

Raw file.
Hamilton Relay.
March 2, 2023.
9:00 a.m. ET.

This text, document, or file is based on live transcription. Communication Access Realtime Translation (CART), captioning, and/or live transcription are provided in order to facilitate communication accessibility and may not be a totally verbatim record of the proceedings. This text, document, or file is not to be distributed or used in any way that may violate copyright law.

>> Good morning, everybody. I hope you can grab whatever you need, coffee, tea. We will get started shortly. Good morning, good morning. I hope everyone is having a lovely one. We are going to get started. First and foremost, I want to shout out our team is DMAS there are a lot of logistical components that go with doing this work. We have Casey and Katie and I think Dalia and a couple of people from the DMAS side that are helping along with Cindy and Tina -- well, not Tina. Tierra and a couple of other people. So if I forgot, I will try to wrap that up at the end. Katie is on.

Do I see you, Meriam, are you here? She will pop in soon hopefully. Alright. So first and foremost, thank you for being here. We are in the throes of things, we are in the midst of this wonderful storm but a wonderful opportunity for our members. So given all of the things that have happened over the last three years we are happy to be in a place where we are engaging them again and making sure they have what they need because at the end of the day they are the most important factor in all that we do.

This morning we ask that you place all questions in the Q and A section. You can find the Q and A at the bottom. If you don't see it, it has three dots in the bottom right-hand corner and it has Q and A. We ask that you place questions in that format. It helps us to look and see and respond. If you have feedback, absolutely use the chat for that component if necessary. We want to have most of our questions in the Q and A component. Always we are going to create an opportunity for questions towards the end.

So place any and all questions. There is no such thing as a ridiculous question. We do our best to make sure we gather all of the information so that you feel as well informed as possible. Alright. We can go to the next slide and what we

will do is have Meriam come and join us and walk us through the section.

If she is I will press forward, if not we will do what we need to do. Please give us a graceful moment and I will be right back. She must have had to step out for a second so I will start. I'll start and she will pick it up when she gets in. Let's go to the next slide.

So as you all know why we are here today, we are here to make sure you have an overview and understanding of what that continuous coverage component looks like. Why we are here is to make sure you feel supported and that you understand the process for what will be taking place over the next few months.

We received funding that provided extra coverage for our members since March of 2020, and the department of medical services gone to transition to that normal state that we were in otherwise known as resume and medicate renewals which will start this month. We are at the space where it will actually begin. We want to make sure we are collaborating with stakeholders, that you are making sure you understand the components in the processes that will take place.

When we start to think about what does that look like? What does the transition look like? What resources and tools do you need not only from us but every component of Virginia Medicaid, we do not sit alone in the work we do. We work closely with VDSS which is represented today, so we want to make sure you have all of the information that you need as advocates, as people who are working with older adults, as other people who are championing and making sure members have what they need to get through the component in the process.

So what have we done so far, DMAS and DSS we faced a significant amount of backlog in cases. We have over 2.2 million people covered in the state of Virginia. At the same time life changes have taken place and we are trying to make sure that as we enter this state of determination we have these components set forth and we are doing what we need to do.

We have made system updates and we have also included in that making sure we reduce the number of individuals that are inappropriately terminated and in those system updates anybody from our team could definitely jump in as necessary in order to let us know what needs to be done. I'll say we have also developed detailed plans in order to stage our redeterminations to make sure as you are entering the components of the redetermination that you have the resources that you need.

When we start to talk about making sure we partner with stakeholders, with PCPs, with others navigating this process with members, making sure you understand what parts we play and what parts you need to play in doing what you need to do.

Collaborating with NCOs, we have done a tremendous job. I will say that our NCOs are doing well as far as communicating with us and us with them about what their needs are, how they can better support things going on within their particular organizations as it relates to our members and then how we can better make sure that as those members are navigating systems that other things are in place to the best of our ability and also making sure we communicate at all levels whether local, state or federal level.

Address and return mail. I'm sure Cindy and her team could tell you all day the different components that go into making sure that as we address returned mail or anything else happening regarding notifications we are sending out that we engage team members and staff about what the best strategies and approaches for doing that. We have a plan that is quite robust and I'll review more of that as we move along. And then coordinating language approval and schedule deliveries of those different mailings, digital and telephonic outreach.

