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RETURN TO NORMAL - SESSION III
ADVOCATES AND COMMUNITY LEADERS
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>> NATALIE PENNYWELL: We are going to get started shortly. Let me see who is sharing the presentation this evening, then we'll go ahead and get started.

Hello, hello, hello. I hope everyone is ready. I noticed 6:00, we're at the end of our day. So we're going to get started pretty soon here.

I just want to make sure all of my key players are here. I see Cindy. Yay. And I see Katie. I'm sure -- I don't know if Ann is here this evening. And I'm not sure if Tina's here.

>> ANN BEVAN: I am. I'm having issues with my camera, but I'm here.

>> NATALIE PENNYWELL: Thanks, Ann. I'm not sure if Tina is. I'm sure she'll be here pretty soon. Then we may have a couple other people joining but I'll find them as we go along.

Cindy is going to kick us off. I'm going to have each one of our introduce ourselves. As we bring in subject-matter experts, we'll do another round of introductions. My name is Natalie Pennywell. I'm the Community Outreach Manager. I often forget my title. I'll be helping to facilitate this evening. I don't drive this alone. I have Cindy and Katie with me. I'll have them introduce themselves and we'll get started.

>> CINDY OLSON: Good evening, everyone, I'm Cindy Olson and I'm the Director of the Division of Eligibility and Enrollment Services at DMAS. Katie?

>> KATIE O'CONNELL-RAYMOND: Good evening, I'm Katie O'Connell-Raymond. I'm a Medical Consultant at the Virginia Department of Social Services.

>> NATALIE PENNYWELL: Perfect. We need to record. I'm going to see if Rebecca is ready to hit the recording. As soon as she hits the go button, we'll go ahead and get started.

>> REBECCA DOOLEY: I'm not a host. Someone else will have to hit record.

>> NATALIE PENNYWELL: I think I can. Perfect. All right. Great. Maybe Casey did it. That goes to show you need a team of helpers behind you. Let's give a shout-out to Rebecca, Casey, Kristen, Anita, Dalia. You'll see dropped in the chat if you need close the captioning, the information is there.

We'll go ahead and get started. Cindy is going to get us started with the information here. If you can go ahead and go to the next slide, that would be greatly appreciated, Rebecca. And the next slide after that. Thank you.

>> CINDY OLSON: Good evening, again. One of the first things we thought we'd do before we get started talking about all the things we're going to do to unwind, is to talk a little bit about how we got where we are.

Back in 2020, when the COVID-19 public health emergency was declared, the Federal Government through the Families First Coronavirus Relief Act provided states a 6.2% increase in our regular Medicaid matching rate. But that increase in the matching rate was tied to certain conditions that states had to meet in order to receive the enhanced funding. One of those conditions was a continuous coverage requirement, which mandated that except for a few specific exemptions, anyone who was enrolled as of the date in March of 2020 when this began through to the current time needed to stay enrolled in their Medicaid coverage. The exceptions for closure had to do with people moving out of state. People who passed away. And people who requested that their coverage be closed. Otherwise, individuals had to stay enrolled.

And one of the things that dealt with the continuous coverage requirement was that we didn't do a whole lot of Medicaid renewals during the past three years.

So we have begun to work to transition our Medicaid members back to normal operations. Otherwise known as Resuming Renewals. That will start in March of 2023.

We are and have been collaborating our stakeholders across the commonwealth. That includes our sister agencies, health plans, advocates, and our providers to try to ensure a smooth transition for our members and our partners.

Next slide, please. Next slide. Okay. So we know that because we haven't done a whole lot of renewals in the past three years that we're going to be faced with a significant backlog of cases that need to be redetermined at the end of this continuous coverage requirement. That continuous coverage requirement ends at the end of March.

So we've worked with the State Department of Social Services to make a lot of strides, systemic strides, to prepare

for the end of the federal continuous coverage requirement by making a lot of system updates. And we've been working on system updates for the last two years in an effort to get ready for this moment in our time to improve the efficiency of the renewal or redetermination process.

Hopefully, and what our expectation is, is that the system enhancements that we have made will reduce the number of individuals that can be inappropriately terminated following the end of the continuous coverage requirement.

We have also developed a detailed plan to stage redeterminations. Not everyone can be redetermined at the same time. We've had to space these out over a 12-month period. So it will allow timely evaluations. And it will help us identify actions that will be required for each of our coverage groups.

We are collaborating with our managed care organizations to work with them to provide education and information to our members post end of the continuous coverage requirement. We want to make sure -- and they are helping with us ensuring up-to-date contact information such as addresses and phone numbers. And to remind more members to complete their renewals.

We are also addressing the return mail issue. Because as you can imagine when you have over 2 million people enrolled in Medicaid, that there are going to be a number of individuals for whom we don't have current addresses. In a three-year period of time since the last renewal, there are many individuals who may have moved and did not report their address changes. We've been working for a number of months to try and get as many up-to-date addresses for our members as possible to ensure that if a renewal packet does need to be mailed out or notice does need to be mailed out to an individual, that that information will get where it needs to go.

We have communication plans. We've been coordinating language approval and scheduled delivery of our mailings, our digital and telephonic outreach. Natalie will be talking about that in a few minutes. We also identified the federal flexibilities the commonwealth put in place during the continuous coverage and public health emergency. Ones we will maintain in any new strategies that we may have -- that we may want to leverage in order to help with the unwinding process.

