



MISSISSIPPI DIVISION OF
MEDICAID

Mississippi Medicaid's Operational Unwinding Plan



Release 1

Table of Contents

HOW WE GOT HERE..... 3

 Mississippi Medicaid’s Priorities for Unwinding 4

MISSISSIPPI MEDICAID UNWINDING START DATE 4

RENEWAL PROCESSING AND APPROACH 4

 Renewal Cycle Date..... 4

 Renewal Timing 5

 Renewal Approaches..... 5

 Ex Parte Renewals..... 6

 Information Updates 6

 Extending Reconsideration 6

 Local and State Appeals 7

 Handling Returned Mail..... 7

 Other Operational Considerations..... 7

PROCESSING PENDING AND NEW APPLICATIONS..... 8

RETAINING, RECRUITING, AND DEVELOPING A HIGH-PERFORMING ELIGIBILITY
WORKFORCE..... 9

ENHANCING COMMUNICATION AND OUTREACH 10

 Engaging External Partners..... 11

 Enhancing External Reporting 12

SYSTEMS..... 13

OTHER 13

RESOURCES..... 14

VERSIONS..... 14

HOW WE GOT HERE

Near the start of the COVID-19 pandemic, Congress enacted a federal requirement that states continue to cover every person who became eligible for Medicaid on or after March 18, 2020, until the federal public health emergency (PHE) ended, even if the person's income or other circumstances changed. This requirement became known as the continuous coverage or continuous enrollment condition.

Since the continuous enrollment condition went into effect, Medicaid and Children's Health Insurance Program (CHIP) enrollment nationally has increased by over 20 million. In Mississippi, enrollment surged to 891,955 by February 2023, an increase of 175,059, or 24.4 percent, since February 2020. While individuals who died or moved out of state could be disenrolled, others who were identified as ineligible for coverage – whether due to income exceeding thresholds, aging out of eligibility, medical changes, or a non-response to information – have been treated as eligible.

The continuous enrollment condition helped reduce enrollment churn, and enhanced federal funding percentage helped alleviate financing pressures for states and other entities who are responsible for financing the non-federal share of Medicaid medical assistance. The continuous enrollment condition also upended regular eligibility operations.

In late December 2022, Congress enacted the Consolidated Appropriations Act, 2023 (The Federal Omnibus Bill). The Federal Omnibus Bill separated the continuous coverage requirement from the end of the PHE as of March 31, 2023, allowing states to begin the process of conducting a full review of eligibility on all bases for all people on the program. The Federal Omnibus Bill also began to step down enhanced funding available for Medicaid medical assistance during the PHE and added new conditions for states to receive any enhanced funding. For Mississippi, the Federal Omnibus Bill means that nearly 900,000 individuals will have to requalify for Mississippi Medicaid and CHIP benefits over the course of the next year.

This massive undertaking is commonly referred to as the Medicaid unwinding. While states like Mississippi received concurrence from the federal Centers for Medicare and Medicaid Services (CMS) to exercise timely processing flexibilities for applications and renewals as needed, states are now required to regain compliance with federal application processing standards and annual renewal requirements within the timeframes specified by CMS. State Medicaid agencies could choose one of three months to initiate unwinding – a month prior to the month continuous enrollment provision ends, a month in which the continuous enrollment provision ends, or a month following the month in which the continuous enrollment provision ends. Renewals must be initiated within 12 months and a full renewal cycle must be completed within 14 months.

The vast majority of Mississippians enrolled in Medicaid and CHIP will remain eligible for Medicaid and CHIP and will continue to use these health benefits to access the care they need. The reality, however, is that some individuals and families will no longer be eligible for Medicaid. National sources estimate that between five and 14 million people will be determined to be ineligible for Medicaid.

Unwinding the continuous enrollment condition will be one of the most complex challenges faced by state Medicaid agencies since the implementation of the Affordable Care Act a decade ago. But Mississippi Medicaid has an eligibility team that historically has had one of the lowest eligibility error rates in the country, and the agency is taking a prudent approach to unwinding that aims to avoid unnecessary coverage losses while also working to ensure only those who are truly eligible are enrolled.

Mississippi Medicaid’s Priorities for Unwinding

Mississippi Medicaid has three priorities for the unwinding:

1. Process renewals and make redeterminations accurately and timely to ensure continuity of coverage for eligible individuals.
2. Protect taxpayers by removing ineligible individuals from the Medicaid rolls.
3. Utilize unwinding period as an opportunity to elevate customer experience and enhance operational performance.

