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Don't Lose Your Medicaid Coverage

I've Lost Coverage. Now What?

Facilitation Guide

Run of Show
I've Lost Coverage. Now What?

Time	Agenda Item
(3 minutes)	Welcome and Introductions
(2 minutes)	Overview
(2 minutes)	Pre-session questions
(14 minutes)	Communicating the Loss of Coverage
(19 minutes)	After the Denial
(5 minutes)	When the Denial is Final
(11 minutes)	Review, Post Session Questions & Wrap Up

Roles and Responsibilities:

Moderator:

Zoom Host:

Chat:

Notes and Post Links:

Slide	Item	Links
Slide 5	Pre Session-Questions	https://www.surveymonkey.com/r/StayCoveredMod2TAPreTest
Slide 8	Letter from HHS	https://www.hhs.gov/about/news/2023/04/05/hhs-reminds-states-legal-obligations-federal-civil-rights-protections-states-transition-medicaid-continuous-coverage-changes-public-health-emergency-ends.html
Slide 9	Letter from HHS	https://www.hhs.gov/sites/default/files/medicaid-unwinding-letter.pdf
Slide 10	Language Access	https://familyvoices.org/languageaccess/
Slide 28	Legal Assistance	http://acl.gov/programs/find-your-pa-agency Customize with your in-state link if available
Slide 38	Marketplace	https://www.healthcare.gov/
Slide 41	Post Session Questions	https://www.surveymonkey.com/r/StayCoveredMod2TAPostTest

I've Lost Coverage. Now What?

1. Slide Time: 1 min / Total Time 1 min

Say: Welcome to the second session in our six parts Stay Covered! Academy series. Today, we are going to address the question "I've lost Coverage, now what?" We are going to look at how communications are reaching families, the implications of state language access procedures, and how to proceed following a denial. After we are finished with today's topic, we hope that those of you who are participating in our mini grant program will stay with us so that we can take a look at contracts and reporting, as well as answer any pressing questions you may have.

I've Lost Coverage, Now What?

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PRESENTERS

INSERT THE NAMES OF PRESENTERS HERE

Please share your name, state and the organization you represent by typing it into the chat

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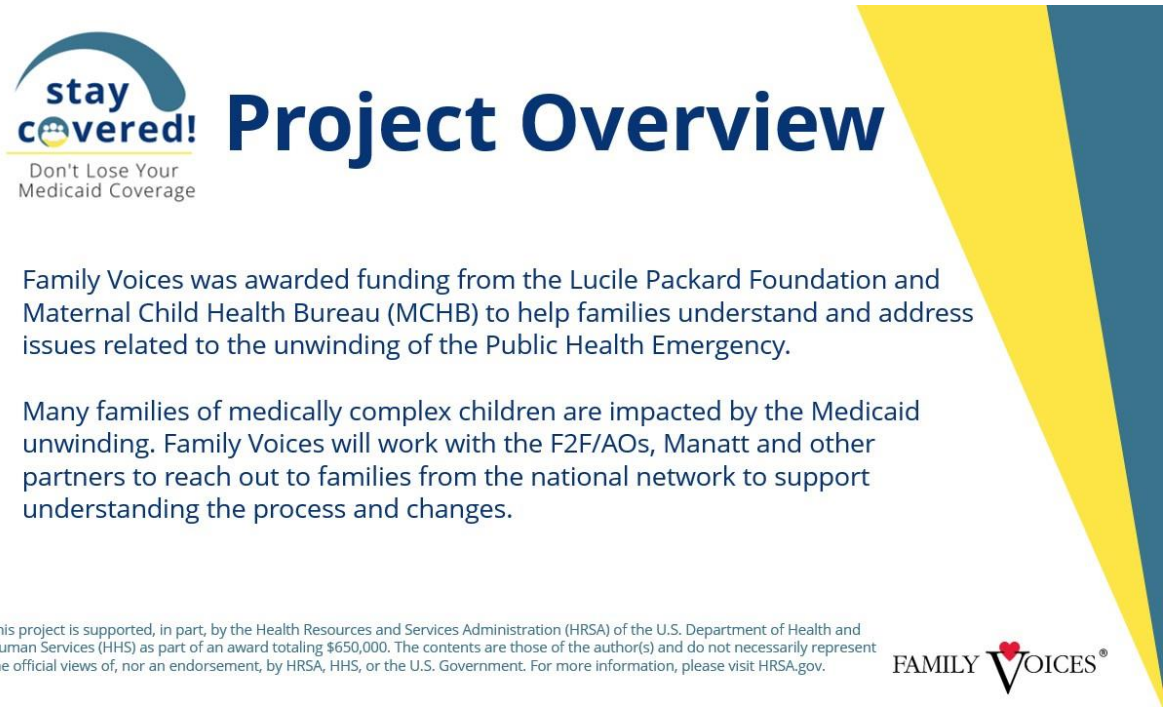
2. Slide Time: 2 min / Total Time 3 min

