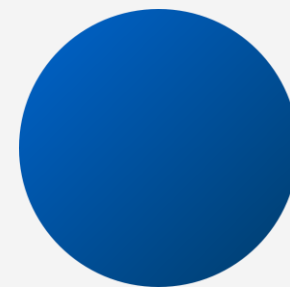




NATIONAL ASSOCIATION OF
Community Health Centers®

8 MONTHS IN: MEDICAID RENEWALS

November 2023
NACHC Federal Policy



Agenda

- 8 Month Renewal Update: What's Happened
- KFF Unwinding Data Reveal
- 1902 (e)(14)(A) Waiver Impact
- Recap of NACHC's Unwinding Resources



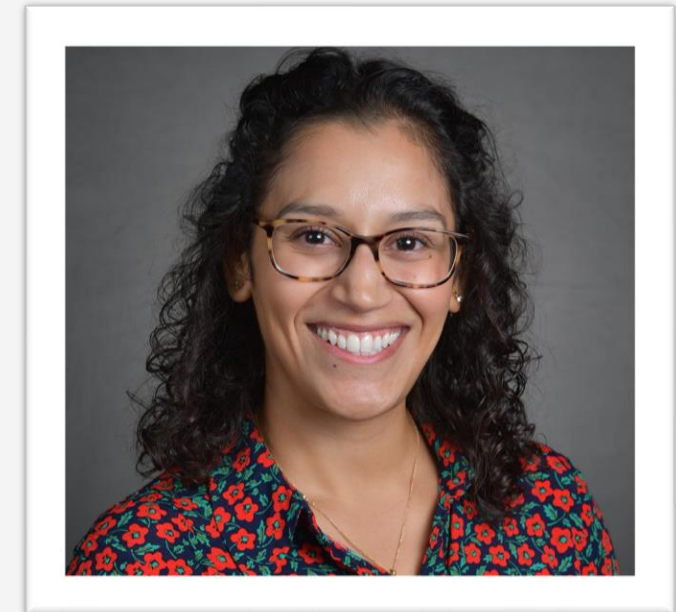
KFF

Speakers



Jennifer Tolbert

Director State Health Reform
Associate Director, Program
on Medicaid & Uninsured



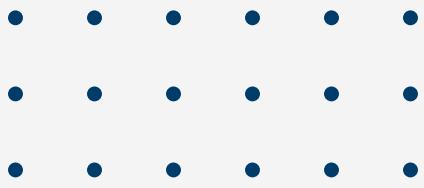
Erin Prendergast

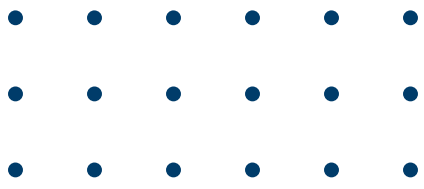
Deputy Director, Federal Policy



Cory Caldwell

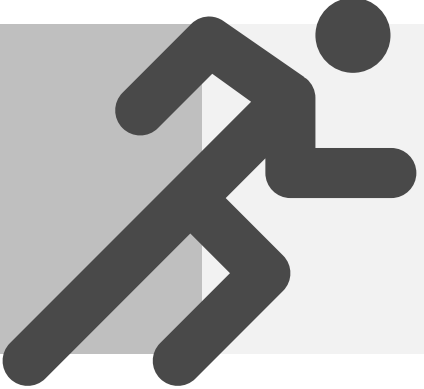
Manager, Federal Policy





What's Going on with Medicaid Renewals??

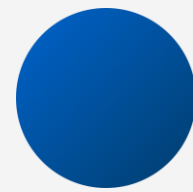
COVID-19
Continuous
Coverage
Requirement



Redetermining Medicaid
Eligibility of 93+ Million
Individuals

"Normal"
Eligibility Renewal
Processes

Past Four Months: Major Developments



✓ CMS Letters on First Data Release.

✓ CMS Letters on Conducting Renewals at the Individual Level.

✓ CMS Follow-up FAQs on Termination of Coverage for Children During Continuous Eligibility Period.

