Partnering for Vaccine Equity

Changes to Medicaid Enrollment Policies: What Do They Mean for Your Community?

April 19, 2023

Zoom Webinar Features

- Participants will **remain muted** during this webinar, but you can use the **raised hand feature** to be unmuted to ask a question, OR

- Use **Q&A tab** in Zoom task bar to submit a question at any time

- **Live Spanish interpretation**: for webinars offering this option, access the interpretation option in the Zoom toolbar (Globe icon)

- **Chatroom Etiquette**: Avoid posting questions for the speaker in the Chatroom, and be civil

- Technical problems? Email **vaxequitylearning@urban.org**

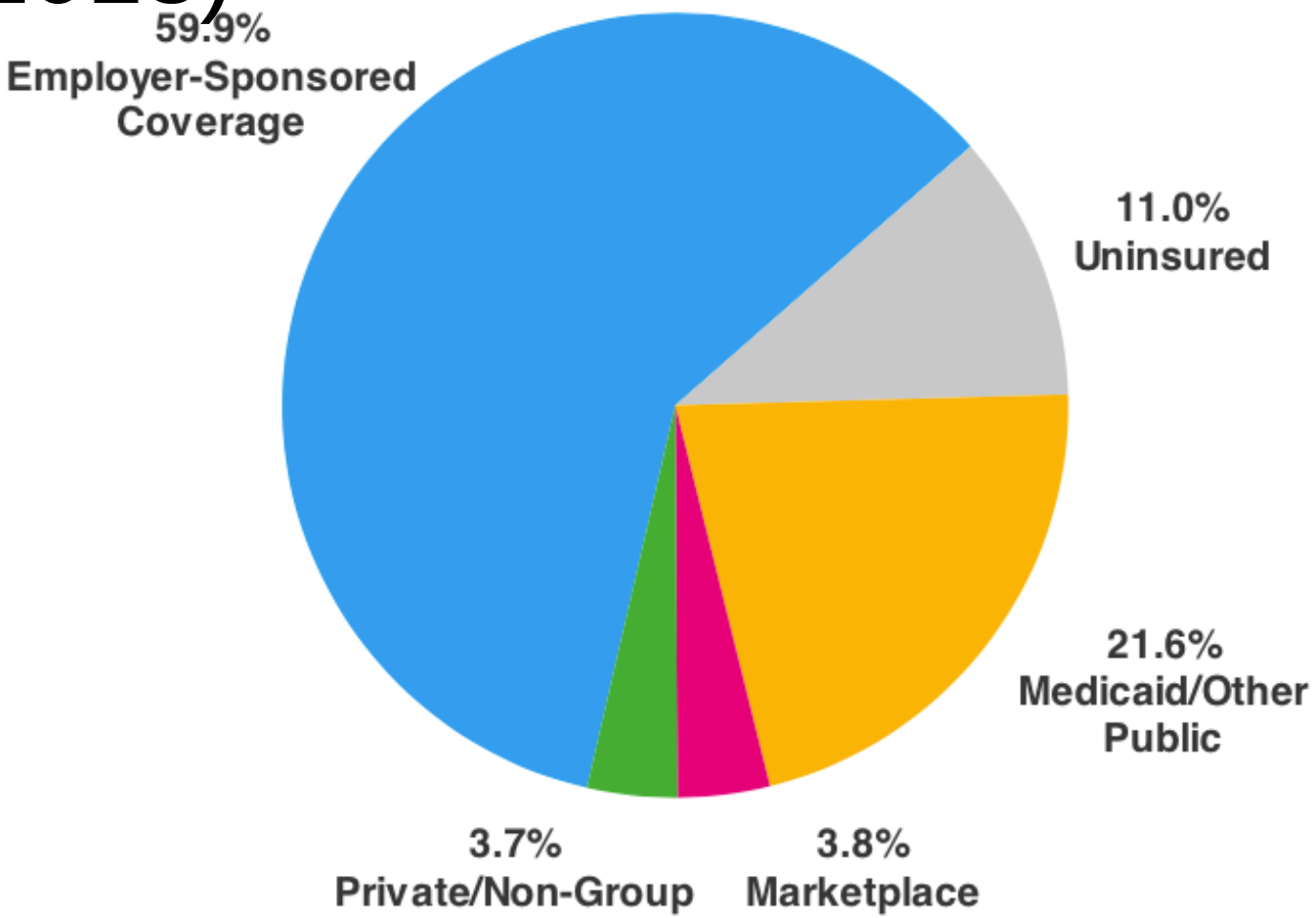
Today's Speakers

Jennifer Haley
Principal Research Associate
Urban Institute, Health Policy Center

Erik Wengle
Research Analyst
Urban Institute, Health Policy Center

How did Medicaid enrollment change during the pandemic? What changes are happening now?

