

The Medicaid Redetermination Process

**What can MCH professionals do to prevent disruptions in care
and protect coverage gains for children and families**

Title V MCH Federal-State Partnership Meeting

November 7, 2023

Speakers

- Stacy Collins, *Association of Maternal & Child Health Programs*
- Allie Gardner, *Georgetown University Health Policy Institute, Center for Children and Families*
- Pattie Archuleta, *Family Voices National*

10 Million

Over 10,000,000 people across the U.S. have
been **disenrolled from Medicaid** since April 1, 2023.

As of November 1, 2023

Potential sources of coverage following Medicaid disenrollment: Marketplace plans, Employer coverage , CHIP, or re-enrollment in Medicaid.

Net disenrollment:
5 million total
2 million kids



With no notice, a medically complex five-year-old who depends on daily medications and ongoing treatments suddenly lost her Medicaid. Her family is now frantically seeking insurance for their daughter.

"I feel so defeated and helpless. I do so much, I am always fighting for her care. She has a rare disease that's not well understood. Most doctors don't understand or know about Galactosemia. I am always vigilant with her insurance because she is so medically complex. We have had the same doctors and specialists for 5 years. It is overwhelming knowing she needs so much medical care and has no insurance."



When a profoundly disabled young man was about to be wrongfully terminated from Medicaid, his stepmother quickly filed a pre-termination appeal. This ensured there would be no interruption in his life sustaining nursing services; but the termination never should have happened.

“I have a medically complex adult child who I am continuing to care for..... He is tracheostomy dependent with total care needs. "He is set to lose his Medicaid on 9/30/23. I do not know where to turn for assistance.”



A 15-year-old boy with type 1 diabetes was terminated from Medicaid. It took his parents more than two months—and untold hours of effort and worry—to fix it.

“The notice didn’t explain anything, and worst of all we had just 10 days to find new coverage, which was impossible. I can’t understand why the state would have such little regard for my son’s health. He deserved to be treated better than this.”



After a confusing DCF notice implied that Jessica's two oldest children were losing Medicaid and would be transferred to Florida KidCare [Florida CHIP Program], Kidcare then denied their coverage. She assumed her children were back on Medicaid, but when she went to refill her son's medication the pharmacist told her he had no insurance.

"It's like [they] left my kids without insurance and without any time to get more insurance. I think that's really unacceptable... especially for families who are already low-income. We don't need extra stressors on us."



Georgetown University
Health Policy Institute
CENTER FOR CHILDREN
AND FAMILIES

Medicaid Unwinding: What Has Happened and Where Do We Go?

