



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

Michelle Dawson: Good afternoon everyone and welcome to today's (ACE) TA Center webinar. Thank you for joining us today for this last installment of our four-part webinar series on Medicare, Medicaid and dual eligibility for Ryan White HIV/AIDS Program clients. We're going to chat out some links today to download today's webinar slides. You can see it there in the chat. This webinar is the final installment in our four-part series covering Medicare, Medicaid and dual eligibility for Ryan White HIV/AIDS Program clients. And again, you can download the slides from the chat on your screen. Before we get started, here are some technical details for anyone that might be new to our webinars. First, attendees are in listen only mode, but we encourage you to ask lots of questions using the chat box. You can submit your questions through the chat at any time during the presentation and we'll take as many of your questions as we can at the end of today's session. If we don't get to your question or if you think of another question later, you can always email us at acetacenterjsi.com.

Now, the easiest way to listen to our webinar is through your computer and if you can't hear very well, make sure that your computer audio is turned on and the volume is turned up. If you're still having issues, try closing and rejoining the Zoom webinar session and just in case none of that works or if you prefer to dial in, we do have the call-in information in the chat box and it's there on your screen as well. And you can see that there in the chat now.

At the (ACE) TA Center, we help build the capacity of the Ryan White HIV/AIDS Program community to navigate the changing healthcare landscape and help people with HIV access and use their health coverage and ultimately improve health outcomes. Specifically, we support Ryan White HIV/AIDS Program recipients and sub-recipients to engage, enroll and retain clients in Medicare, Medicaid and individual health insurance options. To build organizational health insurance literacy, thereby improving clients' capacity to use the healthcare system to communicate with clients about how to stay enrolled and how to use health coverage. We do all of this by developing and disseminating best practices and supporting resources and by providing technical assistance and training through national and localized activities. Our audiences include Ryan White HIV/AIDS Program staff, clients, program managers and administrators, but also people who help enroll Ryan White clients such as navigators and certified application counselors.

Today's webinar will be archived on TargetHIV at [TargetHIV at TargetHIV.org/ace](https://targethiv.org/ace). All participants in today's webinar will receive an email when it's posted so that you can share it with your colleagues. You can also find links at this website for all the tools that we're going to present today. And if you forget the direct link, you



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

can also find us by going to the TargetHIV website homepage or searching the topic library. So here's a roadmap for today's presentation. We're going to start with an overview of the Medicaid continuous coverage requirement and explain what it means to unwind it, then shift to a discussion about how Ryan White HIV/AIDS Program can help clients stay enrolled. After that, we're going to shift to a conversation with speakers from the AIDS Foundation of Chicago and Equitas Health System are going to share with us how they're preparing for the unwinding in their states. And then we'll wrap up with a question and answer period.

We have a number of excellent presenters here with us today. Greg McGruder is the lead financial counselor at Equitas Health. Greg has worked in a hospital ER doing registration and then in family services approving and denying Medicaid applications and answering questions. Greg started out at Equitas in 2020 as a front desk receptionist and transitioned to being a financial counselor and is now the lead financial counselor. Mel Clay is the manager of financial counseling at Equitas Health. Prior to joining Equitas, Mel was employed by a medical insurance company working in the call center. During that time, Mel was a customer service specialist, claims specialist, team leader and quality auditor. Mel possesses vast experience in customer service, insurance coverage systems and joined Equitas Health to assist patients and the community with getting access to care and coverage through the complex journey of healthcare.

Brayden Turner is a community financial counselor for Southwest Ohio at Equitas Health. Brayden is an accomplished community worker and enjoys using their skills to contribute to the exciting outreach opportunities within the organization. Brayden strives to assist consumers and the community with linkage to care and coverage. We also have with us Amy Killelea, an independent consultant providing public health policy and financing expertise to government and public health agencies, non-profits, payers and providers. Amy's focus areas include HIV and hepatitis programs, public and private insurance coverage, public health and healthcare financing strategies, and medication access and pricing.

Nadeen Israel is the Vice President of Policy and Advocacy at the AIDS Foundation Chicago and has spent the past decade in the health policy and advocacy field in Illinois working closely with other advocate and activist leaders across the state on issues impacting the Medicaid program, Affordable Care Act, mental health and substance use system, housing and state budget and tax policy. Today you'll also hear from (ACE) TA Center project director Molly Tasso. And my name is Michelle Dawson, I'm a member of the (ACE) TA team filling in



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

as host today for our technical advisor, Lisa Lou. And without further ado, I'm going to hand the mic over to Amy Killelea who will give us an overview of Medicaid continuous coverage. Amy.

Amy Killelea:

Terrific. Thanks so much Michelle. And hi everybody, it's great to be with you today. So next slide please. So I'm going to start with just some context as to what we're going to be talking about over the next hour or so. And so I'm going to start at the beginning and really give you some context and reasons why we have so many people on Medicaid right now. And that's really as part of the expansive federal response to the COVID-19 pandemic. One of the pieces of legislation that was passed during that time involved a provision that gave states a bump in their federal Medicaid funding. And that started way back in March of 2020. And that bump in federal funding came with a requirement to state. So in return for that extra Medicaid funding, states were, and up until now, have not been allowed to terminate anyone's Medicaid coverage.

And so this is really what we mean when we say continuous coverage. People have just stayed on Medicaid continuously since 2020 because renewals have paused during that time. The original law actually tied the continuous coverage requirement to the COVID-19 federal Public Health Emergency or PHE. But as we'll discuss in a second, Congress actually decoupled those two things at the end of last year. But really this is the reason, because of this continuous coverage requirement, because Medicaid in order to get that federal money, which everyone accepted this deal, they have not been able to terminate anyone's coverage. The Medicaid rolls have swelled over the past three years. So next slide.

And just to put some numbers and what I think is a great visual from the folks at the Kaiser Family Foundation, to this point, there has been an increase of around 20 million people on Medicaid from February of 2020 through October of 2022. This is massive. This is a big deal. This is a lot of people. I think it's a 28% increase over that time period. And Kaiser Family Foundation has put the estimate of anywhere between five and 14 million people could lose coverage as the continuous coverage requirements wind down. And we'll talk a little bit about why that is and how states are dealing with that. So next slide.

So in terms of the date, as I referenced earlier, when Congress initially enacted the Medicaid continuous coverage requirements, it was really ever only supposed to be time-bound as a pandemic response measure. But Congress decided to decouple the Medicaid continuous coverage requirements from the Public Health Emergency legislation that was passed in December of 2022. And



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

basically Congress did this by announcing in that legislation a date certain for the end of the Medicaid continuous coverage requirements regardless of whether the Public Health Emergency ends then or not. We are still in the midst of the Public Health Emergency, but regardless of what happens then, if it gets extended, if it ends, the Medicaid continuous coverage requirements are ending. And this means that we have a date and that once the Medicaid continuous coverage requirement ends, state Medicaid agencies are going to be required to begin to ramp back up their eligibility review for all Medicaid enrollees.

And so when we refer to the Medicaid unwinding, this is what we're referring to, this restart of eligibility reviews and renewals for anyone on Medicaid right now to basically determine from scratch, are you still eligible for Medicaid or are you not? And so in terms of the date certain, the law that was passed in December puts the Medicaid continuous coverage ending at March 31st, which means that terminations from the Medicaid program can begin as early as April 1st of this year. So when I say as early, not every state will start terminations that date, but that is the earliest date that we can see Medicaid terminations restart. So next slide.

