## **Optum**

## Medicaid Unwinding training for providers

Presented by:
Utah Department of Health and Human Services
Take Care Utah



## Medicaid Unwinding

September 2023

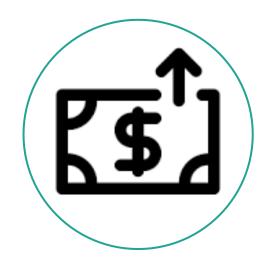


### What is Medicaid?

- Medicaid provides comprehensive health coverage to hundreds of thousands of Utahns, including eligible lowincome adults, children, pregnant women, elderly adults and people with disabilities.
- Medicaid is administered by states, according to federal requirements.
- The program is funded jointly by states and the federal government.

## Utah Medicaid by the numbers (FY2022)



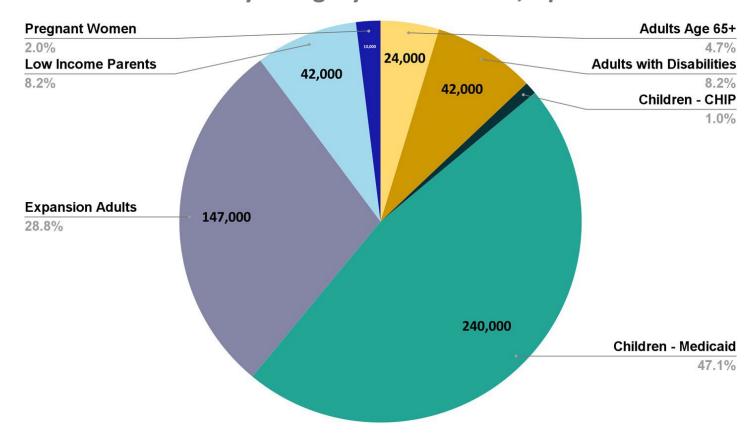


\$4.48 billion (SFY22) expenditures



### Medicaid enrollment in Utah

### Members by Category of Assistance, April 2023



Total enrollment as of April 2023:

510,000 individuals (due to continuous enrollment requirement of the federal public health emergency)

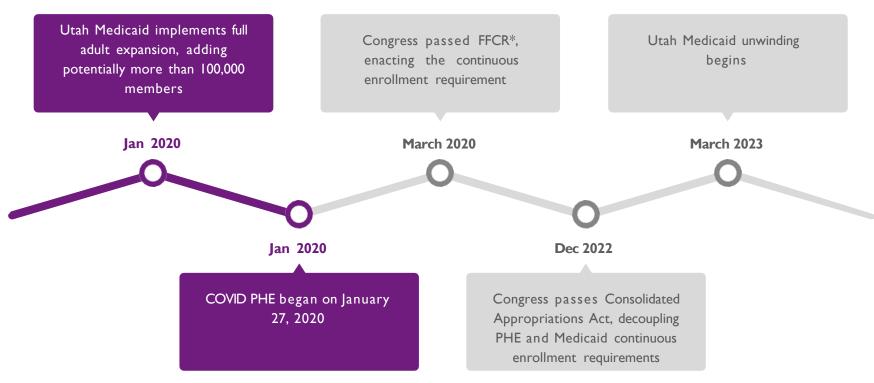
1 in 6 Utahns are covered by Medicaid

### Utah Medicaid vision

Promote the health of Utahns through innovative, cost-effective strategies.

Address health equity and health outcomes through a focus on member experience and improved access and use of preventative services; facilitate whole-person care through integrated models that address physical, behavioral, and oral health; and where appropriate, transition fee for service payments to value based reimbursement methodologies.





\*Families First Coronavirus Response Act

## Background

## Background

- COVID-19 PHE began on January 27, 2020
- Congress passed FFCRA\* into law
  - A key provision allowed for continuous coverage of Medicaid through the PHE, starting March 2020 and ending April 2023
  - For 43 months, Utah kept all Medicaid cases open
    - Exceptions:
      - 1. Member requested their case closed
      - 2. Member passed away
      - 3. Member moved out of state
- The Consolidated Appropriations Act (CAA) sets the Medicaid continuous enrollment end date of April 1, 2023. Effectively de-linking the unwinding of the eligibility rule from the PHE.
- The state will review ALL Medicaid cases as we "unwind" this key provision and resume normal operations.

<sup>\*</sup>Families First Coronavirus Response Act

# A mention of other COVID-19 Flexibilities for Medicaid

In April of 2020, Utah submitted a request to CMS and was approved for several flexibilities, waived through Section 1135 of the Social Security Act, to implement during the COVID-19 PHE. Some of these included:

- Temporarily suspend Medicaid fee for service prior authorization requirements
- State fair hearing requests and appeal timelines
- Provider enrollment
- Tribal consultation timeframes
- Special allowances for non-emergency medical transportation
- Audio only telehealth
- Uninsured coverage of testing, treatment, and vaccination

## How eligibility works for Utah Medicaid

Administration / operation of Medicaid eligibility is shared.

Medicaid, within the Department of Health and Human Services (DHHS), is the "single state agency" with authority and oversight of Medicaid eligibility determinations and issues policies, rules, and regulations on program matters.

The Department of Workforce Services (DWS) is a sister agency to DHHS / Medicaid and has been delegated the responsibility of performing all Medicaid eligibility determinations.



Medicaid operates numerous programs, some with varying lengths of eligibility

Month to month eligibility
Adult Expansion Medicaid
Child Medicaid
Aged, Blind, or Disabled Medicaid

12 month continuous eligibility
Children's Health Insurance Program (CHIP)
Utah's Premium Partnership (UPP)
Targeted Adult Medicaid (TAM)

## Eligibility at the member level

### How to apply for Medical benefits

- Online at myCase
- By Mail
  - Department of Workforce Services
  - PO Box 143245
  - Salt Lake City, UT 84114-3245
- By Fax
  - Department of Workforce Services
  - o Fax: 801-526-9505
  - Toll-free Fax: 1-888-522-9505
- In Person
  - Click <u>here</u> to find nearest Employment
     Center
- Over the phone
  - 1-866-435-7414
- Paper Application
  - Medical Only
    - English
    - Spanish
  - Multi-Program Application
    - English
    - Spanish

## Applying or reapplying for Medicaid

# Medicaid Unwinding planning March 2022- March 2023

## CMS rules for Medicaid Unwinding

- States had 12 months to complete unwinding activities
- States could review no more than
   1/9 of membership per month
- All individuals had to receive an ex parte review prior to a prepopulated review form being sent
- States had to submit a baseline and monthly reports to CMS on unwinding activities

## Pre-Unwinding preparation: communication

### Purpose:

To provide an overview of Medicaid's plan for Unwinding, the Medicaid eligibility continuous enrollment requirement, and returning to normal eligibility operations as defined by CMS Guidance.

### Objective:

- Smooth member transition
  - Clear communication
  - Data transparency
  - Robust planning

## Pre-Unwinding activities

### Clear communication

### Data transparency

### Robust planning

- Messaged the importance of keeping member addresses and contact info current with DWS and completing eligibility reviews when possible
- DOH began to update addresses
- Data match with Equifax
- Shared closure lists with health plans

- Planned transparent reporting with defined metrics to meet CMS standards, legislative requirements
- Developed an unwinding dashboard, going live on 2/13/23

- Developed a comprehensive eligibility unwinding plan
- Multiple meetings with DWS, CMS, other stakeholders
  - Received some flexibility from CMS to help with the review process
- Proactive identification of cases held open ("flagged cases")

Objective: Smooth member transition

## Key Unwinding Dates

3/1/2023 12/29/2022 2/15/2023 3/31/2023 4/30/2023 Consolidated Continued Sharing **DWS** starts **Enhanced Reviews Appropriations** documentation reviews **Funding** Act Congress passed DWS will start ex 6.2% Enhanced this act and set the federal Match Rate parte reviews. (April State will submit First Medicaid unwinding of the ends reviews for May Renewal transitions occur at continuous benefits.) Distribution plan the end of the enrollment start April 1 - June 30 and the System month. date as April 1, 2023 drops to 5% Readiness Artifacts to CMS Utah should expect July 1 - Sept 30 more closures in the drops to 2.5% initial months as we Baseline review data target cases moving to be sent to CMS by Oct 1- December 31 to the exchange or 3/8/23 and monthly drops to 1.5% to CHIP. thereafter

