



Medicaid Unwinding: What to know and how to help

June 14, 2023

RR-VHV Resources

Institute
for the Advancement of
Family Support Professionals

Your Dashboard All Modules Your Compass Hi Red

RAPID RESPONSE VIRTUAL HOME VISITING

The Rapid Response-Virtual Home Visiting collaborative (RR-VHV) will provide best practice principles and strategies to support all home visiting professionals in maintaining meaningful connection with families during this time of increased anxiety and need.

Through collaboration, the RR-VHV will leverage the extensive resources and expertise that exists across home visiting organizations to support the development and distribution of cross-model, cross system approaches and guidance.

Providing immediate support for our front-line home visiting staff and the families they serve is our highest priority.

The RR-VHV is committed to creating processes to facilitate collaborative content development and shared decision making.

Resources

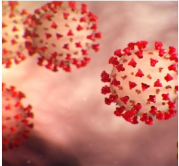
Frequently asked questions

Want to help?

If you would like to support our efforts, please let us know!

Contact the RR-VHV for more information


Available Webinars



Home Visiting Models and COVID 19 Response
(Friday, April 3, 2020)

If you are having difficulties accessing the webinar, click here to download the video.

Learn how HRSA and national home visiting models are responding to the COVID 19 crisis. The discussion will explore needs and priorities from the field, model guidelines, resources available to support current efforts and responses from federal, state and local levels.



Virtual Visit Readiness

Learn the basics of using different types of technology to connect with families.

Available Resources:
Readiness Reflection (pdf)
Troubleshooting Tips (pdf)

Guiding Principles

Accessible:

- All materials will be provided free of charge and made accessible to providers through the Institute and other platforms.
- All information and resources shared will be designed to meet the needs of all home visiting professionals.
- All materials developed as a result of this project will remain available to support future needs of the field.

Strength-based:

- Include as many provider networks as possible in content and resource development.
- All providers bring unique and important views. Expertise will be sought based on content areas and specific needs.
- Every effort will be made to be as inclusive as possible. However, it is important to remember that no one individual or organization is expected to have expertise in every area. Please assess your own areas of strength and capacity to determine those areas in which you believe it is most important to be involved.

Shared Responsibility

- The RR-VHV will create a streamlined process for information gathering and sharing that is inclusive of all providers.
- It will be up to each provider network to determine the most efficient way for inclusion in rapid decision making and content review.
- To maintain a rapid response framework, we

Webinar recordings, slide decks, certificates and supporting documents are available at:

<https://institutefsp.org/covid-19-rapid-response>



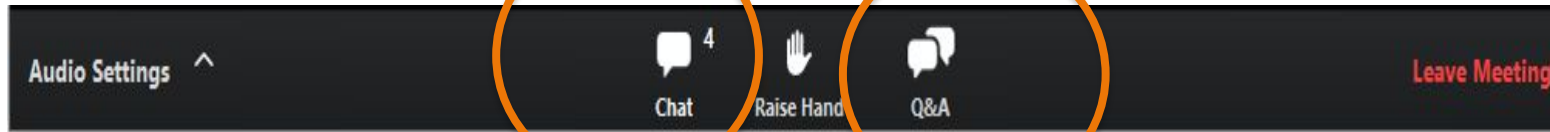
Chat Feature

Q&A Feature

Please use the chat box to respond to questions that we ask you!

Please use the Q&A box to submit your questions.

Thank you!



Today's Panelists



Elizabeth Wright Burak,
Senior Fellow,



Allie Gardner, Senior
Research Associate

Georgetown University's McCourt School of Public Policy's
Center for Children and Families (CCF)





Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

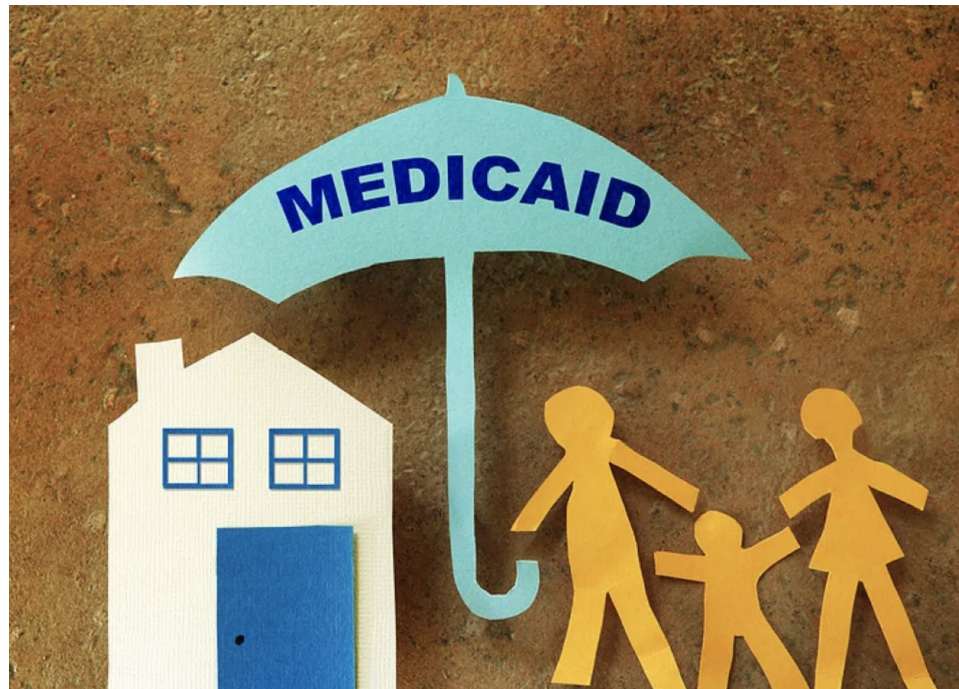
Unwinding the COVID-19 Medicaid Continuous Eligibility Protection

Allie Gardner &
Elisabeth Wright Burak
June 14, 2023



Why Medicaid/CHIP?

