



The Coverage Learning Collaborative

**Ensuring Continuity of Coverage and Preventing
Inappropriate Terminations for Eligible Medicaid and
CHIP Beneficiaries: Part 2**

Operational Strategies for States and Territories

Tuesday, August 3, 2021

Background

Communication with Beneficiaries to Promote Continuity of Coverage

- Maintain Regular Contact with Beneficiaries
- Remind Beneficiaries to Update Mailing Addresses
- Partner with Managed Care Plans and Enrollment Assistors

Returned Mail

- Address Returned Mail Prior to Termination
- Leverage Existing Data Sources/Feeds to Update Mailing Addresses

Questions and Wrap Up

Background

- **States* must take all reasonable measures to ensure that individuals who are eligible for Medicaid/CHIP remain enrolled as long as they meet eligibility criteria. This includes:**
 - **Maintaining regular communication with beneficiaries; and**
 - **Attempting to locate beneficiaries when mail is returned.**
- **The COVID-19 public health emergency (PHE) has disrupted state eligibility and enrollment operations and beneficiary communications, and the resulting economic recession has amplified housing instability and homelessness. There is an increased risk that states will inappropriately terminate eligible beneficiaries as states restore routine operations when the PHE ends.**
- **CMS encourages states to consider implementing new and innovative approaches (both short- and long-term strategies) to help eligible individuals stay enrolled. These strategies will require states to “rethink” their current eligibility and enrollment processes.**
- **Improving outreach and communication and employing strategies to locate beneficiaries can help to ensure that beneficiaries have continuous access to critical health care services, prevent inappropriate terminations, and mitigate churn.**

*Throughout this deck, “states” refer to states, the District of Columbia, and U.S. territories.



The purpose of this presentation is to share operational strategies that states can employ to maintain regular contact with beneficiaries and mitigate inappropriate coverage loss resulting from returned mail.

For more information on communication strategies and preventing inappropriate terminations, states may refer to Part I of this webinar series.

Communication with Beneficiaries to Promote Continuity of Coverage

Maintain Regular Contact with Beneficiaries

States heavily rely on communicating with beneficiaries by mail to facilitate essential E&E actions, such as renewals and requests for additional information. A robust outreach and communications strategy enables states to maintain regular contact with beneficiaries and is likely to both improve beneficiary response rates and promote continuity of coverage.

Maintaining contact is essential as many Medicaid/CHIP beneficiaries experience changes in circumstances that result in a change of address.

Communicating regularly with beneficiaries, particularly through multiple modalities, can help prevent inappropriate terminations of coverage.

Maintain Regular Contact with Beneficiaries (Continued)

- Communicating with beneficiaries through accessible modalities and languages will enhance opportunities for beneficiaries to review and respond to requests for additional information issued by the state. States are encouraged to review their consumer outreach and beneficiary communications and modify existing language and modes, as needed, to convey key messages.
- States are encouraged to explore and adopt consumer communication and outreach strategies to ensure beneficiaries do not miss important information regarding their coverage. States can:
 - Relabel notices to make important mail easy to identify (e.g., mail that requires a response).
 - Remind consumers to inform the state of any changes to their address.
 - Adopt more intensive outreach strategies.
 - Communicate with beneficiaries through a variety of modalities including telephone and text messaging.
- States must provide all individuals with a choice to receive notices and information electronically, consistent with 42 CFR 435.918 and 457.110(a)(1).

Remind Beneficiaries to Update Mailing Addresses

To mitigate coverage loss for potentially eligible Medicaid/CHIP beneficiaries who have moved or have temporary housing, states may elect to adopt and engage their partners on a variety of strategies for obtaining updated addresses.



Remind Beneficiaries Early and Frequently to Provide Updated Residency Information. States are encouraged to reiterate the importance of providing updated residency information and have their partners, such as managed care organizations, amplify this message:

- In consumer notices;
- Through text messages;
- On state agency websites;
- In the beneficiary's electronic account;
- During telephone outreach (e.g., incorporate into call center scripts); and
- During all interactions between an eligibility worker and an applicant/beneficiary (e.g., incorporate into workforce training).

Conduct Outreach via Other Modalities. States are encouraged to pursue additional methods of outreach to beneficiaries other than mail including email, text, or phone to follow up on returned mail, non-response to renewal forms, or outstanding requests for information.



Leverage Managed Care Plans. States with Medicaid managed care contractors are encouraged to leverage their plans to conduct outreach to update members' mailing addresses, telephone numbers, and email addresses, as well as to amplify the need to complete the renewal process in a timely manner.

- Review existing managed care contract requirements to ensure clear directives regarding timelines and information transfer processes for sharing information on residency changes (e.g., 834 transfers within one business day of learning of a change in residency).
- Establish timely processes for updating E&E systems with the new residency information, upon receipt from managed care plans.

