



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Unwinding the COVID Continuous Eligibility Requirement at the End of the Public Health Emergency:

Tips for Advocates

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Work with Partners

Unwinding the COVID-related continuous coverage provision will be a heavy lift. It's important to work in partnership with other stakeholders to engage in the state's planning process, assess the state's plan, advocate for enrollee-friendly processes, and monitor the impact on enrollment.



Identify partners in your existing coalitions or networks who are interested in or are working on the unwinding.



Differentiate roles for different partners (i.e., eligibility and enrollment policy, monitoring, communications and outreach at the community level).



Make sure the state's Medical Care Advisory Committee is informed and involved.



Arm yourself with an understanding of the guidance and what CMS expects of states.

Engage in State's Planning Process

States are required to develop a comprehensive plan for resuming routine eligibility and enrollment operations. CMS has encouraged states to engage with stakeholders, but there is no requirement to do so. States are not required to submit their plans for approval, but must provide the plan upon CMS request for monitoring or auditing purposes.



Find out where the state is in its planning process and how stakeholders can engage.



Seek routine meetings and updates as the process evolves.



Carry the collaboration forward through monitoring the impact of the unwinding.



Encourage the state to collaborate with a range of stakeholders, including enrollees, providers, MCOs, navigators, and consumer groups, in planning.



Ask for planning documents to be posted and updated on a timely basis.

Assess the Current Status of State Operations

States are required to first attempt to renew Medicaid eligibility using electronic data sources to verify eligibility before asking enrollees to return a form or paper verifications – a process known as *ex parte*. CMS has directed states to continue processing *ex parte* renewals and changes in circumstances even though coverage cannot be terminated until after the PHE ends. The more successful this process is, the smaller the backlog of pending actions at the end of the PHE.



Assess how well the state is doing on renewals; what share of renewals are renewed successfully on an *ex parte* basis?



Urge the state to lower the backlog by pushing out renewal dates when acting on changes in circumstances and by taking steps to renew Medicaid when doing a SNAP recertification.



Sending a renewal form when the state is unable to renew on an *ex parte* basis may increase the renewal rate, but make sure notices clearly explain how the PHE impacts enrollment.



Encourage the state to work to improve *ex parte* match rates, if it is not already doing so.

Update Mailing Addresses and Other Contact Information

Returned mail disrupts Medicaid enrollment in the best of times with some states automatically terminating coverage after receiving a single piece of returned mail. The problem will be more pronounced post-PHE given that housing instability has accelerated during the pandemic.



Push the state to use the USPS National Change of Address database to update mailing addresses.



Find out if the state is planning an “update your contact info” communications campaign.



Encourage the state to engage MCOs, providers, and assisters to help update contact information, if it is not already doing so.



Urge your state to implement multiple touch points to reach consumers, including text messages, email, and phone calls.



Advocate for simple tools (online form, dedicated phone line, interactive voice response system) to capture changes of address, if these are not offered.

Boost Eligibility and Consumer Assistance Capacity

States will need additional eligibility and call center workers to handle the workload, including processing paper verifications and being responsive to questions and the need for assistance.



Assess the state's staffing plan -- is the state planning to hire staff or contractors, or borrow other state workers? Does the timeline for hiring include training time?



Keep navigators and other consumer assisters informed of the state's plan.



Advocate for adequate staffing capacity to manage the state's backlog within the planned timeframe.



Ensure the state's plan provides support for non-English speakers and those who may need in person or additional consumer assistance.



Push for an online assister portal that offers functionality to allow assisters to update information in real time, which is more efficient for states.

Processes and Procedures to Streamline Retention

The volume of new Medicaid applications nationwide was down 17 percent in the first year of the pandemic, likely a sign of reduced churn when enrollees lose coverage only to reapply within weeks or months. Taking steps to avoid disenrollment for non-eligibility reasons is more administratively efficient than terminating coverage and processing re-applications.



Push for multiple notices when action is required to avoid disenrollment with follow-up via a different mode (i.e., phone, text, email), particularly when mail is returned.



Advocate for the state to align policies for all changes with renewal requirements:

- 30-day response time to provide information
- 90-day reconsideration period without a new application



Encourage the state to cut down on paperwork by accepting a reasonable explanation of discrepancies.

Stagger the Workload Over 12 Months

Updated guidance from CMS allows states to take a full year to resume to routine operations.

Staggering the workload over longer periods of time will help avoid overwhelming eligibility workers and call centers with paperwork and questions, and smooth out future workloads. In turn, this ensures that eligible enrollees can get the assistance they need to retain coverage.



Encourage the state to take the full 12 months to return to routine operations.



If the state is planning on a shorter time, advocate for it to be balanced with staffing capacity and the size of the backlog.



Learn how the state plans to prioritize the workload – population or time-based approach? Does it deprioritize more stable groups: foster kids, children, duals?



Encourage the state to align Medicaid renewals and with upcoming SNAP reviews.

System Changes

While technology can go a long way to automate eligibility and enrollment policies, it can also be used in ways that disrupt continuity of coverage. In times of high workloads, automated processes can get ahead of underlying manual processes. For example, if eligibility offices are unable to keep current with mail, automatic case closures will inaccurately disenroll people who have submitted paperwork that has yet to be processed.



Push to eliminate or suspend system generated auto-closures, or ensure there is a process to flag the receipt of unprocessed mail that halts the auto-closure.



Urge the state to eliminate periodic data checks that significantly increase churn, or at least suspend the process until the unwinding is complete.



Push to increase ex parte rates by:

- Expanding data sources used to verify eligibility
- Analyzing unsuccessful matches to identify ways to increase the match rate

Baseline Data and Timely Updates

Since 2014, states have been expected to submit a number of performance indicators to CMS, including call center statistics, eligibility actions, enrollment, application data and more. Few of these data are being publicly reported.