## Case priority and review timeline

All cases will be reviewed in 12 months ≈ 286,998 cases

- Most cases at their regularly scheduled review month
- Cases held open will be assigned a review month
   ≈ 145,911 cases (263,469 members)

### Backlog cases prioritized by:

- 1. Known ineligibility issues
- 2. No review completed
  - Length of time held open
  - Utilization of services
  - Broad program mix
- 3. 'Emergency only' cases



Note: Per CMS, states cannot review more than 1/9 of the total cases in any month

### Stakeholder communication

New webpage and data dashboard:

medicaid.utah.gov/unwinding

- Overall review of progress
- Results of case reviews
- Other key metrics

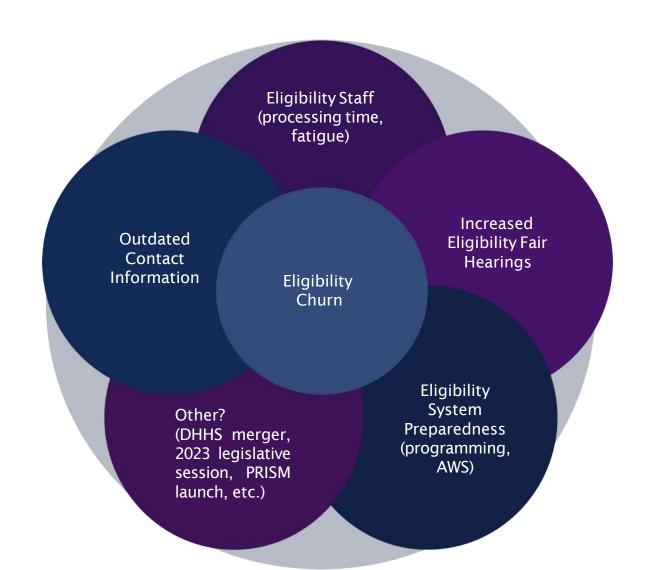


## Member communication plan

DHHS sent informational notices to compliment the DWS eligibility notices.

01	COVID-19 Coverage Group	<ul> <li>Notify the COVID-19 group that their coverage ends at the end of the PHE.</li> <li>Informs them of how to apply for Medicaid</li> <li>Sent 5/16/2022</li> </ul>
02	General Notice	<ul> <li>Sent to all Medicaid members</li> <li>General information on what to expect with the end of Medicaid's continuous enrollment requirement</li> <li>Sent 1/30 to 2/3/23 (light green paper)</li> </ul>
03	CHIP Premiums	<ul> <li>Notify CHIP members that quarterly premiums will resume starting in May 2023</li> <li>Early February 2023 (light yellow paper)</li> </ul>
04	Spenddowns/ MWI Premium	<ul> <li>Notify Medically Needy members that their monthly spenddowns will be required following their first renewal.</li> <li>Early February 2023 (light blue paper)</li> </ul>
05	Emergency Medicaid	<ul> <li>Notify Emergency Medicaid recipients that they can "raise their hand" when their citizenship status changes to be considered for full Medicaid benefits</li> <li>Early February 2023 (light pink paper)</li> </ul>

## Potential eligibility risks



### Learning assessment moment

Which of the following are Utah Medicaid's unwinding strategies

- a. Clear communication
- b. Data transparency
- c. Robust planning
- d. All of the above

# Utah Medicaid Unwinding Begins March 2023

## Key Tasks Completed

## Key tasks completed

#### 2022

- Launched unwinding webpage (June 2022)
- Met with stakeholders and legislative subcommittee to develop unwinding plan

### February 2023

- Developed eligibility unwinding plan
- Launched online unwinding data dashboard
- Submitted Renewal Distribution Plan to CMS
- Submitted required system documents to CMS
- Trained eligibility staff
- Informational notices sent to members

#### March 2023

- Started Unwinding all Medicaid and CHIP individuals\*
- Submitted baseline report to CMS

### April 2023

- First Medicaid transitions occur at the end of the month
- Submitted first monthly report to CMS

#### May 2023

COVID-19 testing group ended

### June 2023

 CMS released guidance for states to look at strategies to prevent procedural terminations

#### July 2023

 Planning for automation and other future improvements

### August 2023

Submitted and received approval from CMS for two additional flexibilities

### September 2023

Submitted updated Renewal Distribution form and update Unwinding plan

# Current status of Medicaid eligibility reviews completed

### Status March - August 2023

- > 106,000 individuals renewed
- > 178,000 individuals closed or denied\*
- > 284,000 individuals reviewed

\*After closure, 55,000 individuals recertified eligibility

### **CMS** Letter

- All states received letters dated August 9, 2023
- Letters contained state-specific May 2023 data
- Three areas of focus were identified:
  - a. Call center operations
  - b. Procedural terminations
  - c. MAGI application processing times
- Utah's letter expressed concern on first two areas of focus
- States are urged to make course corrections and adopt flexibilities to address areas of concern
- CMS will follow-up with all states

## Course Correction: Addressing procedural terminations and call center rates

Issue	Proposed solution
<ul> <li>Procedural termination rates</li> <li>Data corrections</li> <li>System correction</li> <li>Worker corrections</li> </ul>	<ul> <li>Incorrectly labeled closures - rerun all data</li> <li>Due process system fix</li> <li>Additional / ongoing training         <ul> <li>PRT process / follow-up research</li> </ul> </li> </ul>
Call wait time and abandonment rates	<ul> <li>Ex-parte automation</li> <li>SNAP P-EBT Issuance</li> <li>Quick customer video helps</li> <li>Pursuit of additional flexibilities</li> </ul>

## Utah strategies and flexibilities adopted

National average: 5.2 Utah: 7

- DHHS submitted and received approval for the following (e)14 Waiver and mitigation flexibilities:
  - Ex Parte Renewal for Individuals with No Income and No Data Returned (Beneficiaries with No Income Renewal) Approved 10/24/2022
  - Facilitating Renewal for Individuals with no Asset Verification System (AVS) Data Returned within a Reasonable Timeframe (Streamlined Asset Verification) Approved 10/24/2022
  - Partnering with Managed Care Plans to Update
     Beneficiary Contact Information (MCO Beneficiary
     Contact Updates) Approved 11/4/2022
  - Partnering with National Change of Address (NCOA)

    Database and United States Postal Service (USPS) InState Forwarding Address to Update Beneficiary Contact
    Information (NCOA and/or USPS Contact Updates)
    Approved 10/24/2022
  - Extended Timeframe to Take Final Administrative Action on Fair Hearing Requests (Fair Hearing Timeframe Extension) Approved 12/6/2022
  - Permit Managed Care Plans to Provide Assistance to Enrollees to Complete and Submit Medicaid Renewal Forms (MCO Renewal Support) Approved 8/4/2023
  - Continuing to attempt ex parte after the pre-populated renewal form is sent. Effective March 2023

## Implemented strategies

- DHHS has implemented the additional following strategies to help with unwinding:
  - Send lists to managed care plans and providers for individuals who are due for renewal and those who have not responded. Effective April 2023
  - Extend the 90-day reconsideration period for MAGI and/or add or extend a reconsideration period for non-MAGI populations during the unwinding period. Effective 2014, implemented with ACA
  - Inform all beneficiaries of their scheduled renewal date during unwinding. Effective January 2023
  - 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. Effective August 2023
  - 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. Effective April 2023
  - Extend the amount of time managed care plans have to conduct outreach to individuals recently terminated for procedural reasons. Effective April 2023

## Risks of Unwinding

## Risks of Unwinding

- Members not knowing when to expect their review
- Members not responding to notices
- Coverage gap



## Medicaid Unwinding statistics today

September 2023 data

Individuals with highest closure rates:

- 43,267 children
- 24,345 Expansion adults without dependent children

Individuals whose primary language may not be English

## How you can help

## Case study

How can you help?

A 16-year-old patient with Type 1 DM approaches the pharmacy counter to pick up her monthly prescription for insulin.

The pharmacy technician tells her that her insurance, Utah Medicaid, says she is no longer eligible.

The patient walks away without her insulin. 7 days later, she presents to the ER in DKA and spends 5 days getting her blood glucose under control.

## Call to action

Post signage of Medicaid Unwinding in your waiting areas

Variety of materials are available on the <u>Medicaid website</u>, including talking points, flyers, desk references, and more.



