

Reviewing Medical Assistance

THE PATH AHEAD

MAAC

September 23, 2021

Where we've been

Over the last year and half, OIM has been in constant flux with revolving changes due to the Public Health Emergency (PHE).

From the beginning of the PHE to now, OIM has utilized COVID related policy and put system changes in place to maintain MA eligibility during the PHE for those that would have been previously discontinued.

Where we're headed

- Once the PHE ends, PA will utilize CMS guidance to process renewals and redeterminations for those we have maintained eligibility for.

What does this mean for our recipients?

After the PHE ends...

If an individual has been receiving Medical Assistance and no longer meets the eligibility criteria to remain eligible for MA, their MA will be reviewed.

If the closure is the result of excess income for MA, in most cases, a referral will be made to our partners at CHIP and Pennie.

Pre-pandemic estimates show OIM made approximately 25,000 referrals to Pennie and 10,000 referrals to CHIP for individuals ineligible for MA each month.

When will eligibility review reviews occur for these recipients?

OIM is still in the planning phase in determining the course of action in reviewing these MA recipients in line with current CMS guidance and future CMS guidance.

Current CMS rules indicate:

- Pending eligibility and enrollment actions must be completed within 12 months after the month in which the PHE ends
- States must complete a redetermination for all individuals kept open during the PHE during the post PHE 12-month cleanup period.
- Ineligible individuals must be transitioned smoothly to other insurance affordability programs, such as Pennie or CHIP.

How will eligibility reviews occur?

- MA eligibility will be reviewed in accordance with 42 CFR 435.916 policy.
- This includes:
 - Utilizing electronic sources and relevant documentation at hand when possible (ex parte review).
 - Sending pre-populated renewal packets and providing 30 days to return.
 - Completing redeterminations based on changes in circumstance. Recipients must be given reasonable time to provide documentation. CMS defines a reasonable time as 30 days.

Notices & the Right to Appeal

When a case is reviewed, and a recipient is determined to be no longer eligible for MA the individual affected will receive a 15-day advance notice.

Fair hearing rights must be provided prior to termination or adverse action. This appeal information will be printed on the notice.

- The process for fair hearing and appeal is not expected to change for the end of the PHE review.
- Individuals have 30 days from the mailing date on the notice to submit an oral or written request for an appeal. If the request for an appeal is postmarked or received orally or in writing 15 days from the processing date, benefits will continue unchanged pending the hearing decision.
- Instructions for the process of appeal are located on the notice or can be relayed by CAO or OIM Customer Service Center Staff.

Referrals to CHIP & Pennie

- If the individual is determined ineligible for MA during post PHE review, a systematic referral will be sent to CHIP for uninsured children and to Pennie for adults and insured children.
 - A referral will be made if an individual was determined ineligible for MA for being over income or resource limits. Individuals who were determined ineligible for MA for reasons such as failure to provide verification are not referred to Pennie or CHIP.
 - A referral will also be made if certain non-financial criteria are not met. For example, permanent residents under the 5-year bar or temporary aliens no longer meet GA-related non-financial criteria such as a temporary disability or a need for health sustaining medications.

How will a recipient be informed they were referred to Pennie or CHIP?

- Individuals referred to Pennie or CHIP will receive a referral notice in addition to an eligibility notice notifying them of their referral to Pennie or CHIP.
- Copies of all notices and referral information are retained in the system so the OIM Customer Service Center can provide information if individuals call in with questions.

Example of a Referral Notice to Pennie



Pennsylvania's Health Insurance Marketplace (Pennie)

Members of your family do not qualify for MA. However, you or someone in your household may be eligible for another health insurance plan.

If you are ineligible for MA, you will be referred to Pennie for health insurance coverage options. Pennie is a key part of the Affordable Care Act (ACA) and operates the official health insurance marketplace for Pennsylvania. Through Pennie, individuals and families can shop for coverage that meets their needs. Individuals purchasing insurance through Pennie may be eligible for financial assistance to help them pay for coverage.

Information for the following individuals will be sent to Pennie for a final determination:

Abraham Lincoln

Example of a Referral Notice to CHIP

We've received your request for health care benefits.



Children's Health Insurance Program (CHIP)

Children in your household do not qualify for MA. However, these children may be eligible for free or low cost health care through CHIP.

Their information will be sent to the following provider:

Xerox Uniprise Project
ATTN: UnitedHealthcare Com
3315 Central Avenue
Hot Springs AR 71913
800-414-9025

The provider will determine if your children qualify for CHIP and will contact you with more information. Information for the following children has been sent to the provider listed above for a CHIP eligibility determination:

Chip Anddale

Questions?