



October 4, 2021

Meg Snead, Acting Secretary
Pennsylvania Department of Human Services
PO Box 2675
Harrisburg, PA 17105-2675

Dear Secretary Snead:

We are a group of Pennsylvania health law and policy advocates who work directly with and on behalf of Medical Assistance (MA) enrollees. We are writing to request a meeting with you and your staff to discuss DHS' plans to ensure that MA-eligible people remain connected to MA when the federal COVID Public Health Emergency ends.



Current data show that a record 3.3 million Pennsylvanians are currently enrolled in MA and that nearly 500,000 of them will be at risk of MA termination once the Public Health Emergency (PHE) ends. Low-income people have disproportionately suffered the worst consequences of the pandemic: unemployment, hazardous work conditions, severe illness, deep poverty, displacement, and homelessness. The looming end of the eviction moratorium, the end of Pandemic Unemployment Compensation benefits, and the rise of the Delta variant put these individuals at even greater risk of harm. It is imperative that DHS keep as many of these individuals connected to health care as possible.



DHS will be required to complete full MA renewals for all 500,000 Pennsylvanians at risk of MA termination when the PHE ends; at the same time DHS will also be required to resume pre-pandemic MA renewal processing for the 2.8 million other MA enrollees and pre-pandemic MA application processing for new applicants. Conducting renewals for 500,000 individuals, while also resuming all of DHS's other regular operations, is an unprecedented amount of work.



We are very concerned that the significant administrative burden the CAOs will face when processing this large volume of cases, coupled with the COVID-related difficulties many low-income people will continue to face after the PHE ends, will result in a large number of MA-eligible children and adults losing access to MA. Even under "normal" pre-pandemic circumstances, DHS renewal processes result in a significant number of eligible MA enrollees losing MA and having to return to the CAO to get their MA turned back on through a new application or reconsideration—we often refer to this as MA "churn." The most recent pre-pandemic data available show that 55% of MA renewals in a given month result in MA termination. The vast majority (89%) of those who lose MA are reconnected to MA within four months following the termination, either by the MA recipient submitting a new application or a request for reconsideration, both of which must be processed by the CAO. This accounts for more than 100,000 MA-eligible people who lose access to MA and then must submit additional paperwork to be processed by the CAO to restore MA each month.



We strongly urge DHS to take action now to reduce the volume of cases that will need to be renewed after the PHE, to streamline the renewal process for those who will need to be renewed after the PHE, and to establish safeguards to ensure that those who are eligible will remain connected to their MA benefits.

We are offering the attached set of recommendations DHS should take in preparation for and after the end of the PHE. We hope to meet with you soon to discuss our recommendations and DHS' plans for post-PHE MA operations in greater detail. We will contact your staff about scheduling a meeting.

Sincerely,

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Health Law and Policy Advocates' Recommendations on MA Processing After the Federal Public Health Emergency Ends

The Families First Coronavirus Relief Act (FFCRA) prohibits states from reducing the amount, duration, and scope of Medicaid enrollees' benefits until the end of the month in which the public health emergency (PHE), as declared by the U.S. Department of Health and Human Services, ends. Recent CMS guidance instructs states to complete full renewals over the 12 months after the PHE ends for all those whose MA has been maintained due to the FFCRA moratorium on Medicaid terminations and offers states a number of options to streamline renewal processing and continue COVID flexibilities during these 12 months.¹ While we do not know when the PHE will end, especially as the Delta variant surges, there are indications that it could end as early as January 2022. Given the very large volume of cases that will need to be processed, we urge DHS to take the following steps as soon as possible to ease administrative burdens and ensure that as many MA-eligible people as possible maintain access to health care.

1. Take action now to reduce the number of people who will be at risk of termination once the PHE ends.

Recent DHS data show that nearly 500,000 Pennsylvanians will be at risk of termination when the PHE ends and a record 3.3 million Pennsylvanians will need to have a renewal processed in the 12 months following the end of the PHE. There are a number of things DHS can do now both to manage the CAO's workload and ensure that MA-eligible people remain connected to MA. We recommend the following:

