Public Health Emergency Unwinding
HUSKY Health Update

Medical Assistance Program Oversight Council (MAPOC)

June 10, 2022

“Unwinding” Definition

What Does “Unwinding” Mean?

Each temporary authority or flexibility adopted by states to respond to the COVID-19 public health emergency (PHE) is scheduled to automatically sunset upon termination of the federal PHE declaration or on another specified date.

“Unwinding” is the term being used by states and their federal partners to refer to the plans and steps being taken to support states in planning for the end of the PHE.

Unwinding planning seeks to ensure that states can transition back to normal operations efficiently while limiting coverage disruptions in a manner that minimizes the burden for both states and individual enrollees.

CMS provided planning guidance in December 2020 with additional clarifications in August 2021 and March 2022 to support states in planning for the end of the PHE.

- Intended to help states transition back to normal operations efficiently and limit coverage disruptions in a manner that minimizes the burden for both states and individual enrollees.

- The guidance addresses the timeframes and methods states may use to sunset the various flexibilities that were adopted to respond to the COVID-19 pandemic, notably those supporting beneficiaries' access to coverage and services. It includes compliance with the requirements of section 6008 of the Families First Coronavirus Response Act (FFCRA) as amended by the CARES Act which requires states to provide continuous enrollment for the duration of the PHE.

Timeframes to Sunset Flexibilities

- Eligibility and enrollment flexibilities that end the first of the month following the end of the PHE:
  - FFCRA continuous eligibility provision
  - Medicaid/CHIP Disaster Relief SPA authorities
  - Modified Adjusted Gross Income (MAGI) verification plan
  - MOE enhanced FMAP (ends the first day of the month following the calendar quarter in which the PHE ends)

- Medicaid COVID-19 Testing Coverage for the Uninsured and the Emergency Medicaid COVID-19 Testing Coverage for the Uninsured – Ends immediately, the same day the PHE ends

Secretary of HHS Letter to Governors 5/10/22

Relevant excerpts from 5/10/22 Secretary of HHS Letter to Governors

“The April 12, 2022, PHE extension announcement, which extended the PHE effective April 16, 2022, means the PHE will be in place through at least July 15, 2022. We do not yet know when the PHE will end, but the Biden-Harris Administration is committed to providing you [states] with at least 60-days’ notice before any expiration or termination of the PHE.”

“The Centers for Medicare & Medicaid Services’ (CMS) guidance announces a 12-month unwinding period, during which time states must initiate all redeterminations and other outstanding eligibility actions. We strongly encourage your state to use the entire 12-month unwinding period to put in place processes that will prevent terminations of coverage for individuals still eligible for Medicaid as your state works through its pending eligibility actions.”

Methods to Approach Unwinding

CMS requires states to adopt 1 of 4 risk-based approaches to prioritize completion of the pending work as they plan to return to routine operations. These include the following:

- Population-based – prioritizes completing outstanding eligibility and enrollment actions for individuals in groups who are most likely to be no longer eligible (e.g., no longer categorically eligible by age, individuals who gained eligibility only by state's use of a temporary authority, e.g., 20% income threshold)
- Time-based – prioritizes based on length of time an action has been pending, working oldest actions first
- Hybrid – includes combination of population and time-based approaches
- State-developed – states may develop their own approach focusing on those who are most likely to be ineligible or for which there is greater risk that ineligible individuals may remain enrolled longer

Redistribution Plan

There will be a significant volume of eligibility actions to complete following the PHE once the unwinding period begins, particularly, renewals and redeterminations based on changes in circumstances.

States are required to develop a comprehensive plan to restore routine operations in their Medicaid and CHIP programs. The plan is intended to help states develop an operational approach for completing outstanding eligibility and enrollment work.

The "unwinding operational plan" should include a description of how the state intends to:

- Address outstanding eligibility and enrollment actions in an efficient manner that minimizes erroneous loss of coverage for enrollees;
- Enable a sustainable distribution of renewals in future years; and
- Ensure timely processing of new applications and eligibility actions within specified timelines.

