Georgetown University Health Policy Institute
CENTER FOR CHILDREN AND FAMILIES

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Center on Budget and Policy Priorities

Unwinding the Medicaid Continuous Coverage Protection Part 13

Where Do Things Stand with the Unwinding and What's Next?

September 6, 2023

Today's Agenda and Speakers

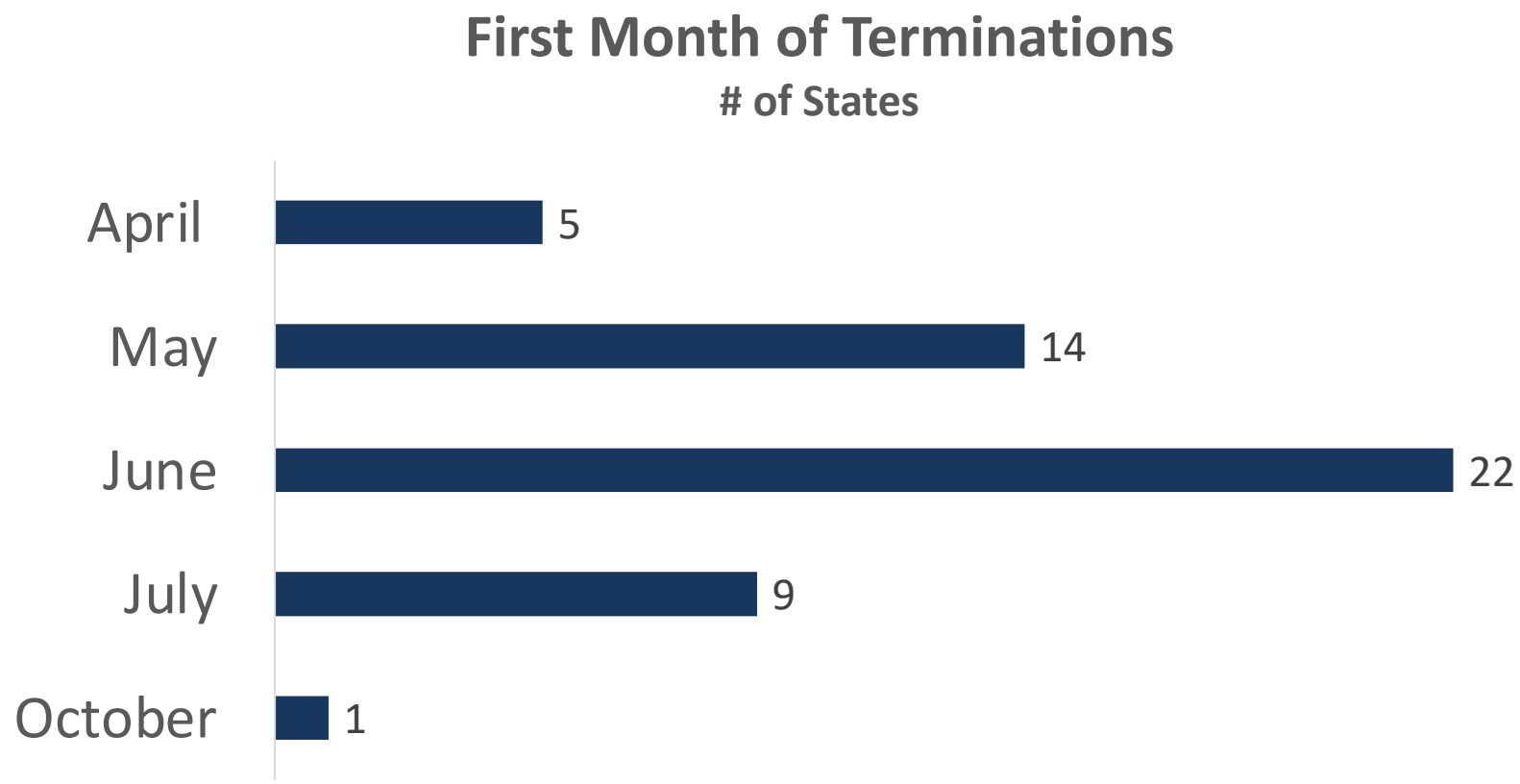
- Current status of unwinding
- The household *ex parte* problem
- Understanding and using the unwinding renewal data
- Boosting and targeting outreach
- Q & A

- Georgetown CCF
  - Tricia Brooks
  - Allexa Gardner
- CBPP
  - Jen Wagner
  - Farah Erzouki
- GMMB
  - Sarah Whitworth
  - Sandy Won

What's CMS been up to since the CAA?

- Guidance on extended FMAP
- Secretary's letter to Governors
  - Avoiding inappropriate terminations
  - All hands on deck
- Updated FAQs
- FMAP reduction for not reporting
- Strategies to minimize procedural disenrollments
- Disability and language access requirements
- Posted and updated state (e)(14) waivers, including mitigation strategies
- Unwinding data reports posted
  - (March, April released July 28)
- August 9 letters to states compliance based on early data:
  - call center stats
  - procedural disenrollments
  - apps processed over 45 days)
- Strategies to keep children and families covered
- State letters on ex parte issue
- Mitigation plan template on ex parte renewal compliance

All states are processing renewals; all but Oregon are processing terminations



Source:

Themes and Issues

Positives

- People flagged as ineligible are retaining coverage
- CMS offering and states taking up flexibilities
- Many states post more data earlier
- Some states have voluntarily paused disenrollments
- States are implementing positive long-term system improvements

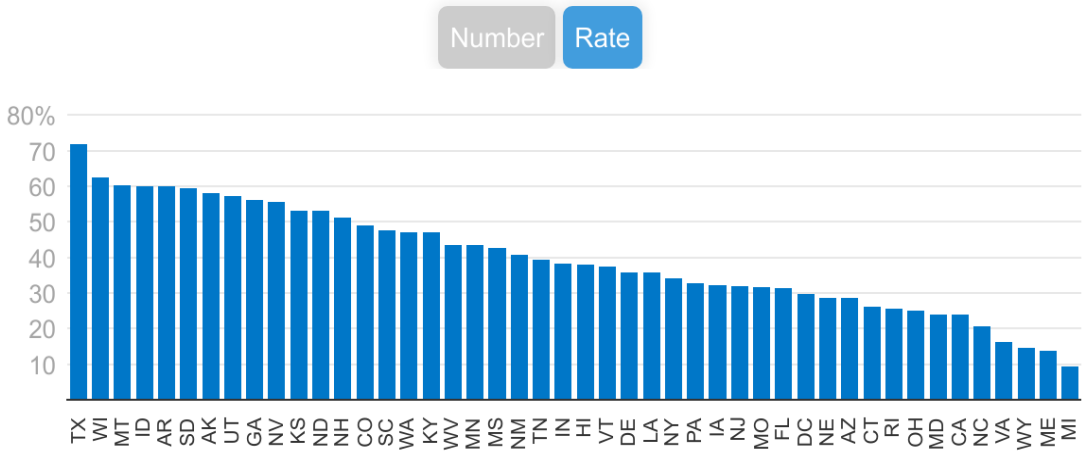
Concerns

- Notices
- Mail delays
- Call centers
- Systemic and specific issues
- Low ex parte rates
- High procedural disenrollments
- Lack of awareness of 90-day reconsideration
- Parents confused about child eligibility
- Slow response on corrrective action

