Changes Ahead: Medicaid Unwinding

American Academy of Pediatrics
Last Updated April 13, 2023
Medicaid Unwinding

• Families First Coronavirus Response Act of 2020 (February 2020): 6.2 percentage point FMAP increase conditioned on continuous coverage for the duration of the federal public health emergency (PHE) declaration

• 2022 Consolidated Appropriations Act:
  – De-linked the continuous coverage requirement from the PHE and set end date of March 31
  – Phases down enhanced FMAP though 2023
  – Reaffirms states must follow all federal redetermination requirements
  – Further requirements for notifying enrollees and returned mail
  – Additional data reporting requirements, new CMS enforcement activity

• As of April 1, 2023 states can begin disenrollments again

• States must redetermine the eligibility of ALL Medicaid enrollees and process renewals or disenrollments over a 14-month period beginning between Feb-May 2023
More than Half of All US Children are Enrolled in Medicaid/CHIP

Number and Percent of US Children Enrolled in Medicaid/CHIP Before and Since the COVID-19 Pandemic

Note: Arizona did not submit any child data throughout the reporting period and is not included in this report. August 2022 data is preliminary. Source: AAP analysis of data submitted by states to CMS released through the Medicaid and the Children’s Health Insurance Program (CHIP) Performance Indicator Projects.

Feb 3, 2020:
US declared public health emergency

Number of Children (Million)

Percent of Child Population

41% 43% 45% 47% 49% 51% 53% 55%


41.1M 55%
The Existential Threat of the Unwinding: Large Coverage Losses

- ASPE (Aug 2022) – Up to 15M individuals could lose coverage, including 5.3M kids (3.8M of whom will be disenrolled despite remaining eligible)
- Predicted losses largely due to avoidable “procedural” reasons (e.g., agency can’t contact family; return mail; unreturned forms)
- Procedural disenrollments have disproportionate impact on kids and people of color
- Children found ineligible for Medicaid should be seamlessly transitioned to CHIP or Marketplace coverage; many logistical hurdles are in the way

Historic Medicaid Risk: 15 Million People

Millions of People Losing Coverage

- Previous record: 2
- Unwinding estimate: 15
- Children: 5.3
- 18-34: 4.7
- Latino: 4.6
- Black: 2.2

Chart adapted from Georgetown Center on Children and Families.

Source: Assistant Secretary for Planning and Evaluation, Issue Brief, “Unwinding the Medicaid Continuous Enrollment Provision: Project Enrollment Effects and Policy Approaches” (Aug. 19, 2022); except for the previous record data.
States must follow new **Maintenance of Effort (MOE) requirements** (federal redetermination reqs, updating contact info, good faith contact efforts) – could lose phased down FMAP increase for entire quarter if they do not.

States must also provide **monthly reporting on key Unwinding data** – could lose 0.25% FMAP for each quarter for failing to do so (up to 1% total penalty), on top of above MOE requirement.

CMS is given **new authority to enforce** eligibility redeterminations and reporting, can put states on corrective action plans and fine $100,000/day.
Federal Marketplace Unwinding Special Enrollment Period (SEP)

- For **individuals who lost Medicaid/CHIP coverage during the Unwinding** and are eligible for federal Marketplace coverage
- Can **self-attest** to loss of coverage
- Can **apply before Medicaid/CHIP coverage ends**
- SEP lasts **March 31, 2023 to July 31, 2024**
- Applies to **federal marketplace** states (18 states with state-based marketplaces can offer their own SEP)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop 00-00-60
Baltimore, Maryland 21244-1830

Center for Consumer Information and Insurance Oversight

RELEASED: January 27, 2023

Temporary Special Enrollment Period (SEP) for Consumers Losing Medicaid or the Children’s Health Insurance Program (CHIP) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition—Frequently Asked Questions (FAQ)
Medicaid Unwinding: Timeline

Effective Date of First Anticipated Terminations for Procedural Reasons
As of February 24, 2023