Background: Health insurance coverage among the nonelderly (2018)



*Medicaid also includes other public programs: CHIP, other state programs, and Medicare. Numbers may not add to 100 due to rounding.

SOURCE: 2018 National Health Interview Survey

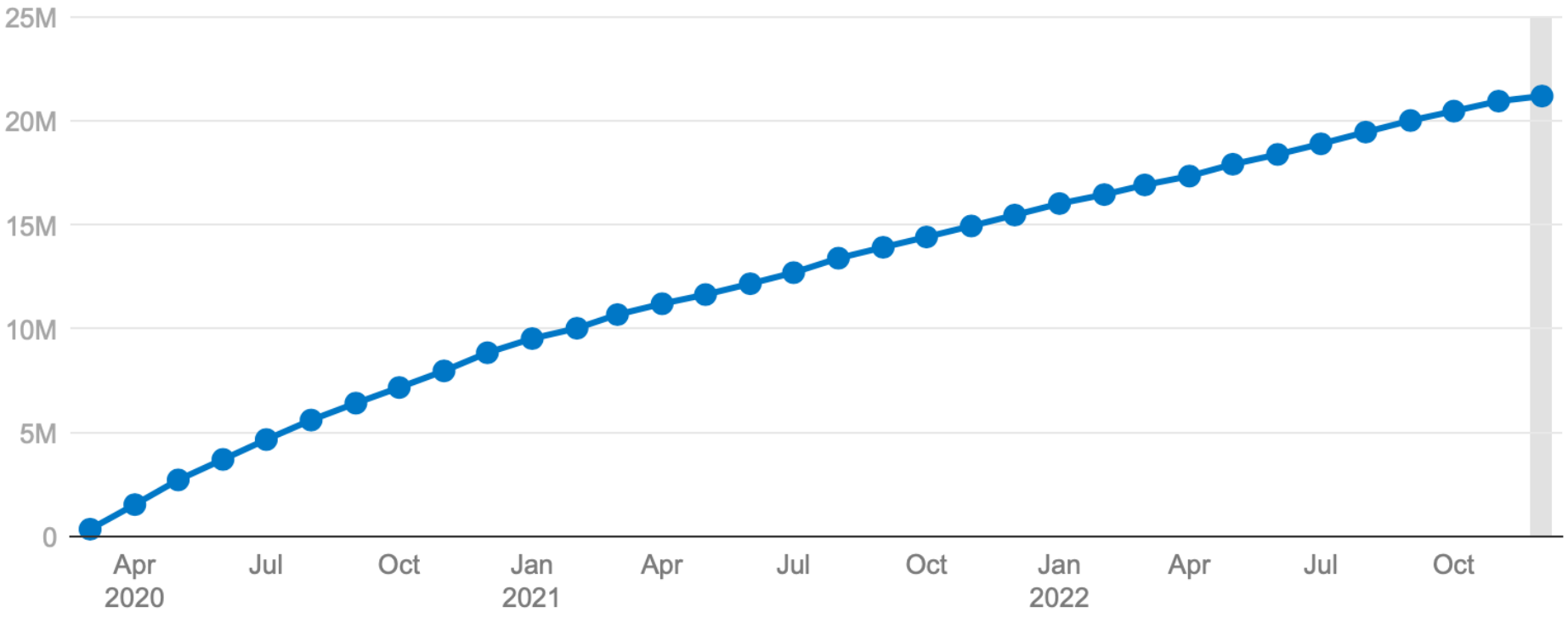
What Medicaid policy changes were enacted during the COVID-19 PHE?

- In March 2020, the Families First Coronavirus Response Act (FFCRA) established a **Medicaid continuous coverage requirement**, prohibiting states from disenrolling people during the public health emergency (PHE) in exchange for enhanced federal Medicaid funding.
- All states paused Medicaid eligibility re-determinations **– no one could be removed from Medicaid** (unless they asked to be or moved out of state) even if circumstances changed; no need to complete regular renewal processes (re-verify income, etc.)
- **Medicaid eligibility pathway for uninsured** to access COVID vaccines, testing, and treatment was established in 15 states

Medicaid/CHIP Enrollment Has Increased Since The Start Of The Pandemic.

Cumulative Change In Medicaid/CHIP Enrollment Since February 2020

Change | % Change



NOTE: M = Millions. The shaded area represents preliminary data for December 2022, which are subject to change in subsequent enrollment reports; all other months are based on updated enrollment reports. These data differ from those reported in monthly "Medicaid & CHIP Enrollment Snapshots" published by CMS, which report preliminary data for all months. Medicaid/CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria. February 2020 (baseline) enrollment was 71,157,729 in the updated enrollment report.

SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated March 28, 2023. • PNG

KFF

Source: https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/

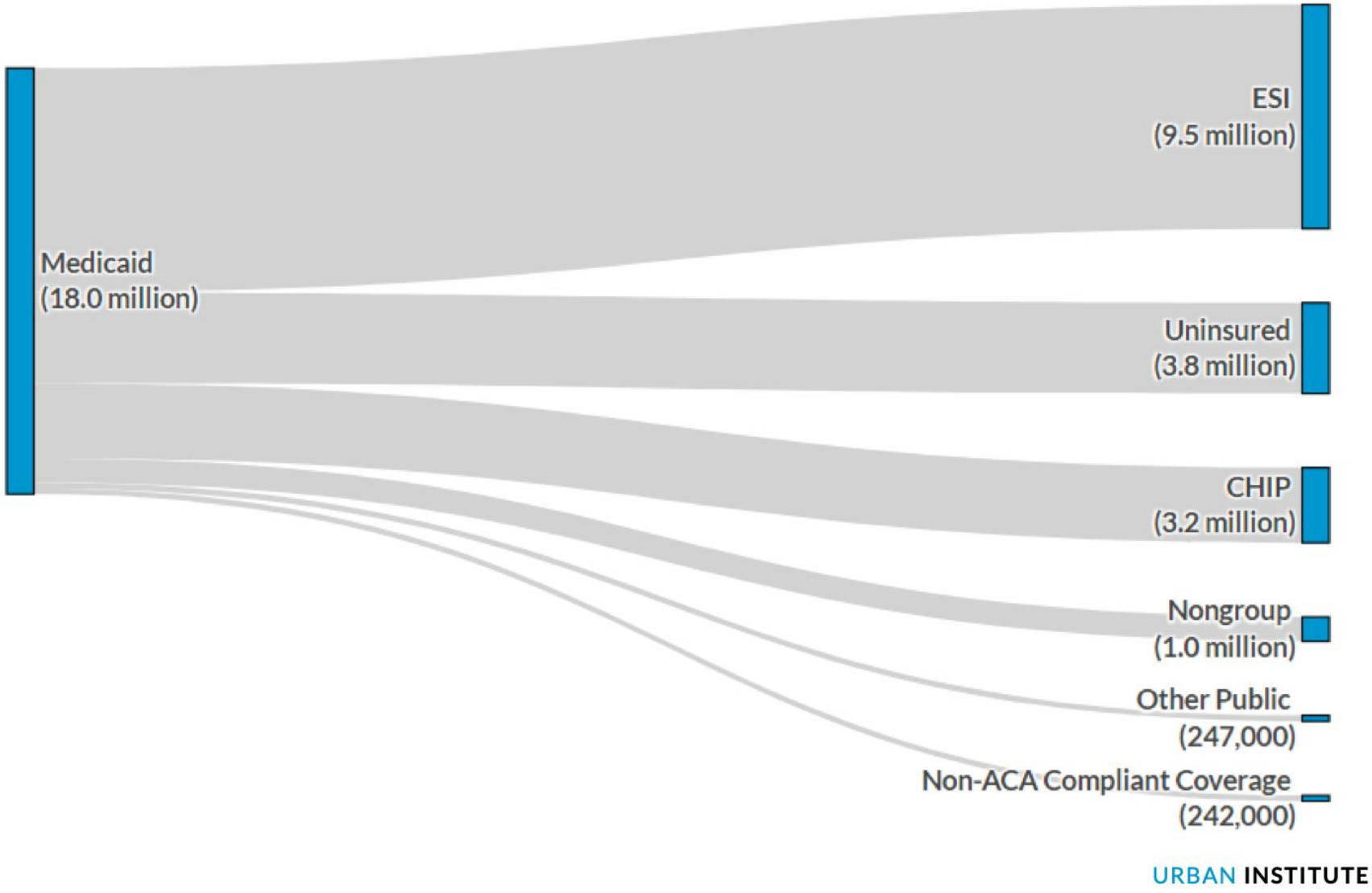
What is changing now?

- The Consolidated Appropriations Act de-linked the Medicaid continuous coverage requirement from the PHE; **as of April 1, states may resume eligibility re-determinations**
- **States will be processing re-determinations for all enrollees** over the next ~14 months
  - Some caseworkers/enrollees may be going through renewal processes for the first time
- Medicaid eligibility pathway for uninsured to access COVID vaccines, testing, and treatment in some states ending when PHE ends

What are the projected impacts on coverage?