Identify federal flexibilities for Commonwealth as well as what will be maintained and what will be rolling out. We have different components and we want to make sure as we are navigating those things that you are on board with understanding what those things are and gathering feedback as necessary to make sure we are moving on effectively.

So expectations, what are we doing as we return back to normal? We have 12 months in which to do this work, 12 months in which to make sure that all of our cases are redetermined to some component, some way, shape or form. It is really about making sure that as you are going through this, as we are going through this staggered approach, as our members are going through redeterminations that we make all of the significant attempts that we have all of the different processes that include automated renewals, ex parte process, all of those things are in place.

We want to make sure as you are going through this particular component of the process that you reach out to the subject matter experts that understand and know what's taking place. Also you want to make sure that when states have to send adverse action or notification and Katie will get into that slightly that we do so in a way that they can actually receive it. I will talk about the fundamental things we are doing from a communications standpoint in order to ensure that all enrollees and everyone has what they need.

This is what our timeline looks like. Closures will not occur prior to the month the effort ends so the first closures won't occur until the end of April. We will start this process this month and then first closures won't happen until April, at first April 30th of 2023. Then we will be in the 12 month

process. We will start this process in a way that allows for members to go through the eligibility process.

We have to remember this process existed before the pandemic and we are trying to make sure everybody understands what that process looks like now. There has been some shifts to the betterment of the process for everyone involved including staff and stakeholders as well as for members and so those things we champion, those things we are excited about, but we have and understand that as we are moving through the process we are going to have questions, we are going to have things that you want a better concrete understanding of and we will do our best to be responsive.

We have 12 months to do the work and two months to clean up. After we get to that point we will be back to the new normal. I call it the new normal because it may not look or feel the same but the essence of the process will still be there.

So these are all of the wonderful things we have been able to really accomplish since mid-2020, since the declaration of the public health emergency and what we are doing to pivot and finalize changes that need to take place in order to make sure systems are shored up and we are ready for the huge redetermination process. I want you to take note of all of the things that have taken place.

Our staff has done a tremendous job of trying to best prepare for what this will look like. And I can't say that everything that we do will be to the most perfect component of what we could do. We are human, but at the same time I will tell you the intentionality behind everything done has been top tier and we applaud our staff, our team members across DMAS, DDSS, NCCOs and everyone else for putting their best foot forward in order to ensure that our members have the best possible experience going through this process.

I wanted to give a moment of gratitude for all of the work that has been done this far. Katie is up and she will talk through what VDSS is doing in collaboration with us and the wonderful work they are doing when it comes to making sure staff and team is prepared for the next stage.

>> Good morning, everybody, I am with the medical assistance unit at VDSS home office. I'm going to go over things we have put into place for the public as well as the local staff in conjunction with what Natalie was discussing with the DMAS side. We have been trying to amp up our unwinding communications. We are returning to normal operations as of 4/1/23 and we are starting that process ramping up this month. So in conjunction with that, here are some of the things we are putting together. We are doing joint messaging to help develop

and distribute messages to local agencies, let's them know what process we are going through during the unwinding.

My primary focus is going to be Medicaid, but SNAP, TANF and all other programs are impacted as well. We are holding joint monthly statewide virtual meetings between VDSS and DMAS where we participate in different calls to communicate everything you ever wanted to know and more about unwinding to the LDSS, the local agencies and other state partners.

We put different resources together, FAQs, scripts and unwinding because when this starts happening, we can anticipate that the agencies are going to receive more calls and how can they handle those. So this is, I will give them resources to address those frequently asked questions, and what to tell customers when they call and how to react. We also have different guidance and advice that is out there that is available to help them prepare for the change that's coming, clean up their caseloads, and get ready for the unwinding.

We also have a really nice unwinding portal that is on our intranet. That's internal. And for that that's the whole agencies. That gives them an information, guidance, messaging, all of the presentation, recordings, everything regarding the unwinding and what's getting ready to come forward.

On the public side as we have stated, everything is returning to normal on 4/1 but we need to make sure that everyone is getting this message so social media is very important, so they are putting messages out on social platforms such as Facebook and Twitter. I have seen them when I have been staying up too late.

Also if you are not aware there is a way that people can apply for assistance online which is common help Virginia.gov. They are giving people on that site important messaging about public health emergency. And that's been in place since November of 22. On our public site for VDSS and you have the web address down there below, there is messaging in place there to help the public towards the different information and resources that are available. And we also have been working on joint press releases between DMAS and VDSS that are in development and are going to be ready soon for the public to view. And assist them in this process.