12-month Timeline to Process Renewals

To account for the time needed to initiate and complete renewals, CMS will consider states to be in compliance with the 12-month unwinding period provided the state has:

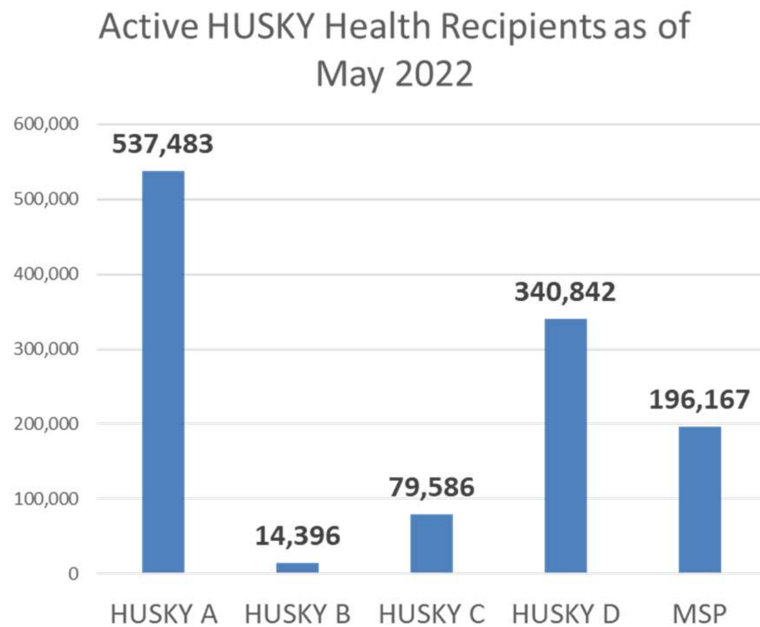
- Initiated all renewals (as well as post-enrollment verifications and redeterminations based on changes in circumstances) for the state's entire Medicaid and CHIP population ("total caseload") by the last month of the 12-month unwinding period.
- Completed such actions by the end of the 14th month from the start of the state's unwinding period.
- Initiated a renewal process that may result in termination of coverage when the continuous enrollment condition ends two months prior to the end of the month in which the PHE ends. States may begin the 12-month unwinding period up to two months prior to the end of the month in which the PHE ends
- Initiated the 12-month unwinding period no later than the first day of the month following the month in which the PHE ends.

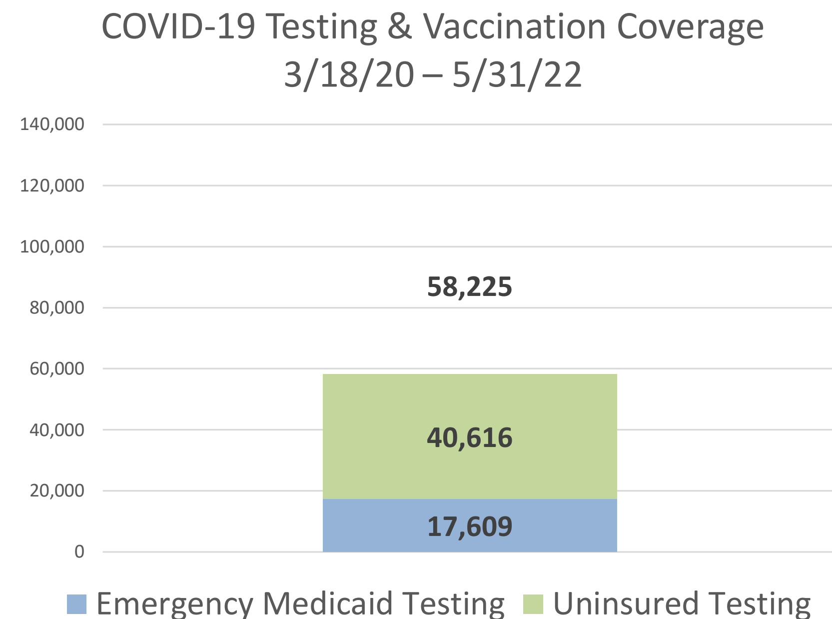
Example of Unwinding Timeline

Connecticut Department of Social Services
Making a Difference

HUSKY Health Enrollment

- As of May 31, 2022, total HUSKY enrollment in full benefit coverage (HUSKY A/B/C/D) is 972,307.
- A large majority of HUSKY enrollees are in MAGI coverage groups (HUSKY A/B/D).