DOM has developed this operational unwinding plan document to describe some of the strategies and processes that will be in place for the unwinding. Although public disclosure of the plan is not required, the Division is releasing the plan publicly to help ensure that stakeholders have another source of information about this important and complex undertaking. As a planning document, it may be subject to modification and deviation when change is warranted.

MISSISSIPPI MEDICAID UNWINDING START DATE

The unwinding period for Mississippi Medicaid begins April 2023. This start date appears to be in line with the majority of states.

RENEWAL PROCESSING AND APPROACH

Renewal Cycle Date

The following are the applicable dates to achieve compliance with annual renewals:

Renewals Initiated	12th MONTH to Initiate Renewals	14th MONTH to Complete Renewal Cycle
April 2023	March 2024	May 2024

Mississippi anticipates a relatively balanced unwinding volume over a 12-month period. At this time, there are no circumstances that would result in initiating more than one-ninth of its total caseload of renewals in any particular month.

Renewal Timing

The timing of renewals is based on whether a renewal was completed within twelve months of the unwinding period. Beneficiaries within a current 12-month eligibility period will be subject to review at the assigned review due date. Beneficiaries who have not had a review completed within the prior twelve months and those subject to the continuous enrollment provision will be assigned a review date.

Renewal Approaches

CMS has advised states to take one of the approaches to renewal processing:

Approaches	Explanation
Population-Based	Prioritizes outstanding eligibility and enrollment actions based on characteristics of cohorts or populations who are likely to have become eligible for more expansive benefits or who are likely to be eligible for different coverage.
Time/Age	Prioritizes cases based on the length of time the action has been pending.
Hybrid Approach	A combination of the Population and Age approaches above.
State Developed Approach	Meeting the goals of keeping eligible individuals enrolled, reducing churn, maximizing successful transition to other coverage where appropriate, and achieving a sustainable renewal schedule.

Mississippi Medicaid initially plans to process renewals using the Time/Age Approach, implemented as follows:

Eligible Magi/Non-Magi Recipients

- Currently, Modified Adjusted Gross Income (MAGI) and non-MAGI recipients who continued to meet eligibility requirements and are within a current 12-month eligibility

period will be subject to annual review at their established review due date. MAGI and non-MAGI recipients with no annual review completed within the last 12 months will be reviewed with household members who are within a current 12-month period. If this is not applicable, they will retain their original review month.

Continuously-Enrolled MAGI/Non-MAGI Recipients

- Continuously-enrolled individuals who are part of a household that includes eligible members within a current 12-month eligibility period will be assigned for review with the household.
- Households composed solely of continuously-enrolled members will be assigned a review date that is proximate to their original month of renewal.

Ex Parte Renewals

For MAGI and non-MAGI members, Medicaid agencies redetermine eligibility without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency, including information from certain data sources accessed by the agency. If the Medicaid agency is able to renew eligibility based on that information, the agency alerts the individual of the eligibility determination. These are known as "ex parte" renewals. Mississippi Medicaid hopes to be able to use the ex parte process to make eligibility redeterminations for those who are eligible. CMS has approved a waiver request under 1902(e)(14)(A) of the Social Security Act for time-limited policy waivers which will be used to facilitate ex parte reviews, including to (1) enroll and/or renew individuals based on Supplemental Nutritional Assistance Program (SNAP) eligibility (Targeted SNAP Strategy); and (2) conduct ex parte renewals for individuals with no income and no data returned (beneficiaries with no income renewal).

Information Updates

Where eligibility renewals cannot be renewed on an ex parte basis, Mississippi Medicaid sends a pre-populated renewal form to the individual, and individuals have at least 30 days from the date of the renewal form to respond and provide information. For individuals whose ex parte renewal is initiated at the beginning of April, a termination for failure to submit information needed to determine eligibility would not take place until June 30, 2023. For certain non-MAGI recipients, disability may be continuing as medical reviewers determine if beneficiary's disability no longer meets the definition of disability. Verification documents can be provided by mail, phone, fax, and an online upload mechanism. Also, documents can be submitted in person on the regional office (RO) level.

Extending Reconsideration

Typically, individuals who are terminated for failure to submit the renewal form or necessary information in a timely manner can have eligibility reconsidered without a new

application if the individual submits the renewals form within 90 days after the date of termination. During the unwinding period, that reconsideration period is being extended to 120 days.

Local and State Appeals

The Medicaid Regional Offices are responsible for receiving appeal requests, processing requests and local appeals. Mississippi Medicaid's Office of Appeals is responsible for state-level appeals. Since 2020, Mississippi Medicaid has doubled the size of the Office of Appeals and has been working to existing streamline processes to support fast and straightforward processes.

