**DHS is reviewing recently-passed Consolidated Appropriations Act of 2023, which will impact the unwind of continuous coverage for Medicaid and will make updated and additional information about its impact available soon.**

# Renewal Process

last updated December 13, 2022

Per federal law and Center for Medicare and Medicaid Services (CMS) guidance, when the Public Health Emergency (PHE) ends the Pennsylvania Department of Human Services (DHS) will not automatically close any recipient's Medical Assistance (MA) case. CMS requires that all Medicaid cases maintained despite being otherwise ineligible undergo a renewal prior to changing or closing a recipient's benefit.

### What is the renewal process for recipients during the PHE Unwinding?

The renewal process for recipients during the PHE unwinding period will be similar to the process prior to the PHE and during the PHE. DHS continued to mail renewals throughout the PHE and encouraged recipients to return them. The only difference has been that if during the PHE a renewal is returned with information making that recipient ineligible, or if the recipient did not return the renewal at all, no action has been taken to close the case.

This process will be enhanced to increase the level of contact and modes of contact used to correspond with clients who have a renewal due. During the PHE Unwinding, 90 days prior to the end of the certification period, a Change Reporting Flyer (CM 537) will be issued encouraging clients to update their contact information. This will be accompanied by an email (if possible), a text message (if possible), and a Helper Call (automated phone call). 60 days prior the end of the certification period, a letter will be sent describing the need to complete and return the renewal, a Frequently Asked Questions (FAQ) about the end of the PHE, and all the information necessary for the client to complete the renewal at that time through COMPASS. Unless the renewal can be processed ex parte, a renewal packet will be mailed to the household the month prior to the end of the certification period. The renewal will be accompanied by an email (if possible), a text message (if possible), and a Helper Call (automated phone call). If the renewal or a verification document is not returned and the case remains closed for more than 30 days a letter will be sent with information about DHS's reconsideration policy and all the information necessary for the client to complete the renewal at that time through COMPASS.

### What will they need to complete their renewal?

As we resume regular renewal processing, there will be some changes to inform the recipient about what the end of the PHE means for a client's Medical Assistance (MA) eligibility and ways they can best stay connected to DHS and their health care coverage. No recipient's coverage will end automatically and without a renewal.

**The renewal process will occur as follows:**

1. If the renewal cannot occur automatically with existing data sources, recipients will receive a renewal packet in the mail with a due date of approximately 30 days before the renewal due date.

   Recipients must complete, sign, and return the renewal packet to the County Assistance Office (CAO). Recipients may also complete and digitally sign their renewal on COMPASS. Telephone renewals are also available by calling 1-866-550-4355 Monday – Friday 8:00 a.m. to 5:00 p.m.

2. Recipients may submit the completed renewal packet and any necessary verification documents online via COMPASS or to a local County Assistance Office via mail, at the CAO in-person or via office drop box, or fax.

3. Once received, a caseworker will process the renewal. If additional verification is needed the caseworker will request it.

4. Recipients will receive a notice in the mail letting them know the outcome of their renewal. Results will be either:
   - Eligible for MA. Coverage will be renewed for another year.
   - Ineligible for MA and coverage will end. Recipients may be referred to Pennsylvania's official health insurance marketplace, Pennie®, or to the Children's Health Insurance Program (CHIP) for other coverage options.

**What happens when a recipient is determined ineligible or does not return the renewal packet?**

If a recipient is determined ineligible, their MA ends 15 days after the closure action is processed by the CAO and the MCO 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 that is closed following renewal. A new application is not required 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.
(This may change.)

**How can recipients receive assistance completing their renewal?**

There are a few ways that recipients can get help to complete their renewal. Recipients who have questions or need assistance completing their renewal can contact the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 in Philadelphia between 8:00 a.m. and 4:45 p.m. Monday through Friday. They can also go in person to any CAO to receive assistance. Sometimes community partners are available to provide help in the recipient's area. You can see a full list of these community partners at Chapter 304, Appendix C of the MA Handbook.