- Roughly half of all births paid by Medicaid or CHIP
- 3 out of 4 low-income children under age 6 rely on Medicaid or CHIP for health coverage
- 85% of children in MIECHV-funded programs covered by public insurance



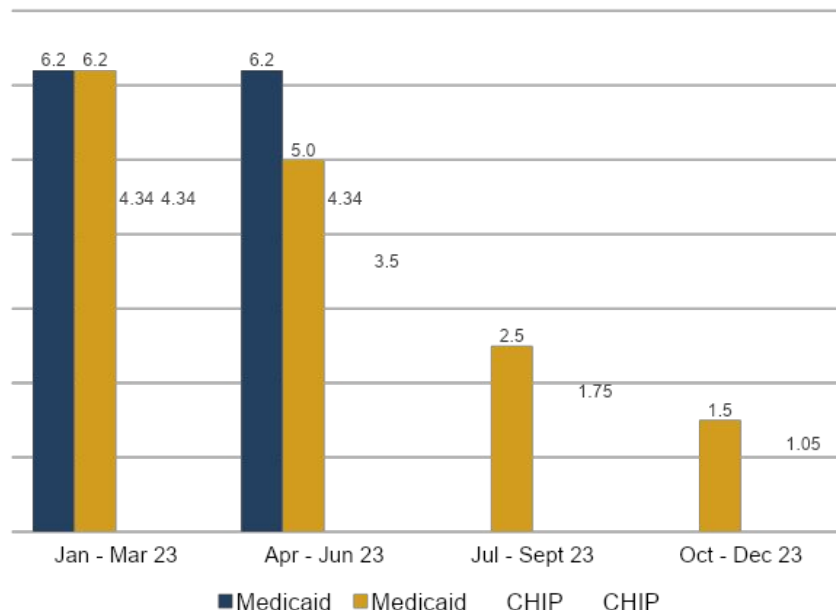
How Did We Get Here?

- Congress passed the bipartisan Families First Coronavirus Response Act (FFCRA) in March 2020; which:
 - Required states to keep most enrollees on Medicaid during the public health emergency (PHE) as a condition of 6.2% increase in federal funding (FMAP)
- The law and many of its provisions were linked to end of the COVID-19 public health emergency (PHE) - unprecedented economic and health crisis
- The disenrollment freeze resulted in continuous Medicaid enrollment, for almost three years for some enrollees

Ending Continuous Coverage – Unwinding

- CAA delinked continuous enrollment protection from PHE
 - Protection ended March 31, 2023; states could begin terminations April 1
- Enhanced FMAP will continue and phase down through the end of 2023
- States must check eligibility for all enrollees
- States have to meet requirements to continue to receive additional federal funding and/or to avoid financial penalties

Changes to Enhanced FMAP Compared to an April 2023 End of PHE (in percentage points)



State Requirements During Unwinding

Maintenance of Effort (MOE)

- Prohibition on more restrictive eligibility and enrollment standards
- Must comply with all federal renewal requirements
- Take steps to update enrollee contact information
- "Good faith" effort to use non-mail modes to contact enrollee before termination for returned mail
- CMS has new enforcement authority through CAA

Data Reporting

- Timely reporting of specific Medicaid, CHIP and Marketplace related data
- ALL states must report required data regardless of choosing to forgo enhanced FMAP
- Financial penalties for not reporting
- Some states will post their data
- CMS must post the state-level data
 - Lag time may make it less useful for rapid response

What's at stake?

Coverage for ~93 Million People

Medicaid/CHIP enrollment has grown by almost 31 percent between Feb. 2020 and Jan. 2023



93.2 million people were enrolled in Medicaid and CHIP in Jan. 2023

More than half of children in the US (~42 million) are insured through Medicaid or CHIP, most in Medicaid