Disenrollment Tops 5.6 Million

There is wide variation in disenrollment rates across reporting states, ranging from 72% in Texas to 9% in Michigan

State-Reported Medicaid Disenrollments as a Share of Total Completed Renewals:

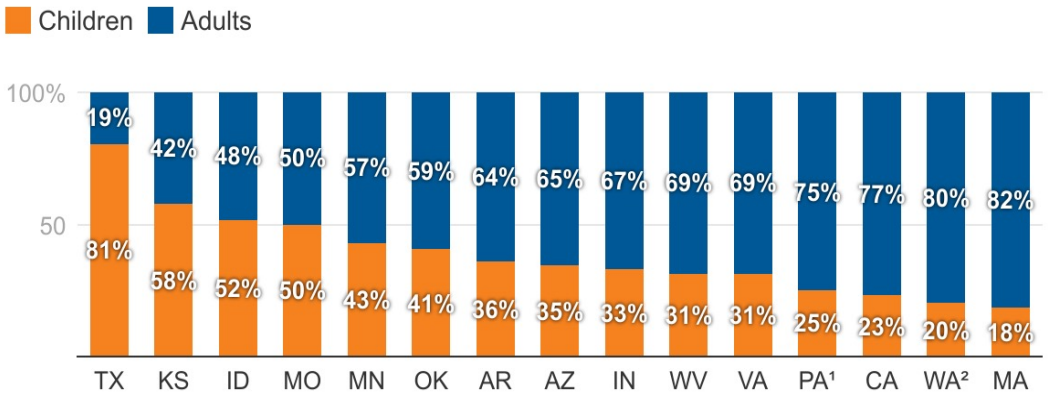


NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. Rates are calculated as total disenrollments divided by total completed renewals (number whose coverage was renewed + number disenrolled); pending renewals are excluded. Several states report unwinding data on renewals without enough information to calculate a disenrollment rate.
SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS

KFF

Children account for roughly four in ten (43%) of Medicaid disenrollments in the 15 states reporting age breakouts, as of September 5, 2023

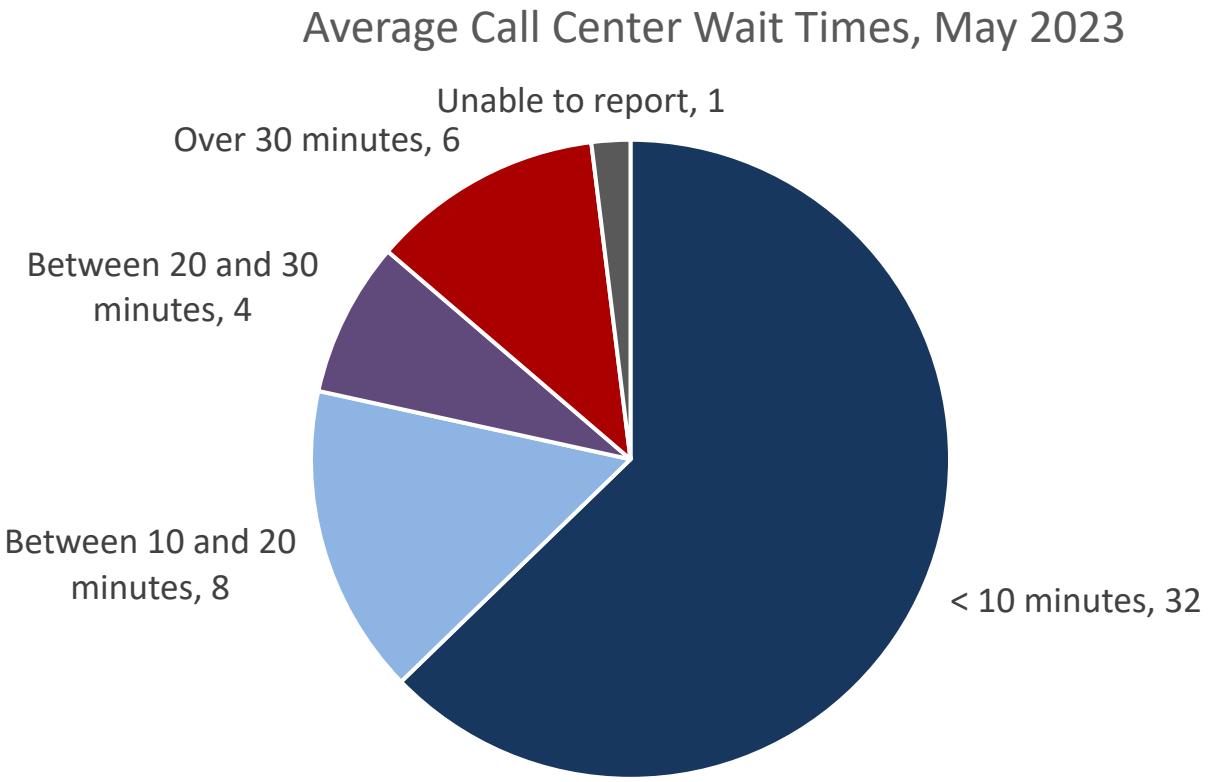
Share of Medicaid Disenrollments by Age:

