

# All-State Medicaid and CHIP Call November 1, 2022



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# Agenda

- Final Rule “*Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and other Revisions to Medicare Enrollment and Eligibility Rules*”
- Technical Resource Guide for State Medicaid/Children’s Health Insurance Program (CHIP) Agencies Accepting Federally-facilitated Marketplace (FFM) Eligibility Decisions
- Direct Assister-to-Consumer Outreach Pilot and New Outreach Letter for Open Enrollment 2023
- Open Mic Q and A

# CMS and USDA Food and Nutrition Service Unwinding Webinar

- On Thursday, November 3, 2022 from 3:00pm-4:00pm Eastern, CMS will cohost a webinar with the USDA's Food and Nutrition Service on opportunities to support Medicaid and SNAP unwinding efforts as we prepare for the end of the COVID-19 Public Health Emergency.
- The meeting will:
  - Outline key requirements for returning to normal operations in Medicaid & SNAP when the COVID-19 PHE ends,
  - Highlight areas for cross-coordination between Medicaid & SNAP to support unwinding, and
  - Describe selected best practices to address common anticipated challenges during unwinding in both programs (e.g. system changes and staffing).
- To register, please visit: <https://www.zoomgov.com/meeting/register/vJltc-6opj8vGCs85-jKog0cviYEKhyk5i4>

Webinar with states on Final Rule  
*“Implementing Certain Provisions of the  
Consolidated Appropriations Act, 2021 and  
other Revisions to Medicare Enrollment  
and Eligibility Rules”*

# Overview

- On October 28, 2022, CMS published a Final Rule entitled *“Implementing Certain Provisions of the Consolidated Appropriations Act, 2021 and other Revisions to Medicare Enrollment and Eligibility Rules.”*
- Contains changes related to state payment of Medicare premiums (“buy-in”).
- Implements certain provisions of the Consolidated Appropriations Act, 2021 (CAA).

## Summary of select Medicaid-related changes

- New Medicare special enrollment period (SEP) for individuals who lose Medicaid after January 1, 2023 and have missed a Medicare enrollment period
- Provides for state plan amendments to replace stand-alone buy-in agreements
- Limits state liability for retroactive buy-in
- Makes technical buy-in updates to regulations
- Extends Medicare Savings Programs (MSPs) to the new Part B immunosuppressive drug (Part B-ID) benefit

# Provision: SEP Following Termination of Medicaid Coverage

- Medicare SEP for certain individuals who:
  - Lose Medicaid (e.g., due to aging out of the Medicaid adult group); and
  - Did not sign up for Medicare on time.
- Helps promote seamless transitions from Medicaid to Medicare coverage.
- Revised from the proposed rule to allow individuals to elect retroactive Medicare entitlement back to the date of Medicaid termination but no earlier than January 1, 2023. If an individual selects this option, they must pay the premiums for the retroactive covered time period.

# Provision: Replace stand-alone buy-in agreements

- Replaces the old stand-alone agreements by specifying that all provisions of the buy-in agreement are now set forth in the state's Medicaid state plan.
- Promotes clarity and transparency.
- Reduces paperwork burden both for states and CMS.
- Codifies longstanding CMS practice.



## Provision: Limit retroactive liability

- Limit state liability for retroactive Part B premiums for full-benefit Medicaid beneficiaries under a buy-in agreement to a maximum of 36 months prior to Medicare enrollment determination beginning January 1, 2024.
- CMS can grant states a good cause exception for a retroactive period of more or less than 36 months if it would not result in harm to beneficiaries.
- Creates clear, consistent guidelines for states.
- Reduces administrative work for providers and payers involving recoupment, billing, and claims processing.

# Provision: MSP Part B-ID enrollment

- New MSP coverage for individuals enrolled in Part B-ID benefit (MSP Part B-ID).
- Individuals who enroll in Part B-ID and meet the income and resource requirements of MSP can enroll in MSP Part B-ID (QMB, SLMB, QI).
- Covers Part B-ID premiums and, for QMB, Part B-ID deductible and cost sharing as well.
- Ineligible for Part B-ID benefit if individual has full Medicaid coverage that includes coverage for immunosuppressive drugs.