- a. Use SNAP data to automatically renew MA.** In 2016, DHS started its "Fast Track" program to auto-enroll SNAP recipients in MA.² This same process can be used to auto-renew MA recipients and CMS guidance encourages this: "For some individuals receiving SNAP or other means-tested benefits, such as TANF, states may use a targeted enrollment strategy to rely on income determinations made by another program if the state is certain the individual would be income-eligible using MAGI-based methods."³ Households that are enrolled in SNAP, but have not renewed MA during the PHE, should be reviewed to see if they meet the criteria for MA auto-renewal under this "Fast Track" process.
- b. Ensure addresses are current and send renewal packages and requests for verification to current addresses.** Based on data shared by DHS 130,000 MA enrollees will be at risk of termination once the PHE ends because they have not submitted renewal forms or responded to a request for verification. There's a good

¹ CMS' August 13, 2021 is available here: [SHO# 21-002: Updated Guidance Related to Planning for the Resumption of Normal CHIP and BHP Operations Upon Conclusion of the COVID-19 PHE \(medicaid.gov\)](#). CMS' December 22, 2020 guidance is available here: [Planning for the Resumption of Normal State Medicaid, CHIP, and BHP Operations Upon Conclusion of COVID-19 PHE](#)

² See Operations Memorandum 17-08-05

³ CMS December 22, 2020 guidance, page 32.

chance that many beneficiaries are no longer at the same residence and so they have not received the renewal form or request for verification DHS sent. DHS should use emails, text messages, and/or pre-recorded calls to contact recipients to give them instructions for updating their address and for completing their renewal online. Additionally, DHS should ensure that addresses have been checked against the USPS's National Change of Address database. If renewals are returned as undeliverable, this database should be checked for updated addresses. Once updated addresses are received, DHS should send new renewal packages and requests for verification to those updated addresses.

c. Use nudges to increase response rates. Use email, text, and calls to provide follow up reminders to beneficiaries to complete the renewal process or respond to a request for information.

2. Use the full 12 months permitted to complete renewals for everyone at their next annual renewal due date, but hold renewals for pregnant and recently pregnant people until after April 2022.

CMS' August 2021 guidance requires states to complete full renewals for all those whose MA was maintained under the FFCRA MOE requirements over the course of 12 months after the PHE ends. To ease the administrative burden associated with processing renewals for all those at risk of termination at the end of the PHE, and to protect against wrongful MA terminations, we strongly encourage DHS to take the full 12 months to complete this process, and process renewals for everyone as they come due. However, we also urge DHS to hold MA renewals for pregnant or recently pregnant MA beneficiaries until after April 2022 when the post-partum eligibility period is extended from 60 days to 12 months.

If DHS does not take the option to simply process renewals for everyone as they come due, DHS should stagger renewals over the course of the full 12 months after the PHE ends and process those who are most likely to remain eligible last. CMS guidance recommends that states create a "risk-based approach" when developing their timelines for completing renewals after the PHE ends and identifies "populations whose eligibility tends to be stable" as those that states may choose to review last.⁴ Specifically, we recommend that DHS process renewals for children, pregnant adults, seniors, and people with disabilities last.

3. Enhance ex-parte review processes to ease CAO burdens and ensure that more eligible people remain connected to MA.

Ex-parte review is required under federal law and the CMS guidance. The most recent data we have show that Pennsylvania renews eligibility automatically for less than 25% of "MA-only qualified cases" which represent only a fraction of the total renewals. Refer to the one-page document of ASAP recommendations titled "Improve Automated Processing of Medicaid Renewals to Keep Pennsylvanians Healthy" which was previously shared with DHS.

⁴ CMS' December 22, 2020 guidance, page 23-24.

DHS is facing a crush of work but has time to prepare for it. We strongly encourage DHS to take this opportunity now to make much-needed improvements to its ex-parte renewal process to ease the unprecedented administrative burden DHS will face when the PHE ends. We recommend the following:

- a. Include combined SNAP/MA cases in automatic ex-parte review processes.** Currently, these are excluded from Pennsylvania's automatic ex parte process. This excludes nearly 1.6 million MA recipients from the automatic ex parte review process. Other states with combined MA and SNAP processing report at least a 50% ex parte renewal rate. At a minimum, run SNAP cases in the Elderly/ Disabled Simplified Application Process (ESAP) through the ex parte process. ESAP households only need to submit renewals every three years. Making them submit annual MA renewals causes unnecessary terminations of MA among this frail population with very stable income, and undermines the ESAP goal of reducing recipient paperwork.
 - b. Include all MA categories with resource tests in automatic ex-parte review processes.** Many MA categories with resource tests are excluded from the ex parte process, disproportionately affecting elderly and disabled MA recipients who often have more challenges gathering documentation than other MA recipients. Electronic data sources are available to verify whether someone meets resource tests and should be used during the ex-parte process.
 - c. Review whether DHS's data match rules are too narrow.** E.g., is there a discrepancy between the recipient's employer's name on the renewal and data sources but the employer is in fact the same? Is DHS rejecting the renewal even when unreported income makes no difference to eligibility? Before the pandemic, DHS had envisioned making changes to reduce the number of data matching discrepancies. These tweaks should be reprioritized and implemented as soon as possible.
 - d. Ensure that all information provided to DHS, including information provided through programs like SNAP and TANF, are considered.** Since many SNAP and TANF recipients must participate in Semi-Annual Reporting, there may be information received through these programs that will help automatically renew MA.
- 4. For those who are not renewed ex-parte, send complete renewal packages in appropriate languages to correct addresses, combine with other benefits programs when possible, and provide reminders to complete them.**

