



**INFLUENCE
BUILD
CONNECT**

presents

Supporting PHE Coverage and Navigating Transitions for Medicaid Populations

January 18, 2023

— In collaboration with —

Deloitte.

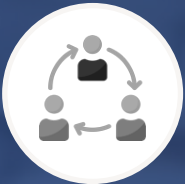


WHO WE ARE



WE REPRESENT

state and local health and human services agencies through their top-level leadership



WE SEEK TO

influence modern policies and practices, help our members *build* capacity for their teams, and *connect* them to other human-serving organizations and policymakers

We build well-being from the ground up.



INFLUENCE BUILD CONNECT

To Deliver Value to Our Members We Aim to:

Influence modern policies and practices that support the health and well-being of all children and families and that lead to stronger communities

Build more capacity through access to our professional education and development conferences, technical expertise, publications, and our Organizational Effectiveness practice

Connect members to national policymakers and human-serving organizations across a wide circle of stakeholders in the health and human services sector, as well as key partners in education, housing, employment, and others

Save the Date!



National Health & Human Services Annual Summit

May 21–24, 2023

Hyatt Regency Baltimore
Baltimore, MD

POLICY AND PRACTICE

www.APHSANationalSummit.com



Economic Mobility & Well-Being Conference

August 27–30, 2023

Hyatt Regency Long Beach
Long Beach, CA

SNAP, TANF & PROGRAM INTEGRITY

www.EMWBConference.com



Annual ISM Conference & Expo + Attorneys Education Conference

September 10–13, 2023

Gaylord Palms Resort and Convention Center
Kissimmee, FL

TECHNOLOGY & LEGAL

www.ISMConference.com
