

Missouri Eligibility & Enrollment Mitigation Plan- July 11, 2022

Application Backlog/Timely Determinations and Renewals processed in Unwinding: Missouri is experiencing significant ongoing and persistent delays in completing determinations of eligibility at application, resulting in sizable backlogs and applications pending beyond the timeframes permitted in regulation. The state has not been conducting renewals during the COVID-19 Public Health Emergency (PHE), which CMS acknowledges is the approach the state has taken to ensure most Medicaid beneficiaries remain enrolled through the end of the month the PHE ends as a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage increase authorized under section 6008 of the Families First Coronavirus Response Act. The state will be required to complete outstanding eligibility and enrollment actions and conduct renewals for its entire caseload (which has grown significantly during the PHE) once the PHE ends, putting increased strain on the state's ability to timely process new applications.

Statute and Regulations(s): Sections 1902(a)(8) and 2101(a) of the Social Security Act provide that all individuals wishing to make application for medical assistance under the plan shall have opportunity to do so, and that such assistance shall be furnished with reasonable promptness to all eligible individuals.

42 CFR 435.912(c)(3) and 457.340(d) set forth the maximum time period within which the state agency must determine eligibility for all applicants: 90 days for applicants who apply for Medicaid on the basis of disability and 45 days for all other applicants for Medicaid and CHIP.

42 CFR 435.916 and 42 CFR 457.343 set forth federal requirements for conducting renewals. The CMCS Informational Bulletin "Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements," published on December 4, 2020, provides detailed guidance on these requirements. Detailed guidance on CMS' expectations for restoring operations during the unwinding period when the PHE ends is set forth in State Health Official Letter #22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, CHIP, and BHP Upon Conclusion of the COVID-19 Public Health Emergency (PHE)," published on March 3, 2022 ("March 2022 SHO").

Summary of Findings: As of June 26, 2022, Missouri has over 51,381 total pending applications. Processing times significantly increased in 2021 and 2022 - the state went from making 1% of MAGI determinations in over 45 days in April 2021, to 42% in October 2021, 43% in November 2021, 78% in December 2021, 80% in January 2022, 83% in February and March 2022, and 82% in April 2022. The chart below outlines the strategies Missouri will implement to reduce the application backlog and be in compliance with application processing timeliness standards under 42 CFR 435.912 and 42 CFR 457.34 by September 30, 2022. The chart additionally outlines strategies Missouri will implement during the unwinding period following the end of the Public Health Emergency to support streamlined eligibility and enrollment process.

Strategies for Compliance	Description	Timeline
Applications Accepted and Processed by the State		
De-duplicating applications	<p>Missouri identified approximately 10,000 – 11,000 duplicate applications. To assist staff in processing the duplicates quickly, a reason code has been added to the MEDES system that will allow staff to manually reject the duplicate applications. Currently the number of identified duplicate applications have been reduced to 2,868.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> Staff will use the initial application to preserve the application date and will compare the information to the latest application received to ensure that any changes are captured and used in the determination 	Target Completion Date 9/30/2022
Transition of Gateway to Better Health Demonstration to adult expansion group using section 1902(e)(14)(A) waiver.	<p>Missouri will submit a request for waiver authority under section 1902(e)(14)(A) of the Social Security Act to temporarily enroll individuals who are receiving benefits under the Gateway to Better Health Demonstration (“Gateway”) into the MAGI-based adult expansion group, despite the differences in household composition and income-counting rules.</p> <p><u>Milestone 1:</u> Missouri will submit formal request to CMS for a 1902(e)(14)(A) waiver to transition Gateway members to the adult expansion group as appropriate.</p> <p><u>Milestone 2:</u> Missouri will enroll Gateway members into the state plan adult group if their income, as determined for purposes of Gateway eligibility is at or below 133 percent FPL.</p> <ul style="list-style-type: none"> Missouri has been sending letters with renewal forms to Gateway participants monthly since 11/11/2021 explaining the sunseting of the Gateway program. Approximately 10,000 individuals have not responded to the letters. On 6/07/2022 Missouri began implementing the 1902(e)(14)(A) strategy to transition these individuals to the adult group. Missouri will utilize 30 Family Support Child Support Benefit Technicians to enter the cases into MEDES. Staff will enter the cases outside of the normal work hours utilizing overtime This is manual process that will require additional time to complete the transition. This process will be completed by 10/31/2022. <p>There are approximately 700 individuals who returned renewal forms and the state verified they are not eligible for Medicaid on any basis. In order to comply with the continuous enrollment requirement that is a condition of receiving a temporary 6.2 percentage point federal medical assistance percentage increase under section 6008 of the Families First Coronavirus Response Act (P.L. 116-127), Missouri must maintain coverage for these individuals through the end of the month in which the PHE ends. After the eventual end of the PHE, the state will be required to conduct a renewal of eligibility for beneficiaries transitioned from the Gateway program during the unwinding period described in the March 2, 2022 SHO. The terms of the March 2, 2022 SHO apply equally to</p>	<p>Request Submitted 5/13/2022</p> <p>Request approved by CMS on 6/06/2022 Policy Implemented 6/07/2022</p> <p>Targeted Completion date 10/31/2022</p>