If recipients need help using COMPASS while completing their renewal or submitting verification documents, they can call DHS Helpline at 1-800-692-7462 Monday through Friday from 8:30 a.m. to 4:45 p.m.

**How can DHS ensure the individuals that are not able to receive mail due to in-patient hospital stays or substance use disorder treatment can still complete their renewal?**

Recipients will begin to receive information in the mail about their renewal 90 days before the renewal is due. DHS recommends that recipients make sure their addresses and phone numbers are up to date in their

case record so they receive this information and their renewal packet. Address and phone number updates can be made by calling the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 in Philadelphia, or by updating their information through either COMPASS or the MyCOMPASS PA mobile app and in their MyCOMPASS Account. Recipients can also opt-in to receive text messages from DHS letting them know when their renewal packet has been mailed. Details on how to opt-in to text messaging are found on the DHS Text Messaging webpage.

**How will DHS's recent election to provide 12 months continuous coverage to pregnant and parenting MA recipients impact renewals?**

For women who are eligible for 12 months of continuous postpartum coverage, the renewal date will be set systematically to match the end of their 12-month postpartum coverage period. This will ensure that coverage continues uninterrupted through the extended postpartum period.

# PHE Unwinding Process

Throughout the PHE, DHS has continued to send renewals and requested that recipients return them. This will help DHS and its partners be prepared for when the PHE ends. The renewal process will be completed over an unwinding period of twelve months. Each beneficiary that has been maintained in eligibility despite not meeting eligibility criteria will need to receive a renewal within that unwinding period.

**How will DHS organize the renewals which must be completed during unwinding?**

DHS will be structuring the caseload for beneficiaries which require a renewal within the unwinding period by not moving renewal dates if it is not necessary, aligning renewals with SNAP renewals to minimize duplicative work, and evenly distributing renewal work throughout the unwinding period to the best of the department's ability. A limited number of Medicaid category types will have more specialized handling, but these are marginal compared to the overall caseload volume.

**What are the best ways for recipients to stay connected and remain up to date as we await changes in response to the end of the PHE?**

DHS encourages recipients to update their information through COMPASS or the myCOMPASS PA mobile app and sign up for text or email alerts to get information faster when it is time to renew. If a recipient cannot access COMPASS or the myCOMPASS PA app, they can update their contact information by calling the Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 in Philadelphia.

Additionally, we encourage all benefit recipients to opt-in to receive text messages from DHS. This is the easiest and fastest way to receive reminders and alerts from us about benefits and events like the ending of the PHE.

Recipients and community partners can also follow Pennsylvania Department of Human Services @PAHumanServices on Facebook and Twitter to see helpful information, announcements, and links about benefit programs and services.

**How will DHS collect updated information from recipients so that they can remain connected to MA?**

DHS is using all available channels of communication to remind recipients to update their contact information. This message will be prominently located on phone scripts, our webpages, and social media. Recipients have a duty to report changes as MA recipients and we want to make doing this as easy as possible. Change reporting can be done through COMPASS, the MyCOMPASS PA mobile app, or the

Statewide Customer Service Center at 1-877-395-8930 or 215-560-7226 in Philadelphia.

In addition to passive reminders about change reporting, DHS will be conducting outreach to encourage change reporting through calls, text messaging, mail, and email.

DHS has received approval from CMS to use information an MCO has directly verified to update DHS's system immediately. Changes to the CAO notification form have been made for this purpose.

**Will recipient renewal dates change as a result of the end of the PHE?**

The MA renewal process in Pennsylvania includes at least one renewal every 12 months. When the PHE ends, DHS must begin processing renewals for recipients who have had their eligibility in MA maintained despite not remaining eligible within a six-month period. This will require DHS to move the renewal dates of some recipients so that they occur within that six-month period.