JULY

- ✓ FAQ Unwinding Data Reporting Penalties
- ✓ CMS Begins to Release Monthly Renewal Data
- ✓ Summary of Strategies to Address Non-Compliance with Renewal Requirements

AUGUST

SEPTEMBER

- ✓ Ex-Parte Error State Identification.
- ✓ Continuous Coverage for Children Requirement Guidance Released

OCTOBER



Unwinding Data Reporting Penalties

[FAQ State Data Reporting: June 30, 2023](#)

AUTHORIZATION

PENALTIES

Congressional Authorization

CMS can withhold federal Medicaid funding from states that do not report unwinding data under the CAA, 2023.

1

CMS Authority

CMS can reduce a state's FMAP by 0.25 percentage points each quarter of non-compliance (not to exceed 1 percentage point).

State-Based Marketplaces

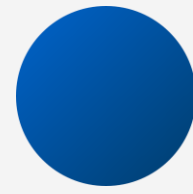
States running SBM are required to report data in a timely manner. And the penalty applies if data is not submitted timely.

2

No Federal Fund Restoration

CMS does not intend to restore lost federal financial participation if a state submits data late.

CMS Letters on State Performance Indicators



In August, CMS sent two letters to Medicaid Directors in every state.

One letter was to inform states about the performance indicators CMS will be tracking to ensure timeliness and compliance with federal eligibility and reporting requirements.

| PI Call Center Operations Data | | Unwinding Data Report Renewals Metrics | PI Application Determination Processing Time Data |
|---------------------------------------|--------------------------------------|--|--|
| Average call center wait time | Average call abandonment rate | % of beneficiaries terminated for procedural reasons as a share of total beneficiaries due for renewal in May | % of MAGI application determinations processed in more than 45 days |

[Read the letter sent to your state's Medicaid Director here.](#)

CMS Letters on Eligibility at the Individual Level



The [second letter](#) was to remind states that redetermining Medicaid eligibility must take place at the **individual level**.

CMS instructed all Medicaid and CHIP agencies to review their renewal processes and to test the renewal logic in their eligibility system to assess whether the system is compliant with requirements to determine eligibility for each individual in the household.

CMS included required actions states must immediately take if the state system is not operating in compliance with Federal renewal requirements:

Pause
procedural
terminations

Reinstate
coverage for
all affected
individuals

Fix systems &
processes

Implement a
mitigation
strategy



Compliance with Medicaid & CHIP Individual Automatic Renewal Requirements

Preliminary Results From [State Assessments](#)



Conducting automatic disenrollments at the "family level"



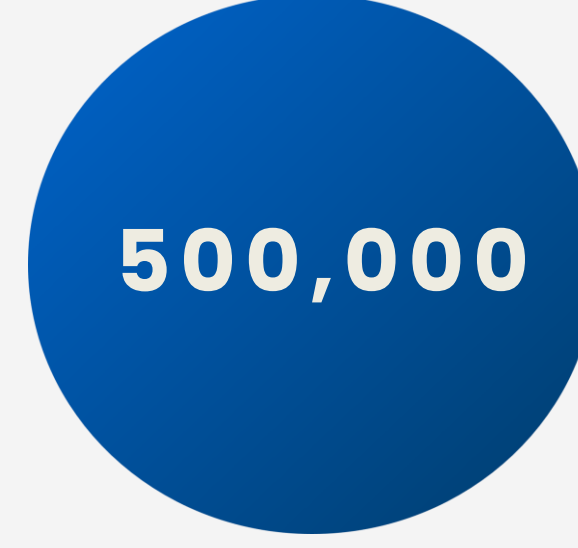
In compliance with renewals at individual levels



Had Children Impacted



Had Greater Than 10,000 Individuals Impacted



Children & Other Individuals Had Coverage Reinstated

State Plan Amendments: Continuous Eligibility for Children



- Starting **January 1, 2024**, all states are required to provide continuous eligibility (CE) for children under the age of 19 who are enrolled in Medicaid or CHIP.
 - CMS released a [letter](#) to State Health Officials and [FAQs](#) further clarifying these new CE requirements.
- This new requirement will provide one year of continuous eligibility to children whose eligibility is renewed during the unwinding.