www.AAHHSAConference.com



NSDTA Education Conference

October 22–25, 2023

Sheraton Pittsburgh Hotel at Station Square
Pittsburgh, PA

ORGANIZATIONAL EFFECTIVENESS

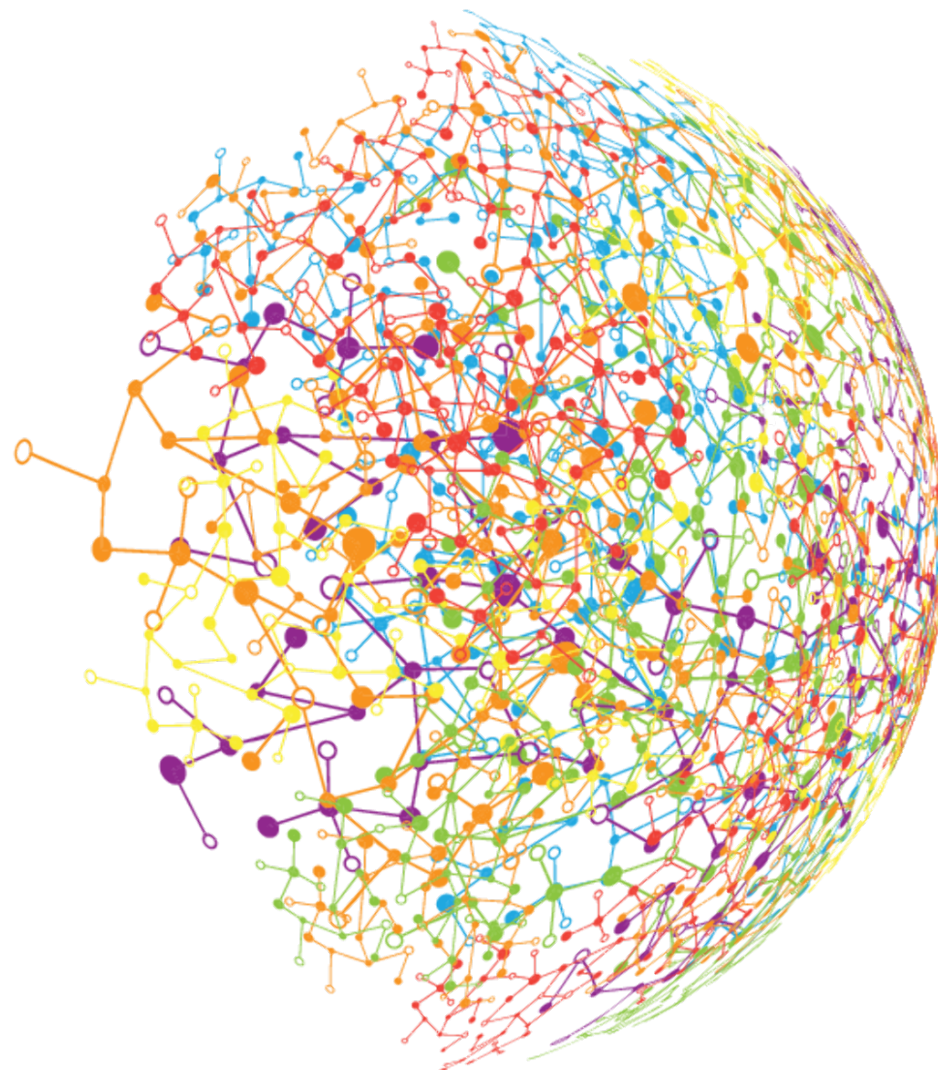
www.NSDTAConference.com



JANUARY 18, 2023

Supporting PHE Coverage & Navigating Transitions for Medicaid Populations

Focusing on HCBS/LTSS Medicaid Recipients



WELCOME: FEATURED STATE SPEAKERS

Pam Smith

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LeAnne Mullins

Director

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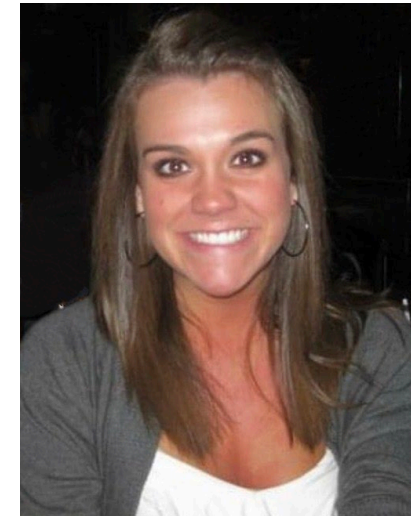
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Agenda

Welcome & Introductions (5 mins)

Overview (5 mins)

Kentucky Spotlight (25 mins)

PHE Unwind Leading Practices (10 mins)

Q/A (10 mins)



Why Focus on PHE Unwind for LTSS Populations?

The COVID-19 public health emergency (PHE) began on January 27, 2020. States adopted policies to streamline enrollment processes and expand access to Medicaid HCBS.

The 2023 Consolidated Appropriations Act (CAA) does not address the end date of the PHE, and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

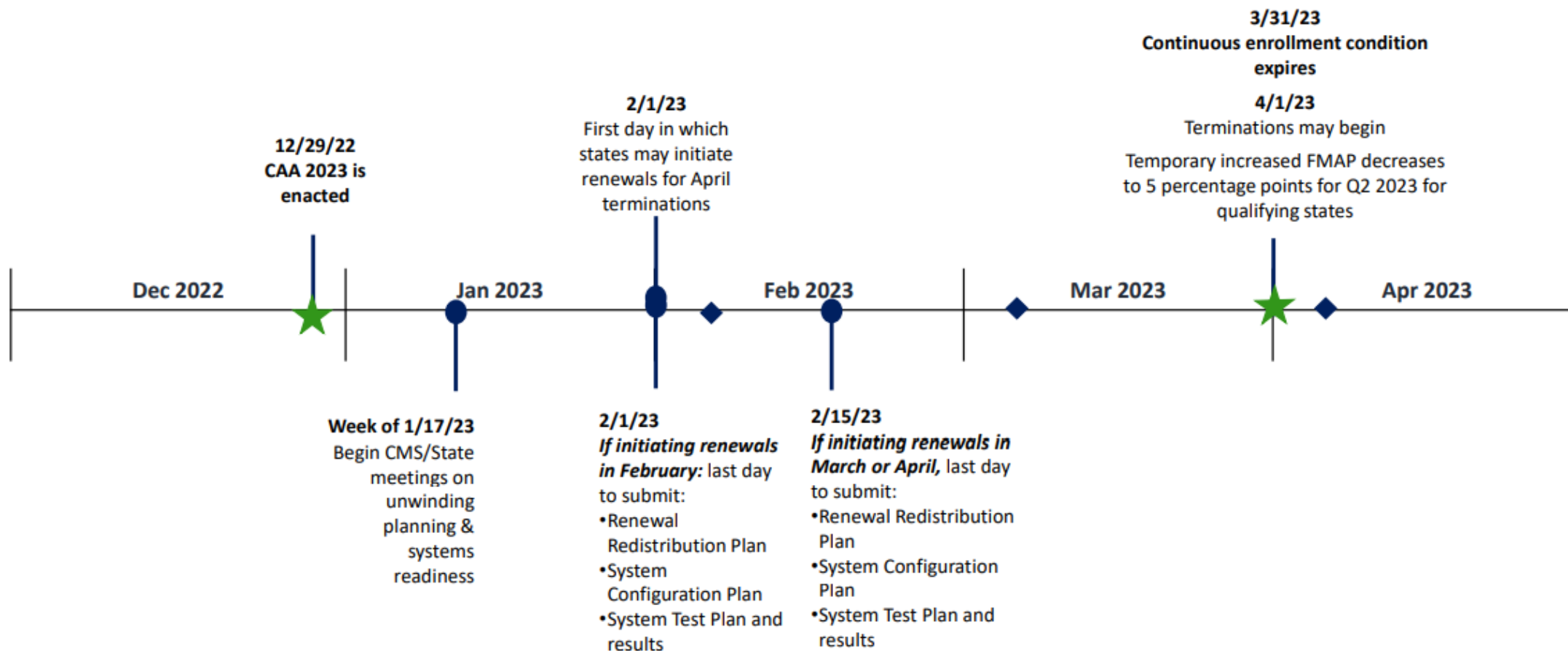
Medicaid enrollment grew substantially during the PHE due to the continuous coverage requirement, part of the Families First Coronavirus Response Act (FFCRA). Ensuring that people remain enrolled or successfully transitioned to the appropriate coverage will help provide continuity of care and avoid loss of coverage. **This is especially important for older adults and people with disabilities, many of whom rely on long-term services and supports (LTSS) to meet daily needs.**