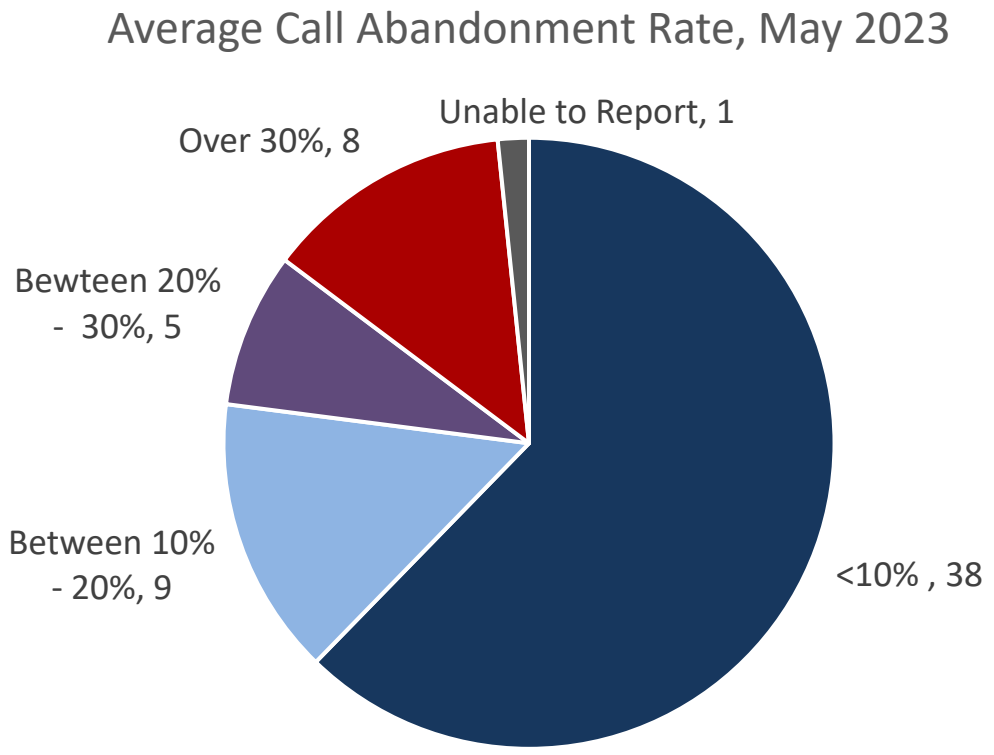


NOTE: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group. 1. Pennsylvania only reports disenrollments by age among the Medicaid Maintained Population, which is composed of enrollees the state has flagged as "likely ineligible or unresponsive." 2. In Washington, children up to age six will be manually reinstated as the state awaits system changes to align with new continuous eligibility for that group. To date, roughly 12% of all reported disenrollments in WA were among children up to age six.
SOURCE: KFF Analysis of State Unwinding Dashboards

KFF

Average Call Center Statistics Paint an Incomplete Picture





CMS flagged concerns over call center wait times and/or abandonment rates in 16 states in its August 9th letters.

Procedural Disenrollments are High

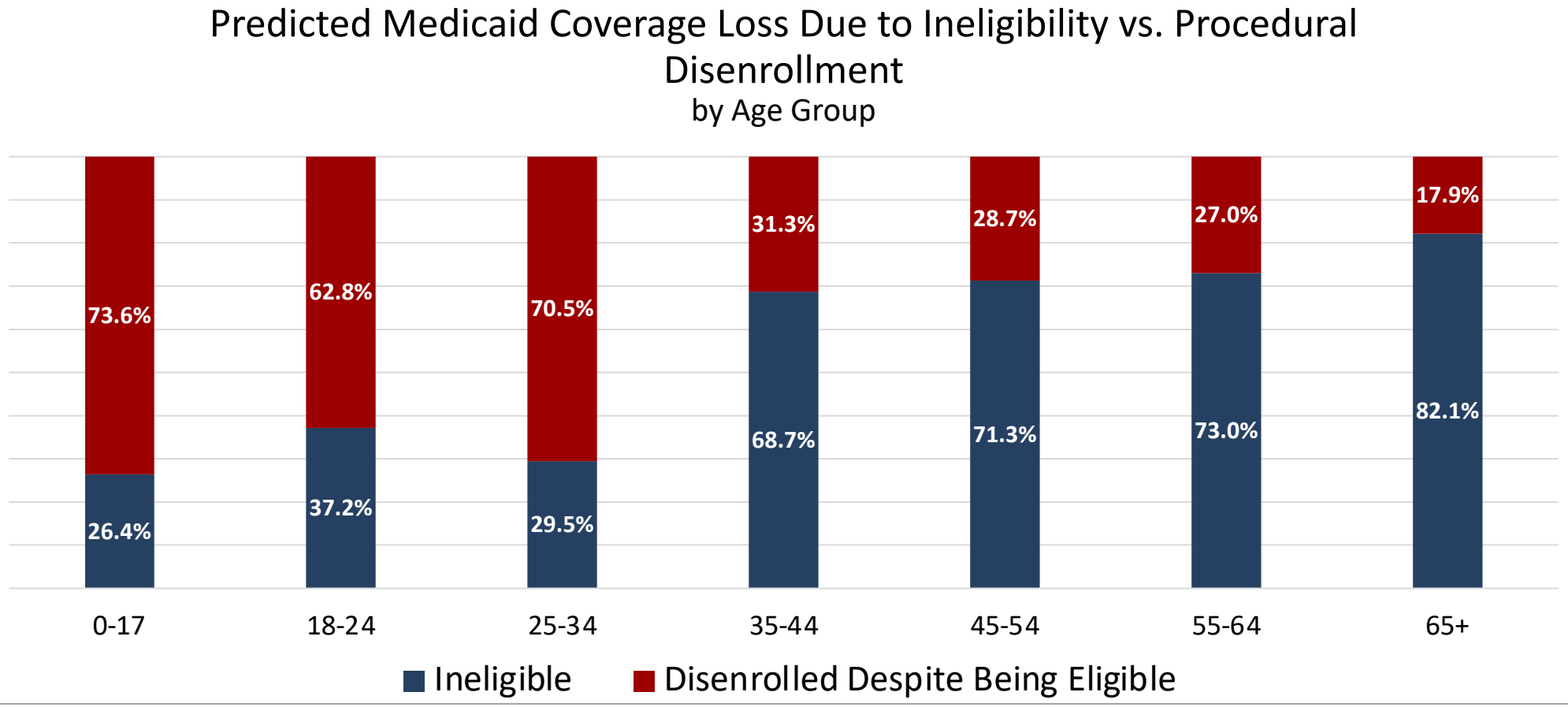
What are they?

- Procedural disenrollments occur when the state needs additional information to determine if the enrollee remains eligible.
- Maximizing the use of data to renew eligibility without requiring paperwork reduces procedural disenrollments.
- Historically, many individuals who lose coverage for procedural reasons remain eligible but become uninsured.

Why do they occur?

- Enrollee did not receive their mail, or it was never delivered.
- The notice was confusing.
- Notice was not in the enrollee's preferred language.
- Enrollee was unable to get through to the call center to get help.
- The state lost the paperwork submitted by the individual.
- The individual was unable to obtain paper documents to prove eligibility.

