

The recent federal end-of-year spending bill included several provisions related to Unwinding, including ending the connection between the Medicaid continuous enrollment requirement and the federal COVID-19 public health emergency. We are awaiting further guidance from federal partners, and will update this document as we learn more.

Wisconsin Department of Health Services

OPERATIONAL PLAN: COVID-19 Public Health Emergency (PHE) Unwinding and Return to Routine Operations



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

PURPOSE OF THIS DOCUMENT

This [State Health Official letter](#) sent by the Centers for Medicare & Medicaid Services (CMS) calls on each state to produce a plan for unwinding temporary Medicaid policies and returning to routine operations following the end of the COVID-19 public health emergency (PHE).

The Wisconsin Department of Health Services (DHS) has prepared this document to describe the 13-month effort to return to routine eligibility and enrollment processes for the BadgerCare Plus and Wisconsin Medicaid programs when the federal COVID-19 PHE ends. Efforts to support this transition include consulting with the Centers for Medicare & Medicaid Services (CMS), extensive planning with partners, preparing robust communications for members, ensuring readiness to process an increased number of reapplications and renewals, and making system enhancements to facilitate the full spectrum of unwinding activities.

This plan includes objectives, high-level activities, key definitions, a description of our planning structure, and an outline of the roles and responsibilities of DHS and its key partners in this effort.

This serves as a high-level summary of Wisconsin's plans and does not represent an exhaustive list of all activities. For additional details on Wisconsin's COVID-19 unwinding operations email dhsforwardhealthpartners@dhs.wisconsin.gov.

Key Audiences for this Document: Partners and Providers

Partners and providers can use this document to understand the return to routine operations, understand their role in unwinding, access resources to stay informed about key dates and coverage changes, and find communication materials to amplify messaging to members.

OBJECTIVES FOR RETURNING TO ROUTINE OPERATIONS

Support a successful return to routine operations while minimizing negative impacts on members and partners by:



Keeping members covered, either in a Medicaid program or another type of insurance that suits their needs.



Providing members with timely, accurate, and actionable information to avoid disruptions in coverage or medical care.



Collaborating with stakeholders to share information about unwinding and getting feedback from the field.



Helping our partners assist members by providing information, additional funding, staffing, training and resources.



Complying with state and federal policy requirements.

WHAT IS A PHE, UNWINDING, AND A “RETURN TO ROUTINE OPERATIONS”?

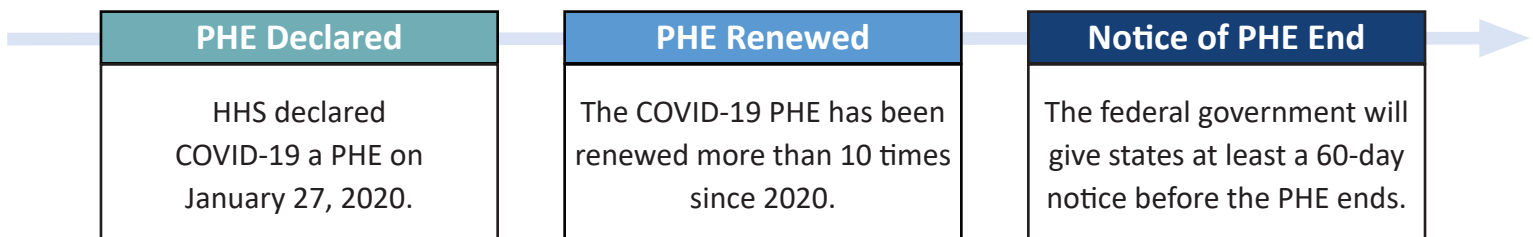
Defining Public Health Emergency (PHE) Declarations

According to the [US Department of Health and Human Services \(HHS\)](#):

“Under section 319 of the Public Health Service (PHS) Act, the Secretary of the Department of Health and Human Services can declare a Public Health Emergency (PHE) if he determines, after consulting with such public health officials as may be necessary, that 1) a disease or disorder presents a PHE, or 2) a PHE, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists. A PHE declaration allows the Secretary to take certain actions in response to the PHE. In addition, a public health emergency can be a necessary step in authorizing the Secretary to take a variety of discretionary actions to respond to the PHE under the statutes HHS administers.”