## Take these steps to find out if you can keep your coverage:



Make sure Medicaid & DWS have your current contact information.



Know your review date by checking myCase:
jobs.utah.gov/
mycase



Pay close attention to your mail and complete your renewal form (if you get one).



To learn more, visit: medicaid.utah.gov/unwinding

## Call to action

Educate members on Medicaid Unwinding and steps they can take to be prepared

### Important member education tips:

- Know your review date!
  - Members can access their review date online at mycase
- Update your address with DWS by calling 1-866-435-7414 or a Health Program Representative at 1-866-608-9422
- Respond to DWS eligibility notices

### Call to action

Assist members who have lost coverage

Some members who have lost coverage may still be eligible for Medicaid:

- 90 days retro-enro completing a new a
- After 90 days, re-er full application

Transitioning to other of the federal Marketplace

 60 days to apply fo coverage after loss coverage

# Communication tools that can help

Access helpful resources on the Medicaid website

- Unwinding talking points for customer service: <u>English</u> & <u>Spanish</u>
- Tips to help someone who lost Medicaid coverage
- Member flyer: English & Spanish
- Toolkit in 10 different languages coming soon!

## Thank you!

Michelle Smith michellesmith@utah.gov



# Reviews in the Unwinding Period

Helpful Information for the Review Process



### Introduction

Medicaid Unwinding and Reviews

**Review Process** 

Tips and Hints

Instructions

Helpful Information

Additional Resources

## What is a Review?

An eligibility review is the process of verifying all factors of eligibility to determine if a member remains

eligible.

### Eligibility Review Frequency and Factors

All programs need to be reviewed every 12 months depending on the Medicaid program type.

#### Some reviewed factors are:

- Citizenship/Qualified Non-citizen status
- Utah Residency
- Household Composition
- Tax Filer Status
- Income
- Expenses or deductions
- Assets requirement for some programs
- Third Party Liability

#### Which Members will be Reviewed?

DWS must review all Utah Medicaid members over the next 12 months.

- Every member has an assigned review month.
- To see when the assigned review month is go to myCase
- The member can contact DWS eligibility to find out their review.

#### Valid Closures before Review

Some Medicaid programs can close prior to their assigned review date if it meets one of these reasons:

- Person is no longer a Utah Resident
- Member passes away
- Member requests to have their Medicaid program closed
- Presumptive Eligibility (PE) is temporary Medicaid and continues to close at the end of the PE period or when a Medicaid eligibility decision is made
- If coverage was approved in error during the Public Health Emergency

#### **Review Process**

- 1. Ex parte review (Is a redetermination of eligibility based on current, reliable information without member participation).
- 2. Prepopulated Review is sent if unable to complete through ex parte. This is mailed 4-5 weeks before the end of the review period.
- 3. Member provides their review and verification.
- 4. DWS determines if the member continues to be eligible for Medicaid.

#### Review Process Continued

At their eligibility review, Medicaid programs may close if the individual/family is determined ineligible.

• Some will qualify for other programs (CHIP, Medicaid,

etc.)

• Some will be sent to the Federal Marketplace. If the member does not respond to their medical review, the medical program will close at the end of the review month.

**Note:** If paperwork is not completed, we cannot consider other programs or forward them to the Marketplace. However, there is a Special Enrollment Period for those that lose Medicaid coverage.

### Eligibility Review Tips and Hints

- Is the review signed? A completed signed review is required.
- Make sure the member answers every question, do not leave any blank or unchecked. At a minimum Indicate "NA".
- •If the member is having a hard time obtaining a requested verification, contact DWS and request an extension to the deadline.
  - 211 and take care Utah.
  - Verification examples include income, tax filer status.
- •Some items can be electronically verified: social security income and disability status, recovery services information (child support and alimony paid through them,) unemployment income, and some income data.
  - •This information needs to be reported on the review, but the amounts don't need to be exact.

### **Authorized Representatives**

A member can designate an authorized representative on the application or review form, or by turning in a signed written statement. A 114AR form only assigns an authorized representative for medical programs.

Starting on October 1, 2023, assistors and other community partners (assistor) may be able to sign applications and reviews on the applicant or recipients (individual) behalf with verbal consent from the individual. The assistor will complete the form 114UNWINDING documenting the verbal consent.

The assistor will be acting as an authorized representative with limited scope to sign the application or review on behalf of the individual only during the Medicaid unwinding period.

#### Instructions to Complete the Review

Ways to complete a Review:

- myCase (Online), Fax, Mail, Telephone
- https://jobs.utah.gov/mycase
- FAX 801-526-9500 or toll free 1-877-313-4717
- Mail: Centralized Imaging Unit (CIU) P.O. Box 143250, Salt Lake City, Utah 84114-3250
- By phone: 801-526-0950 or 1-866-435-7414

#### Information for Members

If you moved recently or if any of your contact information like your phone number or email address has changed:

• Call your health plan, DWS (1-866-435-7414) or a Health Program Representative (1-866-608-9422) to update your information.

Pay close attention to your mail/email. After DWS reviews your Medicaid eligibility, they'll send you one of the following in the mail or in myCase:

- A letter telling you your Medicaid coverage is renewed, or
- A letter telling you that your Medicaid coverage is ending, or
- A Medicaid review form asking you for more information to see if you or a family member still qualify for Medicaid

#### Helpful Contact Information

- Department of Workforce Services: 1-866-435-7414 or jobs.utah.gov/mycase
   DHHS Health Program Representative (HPR): 1-866-608-9422
- Federal Health Insurance Marketplace: 1-800-318-2596 (TTY: 1-855-889-4325)
  - https://www.cms.gov/technical-assistance-r esources/temp-sep-unwinding-faq.pdf
- HealthCare.gov
  Take Care Utah: 211 or takecare.utah.org





Community Partner 3<sup>rd</sup> Party Access



### Welcome •

#### **Table of Contents:**

-General Information about Third Party Access

-How to create a Third Party myCase account

-How to link your Third Party myCase account to a customer account

-How to access and view a customer's account





#### Third Parties have access to:

Current benefits
Notices
Verifications required
Documents received
Forms

## Third Party Access





- Easy to Use
- Each person must create their own unique myCase account
- Only one account is needed to access multiple customers
- Access lasts for up to 12 months

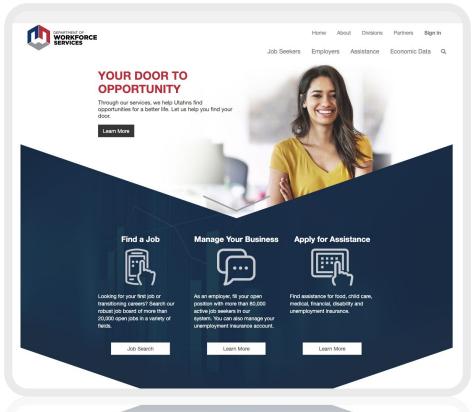
Customer can revoke access at anytime

## Third Party Access



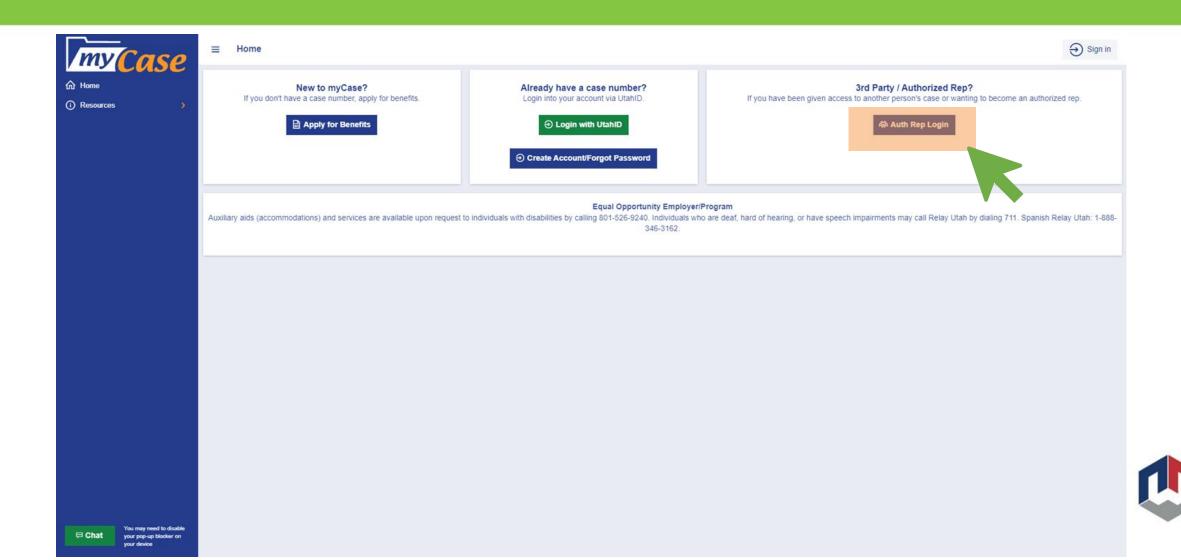
## Creating a 3<sup>rd</sup> Party Account