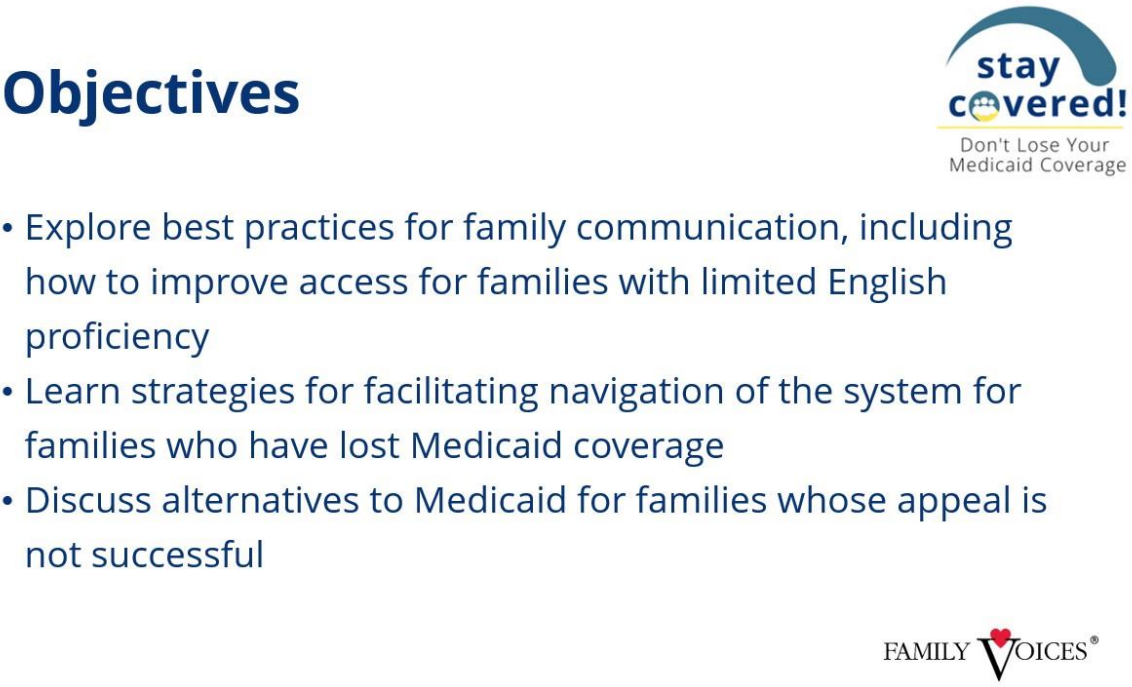
Do: Allow time for each presenter to introduce themselves.



3. Slide Time: 1 min / Total Time 4 min

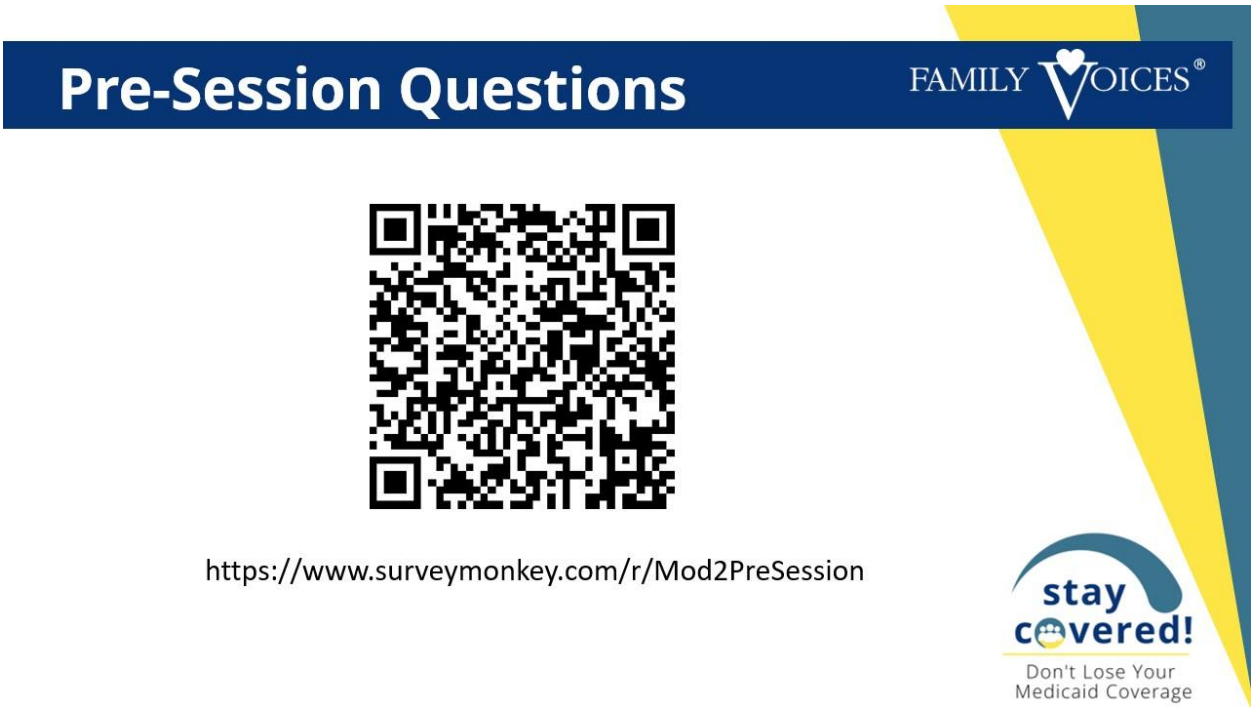
Say: *Family Voices was awarded funding from the Lucile Packard Foundation and Maternal Child Health Bureau (MCHB) to help families understand and address issues related to the unwinding of the Public Health Emergency.*

Many families of medically complex children are impacted by the Medicaid unwinding. Family Voices will work with the F2F/AOs, Manatt and other partners to reach out to families from the national network to support understanding the process and changes.