So what I've just presented, many of you are probably familiar with this, certainly the (ACE) TA Center has covered this issue before. So because this was a known thing, it was always anticipated that the Medicaid continuous coverage requirements would end at some point, planning has actually been underway on this for a while now, at least over the past year. And this has really been driven in large part by guidance released by the Centers for Medicare and Medicaid Services or CMS. You'll hear me reference this agency throughout, it's a federal agency that oversees the Medicaid program. And CMS has really, I think, tried to get ahead of the unwinding and this daunting set of tasks and activities at state Medicaid agency's feet right now and over the past year has released more and more guidance, rules of the road for states on how to unwind the requirement, how to restart Medicaid renewals responsibly. And as part of this planning, states were actually required to submit a renewal distribution plan. So basically an extensive plan and timeline to CMS on how the Medicaid renewals would be staggered over a 12-month period.

And the idea here is that no state should attempt to renew and clean up all of the Medicaid roles super quickly. The idea is to really make sure that the renewals are staggered over a period of time to ensure that it's done right, that people are not losing coverage, who should not lose coverage. So we're actually going to chat out two resources that are really helpful on this. One is a tracker



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

that some of you may be familiar with already from the folks at Georgetown University Health Policy Institute. It is their unwinding tracker and they have used that as a one-stop shop for state renewal plans and documents. You can go on that link and you can look to see what's up there from your state. We're also going to chat out a timeline that was recently released from CMS that goes state by state and includes what states have submitted as their timeline for their unwinding activity. So take a look at those two resources to get a sense of what's happening in your state. So next slide.

So you've heard me say a couple of times now that the end of the continuous coverage requirements is officially April 1, but in reality that's the earliest date by which terminations can start. So actions and communications at the state level are actually starting before then. States will be reviewing eligibility in February, March or April. The exact start date process, again, is going to vary by state. So some of you may be in states where your clients are actually getting notices already from state Medicaid agencies, from Medicaid managed care organization, that is going to be state by state. Some states really chose to start that communication process in February and some are holding and waiting until April. So again, go back to the Georgetown tracker and the CMS timeline to get a sense of where your state falls in terms of beginning these activities.

In states that have begun to send termination notices, the effective date can be no sooner than April 1st. And you're going to hear me say that a lot because I think it's important. There is, I think rightly so, a lot of angst out there among Medicaid beneficiaries and folks who are working with Medicaid beneficiaries that coverage could be lost very soon. April 1st is the soonest date on which Medicaid can be terminated. So there's still a little bit of time and nothing is going to happen before that.

So I want to, next slide, go through the timeline in a little bit more detail and just take a moment to walk through these three options that CMS has provided for states to really take on what is a 12-month unwinding period, because there's a little bit of variability. So these are the options, A, B, and C. And we're going to chat out a link where this timeline is found in the CMS informational bulletin. So take a look at that. But I'm going to go through each one of these. So next slide.

So let's start with this option A. This is basically the earliest a state could begin the process and some states chose to do this and have started as soon as they could, which was in February. And that means February was the date by which renewals are being initiated. And then the terminations, they are going to start



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

in April. So this is the scenario where you may have clients who have gotten correspondence from Medicaid indicating they need more information or their data indicates a person may no longer be eligible for Medicaid. Those notices have started going out in many states. So that's the first start of the process. And that process could end with termination if renewal materials and documents indicate the person's no longer eligible or there is not a follow through on the renewal requirements and documents. So that's the earliest estate could begin the process. The next slide.

And then we've got option B. So the timeline basically is in the middle, it moves everything up a month. And so in this case, instead of February, the renewals are initiated this month in March. So that could be happening for many of you out there in the states. And then the terminations back out a month. So those don't start until May. So you just basically start a little bit later. States are using these months to finalize their plans, continue their education and outreach to Medicaid beneficiaries, to the organizations that are working with Medicaid beneficiaries. So it just pushes everything up by one month. And then next slide.

And finally, the third option is to move everything up one more month, to begin the renewal initiations in April with terminations not starting until June. So these are basically the three options states can take. And CMS has provided and we chatted out that timeline, the state by state breakdown of what every state has reported they're going to do here. And I just want to asterisk that and say, take it with a small grain of salt and definitely check with your state's resources, your state Medicaid page, the resources that Georgetown is putting up on its tracker, because states may very well change some of these timelines and CMS may very well not be updating their chart in real time. So this is a very dynamic and big and complex set of things that CMS is tracking, so it's good to definitely check with CMS and the data they have. But check with your own state Medicaid agency, check with local resources as well just to get a handle on if anything is changing and what's happening in a bit more real time. So next slide.

So now that we've gone over the what and the timeline of the unwinding, I do want to walk through some guardrails and protections that are coming both from Congress. And really this is through some more explicit provisions and protections that did end up being included in the, actually the vehicle was a budget bill that was passed in December. And so Congress really put a few more protections in place to guide the unwinding process in addition to setting that date certain for the end of the Medicaid continuous coverage requirements. And then CMS has also, as I said, for the past year, been coming out with guidance for states to use as they set their unwinding plans and activities. And



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

this is especially important for the folks that Ryan White recipients and sub-recipients serve. These are folks for whom there's a lot of harm to lose access to Medicaid and potentially lose access to consistent and regular care and treatment regimens.

So these protections are really important to know about, to make sure your clients know about and to really watch to make sure these protections are being enforced in states. So the first protection, and I know that the (ACE) TA Center has talked about this on previous webinars, and this is important, but it's really about contact information. Some of the earliest action steps for folks working with Medicaid beneficiaries was to update your contact information, make sure that Medicaid program, your MCO, has the most updated contact information for you because that is the last known address and contact that the Medicaid program is going to use to do these renewals and a lot changes in three years. So that was really, I think, an early and often action item that was given to assistors and beneficiaries alike. And now there's a requirement on the state Medicaid side that states have to make an attempt to gather and maintain up-to-date contact information for all enrollees.

So it's not just on Medicaid beneficiaries, it's on the state too. They need to be working on their end to make sure that mailing addresses, phone numbers, email addresses are updated. And they're also encouraged to use multiple data sources and go through multiple strategies to update contact information. And I think that's a recognition of how important this piece is. It seems simple, but it is really the linchpin of how people are going to be reached for these renewals to start up again. Another protection is that states cannot, so this is a prohibition, cannot disenroll individuals based only on unreturned and undelivered mail. That's really important. So if the contact information was not updated and someone has not been reached, a state can't use that as the basis to disenroll somebody. Prior to disenrolling that individual, a state has to make a good faith effort to contact that person using more than one contact method.

So it's just an extra degree of protection and an extra requirement to find people, to reach them and make sure that it's an actual renewal process and not just something that has fallen through the cracks. And another protection is that, and this is a sunlight transparency protection, states have to report to CMS on all of their renewal and termination activities regularly. And this is just an important accountability and monitoring measure. Those reports are going to contain data on the number of renewals initiated, the number of terminations. And I think this is going to be important certainly for federal groups like the (ACE) TA Center and TA centers, but as well as state groups and assistors



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

working with Medicaid beneficiaries. Check what data is being reported, compare your state to your neighboring states, and if that number is super high, who are being terminated in your state compared to other states, that's a red flag, that's a way certainly that CMS is going to monitor how closely protections are being followed and if CMS needs to intervene to ensure that the unwinding is happening appropriately. And next slide.

And just a few more protections that I want to walk through. The first is a really important protection and that's that states are required to attempt to renew eligibility on what's called an ex parte basis. And what this means is that renewals are based on available information and databases without contacting the individual.