# Federal Register Link and Questions

Federal Register:

The final rule is available at

<https://www.federalregister.gov/public-inspection/2022-23407/medicare-program-implementing-certain-provisions-of-the-consolidated-appropriations-act-2021-and>

Contacts for Questions:

- Kim Glaun (buy-in questions): Kim.Glaun@cms.hhs.gov
- Melissa Heitt (Medicaid SEP, MSP Part B-ID questions): Melissa.Heitt@cms.hhs.gov

# Technical Resource Guide for State Medicaid/Children's Health Insurance Program (CHIP) Agencies Accepting Federally-facilitated Marketplace (FFM) Eligibility Decisions

This presentation is intended for states using the Federal Platform, including FFM states, and State-based Marketplaces using the Federal Platform (SBM-FP).

October 2022

# State models for accepting FFM eligibility decisions

State Medicaid/CHIP Agencies (SMAs) in FFM states may choose one of the following models for Modified Adjusted Gross Income (MAGI)-based eligibility for FFM applications that are fully-verified:

- **Assessment (FFM-A):** These states use the FFM's preliminary assessment of MAGI-based Medicaid and/or CHIP eligibility to make a final determination of eligibility
- **Temporary determination (FFM-Temp D):** These states temporarily accept fully-verified FFM MAGI-based Medicaid and/or CHIP assessments as determinations<sup>1</sup>
- **Determination (FFM-D):** These states formally accept fully-verified FFM final determinations of eligibility for health coverage in MAGI-based Medicaid and/or CHIP<sup>2</sup>

2. States need to submit a State Plan Amendment (SPA) and updates to the FFM Data Collection Tool.

# Summary of state actions by model

	State Actions		
FFM Eligibility	FFM-A	FFM-Temp D	FFM-D
<b>MAGI</b>			
MAGI Medicaid or CHIP eligible <u>NO verification issues</u>	State processes account transfer (AT), and makes final determination, and enrolls consumer as applicable	State enrolls applicant based on FFM's determination	
MAGI Medicaid or CHIP eligible <u>WITH outstanding verification issues related to residency and income</u> ("verification pend")	State processes AT, attempts to resolve verification pend, makes final determination, and enrolls consumer as applicable		
MAGI Medicaid or CHIP eligible <u>WITH verification issue related to citizenship or immigration</u> ("verification inconsistency" with NO pend)	State processes AT, provides ROP, attempts to resolve verification inconsistency, makes final determination, and enrolls consumer as applicable		
<b>Other</b>			
Non-MAGI Referrals	State processes AT, makes non-MAGI eligibility determination, and enrolls consumer as applicable		
Requests for Full Determinations	State processes AT, makes eligibility determination on all bases (MAGI and non-MAGI), and enrolls consumer as applicable	State processes AT, makes non-MAGI eligibility determination, and enrolls consumer as applicable	

# Benefits of accepting FFM MAGI-based eligibility decisions as determinations

- Reduces state administrative burden and use of state resources, minimizes the state's eligibility and enrollment workload. These models shift a portion of a state's workload from state systems and workers to the FFM
- Supports SMA requirement for timely processing of MAGI applications
- Provides a more streamlined experience for consumers applying at HealthCare.gov who are found Medicaid/CHIP eligible
- FFM-D states can choose to delegate a subset of fair hearings to the Federal Marketplace Appeals Entity

# Implementation steps and applicable timeframes for states switching to FFM-Temp D or FFM-D model

## Overall Planning and Policy Approach:

- Evaluate policy options and decide on whether to become an FFM-Temp D or FFM-D state for Medicaid and/or CHIP
- Decide whether to implement for both Medicaid and CHIP, only Medicaid, or only CHIP
- Plan state operations and system changes, as applicable
- Develop a timeline for implementation that incorporates engaging with CMS for technical assistance and identifying a go-live date



