



Medicaid Unwinding Strategies End of Continuous Enrollment Period

Alaska Division of Public Assistance

Director Etheridge

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Alaska Mitigation Strategies and Enhancements

I. MEDICAID RENEWAL REQUIREMENTS

01. EX PARTE RENEWALS

Ex Parte Renewals: functionality for MAGI (Modified Adjusted Gross Income) Medicaid population.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Compliant

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

Maximize number of MAGI-based individuals renewed without requesting additional information.

The Division of Public Assistance (division) was approved for a 1902(e)(14)(A) waiver that allows us to renew MAGI Medicaid eligibility using the information from the household's Supplemental Nutritional Assistance Program (SNAP) case. (Implemented prior to 4/1/2023)

Enhance outreach/support for recipients completing & submitting renewal forms/documentation.

Alaska is working on setting up data sharing and reporting processes with tribal health organizations, Federal Qualified Health Units (FQHCs), and the Alaska Hospital & Healthcare Association to support outreach. (In progress, implementation began on 4/1/2023)

If the division does not have enough information to make a Medicaid eligibility determination and must pend for additional information, we will provide the household with 30 days to provide the needed verification.

Facilitate reenrollment for eligible individuals terminated from Medicaid for procedural reasons.

If a completed renewal form or verification needed to determine eligibility is not received by the due date, caseworkers must attempt to contact the recipient by telephone to let them know that their case is closing for failure to provide and if they submit the needed information within 90 days of the case closure, eligibility will be redetermined back to the date of closure without a new application being required. (Implemented 4/1/2023)

Update:

Alaska extended the reconsideration period to 180 days for Non-MAGI Medicaid. (Implemented 8/10/2023)

02. NO EX PARTE FOR NON-MAGI MEDICAID POPULATIONS (AGED, DISABLED, AND LONG TERM CARE MEDICAID)

Deficient

Alaska does not currently conduct ex parte renewals on non-MAGI categories.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Maximize number of non-MAGI-based individuals renewed without requesting additional information.

Alaska will renew non-MAGI Medicaid eligibility for SNAP participants whose gross income and countable resources as determined by SNAP are under the applicable non-MAGI income standards and resource limit without conducting a separate non-MAGI Medicaid income and resource determination. (Implemented 4/19/2023)

Alaska already renews eligibility without requesting income or resource information based on continued eligibility for Social Security Insurance (SSI), including those with Qualified Medicare Beneficiary (QMB) coverage. (Implemented prior to 4/1/2023)

Enhance outreach/support for recipients completing & submitting renewal forms/documentation.

Alaska is working on setting up data sharing and reporting processes with tribal health organizations, FQHCs, and the Alaska Hospital & Healthcare Association to support outreach. (In progress, implementation began on 4/1/2023)

Facilitate reenrollment for eligible individuals terminated from Medicaid for procedural reasons.

If a completed renewal form or verification needed to determine eligibility is not received by the due date, caseworkers must attempt to contact the recipient by telephone to let them know that their case is closing for failure to provide and if they submit the needed information within 90 days of the case closure, eligibility will be redetermined back to the date of closure without a new application being required. (Implemented 4/1/2023)

Other

Alaska's state regulations require an interview for non-MAGI Medicaid renewals. The state is suspending the annual interview requirement. (Implemented 4/1/2023)

Alaska will renew non-MAGI Medicaid eligibility without requesting further verification of assets when the Asset Verification System (AVS) does not return any information or when the AVS does not return information within 3 business days. Alaska will renew non-MAGI Medicaid using the previously verified resources in these two situations. (Anticipated implementation 9/1/2023)

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

Alaska will begin processing non-MAGI renewals starting September 1, 2023.

There are approximately 30,000 non-MAGI Medicaid cases within the legacy eligibility system, Eligibility Information System (EIS). The ex parte process within EIS is a manual process that requires the state to implement changes to policy and training. Ex parte refers to a federally required method for determining continuing eligibility that uses electronic data sources to confirm ongoing eligibility without information or action on the part of a beneficiary unless certain types of discrepancies are detected. Delayed implementation allows Alaska to ensure staff are trained and can successfully complete a manual ex parte process. Alaska is hiring an additional staff who will be trained specifically to work MAGI and non-MAGI Medicaid renewals.

This will also allow the state to leverage external partners to assist in contacting Medicaid recipients when renewal paperwork is needed because the division was unable to determine their continued Medicaid eligibility using electronic data sources.

Ex parte renewals of non-MAGI populations will be a completely manual process within our legacy EIS system.

Enhancements

Alaska is currently working to provide an automated means of initiating information checks from the Instant Eligibility Verification System (IEVS), (which includes the Asset Verification System) to help streamline the ex parte redetermination process and reduce the time needed to perform redeterminations.

Alaska will identify all non-MAGI individuals with a certification period ending in 90 days. Requests for IEVS Reports will be automatically submitted and generated by the IEVS system. With reports being automatically requested and generated, the reports will be readily available for workers to review when the ex parte renewal process is started. If eligibility cannot be redetermined using ex parte, a renewal form will be mailed automatically to the recipient. (Implemented 8/1/2023)

03. NO EX PARTE FOR OTHER SUBSET OF RECIPIENTS

Deficient

See “No ex parte for non-MAGI Medicaid populations” section.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

See “No ex parte for non-MAGI Medicaid populations” section.

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

See “No ex parte for non-MAGI Medicaid populations” section.

04. RENEWAL FORM

States must send a renewal form and request only necessary information needed to determine eligibility when eligibility cannot be renewed on an *ex parte* basis. For MAGI recipients, the renewal form must be prepopulated.