- **As many as 18 million people are projected to lose Medicaid** during "unwinding" (Urban Institute, HHS ASPE)
- A little over half will **no longer be eligible** and will need to transition to another coverage type or will become uninsured
  - Marketplace, employer plan, CHIP
- The remainder may remain eligible but **lose coverage for "procedural" reasons:**
  - Mail or other communication does not reach enrollee
  - Communication is confusing or not in their preferred language
  - Trouble accessing documentation (e.g., proof of income)
  - They do not know to re-apply; state and community assistance is overwhelmed
  - ➢ People of color projected to be more likely to lose coverage for procedural reasons

Coverage Transitions of Medicaid Enrollees after the Public Health Emergency Expires



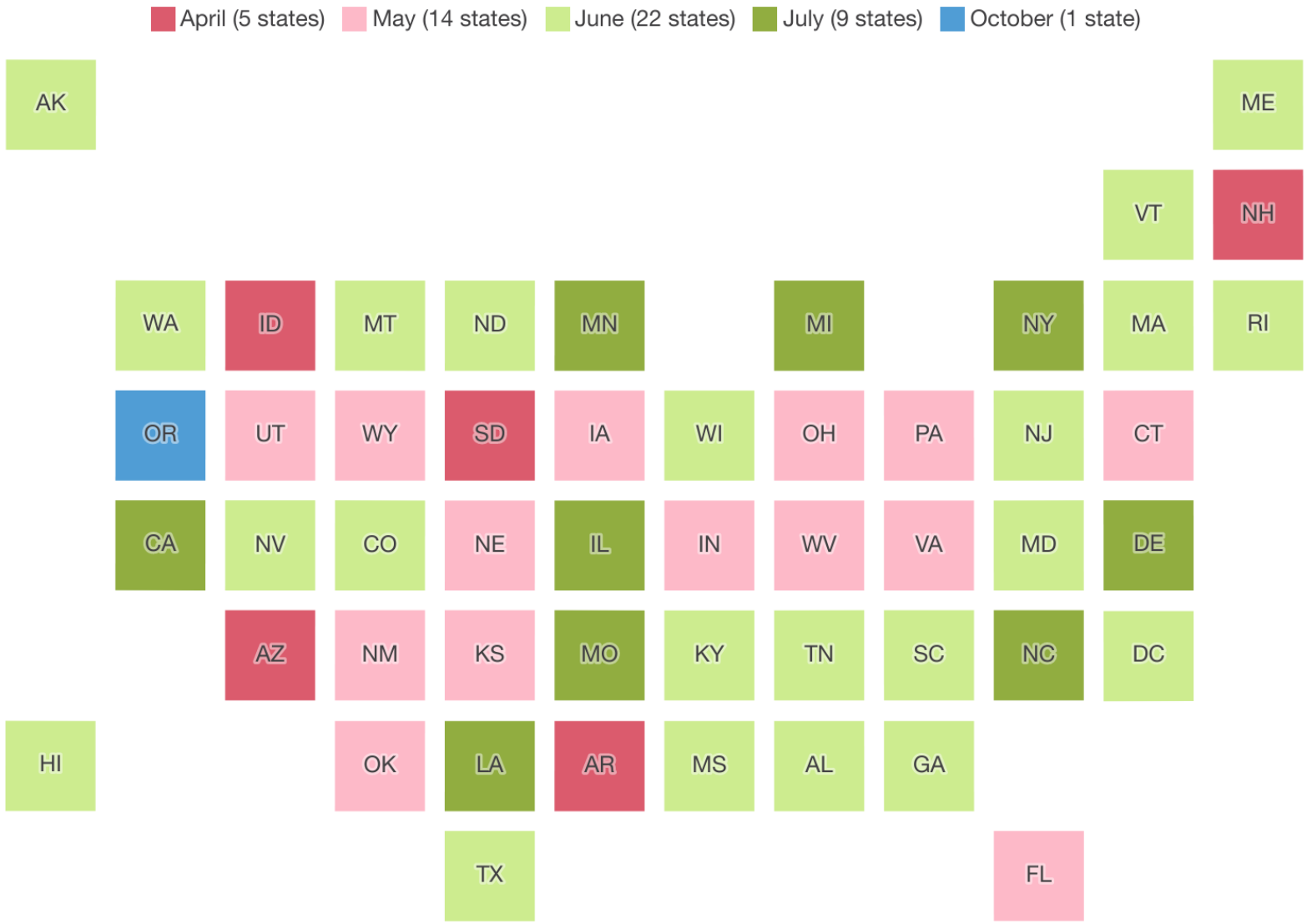
Source: Health Insurance Policy Simulation Model.

