

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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State Demonstrations Group

April 7, 2026

Amir Bassiri
Medicaid Director, Deputy Commissioner
New York Department of Health
Empire State Plaza, Corning Tower, Room 1466
Albany, NY 12237

Dear Director Amir Bassiri:

The Centers for Medicare & Medicaid Services (CMS) completed its review of New York's Final Report for the Reasonable Opportunity Period (ROP) COVID-19 Public Health Emergency (PHE) amendment to the section 1115 demonstration entitled, "New York Medicaid Redesign Team (MRT)" (Project No: Project Number 11-W-00114/2). This report covers the demonstration period from March 2023 to June 2024. CMS determined that the Final Report, submitted on February 12, 2026 and revised on March 13, 2026 is in alignment with the approved Evaluation Design, and therefore, approves the state's Final Report.

In accordance with STC #17.11, the approved Final Report may now be posted to the state's Medicaid website within 30 days. CMS will also post the Final Report on Medicaid.gov.

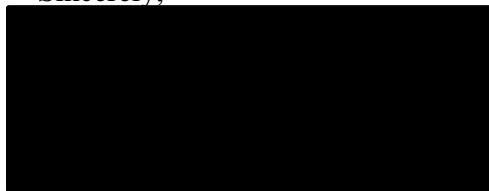
States are responsible for following all applicable federal law and regulations when they claim and use federal Medicaid and CHIP funds and must fully comply with all applicable Medicaid and CHIP statutes and regulations under a section 1115 demonstration, except where specific provisions have been expressly waived or identified as not applicable for that demonstration. This obligation includes all requirements in Title XIX and Title XXI of the Social Security Act and implementing regulations governing provider screening and enrollment activities, pre- and post-payment review claiming, payment methodologies and rate-setting, utilization controls, and program integrity including processes to identify, investigate, and refer suspected fraud, and methods to receive complaints and identify questionable practices. States must maintain effective systems and safeguards to prevent, detect, and address any fraud, waste, or abuse (FWA) in the delivery of and payment for Medicaid and CHIP services, including referrals to law enforcement when appropriate.

States should have heightened monitoring and oversight mechanisms in place featuring robust internal controls to identify and remediate all vulnerabilities (including, but not limited to, FWA and beneficiary access issues) inherent in service areas approved as part of a demonstration. At

any time, CMS may request that the state provide a plan detailing the state’s systems and safeguards to prevent, detect, and address any FWA relative to this demonstration. Failure to meet program integrity obligations under federal statutes and regulations or under the terms and conditions of this demonstration approval may result in compliance actions or other enforcement measures that could include requirements to develop and implement corrective action plans, withholdings, deferrals, disallowances, and termination of demonstration authority.

We sincerely appreciate the state’s commitment to evaluating the ROP COVID-19 PHE amendment under these extraordinary circumstances. We look forward to our continued partnership on the Monitoring Redesign Team section 1115 demonstration. If you have any questions, please contact your CMS demonstration team.

Sincerely,



Danielle Daly
Director
Division of Demonstration Monitoring and Evaluation

cc: Melvina Harrison, State Monitoring Lead, CMS Medicaid and CHIP Operations Group

New York Medicaid Redesign Team Section 1115 Demonstration

Reasonable Opportunity Period Extension COVID-19 Public Health Emergency Amendment

Final Evaluation Report

Report prepared by Public Consulting Group

LLC Report Submittal Date: March 13, 2026



PUBLIC
CONSULTING GROUP

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A. Executive Summary

1. DEMONSTRATION AMENDMENT BACKGROUND AND GOALS

The Centers for Medicare & Medicaid Services (CMS) developed a new section 1115(a)(2) demonstration opportunity to allow states to extend the Reasonable Opportunity Period (ROP) during the transition out of the COVID-19 Public Health Emergency (PHE) and during the “unwinding period” for individuals who declared U.S. citizenship, but whose status had not been verified, at the time of Medicaid application. In New York State, the unwinding period for Medicaid eligibility redeterminations began in June 2023 and continued through May 2024.¹

On October 28, 2022, CMS approved New York’s ROP Extension COVID-19 PHE Section 1115 demonstration application. This amendment allowed the State to continue processing verifications of individuals who have declared U.S. citizenship for 15 months, beginning with the first month of the State’s unwinding period. This includes the State’s 12-month unwinding period and an additional three months to complete verification of U.S. citizenship for individuals whose cases were processed in the last month of the unwinding period.

