

RAW FILE

Return to Normal, Session IV: General

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>> Hello. Hello.

>> Hello.

>> Hello.

>> Hello.

>> Hello.

>> NATALIE PENNYWELL: All right. We are going to place everyone on mute so that when we get it that point and we have to start, we don't have a bunch of people talking at the same time. We are going to have a number of people today and we are about to get started. So, just to make sure that everybody is on mute as they enter and as we are going through, we are going to place everybody on mute. I'm going to put everyone on mute. If you can go back to the very first, slide, Peter. That would be great. Thank you.

All right. Hello, hello, hello!

We are so excited to have everybody join us today. I am going to pause so Peter can start the recording. And then -- unless it's already started. No, I will punch it. There we go.

All right. Hello, hello, hello. Thank you, everyone, for joining us this evening. We know that this time of day is not everybody's favorite. But we hope that the information will be good and that you will not only learn something new, but you will be able to take some information back. Either as a stakeholder or as a member and ask some really poignant questions this evening.

Just some really good logistical household stuff. I have

placed everybody on mute. You don't have an opportunity to unmute yourself. For you are speakers, raise your hand, and you need to ask a question, I will make sure you are unmuted or Peter will make sure you are unmuted and we will do the same thing there. And we will make sure we continue to answer any questions.

For the questions, as you see at the bottom there, three dots, and you will see when you click on it, a Q&A. We are asking and we are pleading for you to please place your questions there. We try to keep the chat component clear so if we need to pull any information or provide any additional we can do so.

When there is a lot of chatting going on, it's really hard for us to find questions. So, if you can please make sure that you add those questions to the Q&A section of the platform, we will greatly appreciate it.

Outside of that, when we get to the question-and-answer portion, we have a number of wonderful subject matter experts that will be joining us. So, they will introduce themselves then.

As for me, my name is Natalie Pennywell, the outreach and community manager at Virginia Department of Medical Assistance Services, or, better yet, DMAS.

And I am going to ask that Katie introduce herself and -- great, Katie. Thank you. And then Kelly introduce herself.

>> KATIE O'CONNELL-RAYMOND: My name is Katie O'Connell-Raymond. I am a medical assistants policy consultant at Virginia Department of Social Services.

>> KELLY PAULEY: Hi. And I'm Kelly Pauley, I'm the eligibility enrollment here at DMAS. So, we will have lots of information to share. Thanks.

>> NATALIE PENNYWELL: Thank you.

>> KELLY PAULEY: I'm going to start off with information about what we have been doing. What we have been doing for the past year, past three years is making sure everybody stays on Medicaid. That is the background, basically. Because of the public health emergency, we were given a 6.2% increase in the medical Medicaid matching rate but there are certain conditions to get that funding, and one of the conditions was that people stay on Medicaid, if at all possible, unless they ask to be closed, moved out of state or die.

So, now we have begun working to transition our Medicaid members back to normal operations, and that means we will be starting Medicaid renewals in March this month.

We have been collaborating with stakeholders across the

Commonwealth to include sister agencies, health plans, advocates, applications of assistants and providers to assure a smooth transition for members and our partners.

Next slide. So, there's going to be a big backlog of cases that need redetermination. We always review everyone once a year, except for during the last three years. But in this case, since we haven't closed people, we have even more people -- we have an extra 2 million to do this year. So, we have been making system updates in our eligibility system to improve the efficiency of the renewal, redetermination process.

We have also been developing a detailed plan to stage 3 determinations. So, some people will have their same renewal date. But other people have been moved to try to space out the work.

We have been collaborating with managed care organizations to provide information and education to our members and try to get updated contact information, and also to remind members to complete their renewal. We have been dealing with return to mail, again, to try to get the correct address in our system. So, when we get return mail after sending out these notices and cards, then we are -- if we can, we are investigating to see what their real mailing address is. If not, then, you know, we still have a database of which ones need to be updated.

We have a communication plan. We have been working with direct mailing, digital outreach, updates that cover the website. We have been trying to help the eligibility workers get ready. And we are just trying to make sure the members understand the steps they need to take, when to act and what to do to maintain coverage.

We have been coordinating language approval and dealing with mailings, digital and telephonic outreach to get the consistent message out to our members and identifying which federal flexibilities the Commonwealth will maintain and new strategy we may want to keep in order to help with the unwinding process.

Next slide. CMS's guidance has told us that we cannot take a negative action without conducting a full redetermination. We need current and accurate information in order to find out if people are still eligible. So, we have to first try to do an ex parte renewal, which means doing a redetermination without, actually, contacting the individual. That means using electronic sources for income and seeing what information we have on file. If that's enough information, then we will send a notice to the person to let them know that they are eligible for another year.

If the available information is insufficient, then we have to send a prepopulated renewal form and request additional information from the individual.

If the person does not appear to be eligible in their current group, then we will evaluate them for other eligibility categories before we terminate them. And if we do have to terminate them, then we will share that information with the marketplace. And, of course, we will send a notice at least 10 days before closing any one.

We have 12 months to do this and that's to try to help us to mitigate coverage disruptions. And then, again, we are not taking any negative action until we have done a new redetermination.

