The federal Families First Coronavirus Response Act (FFCRA) was passed in March 2020. Among other things, this bill provided states with an additional 6.2% Federal Medical Assistance Percentage (FMAP) on the condition that the state continue eligibility for all Medicaid members for the duration of the federally-declared COVID-19 Public Health Emergency (PHE). During the PHE, states could only discontinue Medicaid eligibility in three circumstances:

1. The member dies,
2. The member becomes a resident of another state, or
3. The member asks that their Medicaid eligibility be discontinued.

The requirement that states keep Medicaid members on the Medicaid rolls during the PHE is known as the **continuous eligibility requirement**.

In December 2022, the federal Consolidated Appropriations Act, aka the Omnibus Bill, set **April 1, 2023**, as the end of the continuous eligibility requirement. States were required to resume regular eligibility redeterminations at that time.
— Kansas started its 12-month Unwinding period in March 2023 for members who had an April renewal date.

— In early March, the first renewal batch was run. This included the following tasks:
  — Identifying members who could be renewed based on electronic data sources confirming they are still eligible, and renewing those members without further action needed on their part. This is known as “ex parte” or “passive” renewal.
  — For members who could not be renewed ex parte, we mail a pre-populated form that must be signed and returned by the due date.
  — The due date to return April renewal paperwork was April 15.

— Renewals are being done in chronological order.

— Monthly renewal volumes fluctuate in volume; the first four months were highest volumes of the 12-month Unwinding period.

— To date, Kansas has initiated renewals for members with renewal dates between April – September 2023.
During Unwinding, regular Medicaid eligibility redetermination rules apply.

- Pre-populated renewal forms must be signed by the member or the member’s guardian (if applicable).
- If the member returns their pre-populated renewal by the deadline, they will stay on Medicaid until a final eligibility determination is made.
- If a member fails to sign and return their pre-populated renewal timely, they will be disenrolled in the next termination cycle. This is known as a “procedural disenrollment.”
  - If a renewal is returned late, the member will lose eligibility but they have 90 days to submit the renewal and if determined eligible have eligibility backdated. This is referred to as the “90-day window.”
  - Example: if an April renewal was not received until June, the member would be discontinued from coverage effective May 1. But, if the renewal information received in June showed the member still qualified for Medicaid coverage, their eligibility would be backdated to May 1.
- Members who age out of children’s eligibility groups, leave foster care, etc. automatically remained enrolled in Medicaid during the PHE. Members in these groups do not automatically remain on the rolls and have to submit a new application for consideration.
1. **Postal Service Delays**
   — Prior to the PHE, mail timelines within Kansas were 2-3 days.
   — KDHE began receiving complaints in late April regarding renewals not being received by Clearinghouse timely.
   — KDHE began tracking and confirmed mail timelines were up to 10 days.
   — Immediate action was taken to reinstate anyone impacted by mail delays.
   — Timelines for future renewal cycles were extended to ensure federally mandated notice timelines can be met despite unpredictable mail transit times.

2. **Weekend Deadlines**
   — The 15th of the month is the deadline for timely reviews.
   — Initial plans did not account for 15th being on a weekend. For members with April renewal date the 15th was a Saturday.
   — A few hundred members initially were discontinued and had to be reinstated.
   — Extending the timeline to return renewal documents addressed the issue and this was not a problem after April.
3. **Unsigned Renewal Notices**
   - Renewal must be signed to be considered “received” – federal requirement.
   - The number of unsigned renewals has increased compared to pre-PHE.
   - KDHE partnered with stakeholders, providers and others to help educate members on need to sign reviews.
   - Extending the timeline to return renewals allowed the KanCare Clearinghouse time to reach out to members to get a signature by the deadline.

4. **Call Center Volumes**
   - Estimates for Unwinding call center volumes were based on experience from the peak of the Clearinghouse backlog around early 2018.
   - Actual call volume exceeded those volumes by thousands of calls.
   - Quickly added staff, changed work schedules, increased overtime and more to mitigate.
   - Average speed to answer has substantially improved:
     - 43 minutes in April.
     - 24 minutes in May.
     - 19 minutes in June.
     - 14 minutes in July.
     - 10 minutes in August.
5. **Mailroom Patterns Changed**
   - Mail arrival patterns were different than pre-PHE.
   - Increased unsigned renewal volumes increased manual work volume.
   - KDHE staff were reassigned to assist mailroom and KDHE purchased additional scanners to eliminate backlog.

6. **Ex Parte/Passive Renewals**
   - During PHE, renewals were run every month. Each time PHE was extended, the population that could not be approved by system matches was pushed forward 4 months.
   - KDHE understood the first four months of Unwinding would result in an unusually high volume of pre-populated renewals, but in retrospect we realize we could have communicated the information and impact to external stakeholders more effectively.
   - KDHE has since communicated this information to stakeholder groups and answered questions about passive and pre-populated renewals.
   - The ex parte renewal rate is now back to 55%, and we anticipate it will return to the pre-PHE rate of 65%.
7. Processing Renewals
   — KDHE and vendor staff had not processed reviews in three years, and some staff had never processed a review before Unwinding.
   — Early months had slower processing time and slightly higher error rate than historical for reviews.
   — Increased quality oversight and coaching has reduced error rate, which is now very close to pre-PHE levels.