Children and Young Adults At Highest Risk of Procedural Disenrollment



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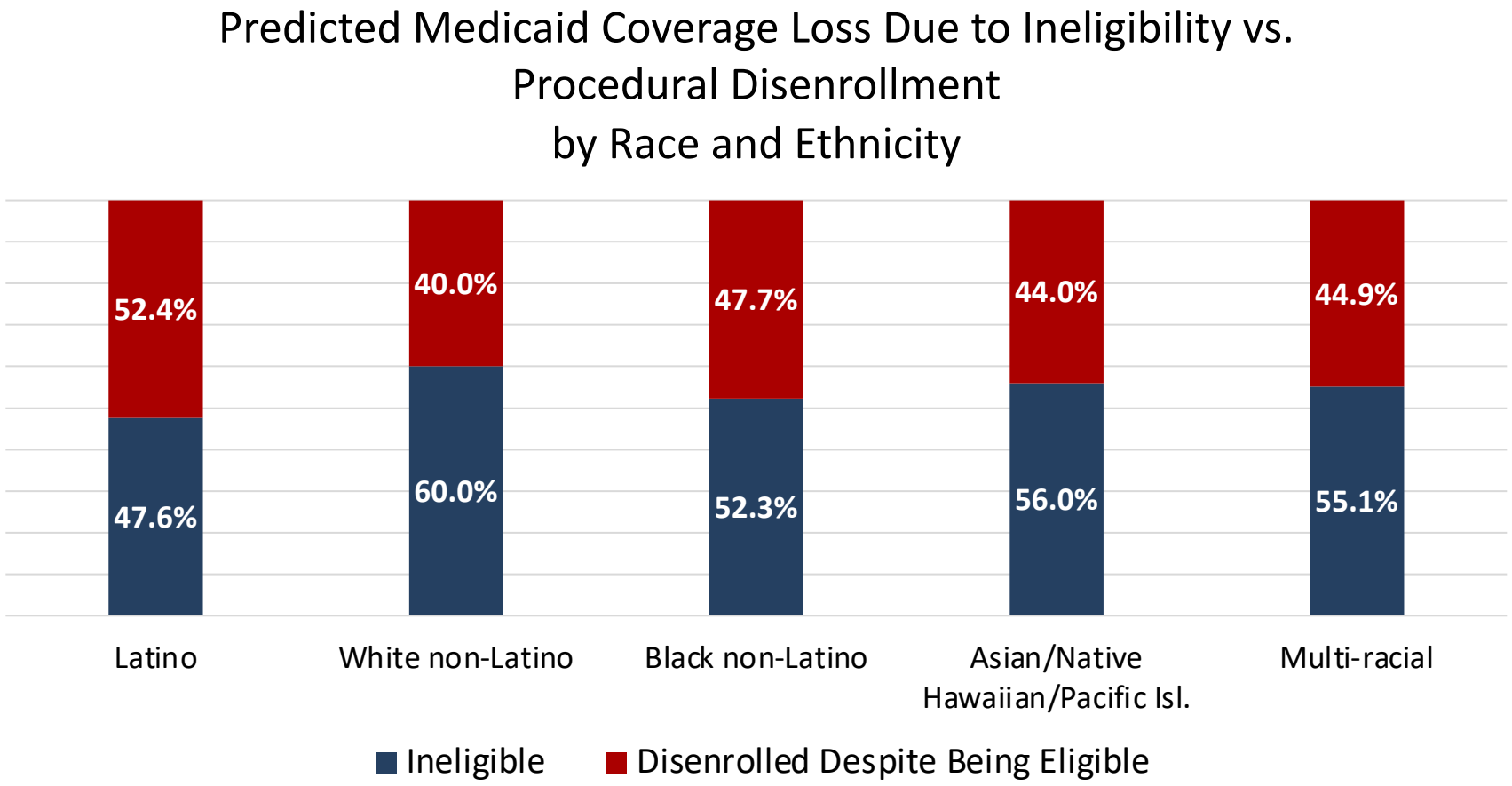
Source: [ASPE Report on Unwinding the Medicaid Continuous Enrollment Provision]

People of Color Also At Higher Risk



Source: [ASPE Report on Unwinding the Medicaid Continuous Enrollment Provision]

Feedback Loops Still Critically Important

State Level

- Assisters and providers key sources of intel from field
- Stakeholders should collaborate on key feedback offered to state
- States need specific examples but may default to fixing a case but not the systemic root cause
- Lived experiences make it real
- Media helps create awareness of issues

National Level

- National partners can be a conduit of information for CMS
- CMS also needs recurring problems and specific examples
- CMS has teams assigned to states for monitoring
- Children losing coverage when parents are no longer eligible

CMS Letter – Ex Parte Renewals

- Error identified – states requiring renewal form unless every individual in household passes *ex parte*
- Biggest impact on children
  - Household income comes back at 200% FPL
  - Parent appears over income, but child still eligible
  - Many states send renewal form and procedurally deny everyone if no form returned
  - State should *ex parte* child and send form to parent
- Also impacts households where additional information is needed for one household member

State Actions Required

- Review processes and policies
- Report to CMS by September 13 if you have issue
- If issue found:
  1. Pause procedural terminations for those impacted
  2. Reinstate coverage for all affected who have been procedurally disenrolled
  3. Fix state system
  4. Implement mitigation strategy

Mitigation Strategies

- Manually review impacted cases that don't return renewal form.
- Suspend renewals until fix implemented.
  - Can target multi-member households or for all households
  - Can extend unwinding period length of pause
- Automatically extend all potentially affected individuals 12 months.
- State-identified strategy approved by CMS

Next Steps

- Does your state have this issue?
  - If so, what mitigation strategy are they choosing?
  - What are impacts of manual review? Data?
- Will likely suck all the air out of the room for a few months
- Opportunity to discuss *ex parte* more broadly
- CMS providing TA, working with vendors

- Long overdue, but approach that needs to continue

What's With All this Data?

- The CAA requires all states to report specific metrics to CMS on a monthly basis
  - CMS is required to post this data on a state-by-state basis
  - Some states are posting their monthly reports themselves, several months before CMS releases the data
- Monthly report data are reported as a cohort for all individuals with a renewal due in a given month
- States have also developed their own data dashboards, which may provide disaggregated data or additional metrics beyond those reported to CMS
- Data may differ across state reports and dashboards based on the populations included, how the data is being reported/defined, and high shares of pending cases

Available monthly reports and state data dashboards can be found on the CCF 50-state tracker, here: https://docs.google.com/spreadsheets/d/1tOxmngYs7jDPTGltp-diD1SGvHvZVJOm3G2YuUq0btg/edit#gid=0

CMS's Data Releases

- CMS is releasing monthly unwinding report data at the end of each month
- Data is on a three- to four-month lag, similar to the Medicaid enrollment data
- Includes call center statistics for all 50-states
- Expecting more data to be released on Marketplace transfers (September)

What's in the Data?

Context Setting Data

- **Application processing**: indicates the extent to which the state has unprocessed applications; states are expected to catch up on application processing for all applications within four months after the start of the state's unwinding period
- **Renewals initiated**: number of renewals the state attempted an ex parte renewal form and began the process for
- **Number due for renewal**: how many individuals were due for a renewal in the reporting month

Individuals Maintaining Coverage

- **Number of individuals who remain enrolled:** number who remained enrolled are those who went through the renewal process and were found eligible to maintain Medicaid coverage
- **Renewed on ex parte basis:** number who were found eligible by the state using available data sources without the individual submitting a form
- **Renewed via renewal form:** number who returned renewal form and were found eligible

What's in the Data? (Part 2)

Individuals Disenrolled from Coverage

- **Disenrolled for ineligibility**: number of individuals who returned their renewal form to the state but were found to be no longer eligible; accounts should be transferred to CHIP (for kids) or the Marketplace
- **Disenrolled for procedural reasons**: number of individuals who did not return the renewal form or provide information needed to determine eligibility, often due to administrative barriers

