

Changes Ahead: Medicaid Unwinding

American Academy of Pediatrics Last Updated April 13, 2023

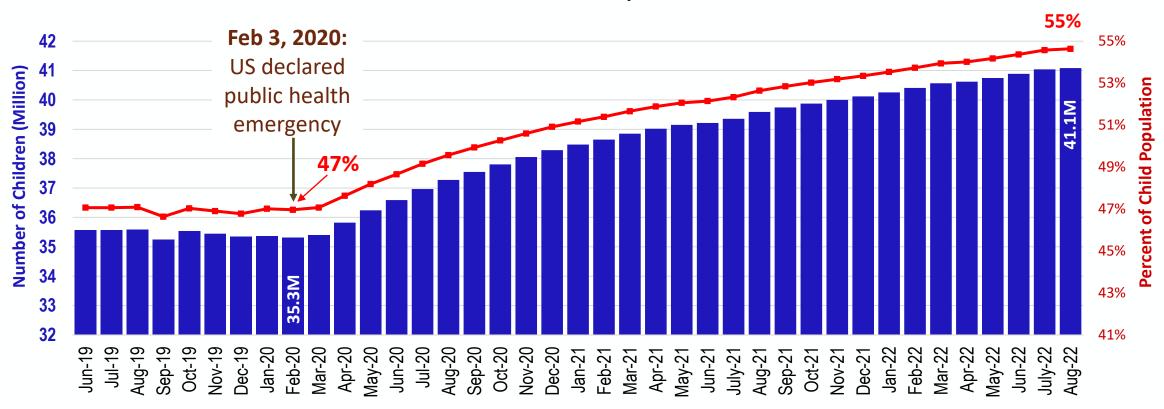


- Families First Coronavirus Response Act of 2020 (February 2020): 6.2
 percentage point FMAP increase conditioned on continuous
 coverage for the duration of the federal public health emergency
 (PHE) declaration
- 2022 Consolidated Appropriations Act:
 - De-linked the continuous coverage requirement 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.



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

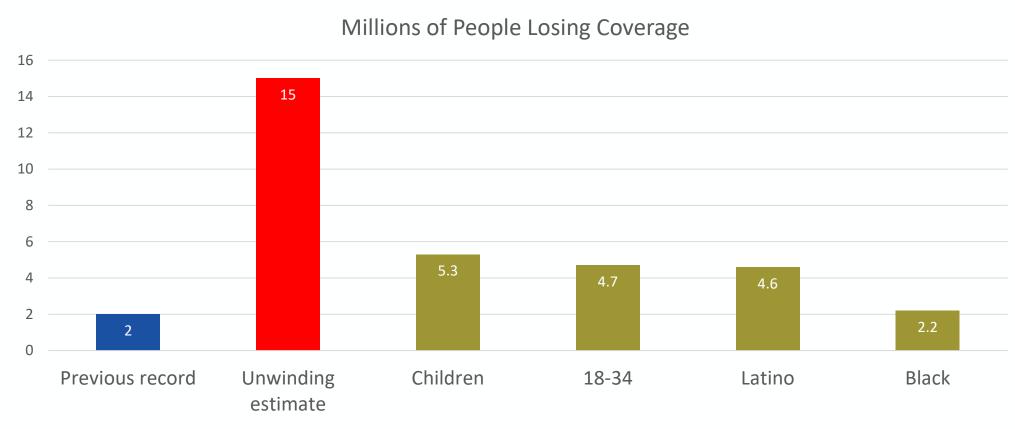


Chart adapted from Georgetown Center on Children and Families.

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.



