

# **Public Health Emergency Unwinding**

Human Services Committee and Insurance & Real Estate Committee Joint Forum February 2, 2023



### PHE Unwinding – Key Dates

**Background:** Connecticut opted to implement several medical coverage flexibilities during the COVID-19 public health emergency (PHE). The most prominent are those that have allowed for expanded and continuous Medicaid coverage during the PHE.

#### Continuous Medicaid enrollment requirement

- Per Consolidated Appropriations Act, 2023, this ends March 31, 2023
- Brings a "return to regular Medicaid eligibility processes" BUT
- Review of eligibility will take place over the course of a year, evenly distributed through April 2024
- 98% of households extended under this provision are in HUSKY A and D ("MAGI Medicaid")

#### New limited benefit coverage groups

- Medicaid COVID-19 Testing Coverage for the Uninsured
- Connecticut's parallel Emergency Medicaid COVID-19 Testing Coverage for the Uninsured
- Have been operational throughout the PHE and will end the day the federal PHE declaration ends
- \*New\* January 30, 2023: Biden administration announced federal PHE declaration will end May 11, 2023



### **Unwinding Timeline - Key State Activities**

**Appendix A: Timeline of Key State Activities** 

Connecticut Departme of Social Services

> Consolidated Appropriations Act (CAA), 2023. Enacted December 29, 2022 Continuous Enrollment Requirement Expires March 31, 2023





# Unwinding – MAGI Medicaid Renewal Approach

of Social Services

- Connecticut is distributing renewals over the full 12 months of the unwinding this is called a **staggered approach**.
- Staggering is set with a **time-based methodology**. Households who have gone the longest without a full eligibility review will be reviewed earlier in the 12-month unwinding period.
  - For example, households in the March staggered renewal batch will be comprised of households who were extended in March, April, or May 2020. The April staggered renewal batch will be comprised of households who were extended in June, July, or August 2020.
- All households who have been extended under the continuous eligibility provision will be given an opportunity for a full renewal eligibility evaluation in their designated renewal period
- NOTE: All MAGI Medicaid and CHIP households (HUSKY A/B/D) go through the AHCT door for renewal





# HUSKY MAGI Renewals – AHCT system timing

- ~ 60 days prior to renewal due date:
  - Passive renewal is attempted using electronic data sources (CTDOL, IRS, SSA) to confirm self-attested information on file
  - Successful matches = passive renewal
  - Mismatch with data sources = manual renewal required
- ~ 45 days prior to renewal due date:
  - If successful passive renewal: notice sent informing household of updated coverage and option to update information if it has changed; no action required
  - If <u>no</u> successful passive renewal: pre-filled renewal forms generated and mailed to household; household action required (online, phone, or paper)
    - Note: online access is 24/7 and results in real-time eligibility determination strongly recommended pathway if household has access; also reduces operational burdens as no worker intervention required

estimate as of Feb 1, 2023			-							
Month Renewal Initiated	Renewals in extended cycle	Renewals in regular cycle	Total in renewal cycle	Passive renewals (extended)	Passive renewals (regular)	Total passive renewals	Total manual renewals	# Fail for non-income reasons	# Fail for income reasons	
Feb 2022 - Jan 2023 Total	eb 2022 - Jan 2023 Total		315,035	-	171,713	171,713	143,268	23,082	120,186	
Monthly Average	. C.	26,958	26,958		14,490	14,490	12,464	2,006	10,458	
Percentages	0 6		20	92 97	54%	54%	46%	7%	39%	
Mar 23 (pre-fix)	16,570	18,461	35,031	6,772	11,124	17,896	17,135	5,418	11,717	
Mar 23 (post-fix)	16,570	18,461	35,031	11,249	13,285	24,534	10,497	5,418	5,079	
Apr-23	27,841	18,780	46,621	14,919	17,716	32,635	13,986	6,993	6,527	
May-23	15,700	19,698	35,398	11,327	13,451	24,779	10,619	5,310	4,956	
Jun-23	29,375	20,631	50,006	16,002	19,002	35,004	15,002	7,501	7,001	
Jul-23	26,237	22,232	48,469	15,510	18,418	33,928	14,541	7,270	6,786	
Aug-23	22,006	21,439	43,445	13,902	16,509	30,412	13,034	6,517	6,082	
Sep-23	15,888	26,689	42,577	13,625	16,179	29,804	12,773	6,387	5,961	
Oct-23	26,619	25,017	51,636	16,524	19,622	36,145	<mark>15,491</mark>	7,745	7,229	
Nov-23	19,713	36,944	56,657	18,130	21,530	39,660	16,997	8,499	7,932	
Dec-23	15,534	21,119	36,653	11,729	13,928	25,657	10,996	5,498	5,131	
Jan-24	25,472	25,000	50,472	16,151	19,179	35,330	15,142	7,571	7,066	
Feb-24	13,751	25,000	38,751	12,400	14,725	27,126	11,625	5,813	5,425	
Unwinding Total	254,706	281,010	535,716	171,469	203,546	375,014	160,703	80,521	75,175	
Monthly Average	21,905	23,274	45,179	14,461	17,165	31,626	13,552	6,792	6,341	
Percentages	48%	52%		66%	74%	70%	30%	15%	14%	
Estimated that 51% of custo										