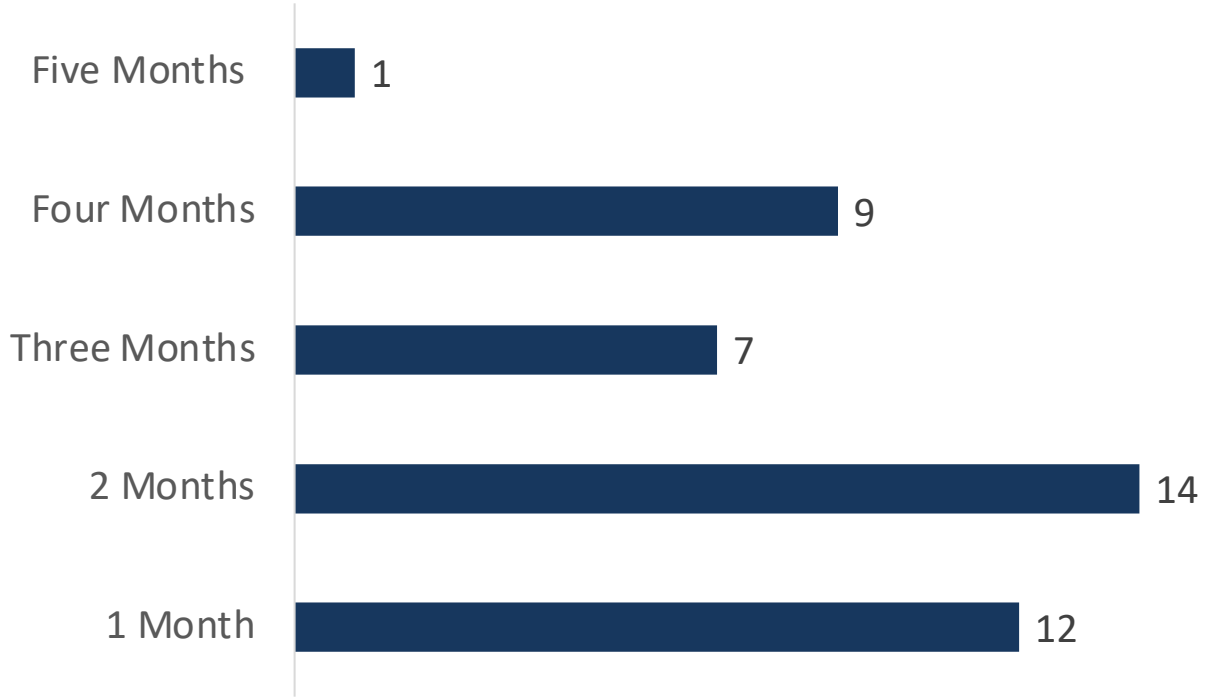
Signs of Potential Backlogs

- **Pending renewals**: number of renewals the state is unable to process
  - States who take up the 30-day delay for procedural disenrollments capture those individuals in the pending category as well
  - Reported for the cohort due as well as total pending throughout unwinding
- **Pending fair hearings:** number of individuals that have appealed an eligibility decision and are awaiting a fair hearing to review

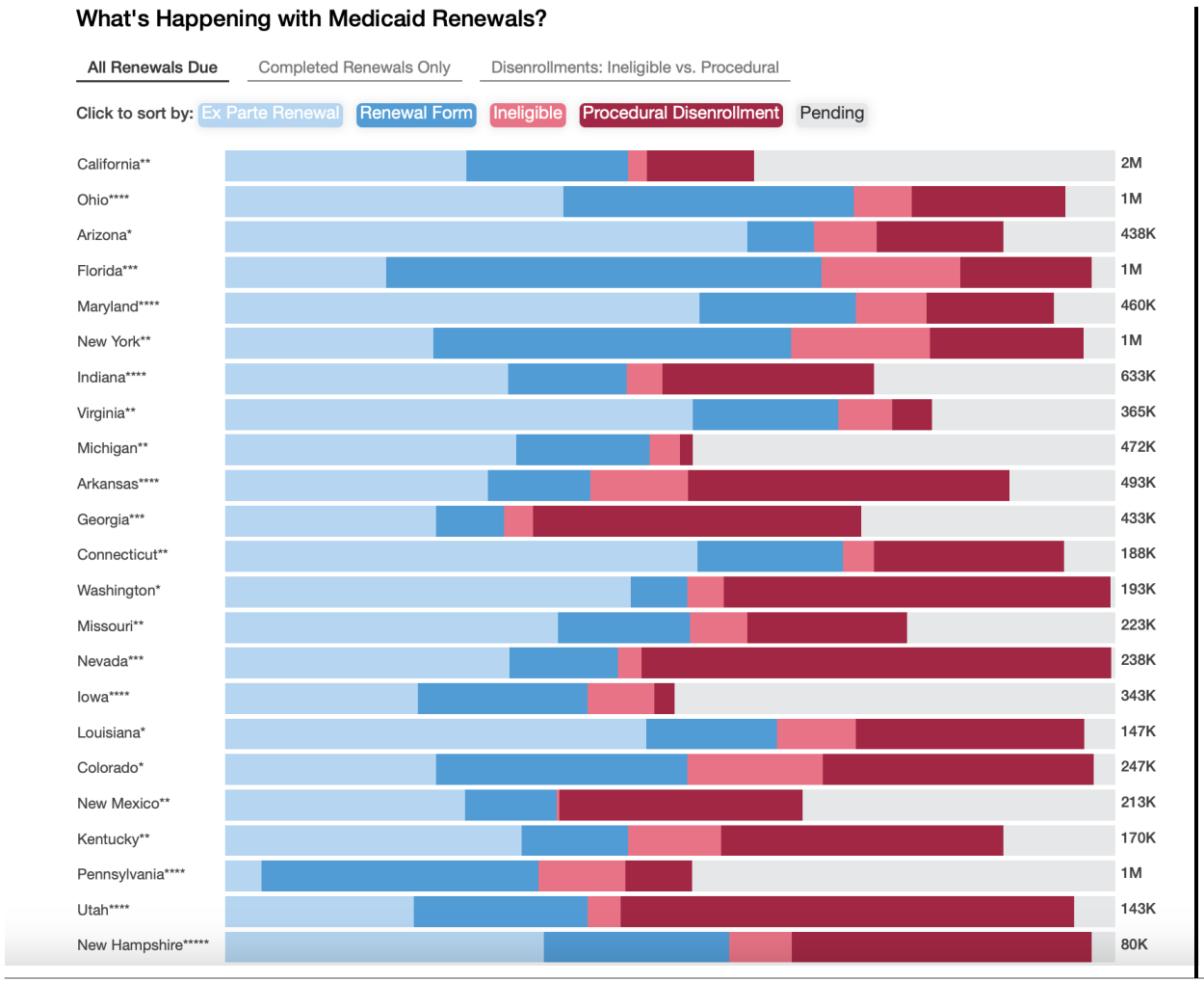
A full overview of the data metrics in the monthly reports to CMS can be found here: https://ccf.georgetown.edu/wp-content/uploads/2023/08/Georgetown-University-CCF-Tips-for-Interpreting-Unwinding-Data-v4.pdf

