



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania Department of Human Services

CONTINUOUS ELIGIBILITY

UNWINDING PLAN

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Continuous Eligibility Unwinding Plan

dhs.pa.gov/PHE

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1 | Background and Overview

The Continuous Eligibility option is a federal option permitted by the Families First Coronavirus Response Act (FFCRA) of 2020 that allows states to receive an enhanced federal medical assistance percentage (FMAP) of 6.2% above the state's current rate while maintaining Medicaid (also referred to as Medical Assistance (MA) in PA) and Children's Health Insurance Program (CHIP) eligibility. Under this requirement, states were required to keep MA coverage open for most people, even if they stopped meeting eligibility criteria or did not return a renewal for their MA benefits, through the end of the federal Public Health Emergency (PHE). After passage of the Consolidated Appropriations Act of 2023 in December 2022, the continuous eligibility requirement is no longer connected to the PHE and will end on April 1, 2023.

When the continuous coverage period ends, those with MA or CHIP coverage will need to complete a full renewal of eligibility during the month their renewal is due during the commonwealth's 12-month unwinding period to determine if they are still eligible for coverage through MA or CHIP.

Upon conclusion of the continuous coverage period system changes intended to maintain eligibility will be changed to no longer automatically keep individuals maintained in eligibility when a renewal is processed. In addition to those updates, system enhancements, reporting, and communication efforts are needed to facilitate end of continuous eligibility processing.

Consolidated Appropriations Act of FY 2023

In addition to setting a date to end the continuous eligibility period the Consolidated Appropriations Act added several additional components to the unwinding period.

States may receive a tapered reduction in FMAP on the following timeline;

- 6.2% through March 30
- 5% through June 30
- 2.5% through Sept. 30
- 1.5% through Dec. 31.

In order to receive this extended FMAP increase until December 31, 2023 states must be in compliance with all eligibility rules and regulations, make good faith efforts to maintain up to date contact information, not disenroll on the basis of returned mail alone unless the state also attempts to contact the household with another modality and follow all public reporting requirements.



2 | MA Population Figures

As per the requirement in the Consolidated Appropriations Act, states are required to maintain enrollment of all recipients through March 31, 2023. When the continuous eligibility period ends, states will need to conduct a full redetermination for all recipients who would have otherwise been closed. Recipients who fall into this category includes recipients of MA or CHIP who had their eligibility requirements waived. DHS refers to this as the COVID Maintained Population. This group cannot have their eligibility altered until a renewal is completed.

In addition to individuals whose eligibility is being maintained as a result of CAA23 rules DHS must review eligibility for all individuals that are currently in a period of eligibility due to meeting all household eligibility criteria. DHS may act on changes which could lead to coverage termination in this population. For most changes DHS will seek verification first.

Program Population Changes

The continuous coverage requirement has led to Medicaid program growth of approximately 868,000 people from March 2020 to April 2023 or approximately 31 percent. Total Medicaid enrollment in April of 2023 was 3,699,245.

For the CHIP program, as households have remained enrolled in MA, CHIP enrollment has dropped by 36% with a total enrollment of 125,169 as of April 2023.

COVID Maintained Population

Approximately 1,322,533 individuals have been maintained in their eligibility as a result of the continuous coverage requirement. These are considered by DHS to be COVID-maintained and must be reviewed for eligibility between April 2023 and March 2024. Some of them do not meet eligibility criteria, some may not have completed the renewal process at least once while the continuous coverage requirement was in place, and some may meet both of these criteria.

Non-COVID Maintained Population

In addition to the COVID Maintained population there are another 2,376,692 individuals, 64% of total MA enrollment, that must be reviewed for eligibility over the period of April 2023 to March 2024.





CHIP Transitions

As a result of the continuous eligibility requirement, there have been no transfers to the CHIP program from a Medicaid eligible household. DHS cannot predict the number of children that will transfer from MA to CHIP with certainty because there is no historical precedent. With assistance from the University of Minnesota's State Health Access Data Assistance Center, DHS estimates the following number of individuals will transfer to CHIP on a monthly basis during the unwinding period beginning on April 1, 2023:

- Low – 13,818
- Medium – 19,534
- High – 20,708



Pennie Transfers

Pennie, Pennsylvania's official health and dental coverage marketplace was established through Act 42 of 2019. Due to its creation immediately preceding the COVID-19 Pandemic, Pennie has only ever been active during the PHE and under the continuous eligibility option. Like CHIP, there is no historical precedent for this, so DHS cannot estimate expected transfers to Pennie. During calendar year 2019, the most recent previous point when these transfers were occurring DHS made 315,242 transfers to the Federally Facilitated Marketplace.

3 | Eligibility Processing and Health Plan Enrollment

The renewal process for recipients during the unwinding period will be largely the same as it was prior to the continuous eligibility period. DHS has continued mailing renewals to all MA households through the PHE thus far and has encouraged recipients to return these renewals to keep case information as up to date as possible. Until March 31, 2023, if a renewal was returned with information making that recipient ineligible, or if the recipient did not return the renewal at all, the case did not close. These cases will be “Maintained” in their eligibility until their next renewal is due.