November 7, 2023

Allie Gardner

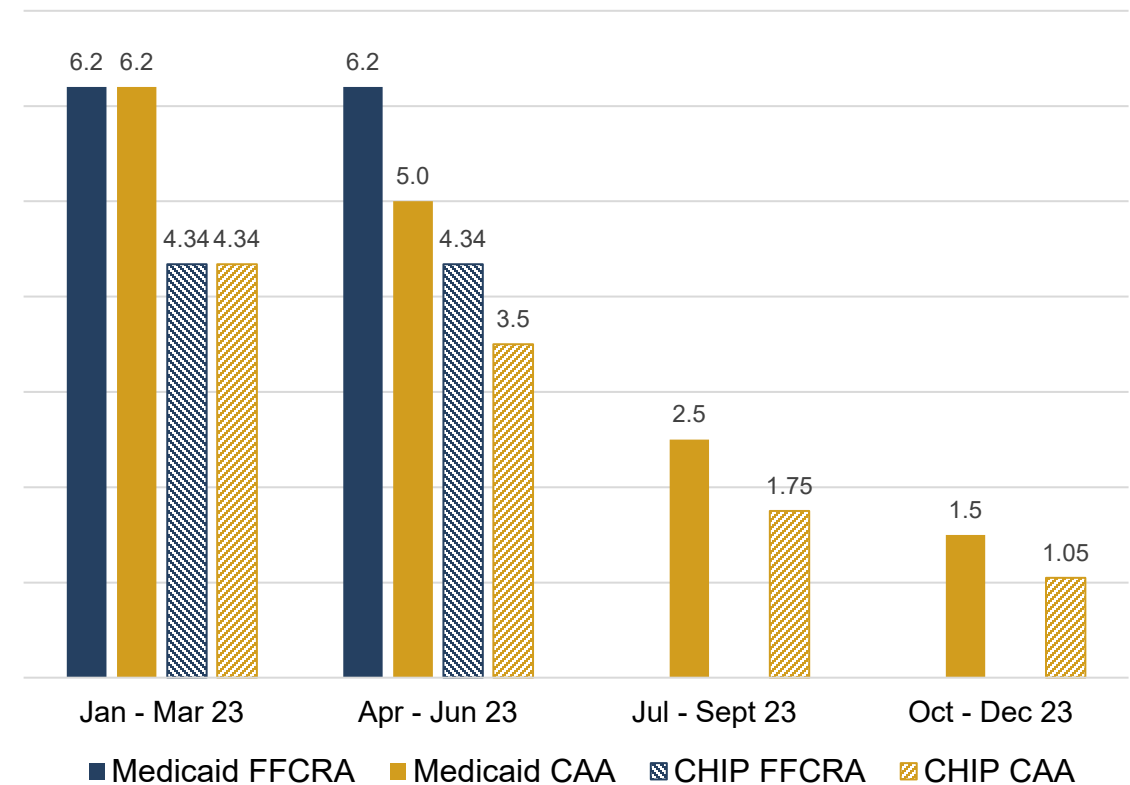
Senior Research Associate, Georgetown CCF



Ending Continuous Coverage – Unwinding

- CAA delinked continuous enrollment protection from PHE
 - Protection ended March 31, 2023; states could begin terminations April 1
- Enhanced FMAP will continue and phase down through the end of 2023
- States must conduct a full renewal for nearly all enrollees
- States have to meet requirements to continue to receive additional federal funding and/or to avoid financial penalties

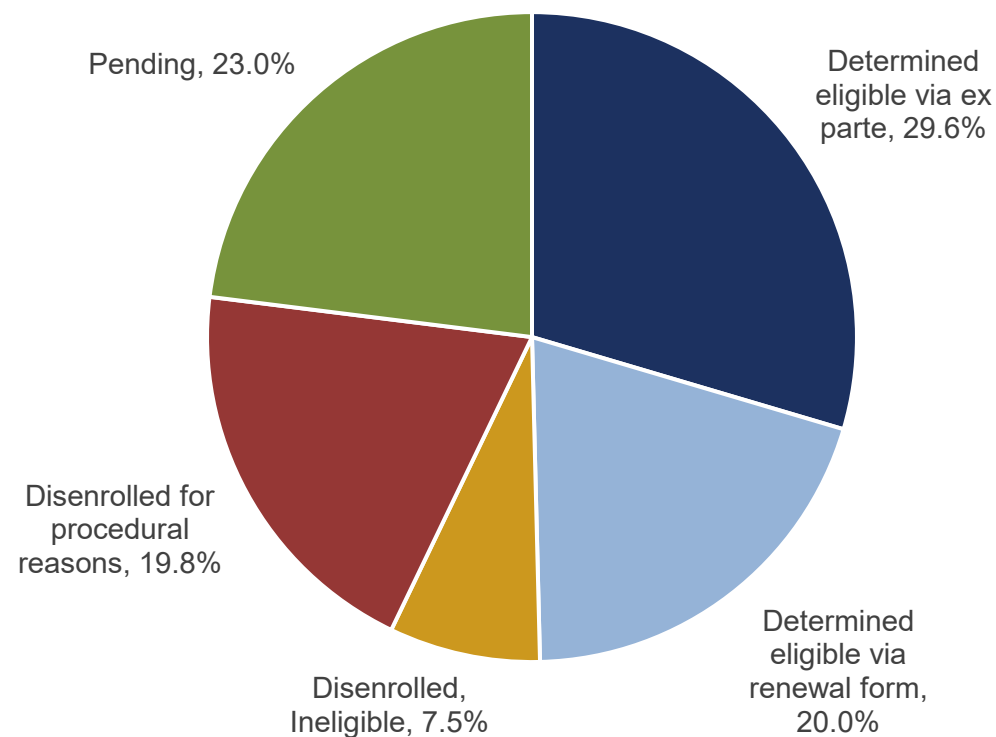
Changes to Enhanced FMAP Compared to an April 2023 End of PHE (in percentage points)



Where Are We in the Unwinding Process?