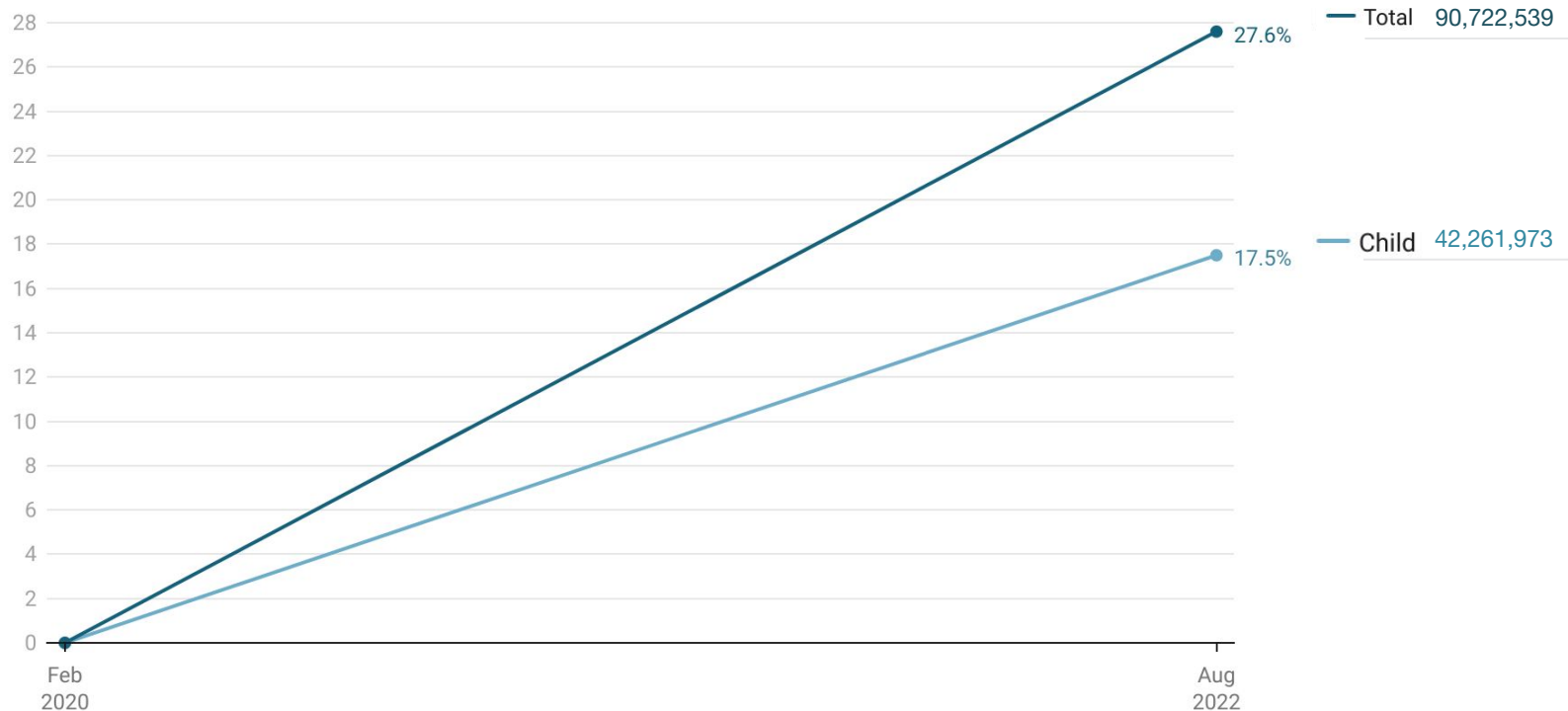
According to analysis from ASPE,
2.7M adults
and
3.9M children
are at risk of losing coverage despite remaining eligible



Disenrollment may be higher due to the unprecedented nature of the unwinding



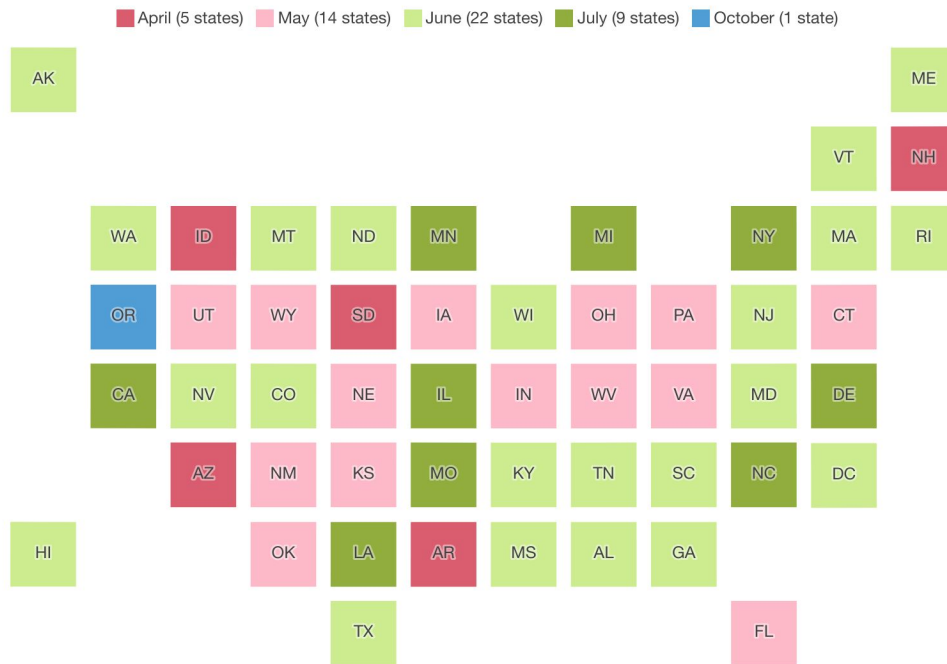
Enrollment Growth in Medicaid and CHIP: Child vs. U.S. Total. February 2020 – August 2022