PART 1 OF 4 ENDS [00:23:04]

Amy Killelea:

And databases without contacting the individual. So this is really important. An example here is Medicaid agencies use data from the Social Security Administration to say, "Okay, Social Security says you're on disability, so check you are maintained eligible for Medicaid. We went to that database, we didn't even need to contact you the beneficiary at all." SNAP benefits data is another one that is often cited as a database that's used to cross-check eligibility. These are a really important tool that states can use to help both beneficiaries because that eligibility to check is done on the backend, it's done with existing data. And it also helps Medicaid agencies because those data checks are easier to do than beneficiary applications and data submission. So this is something that has been pushed and supported by CMS for a while and then has really been codified into a requirement that states really have to use this as a way to streamline the process.

And in addition to the ex parte renewal attempt, states also have to provide a renewal form that is prepopulated. And so that means your clients will not just get, here's an application, fill it out and give it back to us. The Medicaid agency has to do its work first and prepopulate the renewal form with everything the Medicaid agency knows from all of the databases the Medicaid agency has access to. And then beneficiaries can return that signed renewal form by mail, in person, online, or by phone. So this is really, it's an important set of protections and an important way to really make the renewal process as streamlined and as easy and simple for beneficiaries as possible.

So next slide. And you hear this from the airtime we're giving the ex parte renewal process, but this is really a very, very important part of the unwinding



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

and it's going to be an important part of efficiency for the unwinding. So we wanted to share a figure that CMS has put together, so a flow chart that CMS put together and we'll chat out a link that includes this as well, that really walks through, what does this process look like for the beneficiary. And so you have those three boxes at the beginning where the state Medicaid agency is identifying the renewal folks. They are assembling that information that I talked about from existing data sources by pinging those available electronic sources. And there's two paths after that, either that internal data pinging will yield enough information to determine renewal. And if that's the case, then all that happens is that the state can send the eligibility determination notice with a requirement to report errors or changes only and no further action is needed from the beneficiary.

So that's great, that's super easy that state was able to do it all on the backend. Beneficiary gets a chance to say yay or nay when they look at it, but they don't have to do anything if everything's correct. Now, on the other side, there are certainly going to be instances, especially because so much time is passed where there is not enough information existing in databases for the state to make a decision one way or the other in terms of eligibility. And in that case, the state is going to send a renewal form to the beneficiary to complete a renewal determination. And for a subset of beneficiaries that form, as I said, has to be prepopulated and it's recommended to be pre-populated for all beneficiaries. So this is how it goes and that's going to be a really good tool for state Medicaid agencies and protection for beneficiaries to streamline this process as much as possible.

Next slide. And I'm going to end my portion here with two updates about special enrollment periods or SEPs. And I'm going to talk about SEPs for both Marketplace coverage and Medicare. And these are going to be incredibly important to a lot, there's going to be folks who are just not eligible for Medicaid anymore. Stuff happens in three years. People's income may have gone up making them over-income for Medicaid. They may be employed where they weren't at the beginning of the pandemic. There are lots of things that are going to cause someone to legitimately not be eligible for Medicaid anymore. And so part of this unwinding process is to make sure for folks who are no longer eligible for Medicaid, that they're being screened for other coverage and quickly and efficiently enrolled in coverage for which they're eligible. And so two major programs and coverage sources are going to be Marketplace coverage and Medicaid.



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

And Marketplace in particular, hugely important now that the enhanced subsidies are there. It is certainly not as cheap as Medicaid, but it's going to be an affordable option for many, many people who are losing their Medicaid coverage. So this first SEP is for Marketplace coverage. It's available in all states that use healthcare.gov, the federal Marketplace platform. And it's for individuals who lose Medicaid coverage as a result of the unwinding. And just asterisk to a caveat, state-based Marketplaces can and are encouraged to put in place a similar SEP, and many are doing that.

And so folks who are out there in a Marketplace state check your state's exchange or Marketplace website for information on how those states are handling the SEP. But for the SEP available via healthcare.gov, individuals can apply for Marketplace coverage under the unwinding SEP. So this is a brand new SEP that's been announced and it's available from March 31st, 2023 all the way through July 31st, 2024. And as part of this process, folks are going to need to attest on the Marketplace application that their Medicaid coverage ended within this time period, but they will not be required to provide documentation for this SEP. So it's a fairly low threshold SEP and that's something that's going to be an important gateway from Medicaid coverage to in many cases highly subsidized marketplace coverage.

Next slide. And finally, last but not least, there is also a newly announced special enrollment period for individuals who were enrolled in Medicaid during the PHE who missed their Medicaid enrollment period. So as you all well know from HTA Center Medicare offerings, Medicare has quite an intricate set of enrollment requirements and enrollment periods that folks have to abide by when they're enrolling in Medicare. So the Medicare SEP says that if an individual enrolled in Medicaid during the PHE, well it says two things, so number one, it allows this SEP, so if you missed your Medicare enrollment period, you can enroll in Medicare during this newly announced or because of this newly announced SEP that is tied to the ending of the Medicaid continuous coverage.

And the other piece that's important about this, and this is just really important for Ryan White recipients to know about, is that if an individual enrolled in Medicare during the PHE, so anytime prior to January of 2023, and paid late enrollment fees, they're eligible to have those fees reimbursed if they're otherwise eligible for this SEP. This is just a fairness thing of not penalizing people who didn't enroll in Medicare during the unwinding but enrolled previously but were late because they had been on Medicaid. So it's just a way to make sure that nobody is getting charged late penalties because they took advantage of a protection in place that their Medicaid was not terminated



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

during the PHE. That's an important one to remember because those late enrollment fees can end up being a burden for both Ryan White clients and for programs supporting Ryan White clients. Individuals can contact the Social Security Administration to roll into Medicare with this SEP. So I've covered a lot of ground, and given you some context. And I'm going to actually now turn it over to Molly to take us through the next section. Thanks.

Molly Tasso :

Great, thanks so much, Amy. Hi, good afternoon everyone. So Amy's given us the lay of the land in terms of why we're having this conversation today. So the what and why and how of Medicaid unwinding. So now we're going to turn to now discussing how Ryan White programs can support people living with HIV, including Ryan White clients to avoid gaps in coverage into remaining care. So before we jump into that, we're going to take a quick moment and actually pose a question to you all. So we would like to get an idea of what your organizations are doing around Medicaid unwinding, so you can check all that applies. So perhaps conducting outreach to clients, working with your state's Medicaid office to identify Ryan White eligible clients who might lose coverage, building internal capacity to conduct enrollments once the unwinding begins, or perhaps a different option, which we can go ahead and chat into the chat now.

So I cannot see, I'll go ahead and close it. I can't see the answers coming in, but go ahead and close it when we get a good amount of folks who have responded. And then we can walk through the responses. Right, and I'm seeing some things come in the chat, so it sounds like a couple of people have said that they've not heard of anything happening right now. Another person said that they don't have a plan, just learning as much as they can about it. All right, so here we have the results of the poll. So it looks like there is a lot of great stuff going on. So it looks like almost about 65% of you all are doing some outreach to clients. A little more than a quarter are working with your state's Medicaid office, which is great. And then others looks about 43% building internal capacity to address the enrollment needs of your organizations.

I'm seeing some other great responses in the chat. Looks like also informing clients when we check eligibility to be on the lookout for letters. That's great. Awesome. We'll keep chatting in these responses. This is super interesting and helpful to see. So we're going to go ahead and move forward, digging into a little bit more of this information. So we're going to structure today's conversation as four steps that you can take to support your clients through the unwinding process. And so these include understanding your state process for Medicaid renewals, conducting outreach to clients, and supporting enrollment into other coverage options, which I'm seeing in the chat. It seems like many of



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

you are doing. Preparing for a possible ADAP and or Ryan White enrollment surge. And then also educating the broader enrollment networks in your area about the Ryan White program. We're going to go over each of these steps in more detail.