Next slide. And this is the timeline. We are starting renewals this month. No closures will occur until before April 30<sup>th</sup>. Not everyone will be renewed in the first month. They are staggered throughout this whole year. And then after the year, we will have a couple of months to try to clean up and make sure that anything outstanding has been taken care of. And then May next year, the regular work resumes.

Next slide. So, these are some of the things that we have been doing to prepare. We have been updating our systems. We have been creating or updating processes. We have had stakeholder outreach and engagement, member outreach and engagement, trainings for our workers. We have looked into what policy flexibilities we can make permanent. We have submitted waivers to CMS, and we have temporary flexibilities that have been implemented.

Next slide. Now I'll hand it over to Katie.

>> KATIE O'CONNELL-RAYMOND: Good evening. I am going to talk about what we have done at the Department of Social Services to help facilitate the communications during the unwinding period. As was stated, we are returning to normal operations on April 1<sup>st</sup>. And as part of that, we have been working with DMAS and other agencies to make sure that everyone is aware of what's going on.

We have developed and issued joint messages to local agencies, to let them know for all the programs that are affected by the unwinding. Because I like to remind people it's not just Medicaid.

We have had monthly unwinding statewide virtual meetings to communicate everything unwind related to all of our state partners. And in conjunction with DMAS, we have a lot of resources and frequently asked questions, scripts, and an unwind toolkit that are available. These are very important

resources to both the public, stakeholders and staff. We have scripts that have been developed for the local agencies to utilize when people call with questions about their cases and for the call center. And giving other instructions for the public of what to expect during this time frame.

We have also worked with locals and at DMAS to develop unwinding guidance and advice, sort of a best practices of what to expect. You have to remember that we haven't done renewals in three years. And so, during that time frame, there's been a staff turnover, a lot of new hires. There are workers that have never done a redetermination for Medicaid or intake so they don't know what to expect.

So, we are trying to help prepare them for that, help them clean up, get ready, you know, what to expect during this, what's going to happen. It's, sort of, we are heading into the unknown. But I think the state has done a very good job preparing for this.

We also have a one-stop unwinding portal on our intranet, which, remember an intranet is only for internal people. So, that's just local agencies can access that. But there's important information there for them as well.

Presentations that we have given over the past three years, different Q&As from joint meetings and different guidance that's available for the local agencies.

Next slide, please.

So, what's really important is what we are putting out to the public. So part of that is that we have utilized social media messaging. And there are messages on social platforms such as Facebook and Twitter that have been posted since November of '22 letting the public know about Virginia's plans for returning to normal operations. Also if you go online, I saw some questions for people that had gone to common help and logged in. There is a public facing message when you go on to the online website, common health.Virginia.gov that discusses the public health emergency and the unwinding information. And common health.Virginia.gov is a good tool. You can apply for every program but auxiliary grants there. You can do your renewal. You can apply, you can do your changes.

You just have to, sort of, link your account so it goes through.

Also, on the VDSS public sight or internet site, there's information there about the unwinding and there are various resources listed there and that's VDSS.Virginia.gov, and DMAS and VDSS have worked on press releases to go out and inform the public about what's getting ready to occur. I have seen them

on my own as well.

And also, if you go to the Cover Virginia website and the VDSS website, it's going to access some different resources for individuals that are no longer eligible for coverage. And one of those is the free clinics care.org. So, that lists different resources within the community where people can get all types of healthcare, not just, you know, a checkup, but dental, anything that they need out in the community and there are other resources there as well.

Next slide, please this is something that is available on the VDSS website. And I think it's on common Cover Virginia, I think. But it just is a tool to let you know -- I am talking about the column in orange, that we are ready to unwind and we are ready to return to normal operations. But this also addresses, and if you go to the DSS site, it also addresses the changes to the other programs that we are responsible for, which are TNAP and TANF so you can go to the website and see what's happening there.

I reference the address in the light blue on that, the [DSS.Virginia.gov/benefit](https://DSS.Virginia.gov/benefit) changes and that will give you all the information that you could want to know and more and you will find a copy of this handout as well.

Next slide, please. And I talked a bit about staffing at local agencies. And that's not just a problem in the community, but it's a problem getting people in local agencies as well. We have lost a lot of staff that have been seasoned or have been around for a while. So, newer staff haven't had an opportunity to do renewals. So to prepare for that, the state has partnered with DMAS and they developed a class on how to do renewals. All the steps, what to expect, and that's for local agencies to go in and get ready for this.

But with that, we have been presenting system matter expert webinars to local agencies so they can ask their questions to us and staff from DMAS and from their appeals division about what to expect during this unwinding process.

We are trying to make as many tools and resources as available to local agencies and the public and our stakeholders as we can. Developing procedural guidance and giving them anything they could try to anticipate that's going to happen. We really don't know. But I think it's going to go on. And we are going to do well. But we want to make sure people are aware of what's going on.

So, with that, and Natalie will discuss it afterwards, go to the cover VA website. There are a ton of resources on there about what to expect during the unwinding. And I say that just

because I have looked at that time myself and I spend a lot of time looking at that website. But it's an excellent tool and it will help you get ready for what's coming.

And with that, I will hand it over to Natalie. Thank you.

