Managed Care Plans - FAQs



Public Health Emergency Unwind

Background

During the public health emergency (PHE) the Health Care Authority (HCA) and Department of Social and Health Services (DSHS) extended coverage for all Apple Health (Medicaid) clients. This extension ended March 31, 2023, due to the Consolidated Appropriation Act (CAA) of 2023.

Department of Health and Human Services (HHS) announced the COVID-19 PHE will expire on May 11, 2023. HCA and DSHS resumed normal operations starting April 1, 2023.

How will HCA respond to end of the PHE?

The Centers for Medicare and Medicaid (CMS) and the passage of the CAA provided options and timelines for redeterminations.

- Medicaid agencies nationwide gradually return to normal operations through a strategic unwind of PHE provisions.
- States have had the option to keep most clients on Medicaid since March 2020 to receive extra federal Medicaid dollars.
- Apple Health (Medicaid) enrollment has grown by an estimated 300,000 individuals since the pandemic began in March 2020.
- HCA and DSHS will process an unprecedented number of redeterminations in the 12 months after the PHE ends.

HCA launched a robust outreach and communication strategy to ensure critical messaging reaches impacted individuals.

How will HCA return to normal operations?

- Gradually phasing out extra federal Medicaid dollars states have been receiving since March 2020 through December 2023.
- Ending some policies that allowed continuous coverage for current enrollees.
- Determining eligibility for current Apple Health clients based on normal renewal cycles.

How will HCA handle coverage transitions?

Seamless transition of coverage is critical to our health equity efforts. Some clients will no longer qualify for Apple Health but may be eligible for other health insurance coverage including:

- Qualified Health Plans (QHP) through <u>Washington Healthplanfinder</u>.
- Classic Medicaid for individuals who are age 65 and older, have blindness or a disability, or are Medicare eligible through <u>Washington Connection</u>.

HCA is coordinating efforts with other state agencies who provide coverage to individuals not qualified for Apple Health.

Can plans outreach to members who lost coverage?

General marketing rules apply 90 days after a member's MCO enrollment ends. General outreach to terminated members is permitted through standard messaging HCA will provide. MCO's may submit outreach proposals to hca.wa.gov for an expedited review using the provided standard messaging. Submissions will follow the expedited review process HCA developed for COVID-19 outreach materials.

Review and approval of MCO PHE renewal outreach material is on hold until HCA finalizes their End of the PHE communications toolkit. Renewal material approved prior to the toolkit release will need to be updated with the language provided by HCA.

What are the timelines for outreach?

MCOs may outreach to terminated clients for up to 90 days after they have lost eligibility.

MCOs may not use approved outreach to market or seek to influence enrollment into their plan or QHP. Contact outside of approved terms will be out of compliance with HCA guidance.

What is HCA's outreach campaign for updating contract information?

View the <u>End of the PHE communications toolkit</u> for more information on communications and outreach.

How should plans encourage clients to update their current contact information?

MCOs can report client address changes to HCA using the <u>Apple Health</u> <u>Member Address Change form</u>.

Clients can also follow the standard process and update their profiles through Washington Healthplanfinder by calling 1-855-WAFINDER (1-855-923-4633) or online at wahealthplanfinder.org.

Clients may also report changes to HCA Apple Health customer service:

- ProviderOne client portal: https://www.waproviderone.org/client
- Online: <u>Secure web form</u>
- **Phone**: 1-800-562-3022

Will HCA provide what clients will auto-renew and who needs additional outreach?

HCA is taking the following steps to support outreach:

- By April 23, 2023 the daily 834 file will reflect the reason for termination. This will allow the MCOs the opportunity to provide detailed information on getting back on Apple Health or other coverage options as applicable.
- Generating a data report to show the total number of clients needing to recertify.

- o This will be shared with the plans once developed.
- Provide each MCO with a file sharing former enrollees that have not renewed to support outreach for up to 90 days following the end to coverage.
 - o HCA's messaging guidance will be used for outreach.
 - MCOs will be required to direct clients to the best resources based on their unique needs.
 - o If a client needs help in renewing, the MCO will need to provide access to the most appropriate resource.
 - If a client confirms they are ineligible, an MCO may provide additional information to the client to support an informed choice and continuity of care.

Can plans share QHP information with interested members?

Managed care plans may outreach to individuals enrolled with their plan before they lose coverage to assist with the renewal process and discuss their QHP product with members losing Apple Health eligibility.

Refer individuals who are interested in enrolling in a QHP to <u>Washington</u> <u>Healthplanfinder</u> for assistance.

Resources

• Online: https://doi.org/10.2016/nj.16/2016/2016/nj.16/2016/nj.16/2016/nj.16/2016/nj.16/2016/nj.16/2016/nj.

• Email: aheligcovid19@hca.wa.gov