The Issue

Due to Medicaid unwinding, **hundreds of thousands of Floridians are losing health coverage without sufficient notice**, leaving individuals and families without a clear understanding of why coverage was terminated, how to contest the decision, and a sudden inability to access health care.

The Lawsuit – August

Two toddlers and their mothers whose Medicaid coverage was terminated argue **they were not provided sufficient notice before losing coverage**. A lawsuit was **filed against Florida’s Agency for Health Care Administration (AHCA) and the Department of Children & Families (DCF)**, claiming the **Due Process Clause of the 14th Amendment and Medicaid Act have been violated**, urging the court to require the state to pause disenrollments until adequate notices can be provided to Medicaid enrollees.

Where the Case Stands – November

In early October FL AHCA and DCF filed a dispute against the plaintiffs, claiming their disenrollment and notification process does not violate federal law.

While the District Court has not yet reached the final decision, Florida’s Medicaid unwinding process continues under normal operations. **As of August, over 700,000 Floridians have lost Medicaid coverage, more than half for procedural reasons.**

Florida Lawsuit to Pause Medicaid Disenrollments

AUGUST 2023–TODAY



Chianne D. et al. v. Jason Weida is the first lawsuit challenging the unwinding process.

The Florida Health Justice Project and the National Health Law Program represent the plaintiffs.

Read the National Health Law Program’s summary of the case [here](#).

Unwinding the Medicaid Continuous Enrollment Provision

Jennifer Tolbert, Director, KFF
November 2023

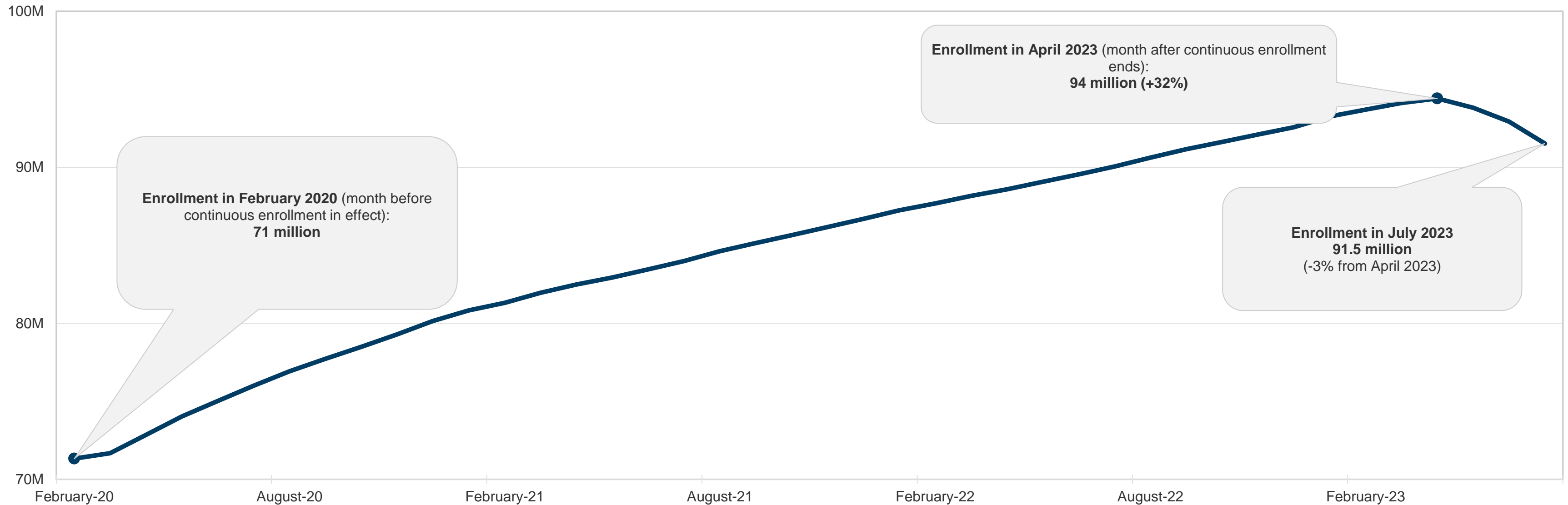
KFF

The independent source for health policy research, polling, and news.

