

Continuous Coverage Background

Continuous Coverage

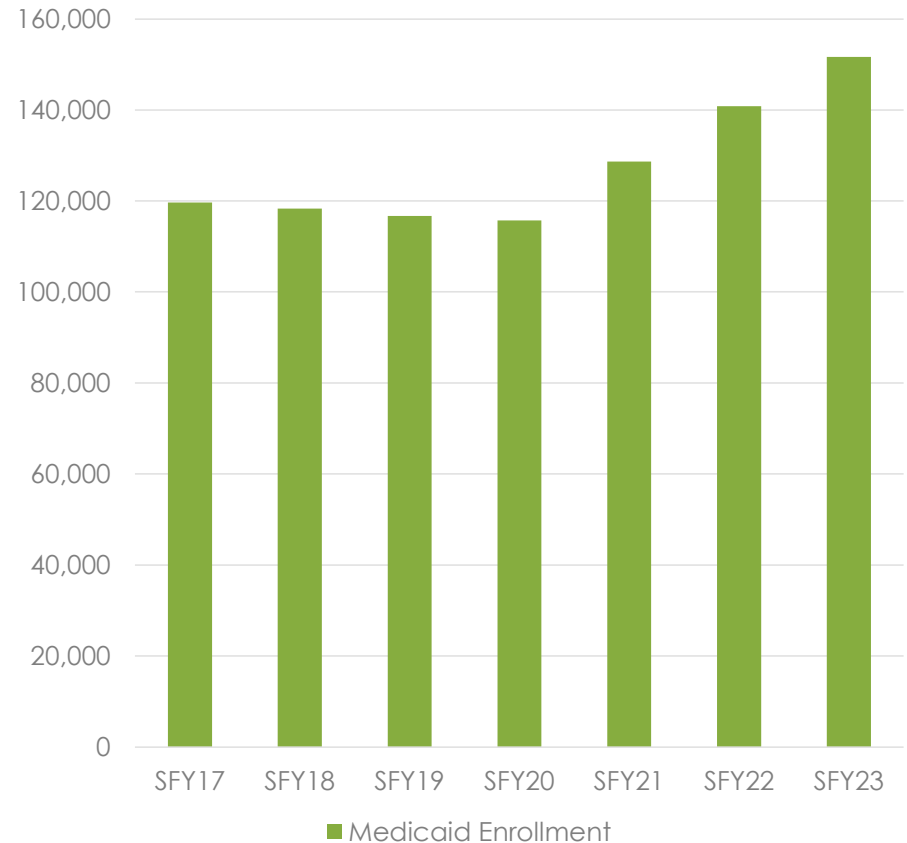


The Families First Coronavirus Relief Act (FFRCA) required “continuous coverage” for Medicaid during the public health emergency (PHE). Any Medicaid recipient (not including CHIP) eligible on or after March 18, 2020, has not been able to lose coverage unless they:

- request closure,
- are deceased,
- move out of state, or
- were incorrectly enrolled.

South Dakota Medicaid monthly enrollment has increased over 30% from 114,689 in March 2020 to 151,640 in January 2023 due to the continuous coverage requirement.

Average Monthly Medicaid Enrollment



Decoupling Continuous Coverage from the PHE



Federal law set an end date to the continuous coverage requirement effective April 1, 2023. It is no longer tied to the PHE.

Effective April 1, 2023, Medicaid coverage can be closed again for individuals who are no longer eligible. This period where states return to regular operations is called the “unwinding.” States must meet certain federal conditions during unwinding:

Condition #1: Eligibility Operations

States must meet all federal requirements for renewals. The Centers for Medicare and Medicaid Services (CMS) recommends states initiate no more than 1/9 of their total caseload renewals in any given month during the unwinding.

Condition #2: Enrollee Contact Information

States must maintain up-to-date contact information for individuals that will undergo redetermination. States can use reliable sources of information outside of the eligibility system to improve contact information. Examples of possible sources include other public programs.

Condition #3: Contacting Ineligible Individuals

States cannot disenroll individuals solely based on mail that is returned. States must make a “good faith effort” to contact all recipients using more than one mode of communication.