Notes: ESI = employer-sponsored insurance. CHIP = Children's Health Insurance Program. ACA = Affordable Care Act.

Source: https://www.urban.org/sites/default/files/2022-12/The%20Impact%20of%20the%20COVID-19%20Public%20Health%20Emergency%20Expiration%20on%20All%20Types%20of%20Health%20Coverage_0.pdf

Effective Date of First Anticipated Terminations for Procedural Reasons

As of February 24, 2023



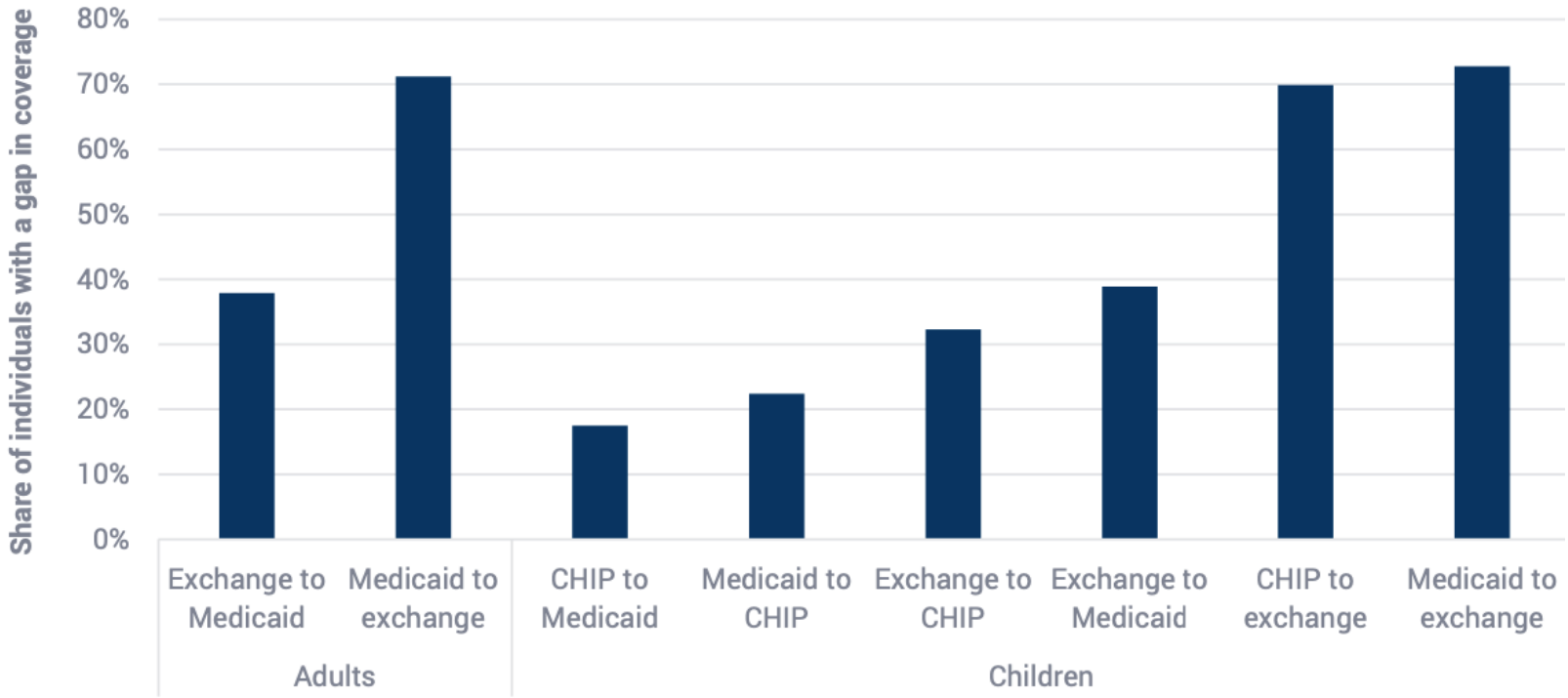
Source: Centers for Medicare & Medicaid Services, "Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals As of February 24, 2023."