We encourage DHS to take the following steps to give MA recipients and CAOs the best chance possible to get complete renewals processed correctly the first time, so that those who are eligible can maintain uninterrupted access to their MA benefits, and the CAO can avoid the additional administrative burdens associated with churn:

- a. **For those individuals who will have a SNAP renewal due in the 12 months following the end of the PHE, complete both the MA renewal and the SNAP renewal at the time that the SNAP renewal is due.** This will reduce the number of renewals the CAO will need to process over this 12-month period. It will also reduce confusion for MA recipients and reduce the opportunity for renewal packages to get lost or delayed in the mail.
- b. **For Limited English Proficient (LEP) households, send renewal packages in both the language spoken/understood by the household and in English.** Since the PHE began, DHS has published new translations of its MA renewal form. DHS should ensure that these translations are sent to LEP households. Many LEP households, just like non-LEP households, will need help from family, friends, and community organizations to complete renewal forms. We strongly encourage DHS to send English renewal forms, in addition to the appropriate non-English translations, so that LEP households can get help completing the renewal from English-speaking community members if needed.
- c. **Ensure renewal packages are sent with any additional forms that will need to be completed to establish ongoing eligibility.** For example, individuals in disability-related MA categories who are not receiving disability cash benefits and whose PA 1663 forms have expired should be sent new PA 1663 forms and individuals receiving Emergency MA with expired emergency medical condition certifications should be sent new PA 1917 forms.
- d. **Strengthen and reissue policy clarification that documentation of lost income is not needed.** When someone loses a job, they often leave that job with no proof that it has ended. Asking MA enrollees to return to former employers for a letter documenting the loss of a job is unnecessarily burdensome. It is perhaps more likely now than at any other time in history that people will have lost jobs since their last MA renewal. Current policy (PMA-18433-378) permits the CAO to require documentation of a lost job if a caseworker finds the MA enrollee's explanation "questionable." We have seen many cases where the CAO has demanded documentation, even though a reasonable explanation is provided. We encourage DHS to amend this policy clarification to clearly state that an MA enrollee's statement that they have lost a job should be accepted, especially when there is other income or resources in the household or, if there is no other income or resources, the MA enrollee has explained, either orally or in writing, how they are meeting expenses, or that they are not meeting expenses (e.g., they are not paying rent and fear eviction).
- e. **Ensure addresses are current.** Based on data shared by DHS, over 100,000 MA enrollees will be at risk of termination once the PHE ends because they have not submitted renewal forms. There's a good chance that many beneficiaries are no longer at the same residence. As noted above, DHS should take time before the end of the PHE to update addresses. Prior to sending new renewal forms, DHS should consider using emails, text messages, and/or pre-recorded calls to contact recipients with instructions for updating their addresses and completing their renewals online.

Additionally, DHS should ensure that addresses have been checked against the USPS's National Change of Address database.

- f. **Use nudges to increase renewal rates.** Use emails, texts, and calls to provide follow up reminders to beneficiaries to complete the renewal process.

5. Suspend MA terminations for “whereabouts unknown.”

When mail is returned as undeliverable, DHS should use any available alternative means to contact the individuals, such as email, text, phone and the resources of the HealthChoices and Community HealthChoices (CHC) managed care organizations (MCOs). If DHS makes contact through this means, include the notice content and allow an additional 30 days for individuals to respond with the requested information. The pandemic has likely caused a higher degree of dislocation than at any other time in recent history, so it is all the more important to use these alternative means of contact and to give people full opportunity and ample time to respond while maintaining access to MA. Moreover, MCOs may have information on their participants’ whereabouts or alternative means to reach them. For example, CHC-MCOs providing in-home services to waiver participants should be able to contact MA enrollees through their service coordinators and service providers.

