



Department
of Health

Office of
Mental Health

Unwinding the Public Health Emergency: Keeping New Yorkers Covered

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April 25, 2023

Agenda

- Continuous Medicaid Enrollment Unwinding Overview
- Unwind Update for Dually Eligible Individuals
- PSYCKES: Identifying Clients in Need of Medicaid Recertification
- Provider Risk Mitigation
- Resources
- Q&A

Continuous Medicaid Enrollment Unwinding Overview

Medicaid Recertification Resumption

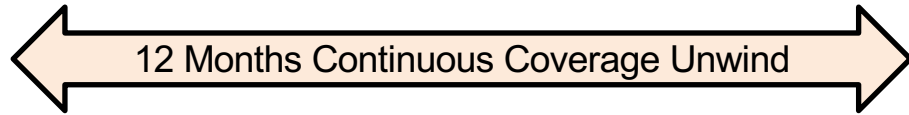
- Medicaid recertification packets for cases with June 30th end dates mailed as followed:
 - New York City Human Resources Administration (HRA)- March 2023
 - Upstate Districts- April 2023
 - NY State of Health (NYSOH)- May 2023
- NYS has 14 months to complete renewals for all Medicaid, Child Health Plus (CHP), and Essential Plan enrollees.
- All Medicaid enrollees, including those in Medicaid fee-for-service (FFS) or managed care, and CHP enrollees, will be sent renewal notices describing the action needed, if any, to renew their coverage.
- Individuals no longer eligible will be transitioned into the program they are eligible for. Individuals who don't respond to recertification notifications may be disenrolled.
- To manage the volume, enrollees will maintain their regular renewal "cycles" so that approximately one-twelfth of the population will renew each month.

Member Renewal Notices

- Medicaid renewal notices will be mailed to individuals using the address currently on file. There may be a significant number of people who can't be reached because of outdated mailing addresses or email addresses.
- Members may update contact information directly through NYSOH and HRA/LDSS
- Members will be sent renewal notices describing any needed action to renew coverage and will maintain regular renewal “cycles.”
- Enrollees will have at least 30 days to respond to renewal notices to prevent loss of coverage.
- The [ACCESS HRA](#) portal will allow Medicaid-only clients to view their coverage end date and other essential renewal information. Renewals will launch in ACCESS HRA on May 1, 2023.
- Enrollees in upstate districts may upload renewals through the [NYDocSubmit](#) mobile app.

Unwind Timeline for Eligibility Consumer Notices

| 2022 | | | 2023 | | | | | | | | | | | | 2024 | | | | | |
|------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|-----|-----|-----|
| Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |



HRA – The majority of renewal notices would reach consumers mid to late March 2023