# Monthly Average HUSKY Renewals

- 45,179 projected monthly average of households due for renewal during unwinding
  - 68% increase over prior calendar year (Feb 22-Jan 23)
- 31,626 projected monthly average of successful passive renewals
  - 118% increase over prior calendar year
- 13,552 projected monthly average that will need to manually renew with Access Health CT
  - 9% increase over prior calendar year
    - note: peak months of unwinding are equivalent to open enrollment volumes



# Other Coverage Options: TMA, Covered CT, QHPs

Households who are no longer eligible for HUSKY due to increased income will be evaluated for Transitional Medical Assistance (TMA - Medicaid), Covered CT, or a qualified health plan (QHP), as appropriate.

- Estimated 51% of total manual renewal population who are over income may be eligible for TMA
  - TMA coverage is for HUSKY A members with increased earned income and lasts for one year
    - Note: this estimate does not include children children may stay in HUSKY A up to 201% FPL even if parent/caretaker is over 160% FPL; can qualify for HUSKY B up to 323% FPL; and if over income from HUSKY B then would likely qualify for TMA
- Estimated 49% of total manual renewal population who are over income may be eligible for no cost coverage via Covered CT or low-cost coverage through a QHP
- Consumers receive real-time eligibility determinations for all forms of coverage via Access Health CT



#### **Reporting Requirements**

States must submit to CMS monthly reports on eligibility and renewal processes for each month from April 2023 through June 2024.

Reports must include information regarding eligibility and renewal processes for Medicaid, the Children's Health Insurance Program (CHIP), and the marketplace. Reports will include, but not be limited to:

- the number of eligibility renewals initiated,
- the number of individuals renewed and terminated,
- the number of those terminated "for procedural reasons,"
- the number of individuals transferred for enrollment in CHIP or through an Exchange, and
- the number of individuals who made a qualified health plan selection.

Reports will be made public.



# **Outreach Strategies**

Overview of in-process and planned outreach

#### Goals:

- maximize household awareness of program changes
- increase accuracy of client contact information to ensure messages get through
- ensure all households have an opportunity to renew or obtain new health insurance coverage



# Update Us so OE Update U

# Connecting the community with DSS ahead of the Unwinding In-Progress Media Communications Campaign





#### Update Us Media Campaign Timeline - may be extended

		2023													
MEDIUM	ESTIMATED IMPRESSIONS	JANUARY				FEBRUARY			MARCH						
		26	2	9	16	23	30	6	13	20	27	6	13	20	
DIGITAL															
STREAMING AUDIO															
Pandora, Spotify, iHeart, Audacy, etc - :30 audio spot	375,000														
SOCIAL MEDIA															
Facebook, Instagram, Retargeting		ĺ.										1			
	TBD											2			
Management															
OUT-OF-HOME															
POSTERS															
Hartford, New Haven, Bridgeport - 14 units	8,253,520	1.0													
TRANSIT - BUS QUEENS & TAILS															
Hartford - 20 Bus Tails											1				
New Haven - 15 Bus Tails	6,020,000	-									1				
New Haven - 15 bus fulls	0,020,000														
Bridgeport - 15 Bus Queens (Tails unavailable)										]					
PRINT															
NEWSPAPER		÷	10		2			-2	-						
Inner City News - 1/4 page (5" W x 5.25" H), 4-color	100,000	1 A.	1/4		1/18		2/1		2/15						
La Voz Hispana - 1/6 page (5" W x 5" H), 4-color	160,000		1/6		1/20	[	2/3		2/17	-					



