



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

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Center on
Budget
and Policy
Priorities

Medicaid Unwinding One Year Later: *Where Do We Go From Here?*

April 15, 2024

Today's Agenda and Speakers

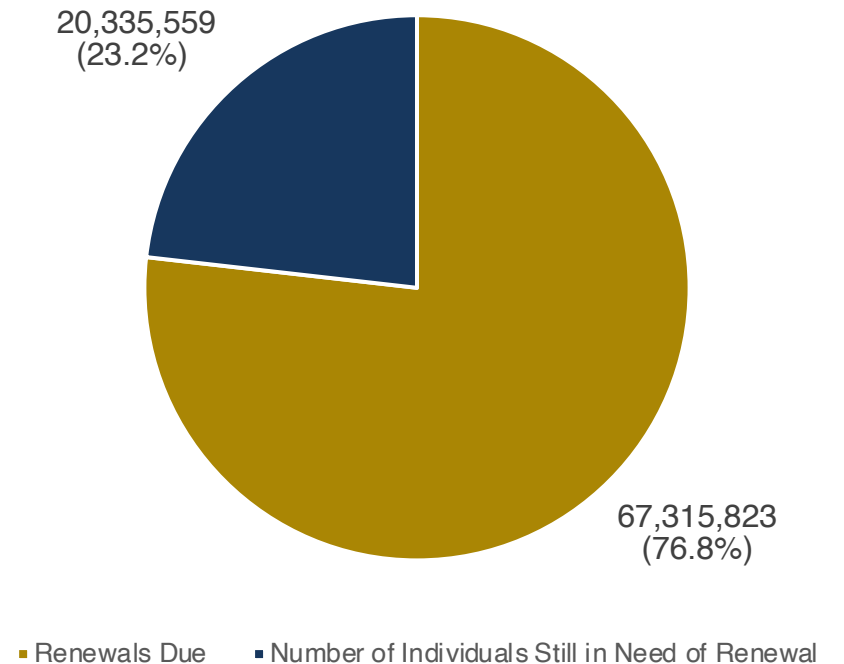
- Unwinding timing and data reporting
 - What happens with (e)14 waivers
 - Maintaining best practices
 - Application backlogs and timeliness
 - State compliance with regulatory requirements
 - E&E rule
 - Broad priorities going forward
 - Reconnecting eligible kids and families with coverage
- Georgetown CCF
 - Tricia Brooks
 - Allexa Gardner
 - Natalie Lawson
 - CBPP
 - Farah Erzouki
 - Jen Wagner
 - GMMB
 - Sandy Won

When Will Unwinding Be Over?

- States started at different times and will end at different times
- Delays in renewals will extend some states' timelines beyond 14 months
 - Voluntary and required pauses
 - Special approvals (OR, AK)
 - Pushing renewals out 12 months for children (KY, NC)
- Most states have initiated >75 percent but large shares of renewals remain pending

Status of Unwinding-Related Renewals Nationally

Total Medicaid Enrollment Pre-Unwinding: 87,651,382



Data Reporting

Current

- CAA required states to report, and CMS to publicly post, specific data metrics including:
 - Renewal outcomes
 - Call center statistics
 - Marketplace transfers and enrollment
- Data reporting requirements extend through June 2024
- CMS anticipates releasing updated data reports with outcomes of previously pending renewals

Moving Forward

- CMS has regular authority to extend/add reporting requirements
 - Some data (i.e., call center stats) are part of performance indicator data
 - Most renewal data was required by CMS for unwinding prior to CAA
- Future renewal outcome data may contain both unwinding and recurring renewals



Section 1902(e)(14) Waivers

Allows waivers of parts of statute to “establish income and eligibility determination systems that protect beneficiaries”

Temporary authorities that have been used in times of strain on systems, such as expansion and unwinding

About 30 different waivers offered to states during unwinding; almost 400 in effect

CMS has made clear they will be available through end of 2024

Section 1902(e)(14) waivers

Unwinding Waiver	Status
Renew Medicaid based on SNAP eligibility	Likely to end at end of 2024, but multiple alternatives available
Conduct ex parte renewal when no hit in income or asset data sources	May be partially extended
Suspend requirement to apply for other benefits	Waiver no longer needed – E&E rule
Accept updated addresses from reliable sources without sending notice to old address	Waiver no longer needed – E&E rule
Permit designation of authorized rep over the phone without signed form	Unlikely to continue
Waive the recording of telephonic signature	May continue until states come into compliance
Complete <i>ex parte</i> prior to termination (instead of before sending form)	May continue until states come into compliance