The amendment tests, in the context of the COVID-19 PHE unwinding period, how the expenditure authority to provide coverage beyond the statutorily limited 90-day ROP for individuals who have declared U.S. citizenship, but whose status has not been verified, will support the State’s management of workload during the unwinding period in a manner that promotes continuity of coverage and reduces barriers to care, in line with the objectives of the Medicaid program. The amendment seeks to maintain beneficiary access to care during the unwinding period, and to facilitate the management of the workload to conduct redeterminations during the unwinding period.

2. FINDINGS

The ROP demonstration amendment was effective in preventing inappropriate terminations of coverage during the unwinding period to support beneficiary access to care. Of the 96,078 individuals in New York State whose Medicaid eligibility rested on verification of their citizenship status, none lost coverage for failure to verify their citizenship status before their ROP was opened during the unwinding period.

The evaluation found that the overall citizenship verification rate during the unwinding period for the target population was 21.37%. Due to limitations with the State’s Medicaid eligibility and enrollment data systems, the evaluator cannot comment on whether this verification rate is typical in New York outside of the unwinding period.

The ROP demonstration amendment provided additional flexibility authorized by CMS as a part of broader policies designed to ease the Medicaid eligibility redetermination process during the unwinding

¹ Time period for New York Medicaid eligibility determinations. Available at: [New York State Public Health Emergency Unwind Dashboard | NY State of Health](#). Accessed on January 1, 2026.

period. Key informants shared that the integration of the target population’s redetermination processes with the larger redetermination workflow in New York significantly streamlined and eased the New York State Department of Health (NYS DOH) workload and burden.

The State was unable to separate member-experience data for the target population from the aggregate statewide call center quality metrics. The aggregate call center data from the unwinding period, however, shows an expected overall increase in the number of calls received, the abandoned call rate, and the call center wait time. The State observed a low of a 0.9% abandoned call rate and 14 second call center wait time in June 2023 to a high of a 17.3% abandoned call rate and five minute and 12 second call center wait time in March 2024. On average during the unwinding period, callers experienced a 1 minute and 47 second call center wait time.

Key informants shared that the State did not prepare communication materials or conduct target-population specific outreach related to this amendment but included the target population members in broader communications related to the continuous enrollment provision or unwinding period. The State did not report member dissatisfaction from or related to the target population during the unwinding period.

3. CONCLUSIONS

The ROP demonstration amendment was a key component of New York’s overall Medicaid redetermination process. While the integration of the amendment in the overall unwinding processes made disaggregating target population data more challenging, it also eased the State’s workload by not creating separate processes for this group. The flexibility ensured that no individuals were incorrectly terminated prior to their ROP. The evaluation findings confirmed that flexibilities of this kind are an important tool for states during emergencies to support their members in maintaining coverage and access to care, and to balance agency workload.

The Independent Evaluator prepared the draft “Reasonable Opportunity Period Extension COVID-19 Public Health Emergency Amendment Final Evaluation Report” to meet the requirements stipulated for the final report, which CMS provided in the amendment approval letter.² By submitting this report, NYS attests that the State has satisfied 42 CFR § 431.428 by ensuring that the Final Report captures all applicable requirements stipulated for an annual report (e.g., incidence and results of any audits, investigations or lawsuits, or any state legislative developments that may impact the demonstration).

² Reasonable Opportunity Period (ROP) Extension COVID-19 Public Health Emergency (PHE) section 1115 demonstration approval letter. Available at: [ny-medicaid-rdsgn-rop-ext-amend-appvl-10282022.pdf](https://www.nys.gov/medicaid-rdsgn-rop-ext-amend-appvl-10282022.pdf). Accessed on September 1, 2025.

B. General Background Information

1. DEMONSTRATION AMENDMENT NAME AND TIMING

CMS developed a new section 1115(a)(2) demonstration opportunity to allow states to extend the ROP during the transition out of the COVID-19 PHE and during the unwinding period for individuals who declared U.S. citizenship, but whose status had not been verified, at the time of Medicaid application.