Medicaid Unwinding

State Staffing Challenges


**Figure 2**
State Medicaid Staff Vacancy Rates: Eligibility Staff, January 2023

<table>
<thead>
<tr>
<th>Eligibility Staff</th>
<th>Call Center Staff</th>
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<tr>
<td>≥20% (7 States)</td>
<td>10%-19% (9 States)</td>
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<tr>
<td>&lt;10% (10 States)</td>
<td>N/A - County Administered (8 States)</td>
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NOTE: Twenty-five states did not have eligibility staff vacancy data available or did not report, including eight states with county-administered eligibility determinations for applications and renewals. In West Virginia, county workers are responsible for processing renewals.

SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2023.
Medicaid Unwinding

Processing Redeterminations


Figure 6
Share of MAGI-Medicaid Renewals Completed Using Ex Parte Processes, January 2023

- >50% Completed Using Ex Parte (18 States)
- <50% Completed Using Ex Parte (20 States)
- Completed Ex Parte Renewals, But Share Not Reported (5 States)
- Not Completing Ex Parte Renewals (8 States)

NOTE: MAGI = Modified Adjusted Gross Income.
SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2023.
Medicaid Unwinding

Working with Managed Care

Preserving Medicaid and CHIP Coverage

Upcoming policy changes will impact children and families enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). The Academy is advocating to ensure children do not inappropriately lose coverage or experience disruptions in care, providing pediatricians with resources to communicate changes to patients, and AAP state chapters with information to navigate this process.
Medicaid Unwinding Resources

THE UNWINDING: NEW POLICY CHANGES AND IMPLICATIONS FOR COVERAGE

COVERAGE NOW ENDS MARCH 31, 2023 BUT WITH IMPORTANT SAFEGUARDS

Advocacy Action Guide for AAP Chapters

Overview
The continuous coverage requirement of the Families First Coronavirus Relief Act (FFCRA) of March 2020 required states to provide Medicaid coverage of anyone enrolled in Medicaid or a Medicaid expansion Children’s Health Insurance Program (CHIP) plan through the end of the Public Health Emergency (PHE). The PHE was extended multiple times after March 2020, but the latest extension expired December 31, 2022. As a result, most states now need to unwind (end) their Medicaid CHIP programs. Unwinding means states are required to stop enrollment and disenrolling individuals on April 1, 2023.

• Ending the continuous coverage requirement such that states may start requiring Medicaid recipients to remain enrolled, and disenrolling individuals on April 1, 2023
• Defining the federal FMAP increase from the end of the PHE, and creating a maintenance of effort (MOE) for the first half of Fiscal Year 2023
• Tying increased FMAP funding to a new maintenance of effort (MOE) requirement
• Codifying that states can take up to 1 year to begin redeterminations
• Requiring new state transparency and data reporting

Info to Help Families Update Contact Information

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<thead>
<tr>
<th>State</th>
<th>Other State Info/Materials on Updating Contact Info and Prepping to Renew</th>
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<td>State Flyer on Updating Contact Info &amp; Prepping to Renew, Website</td>
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The Unwinding: Important New Changes as States Prepare for April 1, 2023

Tricia Brooks, MBA
Research Professor, Department of Family Medicine, University of Alabama at Birmingham
Commissioner, Medicaid & CHIP Payments and Access, Commonwealth of Kentucky

AAP State Advocacy
January 26, 2022
9:30-4:30 pm ET
Medicaid Unwinding Resources

Medicaid Changes Are Coming
How Pediatricians Can Help Children Stay Covered

Background
Since the onset of the COVID-19 public health emergency (PHE) in 2020, states have kept all individuals with Medicaid enrolled in exchange for enhanced federal funds. Now, states are redetermining eligibility for all 90+ million Medicaid enrollees. States have the option to begin this process—called “the unwinding”—in February, March, or April of 2023, and have up to 14 months to complete the process. This means that individuals could be disenrolled beginning April 1, 2023.