There are also interesting resources because what is going to happen, you know, if someone is not eligible for medical assistance after this process picks up, there are all different things in place, but there are resources available on free clinics care.org.

I was looking at that earlier, there is not just basic care but all different kinds of care that someone might need, dental, it's very comprehensive. And this is an example of one of the

communications that we are putting out that offers assistance on all of the programs that are impacted by the unwinding.

If you focus on the middle which is us, that's for medical assistance and it just lets people know what's about to happen, why it is happening, and where they can go on the bottom. If you see that very light blue line on the bottom, it will give them information, the is S.Virginia.gov/benefit changes. They can go there for more information on the unwinding process.

And so this, you know, will address what other efforts have we been making to help our local staff prepare for unwinding.

They develop different policy courses. We are in the middle right now where local agencies were advised to have their staff new and experienced take refresher training on how to do renewals because it's been three years. They have got to get back into the routine of processing renewals and the policy regarding renewals.

So in Congress junction with the training we are having different round tables and meetings with the local staff to address best practices and policy guidance. And we are putting other communications out through a list serve and different layered messaging that goes out to regional offices. We also have the opportunity for specialized and target training.

I mentioned before that we were in the middle of doing some training. Staff, the majority of staff has taken the getting back to renewals. It's an eLearn available to them. One of the things we are also making ourselves available in medical assistance at VDSS is we are having subject matter expert webinars for local staff where they can ask us those questions one on one of what to expect, different situations they might encounter, and how to proceed.

And all of this guidance is going to be posted on line and they can refer back to it as needed. And we are really hoping that they utilize that and also reach out to us. We have a specialized email address that local agencies can ask us about the renewal process and what to expect.

And I believe this is it for me. I am going to turn it back to Natalie. Thank you.

>> Thank you Katie. Now, next slide, please. We are going to talk about what does it mean when we are talking about the outreach engagement and communications component of the work we are doing. Katie touched on it from a VDS perspective and she talked about the things they are doing to not only inform internal stakeholders which is staff, team members, but also but also make sure that community members as well as members overall have information they have. For us outreach and communications plan is a three pronged approach. We have been in phase 1 since March, but it's updating contact information, they are

completing the process and number three is what if you lost coverage?

What are the next steps? What is the reconsideration period, things like that. Let's go to the next slide and we will dive into what each one of those look like. Luke I said before phase 1 we have been in since March of 2022. We have made sure that we at the very least to the best of our ability working with partners internal and external, what do we need to make sure our members are successful. First thing is making sure they update contact information. That's the most fundamental thing. Anybody with the ecosystem of Virginia Medicaid will tell you we need updated contact information.

We need it so that we make sure that our members if eligible stay covered and if they need other resources that we redirect as necessary. For us the most important thing you can do now in addition to what our next ask will be is to make sure that your members have updated contact information in the system. We have lots of resources, and I will show you where those are in a few minutes in order to make sure we are supporting that effort.

We ask that you help us and aid us in doing that. All stakeholders no matter where you sit along the continuum of support for our members can aid in that particular effort. Phase 2 is the purpose system, encourage members to complete the necessary paperwork. We know that everybody is not going to go through the ex parte process. So when they are unable to get through the process and they receive something in the mail for us we need them to fill it out.

So in the phase 2 component of the work we are giving you lots of resources and tools to support that effort. I will show you examples of what those things look like. For us that campaign started last month and making sure that our stakeholders including many of you know what those resources are and then make sure you give us feedback about the use of those resources and what we can do to make sure you are staying engaged and have what you need to give the most up to date information to members. Phase 3 is really encourage those members who have lost coverage due to administrative reason or other reason to really go to other resources in order to maintain coverage.

The most important thing is that our community members stay covered. We want to make sure they have health insurance. It may not be with us. That's okay. If you had a wonderful life event, you got a new job, a promotion, different things could place you in a different component where you may not need Medicaid. We celebrate those things.

If that is the case, we want to make sure you have the

coverage overall. We know that is an important component of you having healthy wellbeing.

So what are all of the components we have done? For our members we had digital ad campaign shot out to our communications team as well as VDSS's PR team. Social media campaigns, cover Virginia website has been updated. We are trying to redirect and make sure stakeholders as well as members have all of the information that they possibly can to be successful.