Next slide, please. So, our federal authority, the Centers for Medicare and Medicaid Service, has provided a lot of guidance. They continue to provide guidance to the states. And the guidance reiterates our obligations with respect to conducting full redeterminations of eligibility. We have to first attempt to redetermine eligibility based on available information, without requiring the individual to provide any information. We call that an ex parte or an automated renewal. And if we can determine eligibility, or that ongoing eligibility exists, then the individual will -- their coverage will be renewed. They'll get a letter in the mail. Says you renewed for

another year. And the individual or the member will not be required to provide any information to the local Department of Social Service.

In the available information that we have is not sufficient to determine continued eligibility, then we must send a paper renewal form. It's prepopulated with all of the information that we currently have in the eligibility determination system. And we would request additional information from the individuals so that a determination of ongoing eligibility can be completed.

Before we can close a case, we have to evaluate for other eligibility categories and we also have to share information with currently the Federal Marketplace for an eligibility determination when coverage can no longer be maintained in the Medicaid system.

And, also, before we can close a case, we have to give a member an adverse action notice. And they have to have at least ten days prior to the end of their coverage so that if they wish to appeal the determination of eligibility, they have ample time to do so.

Next slide, please. This is a timeline of our redetermination processing. And it starts in March of 2023. So this month, after the middle of the month, we will run our automated renewal process. For all the individuals for whom we can complete a renewal, we will complete a renewal and renewal for another year. For those individuals who cannot be renewed using the automated process, paper renewal packets will go out to the individuals.

We start our redeterminations of eligibility two months in advance. So the paper renewal packets that would be going out in March are for May renewals. The individual will have 30 days to look at the paper renewal packet and get it back to the worker at the local Department of Social Services. The first month that we can begin closing cases of taking adverse action on cases would be for May 1st. The 12-month period for us to get all of our redeterminations under way starts in March, ends in March, of 2020. Well, March of 2024. And April of 2024. It would be the two extra months. Between March of 2023 and February of 2024, we must initiate all redeterminations of eligibility for anyone who's currently covered in Medicaid in our Title XXI programs.

Then the Federal Government gives us two additional months to wind up the processing of the redeterminations. In March and April of 2024. And May 2024, we'll be back on the regular work schedule of redetermining eligibility for everyone on an annual basis.

Next slide, please. And this slide just kind of lets you know all the things that we've been working on since mid 2020. We have been trying to think of and put together plans for ensuring that we have a smooth transition. Once the continuous coverage requirement is over. We made, as I said earlier, system updates. We developed cleanup and pre-unwinding processes. We've

done a lot of outreach and stakeholder engagement. We've done member outreach and engagement. We've developed training. We have policy flexibilities in place. And none of them have been made permanent.

We have submitted and had approved seven unwinding waivers. Then we have a number of temporary flexibilities. Some of them remain at this point in time.

So I think that's my last slide. And I'll turn it over to Katie O'Connell-Raymond.

>> NATALIE PENNYWELL: Katie, let me make sure -- I forgot to give the instructions at the beginning. If you have questions, please drop them in the Q&A section. We take them all. It does not matter what they look like. We encourage you to ask as many questions as possible because we have so many subject matter experts here. Thank you, Katie, I apologize.

>> KATIE MC'CONNELL-RAYMOND: Good evening again. I'm going to go over what we at Department of Social Services have been working on in conjunction with the stakeholders and other agencies.

Definitely, we've been upping our communication because we are, as everyone stated, we're returning to normal operations on 4/1/23. So we had internal and partner communications where we're sending out messages with DMAS that we developed and distributed to local agencies that are going to prepare them for what we're about to undergo.

We are having state monthly unwinding statewide virtual meetings. We're going over anything and everything that you can imagine regarding the unwinding. Everything.

Part of that, we've been lucky to develop different resources, FAQs, scripts for local agencies, and unwinding toolkits. There's some unwinding toolkits available on the cover of the VA website that are very useful. I think Natalie will probably talk about that later.

And the primary thing that we've been doing is trying to give the local agencies the guidance and advice that they need. They're getting ready to do something they haven't done in three years. You know, that's pretty amazing when you think of it. Three years, no reviews. People have stayed enrolled. Which is good, you know, they had continuous coverage. But it creates a problem when people haven't done renewals in some time on the inside and the outside. Because the public is not aware of maybe that they would have to do a renewal. And so we're giving them that different guidance that would be useful for them.

There is an unwinding porting on our intranet. And on that site, we have different tools and things that the agencies can use. Different presentations, recordings. As this meeting is being recorded. We recorded all our other calls. And they can be used as a reference tool.

Next slide, please. So for the public side, we're trying to make sure that everyone is aware of what's getting ready to

happen. So there is social media messaging. You know, I've mentioned before that I've actually seen messages on Facebook that we're getting ready to return to normal operations. On CommonHelp, if you're not familiar, that's a website where individuals can apply for almost every program. They can apply for almost every program on CommonHelp except for Auxiliary Grant. And there's a message there on CommonHelp that tells them about the unwinding. That's been posted since November '22.

On the VDSS public site which gives you the website down below, it's very easy to remember, dss.Virginia.gov. There's messaging in place for the public regarding unwinding and different resources they can utilize.

And DMAS and VDSS have worked together to do joint press releases that will soon be ready once they're approved.