The Concern for Pediatric Patients
As many as 5.3 million children may lose their Medicaid coverage during this redetermination process. 3.6 million of these losses are expected to be due to “procedural” reasons (i.e., enrollees cannot be reached or did not return re-enrollment forms). All Medicaid-enrolled patients must:

1. Update their contact information with the state Medicaid agency and/or Medicaid managed care plan;
2. Be on the lookout for official notices from the state;
3. Promptly complete and return any forms requested by the state; and
4. Know that other affordable coverage options may be available should they lose coverage.

Enrollees who are no longer eligible for Medicaid may still be eligible for a Children’s Health Insurance Program (CHIP) plan or a subsidized Marketplace plan.

An Unprecedented Challenge
AAP and its partners will continue to support its members in managing the administrative, operational, and payment-related challenges that pediatric practices face in this process, while ensuring that patients retain their coverage.

Key Roles for Pediatricians, Pediatric Practices, and AAP Chapters

Prepare Your Practice to Help Patients
- Ensure that your practice staff understand the implications of the unwinding for patients.
- Work with your state AAP chapter to identify all options for patients to report contact information.
- See the top-tier lists of state options for reporting information.
- Work with managed care organizations (MCOs) in your state to verify and update contact information.
- Get copies of official state notices so staff can be familiar with what's being communicated to patients.
- Educate other stakeholders about the potential impact of the unwinding.

Amplify Key Communications
- Remind patients to update their contact information, be on the lookout for official communications from the state, and return any necessary forms.
  - Post or hand out informative flyers such as the one created by AAP and the Georgetown Center for Children and Families, as well as links to states’ official communications toolkits (if available).
  - Your state AAP chapter may have its own customized materials.
  - Update office automated messages or voicemail to include reminders.
  - Include reminders in patient communications (e.g., newsletters, patient portals, websites).
  - Offer a phone, tablet, or internet access for patients to update their contact information while in your office.

Refer Patients to Assistance Resources
- Help patients who lose coverage understand the options for re-enrolling or transitioning.
  - Patients who lose coverage because they did not respond can submit the needed information during the 90-day reconsideration period without re-applying.
  - Patients who are no longer eligible for Medicaid may still be eligible for a CHIP or Marketplace plan.
  - The state should transfer ineligible patients to one of these two options.
  - If the patient is not eligible for Medicaid or CHIP, they may enroll in a Marketplace plan through July 2024 without waiting for an open enrollment period.
- Work with your AAP chapter to identify and partner with consumer assistance resources (state call centers and help by office, navigators, certified application counselors, Medicaid counselors in hospitals and community health centers and community centers; immigrant services).

Assist in Monitoring the Unwinding, Providing Feedback, and Participating in Advocacy
- Track themes and recurring problems reported by patients.
  - Are patients experiencing unreasonable call center wait times?
  - Are many patients losing coverage suddenly? Are they aware that they have lost coverage?
  - Are there other barriers, bottlenecks, and system issues?
- Work with your state AAP chapter and partners to consolidate feedback to the state.
- Connect patients who are willing to share their experience with advocacy groups collecting stories.
- Be willing to talk with the media about what patients in your practice are experiencing.
Medicaid Unwinding Resources

Have SoonerCare (Medicaid)?
Take 3 Steps to Keep Your Coverage.

1. UPDATE YOUR INFO
Make sure SoonerCare has your current contact information. Visit https://okelahoma.gov/health/emer gency.html or call (800) 987-7767.

2. LOOK OUT
Check for official information (mail, email, and texts) with instructions on when and how to renew coverage.

3. REPLY ASAP
Respond right away with updated info to ensure you and your family are still eligible.

NO LONGER QUALIFY SOONERCARE?

Children:
Most kids can still be covered through the Children’s Health Insurance Program / SoonerCare. For details, check your Medicaid notice or call 800-987-7767 for more information.