We have mailed, we have developed toolkits that you will see. We have mailed flyers and posters to our local Department of Social Services as well as community service boards. It is also open for phase 1 now for you to go on and order materials to make sure people have updated contact information just as a stakeholder. You could do it as a community member if you wanted to as well. We have translated documents into six other languages.

We have partners and stakeholders have had the opportunity to receive memos and we have informed health plans. We have virtual and in person meetings. We provided toolkits to different sectors of our stakeholder population.

We are doing all that we can to uplift, raise awareness and make sure people understand what is coming, what do they need to do. So these are our stakeholder toolkits, we have phase one which you will see with the orange banner. We were in a federal public health emergency and we are in phase 2 this unwinding, and so you can find the Toolkits on the cover Virginia website under the return to normal tab. There are four bars at the top and the last bar says Toolkit and material.

You will see these wonderful resources collectively and individually. We are adding additional resources as we are getting things translated for the member facing documents. I'll go into a couple of examples of what some of the resources look like for phase 1, 2 and 3. We were able to develop a renewal flow process to level set what it looks like for each component.

What is Virginia Medicaid's responsibility and what is the member's responsibility. We are trying to be transparent about what the process will look like. It's a staggered approach so people need to wait until they hear from us in order to respond, but once they do we want to make sure they understand with the process comes these responsibilities and we want you to make sure you ask adequate questions of those that are supporting you. Make sure they asking adequate questions. And maybe because I don't have updated contact information that they know what they need to do and can col up with those in their support system.

So these are also examples of flyers as well as posters.

These are the languages that the member-facing documents have been translated into. You will see templates and other things for phase 1, but we have tried our best to make sure the information is as accessible as possible.

These are the Town Halls we are in. We were able to complete our first one on Tuesday with our provider networks, Katie and the wonderful friends from VSS and DMAS is there. We hope today as we conclude this and we go to questions, that we will place the recordings on the website. We are also working on a massive FAQ document. We are still oscillating between whether it will be one massive document or whether or not it will be individualized to each particular session. At the end of the day, what is important is that you will have access to that information.

If you would like to join any of the other, please do so. You can scan this QR code and even up for others. We encourage you to encourage staff to join as many as possible that is relevant to the work that they do, and then questions and make sure if they have any gaps of need or feedback that they will have that they send that to us.

That's important that we understand what your challenge is as well as what is going well for you.

So what are we really asking you to do? What is the thing that Katie and I got up early in order to make sure you understand today is to make sure you understand that Medicaid renewals process starts later this month and will be going on for the remainder, for the next 12 months. We will have two months of clean up. We need members to fill out the paperwork and information that is requested of them. We have to first and foremost be able to get to them so we have to make sure they have updated contact information. This is a 12-month process. If you have questions about, I think we have wonderful colleagues from our eligibility and enrollment team to make sure the clarity is there regarding make sure you wait to hear before they respond. If you start early there may be unintended consequences of that, so we want to make sure they understand.

How can you support the Virginia Medicaid system of care when it comes to making sure our members stay informed is to ensure they have the most up to date contact information, make sure that if members receive the packet that they complete it, if they have questions that they navigate to appropriate resources. At the end of the day we want your feedback about how that's going, what the resources look like, are there gaps? How can we improve the process?

So how can you actually renew? You have three things that you can do, update via phone, call the cover Virginia call center and Janice and her team done a tremendous job to make

sure that is in place. On Katie a side they have done the same with resources online through common health. They are doing all they can to make sure they are prepared for this process as it begins, and they can go in person to local department social services.

I just ask and this is from Natalie to you, that you give them a bit of grace. They are team members they are trying their very best. They are starting the process after three years and that can look very different for different people. As they are doing that they will try to provide best possible service to our members but they are also learning themselves.

Also making sure that you visit cover Virginia website in order to get any other information that you may need. So thank you. Thank you for all that you will be doing, that you are doing, and we are going to start taking questions now. Before we do that, because I understand my lane, which is not always eligibility and enrollment I will ask a couple of people to join me in answering these questions.

I would love for you to either come on camera and just introduce yourselves before we get started. Is Cindy Olsson, Tia, Anna, Irma from VDSS. No, Irma is not here. Anybody else that will be helping to answer questions, if you could come off mute, introduce yourself and what role you play so we can go straight to questions.