And an interesting resource I reviewed that's shown here is VDSS is joining efforts with the community to help bridge gaps in health care for our citizens. So for those people that are not eligible once the renewal has been completed, we're going to try to refer them to different resources. They do get referred usually to the Federal Marketplace. But they also can go to freeclinicscare.org. It's a wealth of resources. Anything that you can imagine, there's a resource there. I found that very useful for my own perspective to know what to tell people.

Next slide, please. And this is a tool that's getting ready to be distributed. I'm focused right now on what's in orange. Medical assistance. We have to remember that there are other programs that are being impacted by the unwinding as well. To me, medical assistance is the most important program, obviously. But SNAP is being impacted as well. If you go down to that very light blue line at the bottom, the dss.Virginia.gov/benefitchanges, there are some tools there for the public that tell them about what's getting ready to occur with the unwinding or the return to normal operations. And refers them to different resources.

Next slide, please. And just from our end, you know, to let you know what we all have been working on to get ready for this. We've been providing training for local agencies to sort of amp that up. And a lot of that may be new program training for workers that don't have experience in Medicaid. Or for seasoned workers that needed to be refreshed. We've been having roundtables and quarterly meetings with local staff to address their concerns about the public health emergency and the unwinding and the procedures that are getting ready to happen.

We also have a lot of internal pages for them that are available on our intranet with procedural guidance and different resources, scripts that they can use when customers contact them about their case being closed and what steps they can take. Then we've offered different specialized and targeted training opportunities. Something new that they did for both the new and experienced workers was offer getting back to renewals. And it

walks them through all the different steps of what they need to do to complete the renewal. We have to remember that we have staff that since they've been with their agency, they've never done a Medicaid renewal. What can they expect to do? We've created a training that they've been doing. But then in conjunction with that, we've been having system matter expert-led webinars where the staff can come and ask a panel of consultants -- regional consultants as well as home office consultants and staff from DMAS -- about the renewals, what to experience, what expect with appeals. Because that's going to be a part of what occurs as well.

And we've also developed some checklists and processing guidance for local agencies to assist them in their upcoming tasks. I believe this is my last slide. So I'll pass this back to Natalie.

>> NATALIE PENNYWELL: Thank you so much, Katie. And so, we, you know, you're hearing from our agencies what has been done. What are we doing to make sure that this transition happens smoothly for our members. Most importantly, through our stakeholders and any part of our Virginia Medicaid ecosystem of work and support.

So for us, when we think about outreach communications and engagement plan, it's a three-pronged system. Right? You have Phase 1 through Phase 3. We've been in Phase 1 for a while here. Will be remiss in I don't give a shout-out -- I think I saw Christina Nuckols here. She used to be our partner in crime. She helped develop this along with some of our other things. I want to say hello to her.

We have in Phase 1 updating the contact information in order to make sure people, first and foremost, can be contacted. You're going to hear from all of our subject matter experts today. One of the main takeaways, we can't do Phase 2 and 3 if you have not done -- you can't do Phases 2 and 3 if you have not done Phase 1. So we want to make sure that we have all of those things happening. As you go through Phase 2 and 3 -- let's go to the next slide. It lets us know what those things are.

When we talk about the stakeholder groups, the first one is everybody. Everybody can contribute to make sure everybody has updated contact information. The second phase is we want to make sure all stakeholders are engaged. That's actually about renewing packets and making sure you complete the information that is there. If you don't make sure our members do that, they're at risk of losing that coverage. That's not something we want to take place.

Phase 3 is about what has happened if they updated their contact information or didn't? They missed the mail for whatever reason. They didn't complete the paperwork, if necessary. They lost coverage for administrative reasons, for whatever reason that may be. We want to make sure that primarily like our health plans and marketplace navigators can help them. We also want to

make sure you as stakeholders know what is taking place once they get to that point. If they have lost coverage for whatever reason. What that process may look like.

Next slide, please, Rebecca. As we're going through all the things, I want us to reflect what are the things we have done and done well? We have a digital ad campaign, a social media campaign, a Cover Virginia website updates. Then we have updates that have taken place on the LDSS side and main website. They redirect to Cover Virginia when necessary in order to stay engaged and informed about what's taking place. Develop toolkits for our health plans. Our stakeholders in general. We created toolkits in order to make sure providers and our stakeholders at large understand what's taking place in those Phase 1 and Phase 2 and 3 combination toolkit.

We've mailed member fliers and posters to local Department of Social Services offices as well as our Community Service Board offices. We plan to do that again for Phase 2 and 3 documents. We translated our documents into six additional languages. Seven in total. For our partners, they have memos, health plans, what they should be doing in collaboration with our stakeholders. They hold virtual meetings -- we've had virtual meetings with a lot of our community partners and navigators. We made sure we created town halls, this is our fourth one. We want to make sure you as a stakeholder and community leader understand and know what's taking place. Making sure you can navigate this process. Because it's not just complicated for our members. Sometimes it can also be complicated for our stakeholders. We want to make sure of that.

Next slide, please. This is what the stakeholder toolkits look like. We are talking about the wonderful things Cindy referenced and Katie. First and foremost, know how to navigate to the spaces for additional information as they understand the complexity of it all.