Ask the state to create a dashboard of key indicator data:

- Call center statistics: call volume, wait times, and abandonment rates
- New application data
- Enrollment data stratified by eligibility group, age, race/ethnicity, and other demographics
- Disenrollment data delineated by ineligibility vs. procedural (i.e., did not respond, missing verifications, returned mail, etc.)
- Account transfers to the marketplace



Advocate for prompt weekly reporting to identify negative trends that need attention.

Optional Policies to Promote Enrollment and Retention

There are a number of policy options that states can adopt to streamline eligibility and enrollment and promote retention, especially for children.



Advocate for the adoption of proactive policies to promote children's coverage such as express lane eligibility and 12-month continuous eligibility.



Urge the state to adopt streamlined verification policies, including allowing self-attestation of residency, household size, and date of birth, and increasing reasonable compatibility standards.



Encourage the state to consider the SNAP facilitated enrollment option for adults.



Push for improvements in CHIP:

- Eliminate premiums and/or lockouts for nonpayment
- Remove waiting periods that require children to be uninsured for up to 90 days

Notices and State-Driven Communications

Confusing or conflicting notices have long been a problem in Medicaid that increase the need for assistance and result in eligible individuals losing coverage. After two years of continuous coverage, the importance of clear notices and robust communications cannot be overstated.



Ask to review notices and provide input on final versions, making sure that notices emphasize when an enrollee must take action to avoid loss of coverage.



Get copies or links to other communications, such as provider bulletins, operations manuals, and eligibility training materials to stay informed.



Ensure that notices are in plain language, and available in preferred languages or with clear information on access to translation services.



Push for frequent communications with enrollees and other stakeholders before, during, and after the unwinding through social media, clear notices, and the state website.

Community-Driven Communications

Community-based organizations, providers, and other stakeholders should take the initiative to educate and inform enrollees of potential upcoming changes to Medicaid, including encouraging them to update their mailing addresses and other contact information.



Encourage MCOs, providers, and other partners (including family-led groups) to help inform enrollees of the need to update mailing addresses and other contact information.



Take advantage of opportunities to raise awareness that renewals are restarting and how enrollees can get help.



Work with navigators and assisters to ensure they are fully informed of the state's plan and can assist enrollees.

Coordinating Communications

States and stakeholders have an opportunity to increase awareness about upcoming Medicaid changes and the need for enrollees to take action to avoid loss of coverage. This effort should be coordinated with the state and timed to align to the state's plan for resuming routine operations.



Engage your partner networks to advocate for robust state communications.



Plan your partner and consumer messaging to coordinate with the state's operational plans.

Stage consumer communication to coincide when action may be needed to:

- Update contact information
- Respond to notices/renewals and provide needed eligibility verifications
- Inform disenrollees about the 90-day reconsideration period for re-enrollment without a new application
- Use your coverage to catch up on preventive or delayed care

Monitoring and Oversight

Monitoring enrollment, gathering intel from the field, capturing lived experiences, and providing feedback to the state are critical in identifying recurring problems that need attention.



Enlist providers, particularly community health centers, navigators, and other groups that have regular contact with Medicaid enrollees, in gathering lived experiences.



Provide feedback to the state from the field, identifying recurring problems, and advocating for course corrections as needed.



Track enrollment patterns and other key data.



Work with the media to highlight problems that require corrective action.



Provide feedback to national partners so we can identify issues that may need CMS attention.

Marketplace Transitions

Medicaid enrollees with increased income will likely be eligible for financial assistance in purchasing a marketplace plan. Account transfers are used to transition enrollees over income to the Marketplace and vice-versa. But account transfers are not sent for people disenrolled from Medicaid for procedural (non-eligibility) reasons, at least not in states using the federal marketplace.



Urge your state to reduce procedural disenrollments to promote continuity of coverage.



Be aware of the gap filling rule when current monthly income is over the Medicaid limit but projected annual income is below the marketplace financial assistance threshold.



Work with your state-based marketplace to increase outreach to potential enrollees transiting from Medicaid.



Increase awareness of help through navigators and certified application assisters.

Key Takeaways

- Understand CMS guidance
- Engage partners and state
- Gather information on the status of current operations
- Collect data and intel to assess the state's plan
- Focus on communications and updating addresses
- Push for streamlined processes and staggering the workload
- Track data and monitor progress
- Provide feedback to state and national partners

CMS Resources

- [December 2020 Guidance on Unwinding the MOE Continuous Eligibility Provision](#)
- [Updated Unwinding Guidance](#)
- [CMS Eligibility & Enrollment Planning Tool](#)
- [Guidance on Medicaid and CHIP Renewals Requirements](#)
- [Slides on Medicaid and CHIP Renewals and Redeterminations](#)
- [Slides on Ensuring Continuity of Coverage and Preventing Inappropriate Terminations - Part 1](#)
- [Slides on Ensuring Continuity of Coverage and Preventing Inappropriate Terminations - Part 2](#)

CCF and Partner Resources

- [KFF/CCF 50-State survey](#) on state eligibility and renewal policies during PHE
 - See Figure 9 for states processing *ex parte* renewals
 - See Figure 10 for states planning to update mailing address
- [Past 50-State surveys](#) with additional data
- [CCF Blog](#) “Opportunities to Improve Guidance on Phasing Out the Public Health Emergency Continuous Eligibility Provision”
- [Webinar Recording](#) of Unwinding the COVID-19 Medicaid Continuous Provision, Part 1
- [CCF Brief](#) "Continuous Coverage in Medicaid and CHIP”
- [CCF Next Steps for CHIP](#)
- [CBPP Resources](#) from the Elevating the Medicaid Enrollment Experience Project