>> NATALIE PENNYWELL: As always, thank you, Katie. All right. So, we have talked about -- thank you so much. We have talked about all the different ways and components of this kind of work. Next we are going to talk about what resources are at your disposal, what resources are at the disposal of our stakeholders as well as or members to learn about what's going on in this process to make sure that you're comfortable with it and that you can ask some of the questions, those really needed questions that you may have as a member or make sure that you are asking poignant questions of our members as a stakeholder.

There's three phases for this particular work that we are doing. When we talk about outreach engagement and communications plan, our first phase was making sure we have updated contact information for everyone. That is our foundation. The next one is completing the actual renewal process and as our ex parte will begin and then packets will start going out next week. We want to make sure everybody understands what is that process. What do I need to do, how do I need to do it, how can I be successful at this.

The very last phase is what happens if you have lost coverage, right, what next steps do you need to take? Is there reconsideration period? Is there a resource that I need to tap into? So making sure you have all of that information.

Next slide, please, Rebecca. When you look at all three of these stages, these phases, you have looked at we have already been in phase one for a very long time. We will continue to be in phase 1 for a long time because we haven't done the other two. If you have not already as a member updated your contact information it is imperative that you do so. If you are a stakeholder it's imperative that I definitely push to make sure that our members have updated their contact information. Nobody in our stakeholder group can do what they need to do without this updated contact information so, we want to insure that they, actually, have updated their contact information.

All stakeholder groups will participate in phase 1. We will continue to ask you to participate in phase 1 until there's no ending in sight as far as this request. We want to make sure that everybody has access to whatever information is coming their way.

Second phase, making sure we encourage our members to

complete any information that comes their way. Making sure they have every possible avenue in which to do this successfully, they understand what this process looks like, they understand what is being requested of them. They understand the deadlines that have been set forth for them. So, making sure and encouraging members to fill out paperwork. If you are a member, it is really important that you actually fill it out. If you have questions about it, we are going to go through what are the different tasks of resources, types of resources that you can tap into in order to make sure you're following those guidelines as well.

Every participant, this stakeholder can participate in this phase of the work because for us it is so important that they fill out what they receive.

Last phase is making sure that if they have lost coverage for any reason, if a member has lost coverage due to administrative reasons or for any other reasons, because not everyone is going to be losing coverage to be losing coverage. People may lose coverage because they have had a wonderful life event. They have had a promotion. They have had an increase in income. They may have had some other circumstances that changed in order to really celebrate what life brought us through this pandemic. And we want to make sure that if they are transitioning out of the umbrella that is bridging Medicaid, they have the resources they need to do so.

Next slide. Thank you, Rebecca. So, what have we done so far? What have you been able -- what have we been able to do within -- in and across the Commonwealth of Virginia? There are things we have done for both of our stakeholder groups. First and foremost we have created a toolkit, that our stakeholders can use but we invite our members to take a look at it as well because the information that our stakeholders are going to be sharing with you are transparently and open and honestly available to you. So, you can look through it and see what do I need to do. What do I need to keep in mind? Those things are in the toolkit.

We also have created some messaging. We have created some other things. We have also created space like this in town halls in order to garner and be able to provide some information, as well as to make sure that we get any questions, make sure everybody has clarity, all those different things.

We have created some digital ad campaigns, social media campaigns that can be placed -- you can place them on all of medium and platforms. Cover Virginia website has been updated and some of our sister video websites to include VDSS as well

as our internal main website is available and that links back to the information on Cover Virginia because we want everybody to be singing to the same song.

We are creating -- well, the fliers and the posters that we have created, we have shared what local Department of Social Services offices as well as community service board offices, we have also translated our member facing documents into six other languages outside of English. All seven of these languages are available to you at any point on the website. We have provided for our providers and our stakeholders, we have had provider members, most have been disseminated, informed our health plans and our health plans have a plan of their own, they have been phenomenal as far as making sure that that they ask poignant questions so they can be successful what they need to do while engaging with our members or engaging with you. We have held virtual in-person meetings, we had a summit last week. We provided toolkits wherever and however we can and, again, we host different things like our town halls in order to create space for people to ask any questions they may have.

Next slide, please. Thanks, Rebecca. So, the stakeholder toolkits that I was talking, about, this is what they look like. You will see phase 1 toolkit which is what the orange bar here at the top and then phase 2 and 3 toolkit which has the green bar at the top. Each one, the first one, of course, focuses on updating contact information. We want you to update your contact information. We need to you update your contact information. So, that very first one is going to focus on that and that alone.

It talks about all those components. But it also gives you a little historical information and context regarding the PHE and the unwinding when it was in that state.

When you are in the phase 2 and phase 3 information, we definitely want to focus on making sure you renew, right, that you, actually, fill out any information that is sent to you and that if you have by any reason lost coverage due to those wonderful life events or because you no longer need it because that also is a great thing, right, create space for others to take it. Take it on if they need to. We wanted to make sure that is shared in that document.

If you go onto the Cover Virginia website, top right-hand corner, you will see a little web page entitled return to normal enrollment. You are going to click on that and as soon as you click on that, you are going to see this beautiful page that comes up that talks about all the things unwinding and returning to normal. And then to the right you will see a bar that says

toolkits and materials and if you click on that bar, you will see all of these wonderful resources at your disposal for use.

Next slide, please. All right. So, the renewal flow chart. Now, the wonderful thing about this particular resource is that it was created to make sure that everybody was singing the same song. It's on the same report when it comes to understanding what is the expectation. What are we looking to do.

