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Federal Medicaid continuous coverage requirement: Resuming normal operations.

>> NATALIE PENNYWELL: I hope everyone is grabbing a snack or some lunch. We're going to get started in just a couple minutes. Welcome.

All right. Let's go ahead and get started.

Thank you all so much for being with us today. My name is Natalie Pennywell. I'm the outreach and community engagement manager here at the Department of Medical assistance services otherwise known as DMAS. And I am here. It's normally three of us but one is out today. So we're going to have Yolanda Chandler or Kelly Polly join us today to cover some of the beginning slides.

So if Katie can show herself. Is it going to be Kelly and Yolanda or just Kelly or Yolanda today? Then I'll go over some housekeeping rules really quickly. Is Katie here?

>> KATY REEVES: I'm here but I do not have video capability.

>> I'm the administrator at the nursing and rehab center from Warrenton. I'm talking about Katie O'Connell.

>> NATALIE PENNYWELL: That's okay. I was talking about my Katie from DMAS.

>> I am Katie O'Connell Raymond.

>> NATALIE PENNYWELL: Is it going to be Kelly or Yolanda presenting today?

Okay they're not here yet. I am going to go some ground rules. If they don't show I'll just move on with the show. Kelly Polly is on. If you can unmute yourself and introduce yourself quickly that would be great. We don't hear you, Kelly. All right yeah I see you are un-muted but we cannot hear you. Maybe if you go out and come back in, we'll be able to hear you.

We're going to keep going and hopefully the sound issue will fix itself soon.

As we begin just make sure you stay on mute if you are not speaking. Hello? Okay. Make sure you stay on mute if you are not speaking. The next thing is, we really, really, really encourage you to use the question and answer portion of the platform. If you go to the bottom right-hand corner you will see three little dots. Then those three dots, if you click on them you should normally see Q&A. We ask you submit your questions in that format. If you are unable to hear, I would say go out of the platform and try to come back from and you'll see that kind of way.

If you have any other comments or questions we'll try to make sure we get to as many questions as possible that were submitted prior in the registration as well.

So let's see if Kelly, if we can hear her.

>> KELLY: Okay. Can you hear me now?

>> NATALIE PENNYWELL: Yes.

>> KELLY: Good. Sorry.

>> NATALIE PENNYWELL: If you could introduce yourself.

>> KELLY PAULEY: Okay this is Kelly Pauley. I'm the eligibility enrollment manager here at DMAS. And I am happy to be with you today to try to answer some questions and present some information.

>> NATALIE PENNYWELL: And we'd like to thank everybody that helped in the book ground. Pete, Dalia. Kirsten. So we thank all the people in this the background that support us.

>> KELLY PAULEY: Okay we're just going to be talking about a little bit of background and what's been going on for the past few years. This information is intended to provide just an overview and background of this continuous coverage requirements. What the federal people have been telling us, DMAS, and the plans we have to move forward. This is a moving target so we will be hearing more information as we go along. As they tell us more.

To support states and promote stability of coverage during COVID-19, we were provided with a 6.2 percentage point increase in the regular Medicaid matching rate. But there were certain conditions that states had to meet in order to access this enhanced funding. DMAS has begun work to transition team members back to normal operations. By that we mean, resuming Medicaid renewals starting in March 2023. We are collaborating with stakeholders across the Commonwealth to include sister inclusions, health plans, advocates and providers to ensure a

smooth transition for members and our partners.

Now to talk about the renewal plans.

Of course there's a significant backlog of cases awaiting redeterminations at this end of this continuous coverage requirement. But it's important to important to remember it's only a large number because we haven't been closing people within the past three years. Everybody is always required to be reviewed every year. So that's what we're going to be doing this year. We just got, you know, a couple of extra million people to review. To get ready for that we have been making systems updates to DMAS to improve the efficiency of the renewal redetermination process. We have developed a detailed plan to stage the redeterminations, to space them out so they're not all due at the same time and that will help us with next year too to make sure you don't have some months with a very large amount of redeterminations that are needed. We're collaborating with managed care organizations to provide information and education to members after the PHE and ensure up to date contact information. That's been the biggest challenge, to try to make sure we can reach our members so they can do their renewal. We've been looking at returned mail with a dedicated team to try to get the best addresses. We've sent out letters to them and mailings to try to get better insight into where they are. And MCS has been helping a lot with that.

We have a communications plan that includes direct member mailing, digital outreach, updates to the Cover Virginia website, eligibility worker reinforce, application assistance to ensure that members understand the steps that I need to take, when to act and what to do to remain covered. And we're also coordinating language approval and schedule delivery of mailings, digital and telephone outreach. And identifying which federal flexibilities we're going to continue with as the unwinding process continues.

