Delaware Medicaid Redeterminations:

Preserving Continuity of Health Care Coverage

Presented by Highmark Health Options and Highmark Affordable Care Act Teams

HIGHMARK HEALTH OPTIONS

Agenda

1. PHE Unwinding
2. Timeline with Key Milestones
3. Outreach Strategy
4. ACA Insurance Products for Formerly Eligible HHO Members

PHE Unwinding

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Introduction

At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA).

- This act included a requirement that Medicaid programs keep members continuously enrolled through the end of the month in which the COVID-19 Public Health Emergency (PHE) ends, in exchange for enhanced federal funding.

Introduction

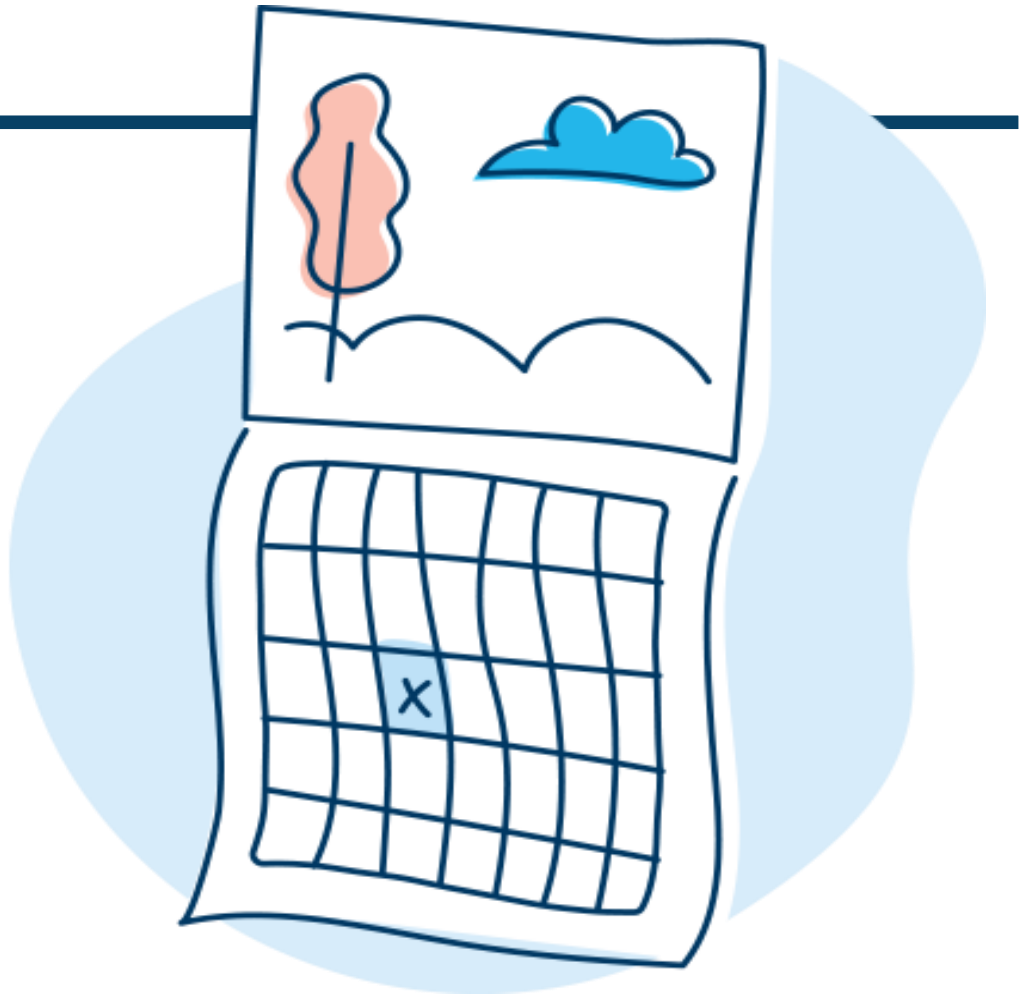
- Due to the continuous enrollment requirement, Medicaid enrollment has grown substantially compared to before the pandemic.
- The uninsured rate has dropped.
- Estimated by CMS, 15 million people – **8.7 million adults and 5.9 million children around the country** – could lose their Medicaid coverage.