O'Malley Watts, Molly et al. ["Ongoing Impacts of the Pandemic on Medicaid Home & Community-Based Services \(HCBS\) Programs: Findings from a 50-State Survey."](#) KFF. Nov 28, 2022.

Tolbert, Jennifer and Ammula, Meghana. ["10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement."](#) KFF. Dec 08, 2022.

What Happens Next?

The CAA, in alignment with CMS guidance (released January 5, 2023), outlines important dates for key state activities:



Polling Questions

1. Do you have targeted outreach campaigns? Select all that apply.
 - a. Managed Care Organizations
 - b. Nursing Homes
 - c. Direct Service Providers
 - d. Targeted Case Managers, Supports/Care Coordinators, and/or Community Navigators
 - e. Advocacy Organizations
 - f. Hospitals
 - g. Community Mental Health Centers
 - h. Aging & Disability Resource Centers, Area Agencies on Aging, and/or Centers for Independent Living
 - i. Direct to Medicaid Recipient and/or Families, Guardians, Authorized Representatives
 - j. Other

2. Are you using any of the following modes for your targeted outreach campaigns? Select all that apply.
 - a. Mail
 - b. E-mail
 - c. Text/Text Campaigns
 - d. Phone/Robocalling
 - e. Social Media (e.g., Facebook, Twitter)
 - f. Town Halls
 - g. Other

Kentucky



Reimagined User Experience for Self Service Portal



Utilizing deep collaboration with stakeholders with a focus on elevating the human experience the Commonwealth built the new Self-Service Portal (SSP) from the actual needs of Kentuckians by conducting user interviews and immersions sessions across urban and rural areas of the Commonwealth to define areas of improvement



Increased end-user adoption of SSP by creating a more user-friendly application built on human centered design principles and enabling omni-channel access as well as reviewing key processes and policies to train workers to shift towards the usage of SSP capabilities. Over 60% increase in the number of Applications, RACs, and Renewals submitted through SSP compared to the older system



Developed **6 personas** for understanding user journey, barriers, motivations – Rural Applicant, Parent/Guardian, First Time Applicant, Authorized Representative, Community Partner/kynector, DCBS Staff



152 customer & worker interviews, 1900+ minutes of audio & video, 300 + primary page designs across 16 weeks to reimagine the existing self-service portal and service design to drive greater beneficiary and worker outcomes



9k+ Cases managed by 200 Organization Authorized Representatives across 38 Organizations in the Commonwealth. Another 600k+ cases are associated to Authorized Representatives not associated to an Organization*