Consolidated Appropriations Act (CAA) 2023 Unwinding Guardrails



- Positive of the states of the
- 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 00-00-00 Baltimore, Maryland 21244-1850



Center for Consumer Information and Insurance Oversight

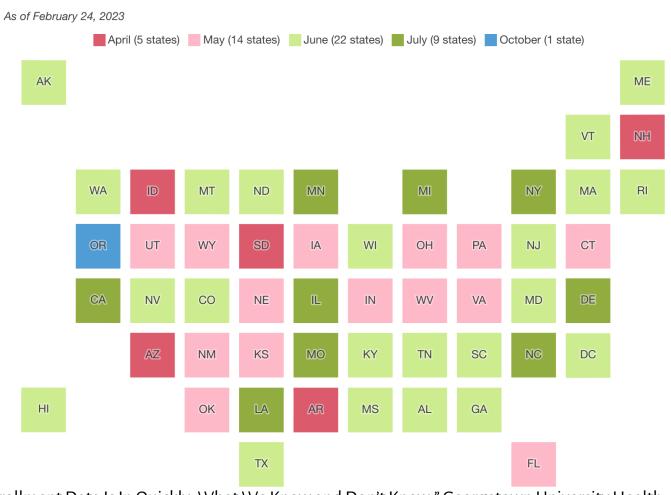
RELEASED: January 27, 2023

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



Source: "First Round of Medicaid Disenrollment Data Is In Quickly: What We Know and Don't Know," Georgetown University Health Policy Institute Center for Children and Families, adapted from Centers for Medicare & Medicaid Services, "Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals As of February 24, 2023." Available from



State Staffing Challenges

Source: T Brooks, A Gardner, P Yee, J Tolbert, B Corallo, S Moreno, & M Ammula. "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision," April 4, 2023. Available from https://www.kff.org/medicaid/report/medicaid-and-chip-eligibilityenrollment-and-renewal-policies-as-states-prepare-for-theunwinding-of-the-pandemic-era-continuous-enrollment-provision/

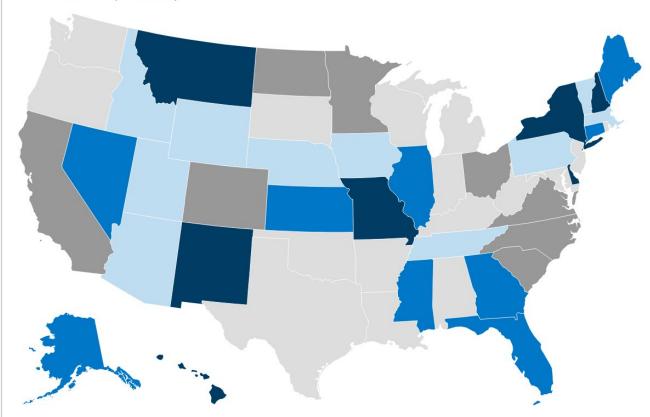
Figure 2

State Medicaid Staff Vacancy Rates: Eligibility Staff, January 2023

Eligibility Staff Call Center Staff

Center for Children and Families, 2023.

≥20% (7 States) 10%-19% (9 States) <10% (10 States) N/A - County Administered (8 States)



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







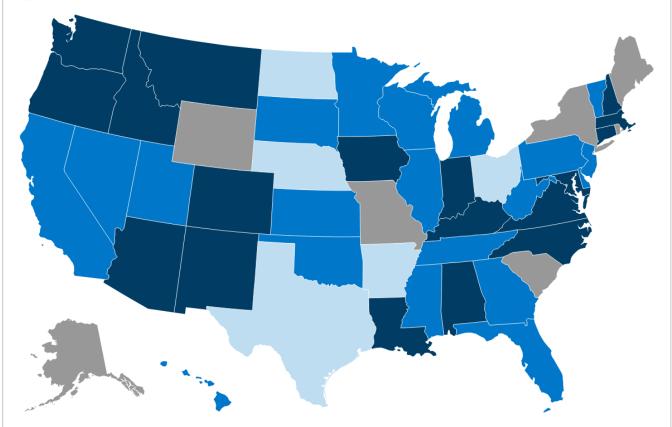
Processing Redeterminations

Source: T Brooks, A Gardner, P Yee, J Tolbert, B Corallo, S Moreno, & M Ammula. "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision," April 4, 2023. Available from https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/

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)</p>
- 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.