What is “unwinding?”

Process by which the State will resume annual Medicaid eligibility – *or redetermination* – reviews.

PHE Unwinding Overview

- PHE officially ends May 11, 2023.
- Consolidated Appropriations Act of 2023 separated the continuous eligibility requirement from the PHE.
- As a result, starting April 1, 2023, all States are permitted to restart the redetermination process with their Medicaid members.
  - Must begin process by April 30.



PHE Unwinding Overview

During the PHE:

- Medicaid enrollment increased 18% across the country.
- DE Medicaid enrollment increased ~27% (April 2020 to present).
- All State Medicaid Redeterminations were paused by CMS.
- No active disenrollments were permitted by States/MCOs per CMS.

Medicaid Renewal Process

- States will begin the renewal process by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the member.
  - Ex parte renewal, also known as auto-renewal, passive renewal, or administrative renewal.
  - Medicaid members who do not retain their eligibility through the ex parte renewal process will be mailed a pre-populated enrollment form.
  - Members can complete their renewal and send in their necessary documents that the State does not have to evidence eligibility.

State of DE Population-specific Concerns

Pregnant Women

DMMA is pursuing a State Plan Amendment to allow for 12-month continuous coverage for pregnant women; this SPA is pending with CMS.

People Living with I/DD

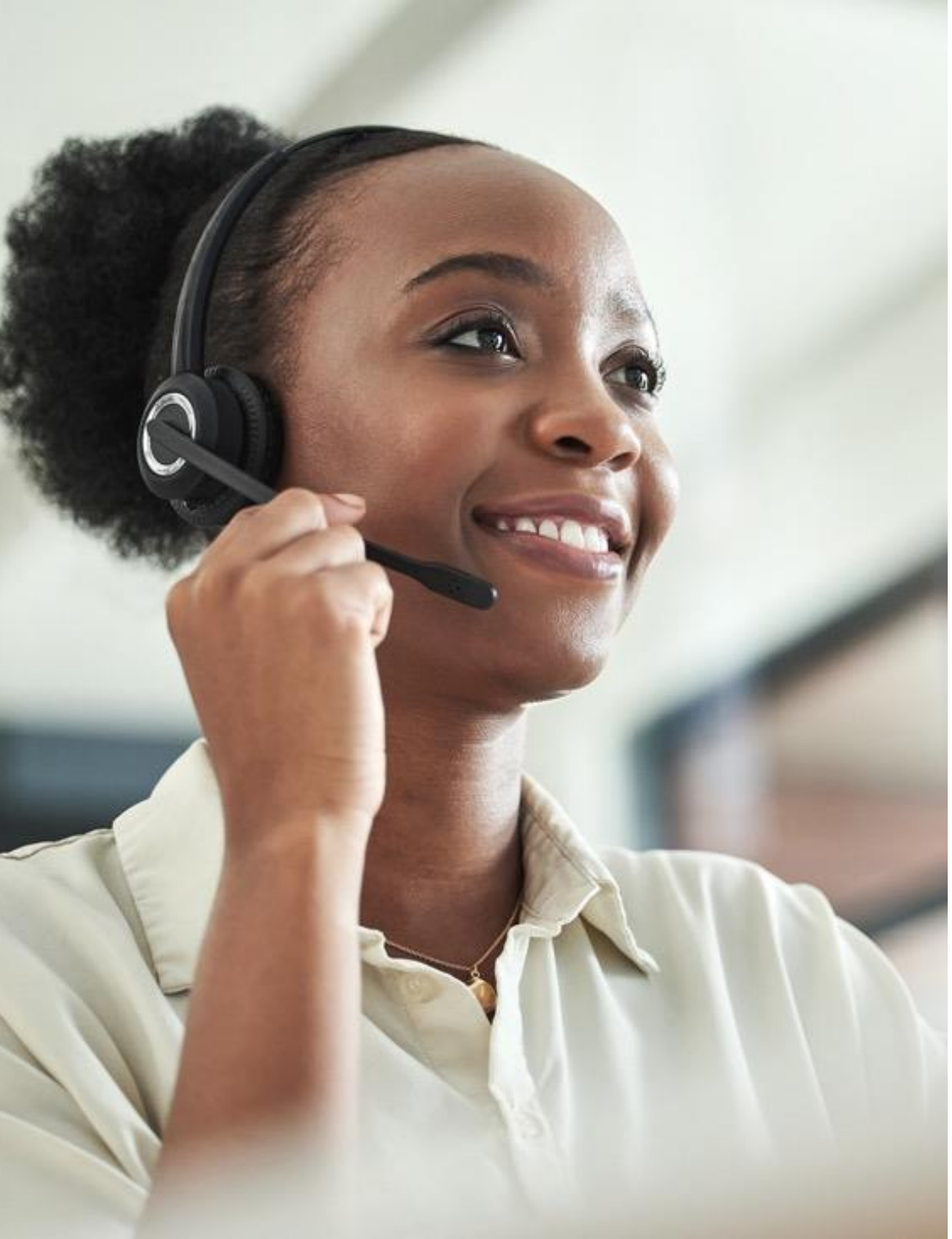
No automatic closures of cases.

