



Georgetown University
McCourt School *of* Public Policy
CENTER FOR CHILDREN
AND FAMILIES

Wisconsin Enrollment Conference
September 18, 2023
Tricia Brooks

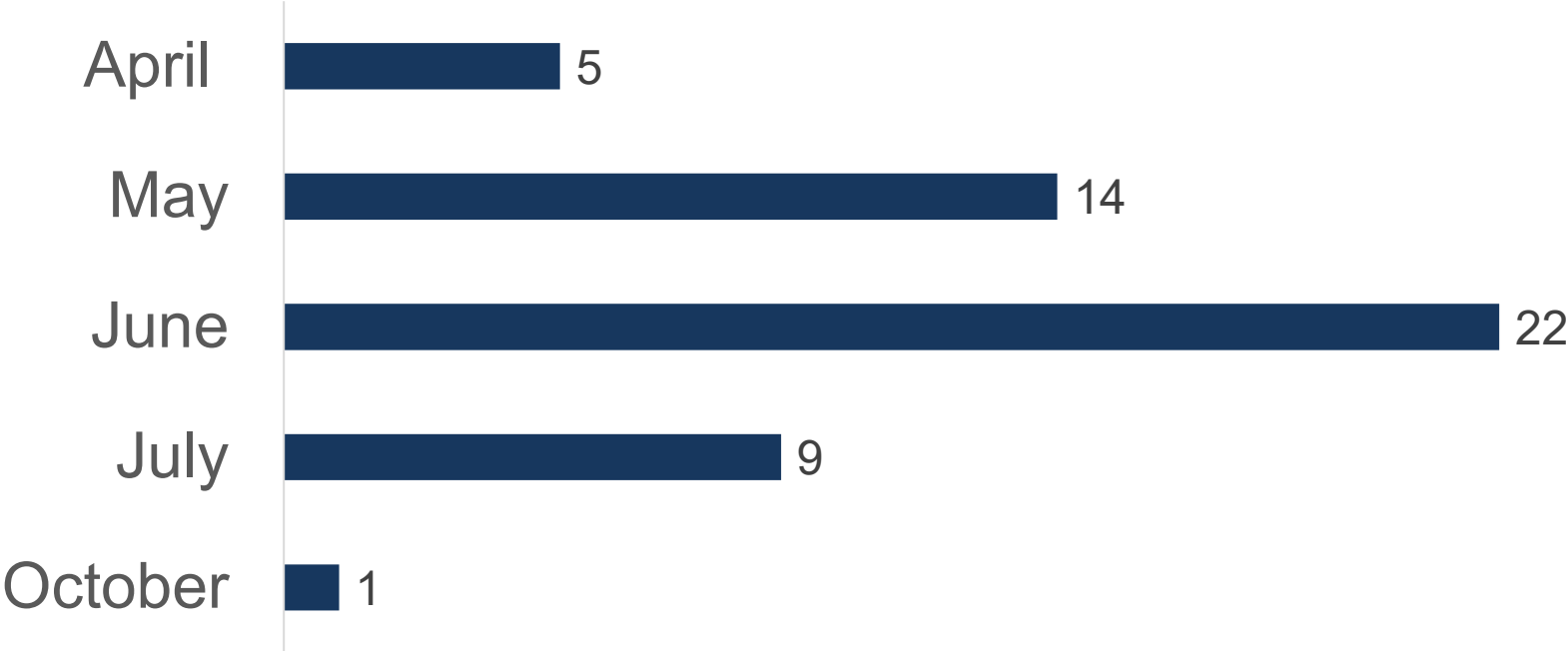


Status of the Unwinding: a National Perspective and How Wisconsin Compares



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

First Month of Terminations
of States



Themes and Issues

Concerns

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

Positives

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

6.6 Million Disenrolled in 48 States

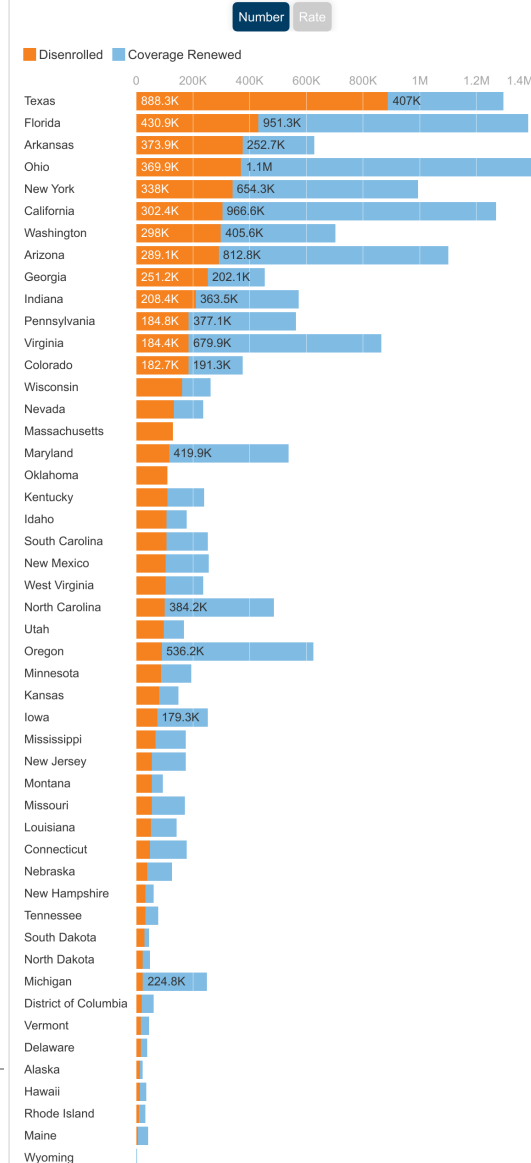
- 22 million renewals due in months reported
- 31% disenrolled with 19% pending processing
- If trend continues, 27+ million could be disenrolled compared to prior estimates of 15 – 18 million