During the forthcoming unwinding period, if a renewal is returned with information making that recipient ineligible, or if the recipient does not return the renewal, their MA will close. Recipients who are found to be financially ineligible for MA will be directly referred to Pennie, Pennsylvania’s health and dental insurance marketplace, or to CHIP if they are children under age 19 without other health insurance coverage.

If a recipient is determined ineligible, their MA ends 15 days after the closure action is processed by the County Assistance Office (CAO), and managed care coverage ends at the end of the month in which the 15th day falls. A notice is sent with the decision of eligibility, the reason the decision was made, and information about how and when to appeal the decision, including information that MA can be reinstated pending an appeal if the person appeals within the deadline on the notice.

Additionally, there is a 90-day reconsideration period for MA cases which are closed at a renewal. A new application is not required during this reconsideration period when MA benefits were closed because the individual did not complete the renewal process and the individual requests reconsideration, asks for a new application, and/or submits required verification within 90 days of the date of benefits closure.

Change Reporting

If a recipient reports a change during the Unwinding Period, DHS will continue to verify and update case records based on reported changes. The outcome of processing reported changes, however, will depend on whether the recipient has had coverage maintained due to the PHE:

Maintained Recipients

DHS will attempt to verify all reported changes. If verification is not received, or verification indicates recipient would continue to be ineligible for MA, the recipient will remain enrolled in MA and no termination will occur. They will be reviewed for eligibility at their renewal.

Non-Maintained Recipients

Non-Maintained Recipients are individuals who are verified to be in a period of eligibility. They currently meet all financial eligibility criteria.

Unlike Maintained Recipients DHS will attempt to verify all reported changes. If verification is not received, or verification indicates recipient would continue to be ineligible for MA, MA will be terminated, and a notice will be sent to the recipient.



continued | Eligibility Processing and Health Plan Enrollment

CHIP IT Transition

Effective April 15, 2023 DHS will process all CHIP applications and renewals through the same eligibility system as Medicaid. Applications and renewals which occur prior to this date will continue to be processed by CHIP Managed Care Organizations (MCO). CHIP renewals due in April and May will be sent out by CHIP MCOs. In June 2023 COVID-maintained cases in CHIP will be held for renewal until July of 2023 and then distributed throughout the unwinding period. These changes are in order to provide all CHIP households all unwinding outreach attempts.

Managed Care Enrollment

DHS will not deviate from the standard process for enrolling an individual into a MCO. Recipients will have 14 days to select a plan, or they will be auto assigned. If there is no lapse in enrollment, there will be no need to process an individual into a new plan and they will stay with their MCO unless the recipient requests a change. If there is a lapse in enrollment of fewer than six months, the enrollment algorithm is set to enroll recipients into the plan that they were most recently enrolled in, unless they actively select a different plan.

MCOs may conduct outreach regarding the unwinding as a part of any member communications. This includes mailings, text messages, phone scripts, web pages, and/or member portals as well as any social media accounts. MCOs are encouraged to utilize DHS materials as a guide to communications to ensure language and messaging are consistent throughout the unwinding period.

If there is a gap in eligibility for any recipient during the period covered by an MCO prior to authorization, no services will be covered within the period of MA ineligibility unless granted by retroactive eligibility as determined by the CAO. Recipients who receive a notice of action that they do not agree with may appeal the action. If the recipient submits the appeal within the timeframe on the notice, their MA will remain open. If they do not appeal within the specified appeal timeframe for reopening, they may still appeal but their MA will not remain open until the outcome of the appeal is determined. If the result of the appeal is a finding in favor of the recipient, the MA will be opened back to the date of closure. If the result of the appeal upholds the Department's action and the recipient opted to maintain their MA during the appeal, for the period the MA remained open after the closure date referenced on the notice of action the recipient may receive an overpayment.

MCOs may conduct outreach regarding the unwinding as a part of any member communications. This includes mailings, text messages, phone scripts, web pages, and/or member portals as well as any social media accounts. MCOs are encouraged to utilize [DHS materials as a guide to communications](#) to ensure language and messaging are consistent throughout the unwinding period.



4 | Unwinding Period

All MA recipients maintained in their eligibility as a result of the continuous eligibility requirement must complete a full renewal of eligibility to determine if they are still eligible for MA benefits during Pennsylvania's unwinding period.

Centers for Medicare and Medicaid Services (CMS) guidance allows states to utilize an unwinding period of up to 12 months to initiate renewals of their caseload maintained in eligibility. CMS permits an additional two months to complete work for renewals initiated during the 12-month period. This provides states 14 total months to complete the unwinding.

DHS will initiate work for maintained cases in a 12-month unwinding period. This is the shortest potential time

in which DHS can conduct the unwinding with minimal disruption to MA recipients.

