



Eligibility Update

- Unwinding Overview and Timeline
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Redetermination Overview and Timeline

- December 2022 Omnibus bill required states to start sending renewals (also referred to as Unwinding) in spring of 2023.
- Kansas started 12-month Unwinding with members who had an April renewal date.
- Renewals were done in chronological order.
- Monthly renewal volumes fluctuate in volume; first four months were highest volumes of the 12-month Unwinding period.
- Renewals submitted timely allow member to keep eligibility while renewal is being processed.
- If a renewal is not submitted timely, member will lose eligibility, but they have 90 days to submit the renewal and if determined eligible have eligibility backdated.
 - Example, if an April renewal was due April 15 but was received and eligibility approved in June, eligibility would be backdated to May 1.



Current Unwinding Data

- Medicaid enrollment was just over 540,000 members when Unwinding began.
- As of November 30:
 - 436,942 individuals sent a renewal notice.
 - 191,321 individuals approved.
 - 48,039 individuals discontinued (determined no longer eligible).
 - 35,868 individuals in reinstatement window (did not submit a review timely but have 90 days to submit a review and have eligibility backdated).
- Unwinding mailings covered a 12-month window that started with mailing April reviews in March 2023.
 - KDHE will generate the final review mailings at the beginning of February.
- Discontinuances notices have been sent for the April October populations.



Call Center Metrics

 April data is not a full month but reflective of when call volumes dramatically escalated.

Date	Number of Calls Received	Abandon Percentage	Average Speed to Answer (minutes)
December 2023	32,336	1.50%	1:16
November 2023	35,006	9.26%	5:46
October 2023	34,031	1.96%	1:26
September 2023	31,299	1.18%	0:49
August 2023	37,350	3%	2:00
July 2023	37,150	15%	11 00
June 2023	38,115	19.15%	14:00
May 2023	37,533	29.83%	24:00
April 2023 (April 21 – April 30)	10 /85	53%	43:00



Process Improvements In Medicaid

- Unwinding provided opportunities for process improvements of the renewal process. Improvements made include:
 - Ex Parte improvements increased the number of members successfully reviewed through automation.
 - Targeted outreach to members by KDHE and MCOs in their renewal window to encourage members to return renewal form. Outreach included text campaigns, banner on the SSP portal, and robocalls
 - Both process improvements and staffing were utilized to streamline the mailroom/imaging process.
 - Began offering training for HCBS providers around the renewal process including use of the portal and ways they could help.
 - The KIERA address BOT was updated to streamline correct address notifications by members to ensure reviews go to the correct address.
 - Review notices were mailed sooner to allow for potential mail delays and due dates were extended to allow members additional time to return review form.



Process Improvements In Medicaid (cont)

- CMS granted KDHE approval to implement several E-14 waiver flexibilities designed to assist members with Unwinding, including:
 - Allowing MCOs to assist member with review process,
 - Streamlining the authorized representative process to include telephonic signature,
 - Reducing administrative burdens around applying for all other benefits,
 - Reducing member reporting burdens for zero income persons,
 - Using the United States Postal Service forwarding information for address updates,
 - Eliminating the wait to process due to untimely asset verification system delays,
 - Reinstating eligibility for members procedurally disenrolled if found eligible in the three months following disenrollment, and
 - Forgiveness of outstanding premiums prior to April 2023 to avoid penalizing CHIP children if parents or guardians were unable to pay premiums during the pandemic.



New Process Improvements

- KDHE continues to evaluate additional ways to improve the review process. Some additional improvements that will be implemented Spring of 2024 include:
 - Move the signature page of the prepopulated review form to page three to reduce the number of unsigned reviews received.
 - Use a new automated Proactive Communication Solution to enhance member communications specifically around sending reminders for no renewal returned; providing information on coverage status, encourage use of portal and how member can request additional time to return paperwork
 - Permanently extend the review period from 30 to a minimum of 60 days.



Thank You and Questions