Compliant for MAGI Medicaid populations

Deficient for non-MAGI Medicaid populations

The renewal Form requests information beyond what is needed for redetermination of eligibility (e.g., form is a new application)

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Minimize the information recipients must complete.

Alaska will include an additional simplified renewal form with the yellow recertification form mailed to non-MAGI Medicaid recipients that cannot be renewed through the ex parte process. The simplified renewal form will ask them to attest that no change has occurred in their household composition since their last renewal, that their countable monthly income remains below the eligibility standard for their household type, and that their countable resources are below the appropriate limit. Recipients that return the signed simplified Medicaid renewal form attesting to these items will have their non-MAGI Medicaid benefits renewed for a new 12-month certification period. Eligibility will not be terminated if the recipient returns the signed simplified renewal form and does not return the completed recertification form. (Implemented 6/1/2023)

Adjust for the additional recipient burden associated with providing unnecessary information.

Alaska will extend call center hours. Alaska is bringing on 75 additional staff to work the call center. (Implemented 6/1/2023)

Expand and highlight options for assistance.

Alaska is currently using social media, postcards, and other mechanisms to highlight options. (Implemented)

Alaska will allow a Medicaid recipient to verbally designate an individual or organization to be their authorized representative for the purpose of signing the renewal form. The division will enter a case note into our eligibility system outlining the authorized representative designation. All verbal designations will terminate at the end of our unwinding period. (Implemented 4/1/2023)

Alaska intends to implement mobile eligibility workers that will be located in outstation locations to provide assistance with completing renewals.

Facilitate reenrollment for eligible individuals terminated from Medicaid for procedural reasons.

If a completed renewal form or verification needed to determine eligibility is not received by the due date, caseworkers must attempt to contact the recipient by telephone to let them know that their case is closing for failure to provide and if they submit the needed information within 90 days of the case closure, eligibility will be redetermined back to the date of closure without a new application being required. (Implemented 4/1/2023)

Update:

Alaska extended the reconsideration period to 180 days for Non-MAGI Medicaid. (Implemented 8/10/2023)

Other

Alaska already provides training for eligibility workers, call center staff, etc. not to deny/terminate eligibility if recipients do not provide information that is not necessary for redetermination (e.g., citizenship at renewal). (Implemented)

05. TIMELINE TO RETURN RENEWAL FORMS

States must provide MAGI recipients with at least 30 days from the date of the pre-populated renewal form to return the form and provide any additional information requested by the agency. Non-MAGI recipients must be given a reasonable amount of time to return forms and documentation.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Compliant

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

Expand outreach efforts to promote timely return of forms.

Alaska is working on setting up data sharing and reporting processes with tribal health organizations, FQHCs, and the Alaska Hospital & Healthcare Association to support outreach. (In progress, implementation began on 4/1/2023)

Alaska is currently using social media, postcards, and other mechanisms to highlight options to promote timely return of renewal forms. (Implemented 4/1/2023)

Facilitate reenrollment into Medicaid/CHIP for individuals terminated for failure to respond.

Alaska is working on setting up data sharing and reporting processes with tribal health organizations, FQHCs, and the Alaska Hospital & Healthcare Association to support outreach. (In progress, implementation began on 4/1/2023)

06. SUBMIT RENEWAL FORM THROUGH ALL MODALITIES

Recipients must be able to submit renewal forms through same modes available for applications (i.e., online, by phone, by mail, or in person).

Deficient

No option for **online** submission of renewal form.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Increase the availability and accessibility of other modalities.

Recipients can currently submit the renewal by phone, paper, mail, in person, fax, and via a central e-mail. (Implemented prior to 4/1/2023)

Alaska will be extending call center hours. (Implemented 6/1/2023)

Expand and highlight options for assistance.

Alaska is currently using social media, postcards, and other mechanisms to highlight options. (Implemented)

Alaska intends to implement mobile eligibility workers that will be located in outstation locations to provide assistance with completing renewals.

07. RECONSIDERATION PERIOD

For MAGI recipients whose eligibility has been terminated for failure to return their renewal form or requested information, if the renewal form and/or necessary information is returned within 90 days after the date of termination, or a longer period elected by the state, the agency must reconsider the individual's eligibility without requiring the individual to fill out a full new application. Alaska allows for 90 days reconsideration period for MAGI Medicaid recipients.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Compliant

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

Alaska will apply the 90-day reconsideration period to non-MAGI Medicaid.

If a completed renewal form or verification needed to determine eligibility is not received by the due date and the case closes, the household can submit the needed information within 90 days of the case closure and the division will redetermine their eligibility back to the date of closure without a new application being required. (MAGI Medicaid: implemented prior to 4/1/2023; Non-MAGI Medicaid: Implemented 4/1/2023)

Update:

Alaska extended the reconsideration period to 180 days for Non-MAGI Medicaid (implemented 8/10/2023)

08. DETERMINE ELIGIBILITY ON ALL BASES

States are required to determine eligibility on all bases prior to determining an individual is ineligible for Medicaid.

Deficient

If a recipient is not eligible for MAGI-Medicaid and is potentially eligible for a non-MAGI Medicaid category, an application is required.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Other

Alaska will no longer require an application to be submitted and an interview to be completed before an individual who is losing eligibility in the Expansion group has their eligibility determined for non-MAGI Medicaid. If eligibility cannot be determined using the information we have, additional information will be requested from the recipient.

If the individual did not sign an Application for Services when the individual applied for Medicaid acknowledging that the division will verify information through computer matching programs, including the Asset Verification System (AVS), the division will get verbal or written permission from the individual prior to making an eligibility determination for non-MAGI Medicaid.