Key features used by support roles to manage resident benefits

- ✓ Organization administrator management of user credentials, automatically associating new accounts to the same case pool to enable immediate access
- ✓ Streamlined electronic access requests for Authorized Representative users to get permission to access the case more quickly
- ✓ Dynamic program level permissions defined per case to ensure that users have the right level access for the right cases
- ✓ Mobile first design, allowing users to access the system with the device they have wherever they are. 68% of users access the portal through mobile devices
- ✓ Built-in help using WalkMe to provide click-by-click guidance through more complex screens such as income and tax filing status



Nudging in Kentucky

Optimizing Medicaid Eligibility Redeterminations



Potential Communication Needs

Prepare

Prepare residents enrolled in Medicaid for the anticipated renewal process and educate them on the upcoming changes

Inform

Inform residents enrolled in Medicaid about the date for their anticipated renewal process and educate them on the upcoming changes

Guide

Inform residents how to renew and find out if they are still qualified for current benefits.

Redirect

Redirect residents to other options if they no longer qualify for the benefits they had under the PHE. For example, if a resident no longer qualifies for Medicaid or BHP, this would drive them to an alternate health plan.



How Nudging Can Support

PHE Address Update

Public awareness campaign to contact Medicaid recipients and motivate them to update contact information on file so they receive updates to avoid loss of coverage.

PHE Unwinding Awareness

Public awareness campaign to inform Medicaid recipients of their new scheduled renewal date and motivate them to update contact information on file so they receive updates to avoid loss of coverage.

Benefits Expiration & Renewal Campaign

Resident receives email and text nudges that inform them of renewal and remind them to complete necessary steps in order to maintain their benefits.

Alternative Health Plan Awareness

Ensure that residents who lose Medicaid coverage are aware of alternative coverage options. Awareness campaign driving residents to SBM site and transitioning them to an alternate health plan.

Address Update

Campaign Summary

Public awareness campaign to communicate importance updating contact information on file (email, home address) so they receive timely updates to prevent loss of coverage and encourage residents not currently opted in for email/SMS nudges to do so.

Audience: Residents

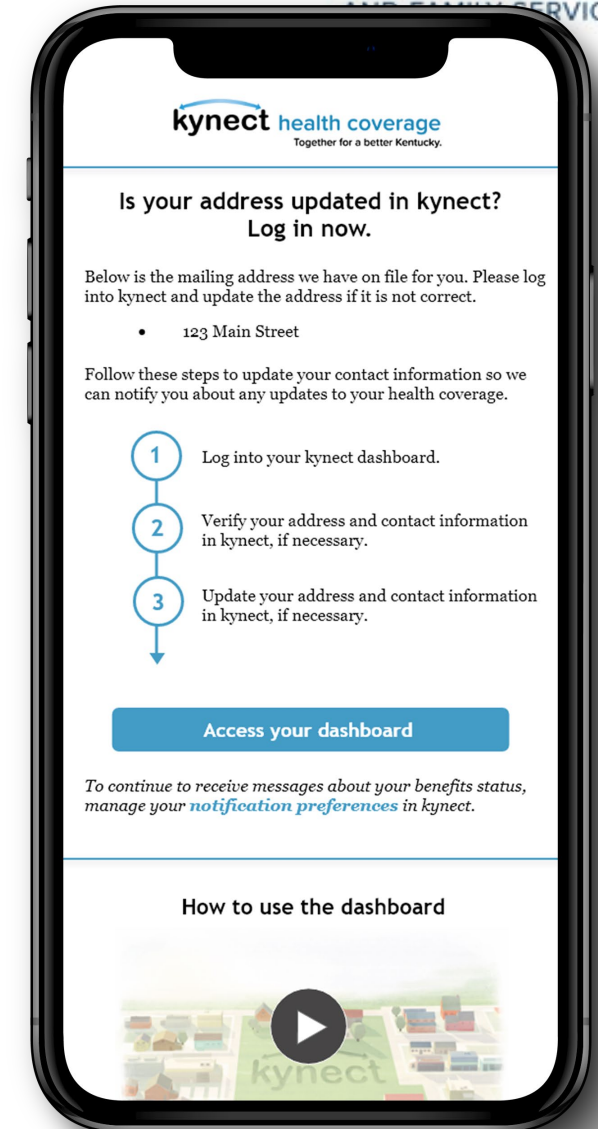
User Story

As a resident who is currently enrolled in Medicaid, I want to have an opportunity to update my address and contact information to confirm I will receive updates regarding my MA coverage and avoid experiencing a lapse in coverage.