Working with Managed Care

Source: T Brooks, A Gardner, P Yee, J Tolbert, B Corallo, S Moreno, & M Ammula. "Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision," April 4, 2023. Available from https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision/

Figure 5

State Actions to Coordinate with Medicaid Managed Care Organizations (MCOs) During the Unwinding Period, January 2023

Number of Reporting States: 49

Taking any action

41

Sending advance lists of members who are up for renewal

33

Accepting updated contact information from MCOs*

31

Sending advance lists of members at-risk of disenrollment for procedural reasons

26

Sending lists of members disenrolled, identifying members no longer eligible or disenrolled for procedural reasons

25

NOTE: * Responses to "Accepting updated contact information from MCOs" reported from CMS data (reporting states = 51). Five states use a feefor-service model and do not contract with MCOs. Ohio and Texas did not report on KFF/CCF survey. SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2023 and



"COVID-19 PHE Unwinding Section 1902(e)(14)(A) Waiver Approvals, as of February 24, 2023," CMS



AAP.org/MedicaidUnwinding

Preserving Medicaid and CHIP Coverage

Home / Advocacy / Health Care Access & Coverage / 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.

State

Alabama

Alaska

Arizona

Arkansas

State Flyer on

Renew

Flver

Flyer

Flyer 1

Flyer 2

Flyer1

Flver 2

Updating Contact

Info/Prepping to

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 (coverage of anyone enrolled in Medicaid or a Medicaid-expansion Children's Healt the law's enactment on March 18, 2020. In exchange, the federal government raise percentage (FMAP, or federal match) on state Medicaid spending by 6.2 percentage continuous coverage. Under previous guidance, the Centers for Medicare and Med months to begin (and 14 months total to complete) eligibility redeterminations for subsequent "Unwinding" period, following the end of the PHE. The 2022 omnibus however, now makes important policy changes to the Unwinding, including:

- Ending the continuous coverage requirement such that states may start and disenrolling individuals on April 1, 2023
- Delinking the federal FMAP increase from the end of the PHE, and creativear 2023
- Tying this extended FMAP funding to a new maintenance of effort (MOE
- Codifying that states can take up to 1 year to begin redeterminations
- · Requiring new state transparency and data reporting

The Unwinding: Important New Changes as States Prepare for April 1, 2023

AAP State Advocacy January 24, 2023 3:30-4:30 pm C Tricia Brooks, MBA
Research Professor, Georgetown University McCourt School of Public
Policy's Center for Children and Families (CCF)
Commissioner, Medicaid and CHIP Payment and Access Commission
MACPACO

American Academy of Pediatrics

Website (844) 872-2660 Website (800) 541-5555 Outreach Toolkit Online instructions Health First Colorado (Medicaid): Outreach Toolkit 800-221-3943 CHP+ (CHIP): 800-359-1991 Info Update Website/Portal HUSKY A, B, & D: (855) 805-4325 Website/Portal HUSKY C: (855) 626-6632 Phone: (302) 571-4900 Fax: (302) 571-4901 (800) 620-7802 Website (877) 423-4746 Website (877) 628-5076 Website FAO Phone: 877-456-1233

Info to Help Families Update Contact Information

Other State Info/Materials

on Updating Contact Info

and Prepping to Renew

Website

Website

Letter

State Phone Number to Update

Contact Info

(800) 362-1504

(800) 478-7778

(855) 432-7587



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; 3.8 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:



Update their contact information with the state Medicaid agency and/or Medicaid

managed care plan;



be on the lookout for official notices from the state;



promptly complete and return any forms requested by the state; and



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 this <u>up-to-date list</u> 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 <u>such as the ones created by AAP and the Georgetown Center for Children and Families</u>, 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 eligibility offices; navigators; certified application counselors; enrollment counselors in
 community health centers and hospitals) and community partners (schools; WIC offices; 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?
 - o Are many patients losing coverage suddenly? Are they aware that they have lost coverage?
 - Are there other barriers, bottlenecks, and system issues?
- Work with <u>your state AAP state chapter</u> 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.