<https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

Figure 1

At least 6,591,000 Medicaid enrollees have been disenrolled and 11,152,000 have had their coverage renewed in 48 states and DC, as of September 15, 2023

Of completed redeterminations, the number of people disenrolled and the number of people whose coverage was renewed



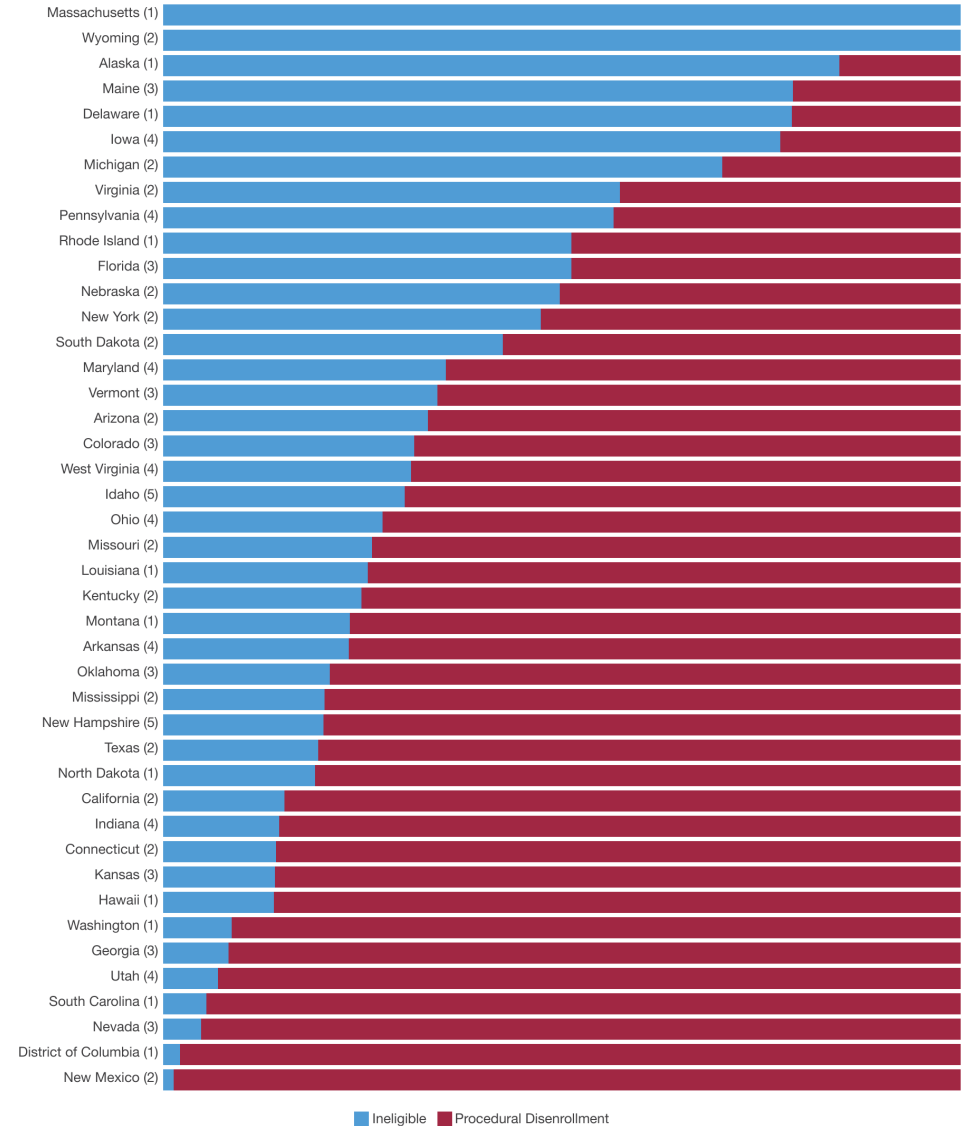
NOTE: Based on the most recent state-reported unwinding data available. Time periods differ by state. MA, OK, and OR do not provide data on the number of people whose coverage was renewed. SOURCE: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS

Across all states, only 26% of disenrollees were determined ineligible

- State procedural disenrollments widely vary from 0 to 99%, with a median of 74%
- Historical churn patterns suggest many will re-enroll
- Not everyone disenrolled for procedural reasons will remain eligible.

<https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/>

Disenrollments: Ineligible vs. Procedural



Numbers in parentheses indicate number of months of data. Cumulative numbers are shown for states reporting multiple months. Some states may include revised reports. Number of months included in state totals depends upon when the state began redeterminations and whether the state reports data publicly.

Source: Georgetown University Center for Children and Families analysis of monthly unwinding data reports states are required to submit to CMS. These charts do not include other sources such as unwinding-specific data reports or state dashboards.