Most States Have Started Terminations

Anticipated 2023 State Timelines for Initiating Unwinding-Related Disenrollments

As of February 24, 2023

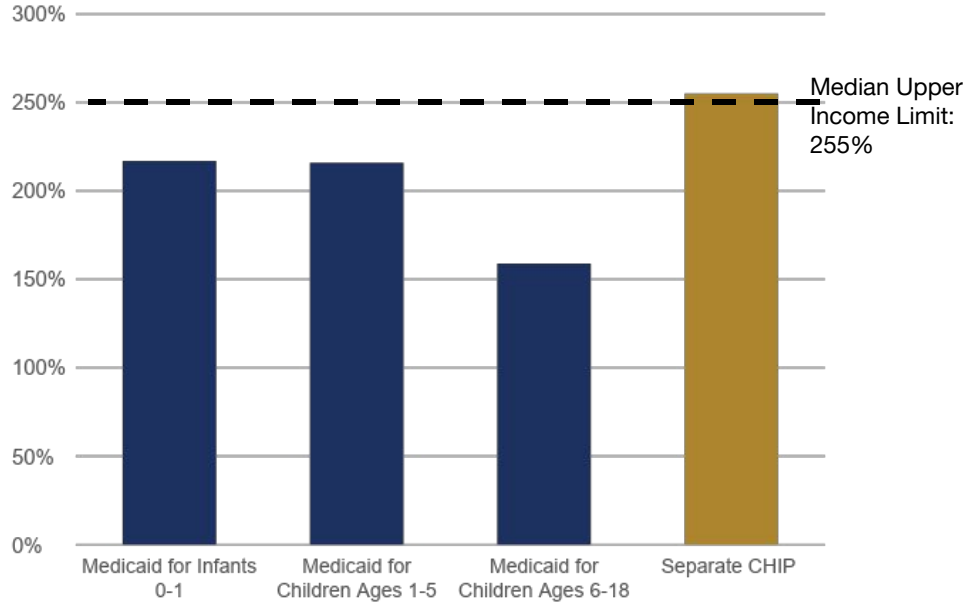


States with 60% or More of All Children Enrolled in Medicaid/CHIP

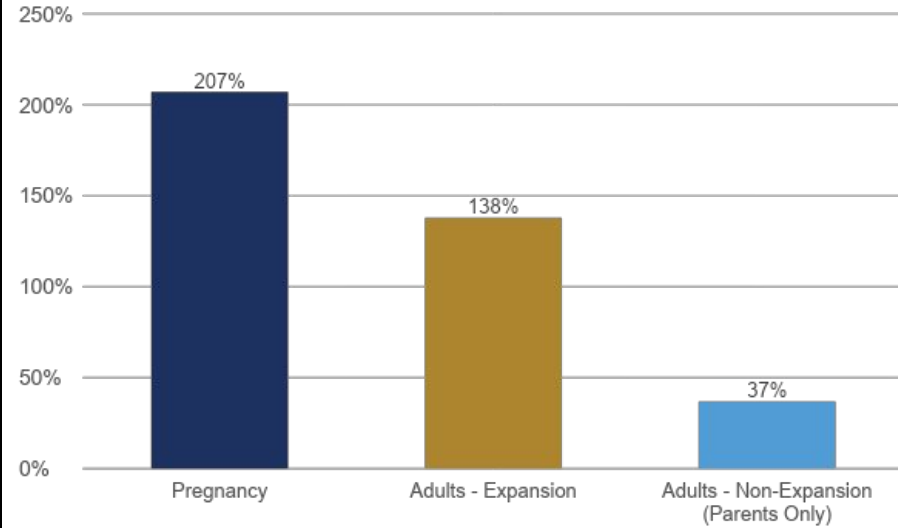
State	2021 Child Population	Child Medicaid/CHIP Enrollment (August 2022)	Share of Children with Medicaid/CHIP	Rank
United States	77,831,000	42,261,973	54.3%	-
New Mexico	503,000	380,565	75.7%	1
District of Columbia	134,000	100,287	74.8%	2
Louisiana	1,138,000	796,152	70.0%	3
Mississippi	736,000	497,997	67.7%	4
Florida	4,534,000	2,976,759	65.7%	5
Alabama	1,191,000	768,824	64.6%	6
West Virginia	381,000	243,554	63.9%	7
Oklahoma	1,011,000	639,712	63.3%	8
Georgia	2,684,000	1,678,168	62.5%	9
South Carolina	1,188,000	742,705	62.5%	10
Indiana	1,680,000	1,037,575	61.8%	11

