STATE OF IOWA DEPARTMENT OF

Health AND Human SERVICES

The Continuous Coverage Unwind Plan

February 2023

IOWA
HHS

Contents

A Letter from the Director 2
End of the Public Health Emergency Announced 3
Continuous Coverage Unwind Plan Timeline 4
Eligibility 5
Redistribution of Reviews 8
Healthy and Well Kids in Iowa (Hawki) 9
Iowa Health and Wellness Plan (IHAWP) 10
Communications 11
Estate Recovery 13
Appeals 14
Contact 15
Follow Us on Social Media! 16

IOWA
HHS

A Letter from the Director

At the beginning of the Federal Public Health Emergency (PHE) in March 2020, our Iowa Medicaid team worked quickly to ensure that members and providers did not experience a disruption in their medical and dental healthcare. During that time, our team made decisions with minimal guidance from our federal partners.

From March of 2020 until April 1, 2023, Iowa Medicaid was required to maintain continuous health care coverage for members. This meant if a member's circumstances changed, such as income, that would normally disqualify them from the program, Iowa Medicaid was required to maintain coverage for the person during the PHE. The Consolidated Appropriations Act of 2023, signed December 29, 2022, ends the Medicaid program's continuous coverage requirement as of April 1, 2023.

Iowa Medicaid has been working for months on the "Continuous Coverage Unwind Plan" or simply the "Unwind Plan." This plan includes a roadmap to address PHE changes and how we plan to resume normal activities. We have identified and addressed roadblocks and strategies as the PHE Unwind progresses.

Iowa Medicaid is making sure access to Medicaid health coverage complies with the ever-changing expectations from the Centers for Medicare & Medicaid Services (CMS).

We hope this plan is helpful to our members, providers, stakeholders and legislative audience. Please feel free to reach out with any questions or attend our monthly Town Halls for the most current updates.

Sincerely,

Elizabeth Matney

Iowa Medicaid Director

IOWA
HHS

End of the Public Health Emergency Announced

On January 30, 2023, the presidential administration announced the intent to end the federal PHE declarations related to the COVID-19 pandemic on May 11, 2023. The Centers for Medicare and Medicaid Services (CMS) has resources available to help Medicaid members, providers and stakeholders prepare for the end of the PHE.

The federal government will continue to execute the process of a smooth wind down transition of the Medicaid PHE flexibilities that were put in place in March 2020. The following materials reflect recent changes and are currently available on the CMS Emergencies Page:

- Provider-specific fact sheets for information about PHE waivers and flexibilities
- CMS 1135 Waiver / Flexibility Request and Inquiry Form
- Acute Hospital At Home

Iowa Medicaid will continue to release resources to the Medicaid population and will share a comprehensive Unwind Plan in advance of May 11, 2023.

Find Iowa Medicaid unwind resources on the unwind webpage and resources released on the unwind resource webpage.

IOWA HHS

Continuous Coverage Unwind Plan Timeline

Below is the timeline for the **continuous coverage unwind only.**

	December 2022 & January 2023	Month before MOE Ends (February 2023)	MOE Ends (March 31, 2023)	Month Following MOE End (April 2023)	Remainder of 12-month unwind period (May 2023 – March 2024)
Factors	President Biden signs Consolidated Appropriations Act into law, which de-links the continuous coverage requirement from the end of the PHE	Continue to maintain Medicaid for all enrollees while planning for 12-month unwinding period.	Last month of continuous coverage requirement. 6.2% enhanced federal match is decreased to 5%.	Begin returning to normal Medicaid operational processes.	Enhanced federal match rate incrementally decreases: • 5% effective April 2023 • 2.5% effective July 2023 • 1.5% effective Oct 2023 • No match starting Jan 2024
Eligibility Renewals	Continue: • Ex parte renewals • Attempting renewal when acting on change in circumstances • Attempting renewals when completing SNAP recertifications Finalization of redistribution of renewals Development of eligibility staff training for unwinding period	Begin ex parte process for renewals that may result in a discontinuance after continuous coverage requirement ends. Review forms will be issued for those that did not successfully get renewed during the ex parte process for those with renewal month in the trigger/kick-off month (first month after the continuous coverage requirement ends).	Most review forms will be received by households (whose renewal is due in the trigger/kick-off month). Iowa Medicaid will start to receive some completed renewal forms back.	Review forms (for those with a renewal in the trigger/kick-off month) are due on the 5th of this month. First discontinuances will occur this month for coverage effective the following month.	Renewal cycle continues each month for members with upcoming renewals. Monitoring and adjusting redistribution of renewals based on CMS guidelines.
Communication	Stakeholder outreach and toolkit development. Continue Phase I of communication plan. Campaign for updated contact information from members and initiate Phase II of the communication plan.		Phase III begins. Ensure members complete their renewal and provide requested information for accurate eligibility determinations.	Continue to focus on members completing renewals and initiate Phase IV of communication plan for those that are found ineligible for Medicaid.	Continue implementation of Phase III and IV of communication plan until all unwinding activities are complete for the 12-month unwinding period.