4. Slide Time: 1 min / Total Time 5 min

Say: *Our objectives today are to explore best practices for family communication, including how to improve access for families with limited English proficiency; learn strategies for facilitating navigation of the system for families who have lost Medicaid coverage; and to discuss alternatives to Medicaid for families whose appeal is not successful*



5. Slide Time: 2 min / Total Time 7 min

Say: *If you haven't already, please use the QR code above or the link in the chat to complete the pre-session questions. It should only take a minute or two and we will pause here to give everyone that opportunity.*

Share in Chat: https://www.surveymonkey.com/r/Mod2PreSession

Communicating the Loss of Coverage

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6. Slide Time: 1 min / Total Time 8 min

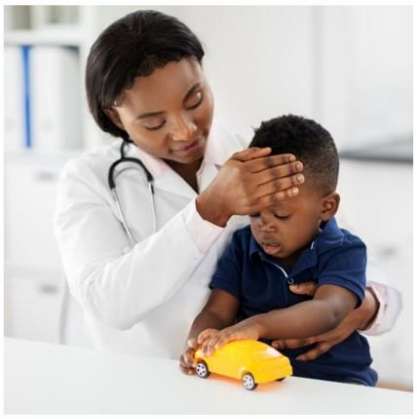
Say: *Let's start today by talking about the way that (insert the name of your state/territory/community is communicating the loss of coverage with Medicaid recipients.*

How will a family know if their child has been denied Medicaid?

They might:

- Receive a letter in the mail that details the denial, disenrollment or cancellation.
- Try to use Medicaid at the doctor, pharmacy, hospital, etc. and learn that their card is no longer active.
- Log into the state Medicaid, Managed Care Organization or other state Medicaid agency portal and check eligibility status.

Customize this page with information about the methods of communication used in your state.



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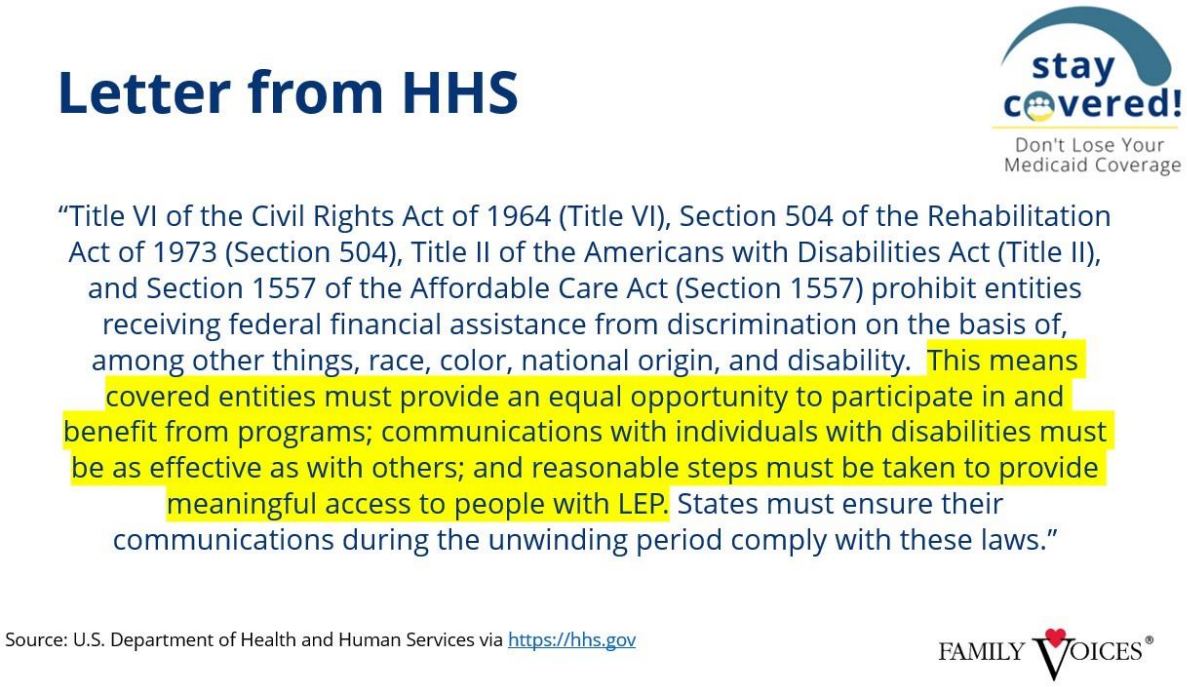
7. Slide Time: 2 min / Total Time 10 min

Say: *There are three primary ways that a family will find out that their child has been denied Medicaid. The first is that they will receive a letter of denial or disenrollment in the mail. These letters look different state by state, but the letter will use words like denial, disenrollment, or cancellation. The second way a family might learn that their child has lost Medicaid coverage is that they will go to use their child's Medicaid card and it will be denied or will show a message that the card is no longer active. The third way that families are finding out about this change is when they log into their state's portal, MCO portal or other official system to check their child's eligibility status. A few states also use text or email notifications. Each state has specific guidelines for this communication, and federal law also plays a role.*

8. Slide Time: 1 min / Total Time 11 min

Say: *In April 2023, as processes began to take shape, the US Department of Health and Human Services, Office for Civil Rights, issued a letter to clarify the legal obligations to Federal Civil Rights protections during this transition. We are sharing the link to this release in the chat.*

Share in Chat: https://www.hhs.gov/about/news/2023/04/05/hhs-reminds-states-legal-obligations-federal-civil-rights-protections-states-transition-medicaid-continuous-coverage-changes-public-health-emergency-ends.html



9. Slide Time: 1 min / Total Time 12 min

Say: *The letter itself highlighted the relevant sections of code and specifically explains that these codes mean covered entities MUST provide an equal opportunity to participate in and benefit from programs, that communications with individuals with disabilities MUST be as effective as with others and that reasonable steps MUST be taken to provide meaningful access to people with LEP (limited English proficiency). The text of that letter is available via the link we are adding to the chat now.*

Share in Chat: https://www.hhs.gov/about/news/2023/04/05/hhs-reminds-states-legal-obligations-federal-civil-rights-protections-states-transition-medicaid-continuous-coverage-changes-public-health-emergency-ends.html

10. Slide Time: 1 min / Total Time 13 min

Say: *Let's take a minute here to talk specifically about language access. In the United States, approximately 68 million people speak a language other than English at home. If you would like to read more about language access, we encourage you to visit the site being linked in the chat now. Our Promoting Equitable Access to Language Services project provides extensive information and resources on the subject. We will also be sharing all of the links we discuss today in a resource document at the end.*

The provision of meaningful language access is subject to some amount of interpretation, in particular the word meaningful, but the National Immigration Law Center has developed several best practices. Family leaders can help guide families to understand the documentation they are receiving and if families did not receive notifications in their language, assist them in completing the required forms. We can also help by providing guidance on how to request interpretation or translation services.

