatment including specialized equipment and therapies (including preventative therapies)
   - b. includes any non-pharmacological item or services described in section 1905(a) of the Act that is medically necessary for treatment of COVID-19.
   - c. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
   - d. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
   - e. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
   - f. provided to beneficiaries without cost sharing
   - g. state assures compliance with HHS COVID-19 PREP Act declarations and authorizations
   - h. includes items and services, including drugs, that were covered by the state as of March 11, 2021.

22-0007 New Mandatory Benefits related to COVID-19 (ARPA Section 9811) (continued)

Reimbursement:

1. Vaccine and Vaccine Administration:

Payment for COVID-19 vaccine administered by licensed pharmacist, pharmacy interns or pharmacy technicians shall be made to the affiliated billing provider/pharmacy in accordance with the same reimbursement methodologies and rates developed for the specific type of providers and/or services described elsewhere in the State Plan and listed below. Hawaii sets the following rates for COVID-19 vaccine administration: $30.68 for single dose vaccines, and $18.59 for the first dose and $30.68 for the second dose for vaccines requiring two doses from 1/15/21 to 3/31/21. Starting 4/1/21 the COVID-19 vaccine administration rate will be $43.68 per dose until the end of the PHE. (language approved in HI-SPA 21-0008)

2. Testing:

The state's rates for COVID-19 testing are consistent with Medicare rates for testing including any future Medicare updates at the Medicare national average. Payment for COVID-19 testing is based on a combination of sixty percent of the 2006 to current Medicare Fee Schedule. Services not covered by Medicare in 2006 are paid at sixty percent of the Medicare Fee Schedule on the first year in which the code/service is covered by Medicare, whichever is later. The Medicaid Fee Schedule is located at: https://medquest.Hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html

3. Treatment:

The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventative therapies. The state is establishing rates of fee schedule for COVID-19 treatment. Payment for COVID-19 treatment is based on a combination of sixty percent of the 2006 to current Medicare Fee Schedule. Services not covered by Medicare in 2006 are paid at sixty percent of the Medicare Fee Schedule on the first year in which the code/service is covered by Medicare, whichever is later. The Medicaid Fee Schedule is located at https://medquest.Hawaii.gov/en/plans-providers/fee-for-service/fee-schedules.html

V. New state Plan Amendments under consideration

ARPA/Postpartum extension

- ARPA Section 9812 Option to extend Medicaid postpartum coverage from 2 mos postpartum to 12 mos
  - Currently Pregnant women categorical eligibility is 60 days postpartum
  - Option starting 4/1/2022 in effect for 5 years to extend an additional 10 mos for a full 12 mos postpartum
  - Of appx 4400 women, 30% (1,320) lost Medicaid coverage after the end of the 2-month postpartum period, and the remaining retained coverage, mostly in the low-income adult (LIA) category
- Extending the post-partum coverage period to 12 months will improve heath access and outcomes for women and children by providing stability and continuity of care with known and trusted providers.
- State legislature has expressed support for the budget request. Final budget approval first week of May
- State Plan amendment template will be used to submit, presuming continued legislative support

Restoration of Basic Dental Benefit for Adults

- Legislature positively considering restoration of basic dental of some diagnostic, preventive, restorative dental services and some services to restore chewing function for the MQD adult population (~266k)
- WHY?
  - Providing comprehensive dental benefits to Medicaid-enrolled adults has shown to reduce costly emergency department (ED) visits for dental conditions, result in some health care savings for people with chronic conditions and for pregnant women and their infants, and positively impact individual's ability to interview for a job.
  - Hawaii is only one of 16 states that provide no dental coverage or only emergency dental services.
- In 2020, the American Dental Association's Health Policy Institute's research brief estimated the costs of introducing Medicaid adult dental benefits in Hawaii. Three options provided with progressively more services. Legislature considering funding at "Option 2" level.
- State Plan Amendments: MQD researching Attachment 4.19-B pg. 2 and Supplement to Attachment 3.1-A and 3.1-B pg. 3-3a. to include expanded benefits.

PUBLIC COMMENT

MED-QUEST PLANNING FOR PHE UNWINDING

Continuous Medicaid coverage requirement ending once the Public Health Emergency Declaration ends

Member Communication

Public Health Emergency & Unwinding

- The ongoing COVID-19 outbreak and implementation of federal policies to address the PHE have **disrupted routine Medicaid, CHIP, and BHP eligibility and enrollment operations.**
- The expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the **single largest health coverage transition event since the first open enrollment period of the Affordable Care Act**.
- As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states have been required to maintain enrollment of nearly all Medicaid enrollees.
  - *Disenrollments only allowed for individuals who move out of state, voluntarily request to cease their Medicaid enrollment or pass away.*
- During the PHE, MQD has processed redeterminations on most existing simple cases using federal and state data sources to validate information.
  - *Where continued eligibility was indicated, those cases will wait to be redetermined a year from when the last successful determination was made.*
  - *Where continued eligibility could not be determined, our system has kept the individuals enrolled in accordance with CMS' continuous coverage requirement. These cases will be evenly spread out for redetermination over the 12-month period of PHE unwinding. Generally, the oldest cases will be redetermined first.*