And as I do, please don't hesitate to continue asking questions in the chat. And also continue to share the steps that you and your programs are taking to prepare for the unwinding. I will say this is something that we've never done before, so we're all doing this together and there's a lot to learn from one another. So please do share as much as you're able and interested in the chat to help inform the work that your colleagues and other organizations are doing. So digging into the first step, understanding your state process for Medicaid renewals. As Amy mentioned, all states are required to have a renewal distribution plan. We strongly encourage that you find your state plan using the Georgetown Unwinding Tracker that we chatted about earlier and we can check that out again here. So even if you reviewed the plan on a high level, like Amy mentioned, it's just helpful to understand your state's basic approach and timeline to this background approach. And to also sort of compare with states surrounding you is a great way to engage with this and just keep an eye on what's going on.

So second, also be very important to know if and how your ADAP program is working with your state's Medicaid program to identify individuals who may be losing Medicaid eligibility but who are eligible for ADAP. So we know in some states when people living with HIV who are enrolled into Medicaid, they're not retained in the ADAP program and so they may no longer be connected to the Ryan White program. So it's important to take proactive steps to identify and contact these individuals. And then finally, we strongly encourage everyone to remain vigilant throughout this process. And Amy talked about this too, but just be sure to report any problems or questions or concerns that you might have to your Medicaid office.

So we'll talk about this a little bit more in a later slide, but just again, keep in mind that state Medicaid agencies are going to be managing a really unprecedented amount of work and there may be mistakes that happen. And so if you or a client have a question or a concern or something just isn't making sense, we really encourage you not to hesitate to reach out to your state's Medicaid office and report those concerns and ask your questions. So again, for example, if a client receives a letter that states that their medicated is being terminated before April 1st, for example, that's a major red flag, like anything that's prohibited. So certainly be reporting that to your state immediately.



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

So onto the next step, educating clients about the unwinding process and really making sure that they understand what this means for them and their health coverage. So clients need to know that their Medicaid eligibility will be redetermined and that this may mean that they need to transition to another type of health coverage if they are no longer eligible for Medicaid. The first thing that a client should be doing is confirming or updating their contact information with the state Medicaid agency. And this includes their mailing address, also their phone number, and their email address. And so this will just help ensure that any renewal-related communication successfully reaches the client. Also, very important to remind clients to check their mail or their email frequently for communications from the state Medicaid agency and to respond promptly to any request for information.

They may have been receiving letters in the past that didn't require any action, but this is something that they may be getting asked to respond with information. We need to make sure that the clients understand that they need to follow up with that. And we've included some helpful prompts here on the slide that can spur this conversation. So asking the clients if they've received information and asking them specifically what the communication said, those types of things are helpful to really get a sense of what exactly the clients, what they've received, and what their next steps might include. So just before moving on, we're curious, a couple of pulse checks here. So we're just curious how actively you are reminding clients to check their mail and to bring in anything they don't understand. So would you say yes, no, sometimes this is a common practice for you, or do we all need to be reminded to be checking their mail more frequently? And Tersia, I'll let you close the poll once we get a good amount of responses here.

All right, so it looks like about 10% of you are saying that you're not having this conversation about checking your mail, but almost 70% of you are doing this frequently. And a number of you also doing this sometimes as you said. So on the next slide, it's not a poll to respond to necessarily, but we just are curious if you can tell us if you have some best practices or some nice strategies or tactics that work to encourage people to be checking their mail and to be responsive to mail. We'd love to hear about those in the chat and maybe we can share as people respond. We can share some of those out later during our Q&A session.

All right, let's head to the next slide. And so continuing around supporting clients to conducting outreach to clients. So for folks who do receive requests for information from the state Medicaid office, again, ask them to be quite specific about what information exactly is being requested and then go ahead



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

and help them gather and submit the documentation. So this might include helping them report back their household income or their current household size. And if needed or possible, you could even review the correspondence together in person or go over it over the phone if your client might be having some questions about what is specifically being requested. And then finally, it's very important that you help eligible clients identify and enroll into other coverage options if they're no longer eligible for Medicaid. So again, be sure to explore all options, this includes Marketplace coverage, employers sponsored coverage, and Medicare coverage.

And if the person is ADAP eligible, be sure to confirm their enrollment in the ADAP program and discuss any financial assistance that they might be available for through the ADAP program to support enrollment into health coverage. I do want to take this opportunity to share with you a recently updated tool from the ACE Center. It's a Eligibility Decision Tree, which we'll go ahead and channel a link to now. And this tool is designed to help Ryan White case managers and clients determine if a person is eligible for Medicaid, Medicare private, or employer-sponsored insurance or Marketplace coverage. And that's all depending on their current coverage, their income, citizenship status, and other factors. So we are hopeful that this would be a helpful tool for you all while you're helping clients transition to other coverage types as needed.

And then on the next slide, before moving on, we just wanted to take a moment to pause and again remind ourselves that this unwinding process is unprecedented and really it entails redetermining the eligibility of almost 90 million people. So this is a massive undertaking and Medicaid agencies will be experiencing significant workload increases. And again, it may be implied, but important to keep in mind that mistakes may be made and that there may be scenarios in which a person is inaccurately disenrolled from Medicaid. So again, all states are required to have an appeal process in place.

And so if you're working with a client and you're having a critical eye with reviewing disenrollment and if there's a decision that just doesn't seem accurate or just something is not making sense, you should help the client reapply for Medicaid and or you can file an appeal with the state Medicaid agency. Remember, there's no penalty for reapplying to Medicaid if you think the client is eligible. So again, don't hesitate to call the state Medicaid agency and make sure that the decision that they've made is accurate and reflects the current information as it exists for your clients.



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

So moving on, the next step involves assessing and building internal program capacity to support the surging enrollment needs. So we're transitioning from preparing and making sure that clients have updated their contact information, that their understanding that this Medicaid redetermination is happening. And now for clients who are going to need to transition to a new coverage type, it's really important to have internal capacity to meet these needs. So we really feel that staff who are new or who may not have provided enrollment support recently, it would be great and helpful for them to be trained to conduct enrollment. The ACE Center has a great resource, it's an e-learning module called Preparing for Open Enrollment, the Self-Paced Interactive Learning Tool. And it was originally intended for open enrollment. But this period of unwinding is also a great opportunity to reference this resource and we're going to channel a link to that shortly.

Some other nice tips for just supporting increased enrollment needs of clients. We've suggested this in the past round of open enrollment, but I think now is a good time for Ryan White staff to consider adopting flexible staff schedules as a way to provide enrollment support to clients before and after the normal working hours like the nine to five. And this is just a way to help prevent clients from slipping through the cracks and not being able to provide the assistance that they need during these busy months. And then finally, if you're not able to build up the capacity within your organization, we encourage you to identify and establish partnerships with local external enrollment assistors. So those are folks in your community who may be trained to conduct enrollments.

And we're going to talk about this a little more on the next slide. So we talk about external enrollment partners. We are specifically referring to Certified Application Counselors or CACs, funded navigators, agents or brokers, and SHIP counselors who provide Medicare enrollment support. So these ...

PART 2 OF 4 ENDS [00:46:04]

Molly Tasso:

Counselors who provide Medicare enrollment support. So these assistors may be within your larger organization or health center, or they may be located at a partner organization, but they're individuals that they're trained to provide support for enrollment into health coverage. Again, including marketplace, individual health insurance, Medicaid and Medicare. And they can help your clients navigate this transition to a new coverage type that's needed.