IOWA HHS

Eligibility

The Families First Coronavirus Response Act (FFCRA) was signed into law on March 18, 2020 and provides a temporary increase in federal Medicaid funding normally given to qualifying states. To get the increase in federal funding, states must meet several conditions. One of the conditions was maintaining Medicaid for most members enrolled on or after March 18, 2020, through the last day of the month in which the Public Health Emergency (PHE) ends. The condition to maintain eligibility is known as the continuous coverage requirement. Because of the continuous coverage requirement, the Iowa Department of Health and Human Services (Iowa HHS) paused the mailing of annual Medicaid reviews.

On December 29, 2022, President Biden signed the Consolidated Appropriations Act (CAA) of 2023. The CAA disconnected the end of the continuous coverage requirement from the PHE and instead set March 31, 2023, as the end of the continuous coverage requirement. This means that Iowa HHS will complete a renewal of eligibility for most Medicaid members and eligibility for individuals no longer meeting eligibility requirements does not have to be maintained.

At the end of February 2023 and early March, Iowa HHS will begin mailing out renewal forms to the first group of Iowa Medicaid members to complete redetermination of eligibility. If a member is found eligible, they will get a new certification period for their coverage. However, if a member is deemed ineligible, Iowa HHS will be pushing out resources for these individuals to find other affordable health insurance in Iowa.

The first day members can be disenrolled from Medicaid is April 1, 2023. Foster children will not lose their Medicaid coverage. Most Medicaid members will go through the renewal process within 12-months of the continuous coverage requirement ending. Renewals will be spread throughout a 12-month period, so not all Medicaid members will receive a renewal at the same time.

CMS continues to release direction and guidance to help states with returning to normal eligibility processes at the end of the continuous coverage requirement. Iowa Medicaid continues to review the guidance and adjust the unwind plan as required by CMS direction.

CONTINUOUS COVERAGE UNWIND ELIGIBILITY DATA

All states will be required to submit monthly data to CMS for a minimum of 14 months during the Continuous Coverage Unwind Plan. CMS developed a template that outlines the specific metrics which will be required to be reported. The metrics that are required by CMS are designed to demonstrate each state's progress towards initiating and completing renewals of eligibility for all Medicaid and Children's Health Insurance Program (CHIP) enrollees true to the guidance outlined in **SHO 22-001**. CMS requires states to complete a baseline and subsequent monthly Unwind Data Report and submit these reports to them.

The baseline report is meant to serve as a starting point to track each state's pending eligibility and enrollment actions that the state will need to address when the unwind period begins. The information contained in this report will include data on pending applications, renewals and fair hearings. The subsequent monthly reports will include the same datasets as the baseline report but will be used to show the state's progress towards completing all their unwind actions.

States will also complete and submit a summary of the states' plans for starting renewals for its total caseload within the state's 12-month Unwind period (Statewide Renewal Distribution Plan). CMS is requiring states to describe how they intend to distribute renewals to make sure that they will establish a sustainable workload in the future.

For states that are not in compliance, CMS may require the submission of a corrective action plan that details strategies and timelines for coming into compliance with the unwind requirements and timelines.

ELIGIBILITY DASHBOARD

Iowa HHS has built a Power BI dashboard to demonstrate the areas of impact and change within Medicaid as a result of the end of the PHE and the continuous coverage requirement.

