



MEMORANDUM

To: Elizabeth McClaine, VP of Medicaid, Neighborhood Health Plan of Rhode Island
Ed Curis, Product Manager, Neighborhood Health Plan of Rhode Island
Julienne Stenberg, Product Manager, Neighborhood Health Plan of Rhode Island
Michael Florczyk, COO, UnitedHealthcare of New England
Michael Gossner, CEO, UnitedHealthcare of New England
Matthew Padelli, Compliance Officer, UnitedHealthcare of New England
Domenic Delmonico, RI Executive Director, Tufts Health Public Plans
Alice Msumba, Director of Product Strategy, Tufts Health Public Plans
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Ken Reid, Medicaid Compliance Program Manager, Tufts Health Public Plans
Stephen Camper, Medicaid/Duals Compliance Officer, Tufts Health Public Plans
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Sara Harrison, Program Director, MTM

From: Charles Estabrook, Medicaid Managed Care Administrator, EOHHS

CC: Kristin Sousa, Medicaid Program Director, EOHHS
Mark Kraics, Deputy Medicaid Program Director, EOHHS
Jane Morgan, Esq., Medicaid Executive Legal Counsel, EOHHS
Nicole Nelson, Director of Technology, EOHHS
Nina Lennon, Administrator for Medical Services, EOHHS
Lynn Doherty, Medicaid Managed Care Compliance Officer, EOHHS
James Rajotte, Chief Strategy Officer, EOHHS

Date: May 2, 2023

Subject: **Terminated Member Outreach Policy**

EOHHS is responding to a request for clarification from an MCO related to contacting terminated members during the redetermination process. Managed Care Organizations (MCOs) and the Non-Emergency Medical Transportation (NEMT) Broker may conduct outreach to members that have been termed from Medicaid coverage. Pursuant to agreements that prohibit MCOs and the Broker from performing outreach to terminated members from the Medicaid Program or their managed care benefits, EOHHS will allow flexibility for contracted vendors to support members who may have inadvertently not returned requested documentation or need additional information to complete actions to reenroll in the Medicaid Program. Such member outreach will be allowed only through EOHHS approved communication methods. EOHHS will allow the following outreach *only* related to supporting terminated members who need assistance to reenroll in the program to access their Medicaid benefits:

- Contracted vendors may conduct outreach to previously enrolled members, who have been determined ineligible for procedural reasons for up to sixty (60) days after termination. The Contracted vendor may provide the member information as to how to reenroll and/or consumer supports to access Medicaid enrollment information.

Any member who is re-enrolled in Medicaid up to sixty (60) days after termination, will be reinstated to their original MCO unless that member selects a different MCO during the redetermination process.¹

¹ This is not applicable to the Rite Smiles Program and NEMT Broker since there is only one vendor performing the contracted services.



Pursuant to current Agreements, vendors shall submit any new marketing materials related to outreach to terminated members for review.

Monthly Termed Member File

To facilitate targeted outreach to members who have been termed for procedural reasons as determined by EOHHS, EOHHS will be distributing an additional monthly file that will include three (3) types of termed members. The monthly file will include the following information:

1. Passive Renewals when an Additional Document Request (ADR) was sent.

- These members were initially set to be passively renewed but during the process the system identified an unverified data point (like new income). An ADR was sent to the member telling them they must provide a document(s) to complete their eligibility, if they do not, they will be terminated from Medicaid.

2. Packet Not Received, Terminated

- Members who did not return their packet before the negative action date and are now slated to terminate for their renewal date.

3. Packet Required, Not Received

- Members who were sent a renewal packet and the packet or any other document has not be sent to the State. Members will terminate for their renewal date if not returned.

For all three (3) types of procedural terminations noted above, the members will terminate during their corresponding negative action date if no further action is taken. This will be about forty-five (45) days after a renewal communication is sent to the member. If member responds prior to the negative action date, they will only be termed for their renewal date if the redetermination process is completed by the Department of Human Services (DHS) and member is still found ineligible. If action is taken after negative action, the member will still term for their renewal date. Once DHS reviews the redetermination application, the members eligibility may be retro approved to cover any gap if they are found eligible. Then EOHHS would follow the retro-enrollment process.

Please be advised that this allowance is not to solicit members from other MCOs or used as promotional and marketing materials pursuant to [42 CFR § 438.104](#). If an MCO does not use approved marketing materials or engages in a manner that is not related to supporting terminated members, they shall have their ability to engage these members revoked by EOHHS. This is inclusive of marketing for members to join a commercial, Medicare or QHP product. Lastly, **this abeyance for vendors to contact members will only be allowed during the redetermination process related to COVID-19**. EOHHS will provide written communication when MCOs cannot contact formerly terminated members during this allowance.

Please don't hesitate to contact myself or Nina Lennon if you have further questions.

Yours in Health,

Charles Estabrook, Medicaid Managed Care Administrator, Rhode Island Executive Office of Health and Human Services