And then you'll see on the side that we've highlighted the SHIP, or the State Health Insurance Assistance Program, which provides free one-on-one insurance



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RHWAP clients

counseling to Medicare eligible individuals, families, or caregivers. And so we really strongly encourage Ryan White programs to either case managers and other program staff to research the SHIP options in your state and be ready to refer clients as needed or better yet, consider becoming a trained SHIP counselor. And so in order to do this, RHWAP program must first become a SHIP certified organization and then once the RHWAP organization is certified, then RHWAP staff can become SHIP certified counselors. So we're going to chat out a link now to go ahead and to find your local SHIP counselor, so the person in your area who is a certified SHIP counselor and you can refer your clients to them and this person can help your clients understand and navigate the Medicare enrollment process.

So with that being said, once you locate and establish relationships with enrollment partners sort of outside of your own program, you need to be sure to educate them on the unique care and coverage needs of people living with HIV and also the support that the Ryan White program may be able to provide. So as I mentioned earlier, many clients transitioning off Medicaid may not be connected to the Ryan White program and they may receive enrollment assistance from someone who's unfamiliar with the role of Ryan White programs, and especially ADAP and the financial support that they might be able to provide for supporting someone's, for instance, marketplace enrollment. And so we really strongly encourage you to sort of reach out to and share educational some resources that we're going to share on the next slide to reach out to the assistors in your area and to share information about the Ryan White program and also to let them know that you are there to help them as a trusted partner throughout this unwinding period and that you were always there to answer questions and provide resources specifically about the Ryan White program.

And so to that end, we on the slide you'll see a couple resources from the ACA center that are specifically aimed at providing education for external enrollment support partners who may not be new to supporting people living with HIV. And so we're going to chat out a link to the website where both of these resources can be found. The video in the forefront is a quick three-minute video that explains the importance of health coverage for people living with HIV and how enrollment assistors can support. And then the fact sheet sort of in the back has eight great tips for enrollment assistors to help people with HIV find health plans that cover their unique healthcare needs and medication needs. So we'll go ahead and chat out a link to that as well.



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

Okay, so with that, we are going to transition a bit to a more sort of in some ways less formal portion of today's presentation. And we're going to talk and hear from folks who are working on the ground about how they're navigating the Medicaid unwinding process with their clients and learn a little bit about how they're doing, what they're doing to prepare for the unwinding.

So we can go ahead and we can stop the screen share and if folks want to come onto video. Hi, Nadeen, Mel, Brayden, and Greg. Hi. All right, well hi everyone. Thank you for joining us today. So we're going to go ahead and get started with some just like quick introductions. I know that Michelle did introduce you at the top of the webinar, but if you want to maybe just say your name again and your role at organization and then also maybe just tell us a little bit about what you do in your work and how as it relates to the Ryan White program and also the Medicaid unwinding. And then we have a few questions we'll get through. I will also be monitoring the chat as we're having discussions. So if you have specific questions for anyone or have any clarifying questions, feel free to chat those in and we'll do our best to be responsive. Nadeen, do you want to kick us off?

Amy Killelea:

Sure thing. Good afternoon everybody. I think it's afternoon for most folks now. Nadeen Israel, I use she/her pronouns and I am the Vice President of Policy and Advocacy at AIDS Foundation in Chicago. So if you're not familiar with AFC or an organization that does certainly Ryan White, we do the program coordination with the Region Lead, but we also do direct service work and we do policy and advocacy work, and that's where I'm housed within the policy and advocacy team. So my role is to do advocacy at the state level and support my team who also does it at the federal level and local level, particularly within for Ryan White, but also with Medicaid. And so Medicaid advocacy is part of the bread and butter of the work that I do and that my team does. I will kick it over to if I'm allowed to do that, Mel.

Mel Clay:

Good afternoon everyone. I am the manager of financial counseling with Equitas Health based in Columbus, Ohio. So pretty much for me, the best way to describe it's if you were a patient coming into our office, since we are a healthcare center that has medical, mental health, and dental services and pharmacy, you came into our clinic and had no insurance or couldn't afford the coverage and things like that, you would actually end up speaking to my team.

I have clinic-based financial counselors, auditors that helps within the team and does a lot of administrative stuff. And then I have a community financial counselor as well or two of them, so oversee like three different divisions of financial counselors. So that says how you would end up talking to my team as if



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

you had to come in and need assistance, they would actually speak to when they're available, as well as I'm the grantee program coordinator under the CMS grant, so the Centers for Medicare and Medicaid Services. So with that has allowed us to now be open to the public. So we are now certified to help with ACA enrollments, so we are helping our patients as well as the community, which is really great. We also are helping with Medicaid, so I help to oversee all those things that's going on within MI department, as well as oversee about 27 navigators who are all certified within the organization under different departments, make sure everything's running smoothly to meet the expectations for CMS since we're being funded by them. And I will turn over to Braden.

Brayden Turner: Hello everyone, I'm Brayden. I'm the community French counselor for Southwest Ohio through Equitas Health. And my pronouns are he/him/his. So basically in my role, I do a lot of community engagement and with this I gather a lot of resources that I provided to the individuals that I serve on a daily basis. So I also assist the clients in applying for Ohio Medicaid. The health insurance is Exchange Marketplace as well as the Equitas Health Financial Assistance program, which is our sliding fee.

And then I also screen and assist patients as applicable with enrolling a PAPI or other relevant programs. I also identify clients who qualify for assistance through programs including Ryan White, providing program education, refer accordingly to enrollment assistance, while also assisting patients living with HIV for services by administrating the sliding fee scale and monitor patients' cap on charges. So with that through our sliding fee, our cap on charges, that is basically you spend a certain amount on the healthcare service in a year and Equitas Health will not charge for any other services for the rest of that year. So that's a little bit of with what I do within Equitas Health. So I'll pass it on to Greg.

Greg McGruder: Hello everyone. My name's Greg McGruder. I'm the lead financial counselor at Equitas Health. Actually, Mel and Brayden pretty much summed up everything that we do. So I may take on some... if Mel doesn't have time or Brayden doesn't have time and a complicated issue comes about, I may help handle it. If a patient has issues with their ACA enrollment or their Medicaid enrollment since I worked for Job and Family Services, I may take on that question to see if I can help with the answer and work it out for them and guide them in the right direction. But yeah, they pretty much summed it all up for me.

Molly Tasso: Wonderful. Thank you. That's the benefit of going last right?



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

Greg McGruder:

Right.

Molly Tasso:

So with that, I will sort of kick off. I have a couple sort of questions to get us started, but again, I'm monitoring the chat, so please feel free to send in some questions for our panels today. But Nadeen, I was wondering if you wanted to start, can you tell us a little bit about the Medicaid unwinding process in Illinois and sort of what's happening, how you've been involved, and how AFC or other or Ryan White subrecipients have been involved in this process to date?

Amy Killelea:

Yeah, thanks Molly. So we probably started asking our state Medicaid agency some of these or the early questions fall of '21 just to start to get a sense of what they were thinking, what they were hearing, and based on what they would be allowed to do by the federal government like where their head was at. I will say that as I mentioned as an organization, we have established relationships because we do Medicaid policy advocacy work and have been for a long time. So we have really great established relationships with our state Medicaid agency, both the leadership but also the staff that do the work, the mid-level staff. And so that helps a lot in terms of engaging in this conversation. There is also, and I will kind of work this into the response, I think one of the best ways to find out if you're not already... if you don't know where to go when it comes to your Medicaid program, your state Medicaid program, and how to just engage with them or learn what's going on.