- All states have started Medicaid coverage terminations
- Some states have “completed” their unwinding, finishing renewals for individuals flagged as ineligible
 - Regular renewals still need to be completed
- At least one third of Medicaid population pre-unwinding has been through the renewal process
 - Some states only have data available through August so actual share is larger
 - Half individuals due for renewal have been found eligible while around 27 percent have been disenrolled

Renewal Outcomes of Total Renewals Due So Far



What Trends Are We Seeing?

Positives

- People flagged as ineligible are retaining coverage
- States are taking up CMS flexibilities and implementing long-term system improvements
- Continued and increasing transparency resulting in earlier data
- Some states have voluntarily paused disenrollments
- Adoption of policies that promote continuity of coverage beyond unwinding

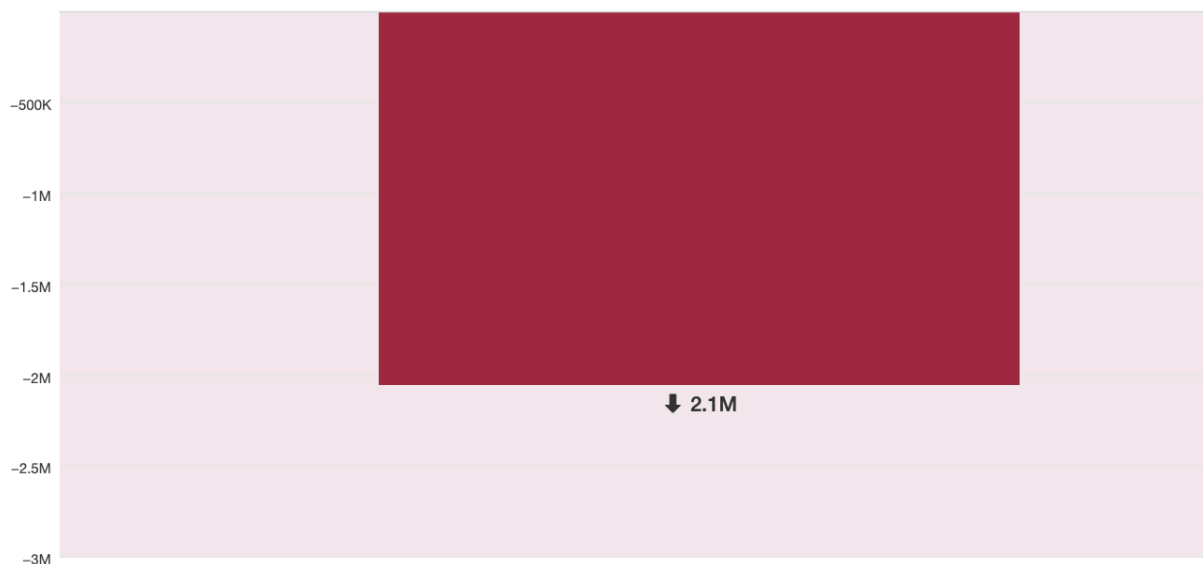
Concerns and Issues

- LOTS of procedural disenrollments
- Low ex parte rates in some states
 - CMS has identified 30 states were incorrectly processing ex parte renewals for some eligibility groups
- Notices
- Call centers issues and mail delays
- Parents confused about child eligibility
- Slow response on corrective action
- Not seeing coverage transitions corresponding with level of disenrollments

Who is Experiencing Disruptions in Coverage?

Net Decline in United States Child Medicaid Enrollment

Data represent declines in 48 states up to October 2023, but not all states have data through October.



Oregon does not have enrollment data since beginning terminations and is excluded from the total shown. Four states have posted data through October 2023; 3 states have posted data through September 2023; 3 states have posted data through August 2023; 22 states have posted data through July 2023; 1 state has posted data through June 2023.