- To begin, you need to create a myCase account
- Go to: jobs.utah.gov/myCase

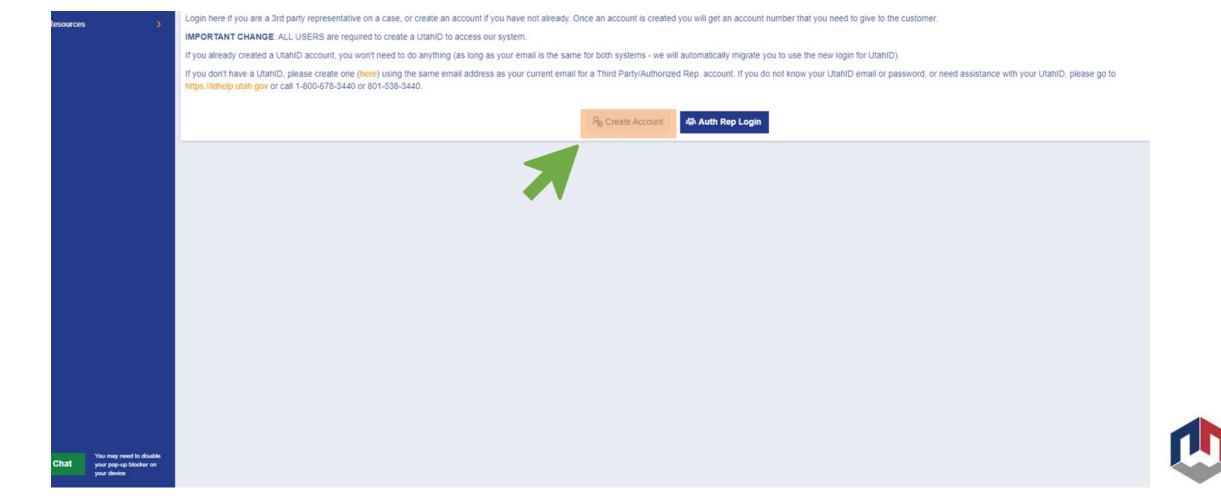


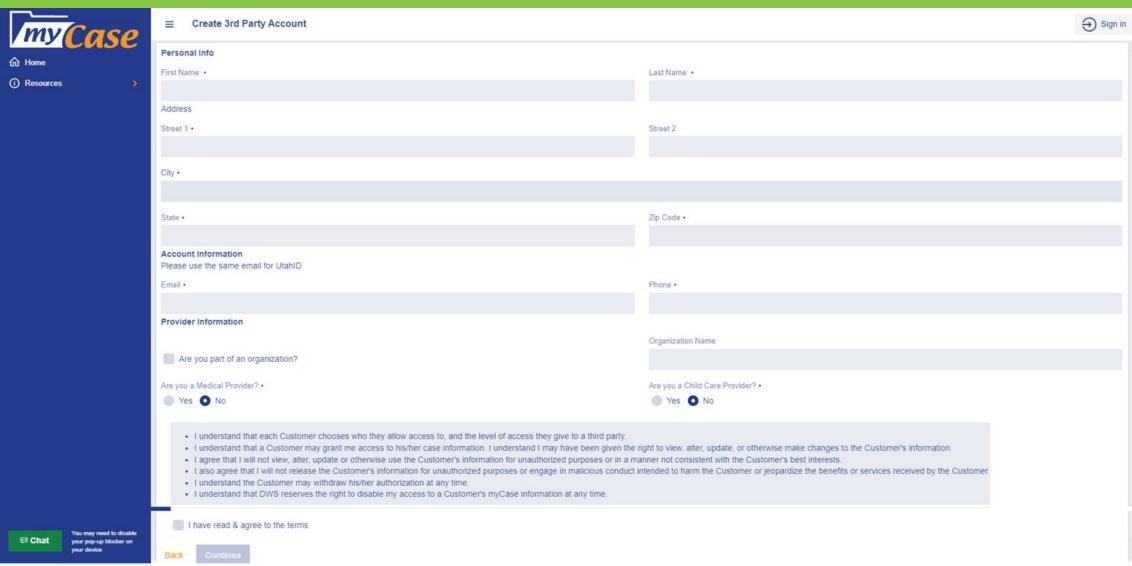


## Creating a 3<sup>rd</sup> Party Account



## Creating a 3<sup>rd</sup> Party Account





All required fields (\*) must be completed.



## 3<sup>rd</sup> Party Account Created





## Linking 3<sup>rd</sup> Party Access to Customer Accounts.

#### Option A

- Customers must complete and sign the form 114MC.
- Third party must sign and provide MC number on the form 114MC.
- Form must be faxed to 1-877-313-4717 OR 801-526-9500.
- Must allow imaging team proper time to allow access.

#### Option B

- Customer can add the third party's MC number in myCase.
- Faster option.



Until either Option A or B is completed, the 3<sup>rd</sup> Party will not be able to access the customer's account information in myCase.

## **Option A: Faxing 114M**

Customers can choose all programs or choose specific programs for 3<sup>rd</sup> party to have access to.



This form must be signed by the customer AND the Third Party requesting access. The Third Party's MC number should also be provided.

Rev. 09/2019

Printed Name of Third Party:



