Unwinding the Continuous Coverage Requirement

National Association of Medicaid Directors

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National Association of Medicaid Directors

About: Non-profit association for the 56 state and territorial Medicaid leaders

Our mission: help Medicaid leaders deliver high value services to millions served by the program

Three core functions

- Serving as a thought leader
- Strengthening the federal/state partnership
- Providing program assistance and leadership development
Who is in the Room

- Advocacy Organizations: 37%
- Federal Partners: 10%
- Health Plans: 7%
- Providers: 9%
- Industry Partners: 31%
- State Leaders: 3%
- Other: 3%
Today's Speakers

Lindsey Browning
Director of Medicaid Programming
NAMD

Jacey Cooper
Deputy Director for Health Care Programs & Medicaid Director
California Department of Health Care Services

Elizabeth Matney
Director
Iowa Medicaid

Dave Richard
Deputy Secretary for NC Medicaid
North Carolina Department of Health and Human Services
AGENDA

- Level Setting
- Coverage Impacts & Assumptions
- State Work to Prepare
- How Partners Can Help
- Q & A
Level Setting
Medicaid’s Role in the Pandemic

- Medicaid is designed to be the nation's first responder.

- Since March 2020, Medicaid employed "continuous coverage" at federal direction.

- Medicaid enrollment grew by about 20%.

- The program will be right sized at the end of the national public health emergency (PHE).

- The reduction in eligibility will likely be the most significant in program's history.
Federal Realities

HHS committed to providing a 60-day notice before the PHE ends. HHS did not provide this notice last week, so we expect another extension.

Each PHE renewal lasts 90 days. One more extension would mean the PHE would end in mid-October.

Medicaid agencies have up to 14 months to redetermine eligibility for their full membership.

Enhanced FMAP expires at end of the quarter in which PHE ends. Caseload will remain high after the 6.2% enhanced FMAP ends, which will likely have an impact on state budgets.
Impacts and Assumptions
State Realities

**Workforce Shortages**
Over 70% of Medicaid agencies feel least confident about building the workforce capacity necessary to execute unwinding.

**Navigating Unique State Operational Structures**
1. Medicaid Agency has *sole* responsibility over redeterminations
2. Medicaid shares responsibility over redeterminations with *sister agencies*
3. Medicaid shares responsibility over redeterminations the *counties*

**Estimating Declines in Medicaid Coverage**
National estimates of Medicaid coverage loss range from 5.3 to 16 million.

Uncertainty about the PHE end date impacts all aspects of state planning.
Discussion

End of the Public Health Emergency

Redetermination Timeframe

Medicaid Coverage Loss
Key Work Date
Reaching Members

- Working with CBOs and navigators
- Working with MCOs
- Text message campaigns
- Language access considerations
- Updating consumer notices
- Robocalls
- Social media
- Partnering with providers
Building Workforce Capacity

- Leveraging other agency staff
- Adding new positions
- Hiring temporary workers
- Tapping retired workers
- Expanding use of contractors
- Targeted training/skills development
- Redistributing work
- Filling vacant positions
Updating Policies & Systems

- Renewal dates and prioritization
- Dashboards to communicate progress
- Boosting reasonable compatibility
- Strengthening ex parte processes
Discussion

Creative strategies

Major challenges
How Partners Can Help
Retention & Continuity

- Retaining coverage for Medicaid eligible enrollees
- Transitioning ineligible enrollees into other coverage
Questions?