# Implementation steps and applicable timeframes for states switching to FFM-Temp D or FFM-D model (cont'd.)

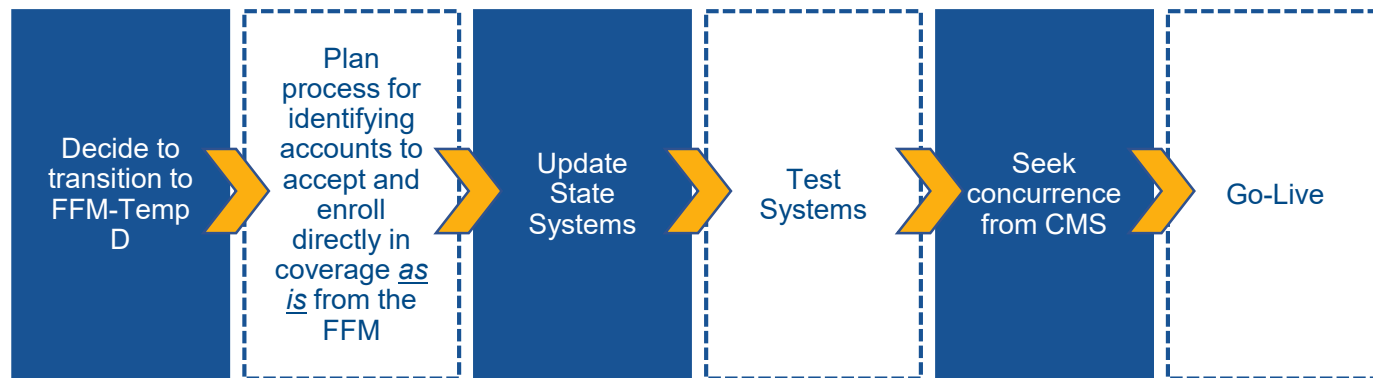
## **FFM-Temp D and FFM-D:**

- Implement changes to business processes and/or the eligibility and enrollment system logic to appropriately identify which accounts referred by the FFM can be enrolled directly versus those which require additional state action to verify eligibility based on information in the AT
- Prepare and test system updates, as needed
- Update manuals to reflect new processes/procedures and implement staff training, as applicable

# Implementation steps and applicable timeframes for states switching to FFM-Temp D or FFM-D model (cont'd.)

## FFM-Temp D:

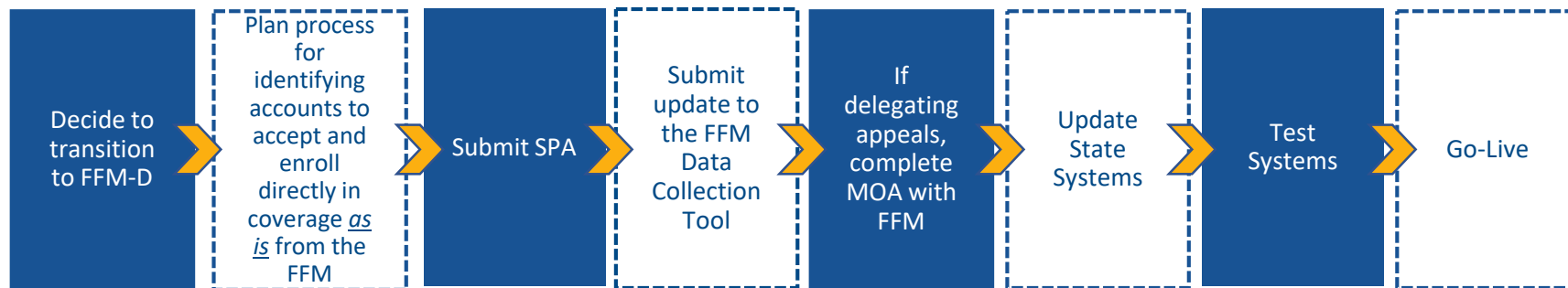
- Seek concurrence from CMS when implementing this temporary policy to ensure proper implementation, provide documentation of the change for Payment Error Rate Management (PERM)/Medicaid Eligibility Quality Control (MEQC) and other audits, and establish the timeframe for the use of this option



# Implementation steps and applicable timeframes for states switching to FFM-Temp D or FFM-D model (cont'd.)

## FFM-D:

1. Submit a Medicaid single state agency state plan amendment (SPA)
2. Update the FFM Data Collection Tool for the anticipated implementation date
  - CMS follows a quarterly schedule for the go-live of FFM system changes
  - For changes effective April 1, 2023, submit updates to CMS in January 2023 (exact due date TBD)
  - CMS may also be able to accommodate off-cycle implementations
3. If delegating the authority to the Federal Marketplace Appeals Entity to conduct fair hearings, complete a Memorandum of Agreement (MOA)



# CMS Technical Resource Guide for States

(Released 10/28/2022)

- Supports states that have elected to be an FFM-A state in transitioning to accept FFM eligibility decisions for Medicaid and/or CHIP on the basis of MAGI as final determinations, when fully-verified by the FFM
- Provides state policy and technical staff with resources to assist with the transition to FFM-Temp D or FFM-D
- Outlines state roles and responsibilities for each model, implementation steps, and applicable timeframes, and policy and operations related to eligibility and enrollment coordination with the FFM
- Helps states code their systems to properly ingest the AT payloads sent to the states by the FFM
- Supports accurate state processing of FFM applicants referred to the state via AT (includes responding to the FFM)

# Technical Assistance

CMS is available to assist states with the transition to becoming an FFM-Temp D or an FFM-D state.

Please contact your state lead.

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# Questions

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