### Update Us Media Campaign – Inner City News



**CT** Department of Social Services



### Update Us Media Campaign – Out of Home Posters



Connecticut Depar of Social Services





### Update Us Media Campaign – Bus Ads



Connecticut Depar of Social Services





# In progress – Update Us Campaign – CHNCT

- May 2022: Email campaign only
  - 44.6% success rate for emails opened
    - 229,296 delivered emails to Head of Household (HOH)
    - 102,355 unique opens
- October 2022: Email and automated call campaign\*
  - 47.2% success rate for emails opened
    - 234,074 delivered emails to HOHs
    - 110,585 unique opens
  - 48.2% success rate for the automated call campaign
    - 157,624 calls to HOHs
    - 75,964 successful- meaning the member listened to the call from the beginning to the very end
- December 2022: Email and automated call campaign\*
  - 34.6% success rate for emails opened
    - 234,060 delivered emails to HOHs
    - 80,887 unique opens
  - 52.4% success rate for the automated call campaign
    - 136,845 calls to HOHs
    - 71,740 successful- meaning the member listened to the call from the beginning to the very end
- January 2023: Email and automated call campaign
  - 35.85% success rate for emails sent on Jan 10th
  - 237,826 were delivered
    - 85,264 unique opens

\* Email and automated call campaigns are "split campaigns" where the email is sent out first and automated calls only go out to those members who do not have an email on file or the email address on file is invalid CT Department of Social Services



### **Planned Direct Outreach – CHNCT**

- Monthly direct outreach via phone
- Targeted outreach to high-risk HUSKY Health members identified by CHN Clinical Team
- Potential outreach timing:
  - ~45 days before renewal is due, report on individuals who require manual renewal will be used for outreach
  - ~20 days before renewal is due, report on individuals who have not completed their renewal and will be receiving warning notice
- Currently discussing capacity and operationalization



### **Texting authority updates**

#### **Declaratory Ruling Issued**

- On January 23, the Federal Communications Commission (FCC) issued a Declaratory Ruling addressing the circumstances under which state and local governmental agencies and their contractors can send text messages to Medicaid clients during the Public Health Emergency (PHE) unwinding period, consistent with the Telephone Consumer Protection Act (TCPA).
- Ruling issued in response to a letter from HHS Secretary Xavier Becerra.

#### Key decisions

- Confirms that federal and state governmental agencies can text Medicaid enrollees, even if there is no prior express consent, because governmental agencies are not "persons" under the TCPA.
- Providing a telephone number on an application for Medicaid coverage constitutes prior express consent to be contacted at that number regarding enrollment eligibility, because the purpose of those calls and texts is closely related to the purpose for which the enrollees provided their numbers.
- FCC declines to extend "derivative immunity" to contractors working on behalf of government agencies.

#### <u>Next steps</u>

• DSS is working on expanding texting capacity to communicate with clients during the unwinding.



# **Additional Communications Efforts**

- Coordinated marketing and outreach with Access Health CT
- Coordinated community outreach with Covered CT partners under contract with Office of Health Strategy
- Direct mailing to households
- Email communications from DSS and CHN
- Posters and video information in DSS offices
- Interactive Voice Response (IVR) phone information
- DSS social media channels
- Provider bulletin



# PHE Unwinding Toolkits for ongoing updates

Connecticut Depa of Social Services

ct.gov/phe

Ct gov STATE OF CONNECTICUT



#### PREPARING FOR THE END OF THE COVID-19 PUBLIC HEALTH EMERGENCY

HOME HELP FOR BENEFIT RECIPIENTS

Connecticut Depar of Social Services

TOOLS FOR BENEFIT PARTNERS



#### Help for Benefit Recipients

We know your benefits are an important part of how you keep food on the table and make sure your family stays healthy. The State of Connecticut is working closely with federal, state, and local partners to make sure you still get the services you need as emergency COVID-19 funding ends.



#### WHAT CAN I DO?

The most important thing for you to do is <u>report any changes to your information</u> so we can contact you.