Impact

- Improve delivery accuracy and engagement by ensuring contact and mailing address is accurate for Medicaid recipients.
- Minimize threat of losing benefits. Compared to March 2020, there is over a 220% projected increase in Medicaid renewals.
- Increase customer base for receiving nudges.
- Improving online usage and awareness.

Conceptual Design



90-Day Renewal Announcement

Campaign Summary

Audience: Residents

Public awareness campaign to inform Medicaid recipients of their upcoming renewal date in 90 days. Communicate importance updating contact information on file (email, home address) so they receive timely updates to prevent loss of coverage and encourage residents not currently opted in for email/SMS nudges to do so.

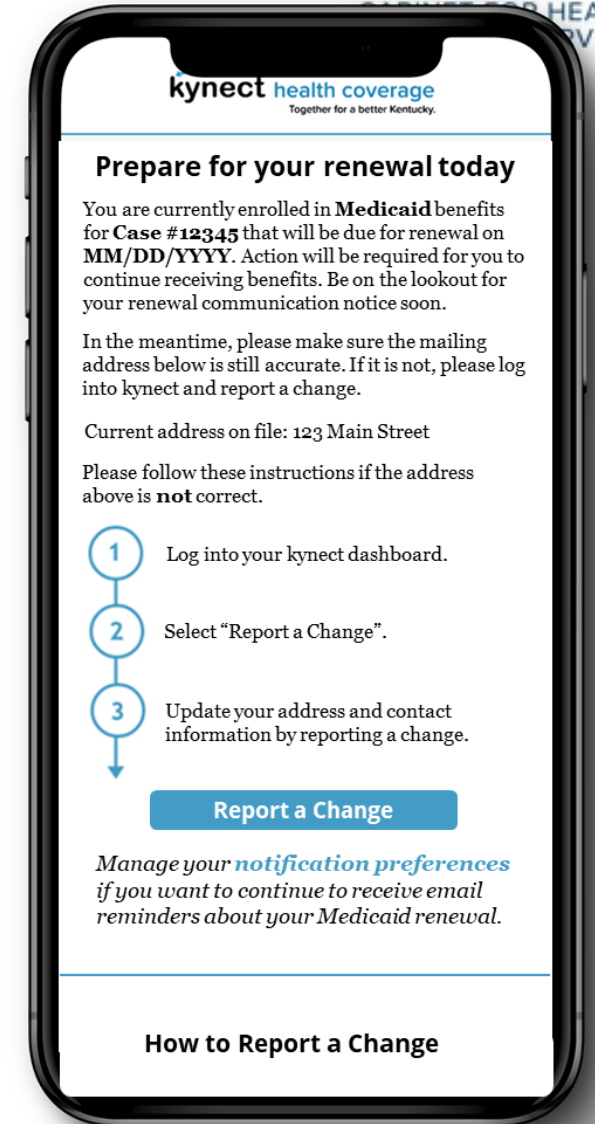
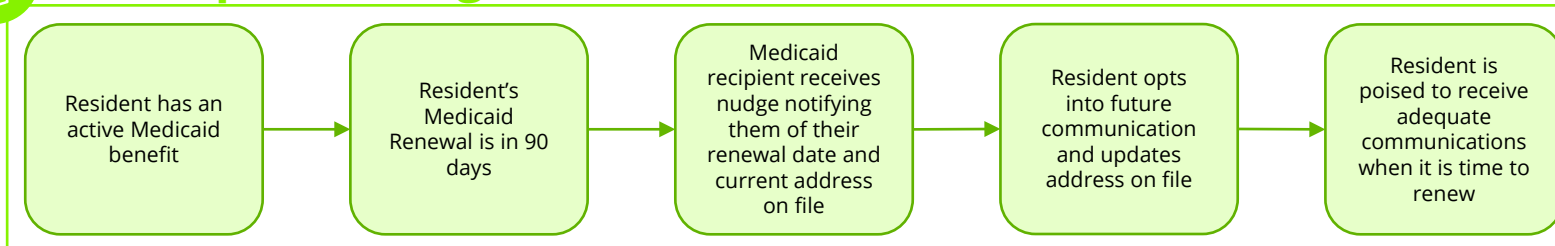
User Story

As a resident who has a renewal/expiration coming because of the PHE unwinding, I want to know when my renewal or expiration date is coming up and confirm I have updated contact information and notification preferences.

Impact

- Improve delivery accuracy and engagement by ensuring contact and mailing address is accurate for Medicaid recipients.
- Minimize threat of losing benefits. Compared to March 2020, there is over a 220% projected increase in Medicaid renewals.
- Increase customer base for receiving nudges.
- Improving online usage and awareness.

