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Human Services

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Redetermination Strategies for the PHE Unwinding

Division of Welfare and Supportive Services

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*Helping people. It's who we are and what we do.*



# Agenda

1. Current DWSS Redetermination Process
2. Re-Connecting with Applicants
3. Returned Mail
4. Partnership with DHCFP
5. Timeframes for Action

# Current Redetermination Process

- All Medicaid programs require a renewal of eligibility once every 12 months
  - Medical redeterminations (RDs) are mailed out 60 days prior to end of the current 12-month eligibility period
- Completed RDs received timely are processed to avoid an interruption on coverage
  - RDs not returned before the deadline have an additional 90 days to submit a completed packet but may experience an interruption in coverage
- During the Public Health Emergency (PHE), DWSS has maintained eligibility for all households that fail to respond to the requested RD packet.
- Additional opportunities exist to complete an RD for households on active SNAP or TANF cases



# Reconnecting with Participants

- DHHS and its Divisions have increased efforts to inform participants of the need to ensure their address and contact information is up to date in our systems.
- Individuals are encouraged to sign up for electronic communications through Access Nevada.





# Returned Mail Concerns / Actions

## Concerns

- Biggest Single Issue
- Transient Population
- Staffing Shortages
- Volume of Mail
- USPS Inconsistencies
- Changes must be verified by DWSS

## Actions

- DWSS is developing a dedicated unit for mail processing
- Leveraging other assistance programs such as SNAP and TANF to share data
- Public awareness campaign



# Partnership with DHCFP

- DHCFP has begun to coordinate efforts utilizing the Managed Care Organizations (MCOs) and other partner organizations to expand outreach and awareness on the impact the unwinding of PHE will have on Nevadans.
- DHCFP also redistributed all Medicaid enrollees amongst 4 MCOs. This redistribution created a natural opportunity to bring awareness to enrollees of the need to update contact information.
- Additionally, DHCFP has created a new mobile app for Medicaid enrollees to access a digital Medicaid ID card and view their Medicaid claims record.



# Timeframe for Action

- CMS has authorized 12 months after the PHE ends to process redeterminations for all Medicaid enrollees.
- DWSS strategic planning has called for a shorter timeframe of 6 months to avoid delay in returning to normal operations. However, this may extend to 9 months due to processing timeframes.
- DWSS remains flexible due to staffing and system limitations.
- DHCFP has expressed concern that the enhanced FMAP provided by CMS ends the month after the PHE ends. This loss of funding creates a severe fiscal impact to the state budget.





# Questions?







# Contact Information

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# Acronyms

- CMS – Centers for Medicare and Medicaid Services
- DHHS – Department of Health and Human Services
- DWSS – Division of Welfare and Supportive Services
- DHCFP – Division of Healthcare Financing and Policy
- FMAP – Federal Medical Assistance Percentage rate for reimbursement
- MCO – Managed Care Organization
- PHE – Public Health Emergency
- RD – Medicaid Redetermination
- SNAP – Supplemental Nutrition Assistance Program
- TANF – Temporary Assistance to Needy Families
- USPS – United States Postal Service