In March 2023, no fair hearing requests in Mississippi related to eligibility are currently more than 90 days pending, which positions the agency well as it moves into unwinding.

Appeal requests and processing will be monitored by regional and state supervisory staff during the unwinding period. If the volume of appeal requests exceeds current staffing levels, additional resources will be used to help ensure timely appeals processing.

Handling Returned Mail

Mail that is returned by USPS with a forwarding address will be re-routed to the new address. If mail is returned by USPS with no forwarding address, at least two applicable modalities will be checked to obtain a viable address for re-mailing. In both instances, a response will be due thirty days from the new mailing date. Mail that is returned after termination for non-return of renewal will be re-routed if it received within 30 days of termination, and there is a forwarding address provided by USPS or if a viable address is obtained from at least two modalities. If a forwarding address is provided by USPS or the recipient responds to the attempted contacts, the renewal will be re-mailed and thirty days allowed for return. Coverage will be reinstated to the first day of the month contact is made either through USPS information or contact with the recipient through one of the modalities. If the renewal is subsequently returned within the 30-day timeframe and eligibility exists, benefits will be reinstated retroactively to the date of termination.

Modalities that will be used for returned mail that has no forwarding address, when available, are phone call, text message, and email.

Other Operational Considerations

Pending Changes in Circumstances Aligned with Renewal

Pending changes in circumstances reported or identified during the PHE and unwinding period for beneficiaries with a renewal scheduled to be initiated during the 12-month unwinding period will be handled at renewal. Information obtained at renewal will be used

to resolve all other pending eligibility and enrollment actions and limit the need to send multiple requests for information on multiple pending actions. Pending post-enrollment verification of citizenship and immigration status at the conclusion of a Reasonable Opportunity Period (ROP) is an exception to the alignment.

Additional Data Sources

A data hierarchy for income data sources is in place. Mississippi Medicaid continues to work with the IRS to get federal permission to access tax data as an additional income data source for eligibility certification and ex parte reviews.

Continuous eligibility for Children

Mississippi Medicaid provides a 12-month continuous eligibility provision for children in place. A reasonable compatibility threshold is in place. The reconsideration period for renewals is extended to 120 days.

12 months of postpartum coverage

Legislation permanently extending postpartum coverage to 12 months for pregnant women was signed into law into March 2023. The 12-month postpartum period will help mitigate the number of individuals with full benefits who must move to the limited-benefit family planning or be disenrolled from the program.

PROCESSING PENDING AND NEW APPLICATIONS

Pending applications received between March 1, 2020, and March 31, 2023, must be completed within the unwinding period according to the following timeframes allowed by CMS using a phased approach:

TIMEFRAME	MAGI APPLICATIONS	NON-MAGI APPLICATIONS
Within 2 months (April/May 2023)	Complete pending applications received March 2020 – March 2023 and resume timely MAGI processing.	Complete pending applications received March 2020 – March 2023 based on age or disability when disability date is already established and resume timely processing.
Within 3 months (June 2023)	Normal MAGI timely processing standards resume.	Complete all pending Non-MAGI applications received March 2020 – March 2023 requiring a disability decision and resume timely processing.
Within 4 months (July 2023)	Normal MAGI timely processing ongoing.	Normal Non-MAGI timely processing ongoing.

Regional and state supervisory staff are monitoring completion of pending applications and have been focusing on application processing during the final months of the continuous enrollment condition. Additional staff will be assigned if needed to meet the above requirements for MAGI and Non-MAGI application processing.

RETAINING, RECRUITING, AND DEVELOPING A HIGH-PERFORMING ELIGIBILITY WORKFORCE

The National Association of Medicaid Directors that represents all 50 states, DC and the territories found that the average Medicaid agency vacancy rate is 17 percent, although some states are as high as 30 to 40 percent. Mississippi Medicaid has a vacancy rate of 12 percent.

Mississippi Medicaid currently has more than 600 positions dedicated to Medicaid eligibility-related functions. Mississippi Medicaid has a full-time physical presence in 30 regional offices across the State, allowing applicants and existing beneficiaries to interact in person with staff if they so choose.

Like most organizations, attracting and retaining staff was more challenging during the pandemic, although hiring conditions have been improving. Starting salaries have been increased for front-line eligibility specialists and support staff and eligibility supervisors. Overtime also is being authorized for existing staff. And the Division has implemented a new approach to reward eligibility staff who are becoming proficient in certain areas of eligibility. We are also attempting to manage workload by shifting processing of renewals for the 2,000-beneficiary Disabled Child Living at Home category to a central team.