Conceptual Design



Benefit Expiration & Renewal

Campaign Summary

Audience: Residents

This campaign sends Email and/or SMS messages to Medicaid recipients to remind them of their upcoming recertifications and inform them of the necessary steps to initiate recertification.

User Story

As a resident whose benefits require renewal, I want to be informed and reminded of the ways to schedule my interview and/or submit proper documentation to prevent my benefits from stopping.

Impact

- Decrease the number of discontinued cases due to a failure to complete all the necessary steps to recertification
- Decrease benefit churn
- Reduce call center volumes

Conceptual Design

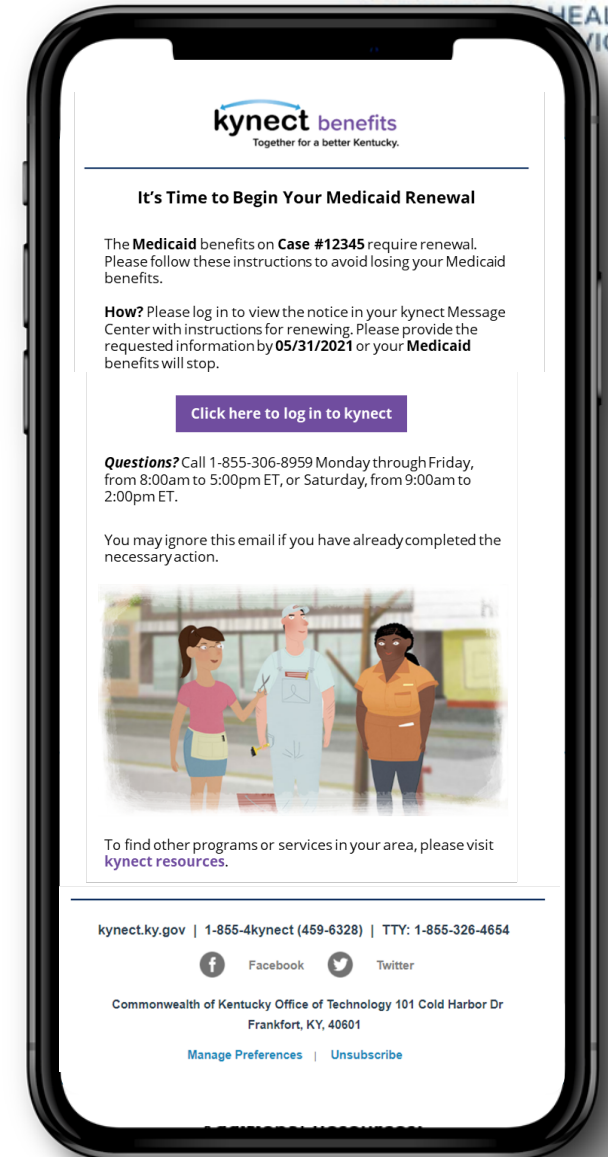
Resident's
Medicaid
Renewal is in 60
days

Medicaid
recipient receives
nudge notifying
to initiate their
renewal

Resident does
not initiate their
renewal

Resident receives
an additional
nudge to initiate
their renewal

Resident initiates
their renewal and
maintains their
Medicaid benefit



Alternative Coverage Alert

Campaign Summary

Audience: Residents

Public awareness campaign to confirm that residents who lose Medicaid coverage are aware of alternative coverage options and given next steps to enroll. This campaign will educate residents on alternative health plans and drive them to the kynect application so they can determine which program they qualify for and apply.

User Story

As a resident who has lost benefits because of the PHE unwinding, I want to know why I lost coverage and understand my options for new coverage.

Impact

- Decrease lapses in coverage after MA renewals.
- Inform individuals no longer eligible for MA of alternative coverage options.
- Explain to residents why they lost coverage within 24-hours, whether due to missing their MA renewal or losing eligibility.

