

Understanding continuous enrollment unwind data

Continuous enrollment unwind data for Washington Apple Health (Medicaid) is published around the 15th of each month. The below talking points provide context to help you understand the data.

Background

- The Centers for Medicaid and Medicare Services (CMS) reported nationwide concerns at the volume of procedural terminations for Medicaid.
- CMS has not officially defined what it considers a procedural termination.
- Health Care Authority (HCA) and Department of Social Health and Services (DSHS) define procedural terminations generally as failure to submit required renewal or eligibility review forms when requested, or failure to respond to a request to a verification request.

Outreach

- During the public health emergency, HCA and DSHS extended coverage every three months for individuals who were on continued coverage.
- HCA, DSHS, and the Health Benefit Exchange (HBE) built a strong outreach and communication plan to reach clients when it's time to renew coverage.
- Prior to termination, clients receive a multi-modal outreach approach that includes:
 - Renewal reminders by mail, email, text, and/or phone calls,
 - Postcards to advise clients renewals are restarting and to provide updated contact information,
 - Outreach from managed care organizations (MCO) with monthly reporting requirements to HCA,
 - Paid social media campaign, and
 - Radio and T.V. advertising.
- MCOs conduct outreach at several points in the process including before renewal and after termination.
- MCOs can outreach to clients for 90 days after termination to assist with coverage.

Terminations

- Clients terminated for not renewing are individuals who:
 - HCA and DSHS attempted to automatically renew using existing data sources but could not do so, or
 - Did not take action to renew.
- HCA and DSHS sent a renewal form to clients who failed to complete the renewal and provided at least 30 days to respond.
- Terminations for not renewing will be higher in the months of May, June, and July of 2023 compared to the rest of the 12-month renewal period.
 - This is due to clients being extended in 3-month increments during the PHE.

- The high volume of terminations was anticipated due to the number of clients who remained enrolled in Apple Health since March 2020 and had a change that would have made them ineligible under non-PHE rules.
- We expect the volume of monthly renewals to decrease beginning in August, causing procedural terminations to decrease.
- Washington state is taking the full twelve months to redetermine client eligibility during the unwind.
 - Not all states are taking the full twelve months.
 - Caution should be taken when comparing redetermination numbers across states.
 - The number of redeterminations in Washington state aligns with other states also taking the full twelve months.
- 35% of the 235,326 clients due for renewal 5/31/2023 were terminated for not completing a renewal.
 - We anticipate this percentage to remain unchanged for clients due for renewal 6/30/2023 and 7/31/2023, and to gradually decrease as we continue through the unwind.
- Clients terminated for not renewing can reapply for Apple Health at any time. They can also request up to 3 months' retroactive approval for unpaid medical bills.
- HCA restarted post-eligibility reviews which impacts terminations.
 - Clients should continue to pay attention to Apple Health notices, even after approval, as they may be required to submit additional verification.
 - Termination as the result of post-eligibility reviews most likely occur between 60 and 90 days after their renewal or application.

Redeterminations

- If a DSHS client terminates from Apple Health, they have 30 days to provide the missing information and have eligibility redetermined.
- If a client gets coverage through Washington Healthplanfinder and Apple Health ends for not renewing, they have 90 days to complete their renewal.
 - They will be reinstated back to the date of termination, if eligible.

Transition to other coverage

- Loss of Apple Health is a qualifying life event that allows enrollment into other coverage through Washington Healthplanfinder, Medicare, or employer-sponsored insurance.
 - Clients can also receive coverage from another source, including through a family member.
- HBE, which runs Washington Healthplanfinder, is doing targeted and multi-faceted outreach so clients receive continued coverage during their transition.
 - HBE customer support staff and statewide, community-based assisters and navigators support this outreach.

Returned mail

- If a renewal notice gets returned by United States Postal Service (USPS), staff attempt to call or email the client to obtain updated contact information.

Data

- HCA and HBE submit specific data to CMS with limited metrics.
- What CMS publishes may not align with the broader summary data provided by HCA and HBE.
- The source of HCA data is ProviderOne and ACES, our client eligibility system.
- The source for HBE data is *Washington Healthplanfinder*.