CMS has given us a lot of guidance with respect to us completing full redeterminations and providing enrollees ample try to respond to requests for redetermination. So states must first determine, attempt to redetermine eligibility based on available information. That's what we call the ex parte process. Where the individual is not contacted until we contact them to let them know they continue to be eligible. If we're not able to do that, which we can't do with most our ABD population, then we send a pre-populated renewal form and request additional information from the individual. Enrollees must be evaluated for other eligibility categories prior to determination and have their information shared with the state based federal marketplace for eligibility determination. And we have to send them adverse action notice prior to determination. That's giving ten days notice at least before we close them out.

We have a full twelve months to complete these redeterminations. And CMS also requires that we complete prior

determination of eligibility and additional redetermination to make sure that these individuals are not eligible for any other Medicaid group.

So this is a timeline of how these redeterminations are going to be handled. So in this month, March, we're sending out the first renewals. So that means we're doing the first ex parte ones and then sending out renewals for people who are not able to be redetermined without contact. The first time anybody can close will be April 30th. And then as we go along, each month remember that individuals have thirty days to return their renewal form and they also have a grace period of three months after they're closed to turn in their renewal form or to turn in the information that we requested. After the twelve months, then we will still have a little more time to clean up in March and April next year before we return to our regular work processes in May.

So we've been working on unwinding for quite a while. Like almost since this started. Of course we had no idea that the Public Health Emergency would extend for so long. But while we've been going on with the Public Health Emergency and keeping people covered, then we've been working on system updates. We've been working on what the processes are going to be. We've been reaching out to our stakeholders, creating new toolkits and templates and provider memos. Keeping the website updated. Reaching out to our members both with letters but also in social media, radio campaigns, the PHE website, television coverage. We've developed trainings for the workers who are going to have to be actually doing the redetermination for all these people. Because of course some of them are new and have never done renewals before. Some of the policy flexibilities have been made permanent. We have some waivers from CMS and some temporary flexibilities that we've been able to implement.

I think we're going back to you, Natalie, with there right?

>> NATALIE PENNYWELL: Back to me. Yeah goes over to Katie.

>> KATHRYN O'CONNELL-RAYMOND: This is from the DSS or Department of Social Services department on what we've been doing in conjunction with DMAS to prepare for the unwinding. We've been working on a lot of communications with DMAS that have been distributed to local agencies that include information for them on unwinding, including all affected programs. Remember it's not just Medicaid, other programs have been impacted by this as well. We've been holding joint monthly unwinding meetings. We were just talking about one we're having next week that's for the state and DMAS to participate with local agencies and other partners to prepare. We've helped create and update different resources, FAQs that we've gathered during this timeframe. Scripts, I was just looking at them. And some unwinding toolkits. There's some very good information that I'm not going to take Natalie's topic but on the Cover Virginia

website there's some excellent unwinding toolkits that people can utilize. So we're trying to put the resources out there scripts on what to expect. And then, you know, working with the local agencies, giving them guidance and advice of what to expect, best practices, and how to help them clean their cases up and prepare them for renewal. You know, some of these cases have not been touched in three years. And so you know what can they do to prepare for doing the renewal. Then we have a unwinding portal that's sort of a one-stop shop that is on our internet for local agencies and they have information about meetings, slide decks and presentations, the Q&As that have been gathered. Going all the way back to, I think from the beginning of where the PHE started.

And so for the public you know, I've talked about what we're doing for local agencies, but what are we doing for the public. So Kelly mentioned that of some a little bit ago. There's a lot of social media messaging out there on different platforms such as Facebook and Twitter. I've seen it. If you go to the website the people can use to apply for essentially all programs except for auxiliary grant, on common health there's the web address below. There's the banner across the top that points people in the right direction to go for more information about the unwinding. And that's been up there since November 2022. Then on the VDSS public site there's also some good information available. Very easy to find. DSS.Virginia.gov. Then we've had joint press releases between DMAS and VDSS to help with development and prepare the public for what's about to occur. And we were talking about helping or kind of forecasting maybe people that might lose their coverage. So we're trying to make available to them other resources that would be available. So DSS has been working with community organizations to help bridge the gaps in healthcare. And so there's some more information on Cover Virginia, give them a shout-out, but it also mentions this, the free clinics care.org. There's very good resources there that I've poked around and looked at.

