



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Unwinding the Medicaid Continuous Coverage Protection at the End of the COVID Public Health Emergency:

Tips and Best Practices

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Work in Partnership

Unwinding the Medicaid continuous coverage protection will be a heavy lift. States should engage with a variety of stakeholders in the planning process, promote enrollee-friendly processes, and monitor the impact on enrollment and coverage is key to success.



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



Differentiate roles for different partners (e.g., eligibility and enrollment policy, communications and outreach, and monitoring and feedback).



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



Arm yourself with an understanding of state requirements and flexibilities available to states that can ease administrative burdens and improve the beneficiary experience.

Engage in Planning

States are required to develop a comprehensive plan for resuming routine eligibility and enrollment operations, and submit a summary of its plan for distributing renewals over the unwinding period to CMS. Transparency and engagement between the state and stakeholders will help avoid coverage losses as a result of the unwinding.



Collaboration with a range of stakeholders, including enrollees, providers, MCOs, navigators, and community-based organizations, will improve the plan and enlist a cadre of partners willing to help.



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



Schedule routine meetings and updates as the process evolves.



Post and update the state's comprehensive plan and renewal distribution report.

Update Mailing Addresses and Gather Other Contact Information

Undelivered 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.



Launch or amplify communications campaigns to urge enrollees to update their contact information.



Deploy simple tools (online form, dedicated phone line, interactive voice response system) to create an efficient way for enrollees to report changes.



Use external resources to update mailing addresses, including data from other programs and the USPS.



Adopt temporary waiver flexibility to enlist MCOs in collecting and verifying updated contact information.



Ensure that cell numbers and email addresses are collected to facilitate future communications.

Boost Eligibility and Consumer Assistance Capacity

Additional eligibility and call center workers will be needed to handle the unprecedented workload. But like other employers, states are finding it difficult to retain and recruit eligibility and call center staff, and new hires have limited renewal experience. States risk burning out staff if they are overwhelmed with work, which will only exacerbate staffing shortages.



Keep navigators and assisters informed about state actions and systems, and offer an expedited channel for assisters to get help with difficult cases.



Provide additional funding to navigators, assisters, and community based organizations to supplement outreach and consumer assistance.



Ensure support for non-English speakers and those who may need in person or additional consumer assistance is available.



Launch an online portal that allows certified assisters to update information in real time and offers additional functionality to assist enrollees.

Improve Notices and Communications

Confusing or conflicting notices, a long-standing problem in Medicaid, increase the need for assistance and result in eligible individuals losing coverage. After more than two years of continuous coverage, the importance of clear notices and a robust communication campaign cannot be overstated.



Review and improve the clarity of notices, making sure they emphasize when an enrollee must take action to avoid loss of coverage.



Share copies of communications, such as provider bulletins, operations manuals, and eligibility training materials to keep stakeholders informed.



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



Communicate with enrollees and stakeholders frequently before and during the unwinding through notices, alerts, FAQs, the state website, and social media.

Adopt Optional Policies to Promote Enrollment and Retention

States may adopt a variety of policy options to streamline eligibility and enrollment and promote retention, especially for children. Adopting these policies before the end of the PHE will help mitigate disruptions to coverage as the state resumes routine operations.



Proactive policies such as express lane eligibility and 12-month continuous eligibility promote coverage for children.



The SNAP facilitated enrollment option allows states to conduct express lane type procedures to cover adults.



Adopt streamlined verification policies, including allowing self-attestation of residency, household size, and date of birth, and increasing reasonable compatibility standards.



Improve access to CHIP by eliminating premiums and/or lockouts for nonpayment and remove waiting periods that require children to be uninsured for up to 90 days

Avoid Procedural Disenrollments

Procedural disenrollments occur for a variety of reasons but they often result in eligible individuals losing coverage. States can reduce procedural disenrollments by maximizing automated (*ex parte*) renewals and ensuring that automated processes, such as auto-closures, do not get ahead of underlying manual task such as processing documents received from enrollees.