The Unwind Data Dashboard reports monthly application, enrollment, renewal measures and PHE-specific enrollment data. The dashboard will help to paint a picture of how the PHE has impacted Medicaid data since early 2020 and show the continual effects throughout the PHE 12-month Unwind period.

The dashboard shows the following information:

- Total enrollment from 2019 to the present
- Applications received from 2019 to the present
- Renewal measures for a rolling three-month period
    - Total renewals due for the redetermination month being reported
    - Total renewals that successfully were renewed using the passive process
    - Number of physical review forms that were mailed
    - Total renewals pending processing
    - Total cases that received a physical review form and have not returned the review form to Iowa HHS
- Cases and members whose Medicaid eligibility has been maintained due to the PHE continuous coverage requirements
- To the best extent possible, this dashboard will stratify data at the statewide and county level

Future data measures that are planned to be incorporated during the 12-month unwind period:

- Renewal determination outcomes
- Discontinuance reasons
- PHE unwind workload

INCOME MAINTENANCE (IM) FIELD STAFF

Income Maintenance workers employed by Iowa HHS are responsible for processing eligibility for categorical assistance programs, including Medicaid. In response to the continuous coverage

requirement, Iowa Medicaid modified many Income Maintenance (IM) worker processes. During the 12-month unwind period, normal Medicaid processes will be resumed. This will require changes to IM business processes and procedures until all normal business processes have resumed. To assist IM workers, specialized focus trainings and refresher trainings will be developed and shared with field staff prior to the end of the continuous coverage requirement.

Case processes have been modified significantly during the PHE to accommodate the continuous coverage requirements as well as system changes that have been implemented. The refresher trainings will ensure staff have the tools necessary to determine eligibility during the unwind.

Other strategies for the field managing the continuous coverage unwind workload will include shifting IM staff to cover any increased volume of work and approve overtime if necessary.

IOWA
HHS

Redistribution of Reviews

CMS has laid forth guidance for the 12-month unwind period that directs states to complete a redetermination for all members after the continuous coverage requirements ends. For this reason, they have also given states some leeway in the distribution of their Medicaid caseload for this work. Completing a redistribution of Iowa Medicaid's caseload will allow the opportunity to prioritize the field's work as well as ensure an equal share of work for the years after the unwind period.

Iowa Medicaid will complete this redistribution of cases prior to the renewal process beginning for the unwinding period. There will be a prioritization of work to complete renewals for those who have not had a successful renewal completed in the past 12 months. This will also include renewals for cases where Medicaid eligibility has been maintained due to the continuous coverage requirement. Iowa Medicaid will also 'front load' the number of cases scheduled for renewals in the first 6 month of the unwind period. It is anticipated that there will be more discontinuances in these months and is part of the strategy to help equalize the workload in future years.

IOWA
HHS

Healthy and Well Kids in Iowa (Hawki)

Iowa Medicaid's CHIP program

OVERVIEW

The Healthy and Well Kids in Iowa (Hawki) program offers health insurance to children whose families' have income over the Medicaid eligibility limit and do not have other health coverage. Hawki is only available for members who 18 years of age and younger. Eligibility for Hawki is based on household income. Some members are subject to monthly premiums; whether a premium is billed to a member is based on the household income.

HOW DID THIS CHANGE DURING THE PANDEMIC?

During the PHE, Iowa Medicaid temporarily cancelled premiums for Hawki members and provided continuous coverage, regardless of eligibility, for Hawki members. This originally included members turning 19 that were enrolled in Hawki, even though they are no longer eligible due to not meeting age requirements of the program.

In July 2021, based on clarification received by CMS, Iowa Medicaid began the process of redetermining eligibility for Hawki members who were turning 19 and aging out of Hawki coverage. These members were moved to other coverage for which they were eligible or were referred to the Federal Facilitated Marketplace if they were found to be ineligible for other coverage provided by the State. For Hawki members that are under age 19, their coverage will be maintained until their renewal is completed during the unwind period.

WHEN WILL PREMIUMS RESTART?