In response to this opportunity, New York submitted the Reasonable Opportunity Period Extension COVID-19 Public Health Emergency Section 1115 demonstration application on June 8, 2022. CMS approved this application on October 28, 2022. The expenditure authority allowed the State to continue processing verifications of individuals who have declared U.S. citizenship for 15 months, beginning with the first month of the State's unwinding period. This includes the State's 12-month unwinding period and an additional three months to complete verification of U.S. citizenship for individuals whose case was processed in the last month of the unwinding period. The Consolidated Appropriations Act of 2023 ended the continuous enrollment provision on March 31, 2023, that was established under the Families First Coronavirus Response Act (FFCRA).

The amendment tested, in the context of the COVID-19 PHE unwinding period, how the expenditure authority to provide coverage beyond the statutorily limited 90-day ROP for individuals who have declared U.S. citizenship, but whose status has not been verified, supports the State's management of workload during the unwinding period in a manner that promotes continuity of coverage and reduces barriers to care, in line with the objectives of the Medicaid program.

Specifically, the State extended the 90-day ROP for individuals who had Medicaid benefits maintained during the PHE, in compliance with the continuous enrollment provision of the FFCRA, without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship.

During the demonstration, the State continued to make a good faith effort to verify citizenship, and if needed, following a determination of eligibility, provide a 90-day ROP for individuals to furnish documentation of their U.S. citizenship. This approach was designed to help the State conduct an orderly redetermination process, spreading the review of many documents more evenly over 12 to 15 months, rather than attempting to complete this activity in just the first few months after the PHE declaration ended.

2. DEMONSTRATION AMENDMENT GOALS

The purpose of the ROP demonstration amendment was to furnish medical assistance in a manner intended to protect, to the greatest extent possible, the health, safety, and welfare of individuals and providers who may be affected by COVID-19.³

The specific goals were:

1. To maintain beneficiary access to care during the unwinding period, and
2. To facilitate the management of the workload to conduct redeterminations during the unwinding period

The target population for this demonstration was current title XIX State Plan beneficiaries who had their Medicaid benefits maintained during the PHE, in compliance with the continuous enrollment provision of the FFCRA, without a full eligibility determination and whose eligibility rested on verification of their U.S. citizenship.

3. DEMONSTRATION AMENDMENT CONTEXT

In response to the widespread disruption and uncertainty associated with the novel 2019 coronavirus pandemic, the FFCRA required state Medicaid agencies to maintain continuous enrollment for most Medicaid members in order to receive the temporary enhanced Federal Medical Assistance Percentage (eFMAP). The Consolidated Appropriations Act of 2023 uncoupled the expiration of the Medicaid continuous enrollment provision and temporary eFMAP increase from the COVID-19 Public Health Emergency, which was in effect from late January 2020 through May 2023. Under the Consolidated Appropriations Act, the continuous enrollment provision ended on March 31, 2023, and state Medicaid agencies began a process of redetermining the Medicaid eligibility status of all individuals who had been continuously enrolled since the start of the pandemic.⁴

To ease the administrative burden of the unwinding period, CMS allowed states to implement a range of flexibilities related to redetermining members' eligibility, including the expenditure authority and extended ROP period allowed by the demonstration amendment that is the focus of this evaluation. The ROP demonstration amendment was implemented by the NYS DOH in the context of its larger Medicaid unwinding process.

³ ROP Extension COVID-19 PHE amendment evaluation design. Available at: [ny-medicaid-rdsgn-cms-appvd-reasonable-opportunity-period-covid19-phe-eval-des.pdf](#). Accessed on January 1, 2026.

⁴ Continuous enrollment provision timeline. Available at: [Medicaid Continuous Enrollment Condition Unwinding Marketplace Frequently Asked Questions \(FAQ\)](#). Accessed on January 1, 2026.

C. Evaluation Questions and Hypotheses

1. EVALUATION RESEARCH QUESTIONS AND HYPOTHESES

This evaluation report examines two primary research questions related to the demonstration's impact on beneficiary access to care, measured through access to Medicaid coverage for the target population, and facilitation of a manageable workload for NYS DOH during the unwinding period.

