

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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Baltimore, Maryland 21244-1850



State Demonstrations Group

February 23, 2024

Julie Marquardt
Acting Assistant Commissioner and State Medicaid Director
Minnesota Department of Human Services
540 Cedar Street
St. Paul, Minnesota 55164-0983

Dear Director Marquardt:

The Centers for Medicare & Medicaid Services (CMS) approved Minnesota's Evaluation Design for the Reasonable Opportunity Period COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "Minnesota Prepaid Medical Assistance Project Plus" (Project No: 11-W-00039/5). We sincerely appreciate the state's commitment to efficiently meeting the requirement for an Evaluation Design as was stipulated in the approval letter for this amendment dated May 4, 2023.

In accordance with 42 CFR 431.424(c), the approved Evaluation Design may now be posted to the state's Medicaid website within 30 days. CMS will also post the approved Evaluation Design on Medicaid.gov.

Consistent with the approved Evaluation Design, the draft Final Report will be due to CMS 18 months after the expiration of the amendment approval period.

We sincerely appreciate the state's commitment to evaluating the Reasonable Opportunity Period COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on the Minnesota Prepaid Medical Assistance Project Plus section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,

Danielle Daly
-S

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Danielle Daly -S
Date: 2024.02.23
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Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Sandra Porter, State Monitoring Lead, CMS Medicaid and CHIP Operations Group



Reasonable Opportunity Period (ROP) Evaluation Design

Prepaid Medical Assistance Project Plus (PMAP+)

December 5, 2023

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I. Description – Purpose of the Demonstration

Background

The Centers for Medicare & Medicaid Services (CMS) developed a new section 1115(a)(2) waiver demonstration opportunity to allow states to extend the Reasonable Opportunity Period (ROP) for enrollees to present satisfactory citizenship documentation. The waiver demonstration applies to the “unwinding” period as states resume normal Medicaid renewal processes following the end of the continuous enrollment condition authorized under the Families First Coronavirus Response Act.

Minnesota submitted a request to extend the reasonable opportunity period for citizen documentation on March 23, 2023, using the expedited ROP template provided by CMS. The waiver was approved on May 4, 2023, for the 15-month period from April 1, 2023, through June 30, 2024. The approval amended Minnesota’s Prepaid Medical Assistance Project Plus (PMAP+) section 1115(a) demonstration waiver (Project Number 11-W-00039/5). There were no changes to the PMAP+ Special Terms and Conditions, but CMS’ ROP waiver approval letter required the state to provide an evaluation plan six months following the approval (November 2024) and provide a final evaluation by December 31, 2025. CMS’ May 4, 2023, approval letter stated the evaluation requirements would be streamlined with the goal of not being unduly burdensome to the state. CMS provided guidance¹ to the state concerning the evaluation design and final evaluation. The state’s evaluation design follows that guidance.

Purpose

The purpose of the waiver opportunity was to continue Medicaid eligibility for people who attested to being U.S. citizens, but for whom citizenship verification was not completed. It extends the ROP period beyond the 90-days authorized in federal regulations, allowing the state to continue eligibility. Further, the waiver streamlined the state’s unwinding process by permitting the citizenship verification to occur at the time of the person’s eligibility redetermination. As stated in CMS’ expedited waiver template (used by the state):

“... this demonstration action tests whether, in the context of the current COVID-19 PHE and the related unwinding period, an exemption from the statutory prohibition in 1902(ee)(1)(B)(ii)(II) of the Social Security Act promotes the objectives of Medicaid. CMS will investigate how eliminating this statutory requirement and extending the reasonable opportunity period (ROP) during the unwinding period ensures equitable application of the verification policies and processes for individuals who have attested to U.S. citizenship and individuals who have attested to satisfactory immigration status. States can utilize the good faith extension permitted under existing regulatory authority at 42 C.F.R. § 435.956(b)(2)(ii)(B) to extend the reasonable opportunity period for individuals who have

¹ CMS document title “Reasonable Opportunity Period Extension COVID-19 Public Health Emergency Medicaid Section 1115 Demonstration: Guidance for Monitoring and Evaluation Requirements.” The PDF document was not dated, but the “last modified” date on the file was November 9, 2022, by CMS. It was sent to the state in email on November 3, 2023.

attested to satisfactory of immigration status to align with and manage their redetermination workload and other outstanding verifications during the unwinding period.”

Hypothesis

The demonstration will test how providing Medicaid coverage beyond the 90-day ROP for people who attested to U.S. citizenship, but for whom that status was not verified, supports reducing barriers to care.

II. Population Overview

The waiver demonstration provides expenditure authority for the state to continue to provide Medicaid eligibility to people who have attested to U.S. citizenship but have not provided related documentation. Medicaid benefits for this group were maintained for the state to comply with the continuous enrollment condition under section 6008(b)(3) of the Families First Coronavirus Response Act. The waiver demonstration continues the policy and procedures until unwinding concludes.

The state projected that the waiver demonstration will extend Medicaid eligibility for approximately 1,862 people in calendar year 2023, and 1,862 people in calendar year 2024. The group is small because citizenship is verified electronically in most cases. For enrollees in the Minnesota Eligibility Technology System (METS), citizenship is verified through the Data Services Hub. For enrollees in MAXIS², the state verifies citizenship using Social Security data. These methods result in high success rates of citizenship verification. The waiver demonstration applies to individuals whose citizenship is not successfully verified electronically, which is the reason the group is small.