>> Good morning, everyone. I'm Cindy Olsson, I am the director of the division of eligibility and enrollment diversity at DMAS.

>> Anyone else from your team joining today?

>> Just me.

>> Tia are you there.

>> I am, I am the division director for high needs supports and I believe Tia and Jason are on.

>> Good morning, everyone. Thank you Natalie. I'm Tia Lewis. I am division for program operations.

>> Wonderful.

>> Good morning, Jason Rachel division director for integrated care.

>> You know we have the important and right people in the room. We will go ahead and start with some questions. And actually before I begin let me pop it over to Tia, Jason and Cindy about burning questions they got beforehand that they want to make sure they answer.

>> I will speak first, Natalie. Just to reiterate to the providers, I know this can seem unnerving, and the question we continue to receive from providers is basically how will it affect you all directly. The most important thing you need to remember is to check eligibility for the members. And I know

you already do that today. Going forward it's going to be extremely important because it will help you identify the individuals that either have had a loss of coverage or their coverage has been reduced.

I just want to make sure that you are receiving correct payment and you are not providing services that you are unable to bill us for because of the lack of eligibility on the member side. Cindy or Natalie or someone can speak to the fact that we will be notifying the members but often times they don't communicate the notifications they receive to the provider in which they are receiving services. And that's new in a position. In order to cover yourselves and to make sure eligibility is available at the time services are rendered, please check eligibility.

There are multiple ways you can do that through managed care partners, through their website. You can log onto the Virginia Medicaid website if you have registered as a provider and have portal access. You can also view, listen to eligibility on the medical site and I will put some of the helpful sites and phone numbers into the chat. Thank you.

>> So I think this is a great question for you, Cindy regarding notification. Will there be examples of those notification letters and any other things provided to providers or those who are supporting our community members?

>> That's a very good suggestion. We have talked about making those available. The notices are not going to be any different than what we had three years ago for what we have continued to spend for people who have been approved or for whom we need additional information during the application process. So that remains the same.

We have done some cleanup on our notices, so we can certainly see if there is a place for us to place some examples of notifications on either our website or probably the DSS website since all of those notices are generated out of the DSS eligibility determination system.

But that's certainly a great suggestion. We will see how quickly we can get something done. All notifications, I will say there will be notifications that go out. Not everyone who receives Medicaid is going to receive a renewal packet in the mail. We have a significant number of Medicaid members who are able to be enrolled through an electronic process. We call it an ex parte renewal.

When we can do ex parte renewals, there is no renewal packet done. Instead the individual will receive a notification that says their coverage has been approved. So there would be nothing else for them to do. If the individual cannot be redetermined through the ex parte renewal process, that's when a

renewal packet will be generated. That renewal packet will go out, the individual will have days to take a look at it, because the renewal is prefilled with all of the information that we currently have on file for that person in the DSS eligibility system.

It will go out to that individual. They will have 30 days to look it over, make any changes and get it back to the appropriate local Department of Social Services for processing. In the case of an elderly or disabled individual, there will also probably need to be verification of resources because we are not always able to verify resources that an individual has. Those individuals mostly cannot go through the ex parte renewal process.

So the local department may be sending additional verification out to request proof of current resources so that the redetermination process can be completed. When the redetermination process is completed, the individual is either going to get a notice saying that coverage will continue. If coverage cannot continue for some reason, the individual will receive the notification of that as well.

>> So a follow-up question to that is I have seen a couple of questions about concerns about the spotty mail system and making sure people receive things in a timely manner. A couple of questions have been if they do not receive the notification in enough time to respond by the due date required, what will the loss of coverage notification look like? When with they receive that? And then what can they do in order to recoup or get back to their, to be made whole again?

Individuals who don't receive their renewal notice in time and don't get it back to the local department of social services on time and there is an unfortunate action that occurs that would terminate eligibility because of that have a 90-day grace period to get the renewal packet completed and get it back to the local Department of Social Services. It doesn't mean the case won't be closed because the case would be closed, however, if the individual gets the information needed back to the local Department of Social Services within the 90 day period, three month period, then the person wouldn't have to go through the application process all over again, and if the person remains eligible for Medicaid, the local worker will go back to the beginning of the month after the case is closed to reinstate them.

So if your renewal was due in May and the packet wasn't received back or information was not received back and the case was closed, if during the next 90 days the individual gets that information back and remains eligible, then the local worker would reinstate the coverage beginning with the 1st of June.