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	these beneficiaries, and an annual renewal for these beneficiaries must be completed during the PHE unwind period before an adverse action can be taken.	
Enrolling Parents into Medicaid based on children's income eligibility	<p>Missouri will submit a request for waiver authority under section 1902(e)(14)(A) of the Social Security Act to temporarily enroll applicants who are parents of children enrolled in Medicaid if the child's household income is at or below 133% FPL without further verification of income and provide a new 12-month eligibility period for the child in order to align the eligibility period for the parent(s) and children. Missouri will continue to verify citizenship/immigration status of parent applicants.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> Missouri submitted the request for the 1902(e)(14)(A) waiver on 6/23/2022 <p><u>Milestone 2:</u></p> <ul style="list-style-type: none"> Missouri will apply this waiver authority on backlog applications where the parent has applied and will use the child's verified income to determine the parent's eligibility. Missouri will draft policy based on this approval, distribute to staff, and hold virtual meetings with all staff who process MAGI to introduce the policy. <p><u>Milestone 3:</u></p> <ul style="list-style-type: none"> Missouri will implement this waiver authority by 7/11/2022 	<p>Request Submitted 06/23/2022</p> <p>Request Approved by CMS 6/30/2022</p> <p>Policy Disseminated 7/11/2022</p> <p>Policy Implemented 6/23/2022</p>
Targeted enrollment SNAP strategy	<p>Missouri submitted a request for waiver authority under section 1902(e)(14)(A) of the Social Security Act to enroll into Medicaid individuals under 65 years of age who have submitted an application and are receiving SNAP benefits, despite the differences in household composition and income-counting rules. Under this authority, the state will enroll into Medicaid SNAP participants who have submitted a Medicaid application and whose gross income, as determined by SNAP, is at or below the applicable MAGI income standard for Medicaid eligibility without conducting a separate MAGI-based income determination. Missouri will continue to verify citizenship/immigration status for applicants.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> Missouri submitted the request for the 1902(e)(14)(A) waiver on 6/23/2022 Missouri will draft policy based on this approval and will distribute to staff including a virtual meeting with offices to introduce the policy. <p><u>Milestone 2:</u></p> <ul style="list-style-type: none"> This is currently a manual process and staff will access the FAMIS system to gather verified income, state residency and citizenship/immigrant factors and apply to the MAGI. Missouri is working the both the FAMIS and MEDES systems to make this an automated process. 	<p>Request Submitted 6/23/2022</p> <p>Request Approved by CMS 07/05/2022</p> <p>Policy Disseminated 7/11/2022</p> <p>Policy Implementation 6/23/2022</p>