Members Living in a Nursing Facility

No automatic closures of cases.

Other Members Eligible for Long-Term Care

No automatic closures of cases.



HHO Redeterminations Call Center

A dedicated team of HHO call center agents trained in Medicaid redetermination will be outreaching members who are not auto-renewed to:

- Assist members with renewing, *or*
- Warm transfer them to ACA call center experts if no longer eligible for Medicaid.

Renewals Requirements

CMS requirement that no more than 1/9th of all redeterminations for the entire Medicaid population in the state of DE are completed in any given month to allow the full 14 months to complete redeterminations = the “unwinding” period.

- To decrease administrative burden on state agencies
- To decrease gaps in coverage/ care
- To decrease number of uninsured

Renewals Processing

During unwinding, DHS/DMMA will process monthly:

5,245

NON-LTSS MEDICAID RENEWALS

1,831

LTSS MEDICAID RENEWALS

ACA Coverage

HHO will also receive lists of disenrolled members from the State who Highmark will help with enrolling in ACA coverage if they qualify.

Timeline with Key Milestones

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Timeline with Key Milestones

Outreach Strategy

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Communications and Outreach

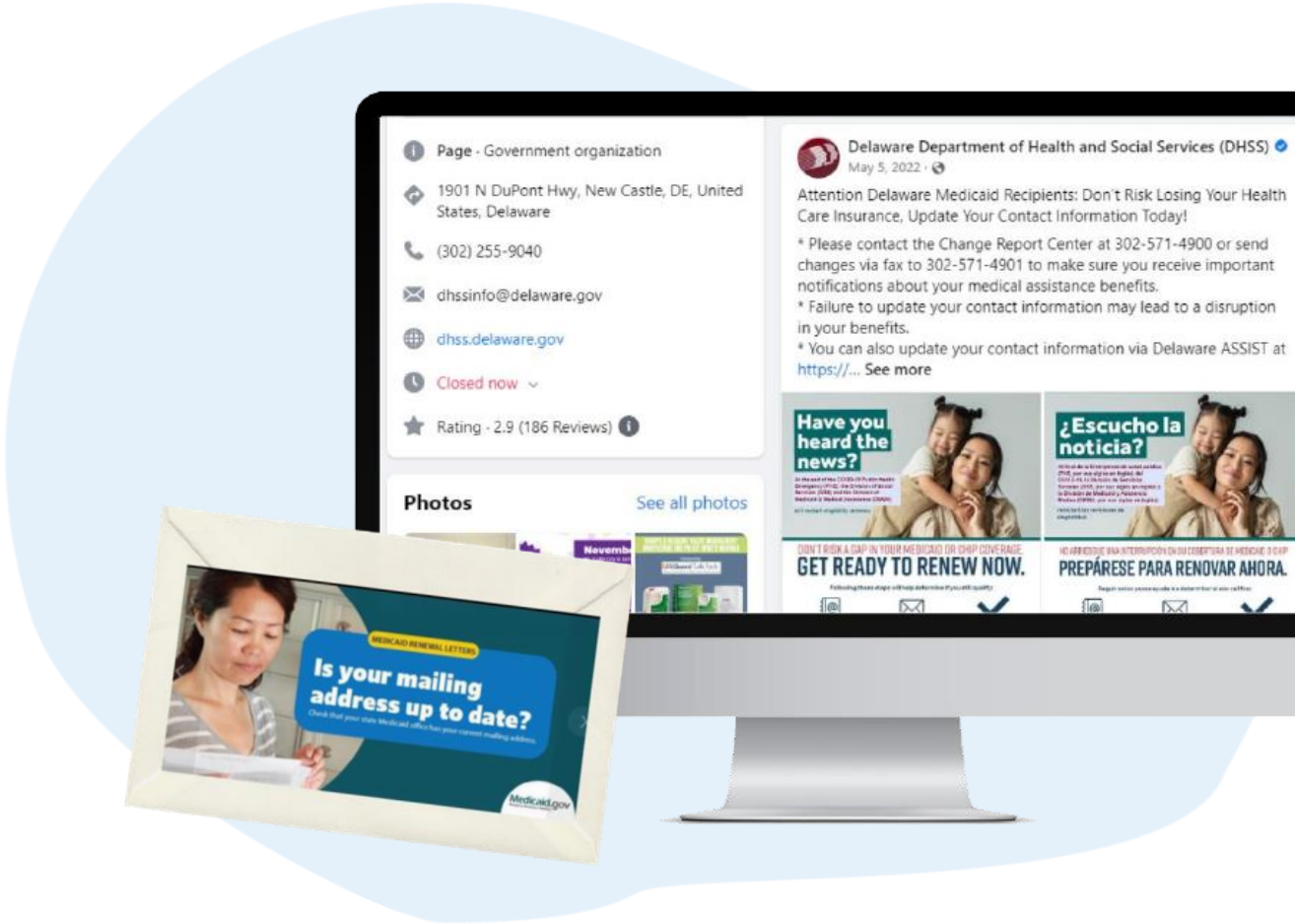
CMS is allowing Medicaid MCO plans to outreach disenrolled members to connect them to an associated ACA plan:

- If an individual receives notice from DMMA that they have been disenrolled, they are encouraged to apply for ACA coverage.
- Eligibility results will let the member know if they’re eligible to enroll in Marketplace plans and include information on any financial help that they may be able to use to lower their cost of coverage.

State Member Communications

DHSS has been communicating with members, partners, and stakeholders about unwinding since April 2022.

- MCO text campaign.
- Announcements via DMMA, DSS, and DMAP websites, newspapers.
- Outreach to providers and provider associations.
- Community partners and advocates.
- Flyers and posters placed in state agency and health care provider offices.



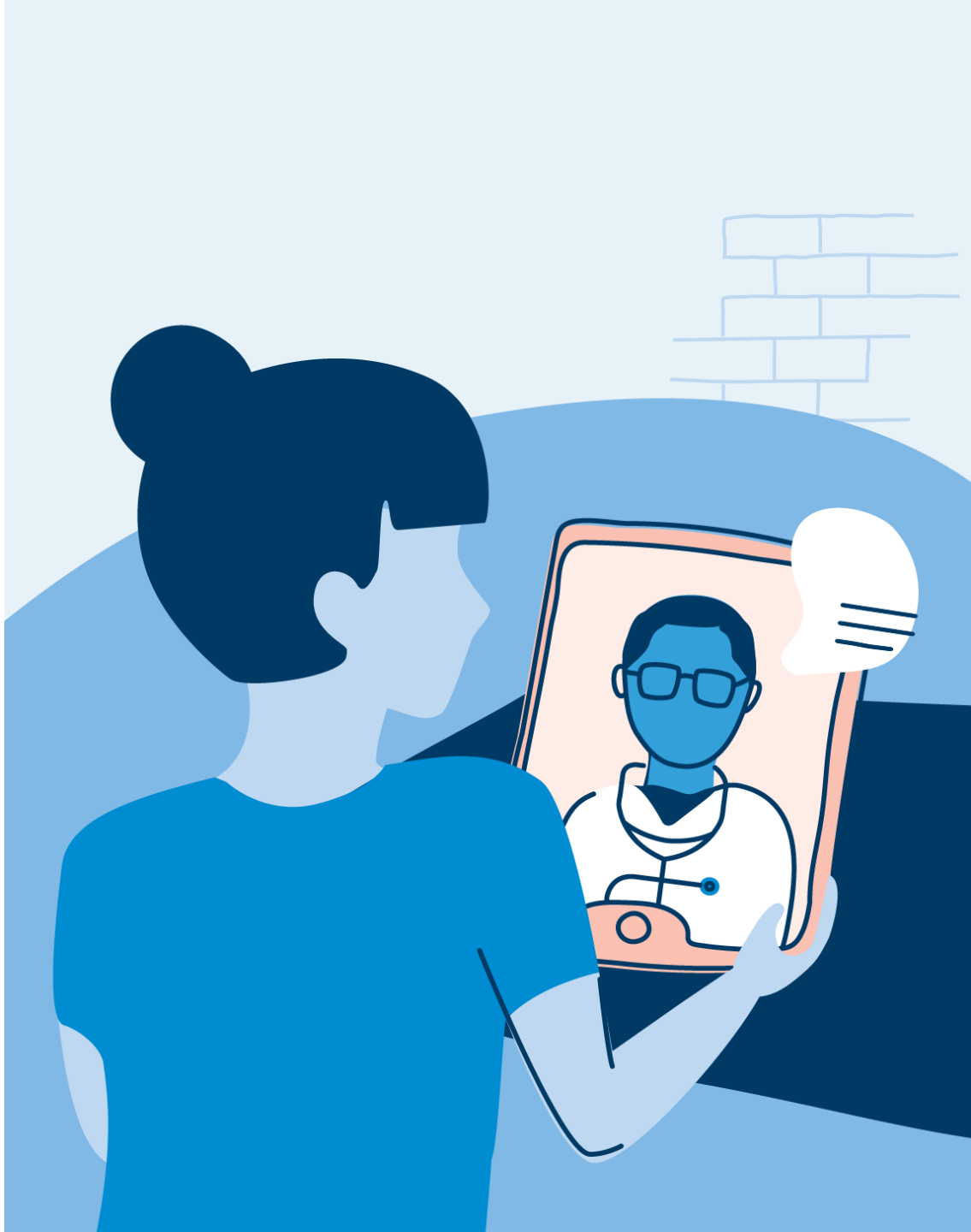
Omnichannel Outreach

- Direct Mail
- Social Media
- Outbound Calls
- Public Website