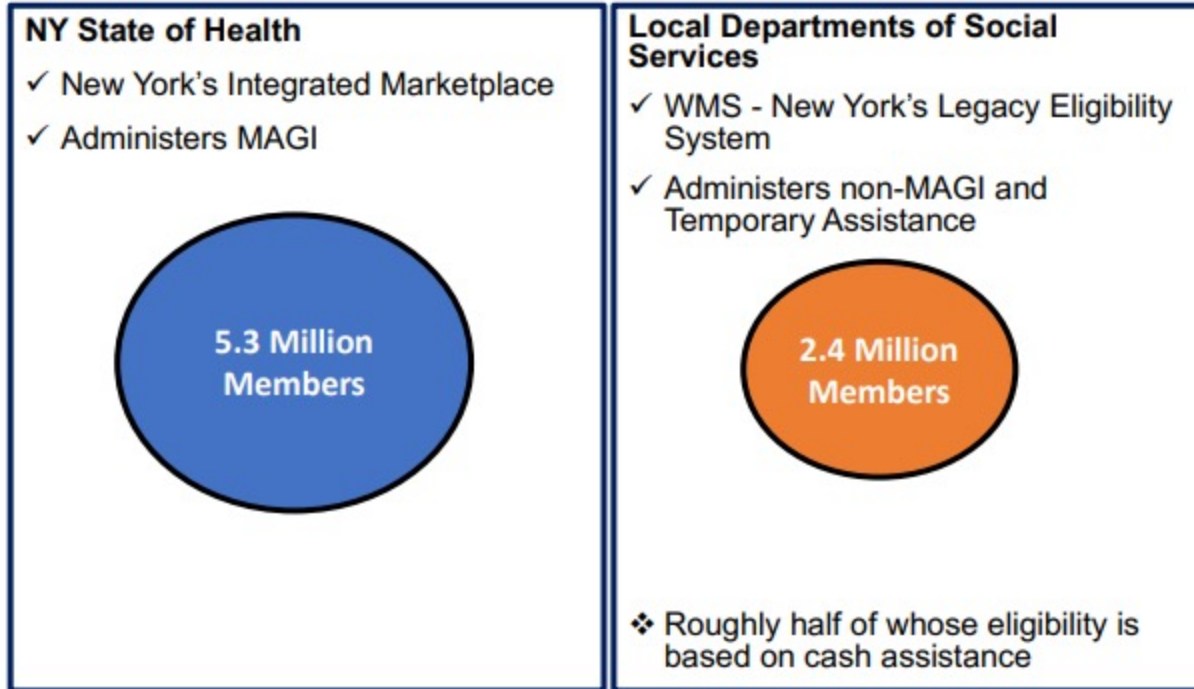


Upstate – Renewal notices would reach consumers mid-April 2023



NY State of Health – Renewal notices would reach consumers’ inboxes early May 2023, and reach their mailboxes mid-May 2023

PHE Impact on Medicaid



Federal Unwind Flexibilities

NY State of Health

- Received approval in October 2022 to conduct ex parte (administrative) renewals using IRS data across all programs to assist with PHE unwind
- Approved CMS waivers under Section 1902(e)(14) of the Social Security Act
 - SNAP - CHPlus/Essential Plan
 - Zero income – Medicaid, CHPlus, Essential Plan
 - Maintaining enrollment for individuals over 65 and dually eligible – Medicaid
 - MMC plans and Enrollment Broker updating member contact information

HRA and LDSS

- Auto renewal for non-MAGI with social security income
- Approved CMS waivers under Section 1902(e)(14) of the Social Security Act
 - SNAP – non-MAGI
 - Resource test – non-MAGI
 - Plans and Enrollment Broker updating member contact information

Communications Overview

- NYS DOH has made available several outreach and marketing resources to help inform New Yorkers enrolled in Medicaid, CHP or the Essential Plan about the important steps they need to take to renew their coverage and help promote these messages.
- Outreach has included a robust [public education campaign](#), [paid advertising](#), option to receive [text notifications](#) about renewals, direct mailings and other [communications tools for partners](#).
- Additionally, DOH is working closely with Local Departments of Social Services statewide, the HRA in New York City and the NYC Dept. of Health & Mental Hygiene, Mayor's Public Engagement Unit. This includes sharing and co-branding educational materials, videos and digital assets to support districts and HRA in their efforts to keep consumers covered.

NY State of Health Consumer Information



The screenshot shows the NY State of Health website interface. At the top left is the logo for 'nystateofhealth' with the tagline 'The Official Health Plan Marketplace'. To the right of the logo is the text 'SUPPORT & RESOURCES'. Further right are two buttons: 'Get Covered' in a yellow box and 'Log In' with a dropdown arrow. Below this is a dark blue navigation bar with links for 'Individuals & Families', 'Employers', 'Assistors & Brokers', 'Info & Events', and 'Language Support' with a globe icon. The main content area has a breadcrumb trail: 'Home > Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan'. The main heading is 'Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan'. Below the heading is a paragraph: 'Do you or a family member currently have health insurance through New York State Medicaid, Child Health Plus or the Essential Plan? Soon, New York State will resume eligibility reviews and renewals for people enrolled in these programs. This means you may need to take action to renew your health insurance or the insurance of your family members.' Below this is another paragraph: 'Here are some things you can do now to get ready.' The first item is '1) Sign up for text alerts', followed by a paragraph: 'Sign up to receive SMS/MMS Text alerts from NY State of Health so you don't miss important health insurance updates, including when it's time to renew your coverage.' Below that is the text: 'To subscribe, text START to 1-866-988-0327.' and finally 'Learn more:'.

nystateofhealth
The Official Health Plan Marketplace

SUPPORT & RESOURCES

Get Covered Log In

Individuals & Families Employers Assistors & Brokers Info & Events Language Support

Home > Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan

Important Changes Are Coming Soon to New York Medicaid, Child Health Plus and the Essential Plan

Do you or a family member currently have health insurance through New York State Medicaid, Child Health Plus or the Essential Plan? Soon, New York State will resume eligibility reviews and renewals for people enrolled in these programs. This means you may need to take action to renew your health insurance or the insurance of your family members.

Here are some things you can do now to get ready.

1) Sign up for text alerts

Sign up to receive SMS/MMS Text alerts from NY State of Health so you don't miss important health insurance updates, including when it's time to renew your coverage.

To subscribe, text START to 1-866-988-0327.