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	<ul style="list-style-type: none"> Missouri will draft policy based on this approval, distribute to staff, and hold virtual meetings with all staff who process MAGI to introduce the policy. <p><u>Milestone 3:</u></p> <ul style="list-style-type: none"> Missouri will implement this waiver authority by 6/23/2022 	
Use of Truman Medical Center staff to assist with eligibility application processing.	<p>Missouri has implemented a pilot project in conjunction with Truman Medical Center to assist with eligibility application and renewal processing. Hospital staff assist individuals with gathering information needed to complete and submit applications through an online portal. The hospital staff will not make eligibility determinations.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> Implement pilot. 	Completed and ongoing
Applications Processed by the State after referral from FFM		
Treat Assessments as Determinations	<p>In efforts to reduce the backlog of applications, Missouri will request a temporary Determination status with the Federally Facilitated Marketplace (FFM) effective May 1, 2022 through December 31, 2022 to assist with processing the backlog of applications.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> Missouri submitted a request for a concurrence letter to outline how the state will accept assessments of Medicaid eligibility made by the FFM as determinations of eligibility. <p><u>Milestone 2:</u></p> <ul style="list-style-type: none"> Missouri will draft temporary policy to instruct staff how to process under a determination state status Missouri will hold virtual meetings with staff to review the processes staff will use to process the FFM applications <ul style="list-style-type: none"> Missouri will apply this policy to the current pending applications transferred from the FFM and any new FFM applications received Missouri receives a payload listing from the Federal HUB showing details of verified and non-verified eligibility factors for individuals applying for benefits through the FFM. Missouri has converted the payload data into an EXCEL spreadsheet to temporarily allow staff to manually enter the verification information into the eligibility system. <p><u>Milestone 3:</u></p> <ul style="list-style-type: none"> System implementation to introduce verification codes in the eligibility system is planned for the end August 2022 	<p>Request Submitted 5/13/2022</p> <p>Implementation 06/27/2022</p> <p>System Implementation August 2022</p>

Strategies for Compliance	Description	Timeline
Renewals / Redeterminations		
Processing changes in circumstance	Missouri has implemented a new method for processing renewals called “first touch resolution.” Under this method, no matter how an individual contacts the state (for example, by online, by phone or in person), an eligibility worker is assigned to the case and then processes that case to conclusion to the maximum extent possible. This strategy does not require any additional authority.	Implementation May 2021 and Ongoing
<i>Ex parte</i> renewals for pregnant individuals whose postpartum period has ended and individuals receiving Transitional Medical Assistance (TMA).	<p>Prior to the end of the PHE and the continuous enrollment requirement, Missouri will attempt to renew pregnant individuals whose postpartum period has ended and individuals receiving Transitional Medical Assistance under section 1925 of the Act whose TMA period has ended, but who have remained enrolled in the state’s Medicaid program due to the continuous enrollment requirement. The state will attempt to renew these individuals through an <i>ex parte</i> process and transition those determined eligible on another basis to the appropriate eligibility group, provided such transition does not violate the continuous enrollment requirement per CMS guidance in Interim Final Rule, with request for comments (IFC), published on November 6, 2020, “Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency.” Individuals who are not found eligible on another bases will remain enrolled in their current status until the continuous enrollment requirement ends. The State will then follow CMS guidance and attempt a full renewal prior to taking any adverse action following the end of the continuous enrollment requirement, consistent with the March 2022 SHO.</p> <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> This strategy has been completed. 	Completed April 2022
Renew child’s eligibility based on updated information used to enroll parent	When a parent of a child enrolled in Medicaid applies for coverage and is determined eligible, Missouri applies the updated information used in the parent’s eligibility determination to renew the child’s eligibility consistent with 42 CFR 435.916(d)(1)(ii). This strategy eases administrative burden by aligning the child’s annual renewal date with that of the parents to establish one renewal date for the entire household. This strategy does not require any additional authority. The MEDES eligibility system is designed to sync the child and adult renewal date when there is sufficient information regarding all factors of eligibility as required under 42 CFR 435.916(d)(1)(ii).	July 2021 and Ongoing
Systems and Operations		
Processing of non-MAGI determinations	<p>Missouri does not have an integrated eligibility system and processes eligibility determinations using two separate eligibility and enrollment systems, MEDES and FAMIS.</p> <ul style="list-style-type: none"> MEDES accepts the state’s single streamlined application, determines eligibility for MAGI –based eligibility groups and determines if an individual is potentially eligible for any Non-MAGI category 	July 2021 and Ongoing