Share in Chat: *https://familyvoices.org/languageaccess/*

Use these two slides to share information about how to access services in a person's preferred language.

Share the process for requesting translation or interpretation in your state.

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11. Slide Time: 1 min / Total Time 14 min

Use these two slides to share information about how to access services in a person's preferred language.

Share the process for requesting translation or interpretation in your state.

12. Slide Time: 1 min / Total Time 15 min

13. Slide Time: 1min / Total Time 16 min

Say: *To recap, communication of a Medicaid denial or termination will likely come in one of three ways – through a letter, at the point of service, or through a benefits portal. Efforts to improve communication are important and need to include deliberate inclusion of individuals with disabilities or those with limited English proficiency.*

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After the Denial

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14. Slide Time: 1min / Total Time 17 min

Say: *Once communication has been made, by whichever means, individuals and families must decide if they think that the denial or termination is correct, or if they need to pursue one of three options to try and keep their Medicaid coverage. We'll take a look at those options now.*

Three Options after Denial

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- Request Reinstatement
- Appeal the Decision
- Reapply for Medicaid

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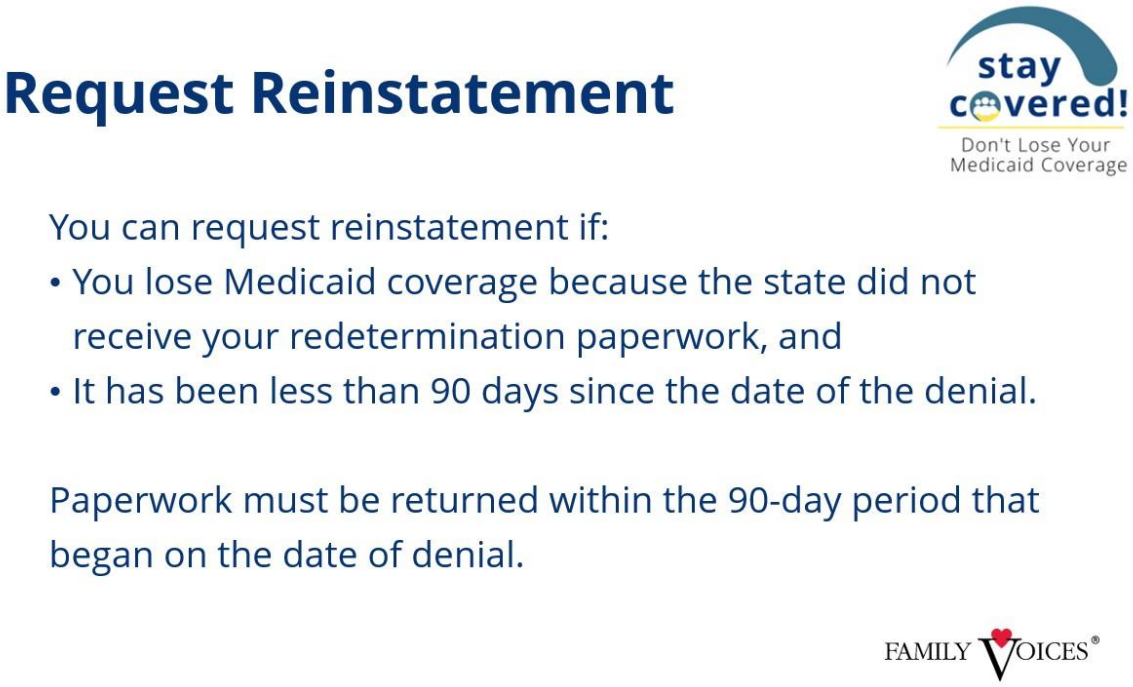
15. Slide Time: 1min / Total Time 18 min

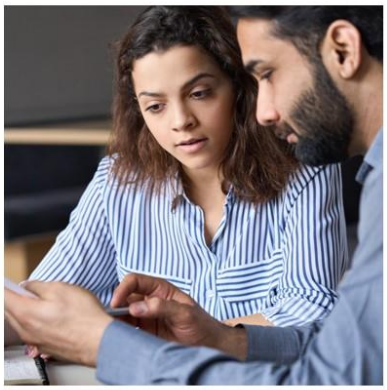
Say: *Following a Medicaid denial or termination of coverage, families have three options. They can request a reinstatement of their Medicaid coverage; they can appeal the decision, or they can reapply to Medicaid.*



16. Slide Time: 1min / Total Time 19 min

Say: *If less than 90 days have passed since they were denied, a family can request that their Medicaid be reinstated. This option is used most often when a family has moved and has not updated Medicaid with their new address, or when they did not realize the importance of returning the paperwork if they did receive it. In this case, the family must return the redetermination paperwork that they were sent even though it is past the original deadline. The requirement is that they submit this paperwork within the 90 day window following the date of the denial or termination of coverage.*

Appeal the Decision



If you cannot request reinstatement, you can file an appeal.

Everyone has a right to appeal a Medicaid decision, regardless of the state they live in.

17. Slide Time: 1min / Total Time 20 min

Say: If the time to request a reinstatement has passed, the family can file an appeal. Everyone has the right to appeal a Medicaid decision, regardless of the state they live in, but it is important to note that every state has a different process to do this.