Impact and Planned Approach

- Approximately 42% of all current MAGI (HUSKY A/B/D) enrollees are on a PHE-related extension.
- Approximately 5% of all current non-MAGI (HUSKY C/MSP) enrollees are on a PHE-related extension.

- Will employ a 12-month staggered renewal schedule using primarily an age-based approach (e.g., those individuals with the earliest date of extension will be acted upon first).

- Staggered approach and volumes will be finalized once the end of the PHE has been signaled. Monthly renewal volumes will include PHE extensions in addition to usual renewal volumes.

- Will evenly distribute renewals over the course of the 12-month period to account for some months where renewal activity is higher or lower, ensuring a sustainable and balanced future workload while avoiding renewal backlogs and reducing risk of inaccurate redeterminations or inappropriate terminations.

- Will highlight availability of Covered CT as another potential option for no-cost coverage for those going through the renewal process.

Covered CT Status

Phase 1 – Effective July 1, 2021:

- HUSKY A Parent/Caretaker Relatives equivalent up to 175% of FPL (federal poverty level)

Phase 2 – Effective July 1, 2022:

- HUSKY D Adults equivalent up to 175% FPL
- Adds dental and NEMT coverage for all populations

- Eligible individuals must have income above the Medicaid limit, but not exceeding 175% FPL ($48,563 for a family of four) and must also enroll in a silver-level Qualified Health Plan (QHP) available through Access Health CT using federal premium subsidies and cost-sharing reductions

Connecticut Department of Social Services
Making a Difference

Covered CT Projected Enrollment

Population	Demo Year 1	Demo Year 2	Demo Year 3	Demo Year 4	Demo Year 5
Parents and Caretaker Relatives	2,818	8,991	13,157	13,223	13,289
Adults without dependents	15,903	24,302	25,568	25,696	25,824
Total Enrollment	18,721	33,293	38,725	38,919	39,113

Operational Impact

- DSS may expect an increase in HUSKY C and MSP-related calls in the DSS Benefit Center as more households go through renewal processes. DSS is hiring new eligibility workers and is actively engaged in training existing staff.
- DSS-AHCT shared Call Center will be adding more agents to support the increased renewal application activity for HUSKY A/B/D renewals.
- DSS-AHCT shared operational support team has added staff and cross-trained existing staff to handle the anticipated increases in activity related to HUSKY A/B/D renewals as well as Qualified Health Plan renewals and Covered CT enrollment.

Outreach Strategies

The following communication strategies are underway or planned:

- **Website and Social Media** – initial messages related to the importance of updating contact information have been issued via Twitter, Facebook and placed on DSS website pages.
- **Posters** – related to the importance of updating contact information have been developed and placed in DSS service centers.
- **Vizio screens** – in DSS service centers have been updated with a message about updating contact information.
- **Other messages** that will focus on attention to renewal packages are being developed and will be timed according to the final renewal distribution schedule.
- **Benefit Center Interactive voice response (IVR)** – messaging regarding the importance of completing renewals will be added prior to the implementation of the renewal distribution schedule.
- **Special Mailings** – special notices to those enrollees who have remained enrolled due to continuous enrollment requirements are under development and review. These notices will be inserted in renewal application mailings, expected to be distributed monthly according to planned distribution schedule. There will also be a direct mailing to those who are enrolled in the expiring Medicaid COVID-19 Coverage for the Uninsured program.
- **Email notices** will be provided to those who have opted to receive electronic mailings.

Outreach Strategies (continued)

- **Provider Bulletin** – A special provider bulletin will be developed and issued via the Gainwell Provider Bulletin distribution list to alert providers of the agency's actions and potential impact to HUSKY Health members. Messaging in provider bulletin will encourage providers to remind beneficiaries of the need for timely responses to renewal notices.

- **Leveraging Community Partners** – Information on unwinding plans will be shared with partners to facilitate their messaging to shared consumers. Partners include, but are not limited to, provider groups, 2-1-1 Infoline, community action agencies, and federally qualified health centers. Many community partners have shared our initial social media messages with their followers. They have received DSS posters and are planning to hang them in consumer-facing areas of their organizations.

Strategies under exploration/development:

- **Text messaging** – pending result of FCC determination of permissibility. DSS submitted public comment in support of this policy.
- **Informational tool kits** with standardized messaging for partners
- **Coordinated communications** with Covered CT outreach

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

Questions?