DHS's priority for the date change of these renewals is to not move any recipient's renewal date unless necessary to create the most balanced workload possible. This is to ensure that every MA recipient has a fair opportunity to have their renewal evaluated. In most cases, if a recipient already has their renewal scheduled within this specific time period, DHS is not planning to move it. If a recipient's renewal is scheduled outside of the specified period after the PHE ends, it will need to be moved to within said period and DHS will do so with an emphasis on creating a balanced workload regardless of the reason that recipient's case has been maintained as eligible.
***(This may change.)***

**How will DHS offer new ways to engage MCOs, Community Partners, Providers, and other entities that wish to take an active role in assisting recipients to be aware of and understand the end of the PHE and their need to complete a renewal to maintain MA eligibility?**

DHS has created a Helper Network to disseminate information about the end of the PHE. This will include documents, literature, social media, talking points, call scripts, and technical assistance. This network will help DHS ensure that no matter who is communicating with our recipients about the end of the PHE, they have the information available to speak accurately about what is needed, when it is needed, and how to help with renewal completion. You can sign up for the Helper Network here.

MCOs can also find resources on the stakeholder section of our End of PHE Webpage.

# Health Plan Issues

**Will DHS allow MCOs to reach out to members to ensure they are aware of the upcoming process and are prepared to maintain their coverage/seek alternative coverage?**

DHS encourages health plans to conduct outreach to individuals with upcoming renewals. The DHS PHE Unwinding webpage has materials to assist with this effort. https://www.dhs.pa.gov/PHE/Pages/default.aspx

**How can MCOs use the best available information to conduct outreach to members about the end of the PHE, or an upcoming renewal?**

DHS will provide plans with updated lists of members that no longer meet MA eligibility criteria to conduct outreach. These lists are the best available data for renewal dates.

Renewal dates on files provided prior to the declared end of the PHE may become inaccurate after the PHE ends because when the PHE ends, DHS will need to redistribute renewal dates to ensure all members that no longer meet MA eligibility criteria receive a renewal within the unwinding period.

When the PHE ends, additional files will be provided so that MCOs can have the best available data to conduct outreach.

A detailed description of the fields in these lists is available on the PHE website and can be accessed here.

**How can MCOs prioritize and target renewal outreach?**

MCOs may outreach to recipients in order of their renewal dates to ensure they are aware of the upcoming process and are prepared to maintain their coverage.

DHS will consider proposals to target outreach to specific populations on a case-by-case basis to ensure no adverse selection. If an MCO would like to target outreach, please submit a proposal to your contract monitoring team for consideration.

**Can MCOs share member data between affiliated organizations for the purposes of conducing outreach?**

MCOs are able to share member level data with external entities only for those purposes directly related to the administration of the MA program, which includes assisting with outreach to clients for PHE unwinding. This sharing will be done through a HIPAA business associate agreement or another agreement that has the business associate agreement elements to it.

**Can MCOs conduct outreach about affiliated Qualified Health Plans (QHP)?**

CMS State Health Official Letter #22-001 offers guidance to states about the ability of states to authorize MCOs to outreach to their plan members about affiliated QHPs. DHS will permit MCOs to outreach to plan members about affiliated QHPs. Communication must;

- Not target specific members or member classes
- Be educational rather than persuasive
- Be approved by DHS and Pennie
- Please submit materials for review through your Contract Management Team in the normal course of business.

Plans should submit these communications to their contract leads for approval.

**Can MCOs receive a copy of the renewal packet envelope that beneficiaries will receive?**

DHS can provide MCOs blank copies of the documents being issued to recipients so that they are aware of the documents recipients receive. These are available on the PHE Unwinding Page.

**How quickly can recipients expect to be processed into new plans?**

DHS will not deviate from the standard process for enrolling an individual into an MCO. Recipients will have the same amount of time as usual 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.

**Will recipients be automatically re-enrolled in the plan that they left or is there potential for this to be changed?**

If there is no lapse in enrollment, then enrollment in their current plan will be continuous. 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.

