

### Slide 1

- Introductions. Some talking points to consider:
  - Good [morning/afternoon/evening]. My name is [\_\_\_\_\_] and I serve as [\_\_\_\_\_]. I am joined today by [\_\_\_\_\_].
  - Over 1/3 of Rhode Island residents currently receive Medicaid coverage and since **you all are such a trusted source for the people you serve**, I am sure you are already fielding questions about the upcoming Medicaid renewal process. Thank you for allowing us time today to review what is going to happen over the next year. And we greatly appreciate your partnership as we identify every avenue possible to get the word out to all Medicaid recipients.
  - We have prepared for you today a short presentation and then we will open it up for your questions. Thank you.

### Slide 2

- Today, we will review the following as it relates to our state's Medicaid renewals process:
  - What You Need to Know
  - How Renewals Will Work
  - What Medicaid Members Can Expect to Receive in the Mail and When to Take Action
  - What Partners Are Doing to Help Members

### Slide 3

- First, what you need to know.

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- Before the COVID-19 pandemic, each person's Medicaid eligibility was reviewed once a year. This process is called a "renewal" or "redetermination."
- During the public health emergency (or PHE), **the federal government** paused annual renewals to make sure that people did not lose health coverage during the pandemic.
- As part of the last federal omnibus spending bill, Medicaid renewals were decoupled from the PHE and **all states** must now restart the renewal process.

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- As of April 1<sup>st</sup>, Medicaid renewals have restarted again in Rhode Island. Renewals will take place over 12 months.
- Please note that **the renewal process we discuss today will ONLY affect health insurance coverage**. It will not affect other benefits (for example, SNAP benefits).

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- As you see in this chart, renewals will be spread out across the next 12 months and **then (as you can see on the right of the chart) the annual renewal process start all over again in April of 2024**.
- **Of special note – families with children will not start their Medicaid renewal process until December.**

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- Next, we will discuss in more detail how the renewal process will work.

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- I will walk through a bit about what current Medicaid customers can expect their renewal paths to look like, and where HealthSource RI fits into the picture to ensure that as many Rhode Islanders as possible stay connected to coverage once Medicaid renewals begin again.
- In terms of Medicaid renewals – while we want all recipients to be aware of the general process, the reality is that there are **two renewal paths**, passive (report changes only) and full or “active” (action required).
- First, a **report changes only or passive renewal** means that the State has all the needed information on file and can check eligibility by pulling refreshed data from our data sources, a long-standing practice used by many states. We expect this type of renewal will cover about **150,000 members**, a sizeable portion of the population.
- Medicaid members in this population will receive a yellow notice that says Recertification/Renewal Notice (Report Changes Only). The people listed on this notice have been renewed, and unless there is an error or change in their information, they **need not do anything** to continue their coverage.
- Second, **active or action required renewals** will be in place for about **150,000 more** people. When it is their turn to renew, these members will receive a yellow notice that says Recertification/Renewal Notice (Action Required).

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They will also receive a separate mailing with a white Additional Documentation Required (ADR) Notice.

- The white ADR notice will **list required documents** that must be provided – along with the signed yellow renewal form – to the state. We'll talk a bit more about that shortly.
- One important note about some special populations: Members who are eligible for Long-Term Services and Supports (LTSS) and/or the Medicare Premium Payment (MPP) program but are not eligible for SSI will receive a yellow renewal notice that is specific to LTSS or MPP.
- You can see examples of notices at [www.staycovered.ri.gov](http://www.staycovered.ri.gov). You'll find them under Medicaid Renewal Letters in the Medicaid Renewals drop-down menu.
- The bottom line is, our **goal is to keep as many Rhode Islanders as possible connected to coverage**, and in doing so, maintain our **historically high rate of insured individuals, over 97%** of the state last year.

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- That leads me right into to our next slide, and where HealthSource RI picks up the baton to support those who no longer qualify for Medicaid.
- Healthsource RI is built for this – as the state's exchange marketplace, they connect Rhode Islanders with quality, affordable coverage.
- Right now, Healthsource RI serves **just over 29,000** individuals and family customers, and they are ready to help transition all who may need their coverage.
- And affordability is a watchword in what Healthsource RI does. Right now, **federal tax credits are at an all-time high**, and **6 of 7 of our customers qualify** for those credits.
- After credits are applied, **more than 30% of their customers pay less than \$20 per month** for their health coverage.

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- In anticipation of the needs of many Rhode Islanders making the transition to the Qualified Health Plans we offer, **this administration has put even more supports in place.**
- As **states around the country** anticipate this restart of renewals, Rhode Island has been regarded as **innovative** in its efforts.

