Nevada Department of Health and Human Services
DIVISION OF HEALTH CARE FINANCING AND POLICY

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Frequently Asked Questions

Unwinding of the Continuous Enrollment Condition &
COVID-19 Public Health Emergency (PHE)

Background

The Centers for Medicare and Medicaid Services (CMS) has granted state Medicaid agencies an "unwind" period of up to 14 months to return to normal eligibility and coverage policies and operations upon the expiration of the continuous enrollment condition effective March 31, 2023. The White House also announced the end of the federal COVID-19 Public Health Emergency (PHE) effective May 11, 2023. As a result of the end of the continuous enrollment condition Nevada has opted to initiate eligibility renewals starting April 1,2023. Impacts to Medicaid enrollees following the end of the COVID-19 PHE are minimal. This document is intended to help address questions related to activities tied to both the end of the continuous enrollment condition and the end of PHE.

What is the difference between the end of the continuous enrollment condition and the end of COVID-19 PHE?

At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA), which included the requirement that Medicaid agencies keep individuals continuously enrolled through the end of the month in which the COVID-19 PHE ends, in exchange for enhanced federal funding. As part of the Consolidated Appropriation Act (CAA), 2023 signed into law on December 29, 2022, Congress carved out and set an end date for the continuous enrollment provision effective March 31, 2023. In addition, it was decided to phase down the enhanced federal Medicaid match funds through December 2023. States that accept the enhanced federal funding can resume disenrollments beginning in April but must meet certain reporting and other requirements during the unwinding process.

The national COVID-19 PHE was first instated in March 2020 and unlocked flexibilities at the federal and local level that supported efforts to ensure access to critical health services and implement pandemic-related prevention and mitigation strategies during the height of the COVID-19 pandemic. The end of the COVID-19 PHE primarily impacts health care providers and facilities. As part of the unwinding and returning to normal operations, states are still required to unwind any flexibilities, polices and system changes that were implemented in response to the pandemic. These activities will start effective May 11, 2023.

Simply put, the end of the continuous enrollment conditions impacts Medicaid enrollees

and beings April 1, 2023. The end of the COVID-19 PHE primarily affects health care providers and facilities, and some impacts will be in effect as of May 11, 2023.

Are Medicaid enrollees losing their coverage on April 1?

No. Nevada will resume normal operations April 1, 2023. Clients will receive a renewal notice prior to the end of their certification period sometime over the next 12 months, based on the client's renewal date.

For example, clients with a renewal month in June will receive a renewal notice in the month of April. Clients found not eligible could lose their coverage effective June 1, 2023.

Do Medicaid enrollees need to pay money to renew Nevada Medicaid coverage?

No. The Division of Welfare and Supportive (DWSS) or Nevada Medicaid (Division Health Care Financing and Policy, DHCFP) will never ask you to pay money to renew your Medicaid or Nevada Check Up coverage. We are aware of text, email, and phone scams being sent to Medicaid members, asking them to pay money to renew their coverage. **This is fraudulent activity**. DWSS and/or Nevada Medicaid will contact members by text and email, but we do NOT ask for money. Please be careful when responding to text and emails, and make sure the message is from DWSS or Nevada Medicaid. Check your renewal status by logging into AccessNevada. You can also call or email: **(800) 992-0900,** Welfare@dwss.nv.gov.

If you receive an email or text asking you to pay money to renew your health coverage, please report this fraudulent activity to the Attorney General Office here or by calling the Bureau of Consumer Protection's hotline toll free at (888) 434-9989

What do Medicaid enrollees need to do to prepare for the end of the continuous enrollment condition?

- Update their contact information.
- Watch for renewal notices and take timely action to keep their coverage.

When will Nevada encounter Medicaid terminations?

Nevada will initiate renewals starting April 1, 2023, for June renewals. This means Medicaid terminations can be effective June 1, 2023.

When will Nevada complete its unwinding period?

Nevada's unwinding period runs from April 1, 2023, through May 31, 2024, this means the

last renewal month to complete the end of the continuous enrollment disenrollments is May 2024.

Will Medicaid and the Children's Health Insurance Program (CHIP) be processed differently?

No. As a reminder, like Medicaid, CHIP is a joint federal-state program, with funding from both sources, and it is implemented by each state. Nevada's CHIP program is known as Nevada Check Up and it provides low-cost, comprehensive health care coverage to low income, uninsured children (birth through 18) who are not covered by private insurance or Medicaid. During the unwinding period members will continue to apply and/or renew their benefits with the Division of Welfare and Supportive Services (DWSS), and like Medicaid, a full renewal will be conducted at the next scheduled renewal month following the month of the end of continuous enrollment condition.