UPDATE YOUR INFO

Make sure SoonerCare has your current contact information: visit https://oklahoma.gov/ohca/abo ut/public-health emergency.html or call (800)

987-7767.



LOOK OUT

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



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 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

Questions? Call (800) 987-7767









ACTUALICE SU INFORMACIÓN

Asegúrese de que SoonerCare tenga su información de contacto actualizada. Visite: https://oklahoma.gov/ohca/about/ public-health-emergency.html c llame al (800) 987-7767.



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.



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-

Adultos:

Los adultos pueden obtener asistencia financiera para cubrir el costo de un plan de seguro médico a través del Mercado de Seguros Médicos. Visite CuidadoDeSalud.gov o llame al 800-318-2596 para inscribirse.

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







TO BE PLACED ON PEDIATRIC PRACTICE LETTERHEA

EDIT AS APPROPRIATE, AND FILL IN STATE SPECIFIC DETAILS FROM STATE FLYERS AT

Dear Patients and Families,

[NAME OF PRACTICE] is writing to inform you about <u>important steps you must take</u> if you or your children are covered by [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR MEDICAID PLANS HERE – LIST ALL THAT YOUR PRACTICE ACCEPTS].

A federal law passed in response to COVID-19 made sure that no one has lost [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE; coverage since 2020 – however, changes are coming and families who are no longer eligible or who cannot be reached could lose their coverage.

What This Means for You

[MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] is/are going to review everyone's coverage over several months. It is very important that [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] can contact you, and, if you are contacted, that you reply immediately to requests for information. If you do not respond you could lose coverage, even if you are still eligible. If you are told you are not nonger eligible for [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE], you might still be eligible for other free or low-cost coverage.

Steps You Should Take to Stay Covered

- Update your contact information now. [STATE-SPECIFIC DETAILS OF HOW TO UPDATE CONTACT INFO HERE]. Do this right away and any time you change your mailing address.
- 2) Reply immediately to any requests. [MEDICAID/NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE] might contact you via text, email, phone, or mail to check information related to your eligibility or to ask you to fill out a renewal form—please reply to these requests right away. If you need help, visit https://localhelp.healthcare.gov/ and enter your zip code to find assistance. (If you have concerns that any messages are legitimate, check them against the state's website or phone number).
- 3) Ensure you and your family have coverage. [MEDICAID]NAME OF MEDICAID INSURANCE PROGRAM] will check to see if you're eligible for other programs if you are no longer eligible for [MEDICAID]NAME OF MEDICAID INSURANCE PROGRAM AND/OR PLANS HERE]. However, if you lose your coverage, check for other options. Contact [NAME OF CHIP PROGRAM] for children's coverage at [WEBSITE AND/OR PHONE #] and/or the [NAME OF STATE MARKETPLACE OR HEALTHCAECON] at [WEBSITE AND/OR PHONE #] of for other affordable coverage options.
- 4) Check your new provider network. If you are selecting a new plan through [NAME OF CHIP PROCRAM, NAME OF MARKETPLACE], or your employer, and wish to stay with [NAME OF PRACTICE], makes ure that we are in network with your new plan.

We care that you stay covered! It is very important that you take these steps to make sure you don't lose health coverage.