In preparing for the end of the continuous eligibility period, DHS has set the following Guiding Principles for the state's unwinding:

- Provide clear, concise, and timely communications;
- Provide all recipients who must complete a renewal a fair opportunity to determine continued eligibility;
- Help affected Pennsylvanians maintain health coverage either through confirmed continued eligibility, CHIP coverage or referrals to Pennie;
- And minimize future operational impacts.

Caseload Distribution

Key to the unwinding period is the distribution of the renewal dates for MA cases maintained in eligibility throughout the 12 months. States are only permitted to change renewal dates for cases that have been maintained in their eligibility. Cases still in a defined period of eligibility and not maintained as a result of the continuous eligibility period cannot be altered.

DHS's goal is to distribute renewal dates that may be moved in a way that allows every individual to have the opportunity to have their eligibility reviewed fairly while minimizing future operational impacts. Where possible, not moving renewal dates minimizes disruption of recipient households. Despite this, there are some assumptions that will be used when developing the caseload distribution for the unwinding period.

Caseload Distribution Assumptions

- Maintained MA cases that receive both MA and SNAP will have the MA renewal date aligned to the SNAP renewal date to reduce duplicative effort by DHS staff and recipients. Alignment of MA and SNAP renewal dates reflects existing policy and practice as a Combined Eligibility State, but as a result of activities during the continuous eligibility period, some of these cases have become misaligned.
- Maintained CHIP cases will be redistributed through aligning with other DHS. The rest of the cases will be redistributed evenly within the larger caseload into the months of July 2023 through March of 2024.
- Maintained Emergency Medical Assistance (EMA) cases will be evenly distributed across all unwinding period months. EMA cases may require clinical review to determine if the clinical basis for EMA eligibility remains after the continuous eligibility period has ended. Distributing these cases evenly allows for a balanced workload for the department's clinical review team, which is necessary to ensure a fair opportunity for eligibility to be reviewed.
- All other case renewal dates will remain the same and will not be moved within the unwinding period.

This caseload distribution approach is based on guiding principles designed to mitigate operational and recipient impact. By not front loading or grouping specific populations in our caseload distribution we are ensuring more efficient time management capability for caseworkers and that is expected to lessen impacts to recipients and applicants. The even distribution will allow cases with more difficult verification or processing aspects (such as long-term care cases) to be spread across the unwinding period. We also expect that our distribution plan will allow for a more even closure rate that will mitigate any appeal backlogs.

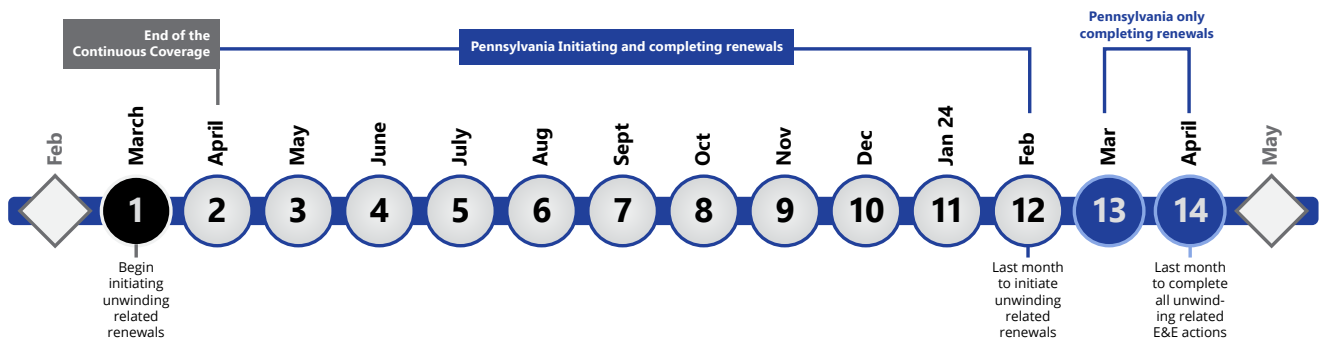
continued | Unwinding Period

Timeline

As explained in State Health Official (SHO) Letter #22-001, states should begin renewals in the month before, of, or after the month in which the continuous enrollment condition ends. The Consolidated Appropriations Act of 2023 states that continuous eligibility must remain through March 31, 2023. States can terminate coverage beginning April 1, 2023. This means the states may begin their unwinding in one of the following months;