Appeal the Decision

Each state establishes their own appeals process and timeline.

- May require a written request
- Deadline to appeal can be anywhere from 10 – 90 days from the date the notice of denial is mailed*
- Appeal request must come from the individual impacted or a designated authorized representative.

*Update with the deadlines applicable in your state

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18. Slide Time: 1min / Total Time 21 min

Say: *While some states do require that appeals be submitted in writing, others allow appeals to be submitted online or via phone. It is important to be aware of state processes. The deadline to file the appeal can be anywhere from ten to ninety days from the date that the notice of denial is mailed, and it must come from the individual impacted or from a designated and authorized representative.*

Appeal the Decision

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Whether the appeal is filed online, in person or by mail, be sure to document the date of filing.

- Online or mobile filings should produce a time stamp which you can screenshot or print.
- If submitting by mail, get a receipt of mailing from the post office.
- If submitting in person, request a receipt with the date and time.

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19. Slide Time: 1min / Total Time 22 min

Say: *Regardless of the method used, it is important to document the date of filing. If the appeal is filed online or via a mobile device, you should receive either an email or be directed to a screen that provides a time stamp. Print this information or take a screenshot so that you will have this to refer to. If you can't do that, at least make a note of the time and date so that you know exactly when it was submitted, in case you are asked. If you submit your appeal by mail, ask the post office for a receipt of mailing. If you submit the appeal in person at an office, request that they provide you with a receipt showing the date and time.*

Add information here about the appropriate offices for appeals in your state or community

20. Slide Time: 1min / Total Time 23 min

Appeal the Decision

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Question: What if a family misses the deadline to appeal?
Answer: Individuals can request an extension of time to file if there is a "good cause" why they did not appeal during the required time.

Some states have extended these timeframes because of the public health unwinding.*

*Update with the timeframes applicable in your state

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21. Slide Time: 1min / Total Time 24 min

Say: *A question we hear a lot is "What if the family misses their deadline to appeal?" In these cases, if there is a "good cause" reason why they did not appeal during the required time, they can request an extension. Some states have dramatically extended the timeline for appeals because of the public health emergency unwinding. If, however, the family has truly missed the deadline and not granted an extension, they can reapply for Medicaid coverage at any time.*

Appealing the Decision

Once an appeal has been filed, the Medicaid office will try to resolve the appeal informally. This typically involves collecting more data and may include an interview.

If the individual is not satisfied with the informal resolution, they have the right to request a hearing.

22. Slide Time: 1min / Total Time 24 min

Say: *A question we hear a lot is "What if the family misses their deadline to appeal?" In these cases, if there is a "good cause" reason why they did not appeal during the required time, they can request an extension. Some states have dramatically extended the timeline for appeals because of the public health emergency unwinding. If, however, the family has truly missed the deadline and not granted an extension, they can reapply for Medicaid coverage at any time.*

Fair Hearing

Medicaid Fair Hearings are required to be:

- Held at a reasonable time, date and place
- Conducted by an impartial hearing officer
- Documents must be translated into the preferred language of the person making the appeal
- Hearing must include appropriate interpretation if requested

23. Slide Time: 1min / Total Time 26 min

Say: *A Medicaid fair hearing is required to be held at a reasonable time, date and place for all parties and must be conducted by an impartial hearing officer. It is also federally mandated that all documents be translated into the preferred language of the person making the appeal and that interpretation is made available for the hearing.*

Appeal the Decision

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Question: My child has complex or special health care needs. If we wait for a hearing, their life, health or ability to attain, maintain or regain maximum function would be in jeopardy. What can we do?

Answer: Individuals can request an expedited hearing in these cases. This must be included in the hearing request.

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24. Slide Time: 1min / Total Time 27 min

Say: *Another important question to address at this point is this. For a family where a child has complex or special healthcare needs, waiting for a hearing can be a problem. The statute says that if the wait for a hearing would jeopardize their life, health, or ability to attain, maintain or regain maximum function, they may request an expedited hearing. This information must be included in the initial request for a hearing. Be prepared to provide evidence that supports this need.*

Continuing Benefits

Individuals can also request that their Medicaid benefits continue during the appeals process, until a decision is issued. This request must be made before the date provided by the agency for Medicaid termination.

In most situations, the agency must give at least 10 days notice before the termination of coverage. If proven that this was not provided, they must reinstate benefits.

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25. Slide Time: 1min / Total Time 28 min

Say: *Anyone can request that their benefits continue during the appeals process. This request must be received by the agency before the date that the agency proposes to end benefits or coverage and should accompany the original appeal. In most situations, the agency is required to give ten days' notice from the date that notice is sent to the date benefits or coverage end. If it is proven that this ten-day period was not provided, the agency may be required to reinstate benefits. And again, that ten-day window may be different in some states normally, and in even more states during this period of the PHE Unwinding.*

Continuing Benefits

If the individual does not go on to win their appeal, the individual may be required to pay back the state for benefits received during the continuation period.

During the "unwinding" period, many states have eliminated the pay back provision, but it is important to know if this applies in your state.*

*Find out if your state has eliminated the payback provision during the unwinding or not and update this to include that information.