(Implemented 4/1/2023)

09. DETERMINE POTENTIAL ELIGIBILITY FOR OTHER PROGRAMS & TRANSFER ACCOUNT

For recipients who are determined ineligible for Medicaid, the agency must determine potential eligibility for other insurance affordability programs and timely transfer the recipient's electronic account to such program.

Compliant for MAGI Medicaid Populations

Deficient: Non-MAGI Medicaid populations

Alaska's legacy eligibility system, which houses non-MAGI Medicaid cases, does not transfer accounts to the Federally Facilitated Marketplace.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Non-MAGI closure notice will refer the client to the Federally Facilitated Marketplace to apply for health coverage and information about how to access a health care navigator for help.

Alaska is developing a plan with 2-1-1 to share disenrolled non-MAGI Medicaid recipient information to navigators. The navigators will outreach and assist the individual to choose a marketplace plan. Alaska will send an additional notice referring disenrolled Non-MAGI Medicaid recipients to the Federally Facilitated Marketplace and 2-1-1 navigators.

When the state Medicaid agency sends the consumer's application termination notice an additional outreach letter will be sent providing the consumer information that they (or other members of their household) may be eligible to buy a Marketplace plan and get help with costs. It encourages the consumer to complete and submit a new or updated Marketplace application and describes the steps they need to take. The outreach letter also tells the consumer that they'll get eligibility results right away explaining:

- 1) If they (or others in their household) qualify for health coverage through the Marketplace.
- 2) Any financial help that might be available to help lower their costs.
- 3) Other actions they may need to take to confirm their information.
- 4) Enrollment deadlines, including information about Special Enrollment Periods.

(Implemented 4/20/2023)

10. UP TO DATE CONTACT INFORMATION

This condition requires that states use the United States Postal Service (USPS) National Change of Address (NCOA) database, information maintained by state health and human services agencies, or other reliable sources of contact information.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

The CCA 2023 requires states to use the National Change of Address (NCOA) database maintained by the U.S. Postal Services or other reliable sources to ensure they have up-to-date contact information for eligibility redeterminations. Neither the department's current eligibility systems (Alaska's Resource for Integrated Eligibility Services (ARIES) and EIS) connect to the NCOA database.

The division is checking the National Change of Address (NCOA) system monthly to ensure that a Medicaid recipient coming due for renewal has not reported a change of address to the United States Postal Service (USPS). If NCOA has a new address that isn't showing in our eligibility system, we must update the mailing address before the renewal is sent. The division is working to automate this process.

Alaska is developing and implementing a comprehensive public outreach campaign to ensure reliable contact information. The department is working with statewide partners to reach as many recipients as possible to ensure their contact information is up to date.

(Implemented 4/1/2023)

11. CONTACT INFORMATION AND REACHING OUT TO MEDICAID RECIPIENTS

Contact Information and reaching out to Medicaid recipients using two modalities *if* a mailed renewal form is returned as undeliverable.

A. Alaska Mitigation Strategies for Compliance with Section 5131(f)(2)(A) of the Consolidated Appropriations Act, 2023

Alaska will attempt to contact recipients whose renewal form has been returned as undeliverable.

In State Forwarding Address provided: Call the recipient to inquire about their mailing address. If we have an email address, also send an email to the recipient to inquire about their mailing address. If no response, update the mailing address.

No Forwarding Address provided: Call the recipient to inquire about their mailing address. If we have an email address, also send an email to the recipient inquiring about their mailing address. If no response, send a request for information to the address on file asking the recipient to confirm their mailing address. If no response by the due date, call the recipient again to inquire about their mailing address. If no response, close Medicaid with 10-day notice of adverse action.

Out of State Forwarding Address provided: Call the recipient to inquire about their mailing address and Alaska residency. If we have an email address, also send an email to the recipient to inquire about their mailing address and Alaska residency. If no response, send a request for information to the mailing address on file and a copy to the new mailing address asking the recipient to confirm that the new mailing address we received is correct and that they are still an Alaska resident. If no response by the due date, call the recipient to inquire about their mailing address and Alaska residency. If no response, do not update the mailing address and close Medicaid with 10-day notice of adverse action.

(Implemented 4/1/2023)

B. Alaska Enhancements to the Mitigation Strategies to Assist Eligibility Redeterminations

Alaska has an approved 1902(e)(14)(A) waiver which allows the state to accept updated in-state contact information received from the NCOA database or United States Postal Service (USPS) returned mail without additional confirmation from the individual. Under this authority, the state will treat updated in-state contact information received from NCOA or USPS returned mail as reliable and will update the recipient's case record with the new contact information without first sending a notice to the recipient address on file with the state in order to provide them with the opportunity to dispute the address change. The authority provided in accordance with this letter does not apply to out-of-state addresses received from NCOA or USPS returned mail.
(Implemented prior to 4/1/2023)

Available State Strategies to Minimize Terminations for Procedural Reasons During the COVID-19 Unwinding Period

II. STRATEGIES

A. INCREASE *EX PARTE* RENEWAL RATES

Strategy #1: Renew Medicaid eligibility based on financial findings from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or other means-tested benefit programs.

Details & Additional Information

Redetermine financial eligibility for Medicaid for individuals whose SNAP or TANF gross income program and assets, as applicable, are below applicable Medicaid limits, despite the differences in household composition and income-counting rules between programs.

This strategy is also available for states to use at application. Additional considerations may apply to states seeking to implement this authority for individuals enrolled in Medicaid on a non-MAGI basis.