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- First, we're fortunate that with benefit of our **shared data systems**, every Medicaid enrollee who no longer qualifies will get a **warm hand-off** to HSRI.
- Their **benefits decision notice** has been designed to make sure they know precisely what they can do to **continue coverage after Medicaid**.
- Every notice will be **customized** to convey exactly what supports are available to them **at their particular income level**, and the myriad ways they can explore their options with HSRI.
- And every member who loses Medicaid eligibility is granted a **60-day Unwinding Special Enrollment Period**, a window in which they can enroll with us, that they can open at any time during the entire 12-14 month unwinding period.
- Through Governor McKee's budget initiative, those whose income is less than **250%** of the Federal poverty level (and you can see those incomes sampled up here, such as **\$69,000 per year for a family of four**), will be provided with **two months of premium assistance** for their coverage, with the State paying the amount remaining after their tax credits.
- That premium assistance applies to **dental plans, too**.
- It's our intention that this **2-month buffer** gives people the information and time they need to adjust their budgets before taking on the premium cost.
- But we go further than that. A subset of that population, those whose income is **less than two times** the Federal Poverty Level, will be **automatically enrolled** into a silver level plan.
- This is another of Rhode Island's **targeted efforts** to ensure those most at risk don't experience **gaps in coverage**. And those who are auto-enrolled will have **60 days**, with that premium assistance in place, to explore other plan options and change or cancel their coverage.
- And of course, as I'd mentioned, even among those households who **exceed these income brackets**, the **majority qualify for significant tax credits** to offset their premium costs.

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- We're sometimes asked, "How much does a plan with HealthSource RI cost?"
- The answer is, it's complicated. Plan costs can vary with **age, household size, income, and of course the type of plan** you choose.
- On this slide, you see some examples of coverage costs for customers who are leaving Medicaid coverage and joining a HealthSource RI plan.

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- For example, a **single adult**, age 40, making **\$24,000** per year (or 175% of the federal poverty level) will be eligible for auto-enrollment and for state premium assistance for 2 months – which means they will not pay out of pocket for premiums (though they may have copays or coshares for care). After those two months, with federal assistance, they will pay only **\$26 a month** for silver plan coverage going forward.
- Looking across you can see that **family plans**, the selection of a different “**metal level**,” and the **tax credits based on income** make the out-of-pocket different for everyone.
- But again, with our wide variety of plan choices and financial supports, it is our goal to find a plan that fits every customer’s needs and budget.

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- Next, we will walk through slides focusing more directly on what members can expect to receive in the mail and when to take action for their renewal process.

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- The most important step that Medicaid members can take right now is to update their contact information – mailing address, email, phone number. This is one of the most important steps in the entire process and will allow us to communicate with members directly and ensure they receive key information as this renewal process unfolds.
- If a member has not yet updated their contact information, here’s how they can do so:
  - **Contact their managed care organization (MCO)** – Neighborhood Health Plan of RI, Tufts Health Public Plan (RITogether) or United Health Care Community Plan (UHCCP).
  - **Online:** Access their account at [healthyrhoderi.gov](https://healthyrhoderi.gov) or through the HealthyRhode mobile app, where they can also sign up for our convenient text messaging option. HealthSource RI also hosts a live web chat, which is staffed during business hours. Visit [healthsourceri.com](https://healthsourceri.com) and tap the bubble that says "Chat With Us."
  - **By Phone:** Call HSRI at 1-855-840-4774

- **In Person:** Staff at DHS offices can assist customers in person.

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- Let me take a moment now to briefly lay out the letter and notice sequence we are using to connect with our members:
  - **Letter 1:** Medicaid households received a letter in the mail in the middle of March, and via e-mail if we had an e-mail on file, informing them about what they can do now, how to protect their information, and explaining the process for renewals.
  - **Notice 2:** Will be a green notice that goes to four specific population benefit groups. This indicates that they will have a slightly different process with separate instructions than what was in Letter 1. This is also referenced in Letter 1. Members who receive Notice 2 are not being renewed and should follow the specific instructions in their notice if they wish to remain covered by Medicaid.
  - **Notice 3:** Will be a yellow notice. There will be two versions (3a and 3b), which indicate that either the member is being passively renewed (report changes only), or that we need more information that the member will have to return to us within the 60-day timeframe so we can process their renewal (action required).
  - **Notice 4:** Those who receive a Recertification/Renewal Notice (Action Required) and an Additional Documentation Required (ADR) Notice will receive a Reminder to Submit Your Renewal Notice if we have not received their information within a certain period prior to the due date.
  - **Notice 5:** Households will receive the Thank You for Submitting Your Renewal Notice when we have received their information and are reviewing the application/or the decision is pending. This is to ensure confirmation of receiving their application to avoid excessive calls to our offices to check if we received it.
  - **Notice 6:** This is our Benefits Decision Notice, which informs individuals that their coverage is being renewed or terminated. Within a termination notice, there will be member-specific options for additional health coverage, depending upon the situation and circumstances, and how to purchase coverage.