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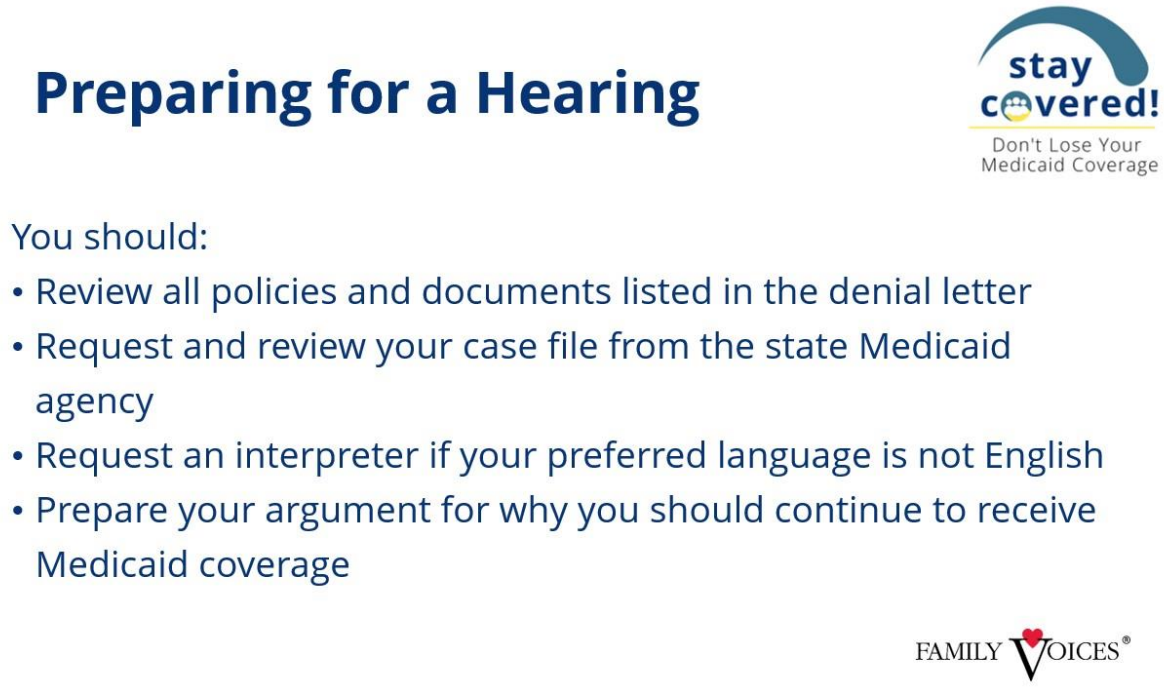
26. Slide Time: 1min / Total Time 29 min

Say: *One word of caution. If the individual or family does not win their appeal, they may be required to pay the state back for benefits received during the continuation period. Please check your state to see if this is happening where you are. Some states have eliminated the pay back provision during the PHE Unwinding, but it is important to know how this might apply to you.*



27. Slide Time: 1min / Total Time 30 min

Say: *When preparing for a hearing, you should review all policies and documents listed in the denial letter. You have the right to also request and review your case file from the state Medicaid agency. If English is not your preferred language, you can request an interpreter to be present for the hearing and you can request that all documents are provided in your preferred language. This is your opportunity to convince the hearing officer why your Medicaid benefits should continue.*

Legal Assistance

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Every state has a disability protection and advocacy agency with the responsibility to enforce disability rights statutes.*

http://acl.gov/programs/find-your-pa-agency

*Update this slide to include information about disability protection and advocacy agencies in your state. Add additional slides if necessary.

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28. Slide Time: 1min / Total Time 31 min

Say: *In every state, there is a disability protection and advocacy agency with responsibility to enforce disability rights statutes. To find those resources in your state, you can scan the QR code or click on the link we are sharing in the chat. If you are going to a fair hearing for Medicaid coverage, it is a good idea to reach out to these organizations and see if they can provide guidance or supports.*

Share in Chat: Link to the disability protection and advocacy organizations in your state or community

At the Hearing

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You will be given the opportunity to bring witnesses, establish pertinent facts, present your arguments without interference, and question any witnesses who support the denial.

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29. Slide Time: 1min / Total Time 32 min

Say: *At the hearing, you will be given the opportunity to bring witnesses, establish pertinent facts, present your arguments without interference, and question any witnesses who support the denial. Make sure to come prepared with documentation of any arguments you plan to make.*

Decision

Decisions come from the hearing officer and must:

- Be based only on legal rules and evidence presented at the hearing
- Be provided in writing within 90 days of the hearing request
- Summarize the facts and regulations that support the decision
- Inform the individual of additional administrative or court review options

30. Slide Time: 1min / Total Time 33 min

Say: *Following the hearing, you will receive a decision from the hearing officer. This decision must be based only on legal rules and evidence that was presented at the hearing and must be given in writing with 90 days of your hearing request. The decision should summarize the facts and regulations that were presented to support the decision. Within the decision, you will find additional options that might be available for administrative or court review. Other than those options offered, the decision of the hearing officer is final and binding.*

Reapply for Medicaid

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Once options for reinstatement or appeal have been exhausted, individuals who still believe they should qualify can reapply for Medicaid coverage.

Work with local agencies to find out if there are special application procedures for alternative paths to receiving Medicaid coverage specifically for children, or children with special healthcare needs.*

*Update with information specific to your state or community

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31. Slide Time: 1min / Total Time 34 min

Say: *Once your options for reinstatement or appeal have been exhausted, if you still believe that you should qualify or if you believe that your child may qualify on their own, you can reapply for Medicaid coverage. It's always a good idea in this case to reach out to local agencies that might be able to help you identify special application procedures and any alternative paths to Medicaid that might be available for children, especially children with special healthcare needs.*

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After the Denial

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32. Slide Time: 1min / Total Time 35 min

Say: *To recap this section, once you have received a Medicaid denial or termination notice, you have several options. You can request to be reinstated, you can appeal the decision or you can reapply for Medicaid. Every state has very specific procedures in place for each of these options and you should check with local organizations, including your state disability advocacy groups if you need more information or support.*