Source: Georgetown University Center for Children and Families analysis of state enrollment data. • [Embed](#) • [Download image](#)



- More than 2 million children have lost coverage
 - Due to the disparities in income eligibility, parents may not realize that their child remains eligible for coverage even if the parent is not
- Parents in non-expansion states may not have any affordable coverage options once they lose coverage
- An upwards of 500,000 individuals (mostly children) were incorrectly disenrolled across 30 states due to an error with how ex parte renewals were conducted
 - All of the enrollees must be reinstated

What Can Be Done if Someone Loses Coverage?

1) Appeal eligibility determination

- If an individual believes the state has made an incorrect decision, they can appeal the decision.
- States must include information about appeals process in termination notice and provide a timely fair hearing.

2) Reconsideration period

- Individuals who are disenrolled for procedurally reasons can submit their renewal form or needed documents within 90 days and do not have to apply for coverage.
- However, enrollees can still experience gaps in coverage and delays in needed care.

3) Transitions to other sources of coverage

- Individuals found ineligible should have their accounts transferred to the marketplace or separate CHIP in the case of eligible children.
- Data is not showing transitions to coverage we would expect based on the scale of disenrollments occurring.

What Can Be Done Now?

- Ensure individuals know about the reconsideration period or available coverage options if they are no longer eligible
- Help families check their Medicaid status and/or renewal dates
- Encourage state to take full timeline for unwinding process – 14 months to initiate and complete all renewals
- Prepare for implementation of 12-month continuous eligibility for children in Medicaid and CHIP
- Communicate recurring problems and potential warning signs to state or established feedback loop
- Provide or connect individuals to information in preferred language and/or to translation services for non-English speakers
- Identify direct assistance and/or legal aid organizations provide help to enrollees

What Are Opportunities Moving Forward?

- Use lessons learned for longer-term systems improvements and adopting best practices
 - Maintain and/or improve data collection to stratify by age, race/ethnicity, county, etc.
 - Transition from separate CHIP program to M-CHIP
 - Improving ex parte processes
 - Double down on outreach and education
 - Including continued use of text messaging
- Identify policies to reduce barriers to coverage and promote continuity of care
 - Adopt multi-year continuous eligibility for children and 12-month CE for adults
 - Improve notices
 - Provide coverage to all children regardless of immigration status
 - Remove CHIP premiums and premium lockouts
 - Expand Medicaid in the ten states that have not adopted



Family Engagement
and Leadership in
Systems of Care



The Medicaid Redetermination Process:

***What Can MCH Professionals Do to Prevent
Disruptions in Care and Protect Coverage
Gains for Children and Families?***

November 7, 2023



About the FELSC Project



Family Engagement and Leadership in Systems of Care

Family-to-Family Health Information Centers (F2Fs) are family-led organizations that support families of children and youth with special health care needs (CYSHCN). Family Voices houses the technical assistance center for the F2Fs and leads family engagement across MCH populations.

This project works with families, youth, and partner organizations to increase the impact of family and youth engagement and to support and develop the network of F2Fs.

Learn more about the project at www.familyvoices.org/FELSC.



About the Funder

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The Medicaid Redetermination Process

Pattie Archuleta

- Parent of young adult with special needs
- Project Director, Family Voices





Family Engagement
and Leadership in
Systems of Care



Family Stories



The Medicaid Redetermination Process

Archuleta Family - Maryland



The Medicaid Redetermination Process

Fay Family - Ohio



Family-to-Family Health Information Centers (F2Fs)

Help families learn to navigate the healthcare system

- Find peer support and emotional support.
- Increase awareness about disabilities.
- Find services for specific disabilities or conditions such as autism or diabetes.
- Participate in developing Section 504 plans, IEPs, and school-based health care to meet their child's needs.
- Integrate services for behavioral health and trauma.
- Build their leadership skills.



Find your local F2F at
www.familyvoices.org/FELSC.

The Medicaid Redetermination Process

- Some states don't realize the impact on their communities.
- Some states won't feel the impact until January.
- To reach families impacted by the redetermination process, target smaller community and faith-based organizations.