HUSKY Health Continuous Enrollment Unwinding Frequently Asked Questions

What you need to know about the COVID-19 Continuous Enrollment Unwinding and your current HUSKY Health coverage

#### What is the Continuous Enrollment Unwinding?

During the COVID-19 Public Health Emergency (PHE), Connecticut continued health care coverage for most Medicaid members, even if they no longer qualified, a process the federal government calls Continuous Enrollment. The federal rules have changed, and Continuous Enrollment will be ending March 31<sup>er</sup>, 2023 and the process of reviewing households for eligibility will resume, this process is being referred to as a Continuous Enrollment Unwinding.

#### What steps can I take to get ready?

 Update us so we can update you! Make sure your address and phone number are up to date!

This can be done for Husky A, B and D members online by visiting <u>Access Health CT</u> or calling Access Health at 1-855-805-4325

- For HUSKY C members: online at <u>Connecticut Department of Social Services</u> or by calling DSS at 1-855-626-6632
- Be on the lookout for mail from the Connecticut Department of Social Services, Access Health, and HUSKY Health
- Follow DSS on social media for updates <u>CT Department of Social Services</u> | Facebook and <u>https://twitter.com/ctdss</u>
- For HUSKY A, B, and D members, sign up with Access Health for email and text updates
- For HUSKY C, sign up for paperless notices at myDSS.ct.gov
- Check for updates online at <u>HUSKY Health</u>

#### What happens to my coverage when Continuous Enrollment ends?

You will be contacted to complete a renewal form to see if you qualify for continued coverage. Each month for the next 12 months after March 31<sup>st</sup>, 2023, a portion of HUSKY Health members will be sent a renewal notification. All you have to do is wait until you receive your renewal notification. No need to rush to renew coverage right away, just make sure to do so when you receive your notice of renewal.

You will receive a renewal form 45 days before coverage is due to end. <u>It is important to</u> complete your renewal quickly and provide any documentation that may be requested. This may help to avoid any gaps in medical coverage.

#### How do I complete my renewal once I get the notice?

When you receive your renewal notification, the fastest way to complete it is to go online.

- For HUSKY A, B, and D members, go to: accesshealthct.com
- For HUSKY C members, go to: mydss.ct.gov

Once the renewal is completed, you will be notified of the outcome, including whether your HUSKY Health coverage will be renewed or if you qualify for another program.

#### What if I no longer qualify for HUSKY Health?

If you no longer qualify for HUSKY Health, you can shop for health coverage through Connecticut's Health Insurance Marketplace: Access Health CT. Additional full coverage options

access health CT







#### PHE Unwinding Partner Toolkit – Content for partners to share

#### UPDATE US SO WE CAN UPDATE YOU

Update Us So We Can Update You Contact Email - All Programs > Update Us So We Can Update You Contact Email - All Programs (Spanish) > Update Us So We Can Update You Contact Email - HUSKY > Update Us So We Can Update You Contact Email - HUSKY (Spanish) > Update Us So We Can Update You Flyer - HUSKY > Update Us So We Can Update You Flyer - HUSKY (Spanish) > Update Us So We Can Update You Flyer - HUSKY (Spanish) >

#### PUBLIC HEALTH EMERGENCY

- PHE Ending Communication Email HUSKY >
  PHE Ending Communication Email HUSKY (Spanish) >
  PHE Ending HUSKY Renewal Postcard >
  PHE Ending HUSKY Renewal Postcard (Spanish) >
  PHE Ending IVR Messaging >
- PHE Unwinding SNAP Social Media Content >



IVR: The COVID-19 public health emergency will end sometime in the future, and we need to keep you informed on how this may affect your benefits. If your contact information has changed Update Us so we can Update You.

IVR: La emergencia de salud pública COVID-19 terminará en algún momento en el futuro, y debemos mantenerlo informado sobre cómo esto puede afectar sus beneficios. Si su información de contacto ha cambiado, actualícenos para que podamos actualizarlo.





#### Questions?

Reminder: HUSKY A/B/D households have eligibility determined through the DSS and AHCT shared system and operations.

Clients will go to <u>www.accesshealthct.com</u> or call the AHCT call center at 1-855-805-4325 to renew.

Updated CMS unwinding guidance and tools can be found at <u>www.Medicaid.gov/unwinding</u>

DSS PHE updates and partner toolkits are at <u>www.ct.gov/phe</u>