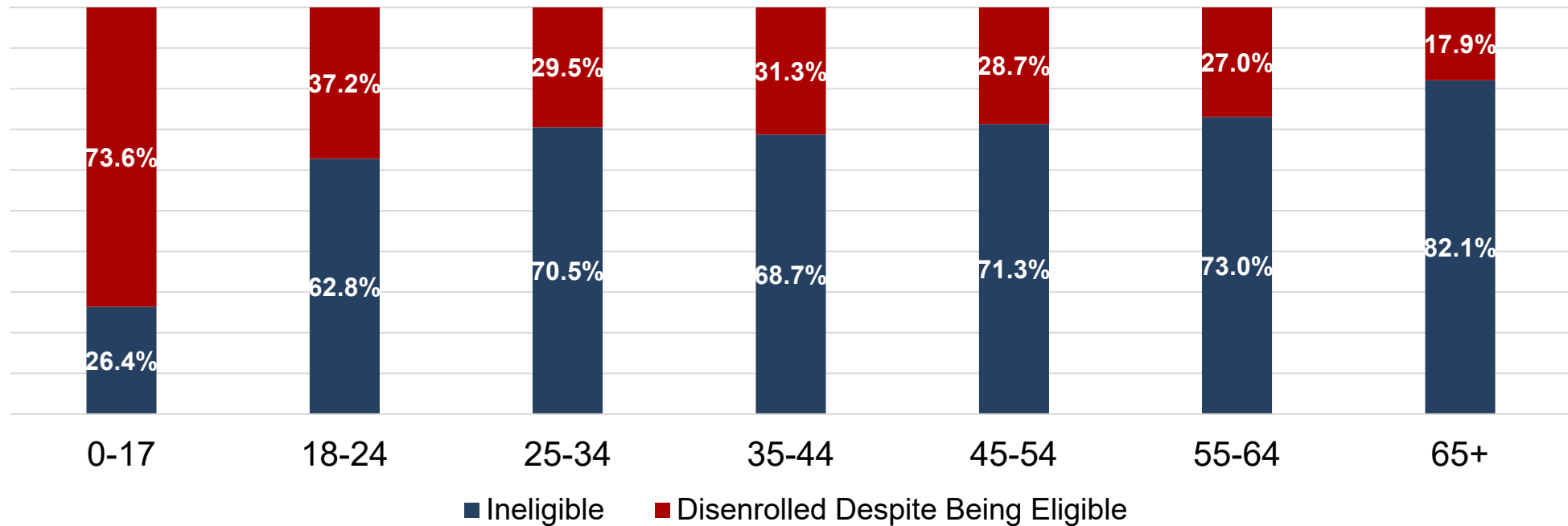
Vulnerable Time for Children's Coverage

- Eligible children are more likely to lose coverage at renewal than any other time
- The lack of communication with enrollees and families over the past three years will compound the problem
- Recently uncovered inaccuracies with *ex parte* renewals will likely exacerbate confusion for families



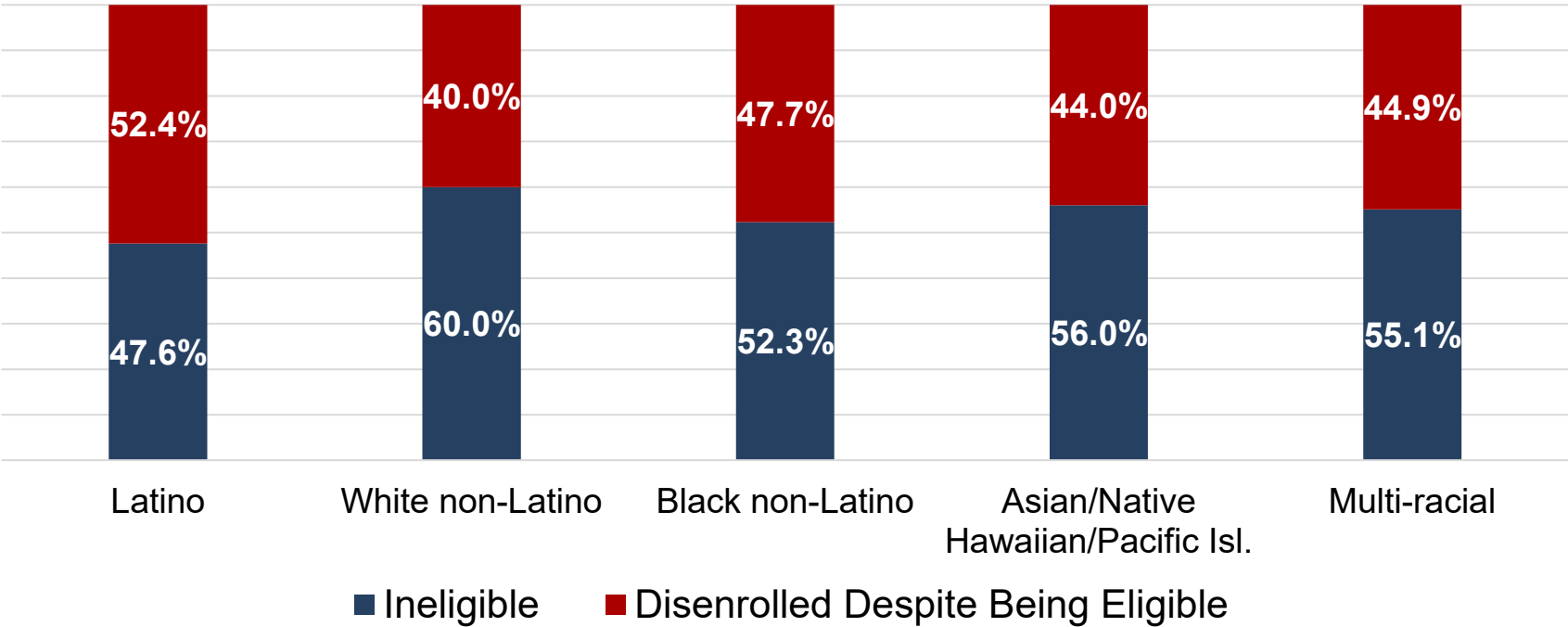
Children and Young Adults At Highest Risk of Procedural Disenrollment