Preparation and South Dakota's Plan

Preparation for Unwinding

The Department of Social Services (DSS) has been proactively planning for unwinding and the Medicaid Return to Regular Operations while awaiting the Federal declaration ending the continuous coverage requirement. This included:

- Continuing to Process Annual Renewals for Medicaid Recipients
- Providing regular updates to Medicaid recipients;
- Reminding Medicaid Recipients to Keep Information Current; and
- Alerting Medicaid Recipients to the unwinding process.

To prepare for the start of unwinding in April, DSS has communicated with Medicaid recipients and providers and created a new webpage for resources related to return to regular operations.

DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE

CLICK HERE TO LEARN MORE ABOUT UPCOMING CHANGES TO MEDICAID ELIGIBILITY

Following these steps will help determine if you still qualify:



Make sure your contact information is up to date.



Watch for communication from Department of Social Services



Complete your renewal form (if you receive one)

Online Updates

Provider and recipient resources can be located online by going to **Important Changes Coming Soon to Medicaid Eligibility** at dss.sd.gov.

South Dakota's Unwinding Plan

South Dakota submitted its plan to CMS for approval in February 2023. The proposed plan prioritizes cases for review focusing first on cases most likely to be ineligible based on those who no longer meet a coverage group, aged out of a coverage group, the time limit in the coverage group expired, or income has increased. South Dakota will also return to regular operations for annual renewals.



Timeline

Beginning February 2023, reviews will be conducted to assess continued eligibility or need for disenrollment. The soonest an individual could lose coverage is April 1, 2023. DSS will follow CMS' recommendation to work on no more than 1/9 of the total caseload per month. DSS estimates it will take up to 9 months to work through cases most likely to be found ineligible.



Eligibility Redeterminations

Over the next several months, DSS staff will be redetermining Medicaid eligibility. Prior to redeterminations, individuals on Medicaid will receive a Medicaid review form. Once a Medicaid recipient receives their review form, they should complete it right away.

How Can Medicaid Recipients Prepare?



Report any changes in contact information or circumstances

Individuals should call or email today to report any change in:

- address, phone number, email, or other contact information; and
- circumstances, such as income, household members, or insurance status.

Individuals can also use the **DSS-EA-310 Change Report Form**. Only areas with a change need to be completed and all forms must be signed.

Find contact information for local offices at <https://dss.sd.gov/findyourlocaloffice>



Check for mail from DSS

When they receive a Medicaid review form, they must complete it right away. If they do not complete the review process, they will no longer be eligible for medical assistance. This could be on or after April 1, 2023.

How Can Providers Help?



Assist Recipients in Reporting Contact Information Changes

Providers can help recipients complete the **DSS-EA-310 Change Report Form**. Only areas with a change need to be completed and all forms must be signed.

If you are sending a form in on a recipient's behalf, please fax or email the signed form to DSS immediately. Find contact information for local offices at <https://dss.sd.gov/findyourlocaloffice>



Assist Recipients Most Likely to Lose Coverage

DSS has identified the individuals whose cases will be prioritized for review and compared it to Primary Care Provider (PCP) and Health Home Provider Caseloads. DSS will share the list of individuals with a PCP or Health Home relationship as of February 2023. Information will be shared in March 2023 in aggregate at the system level. DSS is outreaching providers to determine how best to share the information.

Providers are encouraged to use the list to monitor for potential coverage losses and those needing assistance.

Medicaid Eligibility Review Process

Eligibility Review Processes




Ex Parte Reviews

DSS first attempts to renew eligibility with available information from other programs and electronic resources. This process, which does not require information from the beneficiary, is called the ex parte or administrative review process.

Renewal Forms & Online Renewals

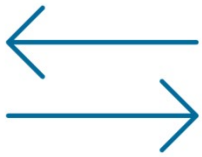
If eligibility cannot be redetermined through the above process, beneficiaries are mailed a review form. It can be completed through the online portal, or the paper form can be completed and returned by mail, email, fax, phone, or in person. Beneficiaries are never required to complete interviews for medical eligibility.

 DSS provides beneficiaries with clear instructions on how to complete the review. If they need assistance, eligibility staff are available to help through all contact methods, including text messaging. Review packets are stamped as “urgent” and include unwinding information.

Beneficiaries are sent review forms 6 weeks in advance of their review month. There is a 90-day period following disenrollment where coverage can be reinstated if the beneficiary returns needed items and is eligible.