PHE Timeline

Duration: A declaration lasts for the duration of the emergency or 90 days but may be extended by the Secretary.



Unwinding Defined

Unwinding is the term used to describe the steps states must take to re-establish regular eligibility, enrollment, and benefits management processes after the federally-declared COVID-19 public health emergency (PHE) ends.

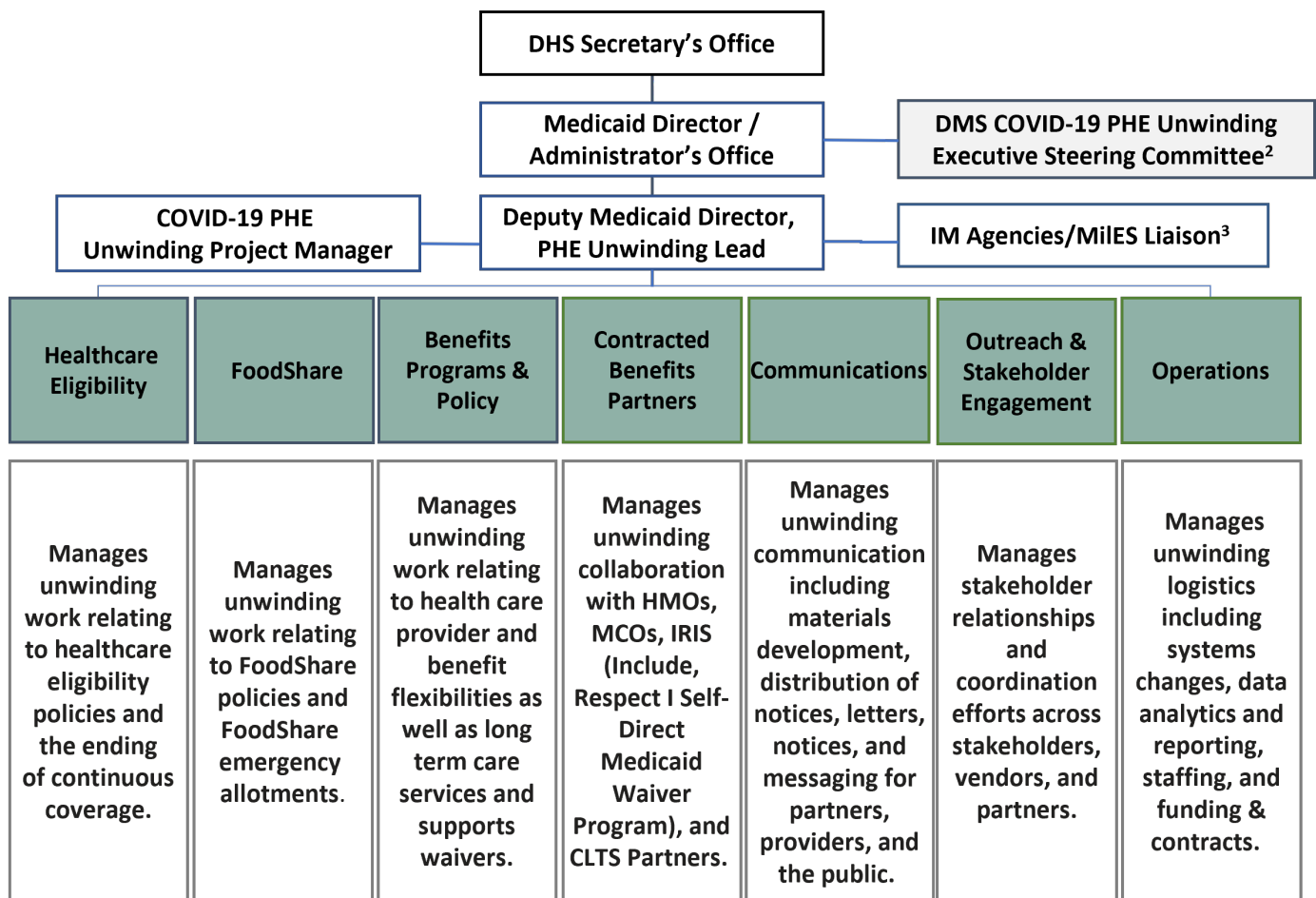
Return to Routine Operations Defined

When the federal government ends the PHE and when required by law, DHS will end temporary policies put in place during the pandemic for health care policies in Wisconsin. A **return to routine operations** includes the steps to re-establish regular eligibility, enrollment, and benefits management processes.