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When the Denial is Final

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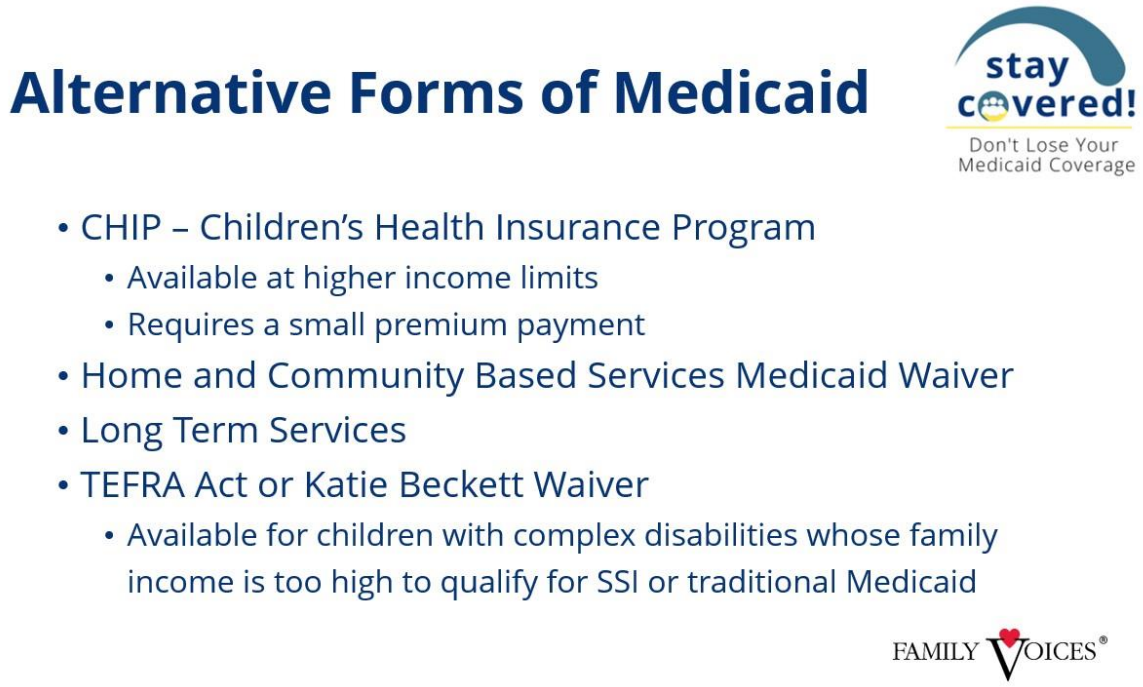
33. Slide Time: 1min / Total Time 36 min

Say: *Once you have exhausted all your options and your Medicaid denial or termination is final, there are still things that you can do to pursue coverage for your family and particularly any child who has a disability or special healthcare need. To finish our time here today, lets look briefly at some of those options.*



34. Slide Time: 1min / Total Time 37 min

Say: *Alternative ways for children to access Medicaid vary widely by state. One example of a program is CHIP, the Children's Health Insurance Program. The income limits for CHIP are higher than traditional Medicaid, but CHIP does typically require families to pay a small premium which is based on a sliding scale relative to their income. As a person with a disability is transitioning to adulthood, there are long term care services available. Another option is a Home and Community Based Services Waiver or what is known as a Katie Beckett Waiver. These are typically available to children with complex disabilities regardless of their family's income, but in some states there can be long waiting lists to qualify. Even if the waiting list is long, it is important that families are aware of these options. As you are working with families in your state or community, make sure that you are aware of all the options for alternative forms of Medicaid so that you can help families identify the program that is best for them.*

Alternatives for CYSHCN

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Explain the term CYSHCN here, and then share information about waiver programs that are available in your state or community, as well as any other options that families of CYSHCN may have.

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35. Slide Time: 2min / Total Time 39 min

Other Health Benefits for Children

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- Employer sponsored coverage
- Affordable Care Act Marketplace coverage
  - Available through state websites or via https://healthcare.gov

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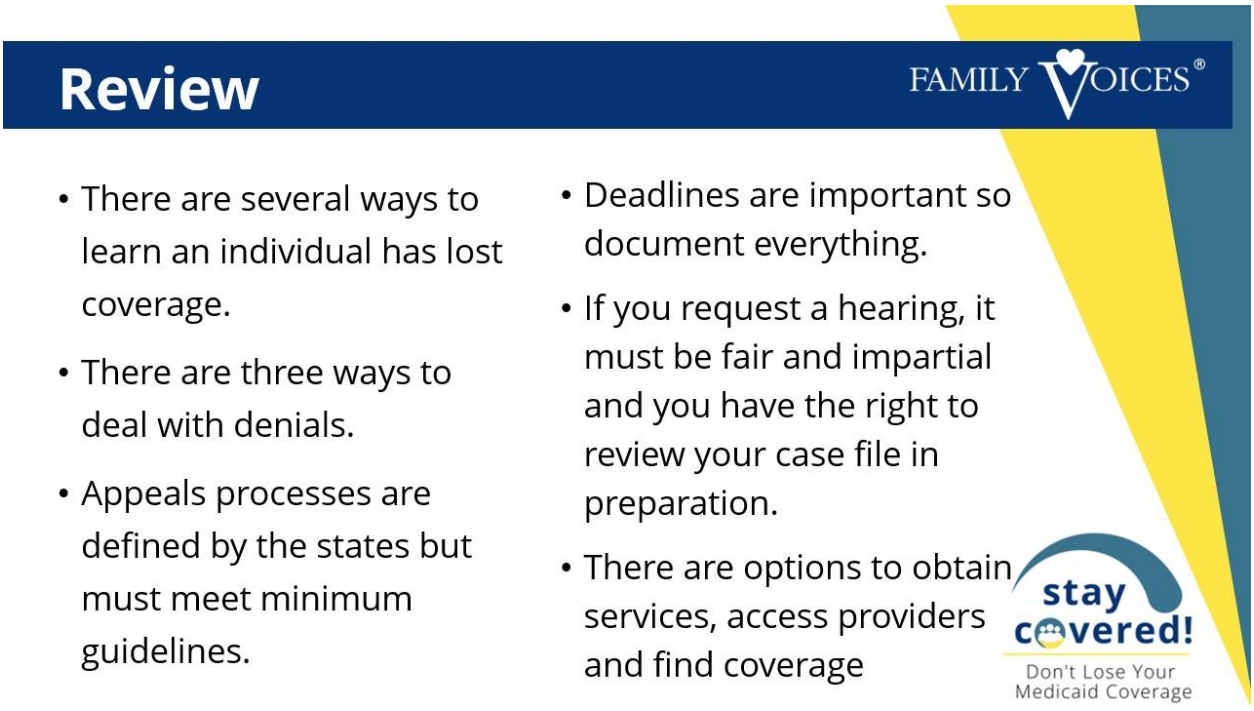
36. Slide Time: 1min / Total Time 40 min