Adults:
Adults may be able to get financial assistance to pay for a health insurance plan through the health insurance Marketplace. Visit www.healthcare.gov or call 800-318-2596 to apply.

Questions? Call (800) 987-7767

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

¿Tiene SoonerCare (Medicaid)?
Siga estos 3 pasos para mantener su cobertura:

1. ACTUALICE SU INFORMACIÓN
Asegúrese de que SoonerCare tenga su información de contacto actualizada. Visite https://okelahoma.gov/health/emergency.html o llame al (800) 987-7767.

2. ESTÉ AL PENDIENTE
Esté al pendiente de la comunicación oficial (correspondencia, correo electrónico y mensajes de texto) con instrucciones sobre cuándo y cómo renovar su cobertura.

3. RESPONDA DE INMEDIATO
Responda de inmediato con su información actualizada para asegurarse de que usted y su familia sigan siendo elegibles.

¿YA NO CALIFICA PARA SOONERCARE?

Niños:
La mayoría de los niños aún pueden recibir cobertura a través del Programa de Seguro Médico para Niños (CHIP, por sus siglas en inglés) / SoonerCare. Para obtener más información, revise su carta de Medicaid o llame al (800) 987-7767.

¿Tiene preguntas? Llame al (800) 987-7767

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Medicaid Unwinding Resources

Visit www.aap.org/Medicaid Unwinding

Resources for practices, chapters, families, & other stakeholders

Dear Parents and families,

NOMENCLATURE OF PRACTICE should be to inform you about important steps you can take. If your children are covered by MEDICAID, they may no longer be eligible for MEDICAID in your state after implementation of the AFFORDABLE CARE ACT. If your children no longer qualify for MEDICAID, you should consider what steps you can take to ensure that your children’s health care is not interrupted.

A federal law passed in response to COVID-19 mandates that no one lose MEDICAID coverage due to COVID-19 implementation. If you have questions about the loss of MEDICAID coverage due to COVID-19 implementation, you should contact the Medicaid office in your state. If you have questions about changes to your child’s health care due to COVID-19 implementation, you should contact the Medicaid office in your state.

Steps You Should Take to Stay Covered
1. Update your contact information now. You can update your contact information now by calling the Medicaid office in your state. You can also update your contact information now by visiting the Medicaid website in your state. You can also update your contact information now by visiting the Medicaid website in your state. You can also update your contact information now by visiting the Medicaid website in your state. You can also update your contact information now by visiting the Medicaid website in your state.

2. Ensure you and your family have covered. You can ensure that you and your family have covered by calling the Medicaid office in your state. You can also ensure that you and your family have covered by visiting the Medicaid website in your state. You can also ensure that you and your family have covered by visiting the Medicaid website in your state. You can also ensure that you and your family have covered by visiting the Medicaid website in your state.

3. Check your new coverage provider. If you have questions about your new coverage provider, you can contact the Medicaid office in your state. You can also contact the Medicaid office in your state. You can also contact the Medicaid office in your state. You can also contact the Medicaid office in your state.

4. Welcome your new coverage provider. Your new coverage provider will be able to provide you with information about the steps you can take to ensure that your children’s health care is not interrupted. You can contact the Medicaid office in your state to provide you with information about the steps you can take to ensure that your children’s health care is not interrupted.

Endless patients and families:

NOMENCLATURE OF PRACTICE should be to inform you about important steps you can take to ensure that your children’s health care is not interrupted. You can contact the Medicaid office in your state to provide you with information about the steps you can take to ensure that your children’s health care is not interrupted.

Visit www.aap.org/Medicaid Unwinding

Resources for practices, chapters, families, & other stakeholders
The Unwinding: Advocacy Opportunities

Now and Throughout the Unwinding

• Spread the word
• Get together with partners
• Understand your state’s plans
• Open administrative channel
  – Monitor monthly data
  – Be ready to speak up
  – Participate in the feedback loop