ORGANIZING FOR UNWINDING

Functional Areas

The Division of Medicaid Services (DMS) within DHS has organized preparations for PHE unwinding into a functional governance structure that reports to the division administrator's office.¹



1. This organizational structure represents the internal DMS structure and does not reflect other partners within DHS or the many key external partners engaged in this work.
2. Decision-making is discussed across functional areas and escalated through the DMS Executive Steering Committee.
3. County and tribal agencies (or income maintenance (IM) agencies) make eligibility determinations for health care and FoodShare on behalf of Wisconsin. Counties are organized into consortia except for Milwaukee County (who uses a state-based operation called Milwaukee Enrollment Services, or Miles).

INNOVATING FOR UNWINDING

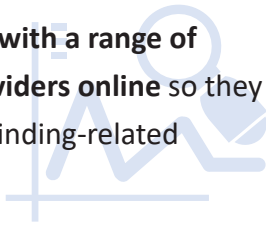
Examples of New and Restructured Operations

Consistent with state and federal requirements, below are examples of new systems, policies, communication methods, and internal changes implemented to prepare for unwinding. Other examples are listed throughout this plan.

CONNECTING WITH MEMBERS

DHS introduced **text message and email campaigns** directly to members. These messages provide important updates about member benefits and share critical information members need to know.

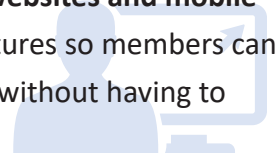
DHS made a **messaging toolkit with a range of materials for partners and providers online** so they can easily share important unwinding-related information with members.



FACILITATING INFORMATION EXCHANGE

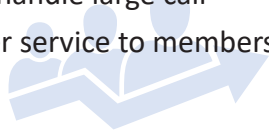
DHS is increasing the state's **administrative renewal rate by using available data sources**. This eases both the administrative and member burden of renewing coverage.

DHS has been **improving our websites and mobile applications** with updated features so members can complete many renewal steps without having to contact their local agency.



INCREASING OPERATIONAL READINESS

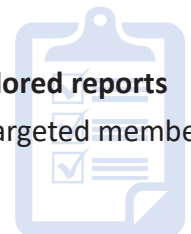
DHS will **provide resources to help increase staffing at IM Agency call centers** to handle large call volume and provide customer service to members once the unwinding begins.



ENSURING DATA DRIVES ACTION

DHS will analyze and leverage data to draw insights and make **data-driven decisions about renewals and application processing** throughout the unwinding period.

DHS is providing partners with **tailored reports** that will support and assist with targeted member outreach efforts.



WORKING WITH PARTNERS

To Keep Members Informed

Partners will receive information and guidance from DHS to support member outreach and information sharing. The following partners are described by their key roles:

Income maintenance (IM) agencies will typically be a member's first point of contact about benefits. Agencies will continue to inform members about the renewal process. DHS will provide agencies with key dates, tip sheets, data, training, and a toolkit – developed with IM and tribal agencies – to help answer member questions.

Covering Wisconsin (CWI) will assist members who need to transition from BadgerCare Plus or Wisconsin Medicaid programs to other coverage. CWI is a federally certified and state licensed navigator entity that will help members learn about their options, including the Federal Marketplace. Using reports provided by DHS, CWI will also conduct direct outreach to Fee-for-Service members.

Health care providers have unique access to members and are valuable partners in sharing critical Unwinding information with members. Once the Unwinding begins, DHS will offer monthly reports to providers regarding their patients upcoming renewal dates via the ForwardHealth portal. Instructions and communications resources for providers will also be available.

Health maintenance organization (HMOs), managed care organizations (MCOs), and IRIS consulting agencies (ICAs) will provide outreach and support to members. DHS has provided a [Communication, Outreach, and Marketing Guide](#) and will provide monthly reports to support direct member outreach. These groups may direct individuals to local aging and disability resource centers (**ADRCs**) about long-term care options and application assistance for related programs.

