NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medicaid Expansion & CCU Updates

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Medical Care Advisory Committee (MCAC) Meeting

December 8, 2023

CONTINUOUS COVERAGE UNWINDING

COVID-19 Federal Public Health Emergency (PHE)

2023 Consolidated Appropriations Act (Omnibus Bill)

Signed into law Dec. 29, 2022

Removed the continuous coverage requirement from the federal COVID-19 PHE

- As of April 1, 2023, state Medicaid programs are no longer required to maintain continuous coverage for beneficiaries

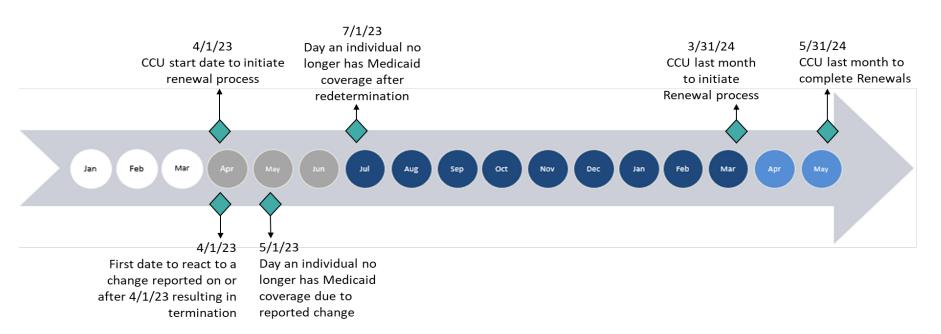Includes a new requirement to contact individuals using more than one modality prior to termination

- A beneficiary's Medicaid cannot be terminated due to mail being returned as undeliverable. State Medicaid programs are required to make a good-faith effort to find the person.

Requires one year of continuous coverage for kids on Medicaid and NC Health Choice (no change from NC Medicaid's current policy)
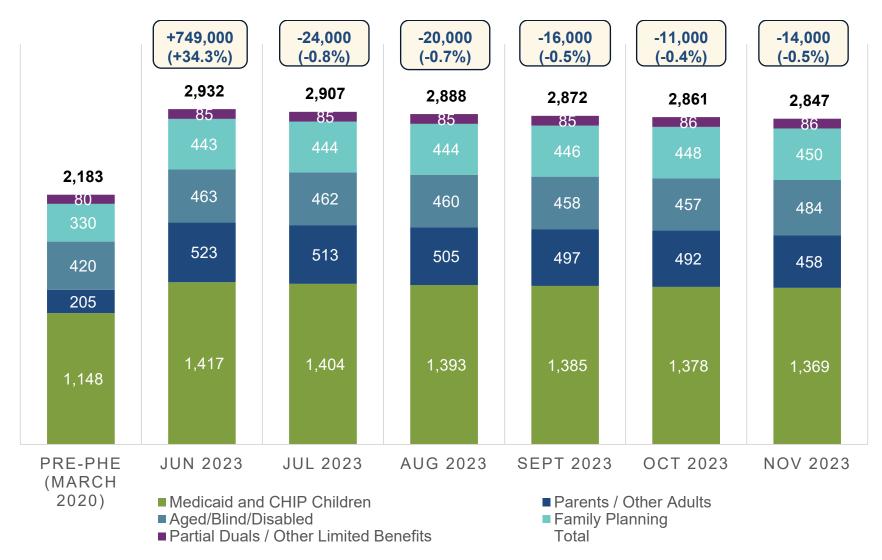
Permanently extended the 12-month postpartum coverage option