Learn more:



Communications Tools for Partners:

PHE Tool Kit

- This tool kit features:

- Social Media Posts with Images
- Text Alerts Information
- Drop In Articles
- Email Messages
- Fact Sheets
- Frequently Asked Questions
- Posters
- Rack Cards
- Call Scripts
- Materials Available for Co-Branding
- Links to Advertising Campaign Videos

- Resources are available in the following languages:

- English
- Spanish
- Simplified Chinese
- Traditional Chinese
- Arabic
- Bengali
- French
- Haitian Creole
- Italian
- Korean
- Polish
- Russian
- Urdu
- Yiddish

Medicaid Managed Care (MMC) Plan Unwind Role

- ❑ Checking member recertification dates on NYS DOH issued enrollment data
- ❑ Obtaining approval from NYS DOH for updated member material
- ❑ Initiating member renewal reminder communication aligning with renewal mailing schedule
- ❑ Inform members how to update contact information directly with NYSOH and HRA/LDSS, or assist through verification with member and coordination with DOH under “e14” waiver.
- ❑ Ensuring care managers have access to recertification dates and have information on Unwind to discuss with members in care management
- ❑ Highlighting to members that the Medicaid renewal process is restarting, and member action is required to maintain Medicaid coverage, including updating contact information and responding to renewal notices
- ❑ Updating MCO web pages, portals, voice response systems, staff and provider training modules
- ❑ Utilizing the Communications Toolkit to develop content to update websites & social media channels where applicable

Unwind Update for Dually Eligible Individuals

Dual Eligibles During the Unwind

Background – Pre Public Health Emergency

Receiving Medicare was always an exclusion for Mainstream MMC and HARP, meaning that at the time a member received Medicare, they would be transitioned from MMC/HARP to Medicaid FFS or in some cases MLTC. Receiving Medicare also resulted in a change in eligibility category for the member, who moved from MAGI eligibility to non-MAGI eligibility. Consequently, the member would be redetermined in WMS, NY's non-MAGI eligibility system and then transitioned to FFS or MLTC.

During the Public Health Emergency, most members were not transitioned from MMC/HARP to FFS or transitioned out of NY State of Health to WMS.

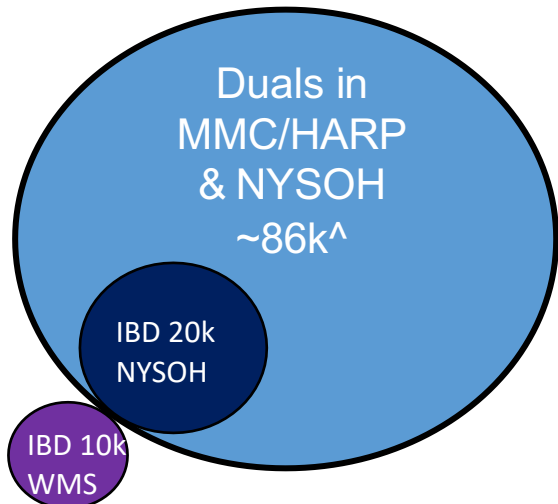
This resulted in a 'build up' of dual eligibles in MMC and the NYSOH system.

Also during the Public Health Emergency, DOH created a new program in MMC or HARP specific to the dual population who are not mandatory for MLTC, which is referred to as the Integrated Benefits for Dually Eligible Enrollees Program or "**IB-Dual**".

Dual Eligibles During the Unwind

Populations

There are now approximately 86,000 duals in MMC/HARP and in NY State of Health.



^Members' plan did not offer default enrollment at the time the member became Medicare eligible

^Members' plan never offered and still does not offer default enrollment

^Members' plan offered default enrollment, but not for the member's county

^Members who opted out of default enrollment and did not later choose their MMC/HARP plan's aligned DNSP PBP for IB-Dual.



Members who 'missed' default enrollment for any of the above reasons, but later chose their MMC/HARP plan's DNSP PBP for IB-Dual were moved to IB-Dual under DOH's aligned process

| |
|--|
| These 66k members are not in an IB-Dual aligned DSNP |
| The IBD 20k members are in the aligned DSNP and in MMC/NYSOH |
| The IBD 10k are in the aligned DNSP and MMC but in WMS |

*Some IB-Dual members were already in WMS at the time of enrollment, but most were and have remained in the NY State of Health

Dual Eligibles During the Unwind

Population Impacts

During the Unwind

A change is being implemented whereby most consumers who are 65 and older and/or dually eligible will be able to maintain their Medicaid case in NY State of Health when they turn 65 or become dually eligible.