Continuing Best Practices



- States used innovative approaches to reach people and keep them covered through the unwinding process, with many successes
- Many of these strategies don't require waivers or other special permissions
- States should continue these strategies into the future, like:
 - Use text and email to reach people
 - Conduct social media and other public-facing outreach
 - Use reliable data sources like USPS and managed care plans to update enrollee contact information
 - Make greater effort to reach people whose mail comes back as returned

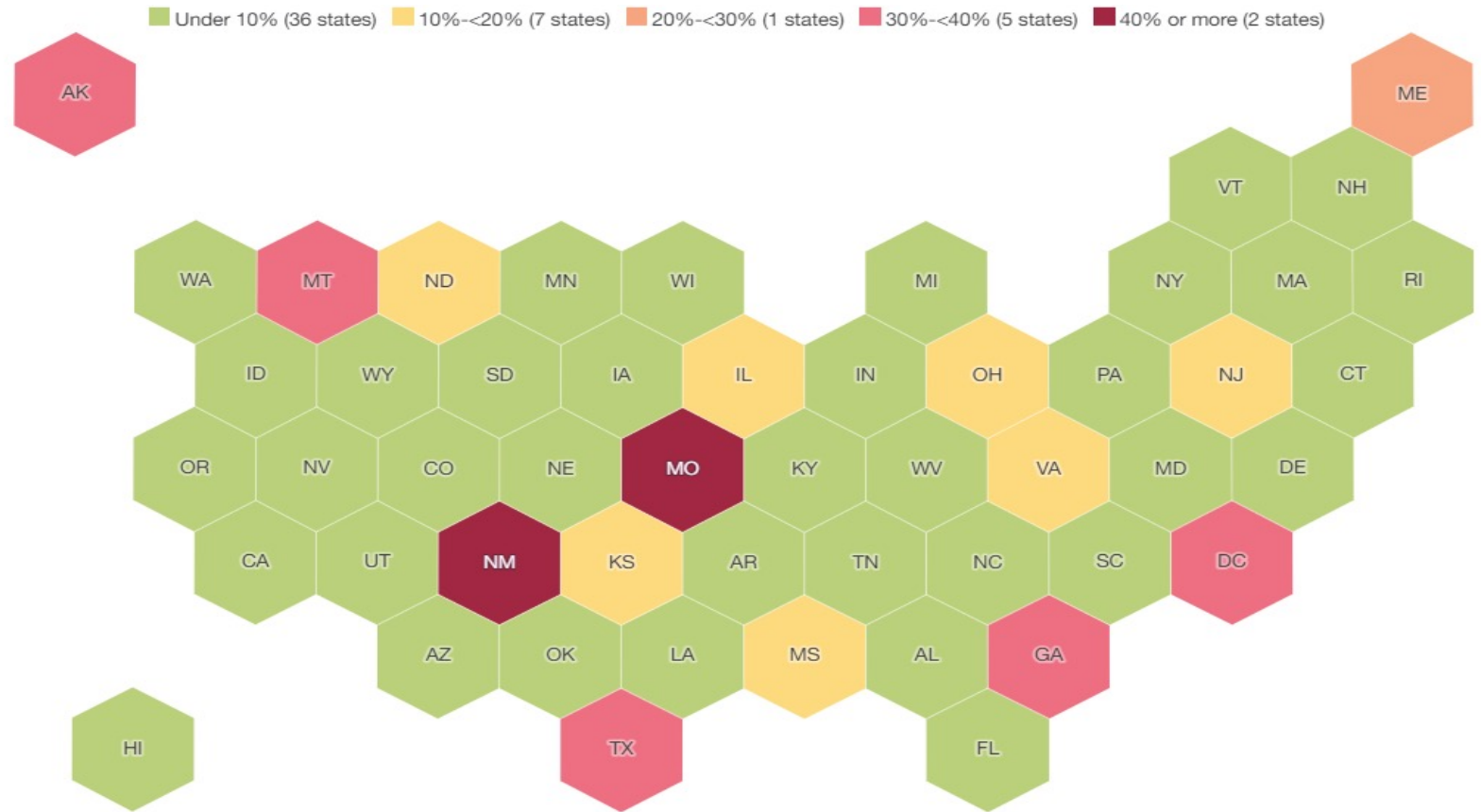


Application Processing Timeliness

- Serious challenges in many states
- Driven by addition of renewal workload and increase in re-applications from people who lost coverage at renewal
- Strong federal requirement for processing timeliness (not connected to temporary provisions in Consolidated Appropriations Act)
- Pressure on this issue could lead to improvements elsewhere, like *ex parte* rates
- Data now posted monthly (most recent is December)
- Many integrated states also struggling with SNAP timeliness