**How will DHS handle expedited plan transfers?**

The same process for requesting expedited plan transfers will apply. Due to volume, it may not be possible for DHS to expedite plan transfers as requested. In that case, recipients will remain enrolled in the plan they selected or were auto-assigned until their selection or re-selection is effectuated through the regular process.

**When will DHS update MA categories if the recipient's eligibility level has changed?**

DHS will not automatically update any recipient's category prior to a renewal of eligibility.

**Will Dual Special Needs Plans (D-SNP) be notified by DHS when they should stop treating category PH 00 as a full-dual category?**

Yes, D-SNPs will be notified when they should stop considering PH 00 recipients full-dual. Once the PHE ends, the CAO will review ongoing eligibility as part of the unwinding period.

**What is DHS's expectation for plan level outreach to recipients during the PHE unwinding?**

Plans should make outreach about the end of the PHE 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 you use. Plans should utilize the DHS Stakeholder Toolkit materials as a guide to communications to ensure language and messaging are consistent throughout the unwinding of the PHE.

**How can MCOs assist recipients with renewals?**

In addition to outreach to recipients about staying connected to MA plans, MCOs are encouraged to:

- Register to become COMPASS Community Partners so that they can directly assist recipients with renewals. MCOs may assist their members with their renewals, as long as they are not deliberately targeting a specific subset of members.
- Sign up for our Helper Network to receive updates and technical assistance in this process.

**Will MCOs be required to use any standard messaging that the Department develops?**

There may be DHS-developed communications that MCOs can use to share with their members. If MCOs craft their own messages, any existing contractual agreements regarding review and approval of those messages will apply. The DHS Stakeholder Toolkit has sample messaging and a glossary available to assist in consistency in language and messaging to recipients.

**If a recipient is deemed ineligible for MA, how can MCOs help to prevent periods of lost coverage for their members?**

If a member becomes ineligible for MA, the MCO should provide them with options for alternative coverage to address their needs, such as Pennie®, state-funded programs such as the Act 150 program, and CHIP if they have children.

If coverage was lost because a member failed to renew or send in documentation, MCOs can let their members know they can provide their renewal and documentation to the CAO within 90 days following the

closing date to be reconsidered. If they are outside of this 90-day period, a new application can be submitted to determine MA eligibility.

**Will transition of care rules apply after eligibility ends?**

DHS rules and standard processes for transition and continuity of care set forth in MA Bulletins 99-03-13 and 99-96-01 apply to members entering a new managed care plan or MA Fee For Service (FFS), and directly apply to members moving between or among Physical Health MCOs, CHC MCOs, and MA FFS. MAB 99-03-13 mirrors Commonwealth regulations at 31 Pa. Code § 154.15 and 28 Pa. Code § 9.684 and the requirements of Section 2117 (d) of Article XXI of the Insurance Company Law of 1921 and 42 CFR § 438.62, which apply to all HMOs and managed care plans operating in PA, including CHIP MCOs, and QHPs through the Health Information Exchange/Pennie®. Therefore, continuity of care rules as set forth in PA Code will apply to any HealthChoices (HC) member who loses MA and HC eligibility in the PHE unwinding who is then found eligible for and enrolled in a CHIP MCO, or a QHP through Pennie®, or in other available private or group coverage through any entity operating as an HMO in PA.

**Will the changes affect any approved authorizations under a different benefit package?**

Recipients who move to a less expansive/inclusive category of assistance or benefit package due to renewal will be eligible only for services covered under their category of assistance and benefit package on the dates of service. If the new benefit package includes the service that was authorized under the prior benefit package, continuity of care will require these authorizations to be honored according to the relevant provisions of the applicable HealthChoices Agreement.

**If the recipient was denied under one plan and files a grievance, and the program changes during the process, what program should be used?**

Recipients who move to a less expansive/inclusive category of assistance or benefit package due to renewal will be eligible only for services covered under their category of assistance and benefit package on the dates of service. If the new benefit package includes the service that was authorized under the prior benefit package, continuity of care will require these authorizations to be honored according to the relevant provisions of the applicable HealthChoices Agreement.

