The Unwinding of the COVID-19 Medicaid Continuous Coverage Requirement

Opportunities for Title V Programs to Protect Coverage for Children and Families During the Medicaid Redetermination Process

Association of Maternal & Child Health Programs
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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 show that in November 2022, nearly 92 million people were enrolled in Medicaid/CHIP, an increase of 20 million from enrollment levels at the beginning of the pandemic. Notably, half of all children age 0-18 in the United States - 41 million - are now covered through Medicaid. The Medicaid continuous enrollment requirement has contributed to record low uninsurance rates in the United States.

The 2022 end-of-year federal spending bill included a provision for the Medicaid continuous enrollment requirement to end on March 31, 2023. All Medicaid enrollees, including children, must be redetermined for eligibility within a one-year period, beginning April 1, 2023 and ending March 31, 2024. There will be a concurrent phasing down of the enhanced federal matching funds through December 2023. In addition, the U.S. Department of Health and Human Services has announced that the PHE will end on May 11, 2023. It is important to note that the Medicaid continuous coverage requirement and the ending of the PHE are now delinked, and any future extensions of the PHE will not affect the timing of the Medicaid redetermination process.

The Department of Health and Human Services estimates that approximately 15 million people could lose Medicaid coverage during the year-long redetermination process, also known as “unwinding.” Of those, nearly seven million are projected to lose coverage despite being eligible. MCH advocates are concerned that enrollees who remain eligible for Medicaid/CHIP may lose coverage due to administrative hurdles they encounter to maintain their coverage. For example, current beneficiaries will be required to update their contact information. However, millions of people have experienced housing instability during the pandemic and may not receive notices sent to their old address. The unwinding of the continuous coverage requirement will also place a significant burden on state Medicaid agencies, which may be challenged by inadequate staffing, case backlogs, clerical errors, overwhelmed call centers and other administrative-related issues.
If not done well, the redetermination process could trigger a Medicaid coverage crisis for millions of enrollees, including women, children, and families. It is important to note that some MCH populations may be at greater risk of coverage disruption, including:

- Children, whose income eligibility levels are much higher than adults, and who may fall through the cracks if their parents lose coverage
- Postpartum women in states that have not extended Medicaid pregnancy coverage to 12 months
- Low-income parents, particularly those of color, residing in states that have not expanded their Medicaid programs
- Families with high levels of recent residential instability, limited English proficiency, or limited internet access
- Families, including those with mixed immigration status, 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

As trusted messengers with deep ties to their communities, 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 in the Medicaid redetermination process.
Implementing communication efforts to raise public awareness about the Medicaid redetermination process

[For prepared messaging, see links to materials in the resource section below].

- Develop or adapt existing, linguistically, and culturally appropriate resources (fact sheets, flyers, infographics) and communicate using multiple modalities (social media, text messages and email).
- Disseminate resources strategically. Place flyers and other informational materials in local organizations serving MCH populations such as WIC, local health departments, housing agencies, schools, and food pantries.
- Create a communications campaign through your public health department social media channels.
- Raise awareness among frontline MCH staff of the upcoming redetermination process; ensure that all staff share a unified message that emphasizes updating contact information among Medicaid beneficiaries.
- 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.
- Encourage your 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.
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 plan (as required by CMS), which details the state’s eligibility and renewal actions.
- 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 or wage databases, as well as other sources of ex parte data.
- Request key data points when the redetermination process is underway, including workload volume, call center statistics and percent of procedural terminations.
- Encourage the agency not to rush the process and to use the full 12 months allowed by CMS to conduct redetermination.
Working with state and local partners

MOVED RECENTLY?
Make sure your health coverage moves with you.

• 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) on public education efforts targeted to MCH Medicaid beneficiaries.

MEDICAID UNWINDING RESOURCES

• Organizing for Outreach: Medicaid Unwinding Social Media Materials
• Community Catalyst Social media content: “Update your Mailing Address”
• Connecting to Coverage: Unwinding PHE Resource Hub
• Georgetown University Health Policy Institute Center for Children and Families: Unwinding Medicaid Continuous Coverage
• Centers for Medicare & Medicaid Services (CMS): Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit
  ○ CMS: Unwinding Homepage
  ○ CMS: Anticipated State Timelines for Initiating Unwinding–Related Renewals
  ○ CMS: Unwinding Special Enrollment Period FAQs
  ○ CMS: Unwinding Speaking Request Form
To access your state's Medicaid unwinding resources.

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