Mississippi Medicaid is engaging approximately 100 individuals on a contract basis to assist with the increased workload and support the unwinding effort. We have also been working with legislative leaders to include additional time-limited positions in Medicaid appropriation bills for the last quarter of State Fiscal Year 2023 and State Fiscal Year 2024.

The agency has been working to streamline time-to-hire practices to reduce time to fill positions and continues to develop new and more effective ways to attract and retain employees in our regional offices. The agency continues to make improvements in training for eligibility workers. Staff training on the unwinding process began with basic renewal refresher training. Training to implement policy and procedural changes for the zero-income and SNAP waivers is in process. Staff training will be a continuing effort during the unwinding period as issues and questions arise or clarification is needed based on monitoring efforts.

While a few of these approaches are unwinding-specific, our efforts to support the workforce are aimed at fortifying the Medicaid agency beyond the unwinding period.

Mississippi Medicaid will continue to evaluate the need to bolster its eligibility and eligibility-support personnel and add resources when appropriate.

Oversight of Eligibility and Enrollment Operations

In Mississippi, the Division of Medicaid is responsible for the vast majority of eligibility determinations. The Mississippi Department of Child Protection Services (CPS) certifies eligibility for foster children and adoption assistance categories of eligibility. The Social Security Administration certifies eligibility for individuals with SSI. All continuously-enrolled individuals, including those determined ineligible by CPS and SSA, will have to be reviewed by DOM during the unwinding period to determine eligibility for other coverage.

Mississippi Medicaid is utilizing a centralized, cross-functional workgroup to help inventory readiness, provide operational oversight, and track issues and resolutions prior to and during the unwinding period in the general broad areas:

- Eligibility Operations
- Communications and Outreach
- Policy and Training
- Appeals
- IT Systems
- Managed Care Operations
- Legal
- Executive Support

ENHANCING COMMUNICATION AND OUTREACH

Clear communication is imperative to an orderly unwinding.

Easy online submission of updated contacted information.

Maintaining current beneficiary contact information remains the most reliable way to facilitate a smooth eligibility redetermination process. In 2022, Mississippi Medicaid established an online form for beneficiaries to use to update their contact information. We have received thousands of updates through this channel.

Postcards

Postcards are being sent to all active households in March 2023 indicating routine renewal process is back in place and the importance of returning the renewal once received. Forwarding addresses from returned postcards will be used to update address information.

Agency Text Messages and Emails

Additionally, for the first time, Mississippi Medicaid will send text messages and emails to all active households who have a cell phone number, an email, or both on file. These communications will encourage the update of contact information for a household. Shortly after renewals are mailed, text messages and/or emails will be sent by the Division to households to remind recipients of their renewals.

Contacting beneficiaries after returned mail

A waiver request under 1902(e)(14)(A) of the Social Security Act was approved by CMS for the following time-limited waivers to obtain updated address information. DOM is now using the national change of address (NCOA) database and United States Postal Service (USPS) returned mail to update beneficiary contact information (NCOA and/or USPS contact updates).

The Stay Covered Campaign

In January, Mississippi launched the “Stay Covered” website, [Medicaid.ms.gov/staycovered](https://www.Medicaid.ms.gov/staycovered), for beneficiaries, advocates and providers. Beneficiaries are encouraged to update contact information using links on the page. Advocates, clinicians, and other stakeholders are encouraged to sign up as “Coverage Champions” and to assist recipients in updating contact information, post/distribute the “Stay Covered” flyer and post cards which contain a QR code to scan to update contact information and provide other information from the Coverage Champion toolkit.

Telephone Follow-Up

Medicaid Specialists continue to attempt a telephone contact prior to termination when there has been no response to the pre-populated renewal.

Engaging External Partners

The agency is working closely with external partners to facilitate an orderly unwinding process.

Direct outreach conducted by Managed Care Organizations

Between 300,000 and 400,000 Medicaid and CHIP members are enrolled in a managed care delivery system. The three managed care organizations have been eager to provide outreach. A waiver request under 1902(e)(14)(A) of the Social Security Act was approved by CMS for the following time-limited waivers to obtain updated address information to partner with managed care plans to update beneficiary contact information (MCO beneficiary contact updates). We are working to utilize MCO outreach while also minimizing potentially inconsistent messaging.

Coverage Champions

“Stay Covered” website allows providers and advocates to sign up as “Coverage Champions” to assist recipients to stay enrolled. A “Stay Covered” flyer and toolkit are

available in multiple languages. In the first month, over 100 individuals and organizations signed up as Coverage Champions.