- myHHO Member Portal
- Secure Text Message
- Member and Provider Quarterly Newsletters
- Provider Fax

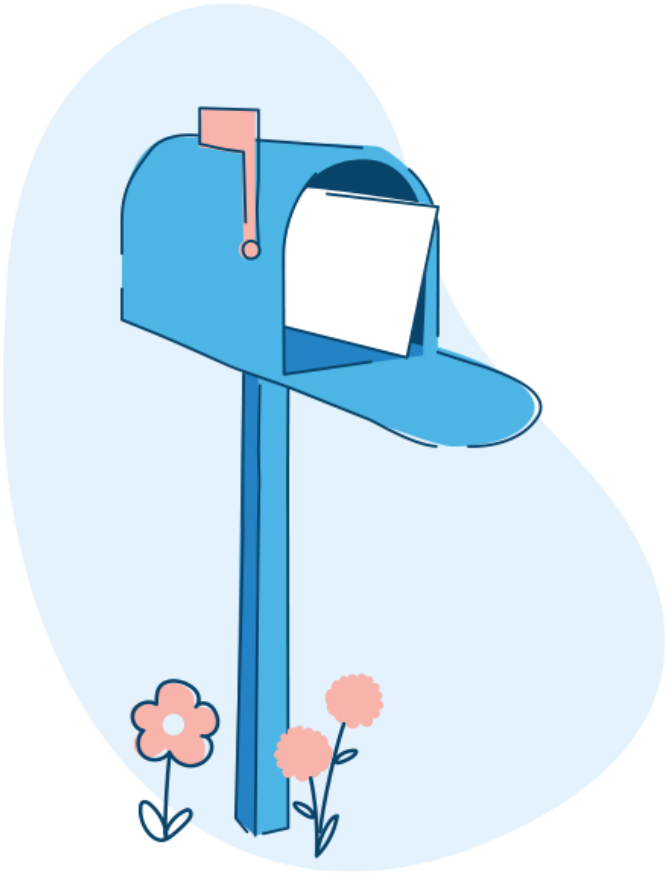
Audience

Current HHO members:

- Adult members of the Diamond State Health Plan (DSHP)
- Parents and caregivers of children enrolled in DSHP and Delaware Healthy Children Program



Key Messages



- During the pandemic years, people who had coverage through Medicaid were not asked to prove if they were still eligible for Medicaid.
- Starting in May, Delaware will begin to determine if people who have coverage with Highmark Health Options are still eligible for Medicaid.
- Delaware will send renewal packets to Highmark Health Options members who must complete the renewal process.
- Highmark Health Options members who are no longer eligible for Medicaid have other coverage options.