This is a flyer that's available. And I'm just focused on the orange column. Because medical assistance is my life. But this just kind of reiterates that are there are other programs that were impacted. Between SNAP and TANFF. But primarily we're talking Medicaid. If you see on the orange column, and you will see it later in the presentation as well, it tells you the exact link to the Cover Virginia website to look at the PHE but also look at the DSS website that has the address in the blue banner on the bottom. DSS.Virginia.gov/benefitchanges. A lot of good tools to help people prepare. A lot of good information on things.

And this is just to let you know that we have been trying to prepare our local agencies through any and all means necessary for the unwinding. As Kelly mentioned, you know, we have different training programs we've developed. There's also

policy training available for staff. But they specifically designed renewal training to help staff get into the process of completing renewals. We have new staff, local agencies. Just like everywhere else has experienced a high vacancy rate. So have you a lot of staff that maybe have never done a renewal. Or veteran staff that haven't touched one since early 2020. So that specific targeting training is out there. But we're also doing subject matter expert panels where we are available from regional consultants, home office consultants, staff at DMAS including Kelly and some of her counter parts, and appeals where we're answering questions for them about what can they expect during the renewal process. What might have changed? What's still the same? How can we prepare them? With that we've had monthly roundtables and meetings with local staff, stakeholders. We've been putting information out on our intranet and a LISTSERV that goes out to logistic agencies or interested parties. And so our internal pages have been updated with all different kinds of procedures and awareness and, you know, they put together a checklist of steps that agencies can take to prepare. So we're doing everything we can do on our side to make sure local agencies are ready for renewals. We just want them to be prepared.

At this point, I will turn it over to Natalie. Thank you.

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

So now you know, you have a background of what each of the respective agencies is doing. But when you think about it, we're all one. We're Virginia Medicaid. What does it look like? How are we making sure you have the resources and tools to navigate this process well.

So, for our outreach, engagement and communications plan it is it's a three pronged approach. You have phases one through three. Phase one about updating contact information. Phase two, completing this renewal process. Then the third phase is what happens if you have lost coverage. What's the next steps. We'll talk about as you go through the different stakeholders groups you will see every one of is pivot in making sure we're successful. That members understand what they can participate and how that they can navigate am if in the first one, foundational everything that we do is to make sure they have updated contact information. You cannot do your job if you don't have updated contact information. For us it's truly important that every member knows they have to have updated contact information in the system. As we get down the road you will see this plastered through all the materials no matter what materials you gravitate to. You will see something about making sure you have updated contact information in the system. So we encourage to you first and foremost make sure you have that foundational step done with your members.

The next phase -- and, members, if you are here and you

are present for whatever reason, we ask that you go ahead and take care of that step as well.

Phase 2, completing any necessary paperwork that comes your way. It is coming. We had a submit last week and one of our partners rang out "the renewals are coming". For us we want to make sure everybody understands this paperwork, if you do not go through ex parte or go through renewal for whatever other reason as Kelly mentioned and as Katie mentioned you want to make sure that you actually complete whatever comes your way. You want to make sure members complete that information coming their way. So this phase is all about encouraging them to do so. Also trying to make sure that we're transparent about what that process, what those steps may look like so they can anticipate that as well as mentioned. We're making sure that all stakeholder groups are involved in Phase 1 and 2. Because all of you are pivotal in our success in getting this done.

When you get to Phase 3, which is making sure that if we have members that have lost coverage due to administrative reasons, that we encourage them to go back, do what you are supposed to do, or if we need to transition you because you've had a wonderful life event, you got a promotion, a new job, you are no longer in the pool of people that need Medicaid in this way, right, or you may be able to qualify for coverage in a different way, we want to celebrate that but we also want to make sure you have the information to get there. Phase 3 is making sure if you lost coverage or need redirection we're able to provide that. This is going to involve our health plans and marketplace navigators. But I doesn't mean you as a stakeholder can't help re-direct them if they need to to some of those resources.

So what have we accomplished so far? What have we done? As far as member outreach and engagement. Some of the things we've done for members and stakeholders are the same. You will see the toolkit development has been the same for both because we understand that in order for you to feel comfortable and confident in doing this work you need to have some kind of guidance. So we wanted to make sure you had that information at your disposal. So you will see that in both. But for our members we've made sure we've created for our stakeholders use digital ad campaigns, social media campaigns. Making sure we update the copy and language that exist on our websites. That we make sure we re-direct any of our other websites whether they be internal. Which as far as our DMAS or sister organizations, re-direct them back to Cover Virginia so our members as well as stakeholders are on the same page about that information.