Georgetown University Health Policy Institute CENTER FOR CHILDREN AND FAMILIES

Source: https://ccf.georgetown.edu/2023/04/06/first-round-of-medicaid-disenrollment-data-is-in-quickly-what-we-know-and-dont-know/

Pre-pandemic data show that coverage gaps and “churn” are common

- In 2020, 3 in 10 who lost Medicaid or had a child lose Medicaid in the past two years said it was because they could not complete the renewal process
- More than 7 in 10 moving from Medicaid/CHIP to Marketplace coverage in 2018 experienced coverage gaps



Notes: CHIP is Children’s Health Insurance Program. Analysis includes states with federally-facilitated marketplace (FFM) and state-based marketplace-federal platforms (SBM-FP) and excludes 11 states and the District of Columbia, which have state-based marketplaces. An additional five states (Florida, Kentucky, Oklahoma, Oregon, and Pennsylvania) were excluded because of incomplete or unreliable T-MSIS data.
Source: https://www.macpac.gov/wp-content/uploads/2022/07/Coverage-transitions-issue-brief.pdf. Mathematica, 2022, analysis of T-MSIS and federal exchange data.

What coverage options are available for those losing coverage? How can you help?

Many enrollees losing Medicaid may qualify for subsidized Marketplace plans

- Marketplace/”Obamacare” plans established under the Affordable Care Act
- For people with family incomes 100-400% of federal poverty level (FPL) and no access to “affordable” employer coverage
- Usually only available during Open Enrollment; currently an “unwinding special enrollment period” (SEP)
  - Submit HealthCare.gov application between March 31, 2023, and July 31, 2024; 60 days to select a plan with coverage that will start on the first day of the month after plan selection

As income falls, people get more help paying for health insurance on a sliding scale

- Premium for private insurance as a percent of income under current rules
  - Up to 150% FPL, household pays: 0.0% of income
  - 150-200% FPL, household pays no more than: 0.0 to 2.0% of income
  - 200-250% FPL, household pays no more than: 2.0 to 4.0% of income
  - 250-300% FPL, household pays no more than: 4.0 to 6.0% of income
  - 300-400% FPL, household pays no more than: 6.0 to 8.5% of income
  - Over 400% FPL, households pay no more than: 8.5% of income
- Subsidies were made more generous during the COVID pandemic, and new legislation has just extended these higher levels of help through the end of 2025

Additional help with out-of-pocket costs

- People eligible for these subsidies to lower the cost of private insurance who have incomes below 250% of the poverty level can have extra help lowering their out-of-pocket costs.
- Deductibles, co-payments, and co-insurance can sometimes prevent people from being able to afford care, even though they are insured.
- To make care more affordable for these people, the ACA provides extra help that lowers out-of-pocket costs for them further. This makes the insurance coverage they can buy even more valuable.

What can the community do to help with upcoming transitions?

- **Increase awareness** of the change. According to a June 2022 Urban Institute survey, most adults with family Medicaid enrollment were not aware of the upcoming return to regular Medicaid renewals.
- Remind people currently enrolled in Medicaid that they will need to **re-verify their eligibility** through their state Medicaid agency, healthcare.gov, or their state Marketplace. If they do not, they will lose their coverage even if they are still eligible.
  - Everyone should verify the state has their **most updated contact information**
  - People who receive a Medicaid termination notice can appeal
- Make sure people know that if they lose eligibility for Medicaid because their income went up, they may still be eligible for **significant financial help** paying for private insurance.
- Employers must allow eligible workers losing Medicaid to **enroll in employer plans** until Sept. 8.

When consumers can get information on coverage options

- People who are eligible can enroll in Medicaid at any time of year.

- In order to enroll in private insurance not obtained through an employer, most people must enroll during the “open enrollment period” which is in November and December each year. The plan would then provide coverage for the next calendar year (January through December).
- Some people qualify for a special enrollment period during the year if they have experienced a significant life event, such as: losing private health insurance from another source, losing eligibility for Medicaid, moving to a new state, getting married, having a baby, having a significant change in income.