Research Question 1: *Did the demonstration support beneficiary access to care during the unwinding period?*

- *Hypothesis 1a: The demonstration will minimize inappropriate terminations of coverage during the unwinding period.*
- *Hypothesis 1b: The demonstration will promote accurate redeterminations of eligibility.*

Research Question 2: *Did the demonstration facilitate the management of the workload to conduct redeterminations during the unwinding period?*

- *Hypothesis 2a: The demonstration will promote a manageable distribution of redeterminations.*
- *Hypothesis 2b: The demonstration will improve member experience for renewals during the unwinding period.*

2. EVALUATION MEASURES

Exhibit 1: Measure Descriptions

Measure 1: Inappropriate Terminations of Coverage	
Research Question	RQ1: Did the demonstration support beneficiary access to care during the unwinding period?
Hypothesis	1a: The demonstration will minimize inappropriate terminations of coverage during the unwinding period.
Measure Name	Inappropriate Terminations of Coverage
Measure Description	Percent of Medicaid members who are terminated during the Medicaid unwinding period (prior to the member's 90-day ROP) due to failure to supply documentation of citizenship.
Numerator	Number (of denominator) who are terminated during the Medicaid unwinding period (prior to their 90-day ROP) due to failure to supply documentation of citizenship.
Denominator	Number of individuals who have had Medicaid benefits maintained during the Medicaid unwinding period without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship.
Data Source	Aggregated enrollment and eligibility data from the Welfare Management System (WMS) and New York State of Health (NYSOH)
Analytic Method	Descriptive statistics

Measure 2: Citizenship Verification Rate during Unwinding	
Research Question	RQ1: Did the demonstration support beneficiary access to care during the unwinding period?
Hypothesis	1.b.: The demonstration will promote accurate determination of eligibility
Measure Name	Citizenship Verification Rate during unwinding
Measure Description	2. Percent of Medicaid members eligible for extended ROP who are verified as US citizens during the unwinding period.
Numerator	Number (of denominator) who are verified as US citizens during the PHE unwinding period
Denominator	Number of individuals who have had Medicaid benefits maintained during the unwinding period without a full eligibility determination and whose eligibility rests on verification of their U.S. citizenship
Data Source	Aggregated enrollment and eligibility data from the WMS and NYSOH
Analytic Method	Descriptive statistics

Measure 3: Monthly Distribution of Redeterminations	
Research Question	RQ2: Did the demonstration facilitate the management of the workload to conduct redeterminations during the unwinding period?
Hypothesis	2.a.: The demonstration will promote a manageable distribution of redeterminations
Measure Name	Monthly distribution of redeterminations
Measure Description	Number of Medicaid eligibility redeterminations completed each month during New York's unwinding period
Numerator	N/A
Denominator	Number of Medicaid eligibility redeterminations completed each month during New York's unwinding period
Data Source	CMS renewal reporting
Analytic Method	Descriptive statistics

Measure 4: Beneficiary Experience: Call Center Data	
Research Question	RQ2: Did the demonstration facilitate the management of the workload to conduct redeterminations during the unwinding period?
Hypothesis	2.b.: The demonstration will improve member experience for renewals during the unwinding period
Measure Name	Beneficiary Experience: Call Center Data
Measure Description	Call Center Metrics: Calls Received, Abandoned Call Rate, Call Center Wait Time
Numerator	N/A
Denominator	Call Center Metrics: Calls Received, Abandoned Call Rate, Call Center Wait Time
Data Source	NYSOH Call Center Data
Analytic Method	Descriptive statistics

D. Methodology

1. DATA SOURCES

The evaluation utilized the following quantitative and qualitative data sources:

- New York State Welfare Management System; generated reports
- New York State of Health; generated reports
- New York State of Health Call Center; monthly call center metrics
- New York State Public Health Emergency Dashboard; monthly reporting on eligibility redetermination cohorts
- Key Informant Interviews with Demonstration Stakeholders

New York State Welfare Management System (WMS) and the New York State of Health (NYSOH) Data

New York processes Medicaid applications through two systems: WMS and NYSOH, the state-run health plan marketplace organized by NYS DOH. Individuals who qualify for Medicaid based on their Modified Adjusted Gross Income (MAGI) are primarily processed through the NYSOH. The local departments of social services generally process applications or redeterminations of individuals who qualify for Medicaid based on other eligibility criteria, such as disability. This data is captured through the WMS.