We've also mailed member flyers and posters to our local Department of Social Services offices as well as our community services office so that community service board offices so they will have something to tangibly hand out to our members as needed. They are open to order more. And translated documents

into six other languages outside of English. That's trying to make sure that you as a member and that our members as a whole have access to that information however they need to. Our stakeholders get memos, informed information. Our health plans have all the information they need. They have been wonderful partners in making sure they consume that information and ask poignant questions so they can feel successful as well. We've held virtual as well as in-person meetings with community partners, advocates, organizations, anybody and everybody that has asked for us to be there we have been there. Lastly we're having these Town Halls. These spaces, the dedicated space for you to ask questions. Tore you to engage. For you to sit there and go, hey, I think I thought about this but I'm not sure. And to be in the company of others that may be thinking similarly.

So what do we have for you to use? We have stakeholder toolkits. We have phases one through three. Phase 1 tool kits what you will see with the orange bar. Two and three is what you will see in the green. The first toolkit is focused on what does it mean to update your contact information. The second is all about making sure they complete the renewal packet and what to do if you are to be celebrated and you have moved on from the need of health insurance with Medicaid but may need assistance elsewhere. If you go to the Cover Virginia website you will see a return to normal enrollment web page. You click on that then along the right-hand side you will see toolkits and materials. So we encourage you to definitely use these resources.

One of the things that's in there that we're really excited about is a toolkit of the process flowchart. We tried to demonstration the simplification. We know there's nuances. But we wanted to make sure everybody understands what's the responsibility of Virginia Medicaid. And that includes everybody in the ecosystem. Us, MCOs, stakeholders, everybody right. What is the responsibility of us and what is the responsibility of the member. If the members in that place in process they're like I'm not understanding what is taking place next they can review this and say it is now with Virginia Medicaid and the next time they send me something they're going to be waiting until I send that back or respond it to. So it's a helpful tool. And it's available for you to download as well as to order.

So we also have flyers and posters. And they're gorgeous. We got a chance to see them last week. They're bright and colorful. They definitely draw your eye. And so we want you to order them. We want to you use them. We want you to pass them out to our members so they have a firm understanding what's taking place. We encourage to you sit down with members as you can and review that information. As you can see these are the six other languages that the information is translated into. The English and Spanish are available for ordering. If you need it in any other language that is available as a download.

So as you can see we have been plowing through these

Town Halls. And we are at our sixth one. Isn't that amazing, Katie? We prompted this so many times. So we're excited about the number of people we've been able to reach through this avenue. And just listen and understand what your questions are. And we're about to get to that step where we get to answer some questions. We have one more. Right now you know we are always in a space of providing support and need. If our deputies are like we need to have another one, we'll be ready. But for right now the last one that is scheduled as of today is this even at 6:00 and we open it to all stakeholders and members. So we encourage to you attend if you have inside up.

So what are takeaways? What is the main things we want you to remember?

Medicare renewals will begin in March. They're beginning this month. It is not happening in some abstract time period along the way. Some of our members will start to get renewal packets as early as next week. So we want to make sure that you have a firm understanding and you are competent in this process. The next thing we really want you to understand this is a staggered approach. This is a twelve month process. Not everybody's going to go through renewals at the same time. And because everybody is not going to go renewals at the same time we need to make sure everybody's equipped to understand first and foremost you need to have your contact information updated so that when Virginia Medicaid reaches out to members that they receive that information and they can respond in a timely manner.

How can you support Virginia Medicaid? First and foremost, can I say it again, make sure they have updated contact information. You are probably going to hear a lot of that from our subject matter experts today. If they receive a packet that actually, support them in getting it done successfully. There's a number of ways to do that. I'll review the steps they can do to renew that packet. It doesn't have to be with you. Not all of us are, you know, like Kelly knows all things that have to do with that application. So we want to make sure we tap into resources as we know they exist. And provide additional feedback. If you find there's a gap area, additional resources or tools send it to us for consideration because you may not be the only stakeholder that needs it. We want to create this process so it's easy for you and ultimately easier for our members.

So here's the way. Here's the different ways that you can actually help renew coverage. Call Cover Virginia. If anybody has had the pleasure of calling our call center, they are wonderful and helpful people. They stand ready to answer questions, navigate members as they need to in order to successfully complete what they need to. We have online common health information. Katie will talk about that as much as you would like about what the process looks like. But making sure

that if they want to understand what's there, what's taking place, they can tap into Common Help. The last thing is in person. Make sure that we create and we provide grace and space and mercy for these team members who will be receiving our members to help them along in this process. They are doing the very best they can with all the resources they have at their disposal. Katie alluded to they're going to have a lot of different things they're both learning, doing sometimes for the first time. So having a little grace for them as they're going through the process is always helpful. And making sure when you reach out to them they're prepared with all the information in order for them to be successful.