Predicted Medicaid Coverage Loss Due to Ineligibility vs. Procedural Disenrollment by Age Group



People of Color Also At Higher Risk

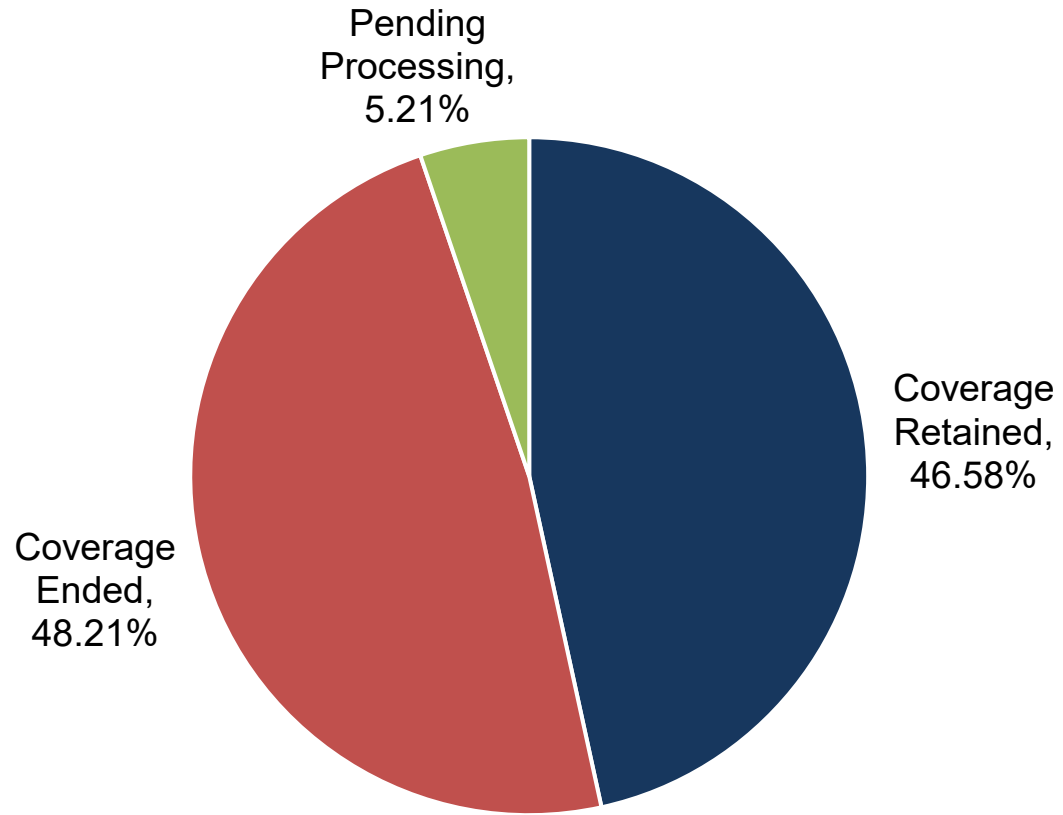
Predicted Medicaid Coverage Loss Due to Ineligibility vs. Procedural Disenrollment by Race and Ethnicity