For those determined to be ineligible for Medicaid, does the state automatically provide guidance on how they can enroll in a new health insurance plan through an Affordable Care Act marketplace?

The members are notified by the Division of Welfare and Supportive Services (DWSS) in a notice of decision (NOD) and provided with instructions on how to visit the Nevada Healthlink website. Their contact information is referred to the Exchange by DWSS. An electronic referral is automatically sent to the Exchange who then follows up with the person who lost coverage. Nevada has been notifying the public about this coming change through outreach efforts since November 2022, making them aware renewals are starting and providing information on the steps they can follow to avoid coverage gaps. In addition, DWSS and the Division of Health Care Financing and Policy (DHCFP) are working with the Exchange and Managed Care Organizations to ensure the highest level of continuity of care possible.

What is a Medicaid renewal packet?

The Medicaid renewal packet is a pre-populated renewal form that lists information previously provided about the household, such as income and other details to determine Medicaid eligibility. Household should follow the instructions to complete the renewal packet and return the information as soon as possible.

Where can I find Nevada's unwinding plan?

The Operation Unwinding Plan can be found on our DHCFP website: covid19 (nv.gov) or by clicking here. The Renewal Periods can be found in Appendix B.

How will Nevada return to normal operations?

Full details can be found in our Operational Unwinding Plan, see above, at a high-level Nevada is:

- Phasing out extra federal Medicaid dollars that states have been receiving since March 2020.
- Ensuring compliance with CAA of 2023 requirements before starting continuous enrollment disenrollments.
- Determining eligibility for current Nevada Medicaid members based on normal renewal cycles.
- Undoing flexibilities, polices and system changes that were implemented in response to the pandemic.

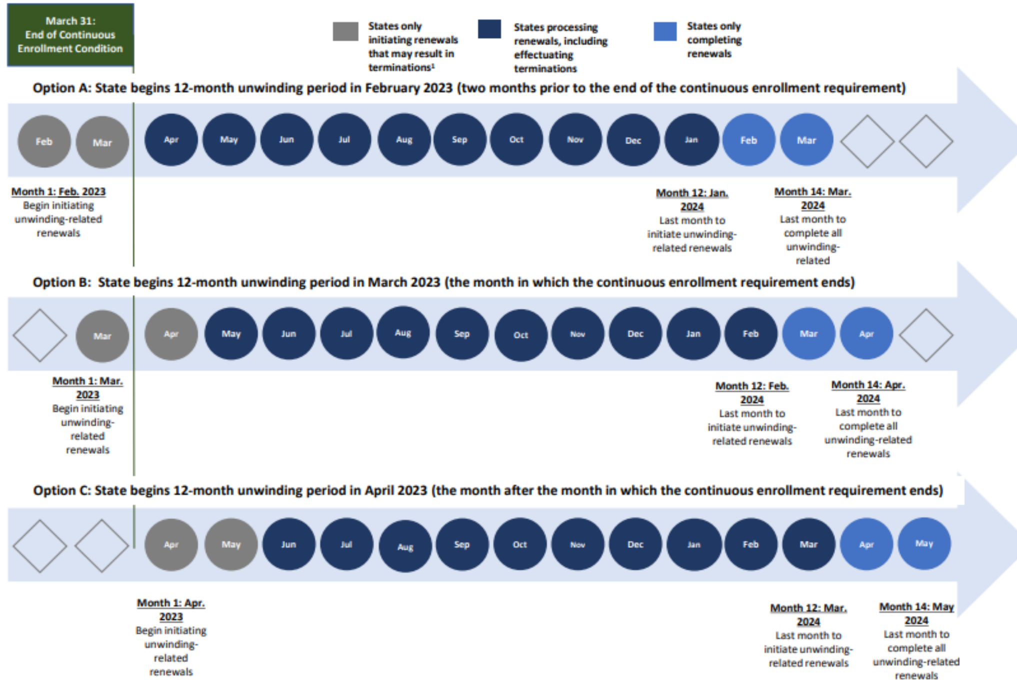
States have up to 14 months to complete all outstanding redeterminations (all must be initiated within 12 months). How much time has Nevada said it will use to complete redeterminations?

Nevada will use 14 months to initiate and complete redeterminations.

States have the option to begin redeterminations (i.e., checking enrollee eligibility and identifying those no longer eligible) up to 60 days prior to the end of the continuous enrollment condition. Or States can wait until the end of the continuous enrollment condition to begin these activities. When is Nevada expected to begin its process?