Renewals and Redeterminations

- **MQD will begin regular eligibility redeterminations the 1st of the month after the PHE declaration ends. This "unwinding" period is currently anticipated to begin on August 1st if the PHE ends in July.**

- **CMS has encouraged states to take 12 months to process all eligibility redeterminations.**
  - *More time for renewal processing to avoid "churn." Churn happens when someone is found ineligible for a procedural matter (wrong address, failure to provide any needed documentation and then is returned to Medicaid once the documentation needs are met.)*
  - *Spreading the redeterminations across the full year avoids any bulges in eligibility case loads that would then perpetuate every following year that case is active.*
- **If MQD's system is aware that an individual or family is houseless, those cases will be pushed to the end of the 12 month period to allow for more time to seek and report alternate contact information.**

- **MQD will also delay any newly eligible Medicaid/Medicare "dual" members 6 months out from their Medicare eligibility date.**
  - *This will allow more time for individuals who are becoming Medicare eligible more time to provide information that would demonstrate they are still additionally eligible for Medicaid*

Update Member Contact info – Outreach, partnerships & communication

- Nationally, there is recognition that **contact information, particularly mailing addresses, will be a key factor** embark upon redeterminations for covered individuals who have not had to worry about coverage loss for over two-three years.

- Plan to work with providers, health plans, community partners and other agencies to **help remind Medicaid members that they should update their address with MQD** if they have moved in the past two – three years.

- Key Strategies:
  - Pink Letter Campaign
  - Website information
  - Elected officials' social media platforms and newsletters
  - Agencies/Community Partner social media platforms and newsletters
  - Managed Care Organizations
    - Health Plans will provide MQD a monthly data file of any updated addresses that they have verified from a Medicaid member
    - Health plans will partner with MQD in getting the word out to members to update their addresses and to be on the lookout for and read any pink letters from MQD and to respond to MQD, if necessary, with any requested documents.
  - All returned mail received by MQD will be researched with every possible attempt made to contact the individual prior to terminating their coverage.

Medicaid Renewal Letters
coming in pink envelopes!

Are you covered by Medicaid/Med-QUEST?

Is your mailing address up to date?

Check that Med-QUEST has your current mailing address

Visit medquest.hawaii.gov to update your account or **Call 1-800-316-8005**

Have you heard the news?

Med-QUEST Hawaii

will restart eligibility reviews.

DON'T RISK A GAP IN YOUR MEDICAID COVERAGE.

GET READY TO RENEW NOW.

Following these steps will help determine if you still qualify:

- Make sure your contact information is up to date.
- Check your mail for a letter.
- Complete your renewal form (if you get one).

Have Questions?

Visit **medquest.hawaii.gov** or call **1-800-316-8005**

for help or to update your contact information today.

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Have Questions?

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for help or to update your contact information today.

Key Messages

State messaging should focus on encouraging people to get ready to renew their Medicaid or CHIP coverage, and shouldn't focus on why renewal is important right now. It should be simple, direct, and informative:

1. **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
2. **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.

Other important messages:

- If you no longer qualify for Medicaid or CHIP, you may be able to get health coverage through the Health Insurance Marketplace®. Marketplace plans are:
  - » Affordable. 4 out of 5 enrollees can find plans that cost less than $10 a month.
  - » Comprehensive. All plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.
- Losing Medicaid or CHIP coverage is a **Qualifying Life Event** (QLE), which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period.
- Visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage.
- If your child no longer qualifies for Medicaid, you may be able to get them health coverage through your state's Children Health Insurance Program (CHIP).
- For more information about Medicaid renewal or CHIP coverage, contact your **state Medicaid office** or visit **Medicaid.gov**.

https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf

State Unwinding Strategies: Common Themes

Renewals & Redeterminations	• Renewal processes during the PHE • Planned distribution & prioritization of renewals for unwinding
Updating Enrollee Contact Information	• Coordination with managed care plans & other partnerships • Returned mail and beneficiary engagement strategies • Social media and state systems and operational updates
Workforce Capacity	• Expanding workplace flexibilities to support hiring and retention • Leveraging vendors and other contractor support • Systems and policy changes to promote automation
Outreach, Partnerships, & Communication	• Partnerships with providers and community-based organizations • Messaging • Targeted communications strategies

state-unwinding-best-practices_0.pdf

PUBLIC COMMENT

Mahalo!