We encourage you to visit Cover Virginia. We have a new website. It's a quite beautiful. We encourage you to go there so you can see it and navigate it. Always if you need the information go to the return to normal enrollment page.

So thank you, thank you, thank you for coming today. We're going to step into a space of answering questions. We try to make sure we have a good amount of space to do that. So before we get started I want to make sure I know all of my subject matter experts that are going to be here today. We already have Katie here. We have Kelly here. Is Ann here today? No? She is here?

>> I saw her log in.

>> NATALIE PENNYWELL: If she can come off mute and introduce herself. And any other person that will be helping answer any questions today from DSS or DMAS please introduce yourself then we'll jump into questions.

(Silence)

Nobody else? Okay. If it's a only you two, let's jump right in.

So if you lose coverage or for some reason, you know, you lose coverage according to the -- first and foremost, before we go there. Kelly, could you explain the timeline for returning the information once they receive it, how much notice they get if they do not get a chance to return that information, and then what's the period of time they have to come back to Medicaid if they've lost it?

>> KELLY PAULEY: Sure. If you get a renewal form, the pre-filled renewal form you have thirty days to turn it back in. If more information is needed after we get the renewal form, then you have ten days to send that information back. Where the form goes depends on what address we have on record as the individual's mailing address. Someone's asking will the facility get it? It just depends on what the address is. So if you want to reach out to all the authorized representatives and all the people who belong to your people, that would probably be a good idea. So once the agency gets all the information back in they're supposed to process the renewal within thirty days. And

then the individual will get another notice that states whether their coverage continues. If the individual does not turn in everything within the time framework and they end up being closed they still have three months to return the form or rush return the information that was requested. If everything then is okay, the coverage will go back and fill in that whole period of time and there will knob gap in coverage.

Is that everything you asked me?

>> NATALIE PENNYWELL: It was, Kelly. Thank you.

The next question, well we have multiple questions. And I don't know who this will be directed at. Multiple questions about over-resources. If a resident is over resources how long would they have to spend down that money? Would the residents have been allowed as far as different kind of maintenances. Can someone review how those over-resources will be handled during this time period?

>> KELLY PAULEY: Let me talk a little bit about that.

So what happens is any of the payments that were made from the government for COVID during this timeframe, those are all exempt and exempt forever. So we are determining how much the payments were and when they were sent out so that we can provide that information to the workers so they will know and they will assume that the money that is in the individual's bank account includes that money. So that money is exempted forever. In addition, if nor some reason they did not pay patient pay that might have been obligated in a normal time -- for instance, if they had a medical bill and it was adjusted for but then the worker could not increase the patient pay to get rid of the medical bill, that money would be considered something the worker can exempt. So the worker will look at the resources, look at the prior patient pay and see whether, like did the person go from community based care to a nursing facility. Usually that means their payment would increase. But during the Public Health Emergency it couldn't. So during that time framework if the worker can show the money in that account is as a result of the individual being allowed to keep money that usually would have been obligated to patient pay, then the worker determine what's that amount is and puts that into our system to exempt that resource. That resource will then be exempted for twelve months until the next renewal. During that twelve months, they can spend that money on anything they want to. If they don't have a burial plan, they can get a new contract. They can put money aside for burial. They can buy a TV for their room. They can get new furniture. They can spend their money on anything they want to spend it on. What they can't do is just give it away. So they will be asked at the next renewal what happened to this money that we exempted? And so they should be ready to show what they did with the money. Hopefully at that point, twelve months later, so, you know, a year and a half from now, they will then be resource eligible. If they are not or if

they're not resource eligible this year when they have their renewal, then what will happen is that they will be closed. They will have at least ten days notice. And they will, then they would spend their money on their care until their resources went below the limit and they could reapply. But that's the last alternative. We hope that we're going to be able to get resources below so that we can tell what their current situation is.

How many months is the needed bank statement for renewal? You just need the most recent bank statement when you are doing your renewal this year. Can excess resources be placed in an ABLE account? If the person is eligible to have an ABLE account yes they can put their money in there.

>> NATALIE PENNYWELL: All right we got more questions. I think this one may be a Katie one before we pop back over. In preparation to resume Medicaid renewals we have some people that have been trying to link Medicaid cases through Common Help and they have not been able to be successful. When they call for assistance they're told that the client needs to call. What's the best way or the pest process they need to follow in order to assist those clients?