#### State of Utah

#### Department of Workforce Services

#### myCase AUTHORIZATION TO RELEASE **INFORMATION TO A THIRD PARTY**

Customer's name

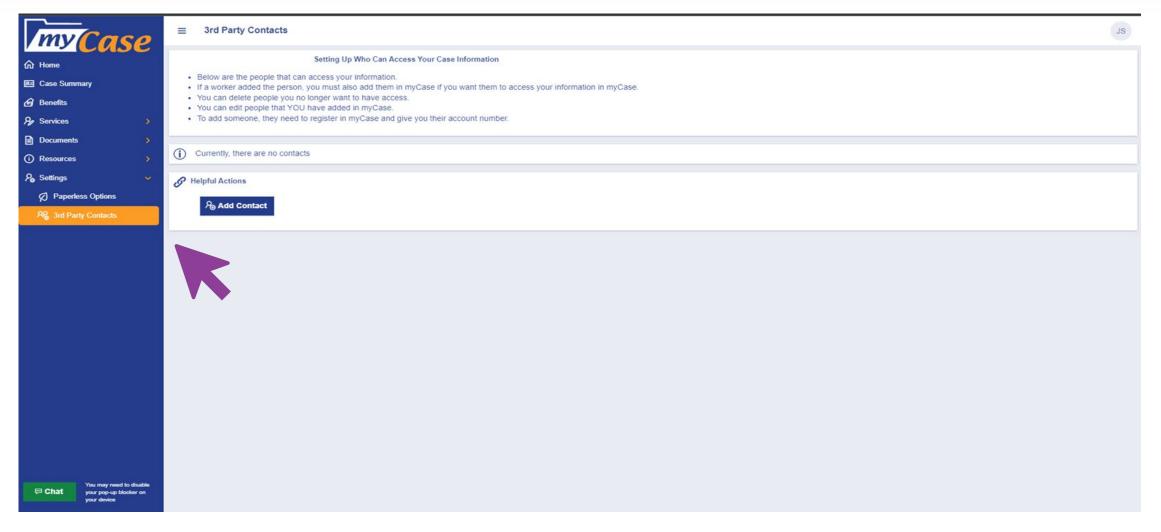
Case Number



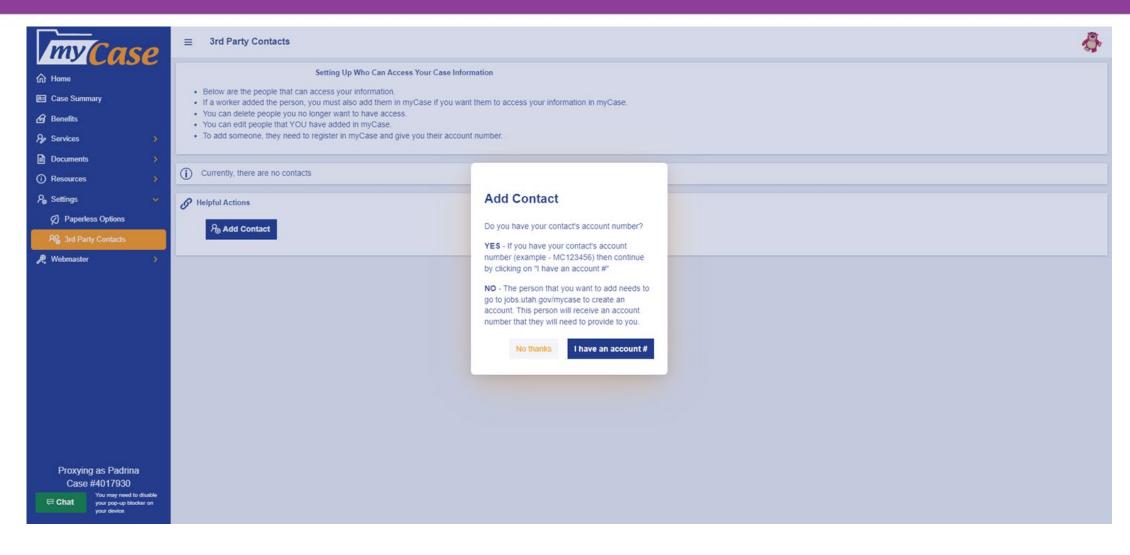
 OF THE DEDOOM	COCCUTATION	 	

I authorize the Department of Workforce Services and/or the Department of Health, Division of Medicaid and Health Financing to Release the information contained in the myCase database to the following third party:

	~				ss to my myCase information e information only. The third par					
	~	assistance pr		Joodso to from my data	o anomazon oray. The ana par	ty may now my mor	mater reading to the readming			
		All Prog	rams	☐ Child Care	☐ Financial Assistance	SNAP	☐ Medical Assistance			
		"Full Access:" I am granting access to update, alter, or otherwise make changes to my information, as well as view all case information. This also includes completing and signing my case review.								
	"Notices:" I am granting access to view any notice that was sent to me by the Department, regardless of the type of benefits I will, or have received.									
	"Verifications:" I am granting access to view any request for verification that the Department has asked me to provide, regardless of the type of benefits that I will, or have received.									
	The th	The third party may have access to my information for the following purpose:								
		understand that I am not required to grant access to any third party. I also understand that the Department of Workforce Services and/or ne Division of Medicaid and Health Financing cannot deny eligibility if I refuse to grant access to a third party.								
	I understand that I will be responsible for any overpayments that may occur as a result of incorrect information being provided by an individual that I authorized to update, alter or make changes to myCase information.									
		l understand that I can choose to grant view only or full access to members of my household.								
		understand I can choose to grant view only or full access to individuals who are not members of my household, such as my primary care physician or other healthcare providers.								
	includi	By granting access to myCase, I specifically authorize the Department of Workforce Services to share all information regarding my case, including my medical applications, medical cases, and any medical application or case which was denied or closed to the above-named third party. I understand that if there is anything in my case that I do not want shared, I must not grant access to my case.								
	care p	he Department may share limited information with my child care provider(s) through the provider website. If I choose to grant my child are provider access to view my case information, I specifically authorize access to information as it pertains to child care benefits to be aid to them for services provided. I understand if I grant my child care provider access to notices and/or verifications, the provider will be bit to view any notice and/or verification regarding all benefits I receive, or have received.								
		understand that once information is shared because of this authorization, it is possible that it will no longer be protected by privacy laws and could be re-disclosed by the person or agency that receives it.								
	I understand that the Department of Workforce Services and the Department of Health cannot control the information once it has been released to the above-named third party. As such, I specifically release the Department of Workforce Services and the Department of Health or any other state agency from any liability that may accrue as a result of the release or sharing of my information with those parties I have authorized to view, alter, or amend my information.									
	I understand that I may revoke this authorization at any time by removing authorization through my "myCase" account or by sending written notification to my Department caseworker. I also understand that a revocation will not change the fact that information may have already been shared before I revoked my consent. I also understand that the Department or another state agency may have relied on and acted on such information and that revocation may not affect the results of such action.									
	revoke	understand that this authorization is effective from the date authorization is granted, until 12 months from the date granted, or until I evoke access in myCase or provide written notification to my Department caseworker, whichever is sooner.								
- 1	Acces	s will be grante	ed within	one (1) business day.						
Cu	stomer	Signature:	Custor	mer signs here	e		Date:			
Sig	nature	of Third Party	You	sign here	You MC#:	r MC# goes h	nere Date:			
	nted Na	ame of Third F	arty:			Phone:				
Prir			_							