Here you will be able to see what is Virginia Medicaid's responsibility and Virginia Medicaid has a lot of different partners in it. It has us as DMAS, it has VDSS, Katie's organization and agency, we call it our sister agencies, we have the MCOs, we have stakeholders who are here today. It also includes all of those people that we need to make sure understand this process so they can better support our members.

It lets you know what is Virginia Medicaid's responsibility then what is the member's responsibility. I know sometimes you get to that point where you receive that packet, you filled it out, sent it back in and trying to figure out, what happens after that. This gives you a little bit of information about what that looks like. And hopefully gives you a little bit of comfort about knowing what this process entails.

Next slide, please. All right. So, you got fliers and you got posters. And they are gorgeous. All of our stakeholders, we encourage you to go ahead, go out and order these. Because it really does explain from a phase 2 and a phase 3 perspective what needs to take place and highlights these things, also provides additional information for the renewal process and, again, this just lays out in this slide those six other languages that we have these documents translated into.

Next slide, please. All right. So, we have gotten through six of these town halls. This is the seventh one. When I tell you all of the team members are probably extremely ecstatic to include Rebecca, Anita, Kristen, Peter, Dahlia, everybody in the background that's doing this wonderful work, we are all excited to get to this point. Now, we may need more. We understand that. We are ready for it if it comes. But we also want to celebrate the fact that we have gone through this many and we have had the opportunity to share all of this wonderful work with our members and our stakeholders, hopefully in a way that is really useful for you.

So, the scanning thing you won't need at this point. But you can revisit the town hall website that does lead you to in order to get to those recorded sessions that have already taken place, because in those recorded sessions, we definitely have

the presentation is pretty much the same, but the questions is where you are going to get a lot of the richness. The questions are a little different, according to the audience. And if you are a person that really is interested in understanding all about the complexities of Medicaid, I definitely charge you. I encourage you to go to each one and watch them and definitely figure out some things for yourself as far as questions.

Next slide. Oh. One slide before that. Thank you.

All right. So, what are the takeaways, what are the things that we need from you as a stakeholder, as a member. We want you to first and foremost remember that renewals start this month. It is not something that's off in the ether somewhere that we don't know anything about. It is happening next week. We want you to be prepared and we want our members to know they can start looking for, if it applies to them, renewal packets in the mail.

Again, Kelly talked about this. This is a 12-month staggered process. Not everybody is going to get renewed at the same time. And we don't want everybody getting renewed at the same time. We have staff members and team members that want to give you the best possible customer service. And in order to do that, we need it to be a staggered approach so they can handle the caseload. We want you to make sure that if you have, what, updated your contact information so that goes back to how can you support Virginia Medicaid. Make sure all of the members have updated contact information.

If you are a member, make sure you have updated your contact information and common help or by any other means that makes it easy for to you do so.

If you have received a packet or you receive a packet, anytime soon, we really want you, we encourage you to complete that information in the time frame that's allotted and send it back. We want to make sure that you get what you need, how you need it.

And then lastly if you are a stakeholder or you are a member and you find there are gaps in this process or gaps in a resource that you think that you need, don't hesitate to connect with us. Let us know what those things are because we want to continuously improve our processes for you.

Next slide, please. What are the ways? What are all the ways in which you can renew for your Medicaid coverage? You want to wait to hear from us. Staggered approach. Not everybody go running over to Cover Virginia. Janice will be like, no. Time to time in order to make sure you do that well, call the call center. They are wonderful. I know that not

everybody needs to call the call center, but if you do, you are going to get the best experience. They have been absolute phenomenal throughout this process and we are encouraged by all the ways in which we are excited about helping our members.

Next go online to common help. Look at your case, where different things are in the process and if you need additional support you can go there as well. wonderful resource. And Katie can tell if you she needs to about that, if necessary.

And then in person. I like to take a point of privilege here to always say if you are going to take the route of going in person to a local Department of Social Services, please take your grace, take your mercy with you. This is a staff that has for three years been in preparation for this moment. And they want to make sure that they do it with excellence but they can't do it with excellence all the time if they are met with adversity. We want to make sure that if you are going to go, be kind, be gracious, and graceful, for the information. And at the same time be patient while you are doing so. Because at the end of the day, they want what you want. They want you to stay covered. They want you to stay engaged. So, they want to be able to provide the best possible support.

So, you can always visit your local office.

Now, the last thing we ask you to do is stay informed and in order to stay informed, you have to visit the [CoverVirginia.org](http://CoverVirginia.org), well, not org. You have a URL but you can definitely use this one. It will redirect you if necessary.

Next slide. All right. So, we are at that place. We want to first and foremost thank you for coming. Thank you for doing all of this. Now we want to get into the meat. We want to get into that part of the session that answers all of your wonderful questions. Before I start, I want to highlight at the bottom here, if you have additional questions or feedback or you want a presentation for your organization, don't hesitate to shoot us an email, we will be more than happy to share it with you. Let's get into some of these questions. So, before I do that, I want to make sure that everybody who has -- who needs to have access does have access. So, we have Kelly here, we have Katie. I know we have Janice Holmes. So, I'm going to promote Jance, bring her to the stage. And I want her to introduce herself. So, I am going to ask that she be unmuted.