Nevada has elected to start redeterminations April 1, 2023, the month after the end of the continuous enrollment condition, option C below:

Source: CMCS Informational Bulletin



States can choose their approach to prioritizing groupings of their total caseload to be renewed over the timeframe they choose. States are expected to use a risk-based approach by population or time/age of outstanding renewals. State can also use a hybrid or state-specific approach. What approach does Nevada intend to use? Which populations or other grouping/factors will be prioritized or deprioritized (e.g., children, dual eligible, etc.)?

Nevada will maintain the beneficiaries' current renewal month in their case records and will conduct a full renewal at the next scheduled renewal month following the month of the end of continuous enrollment condition.

Does Nevada Medicaid allow MCO's to text members to engage them in redeterminations? If so, can MCO's text only if they obtain new "opt-in" consent, or can MCOs simply text and provide an opt-out option.

The Federal Communications Commission (FCC) has determined that if a member provides their phone number at the time of application with the state, the state is expressed consent and authorizes the use of phone number(s) for eligibility purposes. Further guidance clarifies that managed care entities acting under contract with state governments may, under certain circumstances, make autodialed and prerecorded or

artificial voice call or send autodialed text messages to raise awareness of the eligibility and enrollment requirements for governmental health care programs.

Can the Qualified Health Plan (QHP) outreach to members via text with the intent to educate and offer the option for enrollment in a Commercial plan, using either "opt-in" consent or by providing an opt-out option?

Yes, please note that, per CMS, federal regulation only prohibits insurance policies (qualified health plans) that would be sold "in conjunction with" enrollment in the Medicaid managed care plan. Section 438.104 alone does not prohibit a Medicaid managed care plan from providing information about a QHP to potential enrollees who could enroll in such a plan as an alternative to the Medicaid managed care plan due to a loss of Medicaid eligibility or to potential enrollees who may consider the benefits of selecting a Medicaid managed care plan that has a related QHP in the event a future eligibility changes.

Does Nevada Medicaid allow MCO's to contact members who recently disenrolled in order to engage them on coverage options? If so, for how long after disenrollment can MCOs contact these members (e.g., for 30, 60, 90 days)?

For purposes of the unwind related to the end of the continuous enrollment condition, Nevada will allow MCOs and Dental Benefit Administration (DBA) to contact members up to 90 days after disenrollment in order to engage them on coverage options.

Can the QHP proactively make outreach to at risk/disenrolled Medicaid members (as indicated on the 834) educating and offering them the option for enrollment in a Commercial plan?

Yes, please note, per CMS, federal regulation only prohibits insurance policies that would be sold "in conjunction with" enrollment in the Medicaid managed care plan. Section 438.104 alone does not prohibit a Medicaid managed care plan due to a loss of Medicaid eligibility or to potential enrollees who may consider the benefits of selecting a Medicaid managed care plan that has a related QHP in the event of future eligibility changes.

If yes to the previous question, which of the listed modalities are approved for outreach: mail (letter), email, outbound calling both landlines & cell

phones, SMS text, and in-market flyer (to be shared at/with grassroots events, providers, community groups, etc.)

All modalities listed are permissible in accordance with CMS guidance and any applicable state laws regarding outreach and marketing for private health insurance plans in Nevada. Please see response above about consent for text messages pursuant to existing state and federal requirements regarding consent for texting members.

Can MCO representatives discuss both Medicaid renewal as well as an MCO commercial plan options with consumers, especially if the consumer is indicating that they are being disenrolled from Medicaid because they no longer qualify? Can an MCO representative and a QHP representative share a table or booth to act as a carrier resource to reach impacted consumers with help on both Medicaid renewal and commercial plan options?

Yes, as long as it complies with CMS guidance below:

Q1. Regulations at 42 CFR 438.104(b) (1) (IV) prohibit Medicaid managed care plans from seeking to influence enrollment in their plan in conjunction with the sale or offering of "private insurance." Does this prohibit a carrier that offers both a qualified health plan (QHP) and a Medicaid managed care plan from marketing both products?

A1. The regulation only prohibits insurance policies that would be sold "in conjunction with" enrollment in the Medicaid managed care plan. Section 438.104 alone does not prohibit a Medicaid managed care plan from providing information about a Qualified Health Plans (QHP) to potential enrollees who could enroll in such a plan as an alternative to the Medicaid managed care plan due to a loss of Medicaid eligibility or to potential enrollees who may consider the benefits of selecting a Medicaid managed care plan that has a related QHP in the event of future eligibility changes. However, Medicaid managed care plans should consult their contracts and the State Medicaid agency to ascertain if other provisions exist that may prohibit or limit such activity.