Member Calls-to-Action

- So that you don’t lose your Medicaid coverage,
- **Be aware this is happening.**
- **Be prepared.**
  - Update your contact information so Delaware can contact you about your Medicaid coverage.
  - Check or change your current mailing address, phone number, email, or other contact information.
  - Call the Change Report Center at 1-302-571-4900 or go online to Delaware ASSIST at ASSIST Home (delaware.gov).
    - If you do not update your contact information, your medical benefits may be disrupted.

Member Calls-to-Action

- Watch your mail for important materials from Highmark Health Options and State of DE.
- Highmark Health Options may call you to help you with the renewal process.
- If you no longer qualify for Medicaid, you may be able to buy an affordable, quality health plan through the Health Insurance Marketplace and get help paying for it.

Provider Communications

1. Develop posters that remind members that redetermination will be starting soon in Delaware.
2. Remind members of the importance of having updated contact information on file with the State Medicaid Office (State Service Centers).
3. Hang posters in FQHC waiting areas and other PCP/ provider offices (if permitted).
4. Hold provider education forums with health systems in the ACO and private providers.
5. Hold PCP-specific education forums on redetermination and Highmark ACA products.

ACA Insurance Products for Formerly Eligible HHO Members

HIGHMARK HEALTH OPTIONS

How will Medicaid Redeterminations impact healthcare coverage?

- All 270k Medicaid enrollees in Delaware will be redetermined over a 14-month period.
- Most beneficiaries will remain on Medicaid.
- ~60% of those who need new coverage will be eligible for employer-sponsored insurance.

How will Medicaid Redeterminations impact healthcare coverage?

- 1 in 5 found ineligible will be a good candidate for ACA.
- Historical experience shows that ~50% of those ACA eligible will not enroll.
- At least 1 in 5 ineligible Medicaid enrollees will go uninsured.
- **Partnership across stakeholders will be crucial in minimizing coverage gaps and uncompensated care.**

Federally Facilitated Marketplace (FFM) Navigators in Delaware

FFM Navigators will help individuals who are no longer eligible for Medicaid coverage transition to other types of health insurance.

Quality Insights

qualityinsights.org

Westside Family Healthcare
We treat you well.

westsidehealth.org

Special Enrollment Period (SEP)

- The FFM's unwinding SEP represents a great opportunity to help keep Delawareans covered.
- Individuals who submit a new or updated application between Mar. 31, 2023 – July 31, 2024, and attest to a last date of Medicaid within the same dates are eligible for the SEP.
  - Coverage starts the first day of the month following plan selection under this SEP.

SEP Details

Who is eligible?

Any individual who attests to losing Medicaid coverage.

How long is the SEP in effect?

This SEP will last from Mar. 31, 2023 – July 31, 2024.

SEP Details

How do individuals take advantage?

The SEP will be available to individuals who:

- Submit a new or updated application from Mar. 31, 2023 – July 31, 2024.
- Answer “Yes” to the application question asking if their Medicaid coverage ended recently or will end soon.
- Attest to a last date of Medicaid coverage from Mar. 31, 2023 – July 31, 2024. Consumers will not need to submit documentation.

SEP Timing

Loss of Coverage Date	Plan Selected Date	Coverage Start Date
4/30/2023	4/17/2023 (Consumer reports loss of coverage <60 days before final date of coverage)	5/1/2023
	5/17/2023	6/1/2023
	6/17/2023	7/1/2023
	7/17/2024	8/1/2024
	8/17/2024 (App. submitted on 7/31)	9/1/2024
	8/17/2024 (App. submitted on 8/1)	**No SEP**

Consumers will have 60 days after submitting their application to select a plan with coverage that starts the 1st of the month after selection.