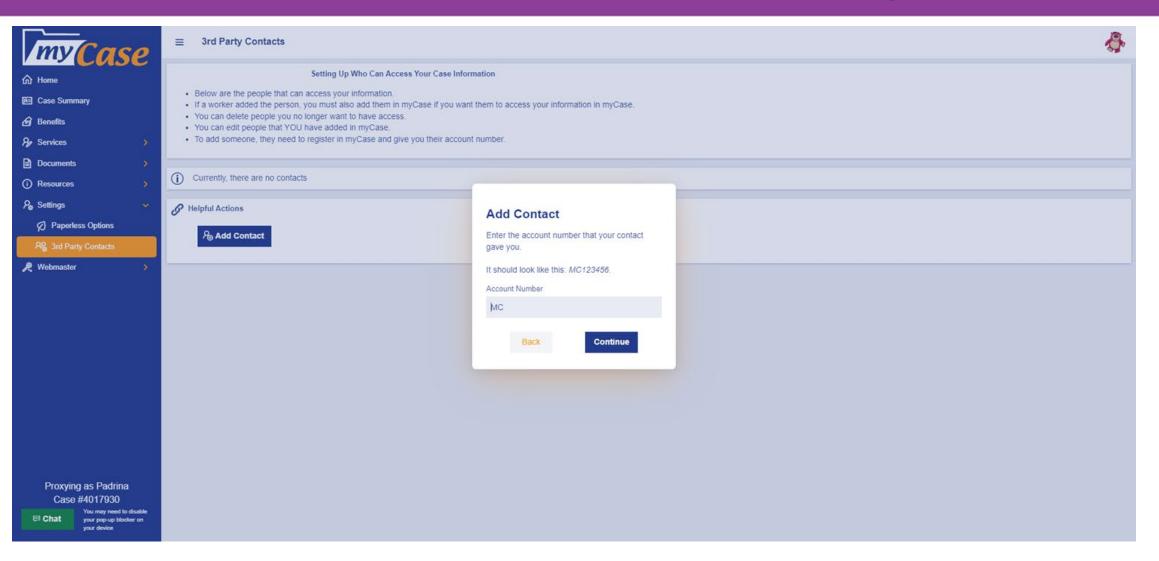




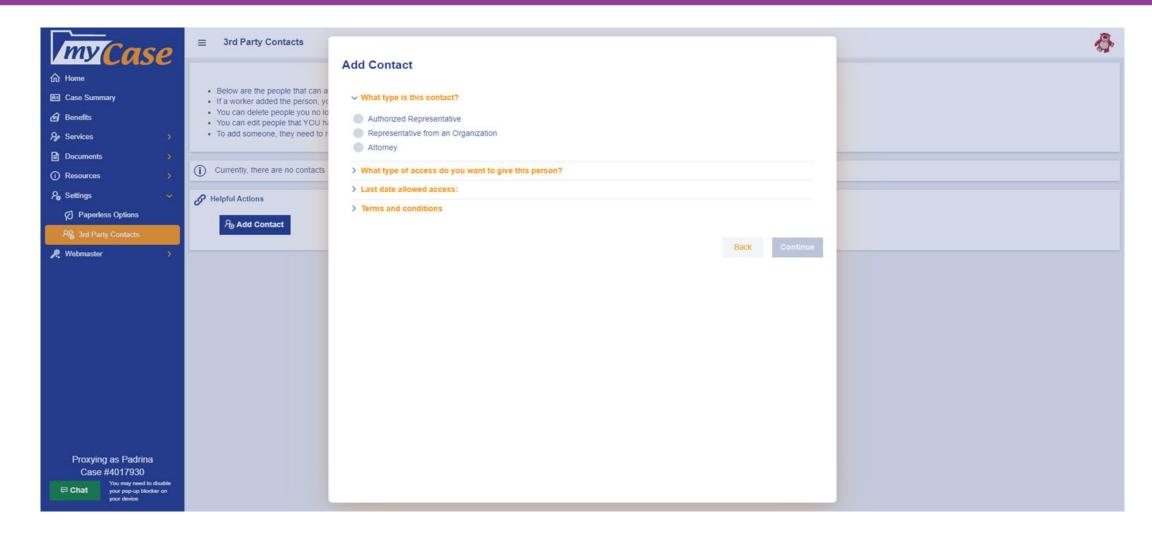




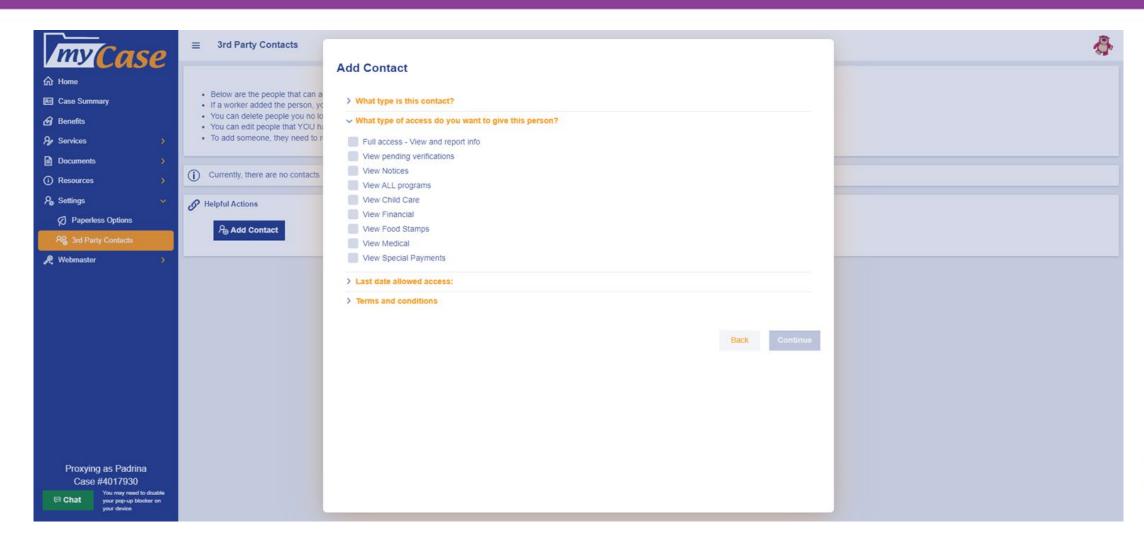
**Option B:** 



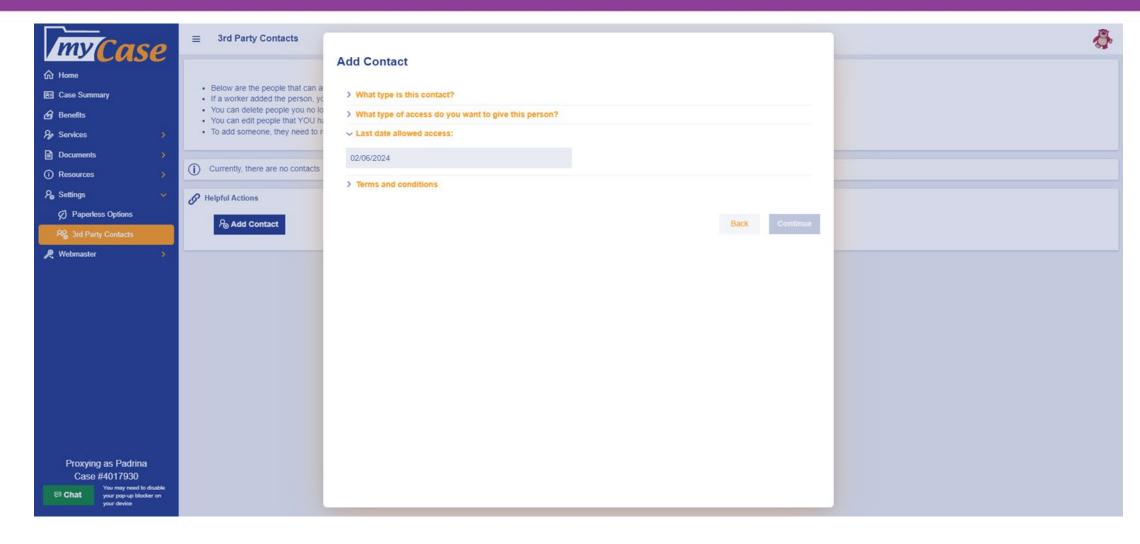




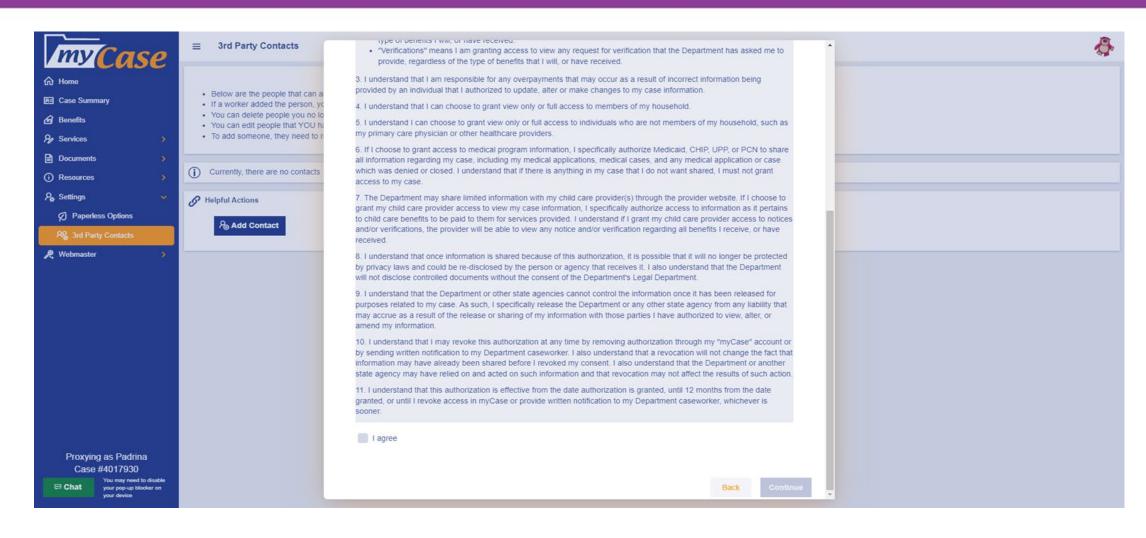








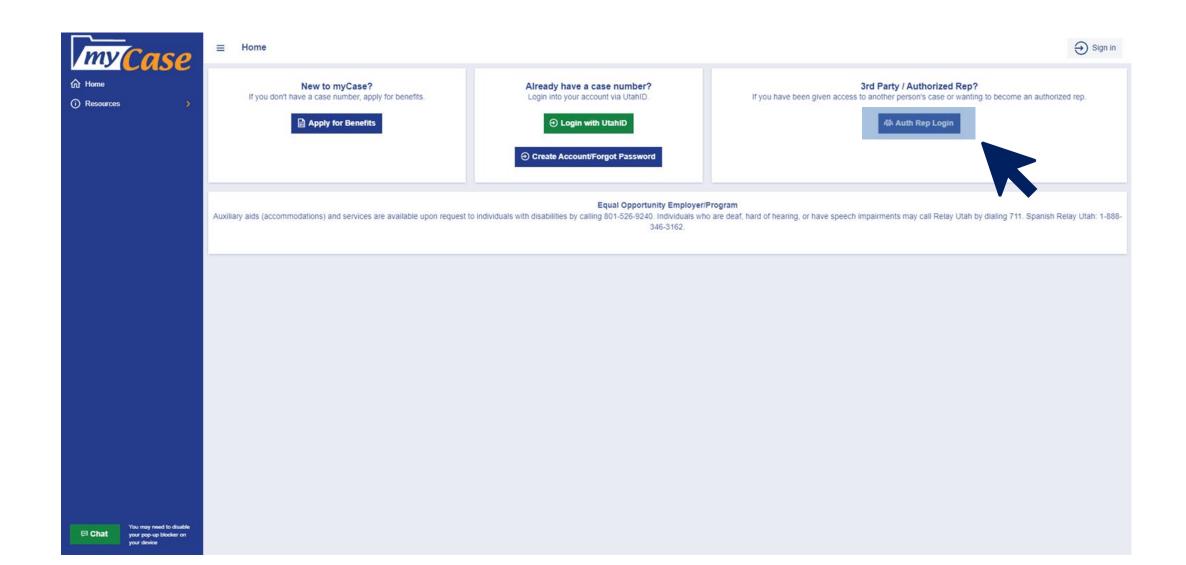






**Option B:** 

### **Viewing Customer Accounts**





⋒ Home

(i) Resources

#### ∃ 3rd Party / Auth Rep Sign-On



#### 3rd Party/Auth Rep Sign-On

Login here if you are a 3rd party representative on a case, or create an account if you have not already. Once an account is created you will get an account number that you need to give to the customer.