Say: *If neither of these options are available, you can pursue employer sponsored coverage or visit the Affordable Care Act Marketplace to explore policy options. In many cases there are subsidies available with these policies that can make them very affordable. Dental and vision coverage is typically also available through the marketplace though policy offerings vary by state.*



37. Slide Time: 1 min / Total Time 41 min

Say: *To close our time here today, I would like to recap a few of the main points. First, there are several ways to learn an individual or family has lost Medicaid coverage. This can be through a letter, through a state or MCO online benefit portal or sometimes it can happen when an individual or family tries to use their benefits at the doctor's office or pharmacy. There are three ways to deal with those denials or Medicaid terminations. You can request reinstatement, appeal or reapply. The appeals processes vary by states but there are federal guidelines that create minimum standards for processes. It is important to remember that with this, like most benefit programs, deadlines and documentation are very important. Pay close attention to the deadlines required by your state. If you go through the appeal process and decide to request a hearing, that hearing must be fair and impartial, and you have the right to review your case file in preparation. You also have the right to request that all hearings and documents be translated into your preferred language. Finally, there are options for obtaining services, accessing providers and obtaining coverage other than traditional Medicaid if you find that even after appeal, you still don't qualify.*

Questions and Discussion

THANK YOU!

Insert your Contact Information Here	Optional: Insert a Secondary Contact Here

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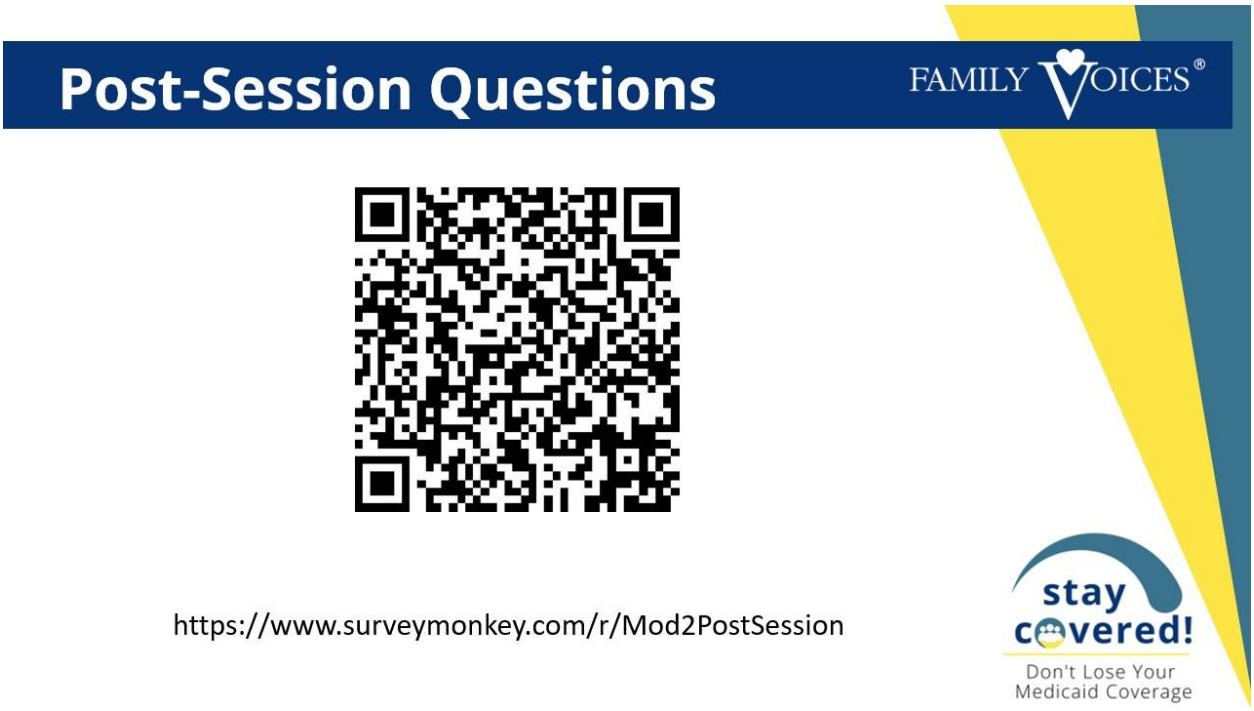
38. Slide Time: 10 min / Total Time 51 min

Say: We have time here for questions about navigating a loss of coverage, before we get into a few details regarding the mini grant program.



39. Slide Time: 4 min / Total Time 55 min

Say: *While we are taking questions, please take a minute and scan the QR code or click the link in the chat to complete our post-test. This helps us to make sure we are providing information in a meaningful way.*

Share in Chat: https://www.surveymonkey.com/r/Mod2PostSession