The **Office of the Commissioner of Insurance (OCI)** is engaged in planning and supporting as members navigate to other forms of health care coverage when appropriate. They also protect and educate Wisconsin consumers and promote a strong insurance industry.

The **Federally Facilitated Marketplace (FFM)** receives transfers of member information from DHS when an individual is no longer eligible for BadgerCare Plus. The FFM contacts such members regarding their FFM application and advance premium tax credits that lower monthly premiums for Marketplace health insurance plans.

Community-based and partner organizations amplify messaging about PHE unwinding. They can use the DHS partner toolkit to share information with members given their direct contact with individuals affected by PHE policies.

Looking for information? If partners have questions, email dhsforwardhealthpartners@dhs.wisconsin.gov.

WORKING WITH PARTNERS

How Partners Can Stay Informed and Involved

Meetings and Calls

DHS convenes the **PHE Unwinding Task Force** to collaborate with partners. DHS uses feedback from these meetings to refine our unwinding plans. Contact dhsforwardhealthpartners@dhs.wisconsin.gov for more information.



DHS also holds **biweekly stakeholder calls** to provide information about unwinding and other policy changes affecting BadgerCare Plus, Medicaid and FoodShare. For more information or to suggest a topic, visit [Wisconsin Programs Eligibility Policy Updates Call Series](#).

Toolkits and Email Distribution Lists

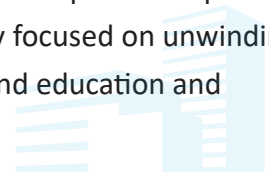
To ensure accurate and consistent messaging for members and applicants, partners are encouraged to use the [COVID-19 PHE Unwinding Partner Toolkit](#) which includes different types of communications materials to support various campaigns relevant to the current phase of the unwinding.

A new unwinding communications email list will provide updates about policy developments and new resources that become available online. Sign up to receive these updates [here](#).

The ForwardHealth community partner email list sends out important updates on resources for BadgerCare Plus, Family Planning Only Services, FoodShare, and other Medicaid programs. For more information and to sign up, visit [ForwardHealth: Resources for Community Partners](#).

Partnerships

The **DHS-OCI Health Care Coverage Partnership** is a public-private partnership that includes representatives from health care and insurance providers, government, and community organizations. The partnership aims to improve outreach and education to increase insurance enrollment and has recently focused on unwinding readiness. It supports four workgroups around workforce capacity, data, marketing, and education and outreach. Sign up for partnership emails [here](#).



HOW MEMBERS MAINTAIN COVERAGE

Renewal Process

To help members complete the renewal process when the COVID-19 emergency is over, we are asking members to:

Make sure we have their current contact information

Members are always asked to keep their mailing addresses and other contact information up to date with DHS so that they get critical messages about their benefits. Members can download the [MyACCESS mobile app](#) and use it to update their address and phone number. They can also use the [ACCESS website](#) or call the program-specific number on the next page.

Watch their mail and read their notices

During the month the PHE ends, DHS will send a notice that tells every member about the end of the temporary policies that have been in place and when their planned renewal date will be.

DHS will send members a renewal packet in the mail approximately 45 days before their renewal date telling them what actions they need to take. DHS will also be texting and emailing members whose mobile number or emails are on file to remind them their renewal is due. Members should only take action to renew during this time.

Complete their renewal (if required)

Members have multiple ways to complete renewals. For the fastest renewal, members are encouraged to use the [ACCESS website](#). Members may also submit a paper renewal, or contact their IM agency by phone, however, these ways take longer.

Members should not renew coverage until they get their 45-day renewal packet. Renewals have been distributed evenly to manage workload for IM agencies across the state. **Therefore, members should not renew coverage until they get their 45-day renewal packet.**

As renewals are completed, some members may find out they are no longer eligible for state health care coverage and will need to transition to other coverage. They will receive information about free assistance available to help them explore their options.

RETURN TO ROUTINE OPERATIONS: BADGERCARE PLUS

Includes BadgerCare Plus for Children, Pregnant Women (includes BadgerCare Plus Prenatal Program), Parents and Caretakers, and Childless Adults

Temporary COVID-19 PHE policies:

- Continuous eligibility is maintained for existing members: anyone enrolled on or after March 18, 2020, remains enrolled at least through the month after the federal PHE ends.
- BadgerCare Plus premiums have been suspended.
- Renewals are postponed as members received continuous coverage.