- February 2023
- March 2023; or
- April 2023

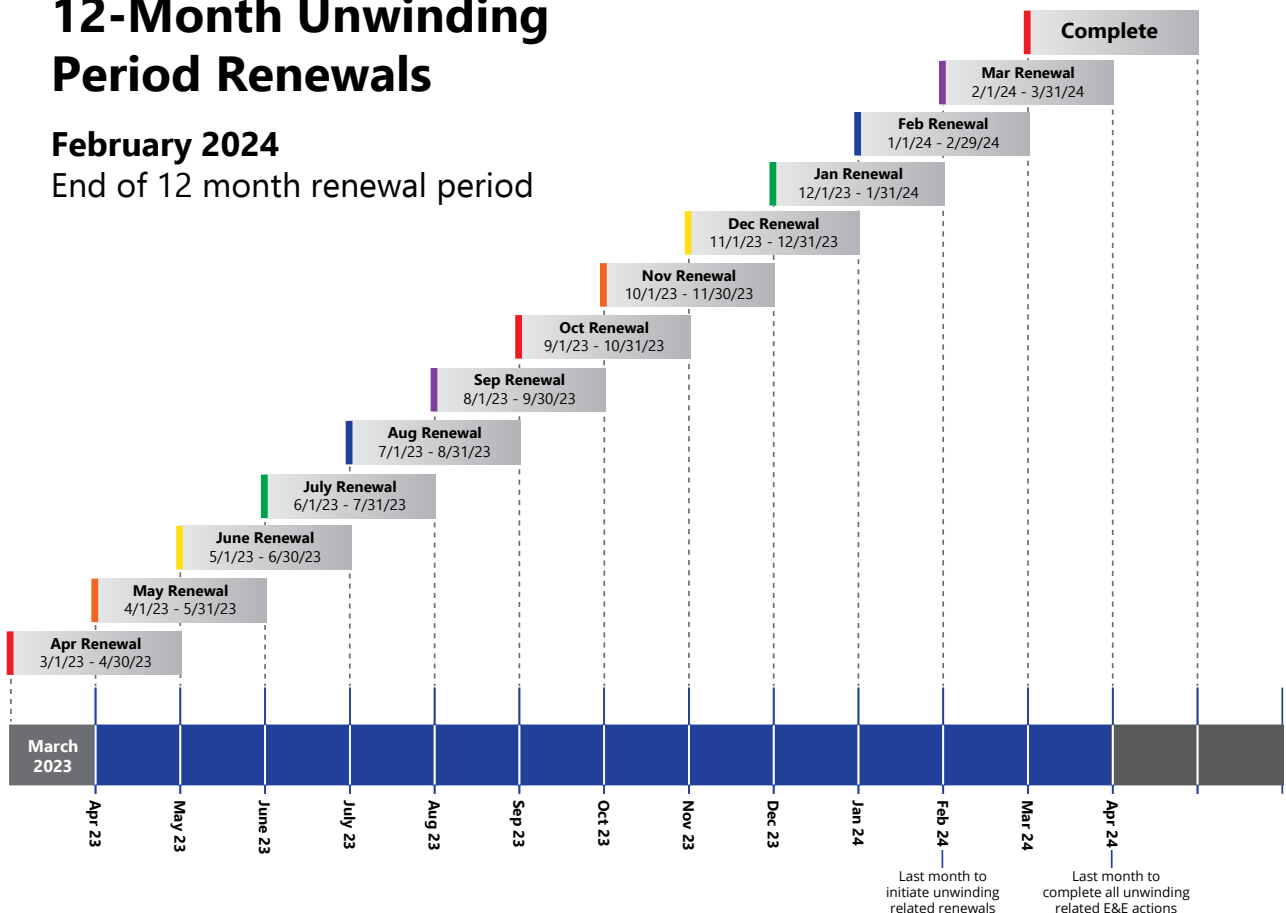
Pennsylvania will initiate its unwinding renewal process in March 2023 for cases with April 2023 renewal dates. This means the renewals issued in March 2023 with April 2023 renewal dates may result in closures. Pennsylvania's unwinding period will continue through March 2024.