Managed care plans could:

- Update all their consumer communications (e.g., consumer notices, welcome packet, website information) informing beneficiaries of the importance of updating their eligibility information, including residency.
- Conduct outreach via telephone and/or text messaging to solicit updated eligibility information, including residency.

Partner with Enrollment Assistors. States can look to enrollment brokers, community-based organizations, and navigators to provide direct assistance with outreach (e.g., to ask beneficiaries to update contact information or encourage beneficiaries to respond to requests for additional information).

State Spotlight: New York

New York leverages its robust Medicaid managed care plan network to support its retention efforts. The key to this partnership is a shared goal in ensuring continuous coverage and health care services for Medicaid beneficiaries.

- **Updating Contact Information.** During every beneficiary interaction, managed care plans must verify and, as needed, update all beneficiary contact information on file.
 - In the past, the State engaged specialized plans for medically complex populations (e.g., Health and Recovery Plans) to conduct outreach to beneficiaries who are harder to reach and for whom the agency has received returned mail.
 - Plan care managers who work with higher-need beneficiaries encourage beneficiaries to update their contact information and provide support during renewal.



- **Supporting Renewals.** Plans conduct outreach to members who are due for renewal. If the member used a health plan-facilitated enroller to complete the application/renewal, this action is documented on the assistor's dashboard.

*Under its Partnership Plan Medicaid Section 1115 Demonstration, New York uses Facilitated Enrollers to assist with enrollment activities. Medicaid managed care plans also operate as Facilitated Enrollers who assist with applications and renewals under its 1115 Waiver. https://www.health.ny.gov/health_care/medicaid/redesign/2016/2014-07-07_waiver_authority_stcs.htm

State Spotlight: Intensive Outreach via Managed Care Plans in Virginia

12

Virginia completed a successful pilot program in partnership with one managed care plan to increase the number of timely renewals that are completed through intensive outreach to beneficiaries.



- During this pilot, the State provided a list of beneficiaries who could not be renewed via an expedite process to the plan two months prior to the beneficiaries' renewal dates.
- The plan then conducted outreach on the State's behalf to each beneficiary, which included:
 - Mailing a postcard;
 - Making a phone call; and
 - Sending a text message.
- Each communication alerted the beneficiary to their upcoming renewal date, described the modalities through which the beneficiary could complete the renewal process, and specified where/how the beneficiary could access additional guidance or information.
- The State observed a significant improvement in the number of renewals that were completed over the course of this pilot.

The State is now looking to expand this strategy statewide. Other managed care plans have expressed interest in participating in this effort.

Returned Mail

Acting Upon Returned Mail to Avoid Unnecessary Terminations 14

USPS returns Medicaid/CHIP correspondence to the state agency when the address used is incorrect, or the individual has moved. Upon receiving returned mail, states may conclude that the beneficiary cannot be located and inappropriately terminate coverage.

When states receive returned mail, this indicates a potential change in circumstances, but does not automatically mean a move out of state or that a beneficiary is ineligible. Returned mail does necessitate outreach and follow-up.

When a state receives returned mail, prior to terminating coverage it is required to act on information that may affect eligibility and make a reasonable effort to locate the beneficiary to:

- Confirm state residency;
- Determine continued eligibility; and/or
- Determine if the beneficiary is deceased.

Reminder! States seeking the 6.2 percentage point FMAP increase under the FFCRA may not terminate coverage for individuals during the PHE based only on returned mail.

Federal regulations at 42 CFR § 435.916(d) and 42 CFR § 457.343 require that the Medicaid or CHIP agency promptly redetermines eligibility between regular renewals of eligibility whenever it receives information about a change in a beneficiary's circumstances that may affect eligibility.

State Obligations in Response to Returned Mail

States are expected to take different actions depending on any new address information that U.S. Postal Service (USPS) includes on returned mail.

Scenario #1: USPS returns an in-state forwarding address

- There is no requirement for states to redetermine eligibility based on returned mail with an in-state address change, since state residency is not affected.
- As a best practice, states should attempt to verify the return address provided.
 - Attempt to confirm the accuracy of the address by checking information available to the agency to see whether the beneficiary provided an updated address; and
 - If possible, call the beneficiary or attempt to send an electronic notice to confirm the address change. Otherwise, send a notice asking the beneficiary to confirm the new address provided by USPS If unable to reach the beneficiary using other means .

This is a change in circumstances that does not affect eligibility; the state may not terminate coverage for the beneficiary if no response is received to the request for additional documentation.

State Obligations in Response to Returned Mail (Continued)

16

Scenario #2: USPS returns an out-of-state forwarding address

- The state must attempt to verify residency since the out-of-state return address provided indicates the beneficiary may no longer be a resident of the state.*
- Attempting to confirm the accuracy of the address by pinging other program data within the eligibility system to see whether the beneficiary provided an updated address;
- The state must send a notice to the current address on file and is encouraged to send a notice to the forwarding address asking the beneficiary to verify residency status and continued eligibility in the state.