AK Response

Alaska was approved for this waiver effective December 1, 2022.

Strategy #2: Implement Express Lane Eligibility (ELE) for children.

Details & Additional Information

ELE allows states to rely on findings for income, household size, or most other factors of eligibility from "Express Lane" agencies to efficiently enroll and renew eligible children in Medicaid and CHIP. States are currently using information from SNAP, the National School Lunch Program (NSLP), TANF, Head Start, and the Women, Infant, and Children's program (WIC), and other sources to streamline and simplify the application and renewal process for children.

AK Response

Alaska does not utilize the Express Lane Eligibility (ELE) state plan option due to the limited number of eligible public agencies and because ELE only applies to children. CMS was consulted about this option in 2021.

Strategy #3: Renew Medicaid eligibility for individuals with no income and no data returned on an *ex parte* basis (\$0 income strategy).

Details & Additional Information

Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the COVID-19 PHE (i.e., March 2019) and was based on a verified attestation of zero-dollar income; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received.

AK Response

Alaska was approved for this waiver effective December 1, 2022.

Strategy #4: Renew Medicaid eligibility for individuals with income at or below 100% FPL and no data returned on an *ex parte* basis (100% income strategy) (UPDATED).

Details & Additional Information

Complete a Medicaid income determination at renewal without requesting additional information or documentation if: (1) the most recent income determination was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019) and was based on verified income at or below 100% FPL; and (2) the state has checked financial data sources in accordance with its verification plan and no information is received.

This strategy may be especially beneficial to improve *ex parte* rates for individuals who are self-employed, especially in states not using tax data as part of an *ex parte* determination.

AK Response

Alaska did not pursue this waiver as it would be too difficult to operationalize. Unlike most other states, some of Alaska's MAGI Medicaid categories have income limits based on COLA rather than FPL.

Strategy #5: Renew Medicaid for individuals for whom information from the Asset Verification System (AVS) is not returned or is not returned within a reasonable timeframe (AVS strategy).

Details & Additional Information

Assume no change in resources verified through the AVS when no information is returned through the AVS or when the AVS call is not returned within a reasonable timeframe, and complete an *ex parte* renewal process without any further verification of assets.

AK Response

Alaska was approved for this waiver through the mitigation plan.

Strategy #6: Renew Medicaid eligibility for individuals with only Title II or other stable sources of income (e.g., pension income) without checking required data sources.

Details & Additional Information

Complete an *ex parte* income determination at renewal without requesting additional information or documentation of income if: (1) the most recent income was no earlier than 12 months prior to the beginning of the PHE (i.e., March 2019); and (2) the beneficiary only had Title II Social Security or other stable income at the most recent determination.

AK Response

Alaska did not pursue this waiver because most Medicaid recipients with Title II or other stable sources of income are maintained in our legacy system (EIS) and must be manually renewed. Alaska's data sources verify this type of income, so we are not asking for information from the client.

Strategy #7: Renew Medicaid eligibility for individuals with stable sources of income or assets (e.g., many life insurance policies) when no useful data source is available.

Details & Additional Information

See Question 9 in CMS' [October 2022 FAQs](#) for more information about implementation of this strategy and slide 15 of the October 2022 Ex Parte Renewal: Strategies to Maximize Automation, Increase Renewal Rates, and Support Unwinding Efforts Deck.

AK Response

Alaska did not pursue this strategy because most Medicaid recipients with stable sources of income or assets are maintained in our legacy system (EIS) and must be manually renewed. Alaska's data sources verify this type of income, so we are not asking for information from the client.

Strategy #8: Renew Medicaid eligibility without regard to the asset test for non-MAGI beneficiaries who are subject to an asset test.

Details & Additional Information

This strategy can be applied to waive asset requirements for all or reasonable subsets of non-MAGI beneficiaries subject to an asset test.

AK Response

Alaska did not pursue this waiver because we chose to elect another resource related waiver.

Alaska renews non-MAGI Medicaid eligibility without requesting further verification of assets when the Asset Verification System (AVS) does not return any information or when the AVS does not return information within 3 business days.

Alaska includes an additional simplified renewal form with the yellow recertification form mailed to non-MAGI Medicaid recipients that cannot be renewed through the ex parte process. The simplified renewal form asks them to attest that no change has occurred in their household composition since their last renewal, that their countable monthly income remains below the eligibility standard for their household type, and that their countable resources are below the appropriate limit. Recipients that return the signed simplified Medicaid renewal form attesting to these items will not be required to complete and return the yellow recertification form.

Strategy #9: Suspend the requirement to apply for other benefits under 42 CFR 435.608 (NEW).

Details & Additional Information

This strategy may be especially beneficial to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to apply for other benefits to which they are entitled. This strategy would reduce the workload for eligibility staff who otherwise must follow up with beneficiaries whose coverage was continued despite not having applied for such other benefits per 42 C.F.R. 435.608 while the continuous enrollment condition described in section 6008(b)(3) of the Families First Coronavirus Response Act, as amended by the Consolidated Appropriations Act, 2023, was in effect.

States may use this strategy to reduce procedural denials or terminations for failure to respond to requests for additional information regarding application for other benefits.

AK Response

Alaska was approved for this waiver, and it was implemented on August 21, 2023.

Strategy #10: Suspend the requirement to cooperate with the agency in establishing the identify of a child's parents and in obtaining medical support (NEW).