- Consumers in these groups with coverage end dates of 6/30 and 7/31 will be extended four (4) months, until this system change to redetermine their eligibility is in place.
- Once the changes are implemented, these groups will go through the regular renewal process when their current coverage period ends, and be able to renew and maintain their Medicaid coverage in NY State of Health moving forward. Many of these members will go to FFS while the aligned members will stay in IBD.
- Consumers who are mandatory for MLTC will continue to be referred to LDSS/HRA.
- Individuals who are over income for Medicaid when they renew will also be referred to LDSS/HRA.

Dual Eligibles During the Unwind

Duals in
MMC/HARP
&
NYSOH
~86k[^]

IBD 20k
NYSOH

IBD 10k
WMS

Duals not in IBD will remain in NYSOH but go to FFS

IBD members will remain in NYSOH and be able to stay in MMC/HARP (provided they retain their Medicaid eligibility and enrollment in the aligned Medicare D-SNP)

Consumers who are mandatory for MLTC will continue to be referred to LDSS/HRA, regardless of whether they are in IBD or not

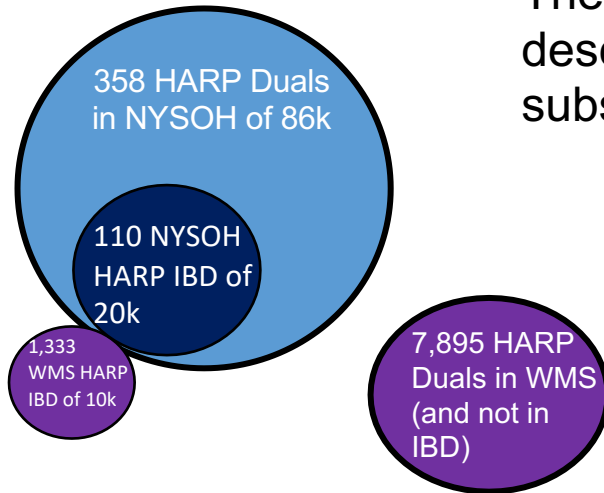
DOH is working with plans to increase the number of IBD offerings both for long term integration goals and to allow these members to stay post unwind

Dual Eligibles During the Unwind

Most HARP members are **not** in NY State of Health.

Most HARP members are also **not** in IBD.

Therefore, most will **not** be impacted by the previously described extension in NY State of Health, but a small subset will be.



PSYCKES:

Identifying Clients in Need of Medicaid Recertification

Identifying Clients in Need of Medicaid Recertification

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports MyCHOIS Adult Home

1

Recipient Search

Limit results to 50 ▾ Search Reset

Recipient Identifiers

| | | | | | | |
|-------------|-----|--------------|------------|------------|-----------|------------|
| Medicaid ID | SSN | OMH State ID | OMH Case # | First Name | Last Name | DOB |
| AB00000A | | | | | | MM/DD/YYYY |

3

Characteristics as of 04/02/2023

Age Range To Gender

Race

Ethnicity

Region

County

Step 1: Navigate to Recipient Search
Step 2: Select 'Medicaid Recertification Due < 3 mo.' from Medicaid Enrollment Status filter
Step 3: Search to view results

Managed Care Plan & Medicaid Enrollment Status

2

Managed Care

MC Product Line

Medicaid Enrollment Status

- Active Medicaid
- Inactive Medicaid
- Medicaid Managed Care - Any
- Medicaid Managed Care +SSI
- Medicaid No Managed Care(FFS Only)
- Dual Eligible (Medicaid + Medicare)
- Medicaid (No Medicare)
- Medicaid Recertification Due < 3 mo.

Children's Waiver Status

HARP Status

HARP HCBS Assessment Status

Identifying Clients in Need of Medicaid Recertification

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports MyCHOIS Adult Home

← Modify Search

1 18 Recipients Found

View: Standard ▾

PDF Excel

Medicaid Enrollment Status Medicaid Recertification Due < 3 mo.

2

AND [Provider Specific] Provider MAIN STREET CLINIC

Review recipients in results carefully before accessing Clinical Summary.