12-Month Unwinding Period Renewals

February 2024

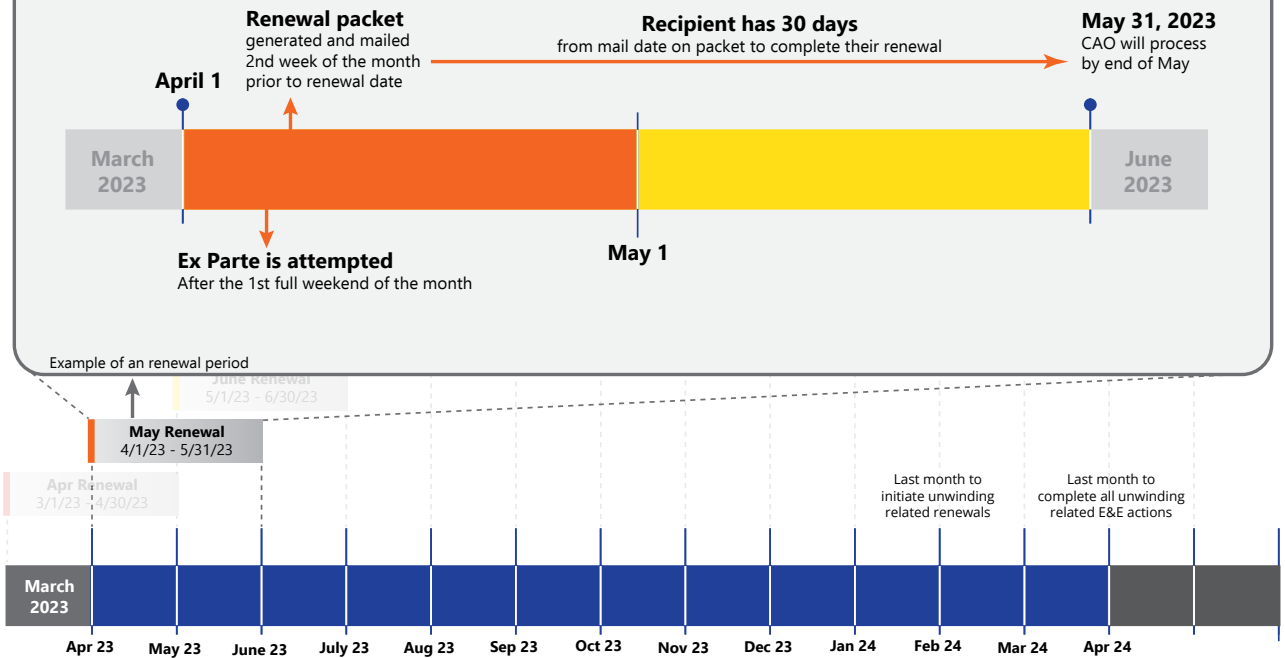
End of 12 month renewal period



May Renewal Activity

This timeline outlines the renewal activities for an individual whose renewal month is May 2023. When continuous coverage for MA and CHIP recipients ends on April 1, renewal activities will begin.

- Following the 1st full weekend of the month, ex parte is attempted using electronic data sources for automated eligibility
- If automated eligibility fails: week 2 in April Renewal packet is generated and mailed
 - Recipient has 30 days to return a signed and completed renewal and to provide any verification that is needed.
- CAO will process by end of May



5 | Policy Changes, CMS Flexibilities, and Mitigations

In order to process the MA cases whose eligibility was maintained during the unwinding period in addition to MA cases that remain in an eligibility period along with new applications for benefits, CMS issued guidance in SHO 22-001 outlining flexibilities to assist with processing during the unwinding. The guidance also permitted states to seek certain waivers under 1902(e)(14) of the Social Security Act.



The following are policies and flexibilities that DHS already has in place or plans to use to support the unwinding process:

- Align MA maintained case renewal dates with SNAP renewal date to gain efficiency in case processing
- Submit a 1902(e)waiver to be able to do an ex-parte renewal for individuals with zero reported income and no income data in the data exchange
- Partner with Managed care plans to update beneficiary contact information
- Continue to provide 12 months of continuous coverage for children up to age 4 in MA and up to age 19 in CHIP
- Extended post-partum coverage to 12 months for MA and CHIP
- Use the maximum electronic data sources available to our state to support ex parte renewals
- Prepopulate renewals for Modified Adjusted Gross Income (MAGI) and non-MAGI cases
- Authorize MA through our Fast Track SPA that allows MA eligibility to be determined at SNAP and LIHEAP application and at SNAP renewal
- Determine eligibility based on data reported for other benefit programs through DHS's integrated eligibility system
- Provide 90-day reconsideration for termination at renewal and 60 days reconsideration at application
- Received waiver to forgo the interview for SNAP benefits at application and renewal
- Received waiver to amend the procedures for SNAP shelter and utility expense collection
- Received waiver to enable the capture of a signature for the SNAP program telephonically

Potential State Mitigation Strategies to Support Compliance with Provisions in Section 5131 of the Consolidated Appropriations Act (CAA), 2023

After consulting with CMS, DHS identified two deficiencies in its compliance with this requirement for which mitigations were implemented. These are:

- No ex parte for non-MAGI populations – DHS is unable to use Asset Verification to determine if non-MAGI MA categories with resource limits have resources under the limits prior to issuing a renewal form.
- No ex parte for other subsets of beneficiaries – DHS is unable to conduct ex parte renewals for MA cases that also include a SNAP house.

DHS's approved mitigation plan to resolve these deficiencies is to instruct CAO staff to review data exchanges concurrent with renewal packet issuance. If the renewal packet is not returned, DHS will evaluate eligibility based upon information returned from exchanges.

DHS's mitigations will continue until a permanent process is implemented to enable ex parte reviews for these case types.

continued | Policy Changes, CMS Flexibilities, and Mitigations

State Letter: Ensuring Compliance with Requirements to Conduct Medicaid and CHIP Renewal Requirements at the Individual Level, sent August 30, 2023 informed states that all ex parte reviews must be conducted at the individual, and not case level. This means if any member of a household can be approved for a continuing period of eligibility that household member must be renewed regardless of whether or not an ex parte renewal can be done on other members of the household at that time. This can be due to having a higher income threshold in another case category or for not having a pending non-financial eligibility factor effecting a different household member, that household member must be renewed.