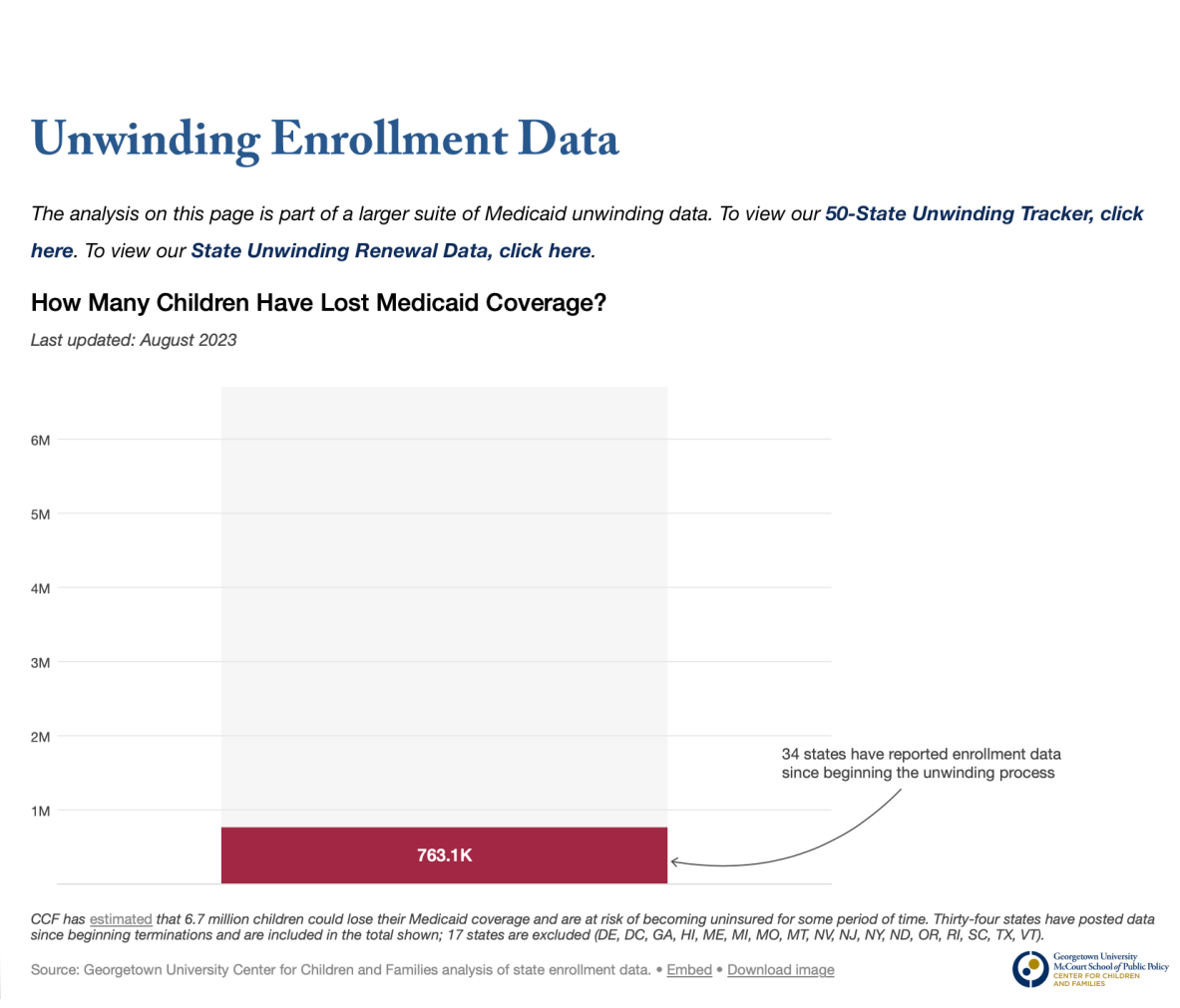
Number of Reporting Months
Total: 43 States

- CMS has released three months of unwinding data: March, April, and May
- 27 states are sharing state level unwinding data directly, making more months of data available sooner
- CCF's renewal data tracker includes state-reported data that is consistent with CMS guidelines



CCF Unwinding Data Trackers

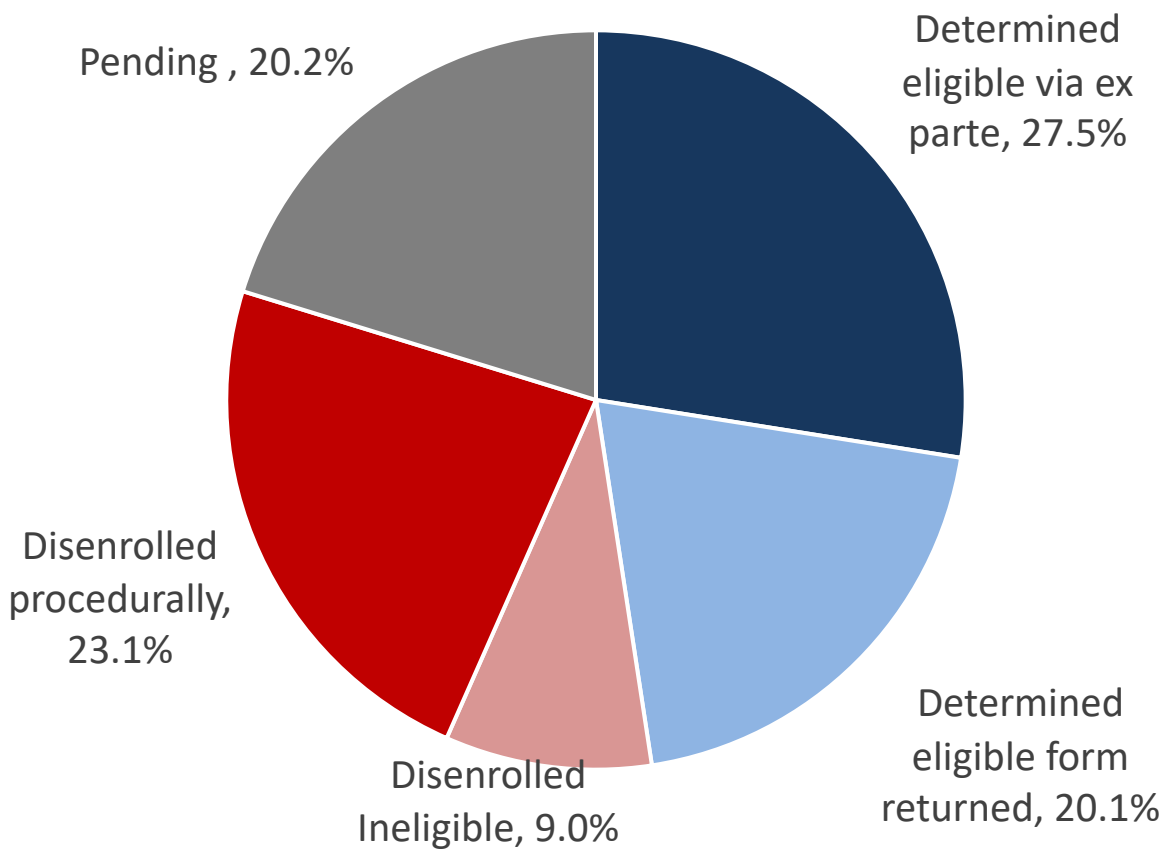




Unwinding Renewal Outcome Tracker: https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/

Unwinding Enrollment Data: https://ccf.georgetown.edu/unwinding-enrollment-data/

Is Your State Above or Below Average?