Continuous Coverage Unwinding Timeline

Local Departments of Social Services have been completing recertifications throughout the PHE, however, coverage has not been terminated or reduced. North Carolina is using an age-based approach for recertifications during the unwinding period.
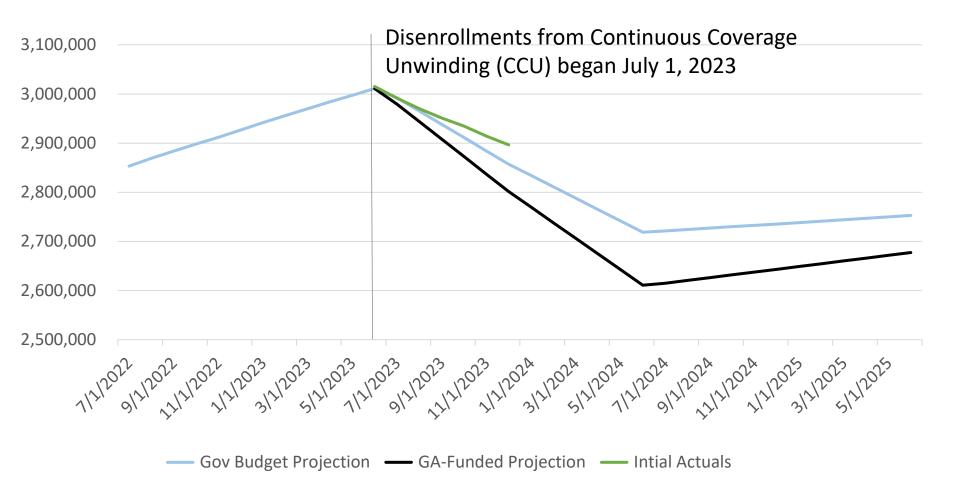
4/1/23
CCU start date to initiate renewal process

7/1/23
Day an individual no longer has Medicaid coverage after redetermination

3/31/24
CCU last month to initiate Renewal process

5/31/24
CCU last month to complete Renewals

Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May

4/1/23
First date to react to a change reported on or after 4/1/23 resulting in termination

5/1/23
Day an individual no longer has Medicaid coverage due to reported change

NC Medicaid point-in-time Non-Expansion Enrollment

Source: Monthly Medicaid Enrollment Report, Nov 2023

Projected v Actual Non-Expansion Medicaid Enrollment

Disenrollments from Continuous Coverage Unwinding (CCU) began July 1, 2023

Legend: Gov Budget Projection — GA-Funded Projection — Intial Actuals

Data Sources: May 2023 Updated Governor's Budget (Oct 24, 2023 update); Fiscal Research Division enrollment projections associated with SL 2023-134 Rebase funding; Medicaid Monthly Enrollment Reports (Initial Actuals are as of the date of each monthly report)

November 2023 Terminations, including Recertifications and Reported Changes

	Total Losing Coverage effective November 1, 2023	% of Total Losing Coverage effective November 1, 2023	+/- Prior Month	% Overall Medicaid Population, October 2023	Procedural Terminations	% Procedural	% of Total Procedural	Categorical Terminations	% Categorical	% of Total Categorical	Reduced Benefits
Overall	**48,879**	**100%**	**4,992**	1.7%	**35,112**	**72%**	**100%**	**13,767**	**28%**	**100%**	**7,774**
Families and children	32,390	66%	2,378	1.1%	25,047	77%	71%	7,343	23%	53%	6,503
Limited benefits	11,497	24%	2,049	0.4%	8,518	74%	24%	2,979	26%	22%	-
Other	4,992	10%	565	0.2%	1,547	31%	4%	3,445	69%	25%	1,271
Adults > 21	29,421	60%	29,421	1.0%	17,763	60%	51%	11,658	40%	85%	6,644
Children < 21	19,458	40%	1,204	0.7%	13,711	70%	39%	5,747	30%	42%	1,130
Mandatory Standard Plans	30,540	62%	2,335	1.1%	23,287	76%	66%	7,253	24%	53%	5,778
Tailored Plan Eligible	2,004	4%	207	0.1%	1,446	72%	4%	558	28%	4%	525
NC Medicaid Direct	16,170	33%	2,419	0.6%	10,244	63%	29%	5,926	37%	43%	1,449
Tribal	165	0%	31	0.0%	135	82%	0%	30	18%	0%	22

November 2023 Terminations, including Recertifications and Reported Changes

Top Reasons for Terminations – November 2023

	Total Losing Coverage	% Beneficiaries Losing Coverage	Procedural/ Categorical
Failure to provide requested information/apply for all benefits	34,031	70%	Procedural
Change in Income/Resources	4,214	9%	Categorical
Out of State	3,475	7%	Categorical
Deceased	2,452	5%	Categorical
Asked that Medicaid be stopped	1,151	2%	Categorical
Unable to locate beneficiary	731	1%	Procedural
Other	2,825	6%	Categorical
Total	48,879	100%	

Number of Beneficiaries Regaining Full Benefits Since Termination

Age Band	Termination Date			
	7/1/2023	8/1/2023	9/1/2023*	Total
<21	4,572	3,613	2,091	10,276
21 - 64	1,526	1,411	1,012	3,949
65+	77	87	54	218
Total	6,175	5,111	3,157	14,443