Coverage Transitions

Transitions and Closures



Transitions

Cases set to close will be screened for other Medicaid programs prior to coverage ending. If an individual is eligible for another aid category, they will continue to receive Medicaid coverage.



Closures

If a recipient is no longer eligible, their coverage will close at the end of the first month the Department can provide 10-day advance notice, but no sooner than effective April 1, 2023. Individuals who have lost coverage can reapply for Medicaid with DSS at any time.

Health Insurance Marketplace

Individuals denied for Medicaid may still be able to get health insurance, and help paying for it, through the **Health Insurance Marketplace**. For more information on the **Health Insurance Marketplace**, please call (800) 318-2596 (TTY: 1-855-889-4325) or visit www.healthcare.gov.

HealthCare.gov

Supporting Customers

Unwinding and Expansion



Expansion Eligible

Due to the timing of the unwinding and expansion, as well as federal regulations in place surrounding Medicaid eligibility, there will be some individuals who lose coverage between April and June and may be eligible for expansion in July.



Customer Support

DSS is taking actions to minimize beneficiary burden and limit gaps in coverage by:

- Screening beneficiaries for all available coverage groups prior to disenrollment;
- Automatically transferring accounts to the Federal Marketplace for ineligible individuals;
- Screening individuals for expansion eligibility;
- Notifying Primary Care Providers of their customers who are likely to lose coverage;
- Partnering with stakeholders and community resources to provide eligibility information; and
- Leveraging social media and dss.sd.gov updates with information for customers.

Individuals disenrolled and screened for potential expansion eligibility will:

- Receive a notice at disenrollment to apply again as soon as July 1; and
- Receive a reminder letter in June with expansion and application information.



It's easy to apply! Applications are available:

1. **Online:** <http://dss.sd.gov/applyonline>
2. **DSS website:** <http://dss.sd.gov/formsandpubs/>
3. **All Department of Social Services offices**
4. **Most South Dakota Medicaid providers**

Application Process

The application process for Medicaid can be done entirely by mail or online. No interview is required.

An application for one Medicaid program is considered an application for all programs.

SSI recipients are automatically eligible for the South Dakota Medicaid program and do not need to apply.

Individuals can reapply at any time.



Coverage Groups

South Dakota Coverage Groups

A list of coverage groups is at dss.sd.gov.

Other information available:

- Income limits
- Resource limits, if applicable
- Other eligibility requirements specific to each program
- Services provided by the waiver programs

The screenshot displays the South Dakota Department of Social Services website. At the top, there is a navigation bar with the DSS logo and the text "South Dakota Department of Social Services" and "Strong Families - South Dakota's Foundation and Our Future". To the right, there are social media icons for Facebook, Twitter, YouTube, Instagram, and LinkedIn, along with a "Join the DSS Team" button and a "Cabinet Secretary Matt Althoff" button. Below the navigation bar, there is a search bar and a "Select Language" dropdown menu. The main content area features a navigation menu with items: Home, How Do I..., Behavioral Health, Child Care, Child Protection, Child Support, Economic Assistance, Medicaid, and Licensing Boards. The "Medicaid" menu is expanded, showing options: General Information, Eligibility, Recipients, Providers, and Medicaid Portal Login. Below the navigation menu, there is a large image of a man and a woman talking. At the bottom of the page, there are several icons: "Find your local office" (a green speech bubble), "Forms and Publications" (a checklist icon), "News" (a newspaper icon), "Contact us" (a speech bubble icon), and "Apply Online" (a smartphone icon).

Where Can I Find More Info?

Check DSS's Website for Updates

DSS has created an unwinding website with materials and resources for Medicaid recipients, providers and other stakeholders:

https://dss.sd.gov/medicaid/medicaid_eligibility_changes.aspx

Information Currently Available includes:

- Unwinding Overview
- Communication to Medicaid Recipients
- Change Report Form
- Webinar Logins
- Social Media Toolkit
- Insurance Resources
- Webinar Slides
- Frequently Asked Questions

Information Coming Soon:

- South Dakota's Unwinding Plan (Once Approved by CMS)



Questions?

dss.sd.gov



605-773-4678



MedElig@state.sd.us