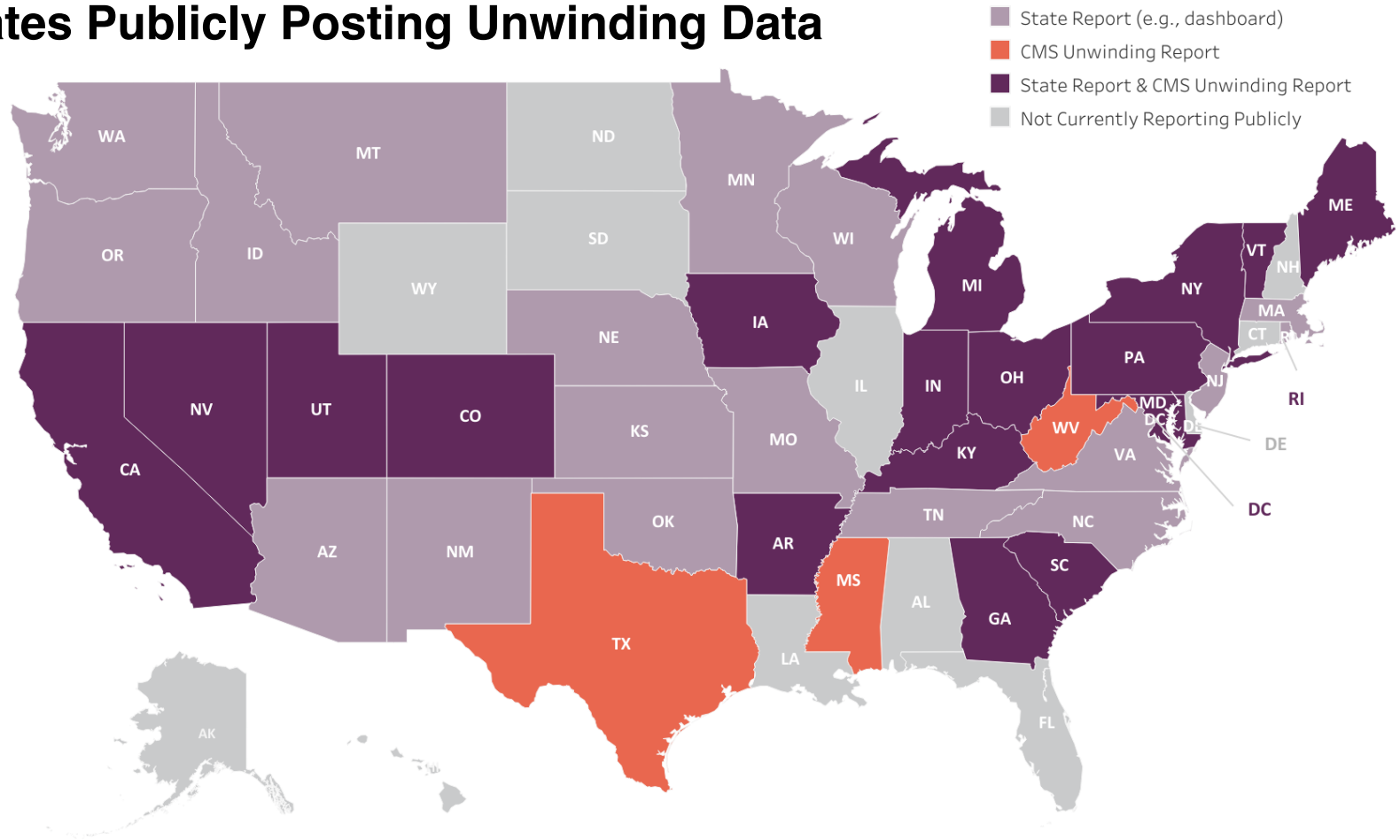


Average Cumulative Renewal Outcomes

- 47.5% determined eligible
  - 27.5% ex parte
  - 20.1% returned form
- 32.1% disenrolled
  - 23.1% procedural
  - 9% ineligible
- 20.2% pending or incomplete

Dashboards

States Publicly Posting Unwinding Data



Source: SHADAC analysis of state websites. Last updated 08.09.2023

Source: https://www.shadac.org/news/dashboards-monitor-continuous-unwind-shvsEP

Differences in Data

CMS	CCF	KFF
• Reports renewal outcomes as a share of total renewals due • Includes 50-state call center statistics • Data is reported three to four months after terminations	• Only uses data from monthly reports • Analyzes renewal outcomes as a share of: – Renewals due – Renewals completed – Total disenrollments • Data is cumulative, based all available monthly reports • Data is updated as released	• Includes both monthly report and dashboard data • Reports on child disenrollment data, where provided • Separate disenrollments and successful renewals in different charts • Data is updated as released

CNN

An ‘obscene’ number of kids are losing Medicaid coverage

Many Children May Have Lost Medicaid Coverage Because of State Errors

The New York Times

Detroit Free Press

More than 80,500 Michiganders lost Medicaid coverage in June alone

Federal agency asks states to pause Medicaid unwinding; DHS says request does not apply to Arkansas

ARKANSAS ADVOCATE

Targeting Outreach to Parents and Caregivers

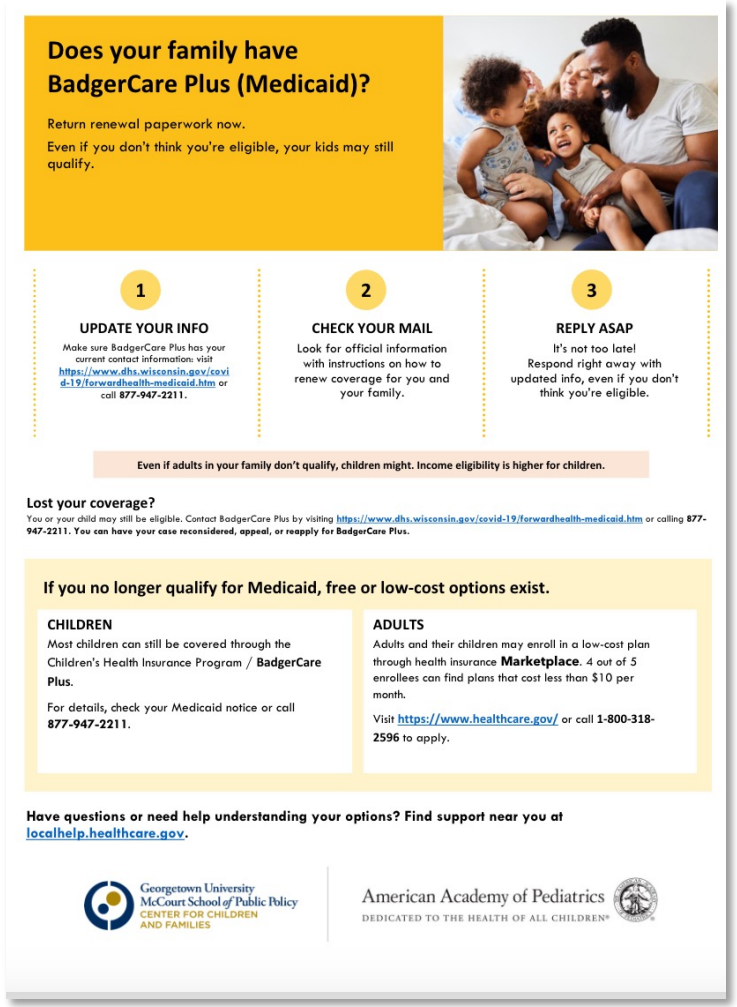
1. Reiterate that kids are likely still eligible even if parents aren't
2. Specify income eligibility for children
3. Promote enrollment assistance
4. Reinforce consistent information and messaging.
   - Wherever possible, use your state's toolkit/messages.