Basics of Eligibility

Median Income Eligibility Limit for Children, January 2023

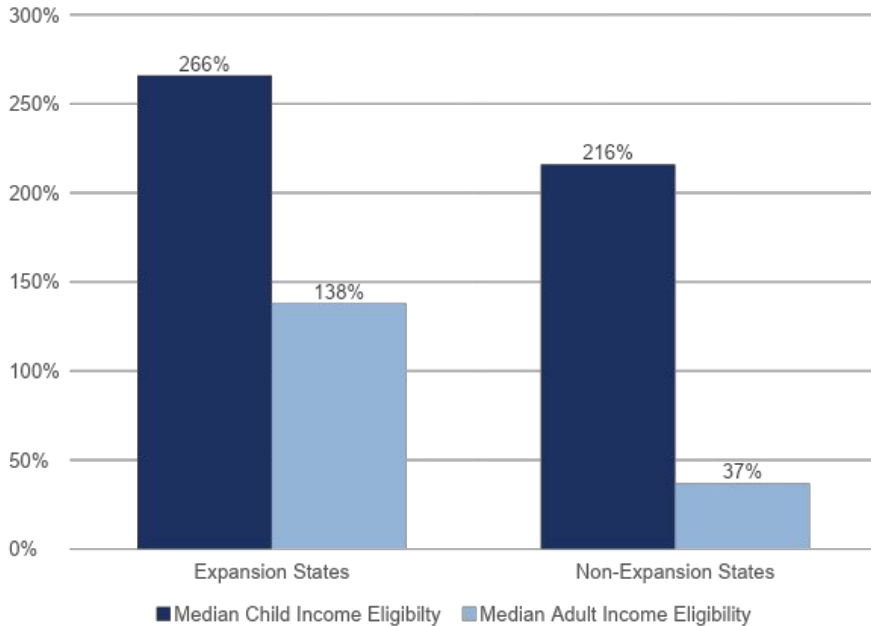


Median Income Eligibility Limit for Adult Categories, January 2023



Children and Parents May Have Different Pathways

Median Medicaid/CHIP Income Eligibility for Children and Adults by Expansion Status, 2023



- Children’s public coverage eligibility is higher than adults
 - Most children will remain eligible, but coverage may differ from their parents
- Coverage is at risk due to bureaucratic red tape
- In non-expansion states, unwinding will mostly affect children, very poor parents, and postpartum women
- Some states have adopted 12-month continuous eligibility for children, but only two have the policy for adults
 - Mandatory for all children in Medicaid/CHIP starting January 1, 2024

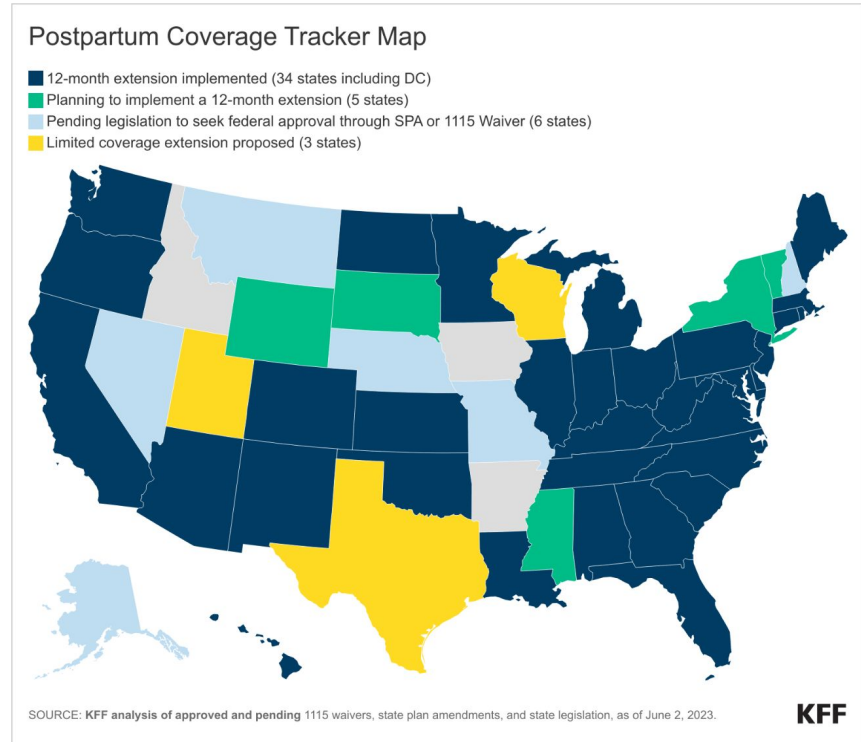
Unwelcome Mat Effect

- Due to the disparities in income eligibility, parents may not realize that their child remains eligible for coverage even if the parent is not
- Evidence has shown children are more likely to have health coverage when their parents do too
- “Unwelcome mat”= eligible children lose coverage when their parents lose coverage



Pregnant/Postpartum Women

- Unwinding coinciding with state take up of new option to extend coverage to 12 months postpartum for pregnant women.
- Many pregnant/postpartum women kept coverage during the continuous coverage protections
- States need to take care to ensure postpartum women who remain eligible stay on Medicaid or help them connect to marketplace or other coverage sources