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	<ul style="list-style-type: none"> • MEDES generates a report that contains individuals who were found to be ineligible for the MAGI categories but are potentially eligible for a Non-MAGI category • Staff register the application information into FAMIS using the original date of application and application information to determine Non-MAGI eligibility <p><u>Milestone 1:</u></p> <ul style="list-style-type: none"> • Missouri has contracted some retired staff with knowledge of FAMIS to assist with data entry of these applications into the FAMIS system. <p><u>Milestone 2:</u></p> <ul style="list-style-type: none"> • MEDES will be updated to automatically identify applicants who may be eligible on a non-MAGI basis and will continue to generate the reports to notify staff to determine eligibility FAMIS. Level of effort for coding and implementation of the automatic process is in process. It is expected to implement in late summer 2022 	Implementation of automated process: Summer 2022
Enhance eligibility and enrollment operations	<p>Missouri received funding to support systems and staff (including hiring and paying overtime) to facilitate processing applications and other eligibility and enrollment functions needed to implement the adult expansion in Medicaid.</p> <ul style="list-style-type: none"> • Milestones have been presented to staff in efforts to reduce the current backlog 52,745 applications • Missouri has been offering overtime to staff since October 2021 • Overtime has been restricted to application processing for Medicaid and SNAP • Flexibilities authorized under section 1902(e)(14) of the Act, identified above, have been implemented to reduce processing time and reduce the backlog • Missouri has hired hourly and intermittent staff to assist in data entry and indexing to allow more seasoned state staff to focus on processing applications 	October 2021 and Ongoing
Staff Augmentation		
Evaluate staffing Plan	Missouri is taking actions to reassess their staffing plan and create efficiencies in their application and renewal business processes. One measure the state has taken is to reassign more experienced staff to focus on more complex assignments such as processing non-MAGI applications, and having less experienced workers process MAGI eligibility determinations.	Ongoing
Use of contractor services for assistance in processing	<p>Missouri has contracted with a vendor to assist with data entry.</p> <ul style="list-style-type: none"> • The current vendor contract allows the agency to request assistance with data entry for both applications and annual renewals. The services allow for application registration (paper applications) and registration of paper pre-populated annual renewals. 	Current and Ongoing

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applications and renewals	<ul style="list-style-type: none"> • The contract also allows for data entry of address changes and any data entry of verification provided by the participant or through electronic data sources. Contracted staff are not authorized to make final determinations in the eligibility systems • Missouri will implement these services based on need including the unwind of PHE 	
Outreach and Communications		
Stakeholder Engagement	<p>Missouri is engaging with stakeholders to conduct outreach and communication on unwinding strategies.</p> <ul style="list-style-type: none"> • Missouri attends regular monthly meetings with stakeholders from the community, legal advocates, medical facilities, FQHCs, private practice medical professionals, school nurses along with state internal partners • The meetings are designed to discuss and develop strategies for communication and reducing barriers for participants • Missouri staff are available to speak at community events about the programs and activities to prepare for the unwinding period when the PHE ultimately ends. • Missouri offers training to stakeholders on basic Medicaid eligibility factors, necessary documentation that is needed to determine eligibility and how to assist individuals to apply online or by phone 	2014 and Ongoing