IMPORTANT CHANGE: ALL USERS are required to create a UtahiD to access our system.

If you already created a UtahID account, you won't need to do anything (as long as your email is the same for both systems - we will automatically migrate you to use the new login for UtahID).

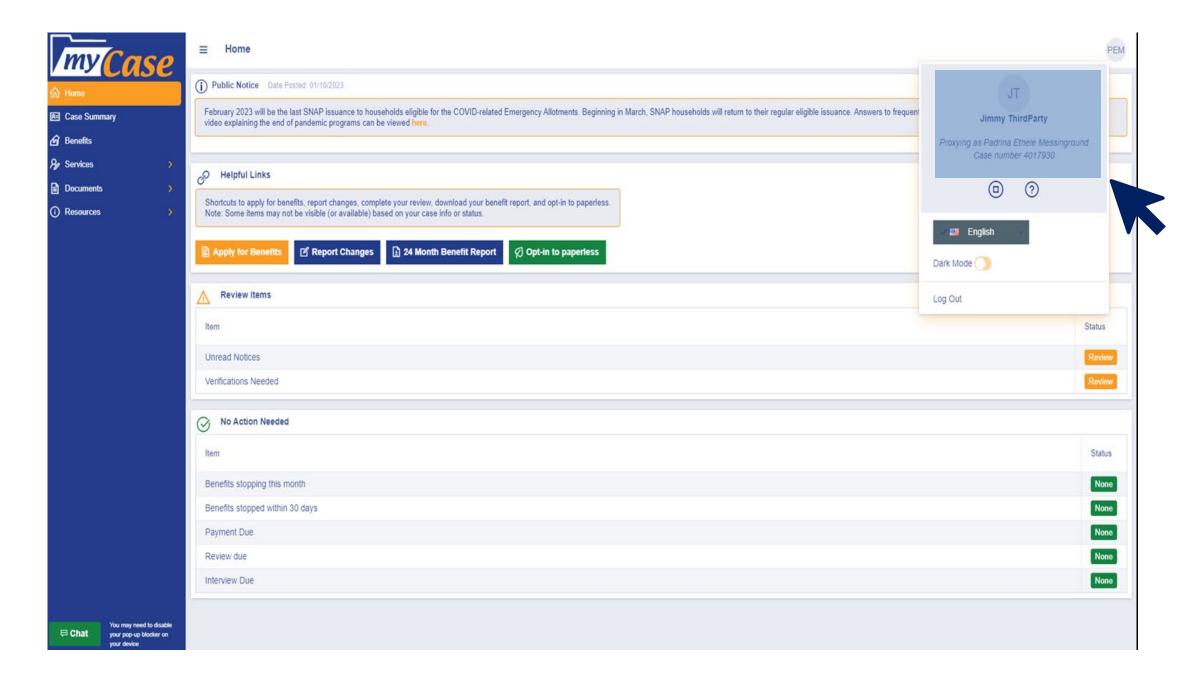
If you don't have a UtahID, please create one (here) using the same email address as your current email for a Third Party/Authorized Rep. account. If you do not know your UtahID email or password, or need assistance with your UtahID, please go to https://idhelp.utah.gov or call 1-800-678-3440 or 801-538-3440.

