

Managed Care Operations Memorandum
General Operations
MCOPS Memo #05/2024-005

Date: 05-02-2024

Subject: Permitting outreach to members who have lost coverage up to 90 days after disenrollment.

To: All Physical Health (PH) HealthChoices Managed Care Organizations (MCOs) – Statewide

From: Gwendolyn Zander, Director, Bureau of Managed Care Operations

Purpose:

The Office of Medical Assistance Programs (OMAP) is issuing this Operations Memorandum to extend permissions to MCOs concerning outreach to terminated members.

Background:

During the COVID-19 Public Health Emergency (PHE), the federal government, through the Families First Coronavirus Response Act, imposed a requirement that all Medical Assistance (MA) beneficiaries remain continuously enrolled in coverage even if they submitted information that would indicate they were no longer eligible for coverage. This continuous coverage requirement expired on March 31, 2023 under the Consolidated Appropriations Act of 2023. This meant that all MA and CHIP recipients were once again required to complete an annual renewal to determine ongoing eligibility for MA and CHIP coverage. States were given twelve months to conduct eligibility redeterminations for all beneficiaries. This period is referred to as the continuous eligibility unwinding period.

During the continuous eligibility unwinding period, the Department of Human Services (DHS) announced on March 9, 2023 that, in an effort to support eligible households to maintain their coverage, MCOs were permitted to conduct outreach to members who have lost coverage. MCOs were permitted to outreach to terminated clients for up to 90 days after they have been disenrolled to assist them to reenroll in Medicaid or enroll in CHIP or Pennie®, Pennsylvania's statewide health insurance marketplace. These permissions were originally set to expire on June 30, 2024, as this was permitted through a temporary change in interpretation of Section V.F.3 of the HealthChoices Agreement.

Discussion:

DHS is extending the permissions given to MCOs allowing them to conduct outreach to members who have lost coverage. MCOs may continue to outreach to terminated members for up to 90 days after they have been disenrolled to assist them to reenroll in Medicaid and CHIP or enroll in Pennie. There is no change in the restriction prohibiting MCOs from using outreach to market or seek to influence enrollment into their own affiliated plan or Qualified Health Plan. MCOs should direct former members to Medicaid and CHIP or enroll in Pennie. DHS is extending these MCO outreach permissions indefinitely and will be updating HealthChoices Agreement language in the future to reflect these changes.

Next Steps:

MCOs may continue to conduct outreach to former members who have lost Medical Assistance coverage for up to 90 days following disenrollment. DHS encourages the continued use of the messaging content provided in the DHS MA and CHIP Renewals Communications and Outreach [Toolkit](#) into the future.

Obsolete:

This MCO Ops Memo will be in effect until further notice.