Section 438.104(b)(1)(iv) implements a provision in section 1932(d)(2)(C) of the Social Security Act, titled "Prohibition of Tie-Ins." In promulgating regulations implementing this provision, CMS clarified that we interpreted it to preclude tying enrollment in the Medicaid managed care plan with purchasing (or the provision of) other types of private insurance. We do not intend the statutory prohibition of tie-ins to apply to a discussion of a possible alternative to the Medicaid managed care plan, which a QHP could be if the consumer is determined to be not Medicaid eligible or loses Medicaid eligibility.

Is Nevada using a federal waiver flexibility to accept MCO member contact information updates to the record on file directly confirming the information with the enrollees?

Yes, CMS has approved this flexibility for Nevada and will go through the unwinding period (through the 14 months of renewals).

What are MCOs/DBA doing to prepare?

- Use all the recommended messaging provided on the Member Outreach web page: MemberOutreach (nv.gov)
- Create a plan to regularly adjust and recycle messages for members and providers through May 2024.
- Reach out to community partners and share messaging and explain importance of ensuring members do not experience a gap in coverage through May 2024.
- Direct members to https://dhcfp.nv.gov/UpdateMyAddress/

How will Nevada handle coverage transitions?

Seamless transition of coverage is critical to our health equity efforts. Members who no longer qualify for Nevada Medicaid will be automatically transferred, through the Account Transfers (ATs) process to Nevada Health Link, also known as Silver State Health Insurance Exchange (SSHIX). SSHIX will ensure the members are placed in a Qualified Health Plans (QHP) that fits their needs and budget.

Where can I find your member outreach campaign information or communication tool kit?

Please visit MemberOutreach (nv.gov) – The website contains communications such as text, social media messages and more in English, Spanish and other languages.

How should plans and other community partners encourage clients to update their current contact information?

Direct members to use the UpdateMyAddress webform to update their address through https://dhcfp.nv.gov./UpdateMyAddress/.

Recommended messages specific to Nevada that can be used by MCOs and community partners can be found here: MemberOutreach (nv.gov). Encourage members to update their profiles through Access Nevada: Access Nevada (nv.gov) or

by calling 1-800-992-0900.

The MCO's & DBA may also send an email to DWSS at: Welfare@dwss.nv.gov to report an address change for their members.

Will Nevada provide the MCOs and DBA a list of clients who are due for a renewal for the purposes of targeted outreach?

Yes. This is being done through the 834-file exchange.

Can plans share Qualified Health Plans (QHP) information with interested members?

Yes, MCOs may conduct outreach to individuals who were enrolled with their health plan before or after a loss of Medicaid coverage to assist with the renewal process and discuss their QHP product offerings, if available, with individuals who have lost

their Nevada Medicaid eligibility.

Federal regulations do not prohibit a MCO that offers a QHP from providing information on that QHP to members who could potentially enroll in a QHP due to a loss of eligibility, or to potential enrollees who may consider the benefits of selecting a MCO that has a related QHP in the event of future eligibility changes for health insurance (42 CFR 438.104; See 81 FR 27502 for more information).

Therefore, MCOs and DBA may reach out to individuals before they lose Medicaid coverage to allow them to apply for Exchange (QHP) coverage in advance and thereby avoid a gap in coverage.

MCOs and DBA that provide information about a QHP (whether before or after the loss of Medicaid eligibility) – including providing information on enrollment in the QHP – is not considered marketing when it is about the QHP offered by that plan.

If states permit the plans to provide the QHP information, it is not limited to terminated enrollees. MCOs and DBA in Nevada may contact members prior to a loss of eligibility to promote continued access to health care as a result of the PHE unwind.

Refer individuals who are interested in enrolling in a QHP to Silver State Health Insurance Exchange - Nevada Health Link - Official Website for assistance.

Resources

- **Recommended Messaging from Nevada Medicaid:** MemberOutreach (nv.gov)
- **Recommended Messaging form trusted Partner State Health & Value Strategies (SHVS):** State Health & Value Strategies Social Press Kit
- **Update My Address:** https://dhcfp.nv.gov/UpdateMyAddress/
- **DWSS (Access Nevada):** Access Nevada (nv.gov)
- **SSHIX:** Silver State Health Insurance Exchange - Nevada Health Link
- **COVID-19:** covid19 (nv.gov)
- **Member Support:** Home (nv.gov)

Email:

- **DWSS –** Welfare@dwss.nv.gov
- **DHCFP –** dhcfp@dhcfp.nv.gov