6. Provide notice of all alternative MA programs and opportunity to provide additional information to all individuals found ineligible after their renewal is complete.

In accordance with federal law, before terminating MA under a particular MA category, DHS must affirmatively review each file to determine whether a person might be eligible for MA under some other category.⁵ Those whose file reviews indicate **no** alternative eligibility may still in fact be substantively eligible for MA and should be given an opportunity to establish such eligibility.

We see this frequently with people who are losing eligibility under MAGI, Healthy Horizons and even HCBS categories, but who are eligible for MAWD. Because the income limits are so much higher for MAWD than for any other MA category, many who may be over income for other MA categories may still be eligible for MAWD. However, until the CAO provides information about MAWD, those who are eligible for MAWD do not know that it exists or how to establish eligibility. Moreover, Act 69 of 2021 just created an entirely new category of MA eligibility for “Workers with Job Success” that very few, if any, MA recipients will know about or how to access.

Since DHS cannot know in advance who among the thousands of affected individuals would be eligible for MA under another eligibility category, it must notify all individuals of the other MA categories that are available and give people time to show that they are eligible under one of these other MA categories before terminating MA. With respect to MAWD, this means

⁵ 42 C.F.R. § 435.916(f)(1)

notifying individuals that if they are working and have a serious medical condition or disability, they may be able to continue to keep Medical Assistance (or waiver) under the MAWD category.

7. Keep individuals on MA temporarily if they provide relevant information indicating eligibility at renewal but some verification is still required.

In reviewing all information submitted on renewal forms, a statement by an enrollee about information relevant to eligibility should be accepted as sufficiently accurate to keep them on MA temporarily, even if some type of verification is normally required. The time period to submit additional documentation should be extended by 30 days at least. Later termination is possible if any needed and requested verification is not provided within this time period or is provided and shows ineligibility. CMS permits such flexibility during this transition period.

8. Ensure all avenues for ongoing eligibility for MA-funded long-term services and supports are explored prior to terminating individuals from MA nursing facility coverage or home and community-based services.

Because MA-funded long-term services and supports (LTSS) are critical to maintaining individuals' health, well-being and life, it is essential that ongoing coverage determinations be made using the most up-to-date information; that service and supports coordinators receive information about their participants renewals, are trained to provide assistance with renewals and engaged to assist with gathering paperwork and filling out forms; and that individuals are informed about and given the opportunity to retain eligibility through other MA categories, and income and resource "spenddown" options. This is especially critical for home and community-based services (HCBS) recipients as they are at substantial risk of hospitalization or nursing facility placement when services they receive at home are interrupted. We recommend DHS:

- a. Ensure that level of care determinations are updated prior to LTSS eligibility terminations.** All individuals receiving MA-funded nursing facility services or enrolled in an OLTL Waiver, ODP Waiver or LIFE Program who were determined during the public health emergency to no longer meet the level of care requirement for the LTSS they receive or whose annual level of care redetermination has not been completed must have a new, in-person level of care redetermination conducted prior to issuance of a notice with full appeal rights terminating them from MA coverage of nursing facility care or HCBS.
- b. Review HCBS participants for MAWD eligibility.** All HCBS recipients under the age of 65 who have earned income and whose income or assets are above the limits for HCBS should be evaluated for MAWD before termination. HCBS should continue while that evaluation takes place and a new MAWD application should not be required. Meeting the level of care for the relevant HCBS programs should be considered sufficient to establish disability for purposes of the MAWD program. Because MAWD coverage for someone receiving HCBS is currently only possible through a manual work around, DHS should take time now to make the programming changes necessary to automate the process. If that is not possible, DHS should conduct a biweekly audit of all HCBS terminations to

identify those with earned income and immediately reinstate HCBS coverage for anyone under 65 erroneously terminated without a MAWD determination.