Other Agencies and Medicaid Providers

The Mississippi Department of Health, as the WIC agency for the state, has been using its outreach tools to contact potential Medicaid beneficiaries about address updates and the unwinding. Multiple hospital systems and provider clinics have been instrumental in providing outreach to those they serve.

Enhancing External Reporting

Mississippi Medicaid will be making available a number of new reports for the public.

CMS is requiring states to report on specific metrics. These metrics are designed to demonstrate states' progress towards restoring timely application processing and initiating and completing renewals of eligibility for all Medicaid and CHIP enrollees consistent with the guidance outlined in State Health Official Letter #22-001. States will complete a baseline and subsequent monthly Unwinding Data Report and submit these reports to CMS. Mississippi also intends to provide baseline and monthly reports data to the general public. Examples include:

Baseline Reports

1. Total pending applications received between March 1, 2020, and the end of the month prior to the state's unwinding period:
 - a. Pending MAGI and other non-disability applications
 - b. Pending disability-related applications
2. Total beneficiaries enrolled as of the end of the month prior to the state's unwinding period
3. State's timeline for the renewal process
4. Total number of Medicaid fair hearings pending more than 90 days at the end of the month prior to the state's unwinding period

Monthly Reports

1. Total pending applications received between March 1, 2020, and the end of the month prior to the state's unwinding period
2. The total number of applications that remain pending as of the last day of the reporting period
3. Total beneficiaries for whom a renewal was initiated in the reporting period
4. Total beneficiaries due for renewal in the reporting period
5. Month in which renewals due in the reporting month were initiated

- a. Of the beneficiaries include in Metric 5, the number renewed and retained in Medicaid or CHIP
 - i. Number of beneficiaries renewed on an ex parte basis
 - ii. Number of beneficiaries using a pre-populated renewal form
 - b. Of the beneficiaries included in Metric 5, the number determined ineligible for Medicaid or CHIP (or transferred to the Marketplace)
 - c. Of the beneficiaries included in Metric 5, the number terminated for procedural reasons (i.e., failure to respond)
 - d. Of the beneficiaries included in Metric 5, the number whose renewal was not completed
6. Month in which renewals due in the reporting month were initiated
 7. Number of beneficiaries due for a renewal since the beginning of the state's unwinding period whose renewal has not yet been completed
 8. Total number of Medicaid fair hearings pending more than 90 days at the end of the reporting period

SYSTEMS

The system changes that were made to implement and effectuate the continuous enrollment provision have been reversed. System testing will be completed prior to the start of unwinding in April 2023.

Mississippi Medicaid meets weekly with its external system vendor. Internal resources at the agency have subject matter expertise with the NEWMEDS eligibility system as well.

With the replacement of the Medicaid Management Information System (MMIS) in October 2022, the NEWMEDS eligibility system is now the source of truth for eligibility determinations handled by non-certifying agencies like SSI and CPS.

The Division has also implemented an online upload mechanism for individuals to submit their renewal paperwork. This online upload mechanism will be available at www.access.ms.gov. A Medicaid self-service portal that will include full web-based submission functionality is in testing and is expected to be available to beneficiaries later this year.

OTHER

Guidance on January 27, 2023, Letter

On Friday, January 27, 2023, CMS released guidance addressing key policy questions surrounding the upcoming Medicaid redeterminations in accordance with the Consolidated Appropriations Act of 2023. Overall, the guidance provides details on the steps Medicaid agencies will need to take during the unwinding to comply with the Federal Omnibus bill.

In order to obtain the enhanced Federal Medical Assistance (FMAP), state Medicaid agencies will need to:

- Comply with all federal requirements surrounding redeterminations of Medicaid eligibility. Many Medicaid agencies, including Mississippi, are working with CMS to meet their expectations for these requirements.
- Attempt to update members' contact information using sources such as the National Change of Address (NCOA) database, MCOs, contact with members, and state health and human services agencies.
- Make a good faith effort to contact members using at least two additional modalities (including telephone, email, text, communication through an online portal, or other electronic means) before disenrolling on the basis of returned mail.
- Further, the guidance provides detail on CMS' oversight role in this process, including new enforcement authorities given to CMS by Congress. Concurrently, CMS's sister agency, the Center for Consumer Information and Insurance Oversight (CCIIO), announced a new special enrollment period for states that use the federal marketplace platform, which is welcomed by Medicaid directors as they seek to support transition of people who are no longer eligible for Medicaid to marketplace coverage.

RESOURCES

1. www.medicaid.ms.gov/staycovered
2. [Renewal Distribution Report](#)

VERSIONS

1.0 March 2023