The evaluator obtained data from both the WMS and NYSOH systems to ensure a comprehensive representation of the entire state.

NYSOH Call Center Data

The NYSOH Call Center, operated by Maximus, maintains regular reporting on call-center metrics such as calls received, answered, and wait time. This data was obtained by the evaluator for the relevant unwinding period.

New York State Public Health Emergency Dashboard

During the unwinding period, NYS DOH maintained a public dashboard reporting on monthly progress of redeterminations and renewals processed across the state. The evaluator drew on data reported in this publicly available dashboard.⁵

Key Informant Interviews with Demonstration Stakeholders

The evaluator conducted semi-structured interviews with one senior administrator at a New York Local Department of Social Services (LDSS), one senior administrator from the NYSOH, and one senior administrator representing the NYSOH Call Center.

⁵ New York State Public Health Emergency Unwind Dashboard. Available at: [New York State Public Health Emergency Unwind Dashboard | NY State of Health](#). Accessed on January 1, 2026.

2. ANALYTIC METHODS

The evaluation synthesized information gathered from the WMS and NYSOH eligibility and enrollment quantitative data, NYSOH call center metrics, and qualitative interviews with key informants. Descriptive statistics were applied to analyze the WMS and NYSOH data.

The analyses conducted in the final evaluation report do not include stratifications by demographic variables or subgroup analyses, differing from the planned methodology articulated in the approved EDD. At the time the EDD was prepared, the evaluator anticipated that demographic variables, including age, sex, race/ethnicity, preferred language, and region, would be readily available. Extracting data on the target population for this demonstration amendment was more challenging than anticipated, and this level of information was subsequently not available. The evaluator further notes that although measures are reported by Medicaid eligibility and enrollment system (WMS inclusive of LDSS Downstate, LDSS Rest of State, and NYSOH), these systems are comprised of a range of Medicaid members and are not easily mapped to any demographic characteristics, including region. Exploration of differences in any outcomes of interest by Medicaid eligibility or enrollment system in New York are not within the scope of this evaluation.

Tailored interview guides were developed based on the evaluation design document and research questions. A unique guide for each type of stakeholder was developed in consultation with NYS DOH: Local Department of Social Services Administrator, NYSOH Administrator, and NYSOH Call Center Administrator (included in Section G: Attachments).

Given that this demonstration concluded more than a year before the interviews were conducted, the evaluator developed a primer on the ROP demonstration amendment and shared it with interviewees in advance of the conversation. Partners at the State expressed that this additional context and reminder of the purpose of the interview would be important.

Due to the limited number of interviews included in the scope of this evaluation, the evaluator reviewed transcripts for salient themes and findings related to the evaluation research questions without the use of a qualitative analysis software or tool.

3. LIMITATIONS

In alignment with CMS guidance for the design and scope of this evaluation, the evaluator's design and data collection were intended to gather necessary information regarding the implementation and effectiveness of this demonstration amendment, while ensuring that data collection activities were not unduly burdensome for the State. Due to the structure of New York's Medicaid eligibility and enrollment data systems, it was not feasible for the State to identify the target population to calculate a baseline citizenship verification rate. Additionally, it was not feasible for the evaluator to obtain the planned demographic data, and thus not possible to stratify results by demographic variables or to conduct subgroup analyses. The evaluator does not note this as a major limitation, however, as Measure 1 found that no inappropriate terminations of coverage occurred within the target population as a result of the

demonstration amendment. Based on this finding, there are no concerns of subgroup differences related to loss of coverage.

Primary qualitative data collection was limited to fewer than five key informants. Primary data collection from the target population (individuals whose Medicaid eligibility rests on verification of their U.S. citizenship) was not included in the evaluation design. Additionally, the evaluator relied on Medicaid eligibility and enrollment data produced by NYS DOH; the evaluator did not query these systems independently.