Details & Additional Information

This strategy may be especially beneficial to minimize churn for individuals who meet all eligibility requirements, except for meeting the requirement to cooperate with medical support enforcement or establish good cause for not doing so. This strategy would reduce the workload

for eligibility staff who otherwise must follow up with beneficiaries whose coverage was continued despite not having met medical support cooperation requirements per Section 1902(a)(45), Section 1912, 42 C.F.R. 435.610, § 433.147, 433.145, and 433.148 while the continuous enrollment condition described in section 6008(b)(3) of the Families First Coronavirus Response Act, as amended by the Consolidated Appropriations Act, 2023, was in effect. States may use this strategy to reduce procedural denials or terminations for failure to respond to requests for additional information regarding medical support cooperation.

AK Response

Alaska was approved for this waiver, and it was implemented on August 21, 2023.

Strategy #11: Renew eligibility if able to do so based on available information, and establish a new eligibility period whenever contact is made with hard-to-reach populations (NEW).

Details & Additional Information

This strategy relies on the authority for states to begin a new renewal period if the state receives information about a change in a beneficiary's circumstances and it has enough information available to it renewal eligibility with respect to all eligibility criteria or the beneficiary voluntarily provides needed information (e.g., an attestation of income). This strategy may not be used to shorten renewal periods by terminating coverage for beneficiaries prior to their scheduled renewal date unless the individual has reported or the state has obtained from external data sources, information indicating a change in circumstances that results in a determination of ineligibility in accordance with 42 CFR 435.916(d).

This strategy may be especially useful to minimize churn for individuals experiencing homelessness or other transient populations. States may redetermine eligibility based on available information and establish a new 12-month eligibility period for eligible individuals, prior to a scheduled renewal date, to ensure that coverage is not later lost due to a procedural reason.

AK Response

Alaska did not pursue this strategy as it does not align with the process we put into place to utilize the automated renewal process as much as possible.

B. SUPPORTING ENROLLEES WITH RENEWAL FORM SUBMISSION OR COMPLETION TO REDUCE PROCEDURAL TERMINATIONS

Strategy #12: Permit managed care plans to provide assistance to enrollees to complete and submit Medicaid renewal forms (NEW).

Details & Additional Information

Permit Medicaid managed care plans to voluntarily (or contract with managed care plans to) assist their enrollees in completing the Medicaid renewal process, including completing certain parts of renewal forms. Managed care plans must limit their renewal form assistance to completing fields in the renewal forms with information provided by the enrollee, excluding any fields associated with managed care plan selection or the enrollee's signature. Managed care plans must not provide choice counseling (defined at 42 CFR § 438.2) services to their enrollees. State payment to managed care plans for work of this type conducted on behalf of the state must be separate from the actuarially sound capitation payments to plans.

AK Response

This new waiver is not an option in Alaska because we do not have managed care.

Strategy #13: Permit the designation of an authorized representative for the purposes of signing an application or renewal form via the telephone without a signed designation from the applicant or beneficiary.

Details & Additional Information

This strategy can maximize the effectiveness of assistors and other community partners who are assisting beneficiaries in completing their renewal form over the phone.

AK Response

Alaska was approved for this waiver, and we are working on an implementation plan.

Strategy #14: Delay procedural terminations for beneficiaries for one month while the state conducts targeted renewal outreach (NEW).

Details & Additional Information

This strategy is available for states to implement throughout the unwinding period, or on an ad hoc basis for cohorts of renewals based on certain defined criteria (e.g., if the percent of anticipated procedural terminations exceeds a specified threshold). States must use the additional time to conduct targeted outreach to encourage the beneficiary to return the renewal form.

To request concurrence, please send an email to the CMS unwinding mailbox. States should also note use of this strategy in their unwinding plans and in the data notes section when submitting monthly renewal reports.

AK Response

Alaska did not pursue this strategy due to system limitations. It would also change our process and add administrative burden.

Strategy #15: Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded.

Details & Additional Information

See CMS Managed Care Strategy Deck for additional information on implementation. ([Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations, January 2023 update](#))

AK Response

This strategy is not an option in Alaska because we do not have managed care.

Strategy #16: Inform all beneficiaries of their scheduled renewal date during unwinding.

Details & Additional Information

This strategy helps individuals enrolled in Medicaid or CHIP to anticipate when they will need to complete the renewal process.

AK Response

This strategy is not an option in Alaska due to system limitations.

Strategy #17: Use managed care plans and all available outreach modalities (phone call, email, text) to contact enrollees when renewal forms are mailed and when they should have received them by mail.

Details & Additional Information

This strategy helps individuals enrolled in Medicaid or CHIP to anticipate when they will need to complete the renewal process and also provides a reminder to complete and return the form.

AK Response

This strategy is not an option in Alaska due to system limitations.

C. FACILITATING REINSTATEMENT OF ELIGIBLE INDIVIDUALS DISENROLLED FOR PROCEDURAL REASONS

Strategy #18: Designate the state agency as a qualified entity to make determinations of Presumptive Eligibility (PE) on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state) (NEW).

Details & Additional Information

Under this strategy, the state agency completes the PE determination based on the submission of a renewal form or application, for individuals disenrolled for procedural reasons without also having to complete a PE determination for other applicants.

Consistent with PE regulations at 435.1103(b), this strategy is only available for MAGI determinations. The PE period extends from the date of the PE determination by the state agency to the date a final determination of eligibility is made. This strategy is intended to provide PE only for individuals recently disenrolled for procedural terminations; it does not impact states' ability under the state plan to authorize qualified entities to make PE determinations for other individuals as well.

AK Response

This new waiver option is not an option in Alaska due to system limitations. Alaska does not current participate in presumptive eligibility. Implementation of presumptive eligibility would take a minimum of 6-12 months and deprioritize other IT priorities.