Don't Lose Your
Medicaid Coverage

FAMILY  VOICES[®]

Family Voices Medicaid Unwinding Project

This project will meet the critical funding and technical assistance needs of Family-to-Family Health Information Centers and Family Voices Affiliates related to the Public Health Emergency (PHE) unwinding.



Don't Lose Your
Medicaid Coverage



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Family Voices Medicaid Unwinding Project

- Family Voices is identifying challenges experienced by families and how they are being affected by the Public Health Emergency (PHE) Unwinding.
- The F2F network has supplemental funding opportunities to support families with redetermination, enrollment, and appeals.



Don't Lose Your
Medicaid Coverage



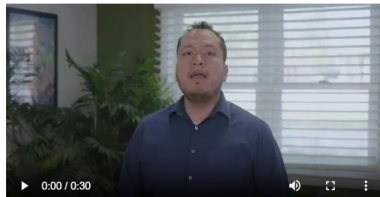
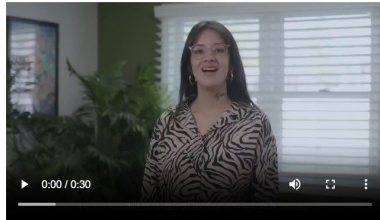
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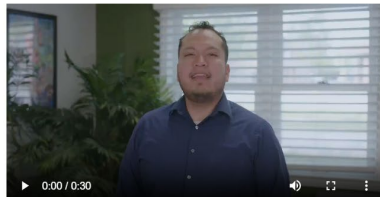
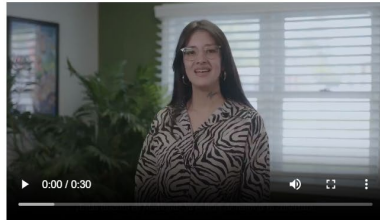
Medicaid Renewal Public Service Announcement (PSA) Videos

AMCHP collaborated with a community-based organization, El Centro, to create these brief video resources, available in English and Spanish, to provide a background for consumers on the Medicaid renewals happening now and where to get help. Partners wishing to add their logo to the videos can download them and add their logo on the last page.

ENGLISH



SPANISH



HAVE YOU RECENTLY LOST YOUR MEDICAID COVERAGE?

There are options for you and your family!

Since the beginning of the COVID pandemic, adults and children have been able to stay on Medicaid without eligibility checks. Now that the COVID emergency is over, all people with Medicaid coverage – adults and children – must be reviewed to see if they still qualify. This means some adults and children may soon lose their Medicaid coverage.

If you or a member of your family has recently lost Medicaid coverage, here are some important things to know:

Your children may still qualify for Medicaid.

- Even if you no longer qualify, your children may still be eligible for Medicaid. Your child may also be eligible for the Children's Health Insurance Program (CHIP). The renewal letter you receive from the state Medicaid office should include this information.

You may be able to get low-cost, quality health coverage through the Health Insurance Marketplace®. Marketplace plans are:

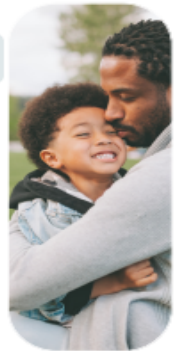
- **Affordable.** Most people qualify for savings to lower their monthly premiums, which are based on household income and size.
- **Comprehensive.** All plans cover doctor visits, prescription drugs, emergency care, mental health, hospitalizations, and more.
- **Convenient.** Enrollment is easy and you can sign up for coverage quickly. Visit [HealthCare.gov](https://www.healthcare.gov) to find and enroll in a health plan or call the Marketplace Call Center at 1-800-318-2596. Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to get free help filling out your application.

Check with your employer about job-based health insurance coverage.

- Your employer may offer health insurance. If they do, compare the benefits and cost of your employer's plan with what you are eligible for on the Marketplace.

You can re-apply for Medicaid at anytime.

- If your income or medical needs change, you can always re-apply for Medicaid. There's no limit to the number of times you can apply. If you want to re-apply, visit your state's Medicaid website.



STAY COVERED. STAY PROTECTED.