E. Findings

1. BENEFICIARY ACCESS TO CARE DURING MEDICAID UNWINDING

Research Question 1: *Did the demonstration support beneficiary access to care during the unwinding period?*

Hypothesis 1a: *The demonstration will minimize inappropriate terminations of coverage during the unwinding period.*

Overall, the ROP demonstration amendment was highly successful in minimizing inappropriate terminations of coverage during the unwinding period, ultimately supporting beneficiary access to care by ensuring consistent health coverage during this period of transition. As illustrated by the data in Exhibit 2 below for Measure 1: Inappropriate Terminations of Coverage, of the 96,078 individuals in New York State whose Medicaid eligibility rested on verification of their citizenship status, none lost coverage for failure to verify their citizenship status before their ROP was opened during the unwinding period.

Qualitative interviews with demonstration stakeholders, including representatives from the local departments of social services (LDSS) and NYSOH, supported this understanding of the demonstration's goal. Interviewees viewed this ROP demonstration amendment as one part of a series of easements in alignment with the broader goal of the Families First Coronavirus Response Act, to ensure that during a time of great uncertainty and challenge, individuals did not lose coverage unnecessarily.

Exhibit 2: Measure 1

Measure 1: Inappropriate Terminations of Coverage (June 2023—May 2024)			
	Numerator	Denominator	Percentage
Downstate LDSS	0	25,544	0%
Rest of State LDSS	0	7,183	0%
NYSOH	0	63,351	0%
Total	0	96,078	0%

Hypothesis 1b: *The demonstration will promote accurate redeterminations of eligibility.*

A goal of the ROP demonstration amendment was to ensure that both agency staff and Medicaid members had sufficient time to produce and verify appropriate documentation to demonstrate eligibility and maintain coverage during the unwinding period. Measure 2 (represented below in Exhibit 3): the rate of individuals whose eligibility rests on citizenship verification, who ultimately verified their citizenship during the unwinding period, is a proxy measure of determining the accuracy of this process. Due to the structure of New York's Medicaid eligibility and enrollment data systems, it would be burdensome for the State to identify this target population to calculate a baseline rate of citizenship verification rate to use as a comparison to the unwinding period. The evaluator cannot comment on whether the verification rates observed for this population during the unwinding period are typical, and notes this as a limitation of this evaluation.

Exhibit 3: Measure 2

Measure 2: Citizenship Verification Rate during Unwinding (June 2023—May 2024)			
	Numerator	Denominator	Percentage
Downstate LDSS	969	25,544	3.79%
Rest of State LDSS	197	7,183	2.74%
NYSOH	19,369	63,351	30.5%
Total	20,535	96,078	21.37%

One stakeholder from the qualitative interviews pointed out that the documentation flexibilities offered by the ROP extension demonstration amendment were necessary as the government agencies and systems that Medicaid members rely on to produce verification documentation were delayed or temporarily shut down during the PHE. These flexibilities support hypothesis 1b that the demonstration will promote accurate redeterminations of eligibility.

2. NYS DOH AND LDSS AGENCY WORKLOAD MANAGEMENT DURING MEDICAID UNWINDING

Research Question 2: *Did the demonstration facilitate the management of the workload to conduct redeterminations during the unwinding period?*

Hypothesis 2a: The demonstration will promote a manageable distribution of redeterminations.

As noted by stakeholders in key informant interviews, the ROP demonstration amendment was an additional flexibility allowed by CMS in the context of additional policies intended to ease the process of Medicaid eligibility redetermination during the unwinding period both nationally, and in New York. This amendment allowed the target population's redetermination processes, including the ROP, to align with the larger redetermination work New York was engaging in during the unwinding. New York processed renewals in monthly cohorts, inclusive of the target population impacted by the ROP extension. In the absence of the ROP demonstration amendment, it would have been significantly more challenging for agency staff to process the nearly 100,000 redeterminations for this population in a more compressed timeline.

Additionally, stakeholders shared that since the amendment only altered the timeline of the ROP, and not the information that is required to be collected, it was not challenging for LDSS or NYSOH staff to adjust their workflows.

Due to the structure of New York's Medicaid eligibility and enrollment data systems, the State could not identify and extract the number of renewals for the target population only over the course of the unwinding period. Measure 3 (represented in Exhibit 4): Monthly Distributions of Redeterminations shows the state-wide numbers of redeterminations, broken down by monthly cohort during the unwinding period, as reported in the State's Public Health Emergency Unwind Dashboard.