Phase 1, 2, and 3 toolkits you'll see here, you can find them on our Cover Virginia website. We went through a refresh this weekend. We're making sure we clean up some things there. That's where you'll be able to find it. In the top right-hand corner, you'll see a Return to Normal tab. As they pulls up, to the right-hand side, the last one being toolkits and materials. Click on that and click on Phase 1 or 2 materials. As I said before, we went through a transition over the weekend. We're aware of some of the de-link stuff, we're re-linking them. Those should be fixed in the next day or so. So don't, you know, get discouraged if that is happening. We want to make sure you have the information that you need. So that should be updated and returned back to its rightful linkages soon.

Next slide, please. So we also have some additional resources that we added to the Phase 2 and 3 toolkit. We understand not everybody is familiar and remember what the phases are. We want to make sure as they're going through, they

understand what the responsibility is. Virginia Medicaid, which is a system, includes DDSS, includes DMAS, our NCOs, our stakeholders like you. It includes our members. Everybody is under that umbrella. We want to make sure what is responsibility of those in that system and the responsibility of our members who are navigating through that system.

This is a more simplified version of what that could look hike. It doesn't provide all the nuances of a process but definitely gives some foundational understanding of what it should look like.

Also, it makes sure that as our stakeholders like yourself and our members are navigating the system, they know those points in time where we need something from you. And where you may be waiting on something from us. So making sure all of that is in place. This document, in particular, will be available for ordering on our Cover Virginia website in the next few weeks. And so we'll make sure as an organization that we provide what you need and then hopefully you as a stakeholder will make sure you use those tools when engaging with our members.

Next slide, please. So these are some fliers and some posters that our team did a lovely job of helping to develop and also make sure that some of those things that are kind of sprinkled throughout the toolkit is really synthesized in a place that you can hand a document to our members to say, hey, this is what this looks like. You want to make sure you're navigating this well. You want to make sure you understand it really is important that you keep coverage.

You know, our team members go through our -- our community members go through so many different life events. Important life events. Where they have a promotion, get a different job, make more money. They're in a transitional state. We want to celebrate that. We also want to make sure they understand what's most important to us is that they maintain coverage of some kind. And it does not have to be through Medicaid. It can be through another avenue. If that is the case, that we are able to redirect them to that. Again, we can't do that if they don't have updated contact information in our systems and can't get in contact with them. So you're going to hear that over and over again from us. Because we have to make sure that that contact information is up to date so we can make sure we're in contact with them about what those next steps look like and how we can connect them to other resources, if necessary.

Next slide, please. So what do we have so far? So we have -- this morning we finished our housing programs. This afternoon. It was during lunchtime. Town hall today, this evening, we're finishing up our advocates one. We have two more that are taking place. One on tomorrow. Then we have two that are taking place next week.

And as we go along, please invite anyone that you think this will be beneficial for to any of these sessions that you

think the subject matter is appropriate.

The content is very similar from one to the next. But the questions, as you talk about the different stakeholder groups, do vary. Some are similar and some have some variation. What we're going is collecting all of these questions and all of these different points of resource needs. And placing them in an FAQ document that we'll also release at the end of our town hall sessions to make sure that you have some answers to some questions in a more tangible format.

We're also asking that if you would like to attend all of them, you're welcome to do so. We encourage you to do so. Because that really is important.

Next slide. So what's the takeaway? What are we really asking you do here? We want you to remember, all right, Medicaid renewals again this month. The ex parte process that Cindy mentioned earlier is going to start. People are going to receive some things in the mail hopefully because they updated their contact information. We can get in contact with them. When they start to get the renewal packets, how can you support Virginia Medicaid? We need you to help them actually navigate that process. It may be new for them. If it is new for them, we want them to be successful in that process. So we want you to be prepared to know what they need to do and how we need to connect the certain components of how they can renew that packet.

This is a 12-month process. Cindy mentioned it. It is staggered. Now everybody will renew at once. There's over 2 million people. Let's pause to have a greater understanding of what that means for our agencies to have to go through this process for over 2 million people in just 12 months. We only get 12 months. We get an additional two months for cleanup. That extra two months don't mean anything when compared to just 12. We want to make sure that in that time period, we're making sure that everybody is navigating successfully through it.

That also means, though, that people need to wait to hear from us before responding. Right? We don't want you to jump into the pool of renewal and you got at least nine months in order to get there. We want to make sure that you're responding when you need to. The only way we can ensure that is actually taking place is, again, say it with me. If you have updated your contact information. If you have updated your contact information, then you can just -- it's a breeze for you. You can wait for us to contact you. If you haven't done that, then, you know, you may run the risk of missing some really important information that can lead to you unnecessarily losing your coverage.

The next thing about supporting the Medicaid -- the Virginia Medicaid ecosystem -- is making sure that when our members receive this packet, they get the support that they need. On the next slide, we'll talk about all the different ways in which you can address or move toward renewing that packet.

What mechanisms you can use for that.

The last thing is make sure you provide additional feedback to us. Point of entry you have into our system, it's important for us to know that you're able to use the resources and tools that have been created. It's also important to know if there's any gaps in the resources that we created. Because if there are gaps, you're finding that, hey, as a point of confusion, or there's not clarity, reach out to us. Let us know. Because at the end of the day, what's most important is that you're successful and doing what we know you do best. That is serving and making sure you provide the best possible customer service to our members.

Next slide, please. So Cindy, do you want me to take this one or do you want to take it?

>> CINDY OLSON: I can do it. I'm sorry. I had to turn my video off so I could sneeze. It's allergy season.

>> NATALIE PENNYWELL: Bless you afterwards.