>> KATHRYN O'CONNELL-RAYMOND: If they're trying to link their case in Common Help and are having difficulties they have to contact the local agency. I keep beating this dead horse. Unless you are listed as an authorized representative, the local agency wouldn't be able to speak to you. It's like calling Social Security, they're not going to talk to you unless they're authorized to. So you have to have the customer with you to give a verbal consent or have something on file with the local agency and they can tell you the case number. But generally to link it they need their case number. Might be able to link it by the recipient ID number. I'm not sure. I'll have to may around with that. But I would reach out to the local agency to make sure you're using the correct case number.

>> NATALIE PENNYWELL: Thank you.

Kelly, I think you touched on this before but I just want to make sure it's reemphasized. When it comes to the allowable amounts for members as it goes towards the redetermination or renewal process, where can they find additional information about what those allowables are?

>> KELLY PAULEY: We are finalizing a ABD long-term care services and supports fact sheet that will list out some more of those things that are able to be, for the money to be spent on. So that will be available on the website. And if someone is closed for access resources it will be sent out to those people too.

I see someone asked what about the COLA increases. One of the CMS rules is we still can't take negative action on a case until the renewal has been done. So we can't just start raising the patient pay without doing the renewal. So we can't

even do the COLA increases until the renewal has been done.

And somebody said, if the resource overage is from the occurrence of patient pay how can you do that with one bank statement? You are not figuring that out from a bank statement. You are figuring that out from the history of the case. In the case the worker will be able to look at when something happened. Like if they look at the case notes they can see when something happened that would have resulted in the patient pay being raised. Or they may have had to override the case to keep the patient pay at a lower amount or send in a correction.

So that's how they're going to determine and document whether we can put those resources aside and not count them.

>> NATALIE PENNYWELL: Sounds good. And Katie, will any excess resources have an negative impact on SNAP renewals?

>> KATHRYN O'CONNELL-RAYMOND: I am not a SNAP expert but they changed SNAP policy last year a bit to make more people categorically eligible. So you would see more aged and disabled people that you would think would be over the resource limit. So hard to say. There is some guidance on the common health website that you can plug and play to see if they remain eligible. But I am not the person to talk to about SNAP.

>> ELIZABETH: Could I just say something real quick. Elizabeth Smith from integrated care.

>> NATALIE PENNYWELL: Actually we're taking questions only in a written format. So we want to make sure we have space for our subject matter experts to answer any questions. So if you could place your comment in that space we greatly appreciate it. Thank you.

So we mentioned an ABLE Now account. And people are like what is that? So Kelly, is that a question you can answer?

>> KELLY PAULEY: I think Katie put in the chat the link to what the ABLE Now account is.

>> NATALIE PENNYWELL: Perfect. This emphasis question we get frequently. Will renewal dates be available in MMIS?

>> KELLY PAULEY: And we've been told they are going to put those in the portal but -- the one where you check eligibility now. Someone said, where is this portal. But I don't know when that's supposed to happen. But I know there have been change requests for that to happen. If someone needs medical equipment and wants to purchase it, that is absolutely fine. If a provider submits a patient pay adjustment will they ignore it? I don't think they will ignore it. If it's an adjustment that would reduce the patient pay they're supposed to go right ahead and reduce the patient pay just as they have been doing during the whole Public Health Emergency. If it's a request that would increase it, they would have to do a renewal first. And our advice to the agencies is not to trigger those renewals early. But if they decide for whatever reason that they need to do it, they can trigger the renewal to send out the renewal forms and then they could increase the patient pay.

>> NATALIE PENNYWELL: Thank you so much.

I don't know what these mean but maybe you can help me. Someone asking: How will unwinding and renewal process effect ICS/ID homes in Virginia? Can someone touch that? No? All right we'll have --

>> ANN: This is Ann. Sorry. So individuals in ICFs also go through eligibility determinations. I would presume that it does touch them. So they would just fall into the normal cycle just like any other regular fee for service recipient. If that's what they're asking. I'm not exactly sure if that's exactly what they're asking. So if not --

>> NATALIE PENNYWELL: They just asked in general how would it affect them? I think in general you have answered that question. If they have more specifics, they can drop it in chat and we'll try to circle back to it. Thank you, Ann. And do you want to introduce yourself and your title as well.

>> ANN: It's Ann Devin. I am the division director for high need supports which oversees the DD waivers, employment, brain injury services and ICS.