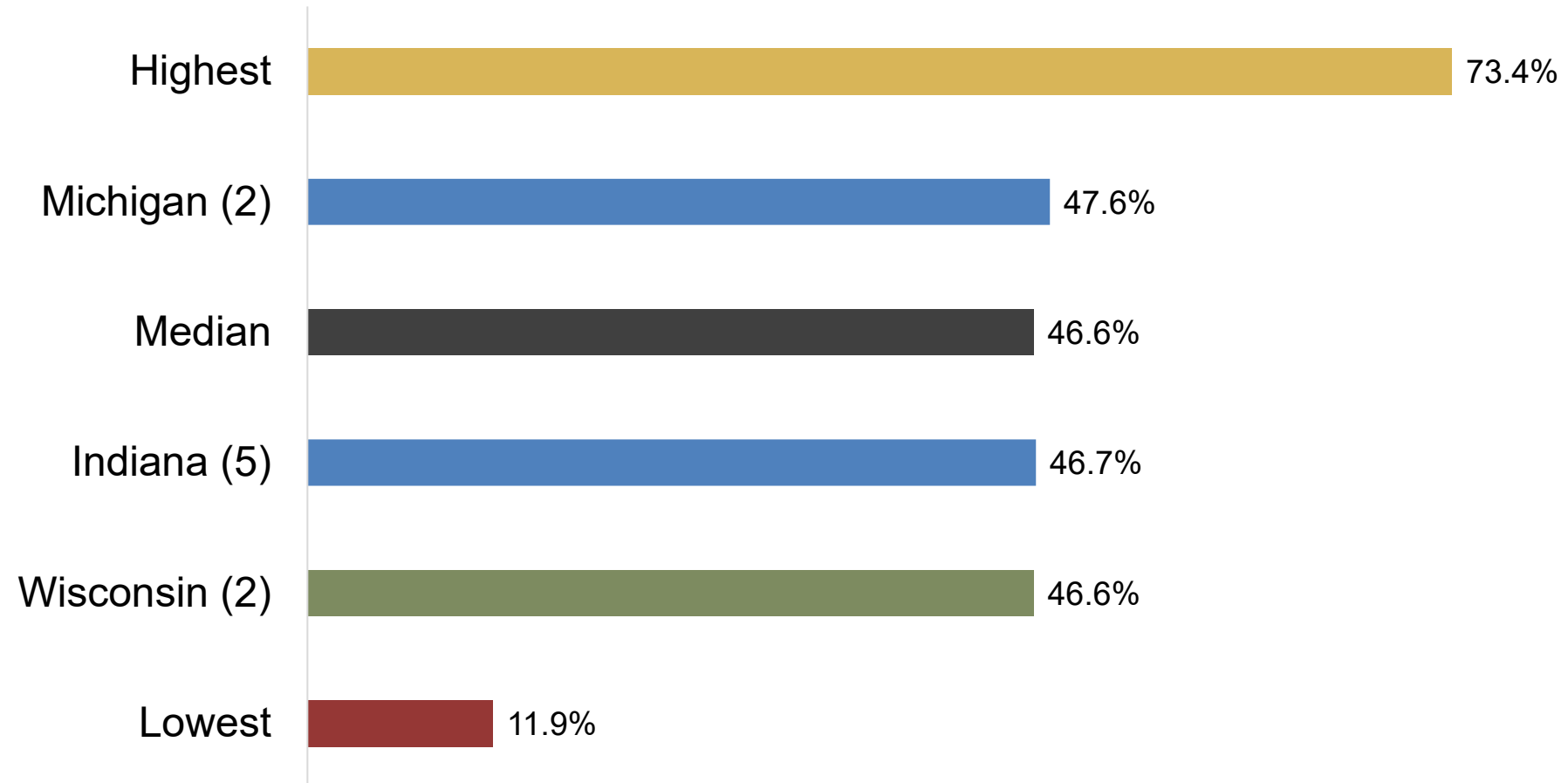
How will we know if people disenrolled for procedural reasons are reenrolling?

- Awareness of the 90-day reconsideration period is often limited and disenrollees may assume they must reapply or are told to reapply.
- Regardless of whether someone is re-enrolled via a new application or during the reconsideration period, it will be reported as a new application.
- CMS reports state-level application volume on a monthly basis; comparing and trending those data will indicate if there is an increase in activity

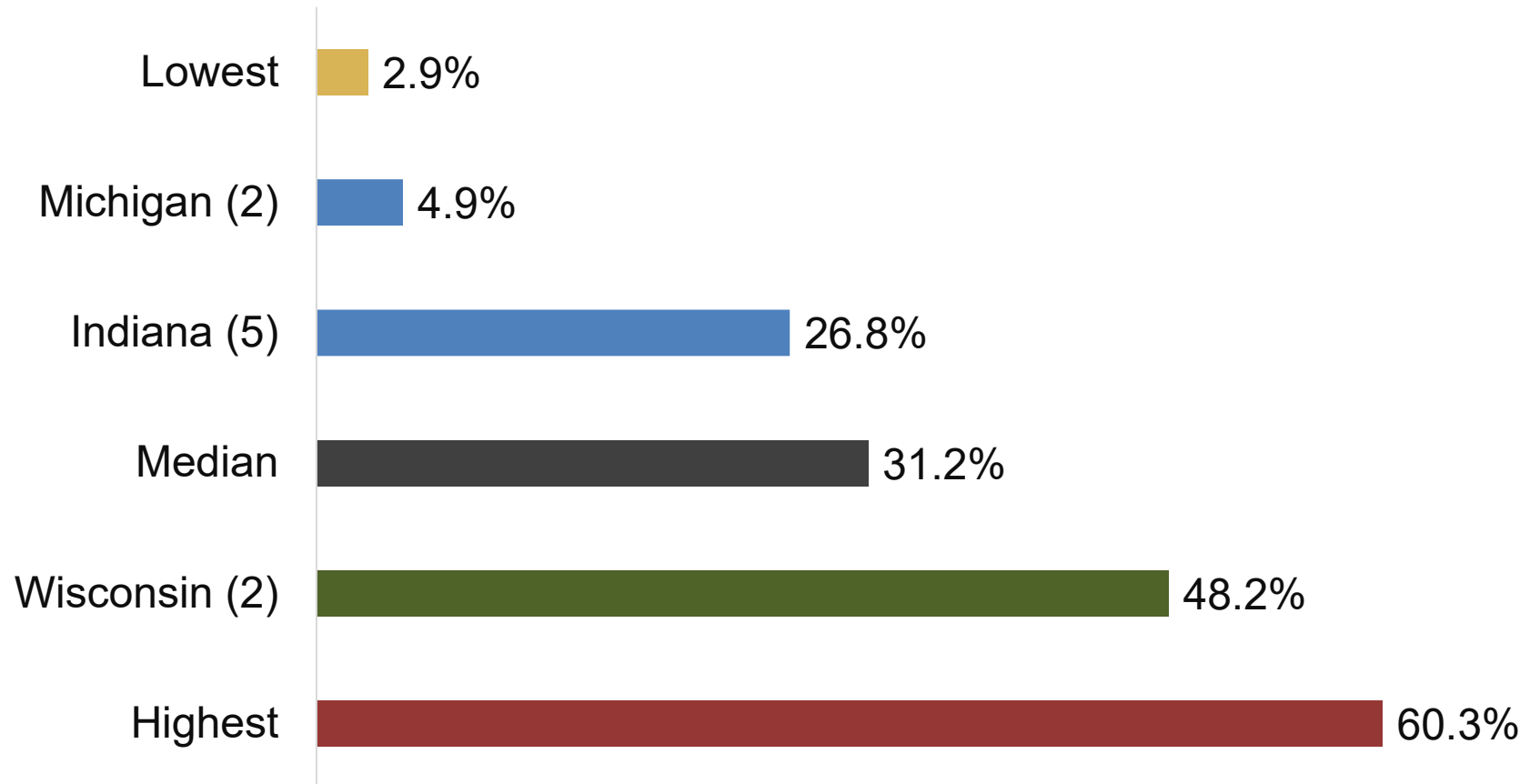
WI Outcomes of Renewals Due (June, July)