>> CINDY OLSON: So how do you renew your Medicaid coverage? There are three different ways. We would encourage individuals to use the way that is most comfortable for them. If you are someone who receives a renewal packet in the mail, you can renew by calling Cover Virginia. The phone number is there on your slide. You can renew online by going to CommonHelp. And the address for CommonHelp is there on your slide. Or you can complete your paperwork and take it to your local Department of Social Services. And if you go to the web address that's down under the in-person box, you can find your nearest local Department of Social Services by visiting that and looking for the locality address for the locality where you live.

We also would encourage you, if you want to learn more about the Medicaid redetermination process, to visit the Cover Virginia website. Because there is an absolute wealth of information there about redeterminations and how to get them done.

There are a number of people who won't have to get this paper renewal packet in the mail because day are individuals who can be reviewed -- renewed using the automated process. We have been using the automated process all along. We've been doing ex parte renewals all along. So a number of people have currently up-to-date renewals. They get their letters in the mail that says, you know, you're renewed, you don't have to renew again until 2024. You're good. You're good. As long as you have current renewal. Because you'll be picked up for the renewal process again when your renewal month comes along. But we have a number of people who are not able to be successfully renewed using the automated renewal process. They'll get a renewal packet in the mail. Then one of these three processes can be used to renew your Medicaid coverage moving forward.

Next slide. Or is there one? Yeah.

>> NATALIE PENNYWELL: So we thank you. We thank you so much

for taking the time to spend the time with us this evening. To learn a little bit more about these processes. What are we doing? How are we working collaboratively? We know that we can't do this work alone. Let alone, DMAS can't do it without VDSS and vice versa. We can't do it without our NCOs and our stakeholders. We definitely can't do it without making sure our members are cooperative in the process in and of itself. We want to thank you so much for helping.

So we're going to switch over into our question and answer portion of the evening. And there's plenty of questions. I will start with a very basic one. How will someone know -- first, before I start the process, let me make sure everybody is here and know who is speaking. So we've already had introductions from Katie and Cindy. Ann is here. Ann, you want to give your -- introduce yourself?

>> ANN BEVAN: Hey, all, Ann Bevan. I am the Director for the Division of High Needs Supports, which specifically does cover a lot of people you may be advocating for. People with developmental disabilities and those waivers. We also have brain injury and housing and employment.

>> NATALIE PENNYWELL: I think we're a four-woman team this evening. I think that's everybody. I don't see Tia. I don't see Jason. I don't see Aaron. Okay.

>> BILL ZIESER: I'm here for Tia this evening.

>> NATALIE PENNYWELL: Can you introduce yourself?

>> BILL ZIESER: I'm the Senior Programs Operation Manager. I work underneath Tia. Basically, we oversee the fee-for-service program. I'll be answering the provider questions and things like that. Thank you.

>> NATALIE PENNYWELL: Thank you, Bill.

>> MICHAEL PUGLISI: Michael Puglisi is here if you have appeals questions.

>> NATALIE PENNYWELL: Go ahead and introduce yourself. What did you say?

>> MICHAEL PUGLISI: I'm Michael Puglisi with the DMAS Appeals Division. Eligibility Cases Manager in the division.

>> NATALIE PENNYWELL: Anybody else from DMAS or VDSS that's here to help answer questions? I want to make sure everybody knows who's in the room.

>> SEVDA NIXON: Hi, yes. Good afternoon. My name is Sevda Nixon. I report to Tia. I'm standing in for her this afternoon or this evening as well. So any program operations or provider enrollment questions, I can help out.

>> NATALIE PENNYWELL: Pronounce your first name for me one more time.

>> SEVDA NIXON: Sevda.

>> NATALIE PENNYWELL: Sevda. All right. Thank you. I think we have a full panel of our SMEs. We can go right into it. This one is probably for Cindy. How would they find information on the current income qualifications and requirements for applying

for Medicaid if they don't currently know where that is.

>> CINDY OLSON: Actually, there's a lot of information on the Cover Virginia website. There's a tab about Apply. And if you hit that Apply tab, there are screening tools there. Income limit charts are there. There's information about how to apply. So if you go to the Cover Virginia website, it should give you all of the information that you would need to be able to fill out an application and get it completed and have some information about the requirements.

>> NATALIE PENNYWELL: Thank you, Cindy. I need to record you so you can be our commercial for that site.

So the next question -- we have a couple of them that are along this theme. How is DMAS determining when a Medicaid case is up for renewal? And when that particular period will end. Is it by alphabetical order? Is it by a certain methodology? Cindy, or someone else, can somebody speak to that particular component?

>> CINDY OLSON: I can take a stab at this one, although I didn't have anything to do with it. The caseloads, the numbers of individuals that need to be renewed were just broken out into a somewhat equal amount over the next 12 months. And when we look at the cases that need to be renewed, they're looking at cases that are currently due for renewal in a month as well as a portion of the backlog redeterminations that need to be completed.

So if you are someone who had a redetermination that potentially was due in September of 2020, and may not be your renewal date anymore because you're going to be evenly distributed out. The caseloads are going to be evenly distributed out. So that the local Departments of Social Services don't have all of their redeterminations stacked up in a couple of months in 2024. And so we've tried to -- or they have tried -- the individuals who have worked on this -- to evenly space them out over the next 12 months.

