DHHS Preparation for End of Federal Public Health Emergency Impact on Medicaid and Other Benefits Stakeholder Meeting

July 29, 2021 | 10-11 AM
Welcome
Lucy Hodder, Director of Health Law and Policy, UNH School of Law, IHPP

Introduction and Overview
Henry Lipman, Director of Medicaid, DHHS

Overview of Notices and Timeline – what do beneficiaries need to do?
Deb Sorli and Alyssa Cohen, DHHS

Impact of End of PHE on Other Benefits
Deb Sorli, Chief, Bureau of Family Assistance, DHHS

Provider Resources, Website and other resources
Alyssa Cohen, Deputy Medicaid Director, DHHS

Moderated Question & Answer Session
Deborah Fournier, Health Law and Policy, UNH IHPP
Presenters

Henry Lipman
DHHS Medicaid Director

Alyssa Cohen
DHHS Deputy Medicaid Director

Debra Sorli
DHHS Bureau Chief for Bureau of Family Assistance

Dawn Landry
DHHS Medicaid Policy Administrator
Background
Medicaid Overview

- Medicaid provides health insurance coverage to over 220,000 beneficiaries at this time.
- Medicaid provides health insurance and additional services to almost 16% of the population.
- Medicaid covers low-income populations including children, foster children, pregnant and post-partum women, people with disabilities, medically frail, family planning.
- The Granite Advantage program covers adults up to 138% of the FPL (currently approximately 77,058).
- Children make up approximately 43% of the people on Medicaid.
Medicaid Unwind!
The Deal - Increased FMAP
During Public Health Emergency

• The Families First Coronavirus Response Act (FFCRA) provides a **6.2 percentage** point increase in the federal share (FMAP) of certain Medicaid spending with requirements to meet **maintenance of eligibility** (MOE)

• Enhanced FMAP retroactive to 1/1/20

• In exchange for the enhanced FMAP, all States must:
  • Keep beneficiaries enrolled until the end of the month when the COVID-19 public health emergency (PHE) ends
  • Maintain eligibility criteria as of 1/1/20 (can not be more restrictive)
  • Move beneficiaries into appropriate eligibility categories with an equivalent benefit level.
• The current federal COVID-19 public health emergency (PHE) extends through **October 18, 2021**.

• Federal PHE likely to be extended through the rest of 2021 in 90-day increments.

• DHHS will receive at least 60 days-notice before the emergency ends and will communicate to clients, partners, providers and stakeholders before any changes take place.

• DHHS will not terminate coverage during the PHE except for very limited circumstances as prescribed by CMS.
# Changes in Enrollment – NH Medicaid

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>June 28, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Medicaid</td>
<td>128,538</td>
<td>127,302</td>
<td>142,828</td>
<td>145,033</td>
</tr>
<tr>
<td>Granite Advantage</td>
<td>51,733</td>
<td>51,040</td>
<td>69,443</td>
<td>77,058</td>
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<tr>
<td>Total</td>
<td>180,311</td>
<td>178,342</td>
<td>212,271</td>
<td>222,091</td>
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(25% increase over 2019)
Protected Individuals, Overdues, Ineligibles

- Pending Ineligible: 25,213
- Overdue redeterminations: 45,391
- Total Protected: Over 70,000
Beneficiary Engagement
DHHS Time-Line Based on Current CMS Guidance

April - December
Continue to process enrollments including passive redeterminations.

May
Stakeholder engagement meetings about redetermination process

June
Notices to covered members about PHE protections and benefits of submitting updated information.
Continue to engage stakeholders in outreach strategies

Large stakeholder convening (7/29)
Ongoing outreach to covered members and communities
Additional notices to overdue redeterminations
Engagement Focused on Vulnerable Populations

High Risk/Vulnerable Populations –

- DHHS strategy focused on engaging and supporting vulnerable populations during the unwind transition.
- Working with internal and external offices of equity and equity task force.
Post Pandemic Benefit Changes: Information for Providers

Sample Notices:

No Longer Eligible Notice

Failure to Complete Redetermination Notice

Granite Advantage and Medicare Notice
**Notice:**
Overdue Redetermination
June 2021
(front page)
Notice: Overdue Redetermination June 2021 (back page)
Details of Notices

• Notice to Overdue Redes or Pending Ineligibles:
  • Please return required verifications and/or complete your redetermination before the end of the COVID-19 national Public Health Emergency (PHE). Failure to do so may result in your Medicaid coverage ending. OR
  • We have completed our review of your 05/2021 redetermination. We have determined that you no longer qualify for medical assistance for the reasons listed below.

• The Families First Coronavirus Response Act (FFCRA) prohibits the Department from closing medical assistance during the COVID-19 national public health emergency (PHE). This means you will remain eligible and enrolled through the end of the month in which the COVID-19 national PHE ends.
<table>
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<tr>
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<th>Audience</th>
<th>Purpose</th>
<th>Timeline</th>
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</table>
| Advance MA Closing Notice     | Overdue Redetermination and Pending Ineligible | Notify individuals who have not submitted their redetermination, failed to provide requested verification, or no longer will meet eligibility requirements based on their redetermination. These are the pink notices. Sample notice at https://www.dhhs.nh.gov/dfa/post-covidproviders.htm | • Monthly for redeterminations due the month prior starting June 15, 2021 for May redeterminations  
  • Monthly thereafter                                                                |
| Resource Request Mailing      | Granite Advantage 65+ and/or Medicare | Request resource information to determine qualifications for Medicare Savings Plan (MSP) or another medical assistance program that could extend coverage past the PHE from Granite Advantage individuals age 65+, with Medicare or both. Sample notice at https://www.dhhs.nh.gov/dfa/post-covidproviders.htm | June 16, 2021                                                                                 |
| Pre-Fill Form                 | Pending Ineligibles                 | Provide a “pre-filled” form providing individuals with information the Department has on record for their case and an opportunity to update using current information for eligibility determination. This would be an additional reminder/opportunity for a subset of the overdue redetermination mailing. | TBD - late August / September 2021                                                            |
| Spenddown                     | Spenddown                           | Notify individuals they will need to begin submitting their spenddown bills again upon expiration of PHE                                                                                              | TBD- After announcement of PHE end                                                              |
### MCO Open Enrollment - 2021