8. Data Issues
   — CMS data captures a point in time and can be easily misinterpreted.
   — State-to-state comparisons are typically not valid.
     — Expansion vs. non-expansion states.
     — State-funded programs only.
     — States started discontinuances in different months; some as late as July 1.
   — KDHE has posted Unwinding data along with explanations to help explain it: https://www.kancare.ks.gov/about-kancare/unwinding/unwinding-data
9. For Many, the PHE Became the New Normal

— KDHE made no changes to renewal process or materials when Unwinding started, but the three-year pause resulted in confusion or concerns that the renewal process had changed; not doing renewals at all became the “new normal” for members and stakeholders.

— Extending the timeline to return reviews has allowed time for questions to be answered and renewals still to be submitted on time.

— During the PHE, Clearinghouse processing timelines improved:
  — Over 45 volume decreased.
  — Timelines to respond to emails decreased to same day or next day.
  — Number of escalated cases decreased due to members not losing eligibility and processing timelines were shorter.

— These timelines are no longer sustainable and have returned to pre-PHE levels.

— Lesson learned: KDHE could have communicated the return to pre-PHE timelines more frequently to avoid confusion. KDHE is educating stakeholders on these timelines as appropriate.
10. Partnership is Key
   — Increased communication and case escalation process with MCOs.
   — Improved partnerships with stakeholders and providers to handle escalated cases.
   — More effective outreach due to creation of Renewal Advisory Coalition and partnership with key stakeholders across the state.
   — Important to continue these partnerships and improve on them during and after Unwinding to benefit Medicaid members.
Comparing Pre-PHE to Unwinding

Renewal Volume Comparisons

— Average volume of pre-populated renewals mailed (household data):
  — 2019 average monthly volumes: \textbf{10,042}.
  — April-July Unwinding average monthly volumes: \textbf{33,422}.
  — Anticipated average monthly volume September-March: 18,556.

— Drivers for volume increase:
  — Medicaid enrollment increased from 410,000 to 540,000 between March 2020 – April 2023.
  — Spring review volumes have historically been high renewal months.
  — Pushing forward of renewal dates during PHE resulted in first four months of Unwinding having heaviest review volume.
  — First four months also had largest cohort of members who could not be passively renewed.
Over 45 Application Volume Comparisons

— Historical Experience from the 2016 - 2018 Clearinghouse Backlog
  — Over 45 volumes ranged from 2,600 to 5,100.
  — High end volumes were not temporary spikes, but lasted longer than two months.
— Steady State pre-PHE
  — Over 45 fluctuated between 800 to just over 2,100.
  — High volumes were temporary (i.e., during open enrollment).
  — Just before PHE the Over 45 volume was just under 1,300.
— During PHE
  — Over 45 volumes were consistently between 250 and 500.
  — Reviews were not being processed so more workers could process applications each month.
— Post PHE
  — Over 45 volumes peaked during July 2023 due to high renewal volumes.
  — By end of August will return to February 2020 volume.
  — We do not anticipate we will reach the low end of over 45 scale until the end of Unwinding due to increased renewal volumes.
Comparing Pre-PHE to Unwinding

Slide from February 2020 Bob Bethell KanCare Oversight Committee:

Medicaid Eligibility Application Status
— 8,471 total applications in house.
— 1,258 applications over 45 days, 15% of total applications.
— 441 applications (5% of total) over 45 days in active status — ready to be processed.
— 814 applications (10% of total) over 45 days in pending status — waiting for more information from applicant/provider/financial institution.

<table>
<thead>
<tr>
<th>Category</th>
<th>Under 45</th>
<th>Over 45 Active</th>
<th>Over 45 Pending</th>
<th>Total</th>
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<tbody>
<tr>
<td>Elderly/Disabled</td>
<td>2,404</td>
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<td>Family Medical</td>
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<td>70</td>
<td>2,536</td>
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<td>-</td>
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<tr>
<td>Total</td>
<td>7,216</td>
<td>441</td>
<td>814</td>
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<th>Over 45 Active</th>
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<tbody>
<tr>
<td>Elderly/Disabled</td>
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<td>Total</td>
<td>85.2%</td>
<td>5.2%</td>
<td>9.6%</td>
<td>100.0%</td>
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</table>
Comparing Pre-PHE to Unwinding

Medicaid Eligibility Application Status

— 4,286 total applications in house.

— 324 applications over 45 days (8% of total applications); 41 applications (1% of total) over 45 days in active status — ready to be processed.

— 283 applications (7% of total) over 45 days in pending status — waiting for more information from applicant/provider/financial institution.

<table>
<thead>
<tr>
<th>Category</th>
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<td><strong>Total</strong></td>
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<th>Total</th>
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<td>Family Medical</td>
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<td>1.4%</td>
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<td>Registration</td>
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<tr>
<td><strong>Total</strong></td>
<td>92.4%</td>
<td>1.0%</td>
<td>6.6%</td>
<td>100.0%</td>
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</table>
As of July 31, 2023:

— **283,709** individuals have been sent a renewal notice. Of those:
  — **69,876** individuals have been approved for continuing Medicaid coverage.
  — **78,850** individuals have been disenrolled. Of those:
    — **17,915** individuals were discontinued because they were determined to no longer be eligible.
    — **60,935** individuals are in the 90-Day window (did not submit a review timely but have 90 days to submit a review and have eligibility backdated).
  — **134,983** waiting for either a final eligibility decision or to be procedurally disenrolled, depending on whether they timely submit a review.
Thank You