Pennsylvania, along with most states, was not conducting ex parte reviews in the manner described by CMS. To remedy this, DHS consulted with CMS and submitted a mitigation plan that included an expansion to the manual review of data exchanges to households not previously covered by the manual ex parte review policy ahead of processing a termination. This mitigation will continue until system updates are made to conduct these reviews at the individual level before a renewal packet is sent to individuals at the time of their annual renewal.

States were also informed by CMS that they must reinstate the eligibility of household members whose coverage was terminated when it should not have been and that the reinstatement must be made back to the point-in-time that the closure occurred.

To meet this requirement DHS initiated reinstatements in October of 2023 through a combination of manual, manual and system, and fully automated system activity. All reinstatements for Medicaid and CHIP were completed by January of 2024. This activity resulted in coverage restoration for 45,532 Medicaid recipients and 2,702 recipients of CHIP.

According to CMS, individuals whose coverage must be reinstated must receive sufficient communication from the state. An additional communication supplementary to DHS' standard eligibility notice was sent to affected individuals after reinstatement of eligibility has occurred both prospectively and retrospectively. This is to convey that necessary information for those individuals to be able to have bills for medical services resubmitted to the MA or CHIP program and be reimbursed by their providers for their costs which would have otherwise been covered by the MA program were they to have remained open.

6 | Change of Address, Returned Mail and Renewals

Change of Address Processes

To ensure DHS has the most up to date and accurate contact information for MA households, DHS has emphasized existing policy and communicated CMS requirements to CAOs regarding the handling of returned mail.

Following existing policy guidance, when CAOs receive returned mail, they have been instructed to take steps to confirm the current address. If the household receives SNAP and MA, a request for verification will be sent to confirm shelter and utility expenses. Using the U.S. Department of Agriculture's Food and Nutrition Services flexibilities, if there is no response, the expenses will be maintained until the household's next reporting period if the household is in simplified reporting. If the household is in change reporting and there is no response to a request for verification, the SNAP case will be closed after the appropriate notice is issued.

If there is nothing in the case record to indicate a change in address, the CAO will attempt to contact the household by phone to confirm the address. If the CAO is unable to reach the individual by phone, the CAO will send a written request to the address on file and any forwarding address to confirm the address. If the address cannot be confirmed, and the state is in the unwinding period, the CAO will close SNAP budgets not enrolled in Semi-Annual Reporting (SAR) and TANF; keep MA open until renewal for cases that were maintained in MA prior to March 31, 2023. Cases that were not maintained prior to March 31, 2023, will close unless an in-state forwarding address is received on the returned mail or the recipient's MA eligibility would not be affected by the returned mail. SNAP budgets enrolled in SAR will remain open until the next SAR or renewal.

If the CAO receives additional returned mail, the CAO will attempt to confirm the address again if it contains new information.

Returned Mail

The returned mail policy during the Unwinding period will include policy on returned mail received at renewal in accordance with the CMS guidance in the SHO 23-002 issued on January 27, 2023.

If an individual reports a change of address after the renewal packet is mailed, the CAO will re-send the renewal packet to the new address if a case is still open or during the 90-day reconsideration period if closed. If a new address is reported for a closed case and it is within the 90-day reconsideration period, the CAO will reopen benefits effective the date of contact and address confirmation. If a renewal and required verification are returned by the due date, the CAO will process the renewal. If a new address is reported for a closed case after the reconsideration period, the CAO will instruct the individual to reapply.

If a renewal packet is returned as returned mail and benefits are still open, the CAO will take steps to confirm the address by checking the information in



continued | Change of Address, Returned Mail and Renewals

the case file and contacting the individual by phone. If the CAO confirms the address, the CAO will re-send the renewal packet to that address.

If the CAO is unable to confirm the address and if a forwarding address is available on the returned mail, the CAO will re-send the returned renewal packet to the forwarding address.

If the case does not contain the forwarding address, DHS will confirm the address with the individual by phone (in addition to checking the information in the case record).

If a renewal packet is returned as returned mail and benefits are closed, the CAO will act on the returned mail if received within the 90-day reconsideration period after the closure. The CAO will follow the same steps above as an open case and will only reopen benefits if contact is made and the address is confirmed. MA will be reopened effective the date of address confirmation.

Contact Updates and Outreach

The CAO is unable to contact specific individuals by text due to limitations to texting capabilities. DHS texting capabilities are for mass texting only.

DHS does not instruct caseworkers to send private emails directly to specific individuals for confidentiality reasons. Individuals who are signed up to receive their notices electronically will be receiving the renewal and any other correspondence through their secure MyCOMPASS account and will be notified through email of any new correspondence.

DHS will comply with the condition described in section 6008(f)(2)(B) of the FFCRA because DHS will take steps to obtain up-to-date contact information prior to renewal. (See Communications section). Additionally, DHS obtained 1902(e)(14) (A) waiver authority to accept updated contact information from MCOs if the information was obtained directly from the individual, the individual's authorized representative, or other adult member.

The CAO will close the case for failure to provide information necessary to complete a renewal if the renewal and required information are not received by the renewal due date. If a renewal and required verification are returned within the reconsideration period, the CAO will process the renewal.