Policies in effect as of the member's next renewal after the PHE ends:

- Members must meet program rules and eligibility requirements (based on income, age, disability status, and other qualifiers) to stay enrolled in BadgerCare Plus.
- BadgerCare Plus premiums are reinstated as of the first calendar quarter after the PHE ends for new applicants and at renewal for existing members.
- Members must complete renewals when requested.

Related Outreach

- Members enrolled in managed care may hear from **HMOs and their health care providers** with reminders about their renewals, as well as resources to help individuals find other coverage if necessary.
- **Covering Wisconsin** will conduct similar outreach for fee-for-service members and the Federally Facilitated Marketplace may reach out to members who are no longer eligible for BadgerCare Plus regarding applications and tax credits.

Learn more:

- [BadgerCare Plus](#)
- [BadgerCare Plus Prenatal Plan](#)
- [COVID-19 Information for Health Care Programs](#)



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

RETURN TO ROUTINE OPERATIONS: MEDICAID FOR PEOPLE WHO ARE ELDERLY, BLIND OR DISABLED

Includes Medicaid Purchase Plan (MAPP) and SSI-Related Medicaid

Temporary COVID-19 PHE policies:

- Continuous eligibility is maintained for existing members: anyone enrolled on or after March 18, 2020, remains enrolled at least through the month after the federal PHE ends.
- BadgerCare Plus is extended to members who are 65 and older, blind, or disabled under presumptive eligibility.
- MAPP premiums have been suspended.
- MAPP members have temporary waivers from work requirements.



Policies in effect as of the member's next renewal after the PHE ends:

- Members must meet program rules and eligibility requirements (based on income, age, disability status, and other qualifiers) to stay enrolled in Medicaid or BadgerCare Plus.
- Adults who are 65 or older, blind, or disabled will no longer qualify for BadgerCare Plus based on presumptive eligibility and will be transferred to Medicaid.
- MAPP premiums are reinstated based on status of last renewal as of the first calendar quarter after the PHE ends.
- MAPP members will be required to meet the work requirement.
- Members must complete renewals when requested.

Related Outreach

- Members may hear from **HMOs and their health care providers** with reminders about their renewals, as well as resources to help individuals find other coverage if necessary. **Covering Wisconsin** will conduct similar outreach for fee-for-service members.
- **Local aging and disability resource centers (ADRCs)** will provide information about long-term care options and application assistance for related programs, services, and benefits.



WISCONSIN DEPARTMENT
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RETURN TO ROUTINE OPERATIONS: ADULT HOME AND COMMUNITY-BASED SERVICES PROGRAMS

Includes Family Care, Family Care Partnership, Program of All-Inclusive Care for the Elderly (PACE), and the Include, Respect, I Self-Direct (IRIS) Program

Temporary COVID-19 PHE policies:

Continuous eligibility is maintained for existing members: anyone enrolled on or after March 18, 2020, remains enrolled at least through the month after the federal PHE ends.



Policies in effect as of the member's next renewal after the PHE ends:

Members must meet program rules, including paying any cost share, and meet functional eligibility requirements to stay enrolled.

RETURN TO ROUTINE OPERATIONS: LIMITED-BENEFIT MEDICAID PROGRAMS

Includes Family Planning Only Services, Medicare Savings Program, Tuberculosis-Related Medicaid, SeniorCare, and BadgerCare Plus Emergency Services

Temporary COVID-19 policies:

Continuous eligibility is maintained for existing members: anyone enrolled on or after March 18, 2020, remains enrolled at least through the month after the federal PHE ends.



Policies in effect as of the member's next renewal after the PHE ends:

Members must meet program rules and eligibility requirements to stay enrolled.

Related Outreach

The state's **managed care organizations (MCOs)** and **IRIS consultant agencies (ICAs)** will reach out with reminders to the members or participants they work with.

Local aging and disability resource centers (ADRCs) will provide information about long-term care options and application assistance for related programs, services, and benefits.