County Support – Flexibilities & Policy Changes

CMS Flexibility or Policy Change	Implementation Date
Increase **Reasonable Compatibility** threshold from 10% to 20% to help increase ex parte rates	January 2023
Update beneficiary address using **USPS forwarding address or NCOA** without additional verification	March 2023
Update **Residency requirement** to 1 form of residency verification instead of 2	March 2023
Continue acceptance of complete **self-attestation** for all eligibility criteria, except citizenship and immigration status, when documentation and/or electronic sources are not available	March 2023
Assume no change in resources when no information returned or no response from **Asset Verification System (AVS)**	March 2023
Delay resumption of **premiums**	March 2023
Align timeframe required for response to **request for information for non-MAGI population**	March 2023
Suspend **child support cooperation** requirement	August 2023
Suspend requirement to **apply for cash benefits**	August 2023
Extend child eligibility for 12 months for recertifications starting in December 2023	**December 2023**

County Support – Automation (Implemented)

Automation	Description	Implementation Date
Proactive outreach to comply with CCU requirements	**Texts/emails/phone calls** to beneficiaries to **update contact information** and complete recertification paperwork to comply with CCU requirements	March 2023 / August 2023
Automatic Extension of Eligibility	**Auto-renew** Medicaid benefits for beneficiaries with **SNAP eligibility** started/renewed within the past 5 months	April 2023
	Automatically **extend eligibility for 3 months** for individuals for whom a recertification was not completed timely	June 2023
Straight-through processing improvements for MAGI applications and recertifications to help reduce caseworker touch	MAGI Recertifications and Applications can be **processed no touch** (implemented statewide)	January 2023 / April 2023
	Better Benefit – Allows a recertification to be completed by the system for individuals eligible for a better benefit	September 2023
	Incoming Evidence Improvements – Allows cases with Incoming Evidence (information brokered from another case) that does not impact eligibility to be selected for processing by STP	September 2023
	Zip Code – Standardize zip code comparison when using address as a criteria for **person match**	October 2023
FFM-d	**Citizenship, SSN, Residency Verifications, Income Mapping** - For information which is already verified by the **FFM**, accept the verification upon receipt of the account transfer	October 2023

County Support – Tools

Tool	Implementation Date
Lump-sum **funding** ($8.335M) to kickstart hiring	June 2023
Quarterly **county surveys** to collect data on staffing, vacancies, app/recert progress, call volume	April 2023 – ongoing
Identified **39 counties** to provide **additional support** and guidance	June 2023 – ongoing
Holding **county support sessions** (20 to date)	June 2023 – ongoing
Provided county-specific **recommendations**	June 2023 – ongoing
Created **Internal Monitoring Report** to track application and recertification progress	June 2023 – ongoing
Provided **materials to address common county challenges** including; Managing caseworker questions and preventing answer-shopping, Measuring applicant interest and ability to perform caseworker duties, Managing 100% Second Party requirements for Supervisors, and county-specific reporting	June 2023 – ongoing
Provided 30 statewide **best practice** recommendations	September 2023
Distributed **Staffing Tool** for counties to use to estimate required staff for applications and recertification processing	September 2023
Providing monthly **Expansion funding** ($1.667M) to support county needs, staffing, and hiring	December 2023 – ongoing

County Support – Automation (Upcoming)

Automation	Description	Target Implementation Date
FFM-D	Become an **FFM determination state**, meaning NC residents determined eligible at the FFM will not require processing by a caseworker	March 2024
Straight-through processing improvements for MAGI applications and recertifications to help reduce caseworker touch	**In Edit Evidence** - Allows cases with in-edit Evidence which has no impact on eligibility to be selected for processing by STP	December 2023
Automatic Extension of Eligibility	e14 Waiver – **Automatically renew** Medicaid eligibility for individuals with **aged/blind/disabled coverage** who have income **at or below 100% FPL** and asset amounts below the reserve limit	January 2024

County Support – Training and Engagement

Type of Training and Engagement	Date
DSS County Workgroup	May 2022 – ongoing
PHE/CCU Toolkit	August 2022
Recertification Process Training	March 2023
Medicaid expansion Talking Points	May 2023
Implementation Partners and Member Enrollment Workgroup	May 2023 – ongoing
Proper Termination Training	June 2023
NC FAST 20020 Training	July 2023
Internal Monitoring Report Demo	August 2023
Authorized Representative Training	September 2023
Medicaid expansion Training	October 2023
Medicaid expansion Toolkit	October 2023
OST County Visits (increased frequency from quarterly to every other month)	October 2023

HB 76 Funding to Support Counties

Below is a breakdown of ongoing funding included in HB 76 to support counties:

- **$1.667 million per month for each month that Medicaid expansion is effective for SFY 2022-2023 and SFY 2023-2024 ($20m total per SFY)**

- $29.6 million for SFY 2024-2025

- $31.2 million for SFY 2025-2026

- For each fiscal year after 2025-2026, county funding shall be increased over the prior year's quarterly amount by the Consumer Price Index

Please note: This funding would also draw federal match for eligible expenses.

