



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

July 29, 2021 | 10-11 AM



Agenda

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.



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.



Coverage During COVID-19

- 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.



Latest Enrollment Trends

Changes in Enrollment – NH Medicaid

	2018	2019	2020	June 28, 2021
Standard Medicaid	128,538	127,302	142,828	145,033
Granite Advantage	51,733	51,040	69,443	77,058
Total	180,311	178,342	212,271	222,091 (25% increase over 2019)



Protected Individuals, Overdues, Ineligibles

Pending Ineligible 25,213

Overdue redeterminations 45,391

Total ProtectedOver 70,000



Beneficiary Engagement



Time-Line Based on Current CMS Guidance

Continue to process enrollments including passive redeterminations.

April - December

Notices to covered members about PHE protections and benefits of submitting updated information.

Continue to engage stakeholders in outreach strategies

June

May

Stakeholder engagement meetings about redetermination process

July–Jan.

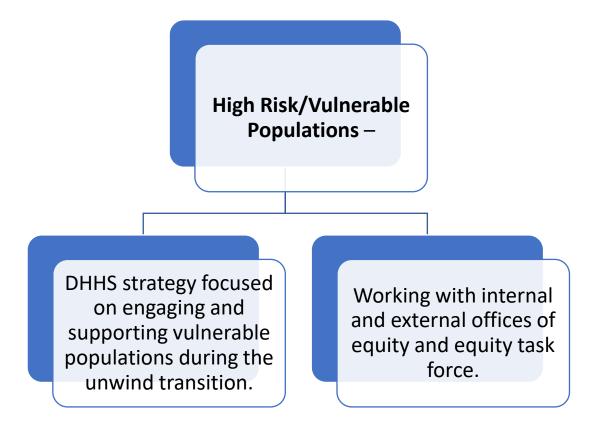
Large stakeholder convening (7/29)

Ongoing outreach to covered members and communities

Additional notices to overdue redeterminations



Engagement Focused on Vulnerable Populations



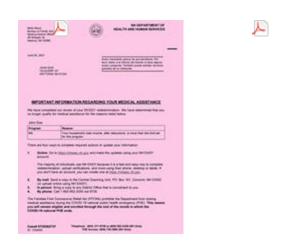


Post Pandemic Benefit Changes: Information for Providers

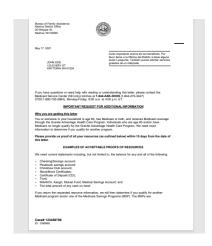
Sample Notices:



No Longer Eligible Notice



Failure to Complete
Redetermination Notice



Granite Advantage and Medicare
Notice



Notice:

Overdue
Redetermination
June 2021
(front page)

Bureau of Family Assistance Nashua District Office 28 Whippie St. Nashua, NH 03060



HEALTH AND HUMAN SERVICES

June 03: 2021

JOHN DOE 123 EVERY ST ANYTOWN NH 01234 Aviso importante acerca de sus beneficios. Por favor lleme a la Oficina del Distrito si tiene alguna duda o pregunta. También puede solicitar servicios gratutos de un intérpreta.

IMPORTANT INFORMATION REGARDING YOUR MEDICAL ASSISTANCE

Our records show you have not completed your 05/2021 redetermination or you failed to provide requested verification.

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.

John Doe

Program	Reason
APTD MA	Falled to complete your Medicaid/Medicare Savings Program Redetermination

There are four ways to complete required actions or update your information:

Online: Go to https://nheasy.nh.gov and make the updates using your NH EASY account.

The majority of individuals use NH EASY because it is a fast and easy way to complete redetermination, upload verifications, and more using their phone, desktop or tablet. If you don't have an account, you can create one at https://nheasy.nh.gov.

- By mail: Send a copy to the Central Scanning Unit, PO. Box 181, Concord, NH 03302 (or upload online using NH EASY).
- 3. In person: Bring a copy to any District Office that is convenient to you.
- By phone: Call 1-800-852-3345 ext 9700.

Case# 8725362737 ID : CN0030 Telephone: (603) 271-9780 or (809) 852-3345 (NH Only) TDD Access; (809) 735-2964 (NH Only)





Notice:

Overdue
Redetermination
June 2021
(back page)

The Families First Coronavirus Relief 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.

Remember, you must continue to report any changes that might affect your medical coverage. You must report the change within 10 calendar days of when the change happens. Please report changes for both you and other people in your household. For example, you must report if someone moves, if someone's income changes, or if your household changes, such as someone in your household marries or divorces, becomes pregnant, or has or adopts a child. Delays in reporting and verifying changes may result in your getting benefits or services in error. You must pay back any benefits or services received in error, regardless of whether you made a mistake in the information you gave, or failed to give, to us.

