

# **The Unwinding of the COVID-19 Public Health Emergency:**

## **Opportunities for Title V programs to protect coverage for children and families during the Medicaid redetermination process**



**Association of Maternal & Child Health Programs**

**May 2022**

## BACKGROUND

In March 2020, a federal Public Health Emergency (PHE) was declared by the U.S. Department of Health and Human Services to respond to the COVID-19 pandemic. Shortly after, the Families First Coronavirus Response Act (FFCRA) was signed into law to facilitate the nation's response to the PHE and provide relief to states as they grappled with the pandemic. One important provision in FFCRA for states was a 6.2 percent increase in federal matching funds if their Medicaid programs meet specific Maintenance of Effort requirements, including continuous enrollment of all Medicaid beneficiaries through the end of the PHE. As a result, Medicaid enrollment over the past two years has grown significantly. Data from November 2021 show that total Medicaid/CHIP enrollment grew to 85 million, an increase of nearly 15 million from enrollment in February 2020.

With the PHE forecasted to expire in 2022, all Medicaid enrollees, including children, must be redetermined for eligibility. An [Urban Institute](#) study estimates that about 15 million people currently enrolled in Medicaid will no longer be eligible because their income has increased. Advocates are also concerned that enrollees who remain eligible may lose coverage due to case backlogs, clerical errors, and other administrative-related issues such as outdated contact information. The redetermination process is a significant healthcare coverage challenge and could trigger a Medicaid coverage crisis for eligible enrolled populations including women, children, and families. It is important to note that some MCH populations may be at greater risk of coverage disruption including:

- Parents and reproductive age people residing in states that have not expanded their Medicaid programs
- Families in which members will be transitioning to different sources of coverage, such as children moving to CHIP, and parents or other adults transitioning to Marketplace coverage
- Mixed immigration status families who are eligible for different [types of coverage](#)
- Individuals in the postpartum period

The unwinding of the PHE will also place a significant burden on understaffed state Medicaid agencies to redetermine enrolled individuals. As trusted messengers with deep ties in the community, state and local MCH professionals and advocates have an important role in supporting families through this uncertain time and ensuring that MCH populations have continuity of coverage as they are redetermined.

## STRATEGIES FOR MCH PROFESSIONALS AND ADVOCATES

### Engaging your state Medicaid agency

- Leverage your relationships with staff at your state Medicaid agency and Medicaid managed care organizations (MCOs) to discuss how MCH/Title V can be helpful in supporting the redetermination process. Offer to:
  - Review beneficiary notices, to ensure they are understandable to all families and are linguistically and culturally appropriate.
  - Assist MCOs, which provide care to 90 percent of all Medicaid beneficiaries, in spreading information about redetermination to plan enrollees.
- Request a copy of your state's Medicaid redetermination (as required by CMS), which details the state's eligibility and renewal actions for when the continuous coverage requirement is lifted.
- Stress the importance of **communicating to beneficiaries via text message**.
- Encourage that redetermination of children and youth with special health care needs and pregnant people be deprioritized.
- Encourage ex parte redetermination using SNAP data or other ex parte data.
- Encourage the agency not to rush the process, and use the full 12 months allowed by CMS to conduct redetermination.
- Ask for key data points once the redetermination is underway, including size of workload, call center statistics and percent of procedural terminations.

### Working with state and local partners

- Join a stakeholder coalition in your state that is monitoring the redetermination process on behalf of Medicaid beneficiaries. Contact your **state Navigator grantees** for information about existing coalitions.
- Work with partners in the community (Marketplace navigators, certified application assistors, health care providers and community and faith-based partners) directly to raise awareness among MCH populations on upcoming changes and ensure contact information and addresses of beneficiaries are up to date.

## Implementing communications and public awareness efforts

*[For prepared messaging, consult the CMS Toolkit in the resource section below].*

- Develop or adapt existing, linguistically and culturally appropriate consumer-focused resources (fact sheets, flyers, infographics) and communicate using multiple modalities (social media, text messages and email, etc).
- Disseminate resources strategically. Place flyers and other informational materials in local organizations serving MCH populations such as WIC, local departments of health, housing agencies, schools, and food pantries.
- Create a communications campaign through your public health department social media channels.
- Consider coupling redetermination awareness efforts with continued vaccine equity work, recognizing the dual importance of health insurance coverage and equitable access to vaccines.
- Use your state's existing **block grant-funded toll-free hotline** to provide information to consumers on the state's impending Medicaid redetermination process, particularly the importance of updating contact information with the state Medicaid office.
- Raise awareness among frontline MCH staff of the upcoming redetermination process; ensure staff are equipped to answer questions on this topic.
- Encourage your children and youth with special healthcare needs (CYSHCN) staff to contact parents directly, to ensure that they are aware of the redetermination effort and to guide them through the process if needed.



## ADDITIONAL RESOURCES

- 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](#)
- The Catalyst Center, Boston University School of Social Work: [Unwinding the Maintenance of Effort Requirement at the end of the Public Health Emergency \(PHE\): The Role of Title V Programs](#)
- State Health & Value Strategies: [Text Messaging: An Important Communication and Outreach Strategy as States Unwind the Federal Medicaid Continuous Coverage Requirement](#)
- Centers for Medicare & Medicaid Services (CMS): [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)
- Community Catalyst [Social media content: “Update your Mailing Address”](#)

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS), under grant number U01MC0001 “Partnership for State Title V MCH Leadership Cooperative Agreement” (\$1,617,500). The content and conclusions are those of the author and should not be construed as the official position or policy of, nor are they an endorsement of HRSA, HHS, or the U.S. Government.*



Association of Maternal & Child Health Programs  
1825 K Street NW | Suite 250 | Washington, DC 20006  
[amchp.org](http://amchp.org)