By the end of May 2024, New York processed 6,105,184 total renewals, including 96,078 individuals whose Medicaid eligibility rested on citizenship verification. The target population represents less than 2% of the overall renewals completed during the unwinding period. Due to the flexibilities of the ROP demonstration amendment, the State was able to include these ROP processes in the overall redetermination workflow, streamlining and easing the overall workload during the unwinding period.

Exhibit 4: Measure 3

Measure 3: Monthly Distributions of Redeterminations								
	LDSS Downstate		LDSS Rest of State		NYSOH		Total	
	Renewal Cohort	Renewals Complete	Renewal Cohort	Renewals Complete	Renewal Cohort	Renewals Complete	Renewal Cohort	Renewals Complete
June 2023	59,065	57,454	43,930	27,341	455,928	317,913	558,923	402,708
July 2023	57,736	56,222	68,172	35,786	487,777	330,080	613,685	422,088
August 2023	46,698	43,792	34,987	19,763	492,840	383,951	574,525	447,506
September 2023	66,778	59,210	34,880	19,252	497,012	381,001	598,670	459,463
October 2023	83,921	78,576	38,302	21,135	511,936	397,625	634,159	497,336
November 2023	69,334	62,413	42,417	20,621	512,517	385,285	624,268	468,319
December 2023	96,369	88,130	47,064	24,621	621,293	485,110	764,726	597,861
January 2024	69,555	65,497	40,722	19,907	465,559	362,056	575,836	447,460
February 2024	60,308	56,113	40,705	21,414	512,710	407,761	613,723	485,288
March 2024	67,256	59,966	39,599	20,946	519,734	391,297	626,589	472,209
April 2024	78,555	72,498	40,002	21,900	523,041	384,355	641,598	478,753
May 2024	70,811	63,492	39,737	21,253	490,991	364,968	601,539	449,713

Hypothesis 2b: The demonstration will improve member experience for renewals during the unwinding period.

As redeterminations for individuals with a ROP to verify their citizenship status were integrated into the larger unwinding process, separate member-experience data for this population is not available. New York's Statewide Call Center collects a range of quality metrics, including the number of calls received, the abandoned call rate, and call center wait time.

Measure 4 (represented in Exhibit 5): Beneficiary Experience: Call Center Data shows an overall increase in the number of calls received, the abandoned call rate, and the call center wait time over the course of the unwinding period. These increases were reasonably expected as individuals were completing their Medicaid eligibility redeterminations following the end of the continuous enrollment provision. New York observed a low of a .9% abandoned call rate and a 14 second call center wait time in June 2023 to a high of a 17.3% abandoned call rate and a five minute and 12 second call center wait time in March 2024. On average during the unwinding period, callers experienced a 1 minute and 47 second call center wait time.

Stakeholder conversations confirmed that the State did not prepare communications or conduct outreach specific to the target population for this demonstration. The State kept enrollment assisters informed and up to date on policy changes related to the continuous enrollment provision or unwinding period as appropriate. Enrollment assisters kept members and applicants informed of any relevant

changes or information. Interviewees shared that they did not receive any reports of member dissatisfaction from or related to the target population during the unwinding period.

Exhibit 5: Measure 4

Measure 4: Beneficiary Experience: Call Center Data			
Month	Calls Received	Abandoned Call Rate	Call Center Wait Time
March 2023	430,410	2.7%	00:49
April 2023	413,161	4.2%	00:59
May 2023	550,256	1.1%	00:19
<i>Unwinding Period Begins</i>			
June 2023	605,410	.9%	00:14
July 2023	613,206	1.3%	00:20
August 2023	732,752	2.5%	00:27
September 2023	672,624	3.2%	00:44
October 2023	748,085	3.0%	00:47
November 2023	766,193	3.0%	00:59
December 2023	765,593	5.0%	01:41
January 2024	861,412	10.4%	02:58
February 2024	805,261	12.0%	03:23
March 2024	840,868	17.3%	05:12
April 2024	788,502	14.4%	03:12
May 2024	711,732	7.3%	01:38

F. Conclusions

The ROP demonstration amendment was an important part of New York's overall Medicaid redetermination process following an unprecedented public health emergency. The flexibility ensured that no individuals were incorrectly terminated in advance of their ROP. Allowing this target population to follow the same redetermination workflow as the rest of the State's Medicaid members significantly eased the State's workload by not creating separate processes for this group.