>> NATALIE PENNYWELL: All right. So one of the questions that came through is will this deck be available? Yes. All of the recordings from each one of the sessions are posted soon after the session ending. At the end of all of our sessions, we definitely will be posting the slide deck so everybody can see that. So that should be an easy one.

So, if somebody is automatically terminated due to ineligibility, how would that information be sent over to the Marketplace/state-based exchange. Then what will be the process for them maintaining coverage afterwards?

>> CINDY OLSON: It's an automatic referral that goes from the DSS eligibility determination system to the marketplace. It transmits the information that we have on file for the person. And then once it gets to the marketplace, there's a process at the marketplace for determining eligibility. And the individual will hear from the marketplace. They may need to make contact

with the marketplace. But at the time that we refer an individual's case to the marketplace, they do get a notice that lets them know that their case has been transferred or referred to the marketplace for an evaluation of eligibility for the programs and subsidies, cost-sharing assistance that is offered on the marketplace.

>> NATALIE PENNYWELL: Perfect. Can you remind people for the timeline for how long they get for redetermining a packet once it's actually up for renewal? How long do they get for notification if that, in fact, will come to an end and what happens if they have lost coverage? How long it takes for them to come back.

>> CINDY OLSON: We start the renewal process 60 days in advance. Renewals packets we send out in March will be for May renewals.

>> ANN BEVAN: Hey, folks. Can you all mute, please? We're getting some nice conversation in the background.

>> CINDY OLSON: Thanks, Ann. So you have -- once you receive your paper renewal packet, you have 30 days to review it, make any necessary changes, and get it back to your local Department of Social Services for processing. And then they get 30 days to get it done.

If you are determined to remain eligible for coverage, you will get a notice the mail that tells you that your coverage has been renewed and your next renewal is due a year from whatever month that would be. If you are not eligible, you will get what we call an advanced notice of action, proposed action, that will let you know that your coverage is going to end at the end of that month.

So, if your coverage -- if you have a May renewal and you're no longer eligible, you'll get a notice in the mail that would say that your coverage is going to end at the end of May. And depending upon why you are no longer going to be eligible for Medicaid, your coverage may be referred to the marketplace. If you're no longer eligible for Medicaid because you did not follow through with the renewal process, IE, you didn't turn your renewal packet back in, or you were asked to provide some information so that we could determine your ongoing eligibility for Medicaid, then your coverage will be terminated. But because we could not make a determination of eligibility for Medicaid, or ineligibility as the case may be, we would not be referring those cases to the marketplace. Instead, you would have 90 days to provide the information that is needed to have that redetermination of eligibility completed. And if you turn in the documentation that's needed, and you remain eligible, then your coverage will go back and be reinstated to the first day of the month after you were closed.

>> NATALIE PENNYWELL: I think you're on a roll, Cindy. So I have another one for you. I think. So, if an individual wanted to check for their renewal date, is that possible now? And if

they wanted to know if they would be qualified for the ex parte process, can they know that now? And if they don't have that information, who should they check with in order to figure out what that date is?

>> CINDY OLSON: So, let me start with the ex parte process first. The automated process. Because to me, that's the easiest one. Most of the individuals who successfully go through the automated renewal process are individuals for whom a resource test is not needed to determine eligibility. So we're talking about children, adults in the expansion coverage group, and now our SSI recipients who meet our more restrictive resource requirements. So we don't have to look at resources.

So those individuals will go through the ex parte process. And if that's successful, they'll get the notice that says they've been renewed. If not, they'll get a renewal packet in the mail. But there's no way to go to the Cover Virginia website to look up your case number to see whether or not -- what month your redetermination is due. That is not information that we would post on the website.

I -- while I would -- I'm struggling with trying to decide whether to say you could call Cover Virginia. But whether or not they would be able to give you renewal dates over the phone, I don't know. That's something that we would probably have to have a discussion with them about. Because if all 2 million people started calling Cover Virginia for renewal dates, the phone lines there would be overwhelmed with callers.

So individuals, I think the important thing that if you're helping someone, the important thing to tell them is to not worry about what their renewal date is. But to know that if they're able to be successfully renewed, they will get an approval notice in the mail that tells them that. If they are not able to be successfully renewed through the automated process, they will receive a paper renewal packet in the mail. And it will come at the time that their renewal is due. Or in the 60-day period before their renewal is due.

>> NATALIE PENNYWELL: All right. I'm going to give you a break and go over to Michael. We have a question that what happens if someone gets denied? How can they appeal that decision and what does that process look like? And I would say in the most concise version that you can give. Because I know that probably is a complicated question.

>> MICHAEL PUGLISI: The easiest way is to use our online portal. Access it at dmas.Virginia.gov under the Appeals tab drop-down on the top line. You can select it using the portal. It's quick and easy. Of course, we accept the old methods of filing an appeal by mail, by fax, by email. Even by walk-in. Obviously, the most efficient for everyone is the online portal. We're going to be requiring the appeals within 30 days of the receipt of notice of action. It's important to keep those timeframes in mind when you're evaluating your choice to appeal.

I hope that was concise enough. If there's any follow-up, let know.

>> NATALIE PENNYWELL: Will do. Thank you, Michael. Another question. I don't know who will answer this. Will any benefits for undocumented individuals, families or students be changed during this redetermination process or afterwards?

>> CINDY OLSON: We will not be changing any benefits. Undocumented individuals are eligible for emergency services, and that will remain throughout the unwinding period and beyond.