Procedural disenrollments

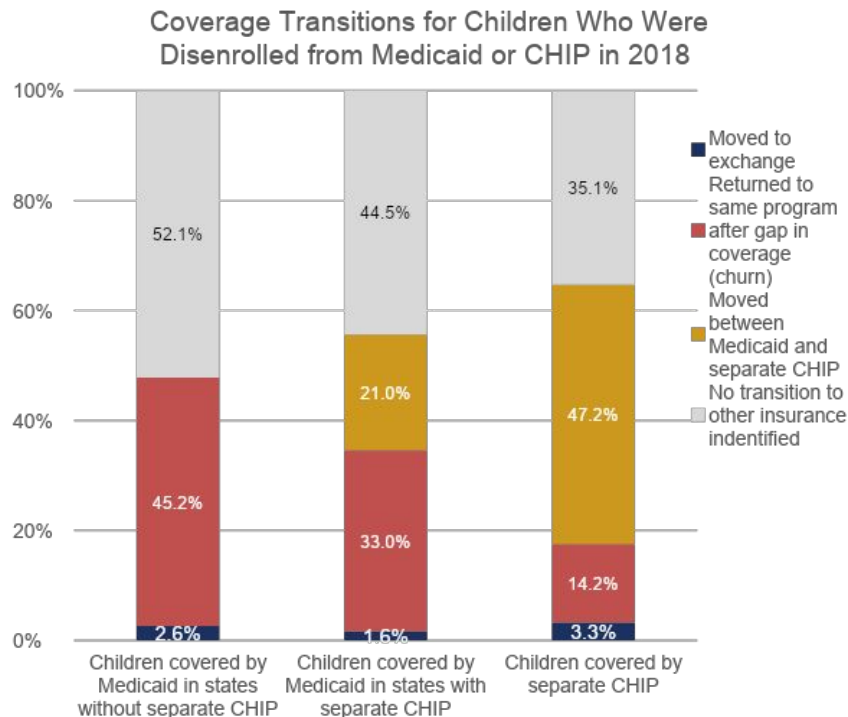
- States that maximize the use of available data to renew eligibility without requiring paperwork will have fewer procedural disenrollments.
- Historically, many individuals who lose coverage for procedural reasons remain eligible but become uninsured
- Many will reapply, leading to additional work for agencies, gaps in coverage, and increased costs

Why do they occur?

- During the renewal process, enrollees may not:
 - Receive a renewal notice
 - Understand their renewal notice
 - Receive the notice in their preferred language
 - Submit renewal information timely
- Call centers wait times may be unreasonable or are enrollees unable to get answers

Transitions to Other Coverage

- Renewal processed successfully but enrollee is no longer eligible for coverage
- The administration has taken steps to eliminate barriers for transitioning to other coverage like:
 - Fixing the family glitch
 - Creating a special enrollment period for consumers losing Medicaid coverage due to unwinding
- However, other challenges remain:
 - Affordability
 - Complicated application and plan selection process
 - Children aging out of Medicaid or CHIP
 - Moving children from Medicaid to CHIP



Considerations for Continuity of Care

- Ensure enrollees transitioning to other sources of coverage can access necessary healthcare services
 - Marketplace plan should have adequate network access including providers they regularly use
 - Children moving from Medicaid to CHIP enroll in same MCO when possible
- Identify premium requirements and when they will be reinstated
- Highlight 90-day reconsideration period for individuals who are procedurally disenrolled
- Determine the age limit for children in Medicaid and/or CHIP (i.e. does the state provide coverage up to age 21)
- Encourage state to require Marketplace plans to honor prior authorizations for services or certain prescription drugs

Who Is Most At Risk?

45% of enrollees estimated to lose coverage will be disenrolled for procedural reasons.

By group:

74% of children,
52% of Latinos, &
48% of Black non-Latinos
who are predicted to lose
coverage will be still
eligible.

- Children – most will remain eligible, but eligibility may differ from their parents
- People of color
- Families with limited English proficiency
- Patients undergoing treatment or with complex health needs
- Families with limited computer/internet access and/or living in rural communities
- People who are homeless or precariously housed
- Families who have never gone through renewal
- Families that the state has flagged as being potentially ineligible



Warning Signs

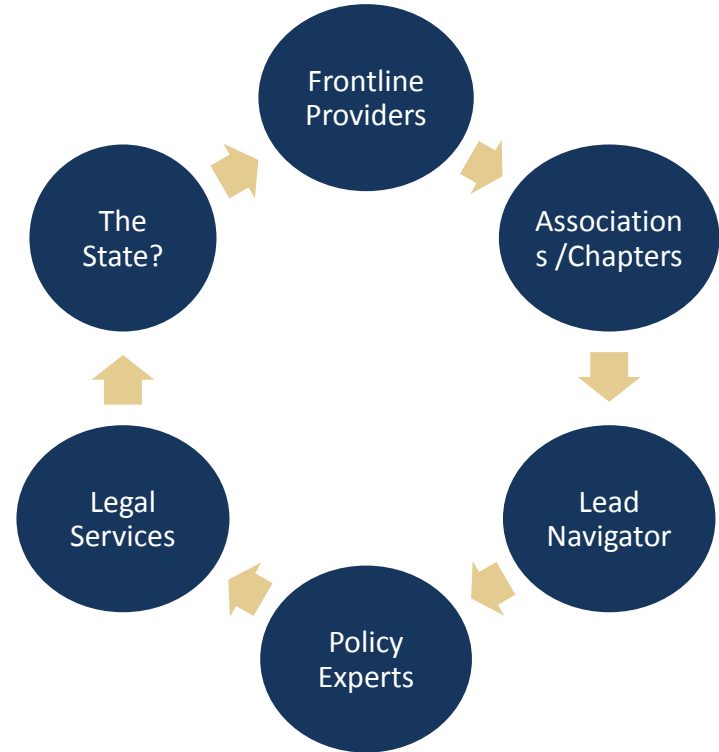
- Enrollees are not receiving renewal notices in the mail
- Notices are difficult to understand and/or do not clearly communicate what actions are needed to retain coverage
- Call wait times are unreasonable
- Staff at call center are unable to provide needed assistance
- Individuals being transferred to the Marketplace are not being enrolled in plans
- Limited access to enrollment assistance
- Difficultly renewing coverage through one or more modes (i.e. online, over the phone)
- Backlogs in processing of applications
- Lack of transparency or rapid response from the state
- Large numbers of procedural disenrollments
 - Based on state data or stories from enrollees