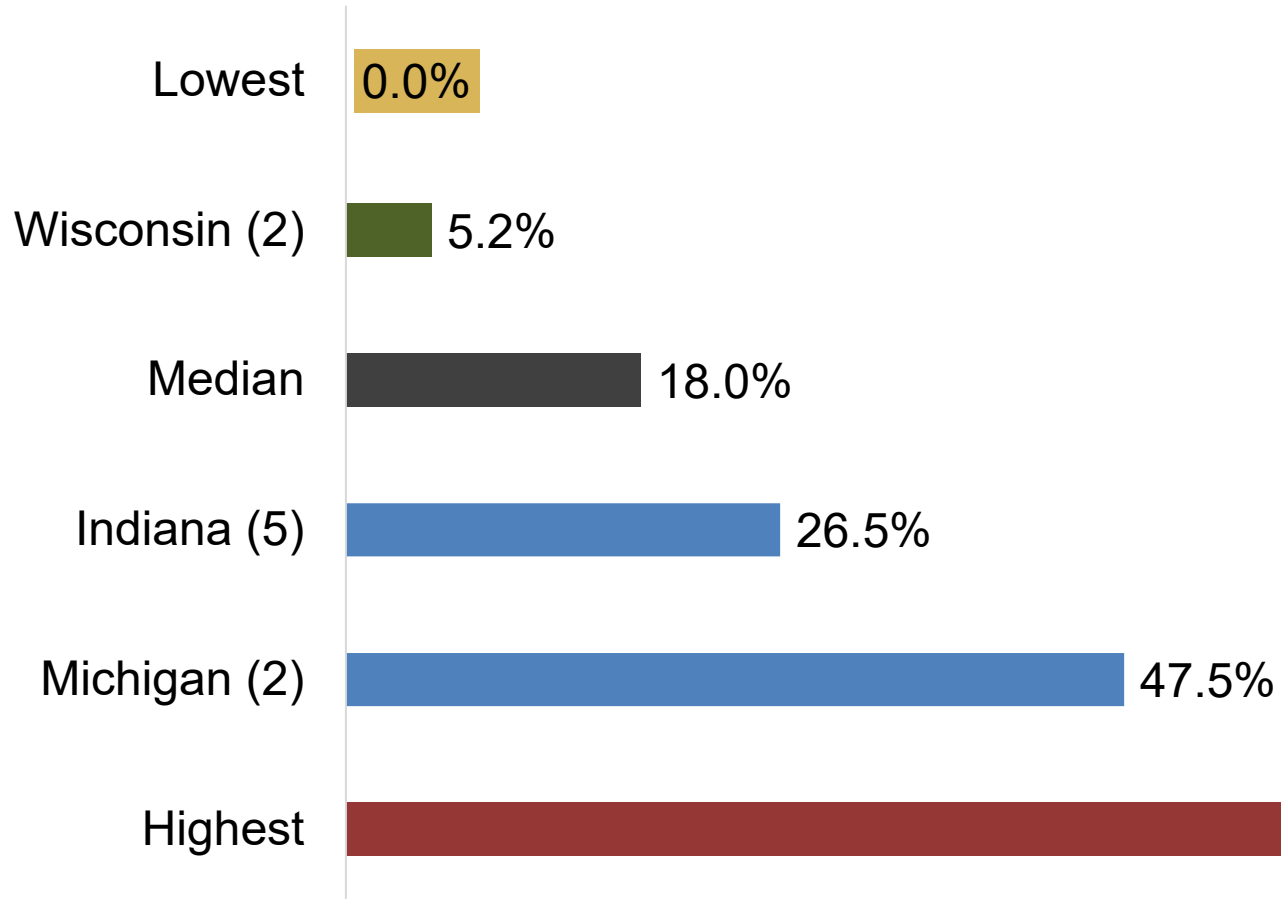
Coverage Retained



Coverage Ended



Pending Processing



- Pending processing may be a combination of renewals:
 - Received but waiting to be processed
 - A cohort of renewals held for issues
 - State may have opted to delay procedural disenrollments
- A growing number of pending processing could signal a workload backload, combined with growing shares of applications processed over 45 days and/or pending fair hearings

Need Breakdown of Required Data Elements

Coverage Retained =

Ex parte renewals + Returned form/documents

- *Ex parte* renewals allow the state to accurately and efficiently confirm ongoing eligibility at renewal using existing data sources without requiring the enrollee to submit forms or documents
- *Ex parte* renewals are cost-effective and reduce paperwork on behalf of beneficiaries and states
- The higher a state's *ex parte* renewal rate, the lower the rate of procedural disenrollments