Figure 13

Medicaid enrollment increased during the pandemic because of continuous enrollment but has declined since April.

Total Medicaid/CHIP Enrollment, February 2020 to May 2023



M = Millions

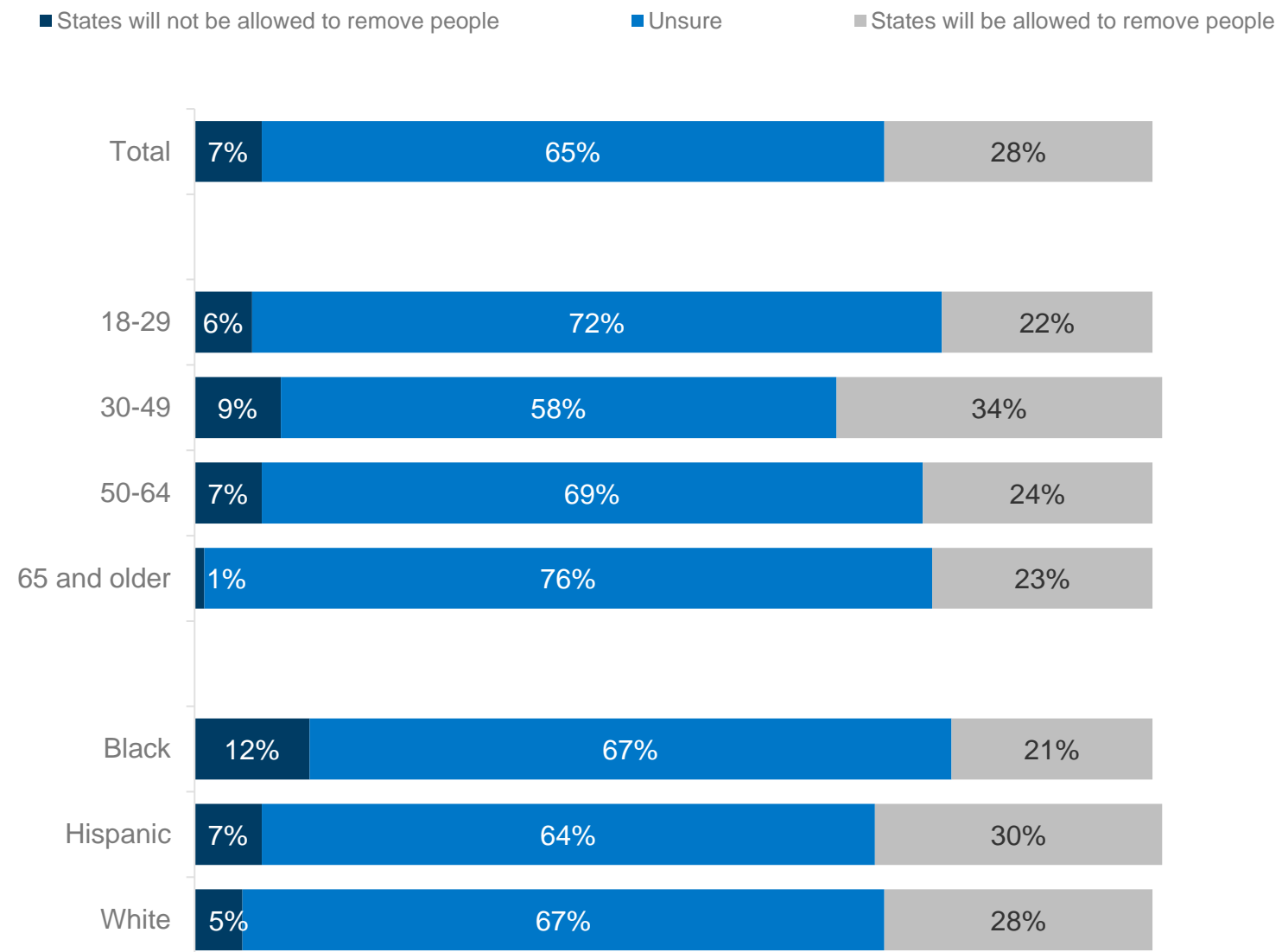
SOURCE: KFF analysis of CMS Performance Indicator data.