Role of Frontline Providers

- Trusted relationships with enrollees and community members
- Well positioned to quickly identify recurring problems
 - A critical element of an effective feedback loop
 - Can help connect families to share lived experiences
- Can speak with authority on how the unwinding is impacting enrollees
- Provide assistance and/or translation services for limited English speakers

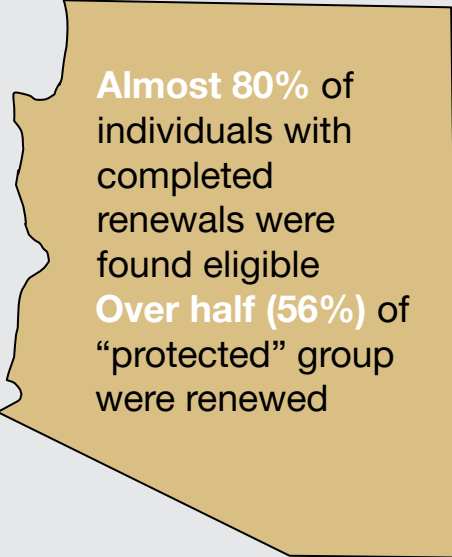
Feedback Loop

- Partners compare notes to get an early sense of impact, problems, and opportunities for improvement
- Should include assisters, frontline providers, policy and advocacy groups, legal services
- Rich source of intel, particularly in early weeks and months
- Frontline organizations can gather intel when unwinding begins
 - Should identify common themes, recurring issues, and potential solution
- Provide feedback to the state, advocates, and CMS for mid-course corrections



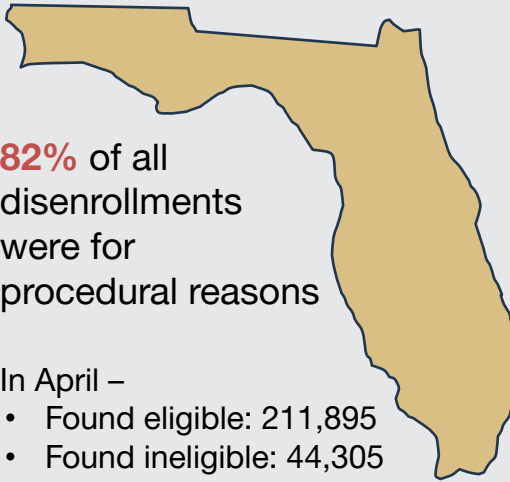
What Have We Seen So Far?

The Good: Arizona



Almost 80% of individuals with completed renewals were found eligible
Over half (56%) of “protected” group were renewed

The Bad: Florida

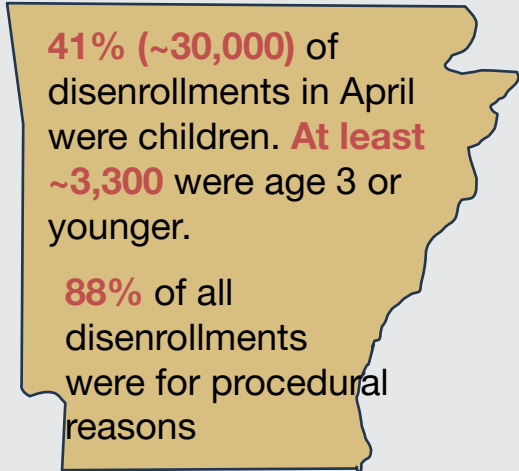


82% of all disenrollments were for procedural reasons

In April –

- Found eligible: 211,895
- Found ineligible: 44,305
- Disenrolled for procedural reasons: 205,122
- Still pending: 145,380

The Ugly: Arkansas



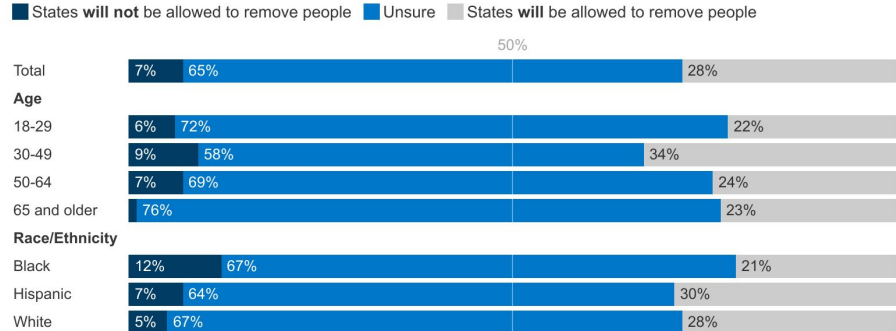
41% (~30,000) of disenrollments in April were children. At least ~3,300 were age 3 or younger.