The date for Hawki premiums to restart has not yet been determined by Iowa Medicaid.

HOW WILL I BE NOTIFIED WHEN HAWKI PREMIUMS RESTART?

Members will receive an official invoice from Iowa Medicaid once premiums are set to restart. Messaging will also be added to the click pay website before the end of the PHE explaining this information.

IOWA
HHS

Iowa Health and Wellness Plan (IHAWP)

OVERVIEW

IHAWP is a program that serves members who are ages 19 to 64. IHAWP members may be subject to monthly premiums. Whether or not a premium is billed to a member is based on the member's income, participation in the Healthy Behaviors program and if a member has been approved as "medically exempt" status due to disability or complex medical conditions.

The Healthy Behaviors program requires members to complete an annual physical appointment from their health care provider and complete a health risk assessment. IHAWP members will not be responsible for their monthly premiums if they participate in this program. New members have one year without premiums to complete their Healthy Behaviors and remain premium free for the following year.

HOW DID IHAWP CHANGE DURING THE PANDEMIC?

During the PHE, the State of Iowa elected to stop billing premiums to members regardless of their income or their participation in Healthy Behaviors. Additionally, IHAWP members who had aged out of the program (turned 65 years of age), or otherwise became eligible for Medicare, were kept on the program.

Beginning in April 2023, Iowa Medicaid will begin the process of transitioning members that did not meet age requirements to other appropriate coverage groups or refer them to the Federal Facilitated Marketplace per CMS guidelines. Referrals to the Federal Facilitated Marketplace will not resume for other IHAWP enrollees until a renewal of eligibility has been completed after the end of the continuous coverage requirement.

WHEN WILL PREMIUMS AND HEALTHY BEHAVIORS RESTART?

The date for IHAWP premiums and healthy behaviors to restart has not yet been determined by Iowa Medicaid.

HOW WILL I BE NOTIFIED WHEN PREMIUMS AND HEALTHY BEHAVIORS RESTART?

Members will receive an official invoice from Iowa Medicaid once premiums are set to restart. Messaging will also be added to the click pay website before the end of the PHE explaining this information.

IOWA HHS

Communications

The Iowa Medicaid Unwind Communications Plan will notify all Iowa Medicaid audiences of the return to normal procedures once the continuous coverage requirement is ended by the federal government. These audiences include Medicaid members, providers, stakeholders and partners. The communications plan is broken into four colored phases and are based on a phased-based approach.

Below is the current timeline and phases for the Iowa Medicaid Unwind Communications Plan:

Phase	Timeframe	Objective
Green	Prior to January 1, 2023	Updating member information to have the correct address, phone, and email contacts to reach members with important updates about their health coverage.
Blue	January 1, 2023 – April 1, 2023	Preparing members and stakeholders for the Iowa Medicaid unwind period. This includes explaining changes that will occur to resume normal Medicaid operations, timelines for these changes, and how that might impact them.
Red	After April 1, 2023: After the member receives their renewal packet in the mail	Helping members successfully fulfill their renewal requirements to ensure that their annual Medicaid eligibility renewal is completed accurately. This will help to prevent members from losing their Medicaid eligibility for procedural reasons.
Yellow	During Iowa's 12-month unwind period: If a member receive notice that they are no longer eligible for Medicaid	Specifically for individuals that were disenrolled from Medicaid based on their annual renewal, this phase will focus on providing information, resources, and processes on obtaining alternative health coverage after disenrollment.

* **Note:** Phases Blue, Red, and Yellow all occur during Iowa's full 12-month unwind period but are different for each member based on their scheduled renewal month.