7 | Communications

A successful unwinding period will necessitate clear communication to MA and CHIP recipients as well as DHS's partners and stakeholders. DHS, in partnership with Pennie (PA's state-based exchange), has been and will continue to develop and update messaging about the unwinding.

DHS's Phased Approach

DHS's communications planning has focused on keeping DHS staff, partners, and MA recipients informed of critical information through the transition to the unwinding period and beyond in three phases of messaging in which each phase layers a new set of messages over the next.

Phase I - Pre-Continuous Eligibility End Announcement

Communications in this phase focused on providing DHS partners information and prepared messaging about the unwinding period and establishing a connection to support from PA DHS in conveying these messages.

In this phase, DHS developed and launched the [Medicaid Continuous Eligibility Unwinding webpage](#). This site was developed to house all information for recipients, community partners, providers and health plans to access in an effort to assist with the unwinding. This includes a description of key terms, frequently asked questions, a repository of webinars and technical assistance sessions as well as scripted messaging and graphics for use in communicating with the public about the unwinding. DHS also developed a Helper Portal that anyone could sign up for to receive the most up to date information about developments in the unwinding and how they can help in messaging and in action.

Communications for MA and CHIP recipients in this phase focus specifically on communicating the need for recipients to be able to receive information about their MA benefits, regardless of the unwinding, so that when the unwinding occurs, and a recipient's renewal comes due it is able to be promptly returned and evaluated. This can be done by staying connected to the department through all available means such as updating contact information, signing up for a COMPASS account, and downloading the myCOMPASS Mobile App, as well as opting in to receive emails and text messages from DHS.

Additionally, DHS conducted an outbound outreach campaign to update contact information using an NCOA file match of MA recipients that had differing addresses from what was in the benefit eligibility system. Public calls to action for update of information occurred through press release and functions, as well as, social media campaigns. Finally, an MCO connection webinar series launched to pass along information essential for health plans to conduct timely outreach to their members.

This phase has ended.



Phase II – Continuous Eligibility Period End Announcement

The transition into this phase occurred when the Consolidated Appropriations Act was signed into law on December 28, 2022 and continuous eligibility was officially set to end on April 1, 2023. Communications in this phase focus on making partners aware of the steps in the renewal process and the communications individuals will see on the road to renewal during the unwinding. Partners will continue to receive key reports and/or resources from DHS to assist them in outreach to individuals during this phase. This plan was released as a part of Phase II communications.

Communications to MA and CHIP recipients in this phase, in addition to messaging developed in Phase I on staying connected to DHS, are focused on the importance of completing a renewal when it is received, sharing supportive resources available to assist with completing the renewal, and promoting the many ways to submit a renewal or verification document to the Department. This includes through COMPASS with assistance of community partners or individually, over the phone, through the mail or at a CAO.

Phase III – Unwinding Period

The transition into this phase occurs on April 1, 2023 when the continuous eligibility period ends.

Communications in this phase encompass messages from the previous two phases and focuses on helping recipients and partners be aware of the need to take timely action when they receive their renewal and what follows the renewal process after the renewal period has ended. This entails educating partners on the reconsideration period, fair hearing and appeal, and the transition from MA to CHIP and/or Pennie for ineligible individuals.

Phase IV – Closeout Communications

Communications to partners in this phase focus on wrap up of the unwinding, reflection on actions taken, and promotion of actions needed to move forward.



Individual Communications

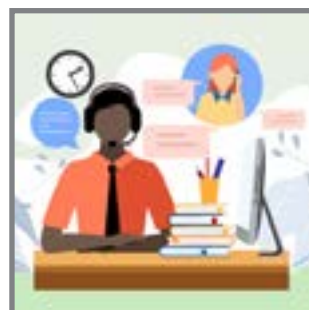
DHS has developed new individual communications that are designed to guide MA and CHIP recipients to best prepare for their renewal, receive communications from DHS, complete their renewal when it is time to do so, and to ensure they have all the information they need to maintain coverage through MA/CHIP/Pennie. This communication will go directly to recipients by way of each modality below when possible:



- Emails



- Text Messages



- HelperCalls (also known as blast calling)



- Targeted Mailers

While renewals have not ceased throughout the continuous eligibility period, closures have. Some recipients may have never been required to complete a renewal before to maintain their eligibility. To ensure the need to undergo a renewal is understood by all recipients DHS has added new outreach attempts to multiple steps in the renewal process:

- 90 days prior to the renewal date recipients will receive outreach promoting sign up for electronic communications and asking them to update their address, contact information, and other information that could increase the likelihood that their renewal will go through the ex parte process;
- 60 days prior to the renewal date recipients will receive outreach explaining that they must complete a renewal to continue to receive MA and/or CHIP. The letter sent will include all information necessary for the recipient to complete their renewal through COMPASS as soon as the letter is received;
- 30 days prior to the renewal date the recipient will receive the renewal packet unless it can be renewed ex parte;
- 5 days prior to the renewal date the recipient will receive an outreach letting them know their renewal is due;
- A renewal notice or denial notice with appeal rights will be sent depending upon the result of the eligibility determination; and,
- If the recipient's MA and/or CHIP closes due to a failure to respond to the renewal or failure to verify information 30 days after the closure, outreach will be sent that lets the recipient know that as long as they return the missing information within 90 days of the closure, they can be reconsidered for their eligibility without a new application. If returned and determined eligible, the recipient's benefit will be reopened without a gap in coverage.