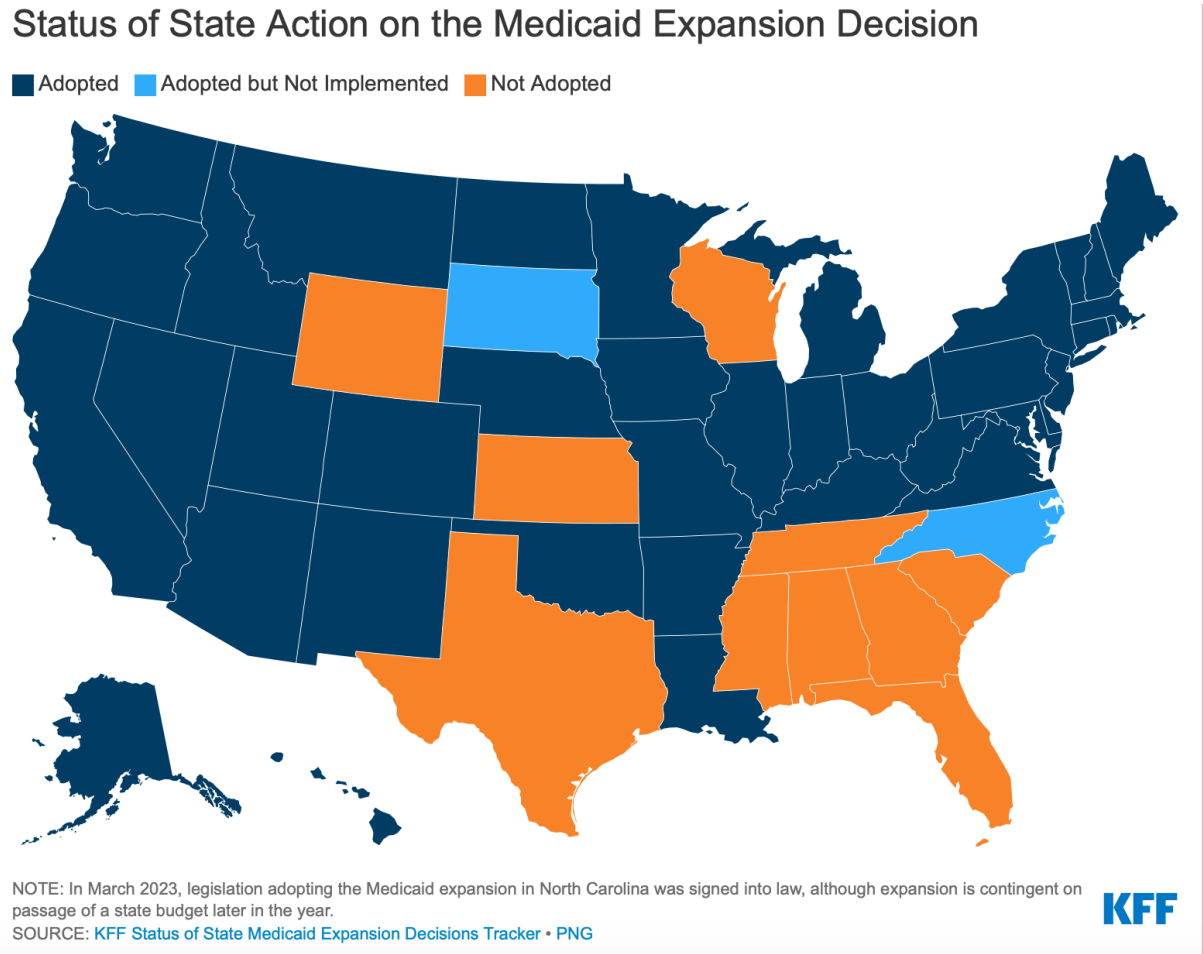
Many of the uninsured still do not know help is available to make insurance coverage more affordable for them

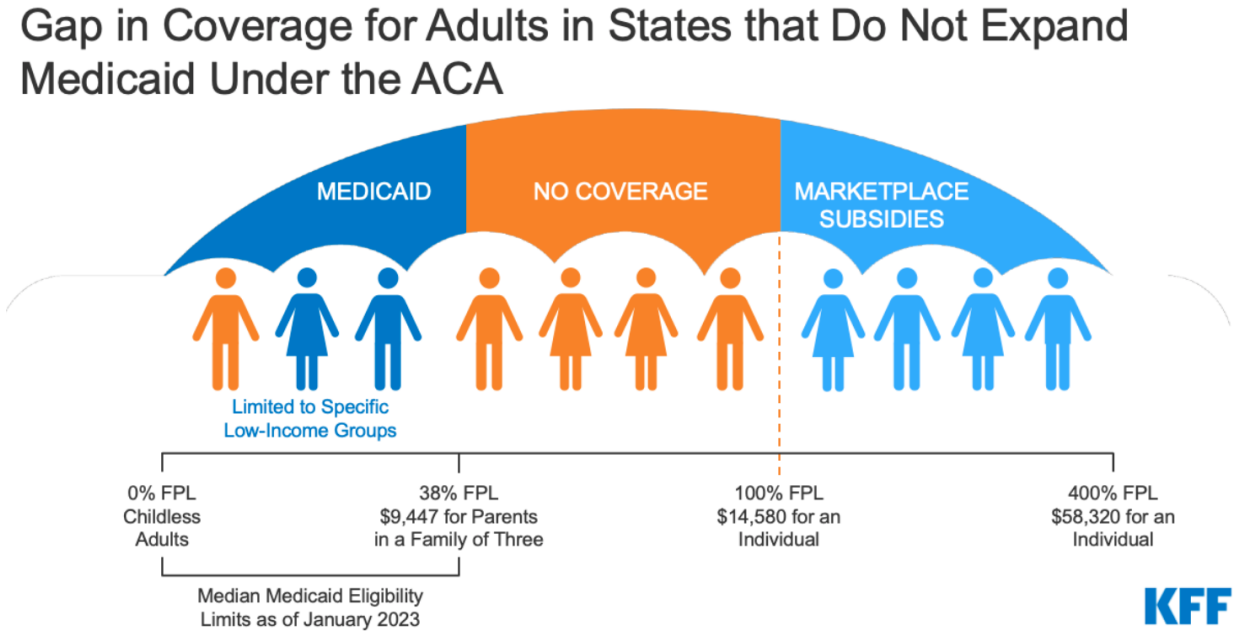
- A survey done by the Urban Institute in 2021 found that fewer than 1/3 of the uninsured had heard a lot or some about the fact that health insurance subsidies are available through the Marketplaces.
- A survey done by the Kaiser Family Foundation in 2020 found that only 14% of uninsured people who live in the 38 states that expanded Medicaid knew that their state had done so.
- However, more than 80% of the uninsured said they would be likely to enroll in Medicaid if they were eligible.
- Considerable evidence that information provided by trusted members of the community can increase chance someone will enroll.