<table>
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<th>Timeline</th>
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<tbody>
<tr>
<td>MCO Open Enrollment</td>
<td>Medicaid MCO Recipients</td>
<td>The time frame for Medicaid Care Management (MCM) open enrollment in CY2021 will be <strong>August 1 – August 31, 2021</strong> with a “go-live” date of September 1, 2021. Member notices will be shared when available. MCM Members will be able to actively select one of the three Health Plans or take no action to remain in their current Health Plan. Open enrollment dates will be posted to the DHHS website at <a href="https://www.dhhs.nh.gov/ombp/caremgt/index.htm">https://www.dhhs.nh.gov/ombp/caremgt/index.htm</a>. All related open enrollment materials will be posted to the DHHS website as they become available.</td>
<td>July 2021 (mailed 7/22)</td>
</tr>
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</table>
Sign Up to Receive Text Message Alerts and/or Go Green on NH Easy
(Can still receive paper notices with this option)
“Support Your Family – Act Now!”

- By updating your information now, you could avoid losing coverage later!
- Act now to help you and your family!
- If you delay, you could get stuck in the bottleneck at the end of the year!
Resources and Links:  https://www.dhhs.nh.gov/

If you or someone you know is experiencing an addiction-related crisis, call 2-1-1 now.

Post-pandemic benefit changes are coming ...  
What you need to know

What’s New...
- Read what you need to know about Post-Pandemic Benefits Changes
Resources and Links, Social Media

navigate to the “Social Media Posts & Graphics link: https://www.dhhs.nh.gov/dfa/post-covid-social-media.htm

Social Media Posts and Graphics

1. Throughout the COVID-19 pandemic, DHHS has worked to provide continued economic, nutrition and medical assistance to New Hampshire residents. Some of the extended program assistance and flexibilities you may have received will change when state and federal public health emergencies end. There is time to prepare for these changes!

   If your household is receiving SNAP benefits or Medicaid, please visit https://www.dhhs.nh.gov/dfa/post-covid.htm for more information and resources.

2. Attention Medicaid recipients: When the federal public health emergency ends, extended Medicaid eligibility will end, too. Complete your redetermination for benefits now to avoid a gap in your medical coverage. Even if you are over income, your benefits will not close until the end of the federal public health emergency.

   Complete your Medicaid redetermination at https://nheasy.nh.gov/#/


4. If you receive medical, food, cash, or childcare assistance through NH DHHS, be sure the Department has your updated address and phone number. If you have a NH EASY account, visit https://nheasy.nh.gov/#/ to update your information.
Additional Resources

Website: [https://www.dhhs.nh.gov/](https://www.dhhs.nh.gov/)

- Resources/Q&A/Links to notices
- Social media links available
- Information about other benefits including SNAP
- Messaging across benefits and agencies
- Dedicated Email: [ContinuedCoverage@dhhs.nh.gov](mailto:ContinuedCoverage@dhhs.nh.gov)

Meetings:

- Outreach and engagement meetings with provider and other small groups continue
- Larger Stakeholder Meeting: July

Lists:

- Running pilot of lists for providers and MCOs.
- More to come!
Other Options for Assistance

• Communications around insurance options
  • COBRA
  • HeathCare.gov
  • Open enrollment through August 15 in NH Insurance Marketplace
• NH Navigator: www.healthcare.gov
  • 1-877-211-NAVI or (603) 931 3858
  • https://acanavigator.com/nh/home
• Provider assistance for populations
• Telephone outreach
Engage and support!

- Support covered beneficiaries
- Reach out to call centers
- Assist in the community
Acknowledgments

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Cole Carter, IHPP Intern
Bridget Drake, IHPP Senior Program Support Assistant
Victoria Forkus, Research Associate, HL&P
Deb Fournier, JD, Senior Associate, HL&P
Lucy Hodder, JD, Director, Health Law & Policy, Franklin Pierce School of Law & IHPP
Kelsi West, Project Director, IHPP
A Few Frequently Asked Questions

• Is the pink paper visible from the envelope? Yes!

• Will all 200,000+ members need to be redetermined this year? No. The Department has continued to process redeterminations during the COVID-19 PHE. For individuals whose eligibility could be renewed based on information known to the Department, eligibility has been extended into 2022. Medicaid beneficiaries who failed to complete a redetermination during the PHE will need to do so before the end of the PHE in order to prevent their Medicaid coverage from closing.

• How can members get virtual notices? The Department sends email notifications to members who sign up to “Go Green”. The email notification alerts members that they have a new notice and need to log into their NH EASY account to read it. Members can sign up to “Go Green” by choosing this option in their NH EASY account.

• Do Stimulus Checks or Tax Credits count as income towards Medicaid? No.

• Will beneficiaries receive a second notice about being overdue? All Medicaid beneficiaries will receive a Notice of Decision with the required 10-day advance termination notice prior to closing a beneficiary’s Medicaid coverage.

• When is the next redetermination date after a beneficiary resolves an overdue redetermination? The redetermination date is 12 months from the original re-determination date. Pending any additional guidance from CMS, the original redetermination date will not change, regardless of when the redetermination was completed.