Let me see. Ann. Let's see if Ann is here. Ann is here. Let me bring her to the stage and ask that she be unmuted. All right. And then let's see if Tiaa is here. Tiaa here? Tiaa is not here.

>> JANICE HOLMES: No, I don't think Tiaa is here this

afternoon.

>> NATALIE PENNYWELL: Tiaa is not here. Anybody else? Yolanda? Is Yolanda? The house? She may be. She was in transit. She is here but Kelly is asking to be unmuted. All right. Go ahead, Kelly.

>> KELLY PAULEY: I just wanted to be unmuted in case somebody asked me a question.

>> NATALIE PENNYWELL: Oh, okay. Absolutely. I am bringing everybody to the stage so I can make sure if they want to be unmuted, they can be.

And let me see. Am I missing anybody? Is Nichole Martin here? Let me see. I remember that show.

Nope, Nichole is not here. Let's see. Is Michael here? Michael. Yep, Michael is here. Let me bring him to the stage and let me unmute him. All right, Michael is here. And he is unmuted.

And I think I got everybody. Tiaa, let me know if somebody else is here that I am not aware of so I can grab them and bring them to the stage. So, I have unmuted everybody, and you are going to need to stay unmuted at this point because I have to unmute you if you need to be unmuted later on.

But Ann, if you can go ahead and introduce yourself, and then we will go around one by one. All right. Go ahead.

>> ANN BEVAN: Hey.

>> NATALIE PENNYWELL: Ann, you ready?

>> ANN BEVAN: This is Ann bench, I'm the director for high need support at DMAS who oversees housing, employment, brain injury and developmental disability waivers as well as of the CFF components.

>> NATALIE PENNYWELL: Thank you for being with us. Michael, you want to introduce yourself.

>> MICHAEL PUGLISI: Good afternoon, I'm Michael Puglisi the eligibility manager with the DMAS appeals division and I'm here this evening if you have any questions about the appeals process.

>> NATALIE PENNYWELL: Awesome. Janice, you want to introduce yourself?

>> JANICE HOLMES: Yes. Good afternoon, everyone, I'm Janice Holmes, the programs operations manager with the department of Medical Assistance Services and I have oversight of the Cover Virginia call center, the 1-800 number. Also, we will be processing some of these applications as well to help out the local agencies, and I also have oversight of the Cover Virginia incarcerated unit. So, thank you. I welcome your questions.

>> NATALIE PENNYWELL: Plate is always full, always full. And Yolanda, do you want to introduce yourself? She put herself back on mute. Maybe not. I know she will raise her hand and she needs to. I will try it one more time.

>> YOLANDA CHANDLER: Good evening, this is Yolanda Chandler and I serve as the assistant director of the division of eligibility and enrollment services at DMAS and I along with several others from the division are excited to be on the call and to provide as many answers and clarifications as we can tonight.

>> NATALIE PENNYWELL: First question I will pass over to eligible enrollment because it's always the first one that comes up. What is the timeline for all of this? How long do people have once they receive these documents? How long will it take and that kind of thing.

And Kelly, I'm going to ask that you stay unmuted so you can answer as necessary moving forward. And that goes for everybody. If you can stay unmuted, because at this point I have to unmute everyone in order to maintain the crowd and if you can stay unmuted, that will be tremendously helpful.

>> KELLY PAULEY: Okay, sorry. The timeline is you have 30 days to return your renewal packet. If it's mailed out to you, then you have 30 days to get it back in. The quicker you can get it back in, the better.

If more information is needed after you turn in your form, then you will get a verification checklist and you will have 10 days to get that information back.

If, for some reason, you don't get your form or you don't get it back in time and you do get closed, there's a three-month grace period and any time within that three months you can return your form and your information, and if you are eligible, your eligibility will go back to the day after you were closed. So, there will be no interruption in coverage.

>> NATALIE PENNYWELL: Awesome. Awesome. So, one of the questions is, if you already are received Medicaid, do you have to do anything differently in order to be renewed?

>> KELLY PAULEY: Do anything differently? No. They will try to do a renewal based on information that's available to us electronically. If they can't do the renewal based on that, if they are able to, they will send you a notice that says you remain eligible. If they are not able to do the renewal based on that information, then they will send out the form.

If you have been approved within the last year, you won't get a renewal form until the month prior to the month you applied. So, for instance, somebody said they were just

approved in January. If you applied in January 2023, your renewal is not due until December 2022 -- I mean 2023. So, you won't get a form until then.

>> NATALIE PENNYWELL: Awesome. All right. If you are a person -- well, if a person is currently incarcerated at a local jail and lose Medicaid, will they need to re-enroll. And if they re-enroll, can they change to one program or another, if they re-enroll or they currently have something and they want to change it on their way. Can someone answer those questions for me?

>> JANICE HOLMES: Hi. This is Janice. If someone is incarcerated, we will -- once again, as Kelly has stated, we will try to renew their eligibility based on information that's already known to us. We coordinate with the jails and with the Department of Corrections and department of juvenile justice to attempt to obtain information necessary for the eligibility process.

However, if for some reason, they lose coverage, as Kelly has stated again, there is the 90-day grace period where if the information that was needed is provided within that 90-day grace period, we will take a second look and review their eligibility again for continuation of coverage.