Core Consumer Messages

- **Stay covered.**
- **Get coverage back.**

Core Consumer Message: Stay Covered

- Rules are changing — return renewal forms ASAP.
  - Include renewal information, help lines for Medicaid agency, local enrollment assistance.
- Your kids may be eligible even if you aren't.
  - Kids' eligibility is different from adults.



Does your family have BadgerCare Plus (Medicaid)?

Return renewal paperwork now.

Even if you don't think you're eligible, your kids may still qualify.

1 UPDATE YOUR INFO
Make sure BadgerCare Plus has your current contact information: visit https://www.dhs.wisconsin.gov/covid-19/forwardhealth-medicaid.htm or call 877-947-2211.

2 CHECK YOUR MAIL
Look for official information with instructions on how to renew coverage for you and your family.

3 REPLY ASAP
It's not too late! Respond right away with updated info, even if you don't think you're eligible.

Even if adults in your family don't qualify, children might. Income eligibility is higher for children.

Lost your coverage?
You or your child may still be eligible. Contact BadgerCare Plus by visiting https://www.dhs.wisconsin.gov/covid-19/forwardhealth-medicaid.htm or calling 877-947-2211. You can have your case reconsidered, appeal, or reapply for BadgerCare Plus.

If you no longer qualify for Medicaid, free or low-cost options exist.

CHILDREN
Most children can still be covered through the Children's Health Insurance Program / BadgerCare Plus.

For details, check your Medicaid notice or call 877-947-2211.

ADULTS
Adults and their children may enroll in a low-cost plan through health insurance Marketplace. 4 out of 5 enrollees can find plans that cost less than $10 per month.

Visit https://www.healthcare.gov/ or call 1-800-318-2596 to apply.

Have questions or need help understanding your options? Find support near you at localhelp.healthcare.gov.

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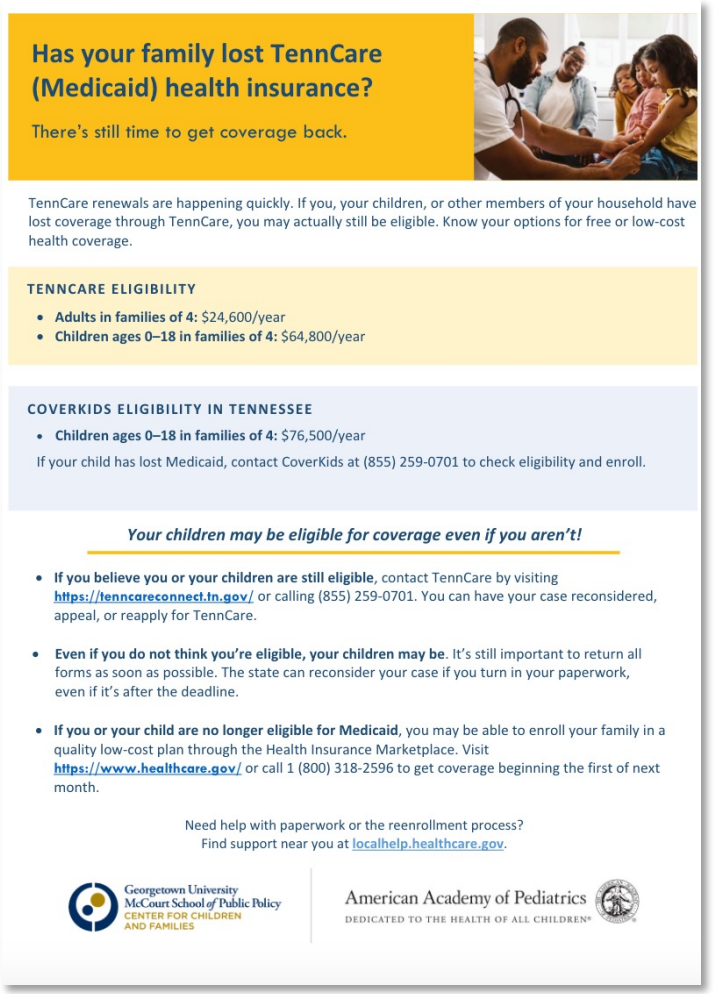
Core Consumer Message: Get Coverage Back

- Children may still be eligible if they've lost coverage.
  - Provide eligibility details for Medicaid **and** CHIP — kids' eligibility is different.
- Enrollment help is available.
  - Contact your state Medicaid agency.
  - Find enrollment assistance.
- Free or low-cost options exist through the Marketplace.



Has your family lost TennCare (Medicaid) health insurance?

There's still time to get coverage back.

TennCare renewals are happening quickly. If you, your children, or other members of your household have lost coverage through TennCare, you may actually still be eligible. Know your options for free or low-cost health coverage.

TENNCARE ELIGIBILITY

- **Adults in families of 4:** $24,600/year
- **Children ages 0–18 in families of 4:** $64,800/year

COVERKIDS ELIGIBILITY IN TENNESSEE

- **Children ages 0–18 in families of 4:** $76,500/year

If your child has lost Medicaid, contact CoverKids at (855) 259-0701 to check eligibility and enroll.

Your children may be eligible for coverage even if you aren't!

- **If you believe you or your children are still eligible**, contact TennCare by visiting https://tenncareconnect.tn.gov/ or calling (855) 259-0701. You can have your case reconsidered, appeal, or reapply for TennCare.
- **Even if you do not think you're eligible, your children may be**. It's still important to return all forms as soon as possible. The state can reconsider your case if you turn in your paperwork, even if it's after the deadline.
- **If you or your child are no longer eligible for Medicaid**, you may be able to enroll your family in a quality low-cost plan through the Health Insurance Marketplace. Visit https://www.healthcare.gov/ or call 1 (800) 318-2596 to get coverage beginning the first of next month.

Need help with paperwork or the reenrollment process?
Find support near you at localhelp.healthcare.gov.

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Outreach and Enrollment Partners

- Healthcare community
  - Providers and provider groups
  - Health plans
  - Pharmacies
  - Hospitals, community clinics
  - Enrollment assisters and navigators
- Childcare, WIC, Head Start, home visitors, etc.
- Schools
- Community organizations
  - Food banks and pantries
  - Faith communities
  - Legal aid
- Private sector
  - Grocery stores
  - Retailers
  - Small community businesses
- InsureKidsNow.gov

Resources

Consumer-Facing Resources

- State-specific stay covered flyers (AAP/CCF)
- State-specific coverage loss flyers (AAP/CCF)
- BTS Coverage Toolkit (GMMB)
- Unwinding Toolkit (CMS)

State Data & Information

- Unwinding Tracker (CCF)
- Unwinding Tracker (KFF)