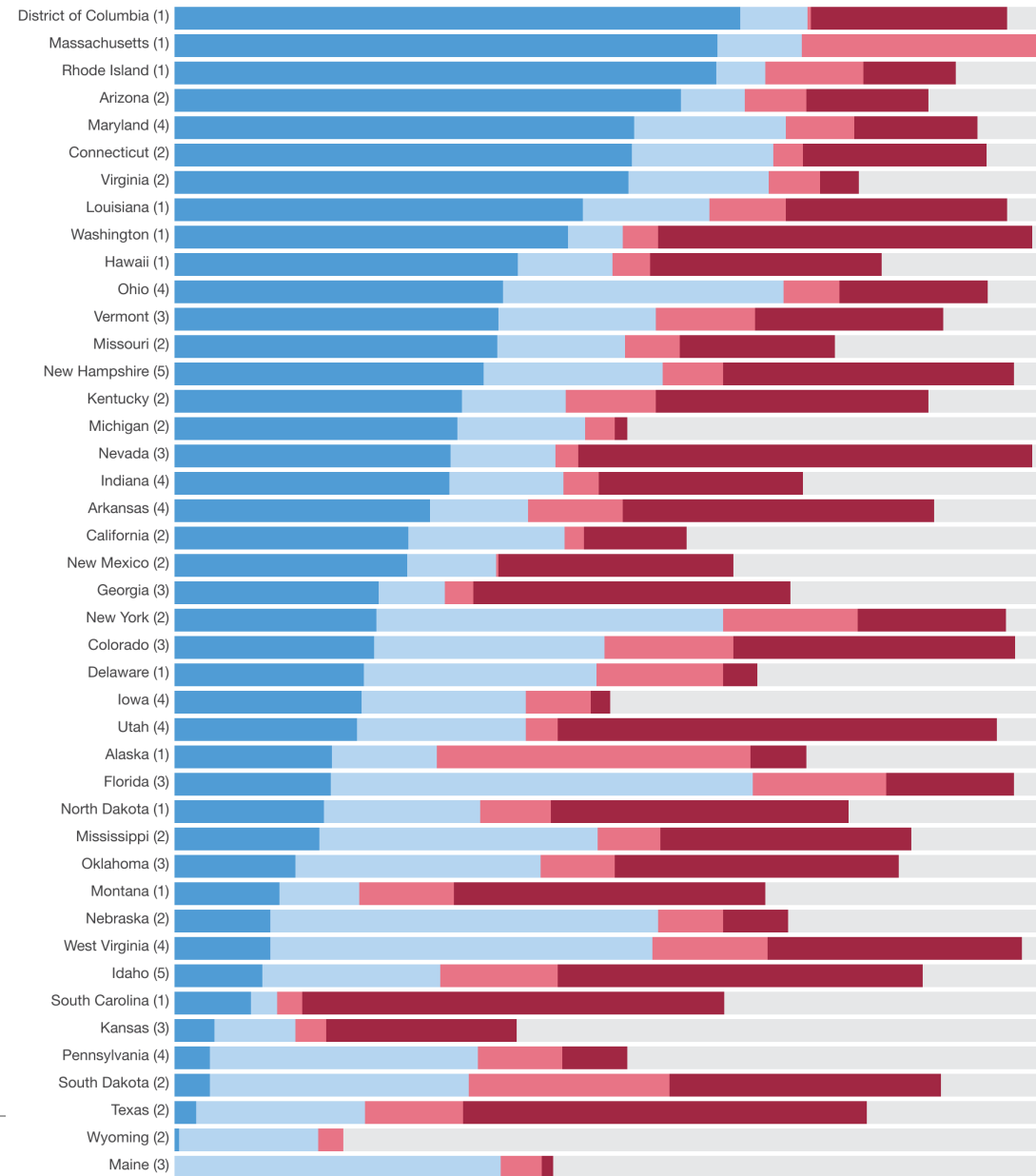
Coverage Ended =

Ineligible + Procedurally Disenrolled

- Procedural disenrollments occur when the state lacks information to make an eligibility determination
- High shares of procedural disenrollments suggest that many eligible people may be losing coverage
- However, not all procedural disenrollments represent someone who is disenrolled despite being eligible
 - Some people who have obtained other insurance or know they are no longer eligible may choose not to respond to the state's renewal

Comparability of Data Reporting Across States is Important

- More than half the states are posting data consistent with reporting requirements, or posting the actual reports they submit to CMS, or both.
- Stakeholders should advocate for release of all unwinding-related data
- CCF is [tracking](#) unwinding data in real time



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Source: Georgetown University Center for Children and Families analysis of monthly unwinding data reports states are required to submit to CMS. These charts do not include other sources such as unwinding-specific data reports or state dashboards.

Missing WI Data Will Be Posted by CMS

- Congress required states to report specific unwinding -related data
- Failure to report in any quarter, between July 1, 2023 and June 30, 2024, will result in an automatic .25 percentage point penalty on the state's federal Medicaid match rate; the penalty compounds for each quarter missed
- CMS is also required to publicly post the data but there is a *3 to 4 month lag*
- June data (the first relevant month for WI data) won't be posted by CMS until the end of September.

What Additional Data Will We See?