Application Data on CCF Website

- *State share of Medicaid/CHIP MAGI applications exceeding 45-day standard*
- *Monthly application volume compared to pre-pandemic and pre-unwinding*



Source: Georgetown University Center for Children and Families analysis of Centers for Medicare & Medicaid Services Medicaid and CHIP Unwinding Operations Snapshot, available [here](#). • Map data: [Tilegrams/NPR](#) • [Embed](#) • [Download image](#)

Action Steps

- Advocate for federal agencies to hold states accountable
- Monitor state data
- Look for “win-win” solutions that streamline eligibility determinations/renewals and reduce workload
- If state isn’t receptive to suggestions, work with legislature and media to lift up problems AND solutions
- Monitor SNAP corrective action plans and escalation





Compliance Plans

- Mitigation plans were contingent on states agreeing to come into compliance “within 2 years from the end of unwinding”
- Expect CMS guidance on what compliance means and timing
- State may have 6 months to submit compliance plans
- Some e14s may extend until compliance
- May not address major customer service issues

What is Compliance?

Limited to places with clear federal requirements

- ✓ Attempt *ex parte* renewal for all populations
- ✓ Pre-populated renewal forms
- ✓ Ability to submit renewals through all modalities
- ✓ Transferring accounts to the Marketplace for all populations
- ✓ Determining eligibility and all bases
- ✗ Minimum *ex parte* rate
- ✗ Maximum procedural termination rate
- ✗ Call center standards
- ✗ Additional outreach requirements

E&E Rule Addresses Some Unwinding-Related Issues

- New regulations affect Medicaid, CHIP, and BHP
- Some provisions address issues highlighted during unwinding:
 - Aligning non-MAGI with MAGI renewal requirements
 - Establishing timeliness and performance standards at renewal, changes in circumstances, and transitions between programs
 - Extending 90-day reconsideration to changes in circumstances & applications
- Allows states to accept updated contact info from health plans, USPS, or NCOA without further verification
- Effective June 3, 2024, but most provisions give states 12-36 months to implement

Other Changes Promoting Coverage in New E&E Rule

Separate CHIP

- Strengthens coverage in separate CHIP:
 - Prohibits lockout periods
 - Removes waiting periods
 - Eliminates annual or lifetime dollar limits
- Improves processes for transitioning between Medicaid and CHIP coverage

Removing Enrollee Burdens

- Separate identity verification no longer needed if U.S. citizenship is confirmed through state vital statistics or DHS SAVE
- Applicants no longer required to apply for other benefits as a condition of eligibility
- Modernized requirements for maintenance of enrollment and eligibility records

Broad Priorities Going Forward



Increase *ex parte*
rates



Improve notices,
including consumer
testing



Maintain and
enhance data
reporting and
transparency



Outreach to
reconnect eligible
people

Boosting Outreach & Consumer Support



TARGETED OUTREACH
IS MORE EFFECTIVE
THAN BROAD-BASED



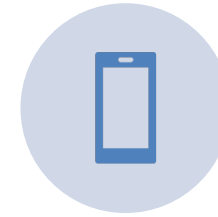
USE TRUSTED
MESSENGERS



REGIONAL OUTREACH
COORDINATORS



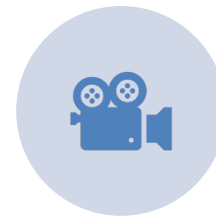
MAKE SURE WEBSITES
HAVE EASY TO FIND
INFORMATION



CREATE “APPS” FOR
MOBILE DEVICES



LEVERAGE SOCIAL
MEDIA



CREATE “HOW-TO
VIDEOS”

Outreach and Messaging

Keep your kids covered.

- Renewals happen every year.
- Check-in with the state Medicaid agency.

**Lost coverage?
Your child may still qualify.**

- + Your child may still qualify, even if you don't.
- + Highlight income eligibility for kids.

Enroll anytime for free or low-cost health insurance.

- + Enrollment is open year-round.

CCF Outreach Scan Sneak Preview

- *Based on a scan of all Medicaid agency websites, integrated SBM websites and other accounts, as applicable*
- *Links to state resources*
- *Launch date later in April*

Medicaid agency & SBM websites

Enrollment & Portal Landing Pages

Social Media

How To Videos

General Outreach

Language Supports

Community-based Assistance