Funding Strategy to Support Counties

- In June 2023, NCDHHS distributed $8.335M in funding to counties in advance of HB 76 funding availability.

- New guidance letter sent to County Directors (10/31/23) highlighted use of advanced funds.

  o Retroactive back to the original date of funding (June 2023), these funds can be utilized for allowable expenses in the administration of all Medicaid programs. *Note: The original requirements concerning the use of these funding to supplant county funds have been removed.*

These funds may be used to hire and train staff (e.g., full-time, part-time, temporary, etc.), retain staff (e.g., retention bonuses, salary increases, etc.), and/or build technology infrastructure (e.g., computers, hybrid work solutions, etc.) to prepare for the ongoing demands of Medicaid expansion while meeting the significant demands associated with the Continuous Coverage Unwinding (CCU).

Resources

- NC Medicaid Continuous Coverage Unwinding dashboard:
https://medicaid.ncdhhs.gov/federally-required-reports

- NC Medicaid enrollment dashboard:
https://medicaid.ncdhhs.gov/reports/dashboards/enrollment-dashboard

- NC Medicaid Continuous Coverage information:
https://medicaid.ncdhhs.gov/End-of-PHE

- NC Medicaid Continuous Unwinding Toolkit:
https://medicaid.ncdhhs.gov/End%20of%20the%20CCU%20Toolkit

MEDICAID EXPANSION

Medicaid expansion launched December 1, 2023

As of Monday, 12/4/2023:

- **273,456 beneficiaries** are enrolled in Medicaid Expansion for the month of December

- Since 12/1 through 12/4, **17,562 Medicaid applications** have been submitted and **1,328 have been approved** through Straight-Through Processing

- Numbers are point in time and as eligibility is assessed, the number of beneficiaries eligible back to 12/1 will increase as counties work the cases

- e14 waiver extending child eligibility for 12 months allows counties to focus on Adult recertifications and new applications for Medicaid

- Continue to expect high call volumes at all call centers

Visit **Medicaid.nc.gov** to learn more

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More North Carolinians are now eligible.

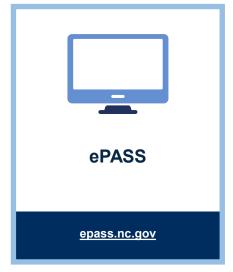People **19 through 64 years old** with income up to **138% of the Federal Poverty Level.**

Children, pregnant women, older adults, people with blindness and people with disabilities who meet the criteria below.

Household Size	Annual Income
Single Adults	$20,120 or less
Family of 2	$27,214 or less
Family of 3	$34,307 or less
Family of 4	$41,400 or less
Family of 5	$48,493 or less
Family of 6	$55,586 or less

Group	Annual Income in 2023 *(rounded)*
Children	211% of Federal Poverty Level 1 - $30,800 2 - $41,600 3 - $52,500
Pregnant Women	196% of Federal Poverty Level 1 - $28,700 2 - $38,700 3 - $48,700
•Older Adults over 65 •People with blindness •People with disabilities *Asset limits also apply	100% of Federal Poverty Level 1 - $14,600 2 - $19,700

How to apply for Medicaid

People can enroll four ways

ePASS	Paper application	In person at your local DSS office	Call DSS office
epass.nc.gov	medicaid.nc.gov/print-application	ncdhhs.gov/localDSS	ncdhhs.gov/localDSS

After I apply, how long does it take to find out if I can be covered through Medicaid?

It may take up to 45 days after you apply. Incomplete applications may take longer.
You can help the process go faster by:

- **Applying online at ePASS and providing all information requested.** If the application is incomplete, it may take longer to process. DSS will reach out to you if they do not have what is needed to complete your application, so be sure to respond to mail or phone calls.