Every Medicaid program has to have, every state has to have a Medicaid advisory committee, what's called a Medicaid advisory committee. Essentially, it's a group of people that usually the state Medicaid director will appoint those people to the Medicaid advisory committee. They meet a few times a year, sometimes more, but those meetings typically they have to be public and they discuss Medicaid matters. They're supposed to advise the state Medicaid agency by all matters related to the Medicaid program. So if you don't know where to start and you're sitting here today, I would find out where your Google Medicaid advisory committee, it might have different names in different states for your state and see how you can just read up on what anything that they posted on their website or like I said, the meetings are open to the public. I'm sure at this point a lot of them are going to be virtual so plug in, both to ask questions, but also just to kind of listen and hear updates.

There are obviously tables on the public health side that exist that some of us might be more familiar with, whether they're specific to Ryan White or larger kind of community-based tables. But I know sometimes on the Medicaid side it's not always as clear like where the public spaces might be. In terms of what



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

we've been doing in Illinois, so it's been asking a lot of the questions as we've gotten the information from the federal government, from federal advocates. So asking questions about like, "What's our state's plan in terms of... When are they going to start enrollment, the redetermination process?" How are they going to space it out?" So we've got in Illinois right now, we've got I think just under 4 million people on Medicaid and Illinois's population is about 12, 13 million. So it's a large chunk of folks and we are an expansion state.

And so our state told us, "Well, we're going to take a 12th of the population that's on Medicaid every month and go through them that way." We also talked about... they've also done a lot of work on getting the word out side of it. So they've done a social media toolkit and communications flyers, soundbites, templates for an email, templates for social media that they've pushed out, the state Medicaid agency has pushed out to advocates and other groups on the update your address, update your address, update your address, update your address. This month going into next month, we're moving into get ready to renew. So those are just some of the things that we've done in Illinois and how we've engaged.

Molly Tasso:

Wonderful, thanks Nadeen. Maybe your tip about finding the Medicaid advisory committee or council is a wonderful tip. So I'm going to turn to our friends at Equitas and I'm curious if you guys can all start to talk to us a little bit about what your organization is doing to prepare. I'm curious both sort of internally like your internal capacity building, but then also how you're planning or maybe you already are talking to your clients, your patients about this and how you're preparing to roll this out within your organization. And I'll let whoever wants to start kick us off.

Mel Clay:

I'll take that one. So there's been quite a bit of communication within the organization. So within my role I have to meet with several different departments with the two common ones being... or three actually is our operations department. So that is the people who are over our health centers that are the directors and the chief officer over the medical center, the mental health as well as dental and pharmacy.

Some other key people for us has been our case management department and also prevention who prevention assist also with our copy. So I've been trying to have as much ongoing conversations as possible with these appropriate departments explaining what is going on as well as been doing quite a bit of collaboration with our marketing department, seeing how we can actually get the word out, not just to our employees, but also to our communities. So with



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

ideas being like a normal corporate email and we have our normal corporate dashboard that has communication and that we have the access, for example, our handbooks and our policies and job links bites and things like that, that's within that dashboard as well as campaigning on... our organization uses MyCharts.

So with it is a patient charting system that allows our patients also to look at labs and things like that as well as communicate through their providers and send messages. So collaborating with the appropriate chief officer over healthcare, Sam, "What is the appropriate messages? Can we get out? Can we target our patients from our epic report that actually has Medicaid and send out a mass appropriate MyChart message to them stating this is what's going on. Have you heard about it? These are the resources and links. This is how we're here to help," doing the same exact thing with our homepage as well as our social media and blogs, doing the appropriate steps it can take to make sure that word is going out not just to our patients, but also to our community as well. We also have other local grantees are also under the CMS, Centers for Medicare Medicaid Services grant.

So I've been partnering very closely with them. There's another organization that does very similar to what we do as well as another big organization, which is the Mid-Ohio Food Bank. So they're key people from there where we collaborate almost every single week giving each other ideas. We meet quarterly as bringing our leaders as well as our navigators who are certified all together to collaborate, ask questions, see what are trends, what are people saying to you, what were some weird complex situations that you had and how did you handle it. So those are some things that we're currently doing. Hopefully within the next week or so, I will hear back from marketing so we can make sure everything is ready to go in another week or so and being launched out to our community and to our patients.

Molly Tasso:

That's awesome. Thank you. Brayden or Greg, anything please feel free to add. I'm curious, in those conversations, you said you're sharing questions that you're hearing concerns, you're hearing sort of maybe goofy situations that are coming up. If there's anything that is sort of seeming to be a trend, is there anything that sticks out? I think it's helpful for folks who are going to be interfacing with clients or patients to maybe be able to anticipate the questions, concerns, challenges as much as possible.

Greg McGruder:

I'll give one example and then I'll let Brayden go. I have had people tell me that they don't have Medicaid and I go to look them up on our Medicaid website and



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

they actually do have Medicaid and they don't seem to realize that they were continuously enrolled in Medicaid and they got Medicaid during COVID and they think because they've made so much money or got a new job that their Medicaid stopped but don't realize that it actually hasn't stopped.

So I would have to suggest to them like, "Hey, I know you called in asking for help with Medicaid, but you actually still have it. Here's your managed care plan information," and I'll advise them to call Medicaid, let them know about the unwinding and tell them to say, "Hey, whatever you need, let me get that in to you guys so I can keep my Medicaid going." I've actually encountered that quite a few times with patients. So I just continuously, when I encounter that, try to let patients know like, "Hey, no, you've had it. You've been had it. Call Medicaid because this thing is about to happen and it will end so you need to call them and set up everything so you can keep it."

Brayden Turner:

Yeah, so the concerns that I've recently came in contact with any clients that I've assisted, whether they be patients or out in the community, is a fear that they'll be late on renewing their Ryan White if they're referred to another case manager, which can create a gap. So that kind of leaves them responsible paying the premium until the Ryan White is active. So I've also had several clients come to me stating they're told by their case manager that they must pursue Medicaid first, even if they've been denied in the past and haven't had any changes in income. And then several clients who lost their ACA coverage due to the Ryan White not covering the premium rate or being late to do so. So I'll often get questions that I can't answer because they're mainly questions for their case manager, but I do my best linking them to their appropriate person or department within their area to ensure there's no gap and that all questions are answered.

And then I also work hard on communicating with our health advocacy team who completes scene if active Ryan White or like ADAP is on file or when it will be. So that way if they need to be re-enrolled, we can communicate the potential effective dates to ensure premium payments is given as soon as possible. So mainly the main concern that I really have with clients coming to me is to make sure that their premium rates are going to be covered, whether they're being denied for Medicaid or were denied, and then ensuring that Ryan White is truly active and we'll cover those premium rates monthly.

Molly Tasso:

Wonderful. Thank you so much. Nadeen, I think you mentioned you had something you wanted to add?



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

Amy Killelea: Yeah. One quick thing that I wanted to also share that Illinois is doing a kind of at a system level is I know that our Department of Public Health, our State Department of Public Health is working with our state Medicaid agency to essentially do some tailored information sharing about the Illinois ADAP program, AIDS Drug Assistance Program for folks on Medicaid. Keeping in mind that there might be folks on Medicaid right now in Illinois who get dropped, but they're not on ADAP, but they qualify, but they may not know about it.