>> NATALIE PENNYWELL: Another question. Will case managers have been unable to give answers on previous cases that said they will be adjusted later. And now some of those cases are being closed due to expiration. You know, they're holding a credit, waiting on adjustments for patient pain insurance, does anyone know what they can do to accommodate for those or November gate those adjustments?

>> KELLY PAULEY: If those cases are closing for other reason you don't need to hold it. We're not going to be going back and trying to do any sort of recruitment on things that happened during the PHE. We're not going to be going back and trying to do the old cola increases. We're not doing any of that. So for instance if someone has died, my understanding from your provider manual is that you are supposed to give the contents of the patient fund account to the estate within thirty days. We're not going to be making these patient pay changes in the past. So you shouldn't have to worry about that.

There's a question about will patient pay be entered for those who have no patient pay info on the website. If someone has no patient pay info on the website but you have been getting paid, then that probably means that they are an adult so they don't get a zero patient paid they just don't have patient pay. If you have a new person who has no patient pay info, you may need to send a 225 to the worker to say hey are you aware this person's in the nursing facility so they can calculate the patient pay.

>> NATALIE PENNYWELL: Thank you, Kelly. And could you explain what covered groups will be going through renewals during this time? Is it everybody or certain ones? Who is going through this process?

>> KELLY PAULEY: It's everybody. Over the course of the

next year, everybody will be renewed.

>> NATALIE PENNYWELL: Thank you so much.

And during this renewal process will anything change regarding any of these particular covered groups?

>> KELLY PAULEY: No. We have to redo renewals on everyone. The only thing that we have changed is that we are going to maybe be able to do ex parte renewals on some facility patients if they have SSI only income and no resources on file. So for that tiny little group, they may go through an ex parte renewal where they didn't before. But otherwise everybody goes through ex parte but most people who have any kind of resources get dropped out and sent a form.

>> NATALIE PENNYWELL: Sounds good. Could you kind of go through, because we've got a couple questions about renewal dates. Would the renewal dates look similar to before or should they expecting a new renewal date?

>> KELLY PAULEY: I think most of them are the same. The only ones that -- none the first set are being moved. Is that right, Katie? You've gotten the new list right?

>> KATHRYN O'CONNELL-RAYMOND: That's right. I mean the ones that they're starting with, we're starting obviously with May current. Then a portion of the backlog. So that backlog will be parceled out over the next twelve months.

>> KELLY PAULEY: Right.

>> NATALIE PENNYWELL: Sounds good.

And you may have touched this already but I want to ask. How quickly will residents get their Medicaid back once they finish spending down the money they had to hold on because they could not get liability amounts during COVID? Will it take forty five days or be fast tracked?

>> KELLY PAULEY: I do not think it will be fast tracked unless the local agency has the capacity to do that. I think they will go through the regular application process. Is that right, Katie?

>> KATHRYN O'CONNELL-RAYMOND: That's correct. There is no expedited Medicaid unless someone is pregnant or breast cancer. They get ten day processing. But if someone loses their coverage and has to reapply it is a forty five day time framework. And if they have all the information that's required. So locally agencies do their best to get them done before that but sometimes it's at that date. And we'll see what happens.

>> NATALIE PENNYWELL: Okay. And so this one is a bit of the of a shift. How did people handle large credit balances of residents who have passed? Who should refunds be sent to?

>> KELLY PAULEY: My understanding is those refunds are due to the estate.

>> NATALIE PENNYWELL: All right. Will there be new renewal forms or will they look the same as before?

>> KELLY PAULEY: They're the same as before.

>> NATALIE PENNYWELL: Okay. And where can they find that

information?

>> KELLY PAULEY: I think that the renewal form is going to be posted on Cover Virginia. But keep in mind it is a sample. You don't want to print that out and complete it because everyone will receive a pre-filled renewal form with the information that's already on file.

>> NATALIE PENNYWELL: Yes. And I would also say that we are working feverishly to make sure that the updated one is available for ordering pretty soon. So we hope to have that available by April 1st so that everybody is good there.

We did have a comment about the SNAP card alerts in the --

>> KELLY PAULEY: I read that too.

>> NATALIE PENNYWELL: Do you want to give a disclaimer or Kelly? We definitely had information up on Cover Virginia about making sure that everybody watches out for scams and make sure they do not fall prey to them. But I heard that the commissioner also emphasized what to do, you know, well additional information about what happens if you have been, you know, a victim of those scams.

>> KATHRYN O'CONNELL-RAYMOND: I think I read some of the information. And local agencies have been directed you know what procedures to take if someone contacts them. I haven't seen the alerts myself but I've seen the communications about it.