88% of all disenrollments were for procedural reasons

Beneficiary Awareness

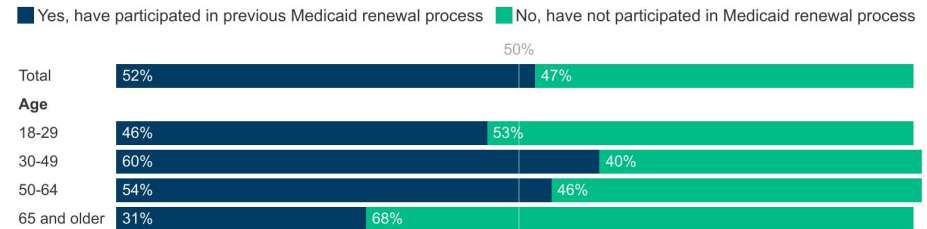
Large Majorities Across Demographic Groups Are Not Aware States Are Allowed To Remove People From Medicaid

As far as you know, starting this April will states be allowed to remove people from Medicaid if they are no longer eligible or if they do not complete renewal forms?



Nearly Half Of Medicaid Enrollees Have Not Been Through Renewal Process, Including Two-Thirds Of Older Adults

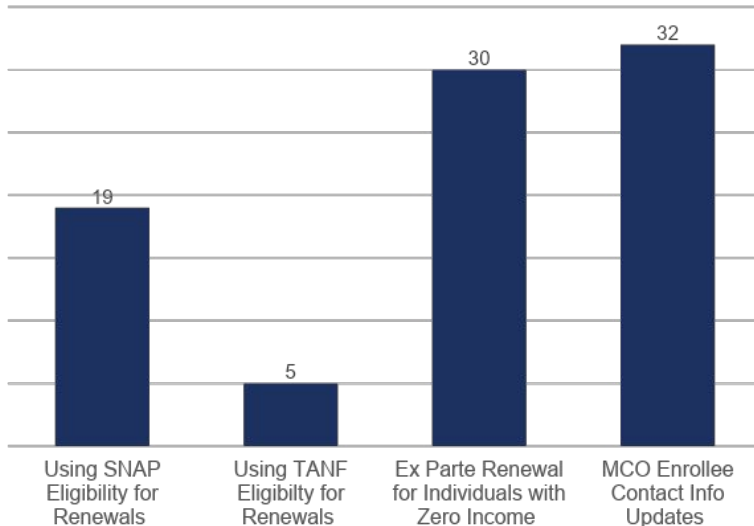
Have you ever actively participated in a Medicaid renewal process?



What is Your State Doing?

Unwinding Section (e)(14) Waivers

States with Approved (e)(14) Waiver



CCF 50-State Unwinding Tracker

22 states have unwinding data dashboards or publicly released data

- 6 of these states have posted their monthly unwinding data reports they are required to submit to CMS

Almost every state has posted communications materials (50)

- Important for stakeholders to use consistent messaging

More than half of states' renewal reports (31) have been published by the state or accessed through public records pathways

Ways to Help

- Review your state's plan to identify what the state's process looks like and which groups are being prioritized for renewal first
- Identify all ways enrollees can determine their renewal date
- Remind enrollees about the changes happening in Medicaid and importance of responding to notices
- Provide current list of all navigators and assister sites to enrollees for direct assistance
- Amplify or supplement state communications to enrollees
- Work with American Academy of Pediatrics, advocates, legal services organizations, civil rights groups, etc. who can help when recurring problems are identified
- Participate in a feedback loop of frontline organizations and Medicaid policy/legal experts

For More Information

Website/Say Ahhh! blog
ccf.georgetown.edu

Email

Allie - akg72@georgetown.edu
Elisabeth - ewb27@georgetown.edu

Twitter

@georgetownccf
[@alliekgardner](https://twitter.com/alliekgardner)
[@ewburak](https://twitter.com/ewburak)

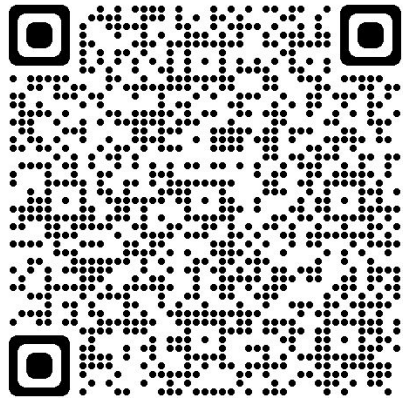
The screenshot shows the website for the Georgetown University Health Policy Institute, Center for Children and Families. The header is dark blue with the logo on the left, the text "Georgetown University Health Policy Institute CENTER FOR CHILDREN AND FAMILIES" in the middle, and a search bar on the right. Below the header is a navigation menu with links for Topics, Blog, Maps, State Data Hub, Research, Projects, and About Us, along with social media icons for Facebook, Twitter, and RSS. The main content area features a large image of four children playing with wooden blocks. Below the image is a headline: "Child Uninsured Rate Could Rise Sharply if States Don't Proceed with Caution" by Joan Alker and Aubrianna Osorio. To the right of the main image is a "FEATURED RESOURCES" section with three items: "Data" (Interactive Kids' Health Care Card) showing a 11.2% rate, "Projects" (Medicaid Learning Lab), and "Unwinding the Public Health Emergency (PHE) 50-State Unwinding Tracker".

Questions



Webinar Information:

The certificate for today's webinar is now available on the Rapid Response website:



Our next webinar is:

This One's for You: Incorporating Mindful Self-Compassion in Your Practice

Wednesday, June 21st
at 2 pm CST



THANK
YOU

