

MEDICAID PUBLIC HEALTH EMERGENCY UNWINDING

Stakeholders from across the Medicaid landscape are undertaking important work to prepare for the end of the COVID-19 Public Health Emergency (PHE) declaration including assessing the wide-ranging impacts of the end of Medicaid continuous coverage policies. Health Management Associates (HMA) and HMA companies can help clients plan for, and implement, changes applicable to the special circumstances surrounding Medicaid's return to normal eligibility and enrollment operations following the end of Medicaid's continuous coverage requirement.

HMA can support states, health plans, providers, advocacy groups, vendors, and other stakeholders now and beyond the 12-month "unwinding" period. We are on the ground working with organizations to navigate the immediate changes needed. We can also translate this work to identify learnings and insights, provide strategic direction support, and design and implementation of future improvement initiatives. Our collaborative approach can inform and respond to federal guidance that is under development to strengthen and streamline eligibility and enrollment processes and improve the experience for consumers.

HMA can assist states and stakeholders who are affected by, or invested in, the impact of the end of Medicaid's continuous coverage requirement, including:

- » Payers, including Medicaid managed care organizations and Qualified Health Plans
- » Provider organizations
- » Trade associations of Medicaid managed care or provider organizations
- » State and local community-based organizations
- » State and local governments responsible for administering and overseeing the eligibility processes for Medicaid and other public programs
- » Advocates
- » Foundations
- » Vendors supporting state agencies, health plans and providers

With one of the largest and most seasoned team of Medicaid experts in the country, no one knows Medicaid like HMA, and our experts have the depth of knowledge and experience to help clients understand and navigate continuous change, including the PHE unwinding and future federal and state policy changes.



Our Services

Immediate Planning Capabilities

- » Understand individual state policy and operational plans for end of PHE
- » Assess the organization's capacity and structure to conduct outreach and one-on-one assistance to enrollees
- » Model the potential coverage and financial impacts of end of PHE related reductions in Medicaid enrollment to a health plan, health system, or provider
- » Research state-specific steps for a beneficiary to re-enroll, then train groups to assist with this
- » Determine staff, systems, and vendor support needed to conduct this work
- » Provide ongoing assessment of state agency unwinding plans, including outreach and communication strategy, prioritization approach for renewals, timelines, policy changes and flexibilities planned
- » Facilitate partnerships with trade associations, partners, and other stakeholders to support assistance to enrollees
- » Identify, develop and help implement changes to health plan contracts with state
- » Develop and test messaging strategies with beneficiaries, develop public information campaign (preferably in coordination with the state), develop messages for providers to give to their patients
- » Develop stakeholder plans to build capacity and extend services to notify and assist enrollees with completion of forms
- » Analyze the impact of the state's end of PHE plans on individual stakeholders
- » Assist in developing and implementing a plan for stakeholders to add or extend redetermination notification and assistance activities

Assistance During PHE "Unwinding" Phase

- » Work with groups to understand state reporting of PHE unwinding data, needs for further outreach and assistance, and lessons learned
- » Assess projected and real-time impact of state's PHE unwinding plans on Medicaid panels and Marketplace enrollment
- » Develop mitigation plans reflecting changes in enrollment and payer mix
- » Support ongoing communications and assistance trainings to respond to real-time experiences
- » Support implementation of assistance plans and ongoing monitoring of performance
- » Identify best practices and strategies to incorporate in routine policies and operations

State Agency Support

- » Assist in preparing redetermination plans for submission to CMS
- » Research, develop, submit, and implement state plan and waiver submissions for CMS
- » Develop training materials for agency staff and for external outreach and assistance
- » Based on state priorities, assess optimal risk-based approach for resuming eligibility determinations – identify priority populations for redeterminations and develop plan for staging redeterminations
- » Support outreach and communication plans with health plans and other partners
- » Assist with budget impact analysis and response to change in federal financial participation
- » Evaluate unwinding plans and monitoring strategies
- » Design, develop, and implement permanent improvements in eligibility and enrollment policies, processes, and systems, including integration initiatives

Our clients are engaging HMA to add "end of PHE" work to current projects including:

» HMA is working with a Medicaid managed care organization to prepare renewal, outreach, and assistance strategies and collaborate with the statewide association of Medicaid plans on assistance activities

» HMA has advised a member engagement start-up vendor in developing and implementing a product that uses automated texting, voice response and member incentives to motivate and assist MCO members in completing the renewal process

» HMA is developing training and providing technical assistance on renewal requirements and how to incorporate renewal outreach and assistance services into existing services for a behavioral health provider

» HMA is helping a health system's community health worker team develop strategies to assist patients with the renewal process