- c. Identify LTSS participants scheduled for renewal and ensure that service and supports coordinators are trained on and engaged to provide renewal assistance.** Service coordinators in the CHC and OBRA waivers and supports coordinators in the ODP waivers are uniquely positioned to assist LTSS participants with gathering requested documentation and filling out renewal forms so that individuals do not experience disruptions in care caused by failing to complete renewals. DHS should work closely with OLTL, CHC MCOs and ODP to ensure that CHC MCOs, and service and supports coordinators know when their participants are being renewed; receive competency-based training on renewal procedures and requirements; and provide and offer renewal assistance to every LTSS participant.
- d. Provide information about reducing resources to those exceeding the LTSS resource limits.** LTSS recipients found to be over the resource limit should be informed of the amount by which they must reduce those resources to retain eligibility, the timeframe for doing so, and the types of transfers that are permitted and prohibited (less than fair market value). Such individuals should also be provided information about ABLE accounts and special needs trusts to reduce larger amounts of resources and informed of the option to pre-pay towards estate recovery if they are unable to reduce their resources.
- e. Provide information about qualified pooled income spenddown trusts.** CHC waiver, OBRA waiver, and LIFE program participants who are determined to be over income for HCBS or any other category of MA, including MAWD, should be given written information about the availability of qualified pooled income spenddown trusts to reduce their countable income and how to learn more about such a trust by contacting the Pennsylvania Health Law Project. This population includes individuals whose income increased after they were determined eligible for HCBS as well as individuals who moved from a nursing facility to an HCBS program despite being over-income for HCBS under Policy Clarification PMN-19863-423.

9. Ensure access to and provide information about other insurance affordability programs and insurance coverage.

To mitigate harm caused by termination of MA, it is critical to provide a smooth transition to other insurance affordability programs and to provide information in termination notices about other health insurance options and affordability programs.

- a. Ensure a smooth transition to Pennie for those terminated from MA.** DHS should work with Pennie to ensure that those individuals who are terminated from MA but who may be eligible for coverage through Pennie are able to make the transition seamlessly. Of critical importance is taking time now to ensure that DHS can electronically transmit to Pennie all data fields Pennie needs to make determinations about eligibility for its insurance affordability programs. In addition, DHS should update the portion of its termination/denial notices

informing people that their case has been referred to Pennie by emphasizing that they may be eligible for reduced premiums and cost sharing (especially considering recent changes under ARPA), and alerting people to what they can expect once Pennie has evaluated their eligibility (e.g., that they will receive information on claiming their Pennie account where they can comparison shop for and purchase a Pennie plan).

- b. Ensure the current process via the “HealthCare Handshake” continues to operate smoothly as children transition from Medicaid to CHIP.** During the moratorium on MA terminations, enrollment in CHIP has declined 18% with nearly all the decrease found in the Free CHIP category. These nearly 40,000 children could be moving back to Free CHIP following the end of the PHE. As DHS prepares to sunset the current CHIP Application Process System (CAPS) and merge eligibility into one system with eCIS in early 2023, we urge special consideration if that timeline overlaps with MA-renewals at the end of the termination moratorium. This will ensure children are not negatively impacted by, for example, gaps of coverage during this significant transition. Processing of all CHIP applications, renewals and changes will be a new function for CAOs which is completed by the MCOs under the current framework.
- c. Update the “Reduction in Benefits Notice” sent to new dual eligible MA recipients to reflect the CHC Program.** When an MA recipient begins receiving Medicare, they are sent a “Reduction in Benefits Notice” describing how they will receive prescription drug and medical services going forward. At least some CAOs are still using a 2007 version of the notice for participants moving to CHC, but that notice incorrectly informs participant that they will receive fee-for-service MA. While the old notice is accurate for dual eligibles not moving to CHC (e.g., those in the OBRA and ODP waivers or receiving base services) it has caused significant confusion for participants who will receive their MA through CHC, which is the vast majority of dual eligibles. If DHS has not created a separate notice to reflect the CHC program, we request that you do so.
- d. Provide information about PA Medicare Education and Decision Insight (PA MEDI) (formerly APPRISE) to those losing MAGI MA coverage due to receipt of Medicare or turning 65.** Regardless of whether they are transitioned to a non-MAGI MA category or being terminated from MA, individuals who began receiving Medicare or turned 65 since the beginning of the PHE should receive information about PA MEDI (formerly APPRISE) which works with individuals to explore ways of making Medicare (or PACE/PACENET) work for them in the most affordable way. Because of MA continuous eligibility during COVID, many people who became dually eligible during the PHE may not have thought about how to effectively use their new Medicare coverage or be aware that options such as Medicare Advantage plans and Medigap insurance could help control out-of-pocket costs when they lose MA. Others may have failed to enroll in Medicare thinking it was unnecessary due to receipt of MA. PA MEDI is in the best position to counsel these individuals about their options regardless of whether they will continue to be on MA, are placed in a Medicare Buy-In only category or terminated from MA programs entirely.

10. DHS should work with stakeholders and community partners who are in a position to assist with address verification and help MA recipients ensure renewals are completed.