Conceptual Design

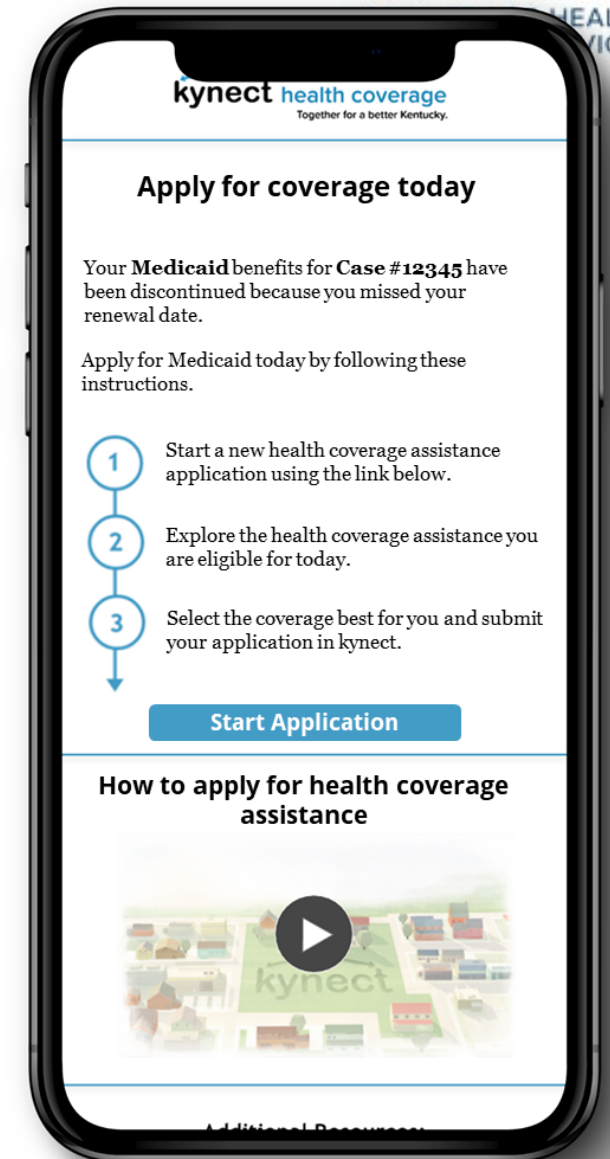
Medicaid recipient loses coverage

Resident receives a nudge regarding the coverage they qualify for

Resident visits the online portal to learn more

Resident takes necessary action(s) to apply for alternate plan

Resident is enrolled in alternate coverage



Spotlight: PHE Unwinding Campaign Performance & Impact in Kentucky

The PHE Unwinding – Address Update campaign was successfully launched in July of 2022 with all campaign performance metrics exceeding the government industry average. To date, the nudges sent out from the campaign resulted in over **42%** opening their messages.

CAMPAIGN PERFORMANCE



220,400 emails sent



6,120 SMS messages sent



93%

Email Delivery Rate

Government Average: 95.00%*



99%

SMS Delivery Rate

Government Average: 80.90%*



7%

Email Click Rate

Government Average: 2.62%*



42%

Email Open Rate

Government Average: 21.33%*



17%

Email to Open Rate

Government Average: 14.3%*



0.12%

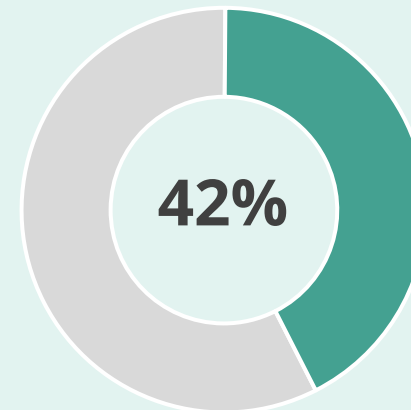
Unsubscribe Rate

Government Average: 0.26%*

All exceed the government industry average

CAMPAIGN PERFORMANCE

The PHE Unwinding Address Update campaign sent **220,400** email messages through three months with **86,177** opens. The address update nudges resulted in **132,435** home and email addresses updated. **42%** of the total emails sent were opened.



132,435

42% of the PHE Unwinding
Address Updates Emails were
opened in through November...

...resulted in 132,435 total
Address Updates.

Home and Community Based Services Origins in the Commonwealth

- In 1987, the Commonwealth of Kentucky introduced the Home and Community Based Services Waiver Programs (1915c). The goal of the program is to provide community and home-based care services to individuals as alternatives to nursing facility care.
- Today, Kentucky's Cabinet for Health and Family Services (CHFS) offers six Medicaid waiver programs to over 24,000 Kentucky residents.