In essence there would be no lapse in coverage even though they would have taken action to close the case out because they are required to do that, but they would be reinstated back to that, the beginning of the month, the first month they were ineligible.

Notification will go out all along the way to let the person know. First of all that the coverage has been terminated, and then if they get information back and they remain eligible there will be additional notifications that will go out.

>> That begs a follow-up question that's frequently being asked is how are renewal dates being established? How will they know when the renewal date is? Will the provider as well as community member know ahead of time and how far in advance?

>> So the renewals are all, have been bucketed out throughout the next year. If this is someone who has remained eligible the entire time and they had a renewal date in a specific month three years ago, they may or may not have the same renewal date because we have a number of what we call overdue renewals because they were renewals not able to be completed during this continuous coverage period. As well as individuals who applied during the continuous coverage period and have never had to go through a renewal.

So the renewals have been bucketed out over the next 12 months, and a portion of them will be done every month. So they will pull a portion of the renewals that what we would consider to be overdue, but they are just really renewals we weren't able to complete during the continuous coverage requirement, pull a portion of those along with all of the currently due renewals, and those are the ones that will be done for a particular month. Every month they will be doing that.

I think there will be some kind of a list made available at some point of the months and the numbers of renewals. I don't know that it's specific enough to list the exact individuals who will be renewed each month. I don't know that piece, but it's my understanding that there is a list of how many renewals we will be doing every month over the next 12 months and that will be out there.

Providers for the managed care plans at the very least are getting information about renewal dates.

I think, and Tia can confirm that we may be making changes in one of the systems that providers use to verify eligibility that may have the renewal date added to that as well. So we are trying to make those dates available. As far as just lists of people who will be reviewed every month to providers, I don't think that's going to be happening.

>> Thank you, Cindy. I'll switch to Katie from VDSS. We

have a couple of questions about the older adults who are receiving the extra SNAP benefit and that will be ending. So what other programs can assist them as they are going through these cuts and benefits, and then the follow-up question regarding staff training.

>> Regarding SNAP benefits, most of the local agencies can refer their customers to food pantries that may be in their community. I have always also utilized the Virginia 211 information and referral line. And 211 which you can either look up online, which I prefer, but you can also call, they can put them in touch with a variety of resources that are in their community, not just food pantries or food banks, but different things.

And one thing to help that community as well is make sure that when it comes time for their SNAP renewal or whatever they may have to renew their benefits to make sure that all of their deductions are correct. Make sure that the agency is counting the correct shelter expense. They do get medical deductions as well for the SNAP program.

So make sure that they have all of the information they need to get all of the benefits they are entitled to.

>> Is there still a delay in assigning the cases when applying or renewing online? Is that process sure up? Is there any delay to be expected there?

>> Well, on the VDSS side, it was mentioned that, of course, people can apply or do the renewal various different ways through common health, the cover Virginia website or with paper. When cases are, when applies at cover Virginia or on common help, and we are talking about the aged, blind, disabled population, unless they are SSI, those are going to get passed on down to the local agency, and when those go to the local agency, if they are known to a current case load, they get assigned to the case load. Otherwise it's an intake process and it's assigned.

So that may be an issue at the local level that may need to be addressed. And I can't speak for DMAS and cover Virginia, but with the pure volume of what they get, the cases they can't process at cover Virginia, sometimes it takes a while for them to filter down to the local agency.

But one nice way, if someone does something on cover Virginia, or on common health, they do get what's called a reference number or T number that they can track that on common health to see if their application is still pending or if their renewal has been approved or when their renewal date is.

I know our older population doesn't utilize common health as much. It's usually people like yourselves or the POAs or authorized reps helping them with that.

>> And is there a standard period of time or number of days that the agency has to process once the renewal process actually begins, and it may be a you or Cindy question.

>> With the renewals, they are sending out the packages. They can't do ex parte and this came up the other day. We talk about ex parte, but that means that no interaction with the customer is needed. Unfortunately for our ABD or aged population that had Medicare part A, they have a resource test. So those cannot be done ex parte.

So that's going to generate a predetermination packet, and that will go out, so we are in March, and so the renewals for May for our aged, blind and disabled population are going to go out in March. So they have ample time to get them back. If they aren't returned back, I believe it's 30 days from when they go out in March, and correct me if I'm wrong, but when the person has that review, if they have resources, advise them to return those verifications with the application or renewal to help with the processing timeframe.