>> NATALIE PENNYWELL: Is it a general mailbox they can get in contact with at DSS if they have any questions about that?

>> KATHRYN O'CONNELL-RAYMOND: I believe there is. Let me look quickly.

>> NATALIE PENNYWELL: All right. I just want to give time for our SMEs. I think we were able to answer a vast majority of the questions. They're very similar in this regard. For ones we weren't able to get to, we'll make sure we fold into the very large FAQ document that is going to be available as a result of all these Town Halls. You all had wonderful questions. Very specific questions. And we want to make sure that we get to those things. I'm going to give our subject matter experts an opportunity to have a last word. A parting gift as they like to do. As far as making sure you remember. So I'll start with Katie. Then we'll go around. And if we have any sneaky questions that come up that I think will be really good for the body I'll bring those up as well.

>> KATHRYN O'CONNELL-RAYMOND: My dead horse that we keep talking about is make sure people have the right address. There's a question asked about where would the renewals be sent. Kelly stated it's the mailing address the local agency has on file. So that could be a POA or authorized rep. I see some people from nursing facilities on here that I recall from my prior lifetime. If it goes to the nursing facility, please remember that if you are not an authorized rep or have that capability for the customer that you have to their permission to

complete the form. The local agency will not give you information without being an authorized representative. The only means we have to communicate is on a 225. On that we can only tell you they were approved, denied. We can't tell you the patient pay because that's in the portal. So we really have to have some clarification of who we can speak to because of HIPPA. And with that I like to advocate from having just come back from the other side, please make sure you send the 225 if somebody is receiving care. Because with the pandemic we had people that we enrolled based off screening where generally they would only have thirty days to find a provider and start care or they would be re-evaluated. But they've been allowed to go on for three years. So we want to make sure that local agencies are aware there's a provider so when a renewal comes due they're not trying to scramble making sure that the person is getting care. So that's my biggest thing. You know, know they've gotten it. Also tell them to check their mail. I get mail and put it on a table and look at it a month later. That wouldn't work if I was getting a Medicaid review. Just putting that out there.

>> NATALIE PENNYWELL: Thank you so much. Kelly, any parting words or final thoughts people need to keep in mind as they try to make sure they navigate this process successfully?

>> KELLY PAULEY: People are asking about the stimulus payments. The stimulus payments are exempt forever. If for some reason you get someone and they don't have full coverage, like they've come into your facility and they don't have full coverage, send another 225 to the agency. Because as Katie said they may not have evaluated them. If they were in expansion during the Public Health Emergency but now they're ABD, we will be evaluating them as ABD when the renewal comes up. The only resources that qualify for this twelve month exemption is if it is money that otherwise would have been obligated for patient pay. That could be for someone who was expansion and didn't have a responsibility for patient pay and they just kept all their money in an account. Yes, that could qualify for the exemption. So documentation is going to be really important for that. But if you have people who are not on full coverage that are in your facility, you need to send another 225 now.

>> NATALIE PENNYWELL: Thank you, Kelly.

Ann, any parting words from you?

>> ANN: Nope. Address. Address. Address. If Medicaid gets terminated the provider's authorization gets terminated. We don't want you to have to go through that.

>> NATALIE PENNYWELL: Well as always we thank you, thank you, thank you for joining us. We are so excited to have you along this journey with us. We understand that it comes with a little bit of complication and complexity. But we also understand that you are hungry for information. We will be providing the finalized FAQ probably in the next couple of weeks after this final Town Hall in order to make sure everybody has

the questions there that we have everybody answer them and review them as necessary. You can always go back to any of the previously recorded sessions. They have lots of wonderful questions that were answered during that time as well. So please we encourage you to go back and review them. We also encourage you to take the time to breathe and think to yourself what are the outcomes we're looking for. We have a wonderful director that reminds us at the end of the day none of us would be here if not for our members. If we can make this process as smooth and easy for them as possible we will. For us we know we can't do that without having engaged and happy stakeholders. So we want to make sure you all get what you need so you can serve our members to the best of your ability and they can continue to have access to quality health insurance whether that is with us or someone us. So thank you for joining us today. Thank you for your time, energy, resource. Thank you for all the things that you have, will, and will continue to do. We thank you for all those things. So you have a wonderful day. Come back, re-read, and we should have all that information on our website in the next couple weeks. Please take advantage of all the resources. Have a wonderful day everybody. Thanks again for joining.

(Webinar concluded at 1:00 PM ET)