

All-State Medicaid and CHIP Call May 23, 2023



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Returned Mail Condition Under Section 6008(f)(2)(C) of the Families First Coronavirus Response Act (FFCRA)

- **1. Good Faith Effort Definition:** For the purpose of the returned mail condition, how does CMS define a good faith effort to contact an individual using more than one modality?
- 2. Outreach Before Returned Mail is Received: Can a state satisfy the returned mail condition by conducting outreach to a beneficiary through one or more modalities <u>before</u> the state receives the applicable returned mail?
- **3.** Outreach at the Same Time or After Returned Mail is Received: Must a state take further action to comply with the returned mail condition if the state has attempted to use two modalities at the same time as or after the mail with a renewal notice or request for additional information is sent to the beneficiary, but before returned mail is received?

Returned Mail Condition (cont'd)

- 4. State Action Needed if Returned Mail Received after Termination: Does a state need to conduct outreach through more than one modality under the returned mail condition if mail with a beneficiary's renewal notice or request for additional information is returned after an individual's coverage has been terminated?
- 5. Reinstating Coverage after Termination: In order to comply with the returned mail condition, must states reinstate coverage for a beneficiary if mail with a renewal notice or request for additional information is returned after a beneficiary's coverage has been terminated for failure to respond to a renewal form or request for additional information?
- 6. Managed Care Plan Beneficiary Outreach: Would the returned mail condition be satisfied if a managed care plan acted on behalf of a state agency to conduct the beneficiary outreach that is required through more than one modality?
- 7. Timeframe to Implement the Returned Mail Condition: When will states need to implement the returned mail condition? Does it need to be implemented for an entire quarter for a state to claim the temporary FFCRA FMAP increase?

Resuming Premiums for Medicaid

- 8. Increasing Medicaid Premiums for an Individual Beneficiary: Did the CAA, 2023, give states claiming the FFCRA temporary FMAP increase greater flexibility regarding the amount of Medicaid premiums imposed on a specific individual?
- 9. Impact of the End of the PHE on States' Ability to Suspend Medicaid Premiums with Disaster Relief SPAs: Does the end of the Secretary-declared COVID-19 public health emergency (COVID-19 PHE) on May 11, 2023, have implications for states that had suspended Medicaid premiums via a disaster relief state plan amendment (SPA)?
- **10.** Resumption of Medicaid Premiums after April 1, 2023: After April 1, 2023, but before the Secretary-declared COVID-19 PHE ended, could states claiming the FFCRA temporary FMAP increase resume charging Medicaid premiums that had been suspended via a disaster relief SPA that sunsets at the end of this PHE?

Resuming Premiums for Medicaid (cont'd)

- **11. Delaying Resumption of Medicaid Premiums**: How may states claiming the FFCRA temporary FMAP increase further delay resumption of Medicaid premium charges when a disaster relief SPA sunsets, or eliminate premium charges entirely?
- **12. Required Beneficiary Protections**: Which beneficiary protections are states required to provide, such as conducting a redetermination of eligibility, prior to resuming Medicaid premium charges that had been suspended during the Secretary-declared COVID-19 PHE or increasing a Medicaid beneficiary's premiums after April 1, 2023?
- **13.** Premium Schedule Changes Allowable Before January 1, 2024: Can a state claiming the FFCRA temporary FMAP increase for a quarter beginning on or after April 1, 2023, make changes to its Medicaid premium schedule before January 1, 2024?
- **14.** Disenrollment for Failure to Pay Medicaid Premiums: Beginning April 1, 2023, can a state claiming the FFCRA temporary FMAP increase disenroll Medicaid beneficiaries for failure to pay premiums?

Resuming Premiums in CHIP

- **15. Premiums for Separate CHIP During Unwinding:** If a state suspended the collection of premiums for separate CHIP enrollees during the Secretary-declared COVID-19 PHE through a CHIP disaster SPA, may it resume collection of premiums during the unwinding period?
- **16.** Terminations for Failure to Pay CHIP Premiums: If a state continued to collect premiums for separate CHIP enrollees during the Secretary-declared COVID-19 PHE but did not terminate coverage for anyone for failure to pay premiums during this time, may the state begin terminating coverage for failure to pay premiums during the unwinding period?
- **17.** Authorities Needed to Resume CHIP Premiums: What authority do states need to resume their CHIP premium policies (e.g., charging premiums or terminating for failure to pay premiums) if only a subset of CHIP beneficiaries has had a renewal in the past 12 months?

Renewals for Supplemental Security Income (SSI) Recipients in Section 1634 States

18. SSI Renewal Requirements for 1634 States: Are states with an agreement with the Social Security Administration (SSA) under section 1634 of the Act (also known as a "1634 state") required to conduct regular renewals for individuals eligible for Medicaid based on receipt of SSI?

Medicaid and CHIP Beneficiary Data Sharing with Enrolled Providers

19. Allowable Data Sharing with Medicaid and CHIP Enrolled Providers: Under what circumstances may states share beneficiary information, including renewal dates, with enrolled Medicaid and CHIP providers (such as nursing facilities and Indian health care providers) without violating Medicaid and CHIP confidentiality standards under section 1902(a)(7)(A) of the Act, 42 CFR part 431, subpart F, and 42 CFR § 457.1110(b)?

Former Foster Care Child Eligibility Group

20. Medicaid Eligibility Hierarchy Changes Under SUPPORT Act for Former Foster Care Children Group: Is section 1115 authority needed to enroll individuals in the Medicaid state plan group for former foster care children ("FFCC group") who meet all eligibility criteria for the group, but who turned 18 prior to January 1, 2023, and may be eligible for another mandatory eligibility group?



Questions