Strategy #19: Designate pharmacies, community-based organizations, and/or other providers as qualified entities to make determinations of PE on a MAGI basis for individuals disenrolled from Medicaid or CHIP for a procedural reason in the prior 90 days (or longer period elected by the state) (NEW).

Details & Additional Information

Under this strategy, the designated qualified entities would make PE determinations for individuals who were disenrolled for procedural reasons and with whom the entity comes into contact without also having to complete a PE determination for other applicants. The entity would encourage and/or assist the individual to complete their renewal form.

Consistent with PE regulations at 435.1103(b), this strategy is only available for MAGI determinations. The PE period extends from the date of the PE determination by the qualified entity to the date a final determination of eligibility is made. This strategy is intended to provide

PE only for individuals recently disenrolled for procedural terminations; it does not impact states' ability under the state plan to authorize qualified entities to make PE determinations for other individuals as well.

AK Response

This new waiver option is not an option in Alaska due to system limitations. Alaska does not current participate in presumptive eligibility. Implementation of presumptive eligibility would take a minimum of 6-12 months and deprioritize other IT priorities.

Strategy #20: Reinstate eligibility effective on the individual's prior termination date for individuals who were disenrolled based on a procedural reason and are subsequently redetermined eligible for Medicaid During a 90-day Reconsideration Period (NEW).

Details & Additional Information

This strategy reduces burden on state eligibility workers by eliminating the need to verify eligibility during the retroactive eligibility period prior to the date or month in which the renewal form was returned. It also will enable states to retain the individual's original renewal cycle.

AK Response

Alaska was approved for this waiver, and it was implemented on August 10, 2023.

CMS is reviewing the request to use this strategy for the entire 180-day reconsideration period.

Strategy #21: Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period.

Details & Additional Information

This strategy can reduce administrative burden on both states and beneficiaries by permitting return of a renewal form to reinstate coverage rather than having to start the application process anew.

AK Response

Alaska was approved for a 180-day reconsideration period for both MAGI and non-MAGI Medicaid on July 31, 2023.

Strategy #22: Extend automatic reenrollment into a Medicaid managed care plan to up to 120 days after a loss of Medicaid coverage (“Managed Care Plan Auto- Reenrollment Strategy”).

Details & Additional Information

Permits states to temporarily automatically reenroll individuals into a managed care plan who are reenrolled into Medicaid after a loss of Medicaid coverage for up to 120 days, instead of up to 2 months, as required under 42 CFR 438.56(g). States may elect time periods between 60 and 120 days.

AK Response

This new waiver is not an option in Alaska because we do not have managed care.

Strategy #23: Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons.

Details & Additional Information

This strategy may be particularly effective when paired with an extension of the reconsideration period and/or adoption of a reconsideration period for non-MAGI beneficiaries (Strategy 21).

AK Response

This new waiver is not an option in Alaska because we do not have managed care.

Mitigation Plan for Ex Parte Renewal Compliance Issues, August 2023

Area of non-compliance: Federal renewal requirements at 42 C.F.R. §§ 435.916(a)(2) and 457.343 require that states complete a redetermination of eligibility based on available information for each individual in the household. Some states are conducting *ex parte* renewals at the household level, without regard to differing eligibility statuses and income thresholds for individuals within the household. As a result, while a state may have sufficient information during the *ex parte* process to renew Medicaid or Children’s Health Insurance Program (CHIP) coverage for some individuals in a multi-member household, states are sending renewal forms requesting information for all household members. If the renewal form is not returned, states are disenrolling all individuals in the household, including those determined to be eligible through the *ex parte* process. These actions violate the federal renewal requirements, and states must address them immediately.

This issue most commonly affects (1) children in households with at least one adult enrolled in Medicaid and (2) eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members. States may identify other circumstances in which individuals in multi- member households are inappropriately disenrolled from their Medicaid and/or CHIP coverage due to incorrect systems programming or state processes that do not accurately account for individuals’ differing eligibility statuses or in which the state denies ongoing eligibility for one household member based on missing documentation needed only to renew eligibility for another. If identified, these areas of non-compliance must also be addressed.

Required state action: States that are not operating in compliance with federal renewal requirements must immediately:

1. **Pause** disenrollments for those individuals for whom the *ex parte* renewal process is not currently compliant and whose Medicaid coverage may be terminated inappropriately due to improper implementation of renewal requirements (hereafter described as “affected individuals”), until the state implements mitigations or other updates to ensure that eligible individuals are not disenrolled.
2. **Reinstate** coverage for all affected individuals who have been disenrolled due to a failure to account for the individual’s eligibility status, independent of that of others in the household. States unable to quickly identify individuals within a household affected by this issue must reinstate coverage for the full household. When reinstating eligibility for affected individuals, the state must:
 - a. Provide retroactive eligibility back to the date of termination, without a gap in coverage; and
 - b. Notify affected individuals that their coverage has been reinstated and provide information about next steps, including what actions, if any, the beneficiary must take to obtain payment for unpaid medical bills and/or ensure that eligible services are covered for the period while the individual was disenrolled. The state may *not* require the individual to provide documentation of eligibility during this period.
3. **Implement** one or more mitigation strategies to prevent continued inappropriate terminations of eligibility until such time that the state has fixed all systems and processes to be compliant

with the renewal requirements. States may select any of the Centers for Medicare & Medicaid Services (CMS)- identified mitigation strategies listed on pages 4 and 5 of the August 30, 2023, letter sent to State Medicaid Directors, or they may propose alternative state-developed mitigation strategies that ensure that eligible individuals are not disenrolled and demonstrate a path to full compliance with relevant federal requirements by the end of a state's unwinding period. An alternative approach may not extend a state's unwinding period beyond 3 additional months or permit further disenrollment of eligible individuals in a household that would require reinstatement.