That being said, agencies have 30 days from when that information is received to do the renewal. If they are provided their renewal timely, it will close or be approved before the end of May and they will get a notification. If they don't provide their verifications or their renewal and they close, they have a 90-day grace period to get that information in. That's either the renewal or the verifications. And just as Cindy mentioned a while ago, if they get closed on May 31st and they turn their information in July 29th, and they are approved, they will go back and pick up where they were closed May 29th.

The one thing that concerns me is the people with Medicare, when they get the notice to close and I am guilty myself I don't always look at my mail. They may not notice that anything has changed until they get something from Social Security telling them that their Medicare premium is longer being paid or they notice that their direct deposit is quite significantly less.

So it's important to put out there please look at your mail during this timeframe. If you are having your Medicare premium paid, that's a significant amount of money that we need to make sure they have no interruption in that. That's one of the best things about our program is that for those individuals that have Medicare and are eligible that it will help pay their premium.

Some of them get coverage in addition to Medicare, but that premium is pretty significant as well.

>> One last one for you, where do they find the refresher trainings for the agency staff regarding renewals you all are doing? Is that open to stakeholders outside of VDSS and LDSS or is that internal and they need to make a special request and if so who would they do so to.

>> The trainings we have made available to our local staff are on our intranet. And it's not just the ones that are the redetermination training is on the cover -- I call it the learning center but I know it has an official name. That is primarily for state employees, I believe. That would be accessible.

But you can ask for different things. I put in the chat the link that was mentioned earlier to cover Virginia to their website, and they have a plethora of information available about the unwinding, anything you could imagine. Natalie talked about it earlier and I had the opportunity to look at it myself the other day, and there is just so much information there for the public and for providers as well.

So I would recommend checking that out as well.

>> Quick question, I don't know if this may be for Cindy or Jason's team. It says can they receive the renewal date on the MES system?

>> I'm sorry, repeat the question.

>> Is it possible, is there a way that the MES portal can reflect renewal dates?

>> Yes. I believe that we are working on that. -- this is Tia, I have taken it as an action item. Cindy Olsson mentioned that in her spiel so I will try to identify where we are with populating that information. But I'm under the understanding that we will be populating that information. I just need to find out where we are with doing that. And then I can have it added up to whatever questions or posts that Natalie displayed for the follow-up. Does that answer your question?

>> It does, Tia, thank you so much. So the other question would be I think this is more of a Cindy question, it says getting conflicting information about how renewals will be mailed out. Are overdue ones going to be sent first or are renewals going to be sent out according to the month that their certified period ends before the pandemic began.

>> It could change altogether. So there will be -- the renewals that will be done each month will be a combination of overdue renewals, ones that haven't been able to be completed over the last three years plus renewals that are currently due. When I speak of currently due renewals because we use an ex parte process to try to renew as many people as we can, there are significant number of Medicaid members who have been able to be renewed throughout this whole three-year process or time period. So those individuals are currently up to date in their renewal. So when the renewals start being done, start doing the renewals and we are sending out renewal packets in March, what will be done will be there will be a combination of overdue renewals plus the currently due renewals that will start being

done together every month.

>> That's a great lead question into is everybody that is on our case load going through ex parte or is it only certain sectors?

>> We start by trying to run everyone through the ex parte process knowing that there will be people who will fall out of that process, and that's individuals for whom an evaluation is required which is in most of our elderly or disabled population. We have made some changes to the ex parte process and we'll be adding the SSI recipients who don't have resources that we have to evaluate to the ex parte run.

So they will also be included, but we start by trying to run as in people as possible. We run them all through, and then the ones that can't be completed that way we will send out and a renewal packet will be generated for them.

>> One of the questions is if you are an assister, not a provider or somebody in that sector, is there a way for you to check the eligibility, the member's eligibility status beyond what has already been, what was the normal established process pre-pandemic? Has that process changed and are they able to have more access to that information, particularly eligibility status.

>> The process to my knowledge has not changed. Assisters and navigators who are working with individuals have the ability to send emails to cover Virginia for certain things. I don't, but as far as having a separate place for them to get like the renewal dates and that kind of thing, we have not made any additional changes to the process.

>> Another one would be the redetermination process are for those who only receive Medicaid or also for those who are duly enrolled.