And so the idea is to try to catch some folks again, who are going to fall off of Medicaid through this process because they're over income or for other reasons, but they still qualify for Illinois ADAP. They just may never have interacted with Illinois ADAP before. So I do know that they're working on tailoring some communication for those folks as well during this process, which is something that we had asked them about. So that's something that if other states aren't... if you're not sure or if there are other states are not doing, something to consider talking to your state, both Medicaid and your department of public health about.

Molly Tasso: Great. Thanks Nadeen. Thanks everyone else. So I have one more question that I'm going to pose to you all and then we will sort of move to the Q&A portion, but I'm curious if everyone, so we're heading into this unwinding sort of process, but it's going to be over a year long, right? So curious if you have any thoughts, both sort of where you are keeping up to date on what's going on, places you're going for-

PART 3 OF 4 ENDS [01:09:04]

Molly Tasso: How you're keeping up to date on what's going on, places you're going for resources and information, but also maybe how you're thinking about maintaining that momentum and sort of staying on top of things over the next year. I will open it up to anyone who wants to jump in.

Greg McGruder: For me, outside of what Brayden does in the community, especially if they're Ryan White patients, we try to make sure that they still have Ryan White. We will see if they're Medicaid. If they're not sure about their Medicaid checking Medicaid, see if it has expired. If it has expired, try to help them reapply. If they make too much money and they are more qualified for the ACA, then we will help them with a plan and hook that plan up with their case manager so their plan can get paid for. But we're always on the lookout as patients are telling us what their insurance financial issues are, just asking more probing questions and getting them to the right people or the right application to help them with so



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

they can have continuous coverage and letting them know, hey, this is the best way for this. And that's for me in the office, it may be a little bit different since Brayden works directly with the community, but as I'm getting patients or getting questions, I just try to ask more probing questions to see what we need to do for them.

Brayden Turner:

While I'm out in the community. I ask a little bit more in-depth questions just because a lot of individuals that I may interact with are homeless. So as far as Medicaid or even ACA, of course, I ask what their health concerns are, if they have a primary doctor. If they don't, then I kind of do some research and link them to that healthcare. And a lot of them that I interact with as well, they have a fear that because they're over income for Medicaid, that they're somewhat under income for marketplace. So I really have to explain what the different categories are. Like you have a silver plan, bronze plan, situations like that. So it's just really going in-depth, explaining the process, explaining each category, and just really going through and talking about each plan with the individual, whether they're a patient or a consumer out in the community.

And it really just depends on how much they could afford each month. That's one of the questions that I do ask, how much can you afford each month? And in your head, what does your deductible look like to you? How much are you willing to spend overall? So we just verify current situations and then just go from there. And if they have any questions along the way, then I try to assist.

Amy Killelea:

And just very quickly, so I mentioned this before, I think staying, figuring out the public tables, there's also likely going to be an email list, a notification list that you can get on if you're not able to make any kind of public meeting regularly to get updates. So I'd encourage folks to find out where those tables are, again, within the public health space in your state, but also on the Medicaid side. There's likely also advocates in your states that if you don't have the time finding out, figuring out, there's a coalition, group of folks who kind of do the advocacy part for a living where they're getting the information and you can get updates from them. One thing that I want to just want to also make sure, it's going to be really important because this is going to take 12 to 14 months this process, as it should, that we are also as folks who, as especially y'all, most of you who are doing this day-to-day on the ground, that as there are problems, as there are issues, if you're noticing patterns, to take that back up to somebody.

So that's another reason why it's important to know where the tables are in your state so that you can take that back. In the last week, I've seen 10 people who had the same exact issue. There's something going on that is not there, it's



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

not on their end something, it could be a coding issue. God knows what the issue would be. But it's going to be really important for us to also not just be the recipients of information and the disseminators of information in that way, but also to take what we're seeing and experiencing on the ground and take it back up and advocate for change, real time change, so that the folks that we're serving, hopefully we minimize the number of folks that are falling off erroneously.

Molly Tasso: Thanks, Nadine. That's such a great point. I think we can assume good intent throughout this, but just recognize that there likely will be some mistakes, some coding that goes wrong. And so it'll be important for the information to be flowing back up as well. I just have one question that I noted in the chat that I'm going to ask Greg to respond to, and then I'm going to actually hand it over to Michelle to help move us through the Q&A to answer some of the questions that have come in throughout the rest of the presentation. So Greg, someone asked for Medicaid websites where you can go and look up if a person is on Medicare or not? Whether or not you needed... How you have access to those websites? Can you walk us through what that looks like?

Greg McGruder: Yes, and actually Mel was answering this in the question site. There is a provider porter for provider officers that require logins with your organization's billing information. So the tax identification number or the NPI. And so if you work for a hospital clinic, agency, someone usually there at your agency should be able to set you up with that. If for some reason you can't, you can always call the Medicaid hotline and do eligibility verification over the phone.

Molly Tasso: Wonderful, thank you. That's a very helpful tip I think for everyone here today. So with that, I'll probably have you all stay on video because I think you're going to be answering our questions. But I'm going to ask Michelle to join us and to help start to walk us through some of the questions that have come in. We've got a ton of them, really wonderful questions. So we're going to spend the next 10 minutes or so going through those.

Michelle Dawson: Sure. Make sure you stay here too, Molly, there's some questions for you. Okay. But we'll start with a couple. Let's see. I think that Mel and Nadeen may tag team these two, but I'm going to put them together similar. So the first question is, should we be calling to see if our clients are being removed or is a letter going to be sent out at that time? And will this include dual enrollment?

Mel Clay: So I can date part of that. There should be, if not already, depending on your state, communication should start going out to consumers about the Medicaid



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

and the unwinding. So this is why it's important that if they haven't seen anything yet that they're going onto the appropriate patient or consumer portal for Medicaid, logging in and making sure that the contact information listed for them from their mailing address, to telephone number, to email is all listed correctly so they can ensure that their appropriate communications is sent to them. In regards to the unwinding event itself.

Amy Killelea:

Ditto. And I will say for Illinois, there's a hotline. We've been disseminating that number so that if somebody is nervous and they're hearing all this information, they haven't gotten anything yet and they just want to know when... I don't know when my redetermination date is. They can call that number. There's a way for us in Illinois to also look it up online, but they can certainly call the number. It can be anybody and find out when their redetermination date is. So that should be available in your state. But to Mel's point, if not, then there's going to be... The notices have to go out. So they'll get a notice. It's a matter of when they'll get the notice in this 12 to 14 month period that I think is part of the, check your mail, make sure you've got a right address on file, et cetera.

Mel Clay:

And I would add that there is the unwinding toolkit that is on [medicaid.gov](https://www.medicaid.gov) that provides... It's a nice little booklet, of probably about 38 pages, I believe, and it could be provided to the consumer. It can also be provided to yourself just for reference. But it gives you some listings of letters and things like that of what the correspondence could possibly look like, as well as some helpful tips of what to do to prepare for the unwinding. And it comes in about six languages.

Michelle Dawson:

Thanks so much. Another question for the group, I think Mel, Greg, Brayden, you may take this one. Can states use tax return information to assess eligibility?

Greg McGruder:

They can... I'm sorry. They can use it, but it is much preferred if they can get their pay stubs, an unemployment summary letter, a letter of employment to how many hours they work. Because even if they use their tax return, especially in Ohio, we have the ability to actually pull your pay stub records, and if not all of your jobs are on your pay stubs, they can say, "Hey, you gave us this, but we see all of these jobs you worked throughout the year, so now we need all of these pay stubs." And that could slow up time. So it's better if they can give, like I said, pay stubs, unemployment letters, child support, because we have the ability to bring up child support also. So any child support statements because [inaudible 01:19:32] it is a case managers at Job and Family Services here, if they feel you're lying about something, they're going to go and look it up. So it's better to have everything else, but that.



