



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

+gmmb

Center on
Budget
and Policy
Priorities

Unwinding the Medicaid Continuous Coverage Requirement Part 5

February 17, 2022

Today's Agenda and Speakers

- PHE, BBB, CMS Update
- Recent Medicaid focus group findings
- CMS Guidance on Working with MCOs
- Overview of CCF Kids-PHE brief
- Discussion
- Georgetown CCF
 - Tricia Brooks
- CBPP
 - Judy Solomon
 - Farah Erzouki
 - Jennifer Wagner
- GMMB
 - Sarah Whitworth

PHE, BBB, CMS

JUDY SOLOMON, CBPP

Where Are We Now?

- No 60-day notice so PHE likely extended to mid-July
- Timing and scope of Build Back Better remains unclear
 - April start date in House unwinding provision is no longer possible
 - Means savings from phasing down FMAP no longer sufficient to pay for entire Medicaid improvements package
- CMS will likely issue guidance w/out waiting for BBB
- Continued uncertainty but more time to get ready

Question 1 – Please respond in the chat!

Please tell us if there is an active stakeholder planning process and share details on successes or challenges in states and stakeholders working together.

How would you describe the level of engagement between the state and advocates/stakeholders, such as:

- There isn't a shared planning process at this time;
- State is actively engaged with stakeholders; or
- Something in between?

MEDICAID FOCUS GROUPS

SARAH WHITWORTH, GMMB

Background

- Two focus groups with diverse Medicaid enrollees:
 - Recent and longer-term enrollees
 - From different racial/ethnic backgrounds
 - Incomes between 100-200% FPL (some with recent job/income changes)
 - From variety of states: AZ, IN, KY, LA, MD, MI, NM, NV, OH, PA, and VA
- Designed to gain insight into communications about the end of the public health emergency

Key Findings

1. Medicaid has enabled enrollees to get necessary and life changing care.
2. Many have experienced change during the pandemic.
3. Few are aware of the “public health emergency.”
4. There is no common terminology for this process.
5. Those who have renewed before say it is straightforward.

Key Findings

6. Awareness of the Marketplace exists but knowledge gaps need to be addressed.
7. Looking forward, they want Medicaid to use multiple communication methods about renewal.
8. They want to hear about renewal from many sources, not just their Medicaid agencies.
9. Losing Medicaid would have big negative effects on their lives.

Question 2 – Please respond in the chat!

- Has the state committed to sharing the plan publicly?
- If not, what are the barriers to sharing the plan?

CMS GUIDANCE ON MCO ENGAGEMENT

FARAH ERZOUKI, CBPP

CMS Guidance on MCO Engagement: Key Strategies

1. Partner with plans to obtain and update beneficiary contact information
2. Share renewal files for plans to conduct outreach and support enrollees during their renewal period
3. Enable plans to conduct outreach to those who lost coverage for procedural reasons
4. Allow plans to assist individuals transition to and enroll in marketplace coverage if ineligible for Medicaid and CHIP

Question 3 – Please respond in the chat!

- Has the state committed to sharing key performance metrics, including call center statistics, procedural disenrollment rates, and marketplace account transfers?
- Are there specific barriers to sharing data?

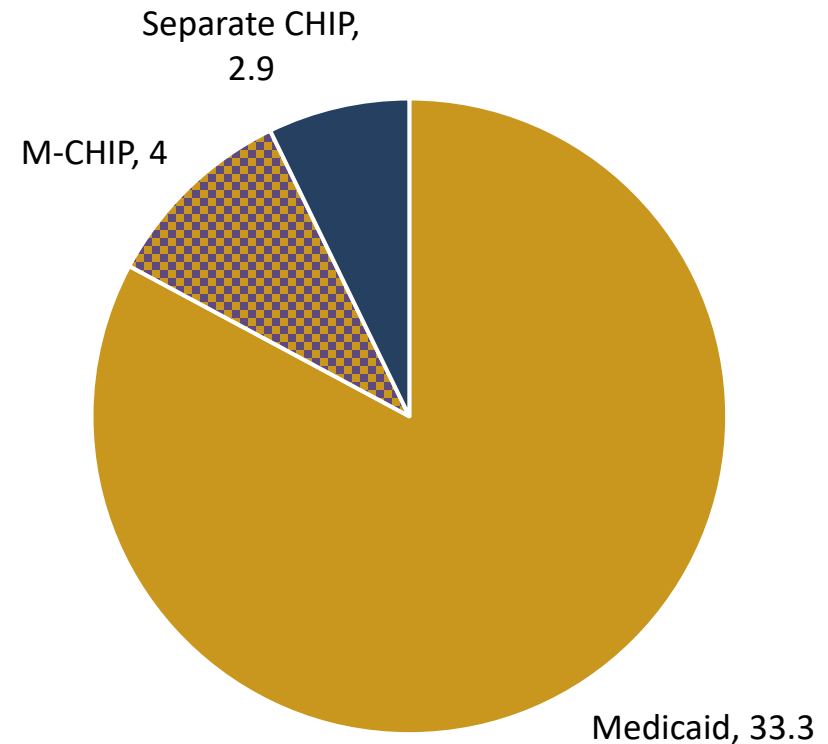
CCF BRIEF ON KIDS AT THE END OF THE PUBLIC HEALTH EMERGENCY

TRICIA BROOKS, CCF

37.3 Million Children Protected by the MOE

Half of the nation's children (40 million) are now covered through Medicaid or CHIP; the vast majority in Medicaid or M-CHIP!

Child Enrollment in Medicaid and CHIP (in millions)
June 2021



Conservative Estimate: 1 in 5 are at risk of a disruption in coverage when the MOE is lifted

- Based on MACPAC's churn analysis showing that 18% of MAGI Medicaid children were disenrolled during 2018
- Disruptions are likely to be more significant due to the unprecedented nature of ending a 2+ year freeze on disenrollment
- Where a child lives and how well the state handles the unwinding of the continuous enrollment provision will matter significantly
- Even those who are no longer eligible for Medicaid will likely encounter barriers in transitioning to other coverage

DID YOU KNOW?

37.3 MILLION CHILDREN

ENROLLED IN MEDICAID OR M-CHIP ARE AT RISK WHEN THE MEDICAID CONTINUOUS COVERAGE REQUIREMENT IS LIFTED.

REMAIN ELIGIBLE AND ENROLLED



HEALTH COVERAGE PROTECTS FAMILIES FROM BIG MEDICAL BILLS

NO LONGER ELIGIBLE

ANY GAP IN COVERAGE IS A PROBLEM FOR CHILDREN AND FAMILIES



DISENROLLED FOR PROCEDURAL REASONS

BECOME UNINSURED 

TRANSITION TO SEPARATE CHIP

TRANSITION TO MARKETPLACE OR OTHER INSURANCE

BECOME UNINSURED 

PREMIUMS 

CAN'T HAVE OTHER COVERAGE

FAMILY GLITCH

LACK OF AFFORDABILITY

MUST ENROLL WITHIN 60 DAYS 



HERE'S WHAT CAN HAPPEN IF STATES DON'T TAKE THE TIME TO GET IT RIGHT!

Top Advocacy Priorities: Timeline, Transparency and Accountability

**Take the Time
to Get it Right!**

**Share the
Planning;
Share the Plan**

**Report Key
Data in Real
Time**

**Be Ready to
Slow Down or
Hit the Pause
Button**

Question 4 – Please respond in the chat!

- How can we help in your advocacy and planning efforts?
- What resources or assistance do you need to be more effective?