**How can health plans receive information about the individuals who will need to be renewed during the unwinding period and file exchanges with DHS?**

MCOs should work with their contract monitoring teams to address questions they have related to this.

**Will there be any stopgap coverage for specific member categories?**

If there is a gap in eligibility for any recipient during the period covered by an MCO prior authorization, no services will be covered for dates of service within the period of MA ineligibility unless by retroactive eligibility as determined by the CAO. In the instance of retro-effective eligibility, payment will be made to providers for services rendered during the gap.

**How will procedures that pay out at completion of care be addressed with providers if a recipient loses eligibility but was eligible at the time of authorization?**

If there is a gap in eligibility for any recipient during the period covered by an MCO prior authorization, no services will be covered for dates of service within the period of MA ineligibility unless by retroactive eligibility as determined by the CAO.

**Is there any rate setting consideration around the significant fiscal impact to the MCOs who may see significant disenrollment?**

The Commonwealth's actuary reviews projected enrollment shifts (including the ending of the PHE) and the resulting impacts on MCO operations and liabilities as part of its annual capitation rate development process. The actual details have yet to be determined for the CY 2023 capitation rates but will be communicated to the MCOs.

**How will DHS coordinate renewal process for CHIP families who have not completed their renewal during the PHE?**

DHS has coordinated communication/notification materials for MCOs to use to keep CHIP families up to date on what the end of the PHE means for them and what steps they can take to ensure eligibility is reviewed and determined with accurate information. This includes communication to have demographics up to date, communication of renewed verification requirements at application and renewal, and information on where to go and who to contact if assistance is needed.

Renewal month will be adjusted based on when the renewal is completed. Renewals will be split evenly per each month of the allotted PHE unwinding time frame (6 months for PA currently). These will be split based on oldest renewal date forward.

A new process for renewal is not being developed for the CHIP population. The process will remain as is with verification requirements reinstated.

# Hearings and Appeals

**What is the timeframe for Hearings and Appeals during the PHE Unwinding period?**

Clients who receive a notice of action which they do not agree with may appeal the action. If they submit the appeal within the timeframe on the notice, their MA will remain open. If they do not appeal within the specified timely appeal timeframe for reopening, they may still appeal but their MA will not be reopened.

If the result of the appeal is a finding in favor of the client, the MA will be opened back to the date of closure. If the result of the appeal upholds the Department's action and the client opted to maintain their MA during the appeal, the client may receive an overpayment for the period the MA was open after the closure. ***(This may change.)***

# Pennie® Topics

**Will there be information on Pennie® included in communications to MA recipients?**

Information on what Pennie® is, how individuals will be transferred to Pennie®, the Pennie® website, and phone number will be included in communications with recipients.

**How will DHS transition MA recipients that lose eligibility to Pennie®?**

Individuals 19 and over who are found ineligible for MA and meet the criteria for referral will have their information transferred to Pennie® for a determination.

Recent updates to the Pennie® referral process include an automated determination of eligibility based on

income information provided by DHS to Pennie® and outreach to MA recipients who were closed due to procedural reasons.

**Is Pennie® considering any expansions to normal special enrollment period (SEP) rules to help ensure individuals coming off MA can maintain continuity of care?**

This is being discussed by the Pennie® board of directors.
***(This may change.)***

**Is Pennie® planning to conduct any communications to the market about the availability of QHPs once the PHE ends?**

Pennie® is considering use of paid media to provide broad awareness of QHP coverage with subsidies. This message would be broadly advertised and then the more direct messaging could be sent through postal mail, outbound calling, and email marketing.
***(This may change.)***

**How can external entities engage with Pennie for outreach and questions?**

The best way to facilitate all inquiries is through the Pennie External Affairs Request Form.