>> NATALIE PENNYWELL: Thank you so much. I have a couple questions I know I can answer as outreach and communication person. Is whether or not we will have available posters, fliers and brochures. Absolutely. There's a plethora of information on the Cover Virginia website. Some are available for mailing or some available for digital download. You can print them yourselves internally for whatever events or opportunities that you need to have for your community members. So feel free. If you're finding that you don't have access to something or it's not represented somewhere, please don't hesitate to reach out to us as the coverVirginia.dmas.Virginia.gov. If we can do anything and you had a hard time finding it.

The other thing is will fliers -- can you print and hand out fliers? Absolutely. Anything that is available on the Cover Virginia website. I would dare say at the VDSS website to Katie's point, that's publicly available. We want you to print out. We want you to disseminate. We want you to make sure the members that need them have them in hand. You can place them whenever. To subsequent people in your network. You can do all of those things so everyone has appropriate information.

Another question that came across is for those who -- okay. Will the renewal packets be provided in the preferred language of the customer? And/or would they need to call to get interpretation services? If that is the case, what is the process for doing that? Who would like to take that question?

>> CINDY OLSON: Let me take a stab at it. We have translated most all of our forms that come through the DSS eligibility determination system into multiple languages. May not cover all languages at this time. But we have had them translated into the top -- Katie, correct me if I'm wrong -- five or six languages. So how your renewal form is printed is based on the language that you selected at the time that you applied for coverage or a change that you may have made with your local Department of Social Services worker to change from one language to another.

If you have difficulty understanding or reading because you did not receive your renewal packet in the correct language, Cover Virginia does have access to a language line. And if you call them, they will be able to get the language line on the phone and help with the renewal process.

>> NATALIE PENNYWELL: Thank you so much, Cindy. Next

question I definitely know is a Katie question. It's a VDSS question. And LDSS question. Katie. They expressed, trying to get in contact with a local VDSS worker has been challenging in the past and continues to be challenging. What will be the most appropriate approach for trying to contact an LDSS worker as well as what is the likelihood they'll be able to get clients in to help with that packet in-person?

>> KATIE O'CONNELL-RAYMOND: You gave me the best question. If that individual is having problems trying to get in touch with a worker which I know especially with the pandemic and people being in their office, not in their office. Some have access to phones or not. If you call, they're not going to give information to someone that's not an authorized representative. So a mother calling for their adult child isn't going to work unless there's something on file stating they're allowed to talk to them. But if you cannot get in touch with a worker, I would suggest stepping it up to the supervisor. You can also call Cover Virginia, and they will assist with trying to complete the renewal. And they also send memos down to us sometimes. Not to us, but they send them to the local agencies if they've had contact with a customer. And certainly, we've gotten calls at the state from people that weren't able to get in touch with their worker as well. We've had to facilitate that. So there's always a way to get in touch with someone. Even though it's difficult.

>> NATALIE PENNYWELL: You did have the best question. So, and this is more of a niche question. I'm not quite sure if this is a Bill question, Ann question. Somebody question. It is, are Virginia employers who offer employee health insurance required to branch special enrollment period to employees and families who are no longer eligible for Medicaid? How are we working with them to inform those employers about the unwinding in and of itself. I'll take the second part before we get to the first part.

The second part is we have tried our very best to send out the information regarding, particularly Phase 2 and 3 of the unwinding for those who have employees who work for them and they are still eligible. Or they currently have Medicaid and need to go through the renewal process. We're doing all we can across stakeholder groups to include a lot of you all to ensure they have the information about what that process looks like so they can pass it on to those employees.

As far as what happens internally for those employees who no longer qualify, I don't know if anybody on our team can answer this question. If not, we will refer it to some in-house SMEs and get back to you all. I'll pause there to see if anybody can answer that question.

The first time, we are four -- and this is the first one that has stumped us all. Nine people.

>> BILL ZIESER: There's discussion within HIPP. Internal

discussions on how we're going to move forward with them. Those announcements will be made over the next few months.

>> NATALIE PENNYWELL: Bill comes in for the win. We'll have an announcement later on. We can't answer it this evening. We'll make sure at the very least in the FAQ document we refer to the decision that will be coming down at some point. Thank you so much, Bill. Go ahead --

>> ANN BEVAN: I want to make sure I heard the question and got the person, what the intent of the question was. I interpreted it totally different than Bill. What I thought I heard the individual asking, how are we working with providers, letting them know, blah, blah, blah. Which you answered. That an employer would need to have an open enrollment if they are losing. So employers will know, per what you said, like, you know, when we're reviewing, this is reviewing blah, blah, blah. But, one, are providers required -- sorry -- employers required to offer open enrollment for that? Does it qualify as a condition to meet open enrollment and so forth? Or not open enrollment, but outside of open enrollment rules.

And then, two, are we monitoring that in some way to make sure that those employers are making sure individuals have those opportunities. That's the way I interpreted it. But I could have done that wrong. I didn't necessarily hear it as a HIPP issue.

>> NATALIE PENNYWELL: That's not my lane.

>> ANN BEVAN: If the person asking the question, if they could pop it in -- yes, I see Bridget say it's considered a life change. That was my presumption. It is a life change. A big thing. Like having a baby or your kid turning 26. I just wanted to make sure we were answering the right question.