Acquired Brain Injury - Acute (ABI)

- Age 18 or older
- Have a brain injury
- Meet NF level of care
- Need acute rehabilitation

Acquired Brain Injury – LTC (ABI-LTC)

- Age 18 or older
- Have a brain injury
- Meet NF level of care
- Need long-term, intensive support

Home and Community Based (HCB)

- Age 65 or older and/or physically disabled
- Meet NF level of care

Michelle P. (MPW)

- Have an intellectual or developmental disability
- Meet NF or ICF level of care

Model II (MIIW)

- Ventilator dependent 12 or more hours a day
- On an active, physician-monitored weaning program
- Meet NF level of care

Supports for Community Living (SCL)

- Have an intellectual or developmental disability
- Meet NF or ICF level of care

Oversight to Minimize Impact of PHE Unwinding on LTSS Populations in Kentucky



Oversight for Possible Loss of Medicaid Eligibility

01**Identification of Impacted Population**

Report shared that includes all members enrolled in HCBS waiver programs who have lost and/or will be losing Medicaid eligibility, along with their contact information and their assigned case manager.

02**Outreach to Case Management Agencies**

Letters to be sent to the case manager assigned to each of the members identified in step 1 indicating that loss of Medicaid is possible, which would result in disenrollment from HCBS waiver programs. This outreach will both alert the case manager of the situation and prompt them to check in with the member to see how they might be able to help the member get Medicaid eligibility reinstated prior to disenrollment from HCBS waiver programs to minimize any negative impacts to service delivery.

Leading Practices



Polling Question

3. Do you have preemptive outcome strategies/analytics to encourage waiver program renewals and/or to avoid program closures? Select one.
 - a. Yes
 - b. No
 - c. Unsure

Goals

- Member contact information is updated
- Partner with Plans so that Members are aware that eligibility determinations are resuming with possible loss of coverage
- Members are aware of changes to service delivery and eligibility, and have assistance with marketplace transitions
- Share Renewal information with Plans to conduct outreach and provide support

Actions

- **Develop a comprehensive communication plan** between State, providers, MCOs, and external organizations to outline a calendar of activities for communication and outreach.
 - As leading practices, workarounds, and/or challenges emerge, avoid churn and confusion through timely communication.
- **Engage stakeholders** as part of the solution, empowering them with sufficient information to participate effectively in advance.
- **Utilize multiple channels of communication** (e.g., text messaging, fax, radio, website posting, social media, direct to providers notifications, provider forums) to announce end of flexibilities/HCBS waivers (some examples below):
 - Members who have had family members providing personal care services will have to have a non-family members provide those services
 - Members who have received services from day care providers in their homes will have to begin going to day care centers to receive services
- **Provide clear and concise communications** and notices to stakeholders (e.g., case managers, providers, MCOs, individuals) that describe the purpose, required actions (if any), FAQ, helpful tips, important dates, etc.
 - Heads up notification with member details at start of renewal month
 - Reminder before final week of renewal period for LTSS cases not renewed
 - Nudge to return in 90 reconsideration period for LTSS cases

Actions (continued)

- **Develop a 'lost contact' strategy** that includes text/e-mail and most importantly, direct to individual
- **Validate** that auto-closures will not close LTSS cases; if auto-closing, implement a closure QA check
- **Validate** that backlog of processing renewals/verifications is accounted for in the auto-closure and manual closure procedures
- **Validate** logic for passive renewals and determine if LTSS case passive rates are as expected and/or could be enhanced (e.g., assets)
- **Develop a roster** of waiver members, including their case managers, to contact for renewal response needed, loss of service, and changes to eligibility
 - **Monitor data** via dashboards and reports
 - **Analytics** to track waiver population specific outcomes by provider (e.g., prospective and retrospective closure rates, closure reasons, reopenings, and backlog monitoring for renewals, verifications, and new applications)

Actions (continued)

- **Develop a provider and/or authorized representative portal** to give MCOs/Providers and authorized reps direct and real-time access to their member information such as address, eligibility, status, etc.
 - Set up virtual training on provider portal (or authorized representative portals) given likely turnover of provider staff
- **Develop a workload management strategy** for:
 - LTSS renewal volumes, particularly where assigned to specialized team and where State is prioritizing by vulnerability. Consider a multi-month distribution to avoid creating a perpetual workload spike.
 - Completing existing work and applications to avoid compound workload risk (prior to surge in renewals)
- **Develop a workforce readiness training plan** that includes directives for the customer service support department and case managers to understand LTSS specific messaging, changes, and notification process for members.
- **Extend LTSS leading practices to high claim utilizers**

Question & Answer



Thank you for participating!

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