Step 1: View Total Recipients Found
Step 2: Export list to Excel (optional)
Step 3: Drill into Clinical Summary to view client's Medicaid Expiration date

| Name ▲ | Medicaid ID 3 | DOB | Gender | | |
|----------------------------|----------------------|--------------|-----------|--|---------------------------------|
| QqVBUqFS UrRBQqVZ | VbYqNp6sOU6 | OCyoLpEvN9E | R6 LQ N9E | 2+ Inpt-Medical, High MH Need, Readmit 30d - medical to medical | Corporation |
| Qq7BUanFUm VqVORFa | VqMrN92sOEE | OCyoN8ynOT2r | R6 LQ ND2 | No Outpt Medical | HealthPlus |
| QqnBUai TUzPUaU VEzSRUVTQQ | WVaqMpUqMre | N8ynMSynOTUm | R6 LQ Npl | | Centers Plan for Healthy Living |
| RbJJRVJTTqu | WVErNpYqN | OSynLpEvN | TQ LQ | 10+ ER, 2+ ER-BH, 2+ ER-MH, 2+ ER-Medical, 4+ Inpt/ER-BH, 4+ Inpt/ER-MH, 4+ Inpt/ER-Med, HARP No Assessment for HCBS, HHPlus No HHPlus Service > 12 mos, HHPlus No | Fidelis Care New York |

Identifying Medicaid Eligibility Expires On Date

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage ▾ Utilization Reports MyCHOIS Adult Home

← Recipient Search

1 **SMITH, JOHN**

Clinical Summary as of 4/2/2023

PDF Excel CCD

☰ Sections

Brief Overview

1 Year Summary

5 Year Summary

This report contains all available clinical data.

- Data with Special Protection Show Hide

Step 1: Drill into Clinical Summary
Step 2: Select 1 or 5 Year Summary view
Step 3: Identify Medicaid Eligibility expires on date in General section

General

Name

SMITH, JOHN

Medicaid ID

ABCD1234

DOB

12/28/1958

Medicaid Aid Category

MA-SSI

Managed Care Plan

Village Senior Services Corporation
(LTC Partial Cap)

HARP HCBS Assessment Status

N/A

3 **Medicaid Eligibility Expires on 04/30/2023**

Address

123 MAIN STREET, NEW YORK, NY 10128

MC Plan Assigned PCP

N/A

Phone (Source: NYC DHS)

123-456-7890

Provider Risk Mitigation

Care Managers

- Care Managers (CMs) will be key in helping inform and assist members
- Part of coordinating a member's access to needed services includes helping ensure the member has active Medicaid coverage

Ways in which CMs are encouraged to help:

- Remind members to check that NY State of Health/LDSS has their correct contact info
- Check member recertification dates (ePACES, PSYCKES) and help inform members who may not receive a renewal letter (e.g., homeless)
- Point members to helpful resources
- Assist members with recertification process – explain renewal letter, help completing paperwork, etc.

Updating Client Contact Information

- OMH and OASAS providers should encourage their clients to confirm accuracy of, or update, their contact information in the applicable Medicaid enrollment system.
- Individuals enrolled through NY State of Health can update contact information by calling NY State of Health at 1-855-355-5777, logging into their [NY State of Health](#) account, or contacting an [enrollment assistor](#).
- Individuals enrolled in Medicaid through their county's Medicaid office or New York City's HRA can call or visit their local office to update their contact information.
- Providers can use the [NY State of Health "Unwinding from the COVID-19 Public Health Emergency: A Communications Tool Kit to Keep New Yorkers Covered"](#) web page to help communicate with their clients enrolled in Medicaid, CHP, or EP.

Minimizing Provider Risk

- Confirm client Medicaid enrollment in ePACES before each service
- If you get eligibility information through your EHR, check those reports regularly
- Verify client contact information is up to date

Resources

Stay Informed

- OMH providers should follow the NYS Medicaid Program on social media to receive the latest updates on news and changes that may impact clients' coverage and should encourage their clients affected by this change to do the same.
 - [Facebook](#)
 - [Instagram](#)
 - [Twitter](#)
- OMH providers should encourage their clients to sign up to receive SMS/MMS text alerts from NY State of Health to avoid missing important health insurance updates, including when it's time to renew their coverage. This service is only available for those enrolled through NY State of Health.
 - Clients may text START to 1-866-988-0327 to subscribe.

Resources

1. [Important Changes are Coming Soon to New York Medicaid Child Health Plus, and the Essential Plan](#)
2. FAQs
 - [Frequently Asked Questions about the Return of Renewals for New Yorkers Who Are Enrolled in Medicaid, Child Health Plus, or the Essential Plan through NY State of Health | NY State of Health](#)
 - [PHE Tool Kit - FAQs for LDSS-HRA enrollees.pdf \(ny.gov\)](#)
3. [UHF Roundtable Discussion: Surviving the Unwinding – New York’s Plan to Maintain Health Coverage When the Continuous Coverage Requirements End | NY State of Health](#)
 - [NYS DOH Presentation - PHE and Continuous Coverage Unwind Plan](#)

Q&A

Questions, Discussion, and Feedback

Please send additional feedback and/or questions to
PHUnwind@health.ny.gov