However, let's say, for example, it's an individual who is aged and they might have had resources that make them ineligible at this time, then we pretty much exhausted what the eligibility rules are at that point, unless their resources have been reduced or unless we have taken into consideration information that may have changed. And if that's the case, contact Cover Virginia. There's -- you can simply call and we will work with anyone to ensure that we have properly evaluated their eligibility, without them having to reapply or even file an appeal.

If you contact us, we will do everything we can to ensure we have accurately assessed their eligibility. Hope that answers your question.

>> NATALIE PENNYWELL: Definitely does.

Let me ask this question. How will the unwinding or renewal process affect those who are dually enrolled in Medicaid and Medicare? Anyone want to take that one.

>> KELLY PAULEY: If you are a dual person, that means that Medicaid is paying your premiums. But we will do the renewal the same way. We will send you a form, you send it back, and we just have to make sure you are still resource eligible and income eligible for the program. If you are not income and resource eligible for the program that you are currently in,

then we will evaluate you and all other covered groups to see if you are eligible in a different one.

>> NATALIE PENNYWELL: wonderful.

If they are -- if they have children that are -- that have disabilities, will this enrollment period also be -- will the parents of those children also be impacted by this enrollment period?

>> KELLY PAULEY: Yes, it will.

>> NATALIE PENNYWELL: Could you go into a little depth about what that may look like for them?

>> KELLY PAULEY: We will do those cases the same way. So, you will probably get a renewal packet and you would need to fill that out the same way you filled out your application when you first applied.

If your child is currently on a waiver, that's known to the system and known to your worker, so you can just put that same information on your renewal form. It will be prefilled and you would just either say that things are the same or tell what has changed and send that back. And then the worker will send you a verification checklist if they need additional information.

>> NATALIE PENNYWELL: Perfect. If you -- I'm sorry. I lost my question for a split second.

All right. If you needed to go through the -- not renewal. The appeals process. Where do you start? Yeah, where do you start? Is that a Michael question? I think that's a Michael question.

>> MICHAEL PUGLISI: Yeah, the best place to start is the DMAS website. If you go to [DMAS.Virginia.gov](http://DMAS.Virginia.gov) and click on the appeals tab at the very top of the screen, you can go down and select the option for portal log-in and submit an appeal easily online via our online portal. You can also, of course, send in an email, a fax, mail or drop it off in person. But, of course, the website is the easiest and most efficient and preferred method for submitting an appeal.

>> NATALIE PENNYWELL: Perfect. So, where can we find their renewal date? Will it be readily available somewhere and to who will it be available?

>> KELLY PAULEY: It's going to be available on the portal to providers. I think if you go into your account in common help, you will also be able to see when your renewal is.

>> NATALIE PENNYWELL: Will co-pays for famous return when the return to normal process resumes?

>> KELLY PAULEY: No, they won't.

>> NATALIE PENNYWELL: All right. Are you still --

>> JANICE HOLMES: Natalie, it's Janice. I wanted to add

to the last question.

>> NATALIE PENNYWELL: Go for it.

>> JANICE HOLMES: If all else fails, if you cannot get through and find your renewal date in common help or through the other avenues, you can contact Cover Virginia and they will be able to -- after you identity proof, you've got to have some information to identity proof, to get to -- for them to review your case, but they can give you a renewal date as well.

>> NATALIE PENNYWELL: Perfect.

Will there be a need to change your plan during this process and how are they going to support members during this process? Can anyone here answer that question?

>> JANICE HOLMES: what was the question again?

>> NATALIE PENNYWELL: Will their plans need to change due to this renewal process and how will plans be helping support the renewal process for members?

>> KELLY PAULEY: well, there's no need to change their plan. But the plans do have information about renewal and are available to help you and they are sending out mailings to all of their people.

>> NATALIE PENNYWELL: Awesome. One other question is will this slide deck be available? It will be, after this session, actually, we will make sure that's available.

And another question that we have is, if you are looking for information on benefits by carrier for any one of any age to include those over 65, where would they go to find that information?

>> JANICE HOLMES: I'm assuming they mean by plan?

>> NATALIE PENNYWELL: They do, they do.

>> JANICE HOLMES: Then I think you can go to the managed care website. Do you have that website, Natalie?

>> NATALIE PENNYWELL: I don't have it readily available. But maybe somebody on the back end can find it.

>> JANICE HOLMES: I think you can go to Cover Virginia as well and there should be a link to each of the plan websites.

>> NATALIE PENNYWELL: Okay. Is the recent Social Security COLA considered when determining eligibility?

>> KELLY PAULEY: Yes, it will be.

>> NATALIE PENNYWELL: All right.

>> KELLY PAULEY: And that information is already in our eligibility system. The worker won't have to ask you for it.

>> NATALIE PENNYWELL: Perfect. Another question we have is if you have had no changes to your contact information, do you still need to update it?

>> KELLY PAULEY: And the answer is no.

>> NATALIE PENNYWELL: That's no. But we do ask that you check to make sure that it is correct within the system; is that correct, Kelly?

>> KELLY PAULEY: Yes. But if they haven't moved or done -- moved or changed their address in the last three years, then we still have that information.