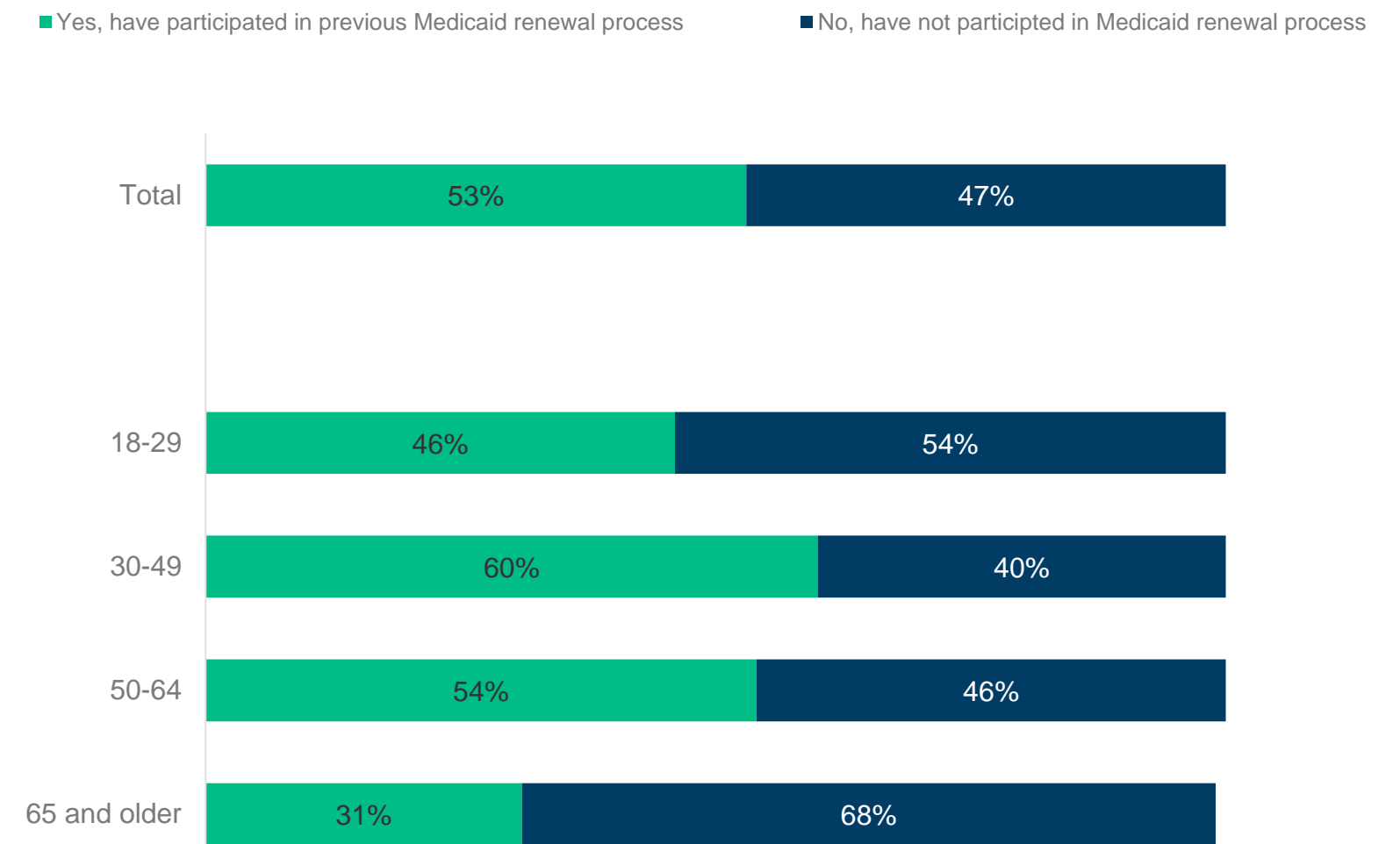
Figure 14

Lack of awareness that Medicaid renewals were resuming and limited experience with previous renewals pose challenges for states.

Awareness that States Could Resume Disenrollments on April 1st



Previous Participation in Medicaid Renewal Process



Note: Among Medicaid enrollees.

Source: KFF Survey of Health Insurance Consumers (Feb. 21- Mar. 14, 2023)

Figure 15

Most states have taken advantage of flexibilities to streamline renewal processes during the unwinding period.

A total of 370 1902(e)(14) waivers have been approved in 49 states and the District of Columbia as of October 24, 2023.