4. **Fix** the state's systems and processes to ensure that redeterminations are conducted appropriately for all individuals in the household.

Instructions for states in compliance: States that are in compliance with the federal renewal regulations at 42 C.F.R. §§ 435.916(a)(2) and 457.343 and successfully complete a redetermination of eligibility based on available information for each individual in the household should send confirmation of their compliance to CMS. States may use the attestation found on page 3 of this document, though use of this template is not required. The attestation should be submitted via email to the CMS Unwinding Mailbox at CMSUnwindingSupport@cms.hhs.gov no later than September 13, 2023.

Instructions for states with areas of non-compliance: States that have identified any areas of non-compliance related to the appropriate determination of eligibility for individuals in multi-member households must contact CMS no later than September 13, 2023, with additional information on the population of individuals affected and the state's plan and timeline for reinstatement and implementation of mitigation strategies described in the August 30, 2023, letter sent to State Medicaid Directors. If the state's assessment is not complete by September 13, 2023, please submit your preliminary assessment by that date. States that previously identified any areas of non-compliance but have since implemented mitigations or other fixes should also submit the requested information in the mitigation plan addendum to CMS.

CMS has provided the template beginning on page 4 of this document to facilitate states' reporting, though use of the template is not required. If using another format than this template, please include the information requested in the bullets below. States may submit the completed template or required information in other formats via email to the CMS Unwinding Mailbox at CMSUnwindingSupport@cms.hhs.gov.

- Population(s) affected by the state's failure to complete a redetermination of eligibility based on available information for each individual in the household, regardless of the eligibility of others in the household unit.
- The number of affected individuals in each population
- Description of the state's current process for conducting *ex parte* renewals for a household with affected individuals
- Description of the state's plan for pausing disenrollments until the state implements mitigations or other updates to ensure that eligible individuals are not disenrolled. If the state does not need to pause future disenrollments, the state should explain why.

- Confirmation that all affected individuals will have their coverage reinstated, and the number of individuals who will have coverage reinstated. States unable to quickly identify affected individuals within a household must reinstate coverage for the full household.
- Confirmation that individuals with coverage reinstated will be provided instructions for obtaining payment for unpaid medical bills and/or ensure eligible services are covered while the individual was disenrolled.
- Timeline for when coverage reinstatement will occur.
- Which mitigation strategies the state will implement, which populations the strategies will be implemented for, and the implementation timeline(s). States may select any of the CMS-identified mitigation strategies listed on pages 4 and 5 of the August 30, 2023, letter sent to State Medicaid Directors, or they may propose alternative state-developed mitigation strategies that ensure that eligible individuals are not disenrolled and demonstrate a path to full compliance with relevant federal requirements by the end of a state's unwinding period.
- Description of the state's initial plans related to the system fix(es) the state will use to conduct *ex parte* renewals at the individual level, including whether the fix will be temporary or permanent (CMS will request additional information related to the system fix[es] used)

Section 1: State Attestation for Completing Compliant Ex Parte Renewals

State: Alaska

Medicaid Director: Emily Ricci

State point of contact for attestation: Emily Ricci

Date of submission: September 13, 2023

Background: Federal Medicaid renewal regulations require that states complete a redetermination of Medicaid or CHIP eligibility based on available information for each individual in the household, regardless of the eligibility of others in the household unit: “[t]he agency must make a redetermination of eligibility without requiring information from *the individual* if able to do so based on reliable information contained in the individual’s account or other more current information available to the agency” (emphasis added). Regulations related to the determination of eligibility at 42 C.F.R. §§ 435.911(c) and 457.350(b)(1) also specify that the agency must furnish Medicaid for each individual determined eligible at application and redetermination of eligibility, if found eligible. Further, while states may need to obtain information, such as income, from all household members, to renew eligibility for those whose eligibility cannot be established via the *ex parte* process, states may not require additional information to renew coverage for those who should have already been determined eligible based on other available reliable information. Requesting additional information under these circumstances is inconsistent with 42 CFR 435.916(e), which specifies that “the agency may request from beneficiaries only the information needed to renew eligibility.” As a result, any state that conditions renewal of Medicaid eligibility for individuals in the household on the return of a renewal form, when such individuals’ eligibility has already been established based on available information via the *ex parte* process, is out of compliance with federal renewal requirements and may be ineligible to claim the temporary FMAP increase under section 6008(f)(2)(A) of the FFCRA.

Attestation: If the state is in compliance with the above federal regulations, select the following boxes to attest that each statement is true:

- The state completes a redetermination of Medicaid and CHIP eligibility based on available information for *each individual* in the household, regardless of the eligibility of others in the household unit.
- The state does not require information needed only to determine Medicaid or CHIP eligibility for *an individual* if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
- The state does not condition renewal of Medicaid or CHIP eligibility for individuals in the household on the return of a renewal form, when such individuals’ eligibility has already been established based on available information via the *ex parte* process.
- Since April 1, 2023, no eligible individuals have been disenrolled from Medicaid or CHIP due to a failure to account for the individual’s eligibility status, independent of that of others in the household.

