



INSIGHT SURVEY

Building Workforce Readiness for “Unwinding”

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WHAT IS UNWINDING? During the more than two years of pandemic, Medicaid programs across the country employed “continuous enrollment” at federal direction. Medicaid and CHIP enrollment grew from roughly 71 million adults and children to roughly 85 million in that time. The program continues to grow. When the end of national federal health emergency is declared, states will need to evaluate every single one of those 85 million Medicaid beneficiaries. Nicknamed “the unwinding,” the complexity, volume and gravity of the anticipated work effort is unparalleled.

WORKFORCE CAPACITY

1. National Trends

According to Mission Square Research Institute, 57% of state and local workers are considering leaving their jobs voluntarily due to the pandemic. They seek to retire, change jobs or leave the public sector entirely.

2. Agency Trends

Medicaid staff vacancy rate ranges from 1% to 30%, an historic high.

8% of Medicaid agencies are small with fewer than 100 staff. 44% of Medicaid agencies are medium with between 100 and 500 staff. 48% of Medicaid agencies are large with over 500 staff.

3. Eligibility

How a state structures eligibility drives some staffing variation and is important to how the state prepares for unwinding. In 39% of states, Medicaid leads eligibility; in 35% the function is shared between agencies; and in 32% of states, eligibility is the sole function of another agency.

Unwinding Drivers

- According the SHVS, timing unwinding reflects (1) federal guidance (2) Governor’s interpretation (3) Medicaid agency and/or eligibility office discretion.
- State unwinding plans are heavily driven by the goal of **maximizing coverage continuity**.
- To a much lesser degree, state plans are shaped by minimizing budget impact and **balancing workforce capacity**.
- While not the leading driver, workforce capacity will have outsized influence on how smoothly unwinding proceeds.

Ready or Not?

- 74% of Medicaid leaders indicate they feel least confident about building the workforce capacity necessary to execute unwinding.
- Asked another way, 0% felt prepared to build the appeals workforce and 11% felt prepared to build eligibility and enrollment workforce.
- Top strategies to build operational readiness of the workforce are: (1) **filling vacant positions**, (2) **redistributing existing staff** and (3) **providing training and skills development**.

Partners can Support Smooth Unwinding

1. Engage in communication and outreach campaigns to reach Medicaid beneficiaries who will be impacted by eligibility redetermination.
2. Champion a well-resourced Medicaid agency. Advocate for adequate funding to address agency vacancies and expand capacity in infrastructure and workforce training.