- **Keeping your contact information up-to-date in ePASS, so you don't miss important information about your Medicaid benefits.**

  - **Sign up for an enhanced ePASS account.** An enhanced ePASS account allows you to keep your information updated without having to contact the local Department of Social Services (DSS) office

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What happens once I'm approved?

- Most people who get health coverage through Medicaid are part of NC Medicaid Managed Care. This means you can choose the health plan that is best for you.

- All health plans offer the same base services. Some have extra services. Each has its own network of doctors and professionals.

- You can choose your health plan and your primary care doctor - your family doctor, clinic or health care provider - when you apply.

- You will receive a health care plan ID card in the mail. It will come from the health plan that you selected during the application process. If you did not select a health plan, one will be assigned to you. You have 90 days to pick a new one. You will receive a packet from the NC Medicaid Enrollment Broker that tells you how to change plans.

- Your ID card also has the name of your primary care doctor. If you did not choose one when you applied, one will be assigned to you.

Visit **Medicaid.nc.gov** to learn more

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What if I'm still not eligible?

- If you still are not eligible for health coverage through Medicaid, you may still be able to get health coverage through the Affordable Care Act Marketplace at HealthCare.gov.

- Open enrollment for 2024 began November 1, 2023, and ends January 16, 2024. You can apply at other times of the year if you qualify for special enrollment such as loss of a job, change in family circumstance or loss of Medicaid coverage.

- Households with incomes up to 400% of the federal poverty level may be eligible for help to pay for your health coverage.

- If you don't have health insurance, you can also get basic health care services at federally qualified health centers, rural health clinics and free and charitable clinics. Costs vary based on income. Learn more at https://www.ncdhhs.gov/divisions/office-rural-health/safety-net-resources

Learn more at **HealthCare.gov**

Medicaid Expansion and Justice Involved Populations

- No longer required to be parent/caretaker or disabled adult

- Suspended status allows for coverage of inpatient services at facilities outside of incarcerated settings while individual is incarcerated

- Provides Medicaid services for eligible adults post release

- Prior to December 1, 2023, 2201 incarcerated individuals were determined eligible for Medicaid expansion and that will continue to increase as continuous coverage unwinding continues
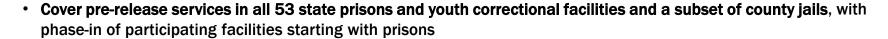
Visit **Medicaid.nc.gov** to learn more

Justice-Involved Reentry Initiative 1115 Waiver

- 1115 waiver requires approval from the Centers for Medicare and Medicaid Services (>1 year)

- Was submitted in Fall 2023

- While awaiting approval, planning for implementation will gradually ramp up

- NC Medicaid will be engaging the Department of Adult Correction

- Represents future state, dependent on CMS approval timelines

Justice-Involved Reentry Initiative 1115 Waiver

- **Provide at least the minimum set of CMS-mandated services in the 90-day period prior to release** for all Medicaid eligible adults and youth who would receive full-scope Medicaid State Plan services if not for incarceration in participating facilities. Services will include:

  - ✓ Care management

  - ✓ Medication-Assisted Treatment (MAT)

  - ✓ Minimum of 30-day supply of medications in-hand

  - ✓ Physical and behavioral health clinical consultations

  - ✓ Laboratory and radiology services

  - ✓ Medications and medication administration (prior to release)

  - ✓ Tobacco cessation

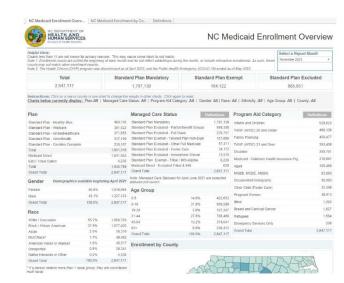 - ✓ Durable medical equipment (DME) upon release

- **Cover pre-release services in all 53 state prisons and youth correctional facilities and a subset of county jails**, with phase-in of participating facilities starting with prisons

- **Request capacity building funding** to support implementation of JI pre-release services across correctional facilities

  - Capacity building activities include technology and IT, hiring and training staff, collaboration activities, implementation planning, and other activities to support provision of services

Resources

- NC Medicaid expansion dashboard: Coming Soon

- NC Medicaid enrollment dashboard: https://medicaid.ncdhhs.gov/reports/dashboards/enrollment-dashboard

- NC Medicaid expansion information: www.Medicaid.nc.gov

- NC Medicaid expansion Toolkit: https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid#ToolkitFreematerialsfortalkingaboutNCMedicaidexpansion-2546

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