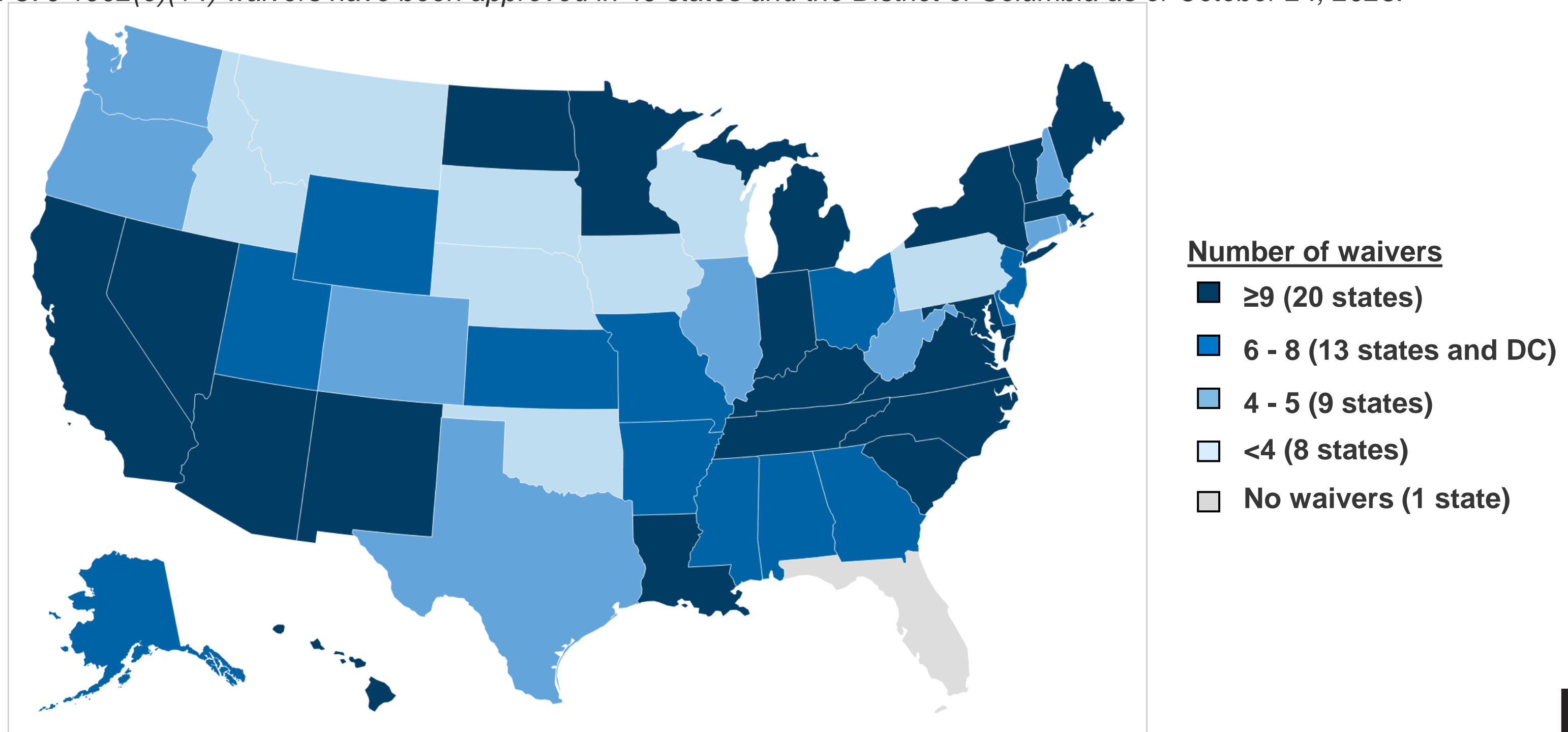