This is a change in circumstances that does affect eligibility. Therefore, the state must attempt to verify residency with the beneficiary and terminate coverage only if a change in state residence is verified or if no response is received to the request for additional documentation. (Note: With limited exception, Medicaid coverage may not be terminated during the public health emergency period.)

***42 CFR § 435.952(d) stipulates that states “may not deny or terminate eligibility or reduce benefits for any individual on the basis of information received in accordance with regulations under 42 CFR §§ 435.940 through 435.960 unless the agency has sought additional information from the individual.”**

Scenario #3: USPS returned mail does not contain a forwarding address

- If USPS returned mail does not contain a forwarding address, the state may take a variety of actions to confirm that the beneficiary's whereabouts are unknown, including:
 - Confirming that the address on the envelope is associated with the beneficiary;
 - Attempting to confirm the accuracy of the address by pinging program data within the eligibility system to see whether the beneficiary provided an updated address; and
 - Attempting to contact the beneficiary through other means such as phone calls or electronic notices.

The state does not need to send advance notice to a beneficiary whose whereabouts are unknown and for whom USPS returns mail with no forwarding address, but must send a notice no later than the date of termination. (42 CFR § 431.213(d)). If the beneficiary's whereabouts become known within the beneficiary's eligibility period, the state must reinstate Medicaid enrollment.

State Spotlight: Texting Strategy to Address Returned Mail in Montana

In December 2020, Montana launched an automated process that sends one-way texts to individuals for whom the State has received returned mail.



- A bot within the eligibility system scans the name and mailing address on each piece of returned mail. The bot compares the mailing address on the envelope to the mailing address on file.
 - If the addresses are the same, the case is automatically flagged as “unable to locate.” The system then issues (1) a mailed follow-up notice and (2) a text and/or email message to the individual (depending on the contact information on file).
 - If the addresses are different, the case is flagged for manual follow-up.
- The texts and emails* that are generated allow for one-way communication.
- Text and email messages direct beneficiaries to contact the State either via the online portal or by calling the public assistance hotline.

*Email notification functionality will be implemented Summer 2021.

State Spotlight: Texting Strategy to Address Returned Mail in Montana (Continued)



Early Findings:

- About 25% of beneficiaries who received a text message subsequently contacted the State and updated their mailing address. This is a 40% higher rate of contact than those who do not receive a text.
- The State has received positive feedback from both eligibility workers and consumers.
- Implementation took about 3-5 months from planning/design to implementation and did not require a substantial financial investment.
- Montana is exploring whether to expand this functionality to text reminders on upcoming renewal dates and requests for additional information.

Leverage Existing Data Sources/Feeds to Update Mailing Addresses



Review Data Sources for Identifying Residency Changes. Upon receiving returned mail, states are expected to take additional steps to identify updated residency information through available data sources prior to terminating coverage.

- For example, when addressing returned mail, states could check address updates with other state agencies (e.g., SNAP agencies for states without an integrated eligibility system and agencies that oversee shelter placement) and federal agencies (e.g., the U.S. Postal Service's National Change of Address system).
- Since returned mail could indicate a possible change in circumstances that would impact eligibility, states should observe all processes related to changes in circumstances, including contacting the beneficiary to verify the information obtained from data sources.

Ensure Eligibility Systems Have a Data Feed for Receiving Updated Residency Information.

States are encouraged to automate existing E&E systems, to the maximum extent possible, to ensure that they are capable of updating addresses in the case file based on residency information changes when the consumer reports that information to a Medicaid/CHIP agency contractor (e.g., enrollment broker, call center, managed care plan, provider) and the information is input into the system.

State Spotlight: Leveraging Data Sources to Address Returned Mail in Virginia

To address returned mail, Virginia engages a dedicated team of approximately five FTEs within its central eligibility unit. The current multi-pronged approach is largely manual; Virginia hopes to automate elements of these strategies in the future.



Strategies Used in Virginia to Leverage Other Data Sources

- **Forwarding address.** Upon receiving returned mail, the team checks to see if the U.S. Post Office added a forwarding address to the envelope.
- **National Change of Address (NCOA) database.** On a monthly basis, the team manually cross-checks all addresses associated with returned mail against the NCOA database.
- **Managed care plan files.** On a monthly basis, the team sends plans a roster of all beneficiary mailing addresses that the State has on file. The plans cross-check the roster against their own data files and flag all address discrepancies.
- **AddressDoctor.** The agency plans to run all beneficiary addresses on file through AddressDoctor to identify any incomplete or erroneously entered information (e.g., missing apartment numbers). Based on the output, the team will work with the relevant county department to update the mailing address on file.

Questions and Wrap Up



If you have any questions or would like technical assistance to address state-specific challenges, please contact your state lead.

If you have any updates to your contact information or would like more information about the Coverage LC, please contact MACLC@mathematica-mpr.com.