- A breakdown of:
 - *Ex parte* vs. form/document submission
 - Ineligible vs. procedurally disenrolled
 - Current month and cumulative pending processing
- Application volume and share of applications processed over 45 days
- Number of overdue fair hearings
- Breakdown of child enrollment in Medicaid vs. CHIP



CMS Guidance, Monitoring, and Oversight

Factsheet:

**Returning to Regular
Medicaid Renewals:
Monitoring, Oversight, and
Requiring States to Meet
Federal Requirements**



Press release

CMS Takes Action to Protect Health Care Coverage for Children and Families

Aug 30, 2023 | Medicaid & CHIP

Share    

States must assess and fix their systems so eligible children and families can stay covered.

<https://www.medicaid.gov/resources-for-states/downloads/renewals-for-monitoring-state-systems.pdf>

<https://www.cms.gov/newsroom/press-releases/cms-takes-action-protect-health-care-coverage-children-and-families>

In Advance for the Unwinding

- CMS provided an abundance of guidance and technical assistance to states
- CMS also offered states a variety of temporary waiver flexibilities to smooth the unwinding and leverage health plans
 - Some states like Minnesota adopted 10 or more strategies
 - Wisconsin adopted one: the use of the USPS national change of address database
- If states were not following all federal renewal rules, they were also required to adopt mitigation strategies to claim \$\$
 - Wisconsin has a mitigation strategy related to *ex parte* renewals

Big News on Ex Parte Renewals

- On August 30, CMS revealed that many states are incorrectly processing *ex parte* renewals:
 - If one household member's eligibility cannot be confirmed via *ex parte*, a renewal notice is sent to the household. If information is not returned, all members are procedurally disenrolled
 - Mostly impacts kids due to higher income eligibility, but also others
 - States may also not be automatically determining eligibility for the state's separate CHIP program
 - ~57% of children losing Medicaid should be eligible for CHIP
- States were required to assess their systems and processes and report the findings to CMS last week.
- CMS plans to share some results of the assessment perhaps this week
- States with the problem will need to:
 - Identify and reinstate coverage for those impacted
 - Pause procedural disenrollments until mitigation strategies are implemented

Mitigation Actions

While system and procedural issues are being fixed, the state may implement one of the following mitigation strategies:

- *Identify and renew eligibility for affected individuals prior to disenrollment.* Under this scenario, states would manually renew coverage for those who remain eligible. This is the most concerning of all strategies, since it requires worker capacity that states lack and would be prone to human errors.
- *Suspend renewals while the state implements needed systems and operational fixes.* This approach would pause renewals for affected individuals, which may be more difficult and take longer than you might think.
- *Extend Medicaid or CHIP eligibility for impacted household members for up to 12 months.* This is a great solution for children and stakeholders should encourage their state to consider this option especially if the issues are so complex that it will take months to remedy. It also moves children's renewals to 2024 and beyond, when all states are required by federal law to provide 12-month continuous eligibility for children in Medicaid and CHIP.
- *Identify alternative strategies that must be approved by CMS.*

Mitigation Challenges

- These types of system/process fixes require significant resources:
 - e.g., planning time; IT technical design, programming, testing, and implementation; updates to procedures and staff training
- Communication challenges in ensuring that those reinstated understand what's going on
 - Need all hands-on deck helping to reinforce state messaging
- Implications for health plans and providers
- Additional workload for eligibility and call center staff

Fixing this is important for reducing churn, particularly for children during critical periods of child development

Earlier Compliance Action

- On August 9th, CMS sent all states an individual letter regarding compliance action focused on 3 metrics:
 - Call center operations (average: wait times, abandonment rates)
 - Share of procedural disenrollments of total renewals due
 - Share of MAGI applications over 45 days
 - Not only metrics CMS is using to monitor unwinding
 - WI letter was based on data prior to state's first month of terminations
- CAA gave CMS additional tools to require states to take correction action or be subject to financial penalties



Looking Forward



Need to Double Down on Outreach and Assistance

- Through trusted community partners
- Helpful to get disaggregated data on people losing coverage for procedural reasons
- Focus on re-connecting eligible individuals
 - Children in low-income families
 - LEP Individuals
 - Rural communities and others with limited access to broadband

Beyond Unwinding

- Smooth implementation of 12-month continuous eligibility for children
 - Required as of January 1, 2024
- Full compliance with federal renewal requirements
 - States must submit compliance plans that result in full compliance within 2 years post-unwinding
- Boost data reporting and transparency permanently
- Advocacy for permanent adoption of unwinding temporary strategies that benefit states and enrollees
- Use lessons learned during the unwinding to make long-term system and policy improvements

Feedback Loops Critically Important to Program Improvement in Short and Long Run

- Assisters and providers are key sources of intel from field
- Stakeholders should collaborate on key feedback and possible solutions offered to state
- States need specific examples and may default to fixing a case rather than the systemic root cause without persistence
- Collecting and sharing lived experiences make it real
- Media helps create awareness of issues
- Ongoing collaboration encourages two -way communication and builds trust

Want to Learn More?

- CCF Resources:
 - Check out our unwinding pages including data, blogs and webinar recording
 - https://ccf.georgetown.edu/su_btopic/unwinding-phe/
- 2023 [50-State Survey](#) on Medicaid and CHIP Eligibility and Enrollment
- [State Health Value Strategies](#) Unwinding Resources
- CMS [Unwinding Resources](#)
- Visit our website ccf.georgetown.edu and sign up for our newsletter!
- Follow us on Twitter: @GeorgetownCCF
- Facebook: Georgetown University Center for Children and Families