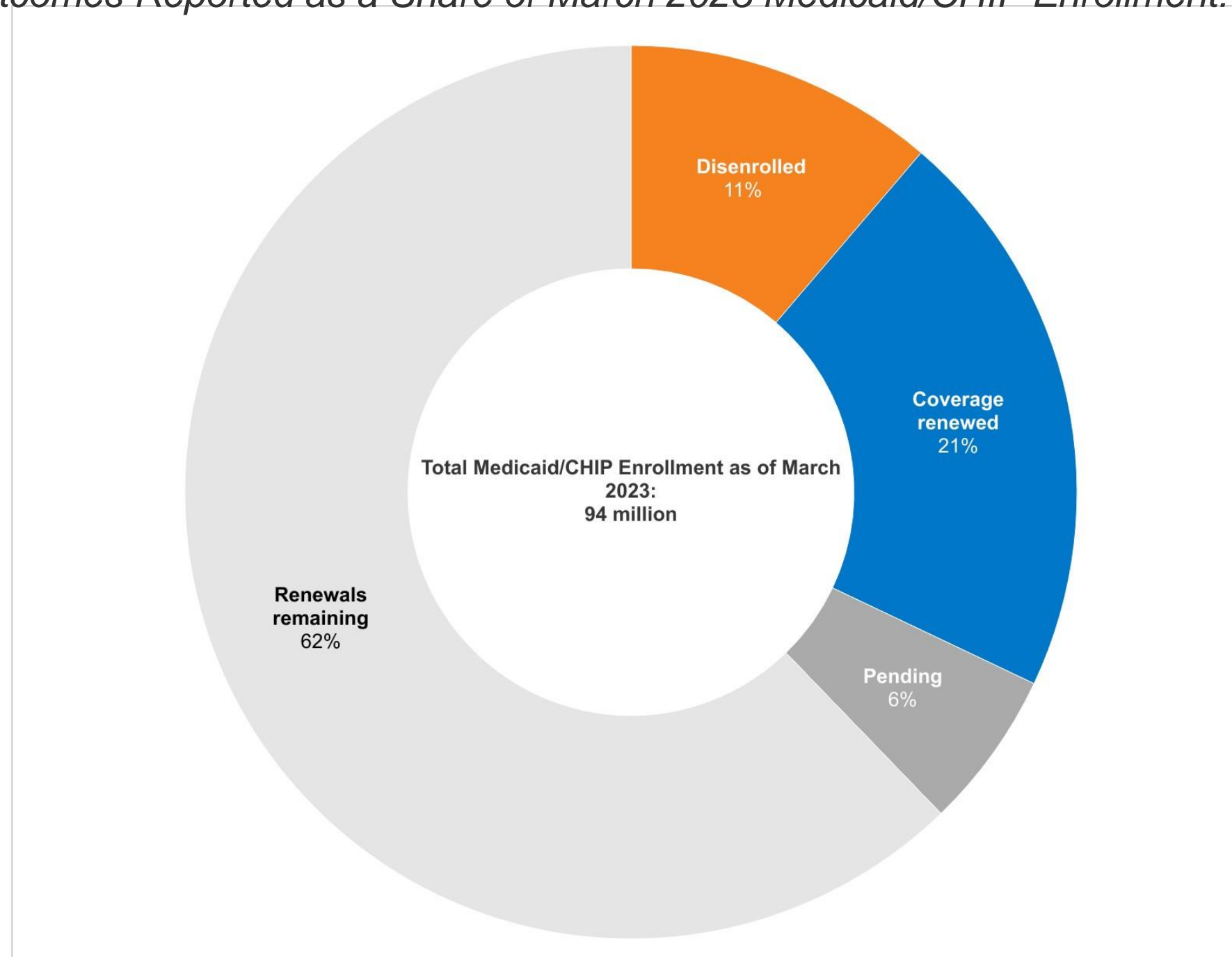