If you think we made a mistake: Your Right to an Administrative Appeal ("Hearing")

You can appeal our decision. For example, you can appeal if you think we made a mistake on things like your household size, income, citizenship, immigration status, or residency. You can also appeal what services you get or did not get or how much you get in benefits, if you think we made a mistake in the action we took. If you have questions about the action we took, please contact the Customer Service Center at 1-844-275-3447. Only call the Administrative Appeals Unit if you want to ask for an appeal or if you have questions about a current appeal. You can contact the Appeals Unit directly at 1-800-852-3345, extension 4292. You can also write your own letter to ask for an appeal. Send your written request to the address at the top of the first page of this Notice. You must ask for an appeal by a certain time. The enclosed Notice of Rights and Responsibilities tells you more about when you must ask for an appeal and what will happen at a hearing. If you are already getting benefits and you ask for an appeal, you can also ask to keep getting the same benefits while you wait for the decision on your appeal. If you want to do this, you must ask for your benefits to continue within 15 days of the date on the notice of the action you are appealing.

Once you ask for an appeal, we will try to fix the problem over the phone or by meeting with you. If a phone call or meeting does not fix the problem, you can schedule a hearing. A hearing is a meeting between you, someone from DHHS, and an appeals officer. At the hearing, you can explain why you think we made a mistake. To get ready for your hearing, you can:

- · Ask for a copy of your file before the hearing.
- Bring someone with you to the hearing, like a friend, relative, or lawyer, or, come by yourself. DHHS will not pay for the cost of any legal services you may want. However, there are free and reduced cost legal services available in NH.
- Bring documents, information, or witnesses to show us where you think we made a mistake.

Legal Counsel If you or anyone in your household needs free legal counsel, contact NH Legal Aid by visiting https://nhlegalaid.org/get-help or calling 1-800-639-5290. DHHS will not pay your legal fees.

Common Abbreviations We Use In Our Notices

Case# 8725362737 ID : CN0030 Page 2 of 3



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.



Notices to Beneficiaries

https://www.dhhs.nh.gov/dfa/documents/post-pandemic-medicaid-notices-chart.pdf

Notice	Audience	Purpose	Timeline
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



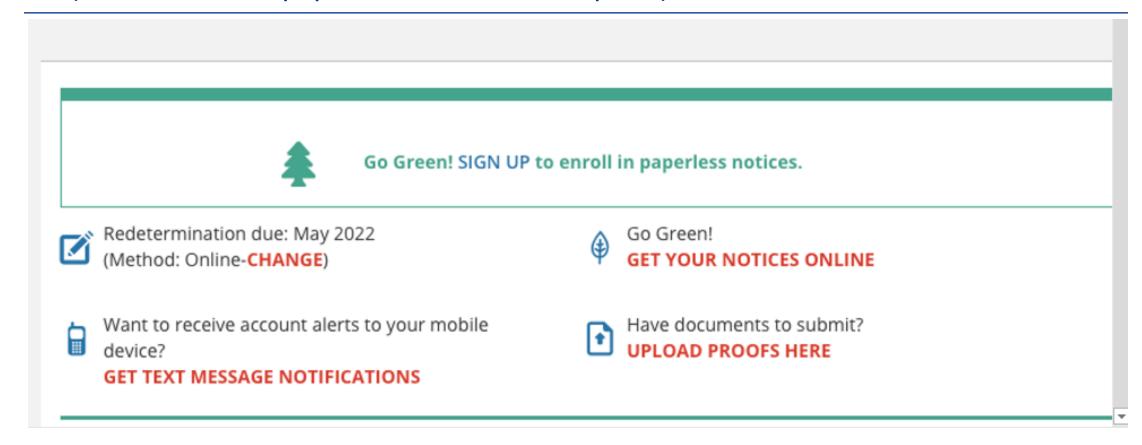
MCO Open Enrollment - 2021

Notice	Audience	Purpose	Timeline
MCO Open Enrollment	Medicaid MCO Recipients	The time frame for Medicaid Care Management (MCM) open enrollment in CY2021 will be August 1 – August 31, 2021 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 https://www.dhhs.nh.gov/ombp/caremgt/index.htm All related open enrollment materials will be posted to the DHHS website as they become available.	July 2021 (mailed 7/22)



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 addictionrelated crisis, call 2-1-1 now.



What's New...

- Notice of Public Hearing: <u>DHHS Announces Public Hearing and Releases</u>
 <u>Draft of FFY 2022 2024 Child Care and Development Fund (CCDF) Federal</u>
 <u>Plan for Public Comment</u>
- Read what you need to know about <u>Post-Pandemic Benefits Changes</u>



Resources and Links, Social Media

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

Facebook Graphics (500x500 pixels)

Post-pandemic benefit changes are coming ...

What You Need to Know



Post-pandemic benefit changes are coming ...

What You Need to Know



Twitter Graphics (1200x675 pixels)

Post-pandemic benefit changes are coming ...

What You Need to Know



Post-pandemic benefit changes are coming ...

What You Need to Know



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.
- 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/#/
- Your SNAP and Medicaid benefits could change when state and federal public health emergencies end. Visit https://www.dhhs.nh.gov/dfa/covid19-changes.htm to learn more.
- 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/

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

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: <u>www.healthcare.gov</u>
 - 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

Thanks to the following leaders from the UNH Institute for Health Policy and Practice who supported this event:

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.
- https://www.dhhs.nh.gov/dfa/documents/provider-faqs.pdf





Questions