The communications plan will include many forms of digital communication and may include some physical flyers and mailings. The various routes of communication are as mentioned below:

Communication	Audience
A digital, but printable, copy of the Iowa external Unwind Plan on the website	Stakeholders, Providers, Members, Partners
Printable Flyers	Stakeholders, Providers, Partners
Slide Deck	Stakeholders
Digital toolkit	Stakeholders, Providers, Partners
Member guide	Members
Refugee guide	Members who are Refugees
FAQs	All
Resource library	All

Email notifications	Anyone who signs up for Unwind email notifications on the HHS website
Social Media	All
e-Newsletter updates	Anyone who signs up for the Iowa Medicaid monthly e-newsletter
Key messaging documents	Stakeholders, Providers, Partners
"Go Green" guide	Members
Informational letters	Providers
Physical postcard mailing	Members
Links to unwind resources	All

IOWA HHS

Estate Recovery

Estate recovery legal reference: 441 IAC 75.28(7)

Estate recovery applies to all persons who have received Medicaid on or after July 1, 1994, are age 55 or older, or who live in a medical facility and cannot reasonably be expected to return home. This includes members on waiver programs such as the Elderly Waiver Program and Medically Needy Program.

When a Medicaid member dies, assets from their estate are used to reimburse the state for costs paid for medical assistance. This includes the full amount of capitation payments made to a Managed Care Organization (MCO) for medical and dental coverage, regardless of service use or how much the managed care entity paid for services

Estate Recovery activity remained in force during the PHE with no flexibilities.

IOWA HHS

Appeals

As most members' Medicaid eligibility has been maintained throughout the PHE, valid appeals can only be filed for a negative action on a member's case. When the PHE ends and members complete their annual renewals, those that are found to be ineligible for Medicaid will have their coverage discontinued. Iowa HHS is anticipating an influx of appeals that will be filed by members as their coverage is discontinued. Iowa HHS is also exploring hiring additional or temporary staff to manage the increased volume of appeals.

The following information is provided to members on all notices of decision that they receive:

- Anyone who receives an adverse benefits decision from Iowa HHS regarding Medicaid eligibility or services may file an appeal.
- Appeals may be made in person, by telephone or in writing.
- Individuals may phone 515-281-3094 to file an appeal or ask questions about the appeal process. They can write a letter explaining the reason they disagree with Iowa HHS' decision, or they can complete an **Appeal and Request for Hearing form** online.
- If you are filing out the form online, please be sure to complete the entire form and click the submit button at the bottom of the form. Your appeal will be sent directly to the HHS Appeals Section.
- If you are writing a letter, you may send your letter to:

  Department of Health and Human Services, Appeals Section

  1305 E Walnut St., fifth Fl

  Des Moines, IA 50319-0114

Additional information on filing an appeal and the appeal process can be found on the HHS website.

IOWA HHS

Contact

If you have questions regarding the Unwind Plan or the contents in this toolkit, please contact:

MEMBER SERVICES

Member Services can help Medicaid members with their questions about their healthcare during the unwind. They can also assist with helping apply for Medicaid services.

Phone: 1 (800) 338-8366 Toll Free or (515) 256-4606 in Des Moines
Email: IMEMemberServices@dhs.state.ia.us

HAWKI MEMBER SERVICES

Hawki Member Services can help the guardians of Hawki members with their questions about their child's healthcare during the unwind. They can also assist with helping apply for Hawki services.

Phone: 1-800-257-8563
Email: hawki@dhs.state.ia.us

PROVIDER SERVICES

Provider Services can help Medicaid medical providers of all types with their questions the unwind and how it impacts their members and themselves. Provider Services can also help with a provider applying for Medicaid licensure.

Phone: 1-800-338-7909 (Toll Free) or 515-256-4609 (Des Moines)
Email: imeproviderenrollment@dhs.state.ia.us

HHS CONTACT CENTER

The HHS contact center is available for those with all various types of HHS services, beyond healthcare. This includes, but is not limited to, food programs, cash assistance, mental health services and rental assistance.

Phone: 1-(855) 889-7985

Page Break

INCOME MAINTENANCE CUSTOMER SERVICE CENTER

Medicaid members may call the IMCSC to report a change in information (address, phone, email etc.) for their Medicaid case.

Phone: 877-347-5678
Email: IMCustomerSC@dhs.state.ia.us

COMMUNICATIONS

If you're a member of the media, please contact the Iowa HHS Public Information Officer.
Click **here** if you're a member of the public with a general question about the Unwind Plan.

IOWA
HHS

Follow Us on Social Media!

IOWA MEDICAID FACEBOOK: @IAMEDICAID

IOWA MEDICAID TWITTER: @IAMEDICAID


Iowa Medicaid
IOWA HHS