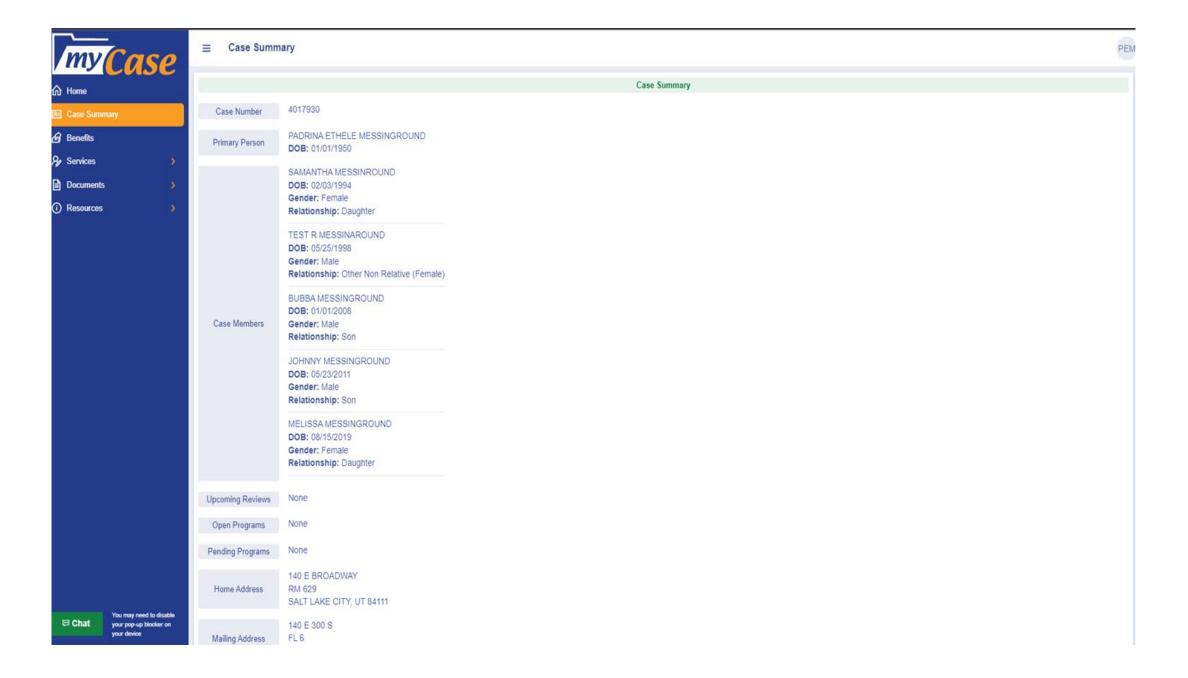
A Create Account

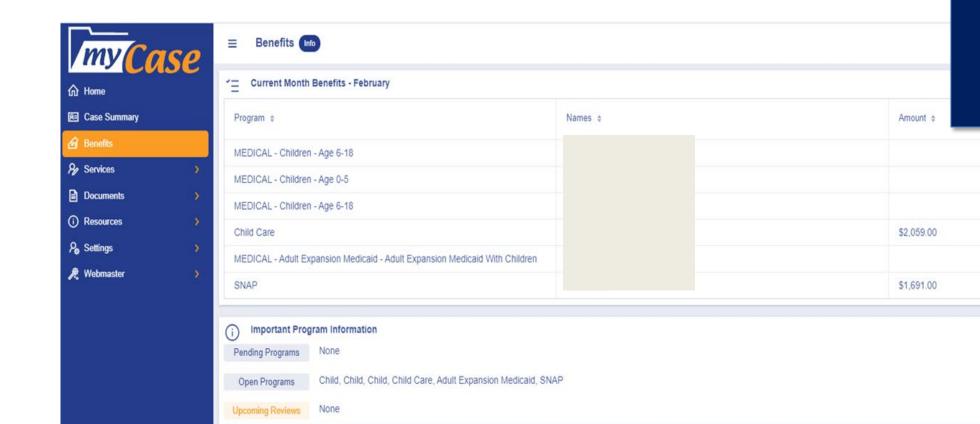
A Auth Rep Login











Helpful Links

☐ View EBT Balance

24 Month Benefit Report

# **BENEFITS TAB**

This page displays:
-Current benefits
-Stopped Benefits
-Application Status

# **Services Tab**

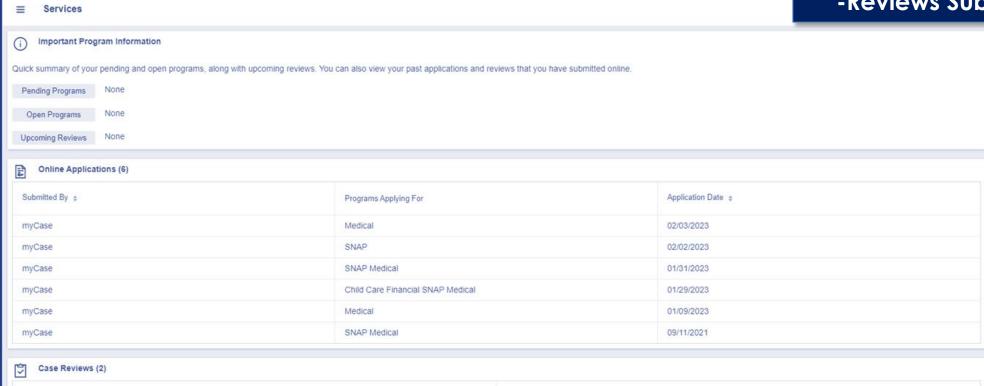
This page displays:
-Pending Programs
-Open/Closed Programs
-Applications Submitted
-Reviews Submitted



Program Name #

SNAP

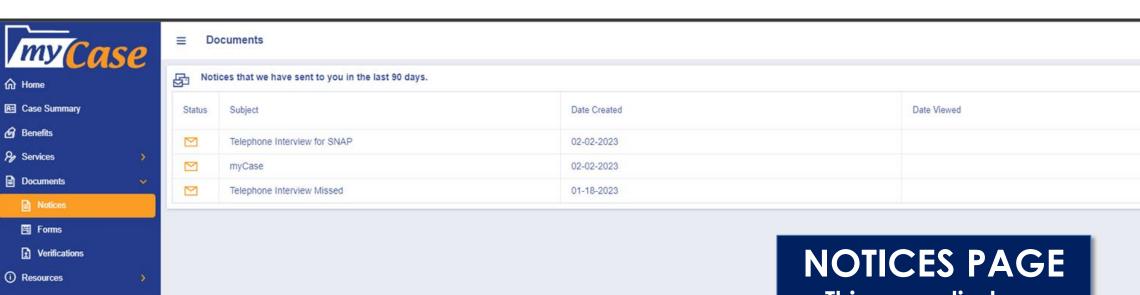
SNAP



Date Submitted #

01/31/2023

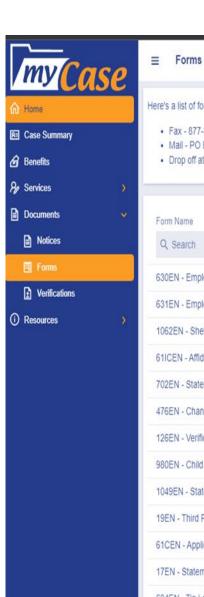
01/30/2023



This page displays:
-Notices sent to the customer.

Viewing these notices does not impact the customer.

These notices can be viewed regardless if the customer is paperless or not.



Here's a list of forms you can print and send to us.

- Fax 877-313-4717
- Mall PO Box 143245, SLC, UT 84114-3245
- · Drop off at an office near you

630EN - Employment Information

631EN - Employment Termination

1062EN - Shelter/Landlord Statement

61ICEN - Affidavit of Identity of Minor Child/Children

702EN - Statement of Contribution/Living Arrangements

476EN - Changes You Must Report

126EN - Verification of School Attendance/ Enrollment

980EN - Child Care Subsidy Worksheet

1049EN - Statement of Medical Need

19EN - Third Party and Insurance Information

61CEN - Application for Additional Persons

17EN - Statement of Head of Household

634EN - Tip Ledger

452EN - Self-Employment Information Sheet

619DEN - Child Support Enforcement

PRO1EN - License Exempt Provider Registration

# **FORMS PAGE**

This page displays: -Commonly requested 3D barcoded forms.

Customers can print requested forms from this page.

3D Barcodes should ONLY be used for the customer they are requested for.



Items ¢	For ¢	Received ¢	Status
Employment	PADRINA ETHELE MESSINGROUND		Upload
Jnearned Income	SAMANTHA MESSINROUND		Upload
Employment	SAMANTHA MESSINROUND		Upload
Educational Income	PADRINA ETHELE MESSINGROUND		Upload
Medical Expenses	PADRINA ETHELE MESSINGROUND		Upload
RCA Verification - Assistance History	PADRINA ETHELE MESSINGROUND		Upload
Medical Expenses	PADRINA ETHELE MESSINGROUND		Upload

# VERIFICATIONS PAGE

This page displays:
-Items needed from
the customer.

Some documents can be uploaded such as:

- -Income
- -Assets
- -Shelter
- -Medical
- -Authorization Forms

#### **Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by

calling: 801-526-9240.

Individuals with speech or hearing impairments may call Relay Utah by dialing 711.

Spanish Relay Utah: 1-888-346-3162

# **Questions?**









# Connecting Utahns to Coverage

# Utah Health Policy Project

Advancing sustainable health care solutions for underserved Utahns

- Public Policy
- Education
- Access

Take Care Utah Enrollment Initiative

Free assistance with Medicaid & Marketplace Insurance







# Take Care Utah - Our Work

- Outreach in the community
- FREE one-on-one application assistance
  - Case management for Medicaid process
  - In person and virtual
- Connecting to primary care

- Understanding how to use benefits
- Advocating for health policies
- Vaccination outreach and education
- Referrals to other relevant agencies



# Marketplace Insurance



# Who can apply?

- U.S. Citizens and Nationals
  - Anyone with legal documentation and is lawfully present in the U.S.

# How to apply

- https://www.healthcare.gov
- Meet with TCU Broker
  - Plan selection based on client's medical & financial needs
  - Premium support programs available



# How Can TCU Help with the Unwinding?

Answering questions
Checking case status
Finding review date
Acting as an Authorized Representative
Submitting forms
Completing reviews
Calling DWS
Getting connected to care





# How Can TCU Help with the Unwinding?

Denied/no longer qualify for Medicaid? We can help...
Transition to Marketplace
Enroll in premium support
Answer questions about accessing employer sponsored coverage
Connect to CHCs, FQHCs, & other low-cost clinics
Make referrals to Medicare brokers





# How to Connect With Us



### Websites

- https://Takecareutah.org
- https://healthpolicyproject.org

### Office Phone

801 433 2299

### Locations

Ogden, West Valley, Logan, Provo



takecareutah.org/bookings



# Useful Resources



## Overview of Medicaid Unwinding

https://takecareutah.org/medicaid-unwinding/

# Mycase Tutorial (on a computer)

https://takecareutah.org/review

# Linkage Coordinator Project

- Additional supports for adults with intellectual & developmental disabilities, traumatic brain injuries, or mobility limitations
  - https://takecareutah.org/linkage-coordinator-project/
  - Linkage@healthpolicyproject.org

# Optum

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

## Additional Resources

DIY - Completing Reviews - Paper Reviews <a href="https://youtu.be/Zpq\_XRuLUYs">https://youtu.be/Zpq\_XRuLUYs</a>

DIY - Completing Reviews - MyCase Reviews <a href="https://youtu.be/xZY\_M2ei6s0">https://youtu.be/xZY\_M2ei6s0</a>

FAQ - Frequently Asked Questions