>> NATALIE PENNYWELL: So I have a copy of the question that's in the documentation to our overall thing of FAQs. I have that in there. But if someone has more context for the question, please by all means drop it in the Q&A or chat. We'll see that it happens. Thank you, Ann, for diving deeper into that question. I would not have known to do that.

>> ANN BEVAN: I would have completely misunderstood, too. I don't have that much knowledge. When I heard it, I was like, oh, I wonder about that, too.

>> NATALIE PENNYWELL: As you can see, even our subject matter experts are like, huh. Okay. That happens. That speaks to the complexity of the work that's done.

The other question is will redeterminations be based off of the 2023 FPL chart income determinations that came out in January?

>> CINDY OLSON: Redeterminations of eligibility for income will be based on the income limits that are in effect at the time the redetermination is completed. So, yes. If it's done this year, we will be using 2023 income limits to determine whether someone meets the criteria. Income criteria.

>> NATALIE PENNYWELL: If it's done in January of 2024, then

it will be --

>> CINDY OLSON: Well, yeah, it would depend on whether we finished it really quickly in January before the new poverty limits came out. But, yes. We'll use the limits that are in effect at the time of the redetermination.

>> NATALIE PENNYWELL: Absolutely. All right. Another, will the auto-renewals get letters? We get this question randomly. Will the auto-renewal clients get letters on a specific color of paper? Medicaid used to do this. They want to know if that's going to happen moving forward.

>> CINDY OLSON: No.

>> NATALIE PENNYWELL: That was a very simple answer to that question. That's a no.

So we have a couple more, but we'll make sure we roll those over into our FAQ document. We thank you so much for your engagement. We thank you so much for all of your questions.

Before we leave for the evening, I'd like to give the opportunity for each one of our subject matter experts to give us parting words. I'll start with Bill. Do you parting words you want to make sure everyone remembers?

>> BILL ZIESER: Tia wanted me to relay the message for the providers out there doing the billing. Please, please, please check eligibility before you bill DMAS and make sure the person is eligible before sending in your billing.

>> NATALIE PENNYWELL: Thank you, Bill. All right. Next we have Ann. Any parting words for us, Ann?

>> ANN BEVAN: Hey, did you hear that you really should check Medicaid eligibility before providing any bills? Yes. We keep -- Tia and I keep saying that over and over as everybody else. It also affects those individuals that might be on DD waivers. You as a provider may go to bill and find out they're no longer eligible. If their Medicaid eligibility goes away and gets terminated, their authorizations do, too. We know what happens with those authorizations. They may or may not go back to the date. And you may not be able to recoup those funds. So it's really important to help the individuals. And understand where they are and if they're going to lose eligibility as quickly as possible. Because it could negatively impact you as well. So another little hint to check eligibility.

>> NATALIE PENNYWELL: All right. Jason -- not Jason. Michael. Do you have any parting words for us?

>> MICHAEL PUGLISI: The one thing I'd like to leave you with is to let you know the Appeals Division staff is always willing to help with procedural guidance. If you as an advocate or representative have a question about the appeals process, a member of our team is always standing by ready to help. So I hope you all have a great night.

>> NATALIE PENNYWELL: Thanks, Michael. What about you, Katie? Any parting words?

>> KATIE O'CONNELL-RAYMOND: I have my perennial parting

words to tell people. Please advise your individuals that you work with to check their mail. Look for anything, in particular, that's coming from VDSS, their local agency, DMAS. So they don't miss their renewals. They don't miss checklists.

Then I had another thought as I saw comments coming up. If you're a provider and someone is getting long-term services and support from you, please make sure you send a DMAS 225 to the local agency. Because during the past couple years when we've enrolled people and there hasn't been that 30-day period from where they've been approved, what we call presumptive enrollment, we don't have a 225, we don't know who the provider is. And if they're still current. And so make sure that you're getting 225s to agencies if individuals have started care, or terminated care, respectively. But definitely to tell people to check their mail.

>> NATALIE PENNYWELL: Awesome. Before I wrap things up, Cindy, our all-knowing one in the room.

>> CINDY OLSON: So I would just say if you're working with an individual, please, please, please make sure we have a correct address on file. Because if we don't have a correct address on file, we cannot get in touch with a member. And if we can't get in touch with a member, it could be the renewal or the redetermination of eligibility won't be able to be completed. And the individual's coverage could be denied. And if we don't have the correct address on file, they may not even get the letter that says that they no longer have coverage. So please, please, please encourage the individuals you work with to ensure that we have the correct address on file for them.

>> NATALIE PENNYWELL: Thank you so much. So we are a couple of minutes over. But we want to before you go make sure you know you're appreciated. We thank you for the work that you do. We thank you so much for the time that you're spending making sure that our community members have the guidance and the advice they need in order to successfully navigate this process.

It may be complex, but we know that because of your kind heart and your wonderful spirit, that you will make it an easy one. A wonderful one.

As you can see, everyone here is very passionate about making sure that our members are getting the best quality customer service possible. Our director reminds us often that none of us will be here. We would not be able to do this job well if we did not have members -- we have happy members that have great health insurance. That is our whole job. So we want to make sure you have what you need so you can help them.

If you have questions for us, you have the email address at the bottom of the screen. CoverVirginia@dmas.Virginia.gov. We hope you go out and do great things and circle back to us if you need us. We thank you for spending your evening with us today. We thank you for the work you continue to do. All right. Have a great one, everyone.

Thank you so much, DMAS and VDSS and everybody else that came out. Bye.