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- **Letter 1 communicates the message to Be Ready. Stay Covered.** It includes an introduction to the renewals process and that it will be restarting in April, what action items enrollees need to take, and what they can do to protect their information and report fraud. Top languages breakdown for mail and email correspondence:
  - English: 166,000
  - Spanish: 26,000
  - Portuguese: 2,000
- We also have a new website ([www.staycovered.ri.gov](http://www.staycovered.ri.gov)), which is a central hub across all of our agencies' websites, for the latest information related to Medicaid renewals. Our informal slogan is: Be Ready. Stay Covered. This site pulls information from the interagency team: EOHHS, DHS, HSRI, and have additional tools, FAQs, and an overview of the renewal process. Members can also check their HealthyRhode accounts to see their estimated renewal date.

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- Finally, to round out this portion of the discussion, let me also tell you about how easy it is to submit the important documents our customers might be asked for through the process I just outlined.
- This slide nicely illustrates the options but let me highlight them for you.
- **The HealthyRhode Portal and HealthyRhode Mobile App** have recently been enhanced to make uploading your documents quick and easy. Of course, you can always **drop them off at any of the DHS Offices statewide** – both in-person and through our secure and confidential drop boxes. Members who drop off documents should submit copies only and keep the originals for themselves. Members who are submitting required documents must also submit a signed copy of their yellow Recertification/Renewal Notice (Action Required).
- Documents (copies only) can be mailed to the address listed on the slide, and we also encourage members to try out our new **Document Scanning Center** located at the DHS office at 1 Reservoir Ave., in Providence, located at the back of our office on the lower level. **It's quick, easy, and yet another option**

**to help simplify the process.** Members who choose to submit documents in person can ask for a receipt when documents are submitted.

### **Slide 16**

- Finally, I want to discuss how our incredible partners are helping us reach out to and support Medicaid members through this process.

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- First – we have a robust group of existing field supports available to help Medicaid members through the renewal process via various outreach and engagement efforts:
  - **HealthSource RI’s Navigator Agencies** provide free assistance for navigating health insurance;
  - **Our Health Equity Zones** – some of our most trusted members in the community – are on board to help quell consumer concerns and help members understand their renewal notices;
    - **Certified application counselors**, at our local hospitals, clinics and other organizations, will provide in-person renewal assistance;
    - Our **Managed Care Organizations** (or MCOs) – Neighborhood Health Plan of Rhode Island, Tufts Health Plan and UnitedHealthcare Community Plan of Rhode Island – serve approximately 90% of Medicaid recipients. They are available to answer questions. Members can reach their MCO by calling the customer service number on the back of their insurance cards; and
    - **Community-based organizations**, like United Way’s 2-1-1 hotline are available to assist.

### **Slide 18**

- These are the priority populations we have identified – those who may need additional support in updating their contact information and completing their renewal packets and those we are most concerned about experiencing a lapse in coverage, etc.
  - **High-Density Communities and Unhoused Communities**
  - **Mothers, Children and the Elderly**
  - **Our BIPOC community**



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- **Individuals with Disabilities**
- **Individuals with Behavioral Health Needs**
- **Substance Involved Individuals; and**
- **Formerly Incarcerated Individuals**
- Mini-grant applications have been made available for community partners to provide assistance to those who may need it.

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- We know that this is a very complex process, and we have thrown a lot of information at you.
- We have launched an all-inclusive website – **staycovered.ri.gov** – where you can find the resources we discussed today.
- And here are the 9 key messages we hope you walk away with today and share with all of the people you reach (**constituents, friends, family, or neighbors who receive Medicaid benefits**):
  - **Renewals are happening and they start in April.**
  - **Families with children will not start their Medicaid renewal process until December.**
  - **The most important step people can take right now is to update their contact information, to ensure that they receive the notices and other important updates we reviewed earlier.**
  - **Make sure to open your mail and sign up for text messages.**
  - **Protect yourself against and report fraud. The letter that was sent out this week includes tips and resources to keep your information safe.**
  - **These changes affect health insurance only.**
  - **Take action when you receive your yellow notice.**
  - **There are continuous coverage options available; and**
  - **Remember that the renewal process will happen again each year.**

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- And with that, I will open it up for questions. Thank you!