>> NATALIE PENNYWELL: Okay. If you are not eligible for renewal -- I'm sorry. If you are not eligible for renewal -- I'm sorry. Something popped up on my screen while I was trying to get this question.

If you are no longer eligible for renewal when you go through the process, how can you find more information about what needs to be done next?

>> KELLY PAULEY: If you are under 65 and you are not eligible, you will be referred to the marketplace for more information about other health plans that are available. And if you are 65 or over, you would go to Medicare.com.

>> NATALIE PENNYWELL: Thank you. And I'm going to circle back, because if they are unsure what their address is, even if they have not moved how do they access information in common health and that may be a Katie question. Oh, I need to unmute you. Go for it.

>> KATIE O'CONNELL-RAYMOND: So, the question was if they were unsure if they had to -- they were unsure what the current address we had on file?

>> NATALIE PENNYWELL: Uh-huh and they checked because they can't navigate to it. I think it's a two prong question. If you were unsure that your address is correct in the system, how do you navigate within (?) and then the second question is, if you can't find it in command help, what do you do?

>> KATIE O'CONNELL-RAYMOND: If you can't find it, then you can try to reach out to your local agency and to your caseworker. And I will give, you know, what Janice Holmes at Cover Virginia mentioned earlier. You could contact them as well to check on your address.

>> JANICE HOLMES: That's correct.

>> NATALIE PENNYWELL: Let me move bill to the stage. All right.

And let's see. Already got to that question.

Will HIT still be available to individuals (?) family health insurance plan in conjunction with Medicaid and NCO.

>> BILL ZIESER: This's Bill Sizer program ops, a later (?) about HIPAA and the program going forward. But everybody on HIPAA presently will be contacted and that will be discussed.

>> NATALIE PENNYWELL: Okay. If you were renewed -- if you,

actually, did go through a form of renewal during the pandemic. Will you be in this span of redetermination still?

>> KELLY PAULEY: Yes, if it's been more than a year since you were renewed, then your renewal is overdue and you will be in this cycle also because our regular renewal cycle is every year.

>> NATALIE PENNYWELL: Perfect. Understanding there is a staggered approach, is there a process for determining when the person will be redetermined within the 12 months, or is it just a haphazard, randomization?

>> KATIE O'CONNELL-RAYMOND: I will take that.

>> NATALIE PENNYWELL: Okay.

>> KATIE O'CONNELL-RAYMOND: I'm feeling lucky. The plan is what they started this month was taking the reviews that would normally be due in May and trying to run the ex parte or no touch review on them. The ones that would fall out are the ones that have a resource test but in conjunction with that they are putting ones that are overdue back a certain time frame. So, this is going to get staggered over the next year. So, as we go forward, each review going forward for May will be addressed with a portion of the overdue reviews. So, that way that's not trying to do everything at once. So, it makes it a little bit easier on the local agencies and it's not a tremendous workload on them. But it's not haphazard. There is a plan. It goes by date. So, that hasn't been published yet. But there is a plan to it.

>> NATALIE PENNYWELL: All right. Will there be any differences in this process for those according to which plan they are on? Or it used to be Medallion 4, CCC plus. In the new cardinal care, is there any difference according to what coverage you have?

>> KELLY PAULEY: I don't think so.

>> JANICE HOLMES: There is not.

>> NATALIE PENNYWELL: All right. Oh, not even looking at the time. Let me look at the time.

We already answered if members will be able to check their own redetermination dates.

Do you get 30 days to complete the form from the date it is generated or from the date that it was postmarked?

>> KATIE O'CONNELL-RAYMOND: I will take this. When the review date, when the renewal is sent to the customer, it will show the review date that it's due. So, the forms that we are generating this month, in March, for May reviews, it will be 30 days for that person to receive it from the date it's generated. So, reviews are going out for May. They will have

a date of 30 days from that date. And then the worker has to process that to be timely in May. So, there's always a different time frame running. But look on the review form. It will have the date that it's due back to the agency or to Cover Virginia.

>> NATALIE PENNYWELL: Okay. How will patients covered under LTS waivers be impacted?

>> KELLY PAULEY: We will be reviewing them the same way we are reviewing everybody else.

>> NATALIE PENNYWELL: All right. If you do not have a permanent address and you need -- and you are going through this renewal process, what are some ways in which you can access this information and know when you're going to be redetermined.

>> KELLY PAULEY: You can find out how you're going to be redetermined for common health or covered Virginia by checking with your worker. When you applied, you gave some sort of mail-in address, usually. If you didn't have one, then you gave the agency your local agency as you're mailing address. So, if you find out that your renewal is due to a particular month, then you would want to ask your worker to keep an eye out for your form so you could go in and pick it up.

>> NATALIE PENNYWELL: Sounds good. Will redeterminations result in retro redeterminations for members?

>> KELLY PAULEY: No. We will always give you at least 10 days' notice before we terminate your Medicaid.

>> NATALIE PENNYWELL: We have had plenty. I always like to give our subject matter experts an opportunity to have a final word of consideration or thought. So, we will go around and we will condition to gather these questions if we have any extra time at the end. I will try to choose some more. But I definitely want to give them an opportunity to make sure they leave you with those nuggets of good thinking. So, we will first and foremost start with Katie. And just let us know what are some things that they need to keep in mind?