- ***Note:*** Per existing SEP rules, consumers may report a loss of coverage up to 60 days before their last day of MEC (e.g., Medicaid or CHIP).

2023 Products/Networks

- My Blue Access PPO is Highmark's broadest network in DE.
  - Includes all major hospitals
- BlueCard for in-network access to routine care nationwide.
- PPO for those who prefer flexibility to go in- and out-of-network, although nearly every provider is in-network.
- No referrals needed to see a specialist.

>95% overlap

between HHO and Highmark ACA networks

Overview of ACA Savings Programs

Advance Premium Tax Credits (APTC)

- 9/10 ACA consumers qualify.
- Subsidies applied to the monthly premium to lower the price of insurance.
- Available on all On-Exchange ACA plans.
- Subsidy enhancements passed under the American Rescue Plan and Inflation Reduction Act have made APTCs more robust and widely available.

Cost Sharing Reductions (CSR)

- Available to those with lower incomes at 138-250% of the Federal Poverty Level (FPL)
- Lower deductibles, out-of-pocket maxes and copays for services.
- Available only on Silver On-Exchange ACA plans (e.g., Extra Savings Silver).

Individuals can qualify for both APTC and CSR.

	Delaware Medicaid	Extra Savings Silver 0	Extra Savings Silver 0	Gold 0
Monthly Premiums	$0	< $10	$10-$50	Varies
Income Level	**FPL < 138%**	**138-149% FPL**	**150-199% FPL**	**N/A**
Network Availability	Diamond State Health Plan	my Blue Access PPO	my Blue Access PPO	my Blue Access PPO
In-network Deductible	N/A	Individual: $0 / Family: $0	Individual: $0 / Family: $0	Individual: $0 / Family: $0
In-network Out-of-Pocket Maximum	N/A	Individual: $1,200 Family: $2,400	Individual: $2,800 Family: $5,600	Individual: $7,500 Family: $15,000
Primary Care Visit	Preventive visits limits 1 per calendar year, covered $0 copay	$1 copay	$15 copay	$20 copay
Specialist Visit	Covered, $0 copay	$1 copay	$15 copay	$20 copay
Outpatient Mental Health and Substance Abuse Visits	Covered, $0 copay	$1 copay	$15 copay	$20 copay
Speech, Physical and Occupational Therapy	Covered, $0 copay	$1 copay	$15 copay	$17 copay
Diagnostic Test Lab Services (Incl. X-Rays)	Covered, $0 copay	$5 copay	$25 copay	$50 copay
Urgent Care	Covered, $0 copay	$5 copay	$15 copay	$40 copay
Emergency Services	Covered, $0 copay	$75 copay	$275 copay	$300 copay
Hospital Inpatient (including Maternity)	Covered, $0 copay	$100 copay	$375 copay	$500 copay
Pharmacy Summary	$.50 / $1 / $2 / $3 copays	$0 / $5 / $15 / 50%	$0 / $10 / $50 / 50%	$0 / $30 / $150 / 50%

Points of similarity

Points of difference

ACA Affordability

It is important for former Medicaid enrollees to understand that high quality, affordable coverage is available to them.

ACA Affordability

- ACA premiums vary by annual income, family size, and age.
- 90% of new Highmark ACA consumers qualify for financial assistance.

ACA Affordability

- Nearly 1 in 5 purchased a Highmark plan for $10 or less in 2023 OEP, but as many as 4 in 5 qualified and chose to buy-up their coverage.
- All ages can qualify for a $0 Highmark plan up to 250% FPL/~$35k annual income.

Scenario 1

- 40-year-old woman
- $21k annual income
- 145% of Federal Poverty Level

Highmark Plan	Monthly Premium
Gold 0	$8
Extra Savings Silver 0	$4
Bronze 3800	$0

Scenario 2

- Family of 4
- $50k annual income
  (Coverage for married couple)
- 180% of Federal Poverty Level

Highmark Plan	Monthly Premium
Gold 0	$65
Extra Savings Silver 0	$58
Bronze 3800	$0

Scenario 3

- 55-year-old male
- $35k annual income
- 260% of Federal Poverty Level

Highmark Plan	Monthly Premium
Gold 0	$139
Silver 5900	$132
Bronze 3800	$0

Questions?

HHO Medicaid Redetermination
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