Section 2: Mitigation Plan Addendum Template for States with Areas of Non-Compliance

State: Alaska

Medicaid Director: Emily Ricci

State point of contact for attestation: Emily Ricci

Date of submission: September 13, 2023

A. Issue description

A.1. Select the population(s) affected by the state's failure to complete a redetermination of eligibility based on available information for each individual in the household, regardless of the eligibility of others in the household unit (select all that apply):

Children in households with at least one adult enrolled in Medicaid:

Estimate 10% of 2,098 children procedurally disenrolled.

Eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members:

Estimate 10% of the 16,225 Adults in household procedurally disenrolled.

Other (please specify)

A.2. Please provide a description of the state's current process for conducting ex parte renewals for a household with affected individuals:

Alaska's ARIES eligibility system identifies individuals due for renewal and attempts to make an ex parte eligibility determination on an individual basis. If unsuccessful, a renewal form is sent to the household 45 days before the end of the certification period. Households who do not return the completed renewal form, are manually reviewed, at the individual level prior to disenrolling Medicaid benefits. Ex Parte renewals for Medicaid programs managed in Alaska's EIS eligibility system is a manual process. The eligibility technician is provided information on individuals due for renewal and attempts to make an ex parte eligibility determination on an individual basis. If unsuccessful, a renewal form is sent to the household 45 days before the end of the certification period. Households who do not return the completed renewal form, are manually reviewed, at the individual level prior to disenrolling Medicaid benefits. Additional guidance and training were provided to eligibility technicians to ensure compliance with ex parte renewal requirements.

B. Plans for pausing disenrollments for affected individuals (CMS will ask states about redistributing held terminations in future conversations with states)

B.1. Will the state pause disenrollments until the state implements mitigations or other updates to ensure that eligible individuals are not disenrolled?

Yes, procedural disenrollments until (please provide more information, including the planned length of time): September procedural disenrollments.

Yes, all disenrollments (please provide more information, including the planned length of time):

No (please specify why this is not needed):

C. Plans to reinstate coverage for affected individuals who have been disenrolled

C.1. For how many individuals will coverage be reinstated? States unable to quickly identify affected individuals within a household must reinstate coverage for the full household.

The state has a dedicated team that is reviewing all Medicaid closures to ensure that any eligible individuals are reinstated. We are rapidly reviewing cases and reinstating eligibility as we go and expect to have this work completed by October 31, 2023.

C.2. When will coverage be reinstated?

The state has identified the potentially impacted individuals and has begun reviewing and reinstating Medicaid benefits if appropriate. Children are being prioritized.

C.3. How will individuals with coverage reinstated be notified and given instructions for obtaining payment for unpaid medical bills and/or coverage for services while disenrolled?

Individuals will be sent a letter via their preferred communication method (mail/email).

D. Mitigation strategies and details how the selected strategies will be implemented (states must select at least one)

Mitigation Strategies

1. Identify and renew eligibility for affected individuals prior to disenrollment (e.g., based on information from the initial *ex parte* process or through a manual process, checking data sources and renewing eligibility for any individual in a household who remains eligible) until a system fix is fully implemented.

Additional Information

a. For which populations will this strategy be implemented? Select all that apply.

Children in households with at least one adult enrolled in Medicaid

Eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members

Other (please specify):

b. Additional information:

We plan to implement an eligibility system fix by June 30, 2024.

Implementation Timeline

A manual process is in place and updated guidance was provided in September 2023. A permanent eligibility system fix will be implemented by June 30, 2024.

2. Suspend renewals while the state implements needed systems and operational fixes, which may include implementation of mitigation strategy 1 above.

Additional Information

a. For which populations will this strategy be implemented? Select all that apply.

- All renewals
 - Children in households with at least one adult enrolled in Medicaid
 - Eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members
 - Other (please specify):
 - b. How many months will the state pause?
 - c. How many months will the state extend its unwinding period as a result of this mitigation strategy?
 - d. Additional information (including redistribution plans, if available):
3. Extend Medicaid or CHIP eligibility for affected individuals for up to 12 months from the member’s scheduled renewal during the unwinding period.

Additional Information

- a. For which populations will this strategy be implemented? Select all that apply.
 - Children in households with at least one adult enrolled in Medicaid
 - Eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members
 - Other (please specify):
- b. For how long will eligibility be extended for affected individuals?
- c. Additional information:

4. Other (please specify):

Additional Information

- a. For which populations will this strategy be implemented? Select all that apply.
 - Children in households with at least one adult enrolled in Medicaid
 - Eligible individuals in households in which additional documentation is needed to verify eligibility for the other household members
 - Other (please specify):
- b. Additional information:

E. Plans to fix the state’s system and processes (CMS will request additional information related to the system fix(es) used to achieve full compliance)

E.1. Please provide initial plans related to the system fix(es) the state will use to conduct *ex parte* renewals at the individual level, including whether the fix will be temporary or permanent.

Alaska will implement a permanent eligibility system fix including to look at all individuals on a case independently without dropping to manual renewal for specific subtypes. Changes will ensure that all individuals who may be, for example, aging out of a category or changing an income type are handled as individuals and don't impact others on in the same household. This update will ensure that a recipient who fails ex-parte based on a category does not automatically impact other individuals on the case.

E.2. What is the estimated timeline(s) for these system fix(es)? The eligibility system fix will be implemented by June 30, 2024.

The eligibility system fix will be implemented by June 30, 2024.

F. Other notes/additional information, including other identified areas of non-compliance and proposed mitigations:

Alaska's policy is to verify qualified alien status at application and not reverify unless that person's qualified alien status becomes questionable. As a mitigation to this issue until a permanent system fix can be made, we will ensure that individuals that are not U.S. citizens are dropped out of the automated renewal process so that a manual verification is completed at renewal.