



COVID Unwinding - Medicaid

Status and Next Steps

Background Information

- “**Unwinding**” refers to the activities necessary for the RI EOHHS Medicaid program to reverse actions taken at the start of the federally-declared public health emergency – i.e.. maintenance of continuous, minimum essential coverage.
- CMS has committed to providing 60-days notice to states ahead of the end of the PHE.
- RI-specific authorities granted by CMS under the emergency declaration via Waivers 1115, 1135 or the Disaster Relief State Plan Amendment (SPA) will expire with the PHE expiration if they haven’t been sunset already.
Telehealth will continue due to enacting legislation.
- Upon termination of the federally-declared PHE, states will have 12 months* to redetermine all beneficiary eligibility.
*Failure to complete all redeterminations puts RI Medicaid’s federal funding participation at risk.

End of the PHE?

- Currently declared through 7/15/22
 - **Future extensions of the PHE may not always be 90-days in length.**
 - **Next notice could be the 60-day marker ending the PHE.**
- Many states and various organizations have petitioned Congress to extend the 60-day notice to upwards of 120-days.

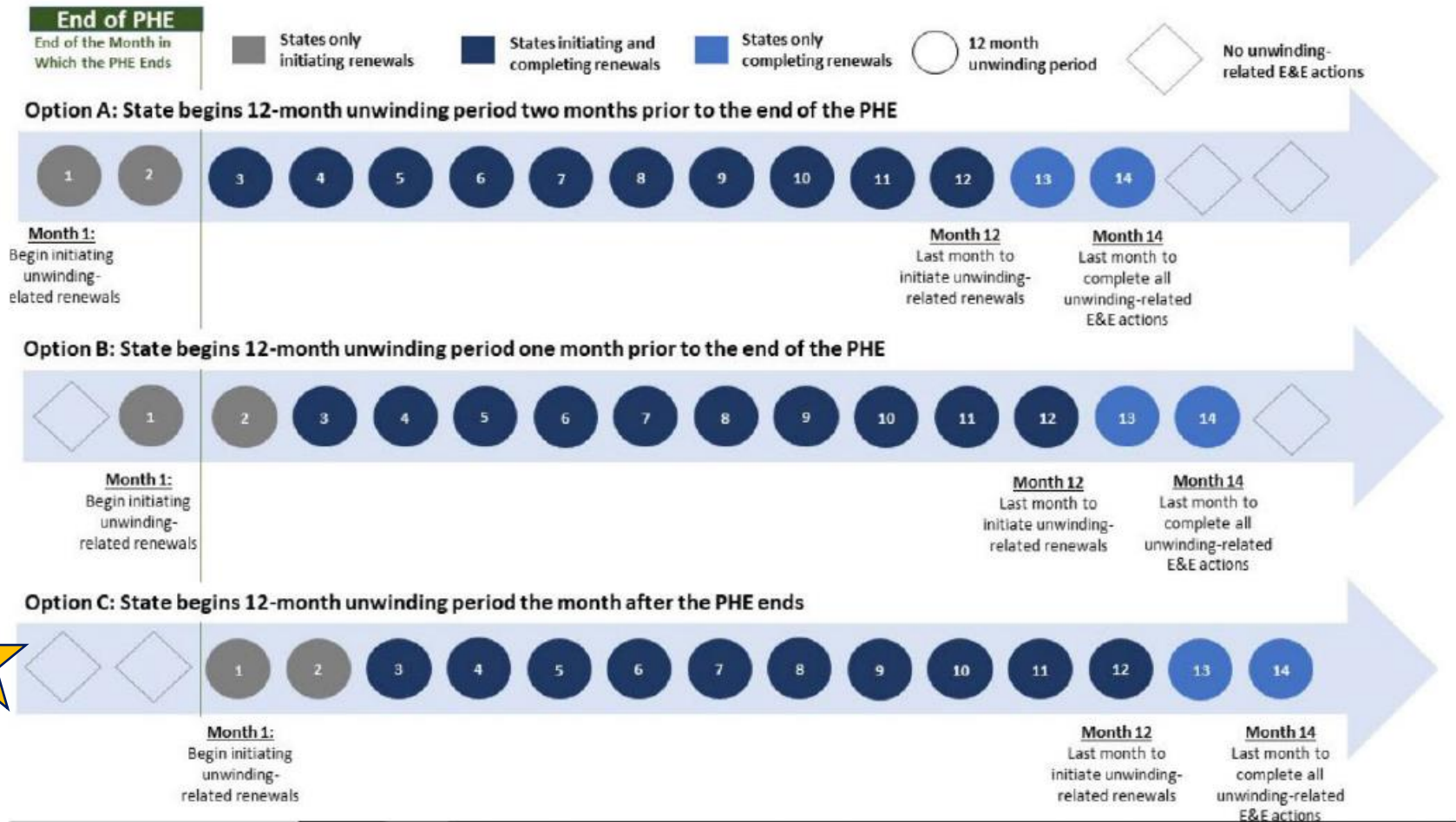
RI EOHHS / Medicaid's Unwinding Focus

The approach to unwinding varies by state and territory. In RI, the focus is on maximizing coverage continuity VS swiftly cutting program costs to minimize budget impacts.