>> It's for everyone. So it's all 2.2 million people. Every Medicaid member will need to have eligibility redetermined over the course of the next 12 months. It's a federal requirement anyway that every Medicaid member has eligibility redetermined on an annual basis. We just haven't been doing that because of the continuous coverage requirement.

However, now that we are getting back to normal operations, we will be going back to doing all of those annual redeterminations of eligibility, but it has to start with the next 12 months when we must redetermine eligibility for everyone and ensure that the individuals who remain eligible can continue to have their benefits.

>> I think the remainder of these questions we have done a good bit of service to. For people with limited English proficiency and people with disabilities who are at greater risk for losing coverage, how would we be ensuring that the

information we are providing is accessible, such as in sign language, interpreted Braille, anything of those things that they would need additional support? Anyone can take the question.

>> We have language line capabilities through cover Virginia and I think the local Department of Social Services or VDSS has that capability. Braille and sign language I'm not exactly sure of the process, but we can certainly find out what that process is and when these Q and As are posted or whatever we are going to do, we can have that question answered.

>> Absolutely. I know Monsarat and her team will be eager to provide how they can access that information. I think that's everything. We are coming up on time. I want to give our subject matter experts an opportunity to address anything that they haven't heard a question about thus far before we wrap up for the morning. I will start with Katie. Any takeaways that you want to make sure you drive home before we leave today?

>> Just a few things. Like I stated earlier, make sure you are telling people to look at their mail. It's very important so they don't, they can, and I need to, I'm giving advice I need to follow. Look at your mail to make sure if you are getting a renewal or notice that your coverage has been terminated that you follow through. One thing I picked up I saw from one of our partners at PACE was were patient pays going to be automatically changed after the unwinding starts and that is, they will be reevaluated at renewal if I'm correct, Cindy.

So if there are changes like that where we need to make an update to a patient pay, unless it's an allowable decrease, that will be addressed at redetermination or renewal. My biggest thing, make sure everyone has addressed correct, and check your mail. That's my biggest.

>> Anything from Jason's team that needs to be driven home before we go?

>> No, as you know, the vast majority of our Medicaid recipients are, receive their services through managed care. And I know we didn't touch on it a lot here, but to let everyone know we have been heavily engaged with our managed care organizations to also be another mechanism for outreach to ensure essentially Katie's message of check your mail and if you get a recertification packet to complete and return it.

So just another, just to reiterate to providers out there that we have been working with MCOs to get the message out.

>> Cindy? No.

>> I think Katie covered everything. Thank you.

>> No worries and Tia or Ann, anything from you all.

>> Tia said check eligibility and I know this is a mixture of folks in here, providers and individuals and individuals

might not think about their authorizations. If they are in some of our waivers they require authorizations. And so if the provider is checking eligibility they can also work with individuals and say I see something flagged because that will affect the authorization and if it goes away because of Medicaid eligibility was terminated or something, that authorization goes away and providers don't get paid. I don't want folks to have to go through that.

So providers can really help individuals by looking at that eligibility and flagging it for them and prompting them. Maybe they moved and maybe they thought they put the new address in the system, but didn't, so we just want to make sure nobody gets dropped.

>> Thank you, Ann.

>> To drive the comment home with Ann about checking eligibility and just for providers, I know this can put you in a difficult situation so going back to what Jason said, please direct any members that may be confused back to their resources. The plans will have good information about the unwinding on their website. They can always call cover Virginia. We don't want to put you in the middle of the upset member who doesn't have coverage and you can't assist them. So definitely direct them to their resources.

>> Thank you all. Thank you so much for joining today. We just want to say thank you to every stakeholder that is joining, every extension of you through your staff, your team members who are going to be helping Virginia Medicaid make sure that this is a successful process, hopefully one that doesn't cause an additional layer of anxiety for our members. We thank you for all that you do. Our director reminds us that at the end of the day none of us could do this work if it was not for our members. We thank you for the work that you do, and will continue to do and working with us.

We treasure the opportunity to make sure that our members have quality healthcare and we also treasure the opportunity to work with stakeholders who value that just as much as we do. We are going to make sure that this is posted, this recording is posted and then when everything is done as far as Town Halls we will make sure that the general slide deck which may shift now and then is posted as well. Make sure you reach out with questions, feedback or if you have presentation requests for your individual organization, and you all have a lovely Thursday and hopefully a wonderful weekend.

Thanks.

(Concluded at 10:04 ET).