- a. DHS should engage with IMAC, MAAC, Marketplace navigators, MA managed care organizations (MCOs), COMPASS Community Partners, and other stakeholders when developing end of PHE policies and procedures, publish end of PHE policies and procedures so that they are easily accessible, and solicit stakeholder feedback on how PHE policies and procedures can be improved.
- b. Beginning now, DHS should regularly provide MCOs, LIFE programs, OLTL-contracted service coordinators and ODP-contracted supports coordinators with lists of their MA recipients whose addresses appear outdated so they can work to identify better addresses and facilitate updating them.
- c. MCOs, LIFE programs, OLTL-contracted service coordinators and ODP-contracted supports coordinators should be notified of which of their MA recipients are up for renewal within the next calendar month so they can facilitate renewals or assist in providing additional information for reconsideration.
- d. When the PHE ends, MCOs, LIFE programs, OLTL-contracted service coordinators and ODP-contracted supports coordinators should be given advance notice of their MA recipients whose eligibility is being terminated for any reason so they can ensure timely appeals if appropriate and assist with providing documents needed for reconsideration. Advance notice is crucial as MCOs in particular believe that they are not permitted to assist MA recipients with reconsideration once they are removed from the MCOs enrollment rolls.

11. Use a dedicated phone line or increase staff on the current phone lines.

We do not believe the current staffing levels at the Customer Service Center (CSC) will be able to provide sufficient phone coverage to address the expected influx of tens of thousands of new callers seeking to update their information, and with questions about renewals and terminations when the PHE ends. Last winter, CSC wait times grew significantly as Pennie referrals and LIHEAP callers overwhelmed CSC staff. We regularly ended up waiting more than 20 minutes for calls to be answered. LIHEAP and Pennie will be open once again should the PHE end as early as this winter. Accordingly, we urge DHS to create a dedicated phone line and separate queue with sufficient staffing and reasonable wait times for calls related to terminations connected to the end of the moratorium. The dedicated phone number should be included on all termination notices.



Improve Automated Processing of Medicaid Renewals to Keep Pennsylvanians Healthy

- (1) **Acknowledge a grave problem: over 50% of Medical Assistance recipients lose MA at renewal, though 9 out of 10 are eligible.**
 - DHS data from 2019 showed only 45% of renewals happened on time: 55% of MA recipients lost MA for some period.
 - The vast majority (89%) of those who lost MA at renewal returned to the CAO to complete a new renewal, application, or reconsideration to get reconnected to MA within the following four months.
 - Eligible people are unnecessarily losing MA and access to health-sustaining medical care for months at a time, while case workers are unnecessarily reviewing paper renewal forms.
 - Reducing administrative churn is estimated to save an average of \$400 to \$600 per individual.
 - Medicaid expenditure data show higher costs for individuals enrolled for shorter periods of time. Studies show an estimated Medicaid cost for one month of \$705 compared to an estimated monthly Medicaid cost of \$326 for those enrolled continuously for 12 months
- (2) **Improve “ex parte” processing of MA renewals.**
 - Ex parte renewals keep Pennsylvanians connected to health services, reduce health care expenditures, and reduce DHS/CAO paperwork burden and mailing costs.
 - Pennsylvania renews eligibility automatically for less than 25% of “MA-only qualified cases” which represent only a fraction of the total renewals. Other states with combined MA and SNAP processing report at least a 50% ex parte renewal rate.
- (3) **Send more MA cases through the ex parte system.**
 - Allow more types of cases to go through ex parte MA renewal, e.g., senior citizens already approved for SNAP for 3 years via the Elderly Simplified Application Process (ESAP) because of their fixed low incomes.
 - Send all combined SNAP/MA cases, which are now excluded entirely, accounting for nearly 1.6 million MA enrollees.
 - Send MA cases with resources. Most of these are currently excluded, which means that many elderly MA recipients and those with disabilities cannot be renewed automatically.
- (4) **Analyze why so many cases fail automated renewal.**
 - DHS’ policy goal of keeping eligible Pennsylvanians enrolled in health care should drive the automated system.
 - Update the DHS “Automated MA Renewals” document dated April 24, 2019, to identify possible improvements, such as resolving gatepost exceptions, and tweaks for higher success rate.
 - Review whether DHS’ data match rules are too narrow and implement changes to reduce the number of data matching discrepancies. E.g., is there a discrepancy in the company name but the employer is the same? Is DHS rejecting the renewal even when unreported income makes no difference to eligibility?