The evaluation findings confirmed that regulatory flexibilities of this kind are an important tool for states during emergencies to support their members in maintaining coverage and access to care, and to balance agency workload.

G. Attachments

1. LDSS INTERVIEW GUIDE

1. Interviewee background
 - a. What is your current role?
 - i. How long have you been in it?
 - ii. What are your primary responsibilities?
2. Reasonable Opportunity Period (ROP)
 - a. In your own words, how would you describe the purpose of the ROP COVID-19 PHE Amendment in New York?
 - b. What issues was it intended to address during the unwinding period?
3. County implementation: Redeterminations and ROP
 - a. How did your county implement redeterminations during the unwinding period?
 - i. Probe: What systems, processes, or staff roles were most critical?
 - b. Outside of the extended ROP, what other factors most influenced beneficiaries' ability to maintain coverage in your county?
 - c. What facilitated a smooth redetermination process in your county?
 - d. What was challenging about implementing the redetermination process in your county?
4. Agency workload
 - a. Did the extended ROP help you and your staff manage the redetermination workload?
 - b. In what ways did the flexibilities granted under the ROP waiver impact your work?
5. Member experience
 - a. Did the ROP amendment affect how you communicated with beneficiaries about their coverage status?
 - b. Were staff more available to support beneficiaries during redeterminations as a result of the extended period?
 - c. What challenges did beneficiaries still face even with the ROP amendment in place?
6. Other
 - a. If you could change one thing about the ROP process to improve outcomes in your county, what would it be?
 - b. What did we not ask you that you think is important for us to know?
 - c. Any lessons learned from this process that you want to share or apply in your future work?

2. NYSOH CALL CENTER ADMINISTRATOR INTERVIEW GUIDE

- 1) Interviewee background
 - a) What is your current role?
 - i) How long have you been in it?
 - ii) What are your primary responsibilities?
- 2) Reasonable Opportunity Period (ROP) and Redetermination
 - a) How did implementing redeterminations during the Medicaid unwinding period impact your work?
 - b) What were the most common topics of questions callers had during this period?
 - c) Did the call center receive inquiries related to ROPs? If so, what were they?
- 3) Workload and operations
 - a) Did the ROP extension affect call volume or the types of calls you received?
 - b) Did the ROP extension make the workload more manageable during the unwinding?
 - i) Probe: Why or why not?
- 4) Other
 - a) What improvements could be made to beneficiary communication about the ROP going forward?
 - b) What did we not ask you that you think is important to share?

3. NYSOH ADMINISTRATOR INTERVIEW GUIDE

- 1) Interviewee background
 - a) What is your current role?
 - i) How long have you been in it?
 - ii) What are your primary responsibilities?
- 2) Reasonable Opportunity Period (ROP)
 - a) How would you describe the purpose of the ROP extension amendment?
 - i) What problems was it designed to solve during unwinding?
- 3) Medicaid Redetermination in New York
 - a) How was re-determination implemented more broadly in the State through NYSOH?
 - i) Probe: How did the ROP extension fit into that broader approach?
 - b) Beyond the ROP, what external factors (federal guidance, IT, staffing, etc.) most influenced coverage retention?

- 4) Agency workload
 - a) Did the ROP extension help balance workload at the state level?
 - b) Were the flexibilities included in the ROP amendment sufficient to manage the unwinding process?
 - c) Did the extended time period prevent coverage loss due to administrative bottlenecks?

- 5) Member experience
 - a) Did the ROP amendment change how the State communicated with beneficiaries about coverage timelines?
 - b) Did the amendment impact the redetermination process?
 - i) Probe: How so?
 - c) Did the ROP amendment impact the State's capacity to provide support to beneficiaries?

- 6) Other
 - a) What lessons from the ROP demonstration should inform future policy or program design?
 - b) What did we not ask you that you think is important for us to know?