How can a consumer find out whether they are eligible for Medicaid or subsidies for private insurance?

- The federal government runs private insurance Marketplaces in many states, but some states run their own.
- No matter what state you live in, the federal website healthcare.gov can guide consumers to the right information.
- Consumers will need an email address and access to a computer to shop electronically.
- They can also get help understanding their options and the amount of help they are eligible for by talking to a navigator, people trained to help them. Contact information for navigators in each state can be found at Find Help link on Marketplace websites.

Some may become uninsured





Source: https://www.kff.org/medicaid/issue-brief/how-many-uninsured-are-in-the-coverage-gap-and-how-many-could-be-eligible-if-all-states-adopted-the-medicaid-expansion/

How can you help uninsured people obtain care/vaccines?

- Some people losing Medicaid (such as poor adults in the “coverage gap” in states that have not adopted Medicaid expansion) may not be eligible for any affordable coverage
- Federally qualified health centers (FQHCs) and other “safety net” providers offer free or low-cost care
  - Directory: https://data.hrsa.gov/data/reports/datagrid?gridName=FQHCs
- Current COVID-19 vaccine supply remains free even after the PHE ends
  - People should get vaccinated/boosted ASAP

Customizable resources

- National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) with the International Rescue Committee and Migrant Clinicians Network - multilingual/customizable, both Medicaid and PHE - https://nrcrim.org/toolkits/end-public-health-emergency
- Georgetown University, American Academy of Pediatrics, and GMMB - prepared state-specific, customizable flyers - https://gmmb.app.box.com/s/1tzrvl1b0tbl00tfxf6wgekw5yz77rih/folder/196016267624

Additional resources

- https://www.shvs.org/communicating-the-phe-unwinding-how-states-are-collaborating-with-community-partners/ - some state-specific resources/webinars for how CBOs/advocates can help
- https://www.manatt.com/Manatt/media/Documents/Articles/Working-With-CBOs-and-Individuals-With-Lived-Experience_v7.pdf
- https://www.healthmanagement.com/blog/how-stakeholders-can-prepare-now-for-unwinding-of-medicaid-public-health-emergency-continuous-eligibility/
- https://www.clasp.org/blog/advocacy-steps-minimize-medicaid-coverage-losses-when-public-health-emergency-ends/
- https://www.clasp.org/blog/what-you-can-do-to-help-kids-stay-on-medicaid-in-2023/
- https://nrcrim.org/sites/nrcrim.umn.edu/files/2023-03/PHE%20Cost%20Summary%20Chart.pdf
- https://ccf.georgetown.edu/subtopic/unwinding-phe/

What activities in your community are helping people stay covered?

Share ideas and activities in the Chat!

Event Satisfaction Poll and Announcements

- Introducing CDC's Vaccine Activity Planner
  - –Monday, April 24th 3:00 – 4:00 pm ET
- Vaccine Access After the End of the Public Health Emergency: What's Changing? What Isn't?
  - –Tuesday, May 2nd 1:00 – 2:00 pm ET
- Desk Yoga for the Seated Employee
  - –Wednesday, May 10th 12:00 – 12:30 pm ET

Partnering for Vaccine Equity

Changes to Medicaid Enrollment Policies: What Do They Mean for Your Community?

April 19, 2023