Potential Timeline from [SHO22-001](#) released March 3, 2022

Draft: This document is intended for review and discussion purposes only



RI EOHHS / Medicaid's Readiness

Area of Focus	Readiness
Systems	
Communications	
Workforce	

Systems Readiness

COMPLETED:

- All beneficiaries will have eligibility redetermined over the 12 months following the PHE-end.
- Redetermination schedule set:
 - Approved by CMS, RI focused on the most equitable approach.
 - FIFO, primarily
 - Alignment with SNAP / DHS Program renewals
 - Spread over 12 months to establish a manageable workload for subsequent renewal years.
- Maximizing data sources to allow for “passive” renewals – including an enhancement to passively renew some non-MAGI beneficiaries

PENDING SYSTEM RELEASE:

- Potential increase to “reasonable compatibility threshold”
- Automation for “Easy Enrollment” with the RI Health Insurance Exchange (HealthSourceRI)
- Notice / Stuffer Language Updates

Communications Readiness

COMPLETED:

- Enhanced communication tools (Email and Text capabilities – to supplement mailings)
- Preliminary EOHHS Communications Plan
- Initial social media attempts to get beneficiaries to update their addresses
- Work with MCOs to obtain updated beneficiary information (based on most recent returned mail)

PENDING / INITIATING:

- Identifying Channel Strategy
- “Ground Softening” campaigns
- Identifying “Ambassadors” / outreach partners
- Notice / Stuffer Language Updates
- Alternative avenues for updated beneficiary contact information
- Additional advisory meetings with Advocates

Communications Readiness continued

PENDING / INITIATING continued:

- Focus Groups for Notices and other Member material
 - Not explicitly tied to 'Unwinding'
 - Diverse member engagement
 - A/B option modeling
 - Accountability and transparency for feedback

Workforce Readiness

PENDING / INITIATING:

- Identifying workforce capacity and gaps
- Establishing training priorities
- Streamlining procedures

Other Notes

- Beneficiary population does not understand the terms “PHE” or “Public Health Emergency” – Medicaid will not use these terms.
- Mailings that require action will be marked “Action Required – Open Immediately”
- Key mailings may be on specific, colored paper for reference-ability.
- Redeterminations requiring action will be communicated with the MCOs and other partners for additional beneficiary support



Medicaid Enterprise System

Status and Next Steps

Background Information

- MMIS – Medicaid Management Information System
 - Claims adjudication, financial management and reporting
 - TPL management
 - Prior Authorizations
 - Provider screening and enrollment
 - Member MCO enrollment
 - Reporting and Data Warehousing functions
 - Pharmacy Benefits Management
 - Many interfaces
 - Manages programs other than Medicaid (Dept of Corrections, Ryan White, for example).
- Existing MMIS implemented in 1993
 - Patched and expanded beyond recognition since
 - Inflexible for modern day needs
 - Program and population management
 - Reimbursement / claims payment rules

Project Intent

Modernization, Modularization & Interoperability

- CMS promotes modularization and interoperability with all new MMIS system procurements¹
- Standards and conditions tied to all DDI (Design, Development and Implementation) funding requests

*This project is using 90% Federal Funding Participation (FFP) start-to-finish

Lessons Learned Remain In Focus:

- Full business process and system review
 - Not just replacing what we have today
- Intentional, methodical identification of modules for procurement
 - Will not be a big-bang system replacement
- Planning for system redundancy
 - Ensuring key performance threshold are met before cutover
- No impacts to providers or beneficiaries!

¹Modularity & Interoperability Federal Guidance - <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16004.pdf>

Progress and *sample* Timeline

- Existing MMIS contract (Gainwell Technologies through 3/2025)
- MES Planning Vendor (North Highland) began 4/1/22

	FFY 2022				FFY 2023				FFY 2024				FFY 2025				FFY 2026				FFY 2027				FFY 2028				FFY 2029				FFY 2030							
	CY 2022		CY 2023		CY 2024		CY 2025		CY 2026		CY 2027		CY 2028		CY 2029		CY 2030																							
	SFY 2022		SFY 2023		SFY 2024		SFY 2025		SFY 2026		SFY 2027		SFY 2028		SFY 2029		SFY 2030																							
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4										
CURRENT MMIS CONTRACT																																								
Planning Vendor Procurement																																								
Systems Integration																																								
Potential Module "B"																																								
Potential Module "C"																																								
Potential Module "D"																																								
Potential Module "E"																																								
Potential Module "F"																																								



Interoperability - Medicaid

Status and Next Steps

Background Information

- The Interoperability and Patient Access final rule (CMS-9115-F) puts patients first, giving them access to their health information.
- Medicaid-focused inclusions:
 - *Patient Access API*
 - *Provider Directory API*
 - *Payer-to-Payer Data Exchange*
 - *Increasing the Frequency of Federal-State Data Exchanges*
 - *Buy-in File from monthly to daily*
 - *MMA File from monthly to daily*

Status

- Patient Access API – complete with no app uptake
- Provider Directory API – complete with no app uptake
- Increasing the Frequency of Federal-State Data Exchanges
 - Buy-in File from monthly to daily - complete
 - MMA File from monthly to daily – complete
- Payer-to-Payer Data Exchange - on hold
 - Pending additional CMS guidance