RETURN TO ROUTINE OPERATIONS: CHILDREN'S LONG-TERM SUPPORT (CLTS) PROGRAM

Temporary COVID-19 PHE policies:

- Continuous eligibility is maintained for existing members: anyone enrolled on or after March 18, 2020, will stay enrolled at least through the month in which the federal PHE ends.
- Annual functional eligibility redeterminations (CLTS Functional Screens) are paused.



Policies in effect at renewal after the PHE ends:

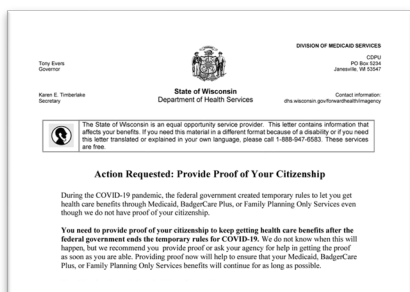
- Annual functional eligibility redeterminations will resume.
- Participants will have a functional eligibility redetermination within a year after the PHE ends.
- Members must meet program rules and eligibility requirements to stay enrolled.

Related Outreach

[County waiver agencies](#) communicate directly with members about policy changes and resuming annual eligibility determinations. Members also get information in the DHS "All in for Kids" newsletter.

DHS STRATEGIES TO REACH MEMBERS

The following images provide examples of DHS-authorized messaging you may see via mail, email, text, social media, or app notifications.

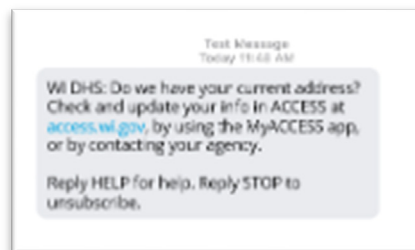


Written Correspondence

DHS notifies members of important information about their benefits through mailed correspondence. A member communication timeline of these communications is available on the DHS website [here](#).

Text Messages

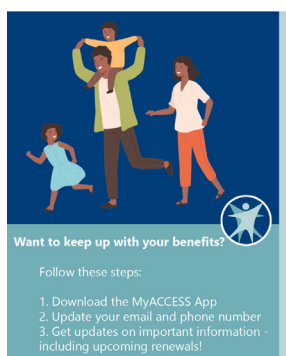
DHS will text members with mobile numbers on file about action-oriented steps they need to take in relation to their benefits. Texting enables DHS to reach members where they are and decrease issues related to physical mailings.



Email

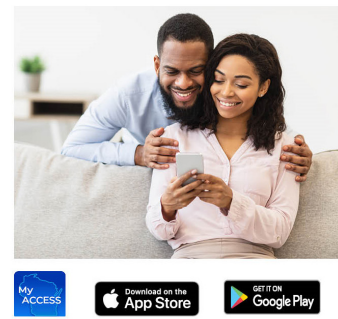
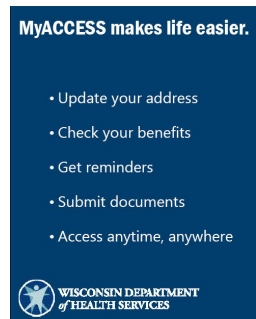
DHS has enhanced its ability to reach members via email with information important to their benefits through new system changes.

This will be in addition to messaging to members who have opted to be notified by email when new notices are available in their ACCESS account.



Multi-Media Messaging

DHS also shares messaging on the agency website, through social media channels, via call center staff, with “on-hold” phone messaging, and using its topic-based email list servs.



APPENDIX A:

Acronyms and Links

<u>Acronym</u>	<u>Meaning (and link to WI information, if available)</u>
ADRC	Aging and Disability Resource Center
CLTS Program	Children's Long-Term Support Program
CWI	Covering Wisconsin
FPOS	Family Planning Only Services
FFM	Federally Facilitated Marketplace
HMO	Health Maintenance Organization
IM Agency	Income Maintenance Agency
IRIS	Include, Respect, I Self-Direct
MAPP	Medicaid Purchase Plan
MCO	Managed Care Organization
PACE	Program of All-Inclusive Care for the Elderly
SSI-related Medicaid	Supplemental Security Income-Related Medicaid



APPENDIX B:

Links to Resources

Federal Resources	<ul style="list-style-type: none"> The unwinding communications toolkit, <i>Medicaid and CHIP Continuous Coverage Unwinding Phase I: Plan & Educate</i> has information to help those with Medicaid or CHIP renew their coverage. State Health Official Letter's #20-001, #20-002, and #20-004 Unwinding and Returning to Regular Operations after COVID-19
General Resources	<ul style="list-style-type: none"> COVID-19: Information for Health Care Programs Wisconsin Department of Health Services
ACCESS Website	<ul style="list-style-type: none"> https://access.wisconsin.gov/access/
MyACCESS Mobile app	<ul style="list-style-type: none"> https://www.dhs.wisconsin.gov/forwardhealth/myaccess.htm
IM Agencies	<ul style="list-style-type: none"> Income Maintenance and Tribal Agency Contact Information
Partner Resources	<ul style="list-style-type: none"> HMO and PIHP Communication, Outreach, and Marketing Guide Wisconsin Programs Eligibility Policy Updates Call Series Wisconsin Department of Health Services Emergency Unwinding Partner Toolkit ForwardHealth: Resources for Community Partners Wisconsin Department of Health Services
Fair Hearings	<ul style="list-style-type: none"> Medicaid/BadgerCare Plus Fair Hearing Information
BadgerCare Plus	<ul style="list-style-type: none"> BadgerCare Plus COVID-19 Information for Health Care Programs
Medicaid for the Elderly, Blind or Disabled	<ul style="list-style-type: none"> Medicaid Purchase Plan (MAPP) Supplemental Security Income (SSI)-Related Medicaid

APPENDIX B:

Links to Resources

Full-Benefit Medicaid	<ul style="list-style-type: none"> • Foster Care Medicaid (plus Adoption Assistance and Subsidized Guardianship coverage) • Wisconsin Well Woman Medicaid • SSI in Wisconsin • Katie Beckett • ADRC: Help for Older People and Adults with Disabilities Wisconsin Department of Health Services
Limited-Benefit Medicaid	<ul style="list-style-type: none"> • Family Planning Only Services (FPOS) • Medicare Savings Programs • Tuberculosis-Related (TB) • Applying for SeniorCare • Emergency Services
Wisconsin Medicaid (Home and Community-Based Services) programs	<ul style="list-style-type: none"> • Family Care • Family Care Partnership • Program of All-Inclusive Care for the Elderly (PACE) • Include, Respect, I Self-Direct (IRIS)



APPENDIX C:

Unwinding Task Force – Participating Organizations

Advocacy & Benefits Counseling for Health, Inc. (ABC for Health)

Aging and Disabilities Professionals of WI (ADPAW)

Alliance of Health Insurers (AHI)

City of MKE CHAP Community Healthcare Access Program

Covering Wisconsin

Disability Rights of WI

Employment Resources Inc. (ERI)

Feeding America Eastern WI

Feeding WI

Greater Wisconsin Agency on Aging Resources (GWAAR)

WI Board for People with Developmental Disabilities

Benelyn

Health and Employment Counseling (HEC)

Medi-gap

Hunger Taskforce

IM Agency Tri-Chairs

Outagamie County

Mental Health & Alcohol and Other Drug Abuse (AODA)

IRIS Consulting Agencies

Judicare

Legal Action

APPENDIX C:

Unwinding Task Force – Participating Organizations

Managed Care Organizations (MCOs)/ Health Maintenance Organization (HMOs)

Children's Hospital

Health Maintenance Organization Enrollment Broker

Milwaukee Enrollment Services (MILES)

Area Admin

Milwaukee Healthcare Partnership

Milwaukee Enrollment Network (MKEN)

Nursing Homes

Wisconsin Health Care Association (WHCA)/Wisconsin Center for Assisted Living (WiCAL) & LeadingAge

Office of the Commissioner of Insurance (OCI)/Department of Health Services (DHS) Partnership

Second Harvest

Tribal Agencies

United Way of WI

211

Kids Forward

Wisconsin Chapter of the American Academy of Pediatrics

The Foundation for Black Women's Wellness

Children's Health Alliance of Wisconsin

Wisconsin Association of Health Plans (WAHP)

Wisconsin Hospital Association (WHA)

WI Primary Healthcare Association (WPHCA)

United Health Group (BH)