A timeline and examples of communications to recipients during the unwinding can be found here: [Individual Communications \(pa.gov\)](#)

Unwinding Reporting

In the process of unwinding the continuous eligibility requirement DHS will report the following elements on its [Medicaid and CHIP Continuous Eligibility Unwinding webpage](#) to enable MA and CHIP recipients, the public, community partners, providers and other stakeholders to see the progress of the unwinding through reports submitted to CMS and a DHS specific unwinding dashboard.

The DHS dashboard will display the following information at the county and zip code level;

- Size of the total unwinding population
- The number and percent determined eligible
- The number and percent closed
- The number and percent closed that are ineligible
- The number and percent closed that are failed to return information
- The number and percent remaining to be processed
- The number and percent opened in CHIP
- The number and percent opened in Pennie
- The number and percent that return to MA



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Department of Human Services > Medical Assistance & CHIP Renewals > Unwinding Renewals Progress Tracker

Medicaid Continuous Coverage Unwinding Data

As Pennsylvania moves through the 12-month unwinding process, the data provided on this page tracks the renewal process by county and zip code.

Jump to information about:

Total Maintained Population

Enrollment Processing [Coming in May]

8 | Continuity of Care

DHS' primary goal for the unwinding period is helping affected Pennsylvanians maintain high-quality health coverage. Depending upon a recipient's circumstances, if they are no longer eligible for MA, they may qualify for coverage through Pennie, Medicare or another state funded benefit. Partial or full-cost CHIP coverage may also be an option for families with children under age 19 who are no longer eligible for MA. DHS will facilitate a smooth transition for recipients that may be eligible in one of these coverage options.

CHIP

If a child is no longer eligible for CHIP, they will be reviewed for coverage through MA. OIM will facilitate a smooth transition for children that are eligible for MA. The reverse is true for MA households which are no longer eligible and will be reviewed for CHIP coverage.

Pennie

DHS has worked closely with Pennie in the development of its unwinding plans. In the event that an MA recipient is found to be ineligible as a result of income or resources which are too great for the MA program, the recipient receives an eligibility notice and a letter from DHS indicating their potential eligibility for coverage through Pennie. Those recipients who are transferred to Pennie as a result of MA closure will have a Special Enrollment Period (SEP) automatically opened for them so they can apply, shop, and enroll in coverage through Pennie. Subsequent communications from Pennie will follow the transfer in the form of email and outbound calls from the Pennie team.

While recipients that are denied for procedural reasons cannot be evaluated for Pennie eligibility, DHS has worked with Pennie to provide Pennie a list of these recipients so that outreach can be attempted to enroll them in a Pennie plan should they be determined eligible. This will include a co-branded letter from DHS & Pennie and an attempted phone contact by Pennie. DHS and Pennie continue to work together to develop and implement system enhancements with the goal of improving outcomes within both systems.

Medicare

Medicare has instituted a Special Enrollment Period for individuals that lose MA eligibility during the unwinding period. Throughout the unwinding there may be some recipients who remained eligible in MA when they would have otherwise transitioned to Medicare. DHS will send an outreach that provides information on the SEP, Medicare enrollment, and ability to receive assistance with this enrollment through Pennsylvania's Medicare Education and Decision Insight entity also known as PA MEDI so these recipients can take advantage of the SEP.

State-Funded Medical Assistance

In limited circumstances, recipients not eligible for federally-funded MA may be eligible for state-funded MA. For example, Act 69 of 2021 created the Workers with Job Success (WJS) category of MAWD. This enables MAWD recipients that meet all WJS eligibility criteria, such as an increase in their earned income to more than 250% of the Federal Poverty Income Guidelines (FPIG) up to 600% of the FPIG, to keep their health coverage. All MAWD cases, including those maintained in eligibility will be evaluated for WJS eligibility at their next eligibility review.

A1 | Acronyms

- CAA - Consolidated Appropriations Act, 2023
- CAO - County Assistance Office
- CHIP - Children's Health Insurance Program
- CMS - Centers for Medicare and Medicaid Services
- FFCRA - Families First Coronavirus Response Act
- FMAP - Federal Medical Assistance Percentage
- FPIG - Federal Poverty Income Guidelines
- PHE - Public Health Emergency
- MA - Medical Assistance
- MCO - Managed Care Organization
- MAWD - Medical Assistance for Workers with Disabilities
- SAR - Semi-Annual Reporting
- SEP - Special Enrollment Period
- SHO - State Health Official
- TANF - Temporary Assistance for Needy Families
- WJS - Workers with Job Success