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

-
- Mel Clay: I would add also that typically you will really want to make sure that if it is taxes, it's for the same employer and you're projected to be pretty much around the same for this year that you were last year as well. So I just wanted to add that as well. Thanks Greg for that answer.
- Greg McGruder: Oh, and also I see this question in the chat. They ask can they renew based on previous year's tax return? If during the application process the patient chooses that option, they can pull that tax return and renew your Medicaid off of that.
- Michelle Dawson: Thanks very much for those answers. Molly, I have some questions for you here prepared. Will the Medicaid special enrollment period be for 2023 only or is this continuous?
- Molly Tasso: Excuse me. Okay, so I've got two screens here. So that's where I'm looking. So it's important to note that both marketplace and Medicare coverage have SEPs related to the loss of Medicaid coverage already. What's different here is the timelines that are being used for these SEPs are far longer. So these SEPs that we talked about today are time limited, they're associated strictly with the unwinding. But again, that both marketplace and Medicare coverage [inaudible 01:21:07] have SEPs for loss of coverage. So just to reiterate, the marketplace SEP is only available for folks who lose Medicaid coverage up until July, 2024, and then the Medicare-
- Amy Killelea: Oh, we lost her. I don't know if you can hear us Molly, we lost... Or, at least I lost your sound. I don't know if everybody else did.
- Michelle Dawson: I can hear Molly.
- Amy Killelea: Oops.
- Molly Tasso: Okay. I'm going to keep going. And then the Medicare SEP is available for six months after Medicaid termination. I hope that that's a helpful clarification there.
- Michelle Dawson: Okay. And then one more, Molly, while you're off mute, do you have any suggestions for how to work with state Medicaid office to identify Ryan White HIV/AIDS program eligible clients who might lose coverage, especially if we have no data sharing agreement with them?
- Molly Tasso: Yeah, so this is a good question. So we've been hearing about some sort of innovative data partnerships between Ryan White part B and ADAP programs



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

and the state Medicaid agencies. And the goal is to identify people who may lose Medicaid coverage, but who would qualify for Ryan White, including part B services. And so for instance, a few states we know are doing data matches between HIV surveillance data and then the state Medicaid data and I identifying people with HIV on Medicaid and then providing really focused information sharing and sort of outreach to those individuals to make sure that they are either re-enrolled in Medicaid or are then directed to Ryan White to explore those services.

And so even beyond data sharing, we also are just encouraging Ryan White and part B programs to reach out to their Medicaid programs just to make sure and to suggest, if possible, that in even sort of mass communication even just reminding folks that the Ryan White program exists, this is what it can do, these are the supports it can provide. So that way, even if you aren't able to do it in a sort of focused way, at least the information is out there. So everyone is seeing that if you may not qualify for Medicaid anymore, if you happen to have... If HIV you can qualify for, might be able to qualify for Ryan White services. So I think it'll be sort of different in each state depending on, again, sort of relationships and what data sharing agreements may be in place. But certainly some education can be done even beyond data sharing.

Michelle Dawson: Thanks Molly. Okay, a question for Nadeen. Nadeen, do you have sound? Nadeen, sorry, excuse me.

Amy Killelea: Yes.

Michelle Dawson: Okay. So will the state's call center capacity change given these upcoming changes to coverage in Montana, which I assume the person's state? We usually spend hours on hold before being able to reach anyone.

Amy Killelea: Yeah, that's a great question. So what I'm not sure about is if there are any federal requirements. So if anybody knows about that, please jump in about call center times. I know that there is some data monitoring around the unwinding process that's going to happen. And what I do know is for Illinois, one thing we've done is staff up, so that this is something we've asked them about our Medicaid and essentially the department that does the eligibility for Medicaid has staffed up and they've said that they're going to monitor wait times and they're going to report out on it. And this is where I go back to the kind of staying in touch piece because we're going to be... Whether they report out on it or not, we're going to be asking them and also sharing our experience if



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

they're going to be longer wait times, which we also anticipate will happen once it starts.

Michelle Dawson: Thanks. And one more for you. Does this Medicaid unwinding apply to straight Medicaid only or does it apply to the Medicaid managed care plan as well?

Amy Killelea: Yes, so this applies to any person that is on Medicaid. So it includes if you've got fee for service or straight Medicaid, some folks call it, managed care. It also applies... I know that there was a question about duals. So duals people are on Medicaid and Medicare. Basically if you're on Medicaid, you're going to have to go through this redetermination process at some point in the next 12 to 14 months.

Molly Tasso: And I'm just going to share... Michelle, just sorry, quickly before, I know you're going to wrap up, but one important thing that I saw that came through in the chat that I want to tack onto that is just a reminder that people are going to be getting letters. Let's say there are four people in a household and those four people are all on Medicaid, there's going to be four letters being sent to that house. And so just that's a helpful tip that someone shared in the chat to share with consumers, not to be alarmed, maybe if they're getting multiple letters and to maybe sort of take that opportunity to share with them sort of what's going on and why that's happening. But that may be happening in some households, so just keep an eye out for that.

Mel Clay: I just wanted to add just I'm not sure for... Since there's so many different people here. If you are being, for example, maybe funded by centers for Medicare Medicaid services, you might want to touch base with your program officer. There has been designated what's called phone codes that's been given to people who are actually certified and part of CMS that literally you call the appropriate line for healthcare.gov. You plug in your code and it actually jumps you to the head of the line because they know that you are a certified person that you need to answer. So that's something keep in mind and you might want to research it if you are working very closely with CMS as well as the complex case line, or excuse me, complex case referral, which is an appropriate website that you would want to go on to.

You unfortunately do want to make sure you're touching base with someone from healthcare.gov first, the call center. But if you're getting any type of answer that doesn't seem right, you feel like the answer that you were given was incorrect or it just wasn't the best answer, or you assume it's going to be complex and ongoing, you can reach out, do a referral online, the appropriate



Webinar Transcript

March 14, 2023

Navigating Medicaid continuous coverage unwinding for RWHAP clients

CMS department will partner either with healthcare.gov and/or the marketplace carriers to make sure that the information is being addressed importantly for you.

Michelle Dawson:

Thank you so much everyone for your answers and for all the questions too. Unfortunately, we're not going to have time to get to everyone's questions, but we definitely have things to say. If you have questions that we didn't get to, you can always feel free to email us. We'll put our email address on the next page as well. And so here on this screen, we just want to share these final resources with you before we go. Here, we have the link to the Georgetown University Navigator Resource, the Kaiser Family Foundation brief, 10 things to know about the unwinding, and the CMS Unwinding Communications toolkit. It's available in multiple languages, but we have the English version linked here and we'll of course share all the links as we said from today's presentation with you as well.

And I'll wrap up here today. Thanking everyone for joining us and just mentioning that over the coming weeks and months, the ACE TA Center will continue to provide updates on what Ryan White HIV/AIDS programs, including case managers and enrollment assistors can do to help clients stay covered, maintain access to care and medications, and stay informed. And we'll ask that you please keep your webinar window open to complete the evaluation when it pops up. We want to hear your thoughts on how we can continue to improve our TA offerings and provide you with more opportunities to engage with us and build your capacity on this important content. You can sign up for our mailing list, download the ACE tools and resources and more by out visiting our website, taregthiv.org/ace. And if you think of any other questions or we didn't get to yours today, you can always send us an email, acetacenter@jsi.com. We love hearing from you. Thanks everyone, and have a great afternoon.

PART 4 OF 4 ENDS [01:29:48]