Sincerely,

PEDIATRICIAN NAMES OR PRACTICE NAME HERE

PARA COLOCAR EN PAPEL MEMBRETE DE LA PRÀCTICA PEDIÀTRICA DITAR SEGÚN CORRESPONDA Y LLENAR CON LOS DETALLES ESPECÍFICOS DEL ESTADO SEGÚN LO POLLETOS DEL ESTADO EN

Estimados pacientes y familias:

[NOMBRE DEL CONSULTORIO/PRÁCTICA] le escribe para informarles sobre los <u>pasos importantes que</u> <u>debe seguir</u> si usted o sus hijos están cubiertos por [MEDICAID/NOMBRE DEL PROGRAMA DE SEGURO DE MEDICAID: DE MEDICAID: AQUÍ ENUMERE TODO LO QUE SU CONSULTORIO ACEPTA].

Una ley federal aprobada en respuesta al COVID-19 estableció que nadie perdiera la cobertura de [MEDICAID/NOMBRE DEL PROGRAMA DE SEGURO DE MEDICAID Y/O PLANES AQUÍJ desde 2020. Sin embargo, se esperan cambios y las familias que ya no sean elegibles o que no puedan ser contactadas podrían perder su cobertura.

Qué significa esto para usted

[MEDICAID/NOMBRE DEL PROGRAMA Y/O PLANES DE SEGURO DE MEDICAID AQUÍ] revisará la cobertura de todos sus asegurados durante varios meses. Es muy importante que [MEDICAID/NOMBRE DEL PROGRAMA Y/O PLANES DE SEGURO DE MEDICAID AQUÍ] pueda comunicarse con uset dy , si lo hace, que usted responda de inmediato a las solicitudes de información. Si no responde, podría perder la cobertura, incluso si todavía es elegible. Si le informan que ya no es elegible para (MEDICAID/NOMBRE DEL PROGRAMA Y/O PLANES DE SEGURO DE MEDICAID AQUÍ], es posible que aún sea elegible para otra cobertura gratuita o de bajo costo.

Pasos que debe seguir para mantener la cobertura:

- 1) Actualice su información de contacto ahora. [DETALLES ESPECÍFICOS SOBRE CÓMO ACTUALIZAR LA INFORMACIÓN DE CONTACTO SEGÚN EL ESTADO AQUÍ]. Hágalo de inmediato y cada vez que cambie su dirección postal.
- 2) Responda immediatamente a cualquier solicitud. [MEDICAID/NOMBRE DEL PROGRAMA Y/O PLANES DE SEGURO DE MEDICAID AQUÍ) podría comunicarse con usted por mensaje de texto, correo electrónico, teléfono o correo postal para verificar la información relacionada con su elegibilidad o para pedirle que complete un formulario de renovación. Por favor responda a estas solicitudes de inmediato. lejos. Si necesita ayuda, visite https://ayudalocal.cuidadodesalud.gov/ en español e ingrese su código postal para encontrar asistencia. (Si le preocupa que algún mensaje no sea legítimo, compruébelo con el sitio web o el número de teléfono del estado).
- 3) Asegúrese de que usted y su familia tengan cobertura. [MEDICAID/NOMBRE DEL PROGRAMA DE SEGURO DE MEDICAID] verificará si usted es elegible para otros programas si ya no es elegible para (MEDICAID/NOMBRE DEL PROGRAMA DE SEGURO DE MEDICAID /YO PLANS AQUÍ). Sin embargo, si pierde su cobertura, consulte otras opciones. Comuniquese con [NOMBRE DEL PROGRAMA CHIP] para obtener cobertura para niños en [STITO WEB Y/O N° DE TELÉFONO] y/o [NOMBRE DEL MERCADO ESTATAL O WWW.CUIDADODESALUD.GOV/ES/] en [STITO WEB Y/O N° DE TELÉFONO] para obtener otras opciones de cobertura accesibles.
- 4) Verifique su nueva red de proveedores. Si está seleccionando un nuevo plan a través de [NOMBRE DEL PROGRAMA CHIP, NOMBRE DEL MERCADO], o su empleador, y desea permanecer con [NOMBRE DE LA PRÁCTICA], asegúrese de que estemos en la red con su nuevo plan.

- 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