Expand data sources and improve system functionality to increase the share of data-driven renewals conducted via *ex parte*.



Align policies for changes in circumstances and renewals, including a minimum 30-day response time and 90-day reconsideration period following loss of coverage for any reason.



Reduce administrative burdens and paperwork by accepting self-attestation of allowable eligibility criteria and a reasonable explanation of data discrepancies.



Eliminate or suspend periodic data checks and system generated auto-closures, or ensure there is a process to flag the receipt of unprocessed mail.

Follow-Up When Action is Required to Retain Coverage

Sending reminders, via different communication modes, when action is required to retain coverage will improve renewal response times and reduce procedural disenrollments.



Send reminders and follow-up with enrollees via different communication modes when action is required to retain coverage.



Expand the modes of communications to include phone, text messages, and email in addition to mailed notices. Using different modes is particularly important if mail is returned.



Allow extra time for enrollees to submit renewal forms and documentation.



Engage managed care organizations to assist with renewals.

Manage the Workload

The process of renewing coverage for an historic high number of enrollees coupled with staffing challenges means that states should take advantage of all available systems and policy options to remove administrative barriers and inefficiencies, and distribute the workload over the maximum time allowed.



Stagger the workload over the maximum 14-month timeline to more evenly distribute the work during the unwinding and in the future.



Eliminate periodic data checks that significantly increase churn and create additional administrative burdens on state workers and enrollees.



Become an FFM determination state, at least temporarily, to reduce work associated with re-verifying account transfer information.



Align Medicaid renewals and with upcoming SNAP reviews and use SNAP income data to renew Medicaid.

Coordinate and Sequence Communications

Community-based organizations should take the initiative 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 with changes as state moves from planning to implementation.



Amplify state communications campaigns or educate and inform enrollees of potential upcoming changes.

Stage consumer communication to align when action is needed:

- Update contact information
- Keep an eye out for mail from Medicaid.
- 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 coverage to catch up on preventive or delayed care

Smooth Marketplace Transitions

Many Medicaid enrollees, particularly adults, will be eligible for financial assistance in purchasing a marketplace plan while a majority of children will continue to be eligible for coverage through CHIP. Given difficulty with account transfer processes, individuals eligible for Marketplace coverage should be directed to start a new application at healthcare.gov in states that use the federal Marketplace.



Ensure account transfers to the FFM include all contact information, including email and cell numbers.



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.



State-based marketplaces may have more options to increase outreach and assistance to potential enrollees transitioning from Medicaid.



Create a directory of navigators and certified application assisters, noting specific skills such as translation services.

Share Baseline Data and Timely Updates

Since 2013, states have been required to submit a number of performance indicators to CMS, including call center statistics, eligibility actions, enrollment, application data, and more. CMS is also requiring states to provide baseline and monthly data specific to the unwinding. These data are critical for assessing if mid-course corrections are needed to ensure that enrollees have timely access to assistance and avoid inappropriate terminations due to procedural reasons.

Publish a dashboard of key unwinding 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



Prompt public weekly reporting, coupled with intel from the field will help identify negative trends that need attention.

Monitor Data and Gather Intel from the Field

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.



Collect intel from the field – identifying recurring problems, bottlenecks, and system glitches – to prompt midcourse corrections.



Track enrollment patterns and other key data, including call center statistics and procedural disenrollments.



Work with the media to highlight problems and lived experiences to emphasize the need for corrective action.



Provide feedback so national partners can identify issues that may need federal attention.

Resources

- [KFF/CCF 50-State survey on state eligibility and renewal policies during PHE](#)
- [Past 50-State surveys with additional data](#)
- [CCF Unwinding the PHE Resource Page](#)
- [CCF and CBPP Unwinding Webinar Recordings](#)
- [CCF Brief "Continuous Coverage in Medicaid and CHIP"](#)
- [CBPP Resources from the Elevating the Medicaid Enrollment Experience Project](#)
- [CMS Unwinding Landing Page](#)