>> KATIE O'CONNELL-RAYMOND: The most important thing to me is make sure that you are looking at your mail. I can't say that enough. Because I am guilty of not looking at mine. You know, if you see anything that's coming from the state of Virginia or Cover Virginia or your local agency, be sure to open it. Because when you do the renewal process, if it doesn't go ex parte and you have to do what I call a regular review or a paper review, even if you go through Cover Virginia or you submit it through common help, it goes -- for those people that have a resource test they have to be processed by the local agency. So, the local agency may require verifications and send you a

verification checklist. So, for instance, if I was somebody that was over 65 and I had to verify my checking or something with my life insurance, the local agency might ask me for that. So, if I don't pay attention to that, I risk getting my case closed and possibly having my Medicare buy-in interrupted. So, make sure to look at your mail for important information. That's the best thing I can say. Check your mail.

>> NATALIE PENNYWELL: Thank you.

Michael, any words of wisdom you want to leave with our attendees today?

>> MICHAEL PUGLISI: I think I would just like people to know that we understand that the appeals process can sometimes be difficult. But we have put a lot of resources out there. If you go to our tab on the DMAS website, again, at [DMAS.Virginia.gov](http://DMAS.Virginia.gov), there are useful resources for clients, providers, authorized representatives, anybody -- any stakeholder who might participate in the process. And additionally, there is contact information on the website. We are always willing to discuss procedural matters to let people know what is going to happen next in their case. So, if you ever have any questions about that or filing an appeal in the first place, please give us a call. Please email us. The only thing we can't do is give you case specific advice or legal advice.

>> NATALIE PENNYWELL: Thank you, Michael.

Ann, any last words from you?

>> ANN BEVAN: We appreciate your time. Check your addresses. You can even work with your case managers if you're in the DD waivers because if then Medicaid does stop, then your authorizations are at risk as well. So work with your providers and case managers and they can help you if Cover Virginia can't, who, you know, they are always more than willing to help. But someone was talking about how does this affect LTSS cases, in terms of waivers, you are with everyone else but let's make sure you keep it that way so we don't lose authorizations. Thank you.

>> NATALIE PENNYWELL: Thank you, Ann.

Any last words from you, Janice?

>> JANICE HOLMES: I can only say, yes, Cover Virginia is there for you. However, if there is a reason unforeseen because we have staffed up, prepared our staff to be able to be on the phones to answer your questions, but if for some reason we get an influx and there are more calls than we can have folks that can answer, we hope that doesn't, have patience. Call back on a nonbusy day which would be any days other than Mondays and

Tuesdays. You will get through. We hope everyone will have patience, as we have said. Even for the locals. Also for Cover Virginia. If the lines are busy, give us a chance, call back on a nonbusy day and we will be there to help you.

>> NATALIE PENNYWELL: Thank you, Janice. Any last words for you -- from, Kelly?

>> KELLY PAULEY: Just keep in mind that if you do get a renewal packet and you do have -- you are aged 65 or blind or disabled, you can certainly send a copy of your most recent bank statement back with it. You don't have to wait. And if you have income other than Social Security and you have like your award letters, send a copy of that, too. But they will send you a checklist if there's additional information needed.

>> NATALIE PENNYWELL: Awesome. Bill, any parting words?

>> BILL ZIESER: Yes. Thank you. Keep in mind the provider networks such as the doctors' offices will be checking eligibility. So, it's very important that you do go through this process and renew your Medicaid. Because what you don't want to do is go to the doctor's office only to find out that your Medicaid expired and you don't get to have the services that you need. Or the doctor's office fails to check your Medicaid and then they find out that it's not eligible and you get an unexpected bill in the mail. So, please, go through the process, because the providers are going to be checking. Thank you.

>> NATALIE PENNYWELL: Thank you so much, Bill.

Well, as always, we get to the end of these sessions and we want to thank you, thank you, thank you for spending your time with us. We know you could have been in other places doing other things, but you sought the information and you wanted to be with us this evening. For our stakeholders, we thank you for the work that you are and will continue to do in order to support our members. They are the most important part of this equation, both Deputy Roberts and commissioner Avula completely and utterly understand and want us to completely understand that we cannot be here doing what we do if we are not serving our community members and our members well. So, we want to thank you for that work. And all the passionate effort and time and effort you put into that.

And for our members we thank you for being with us this evening. We thank you for taking this information, for following the steps and helping our team members, our staff members support you in the best way possible. We truly appreciate it. And we hope you have a wonderful evening.

As far as this presentation, like I said before, it will

be posted on our website in the next couple of weeks. We will also make sure that the FAQs that are generated through all seven of our town halls end up in one large, FAQ document and we are going to be finalizing that one. This one alone gave us a lot of questions so we have to add that to that overall document. So, give us a little time for that as well. And you will have that available.

Again, please go back and review any of the content that is already on the web page and I will not be remiss if I did not thank Peter and Rebecca, Anita, Kristen and Dahlia and everyone that helped to put this on successfully each and every time. They are tremendously valued and we thank you for your time. Even though you can't see them, they are working hard in the background.

So, y'all have a wonderful evening. Thank you again for joining us. And we hope that you are able to navigate this particular system successfully because of it. Have a wonderful evening, everyone.

>> JANICE HOLMES: Thank you, all.

(Session was concluded at 6:00 p.m. Central Time)

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