III. Evaluation Questions

The state will include in its final Evaluation Report responses to the following questions, which were provided in CMS’ evaluation design guidance. Refer to footnote number 1.

1. What policies, strategies, or flexibilities did the state ultimately decide to implement for this demonstration?
 - a. What factors and data were considered to inform implementation decisions?
2. What successes did the state achieve with the implementation of the demonstration flexibilities?
 - a. To what extent did the policies, strategies, or flexibilities reduce inappropriate terminations of coverage during the unwinding period?
 - b. In what ways did the ROP extension help add or modify the state’s administrative capacity for processing redeterminations, including eligibility verifications, for Medicaid beneficiaries?

² A master computer system that determines public assistance to Minnesota Family Investment Program, Medical Assistance, General Assistance, food support (formerly Food Stamps), Minnesota Supplemental Aid, eligibility and issues payments for cash and food assistance programs. This is a statewide system and not an acronym.

- c. To what extent did these flexibilities allow the state to overcome problems they would have otherwise faced absent these flexibilities?
- 3. How many Medicaid beneficiaries were served and impacted by this demonstration?
 - a. How did the demonstration affect beneficiary health coverage?
 - b. Who are the principle populations (e.g., age, sex, race/ethnicity) served and affected by this demonstration?
 - c. Did the outcomes and benefits from the demonstration vary by demographic characteristics, such as by age, sex, or race/ethnicity?
 - d. How many individuals were eventually unable to have their U.S. citizenship verified?
- 4. What were the principal challenges from the perspective of the state Medicaid agency associated with implementing the ROP Extension demonstration and engaging with individuals?
 - a. What actions did the state take to address challenges presented by the implementation of ROP extension?
 - b. To what extent were those actions successful in the context of the PHE?
- 5. What were the principal applicable lessons learned for any future PHEs in implementing the demonstration flexibilities?

IV. Data Sources

The state will use a combination of qualitative and quantitative data to evaluate the ROP waiver demonstration. This information will be used to respond to the questions identified in Section III of this report.

Qualitative Data

Using focus group methodology, qualitative data will be gathered from four to six state subject matter experts who work in the Department of Human Services' (DHS') eligibility policy area and who were involved in the implementation of the demonstration. The group of four to six subject matter experts will include at least one manager or supervisor. The group will be facilitated by state staff from another DHS division and may include staff familiar with the data and related IT systems. The following questions from Section III will be addressed by this group.

Number	Question
1	What policies, strategies, or flexibilities did the state ultimately decide to implement for this demonstration?
1 a	What factors and data were considered to inform implementation decisions?
2 b	In what ways did the ROP extension help add or modify the state's administrative capacity for processing redeterminations, including eligibility verifications, for Medicaid beneficiaries?
2 c	To what extent did these flexibilities allow the state to overcome problems they would have otherwise faced absent these flexibilities?

- 3 c Did the outcomes and benefits from the demonstration vary by demographic characteristics, such as by age, sex, or race/ethnicity?
- 5 What were the principal applicable lessons learned for any future PHEs in implementing the demonstration flexibilities?

Quantitative Data

DHS' Health Care Research and Quality Division will provide the quantitative data and analysis using data from Medicaid Management Information System (MMIS), MAXIS, and METS. The following questions from Section III will be addressed by this group.

- | Number | Question |
|---------------|--|
| 2 | What successes did the state achieve with the implementation of the demonstration flexibilities? |
| 2 a | To what extent did the policies, strategies, or flexibilities reduce inappropriate terminations of coverage during the unwinding period? |
| 3 | How many Medicaid beneficiaries were served and impacted by this demonstration? |
| 3 a | How did the demonstration affect beneficiary health coverage? |
| 3 b | Who are the principle populations (e.g., age, sex, race/ethnicity) served and affected by this demonstration? |
| 3 d | How many individuals were eventually unable to have their U.S. citizenship verified? ³ |
| 4 | What were the principal challenges from the perspective of the state Medicaid agency associated with implementing the ROP Extension demonstration and engaging with individuals? |
| 4 a | What actions did the state take to address challenges presented by the implementation of ROP extension? |
| 4 b | To what extent were those actions successful in the context of the PHE? |

V. Planned Analysis

The state will respond to each question listed above. The qualitative and qualitative data will be gathered and summarized. If clarifications or additional information is needed, it will be sought to strengthen the evaluation findings.

³ It may be possible to provide some general data to address this question, but there are data constraints. See Section VI, Anticipated Limits.

VI. Anticipated Limits

The state anticipates three primary limits affecting the evaluation: (1) The population group size is small; (2) there is not a specific closure reason in our data for citizenship documentation; and (3) lack of a comparison group for analysis.

Group Size

The number of people impacted by the waiver demonstration is expected to be under 4,000 people during the waiver period. The small population size may undermine the reliability of the data analysis.

Data Source Limits

The data will show whether people who remained Medicaid eligible during the public health emergency period due to attesting to U.S. citizenship, maintained eligibility following their next eligibility determination. At this point, citizenship documentation would be required to be provided and reviewed. However, if anyone in the ROP waiver demonstration group subsequently did not remain Medicaid eligible, the data sources do not have the specificity to determine whether it was due to citizenship documentation. For example, the loss of Medicaid eligibility could be the result of obtaining private health insurance, no longer residing in Minnesota, or not meeting other Medicaid eligibility requirements.

Lack of Comparison Group

The lack of a comparison group precludes evaluating the extent to which the waiver demonstration contributed to health care outcomes for the population of interest. However, data is available to evaluate the use of Medicaid services for individuals who maintained eligibility.