Figure 16

States have completed renewals for one-third of people enrolled prior to the start of the unwinding period.

Cumulative Medicaid Renewal Outcomes Reported as a Share of March 2023 Medicaid/CHIP Enrollment:



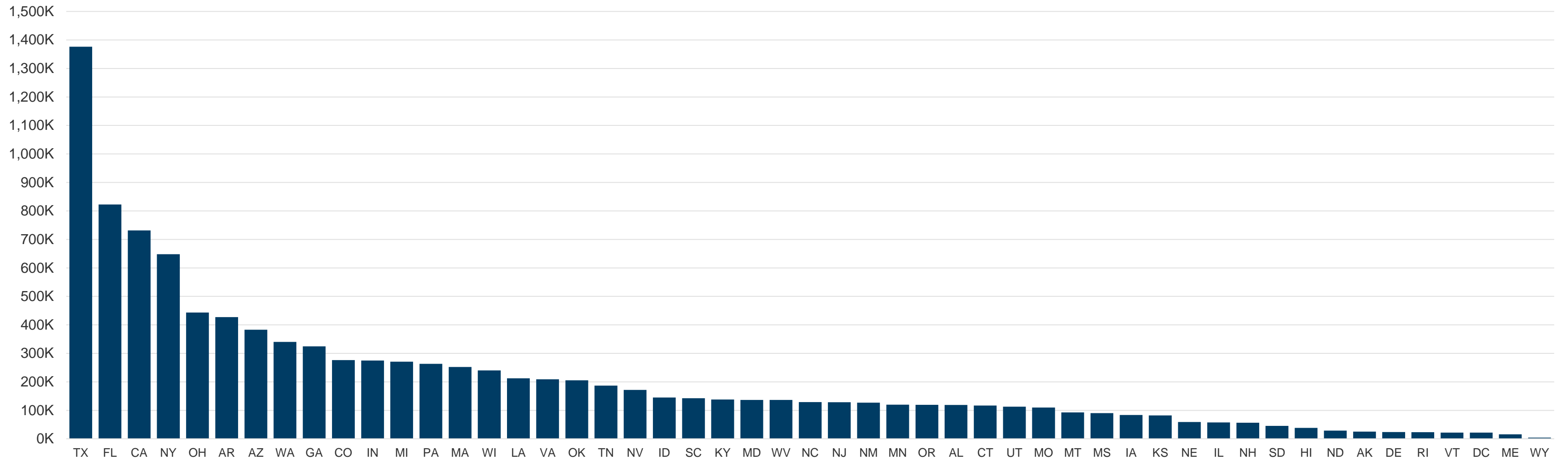
Note: Based on the most recent state-reported unwinding data available from state websites and CMS reports. Time periods differ by state.

Source: KFF Medicaid Enrollment and Unwinding Tracker. Data as of November 6, 2023. CMS Performance Indicator Data (March 2023 Medicaid/CHIP Enrollment).

Figure 17

Over 10.6 million people have been disenrolled from Medicaid, as of November 14, 2023.

State-Reported Disenrollments from Medicaid



K = Thousands. Based on the most recent state-reported unwinding data available. Time periods differ by state.

SOURCE: KFF Medicaid Enrollment and Unwinding Tracker.

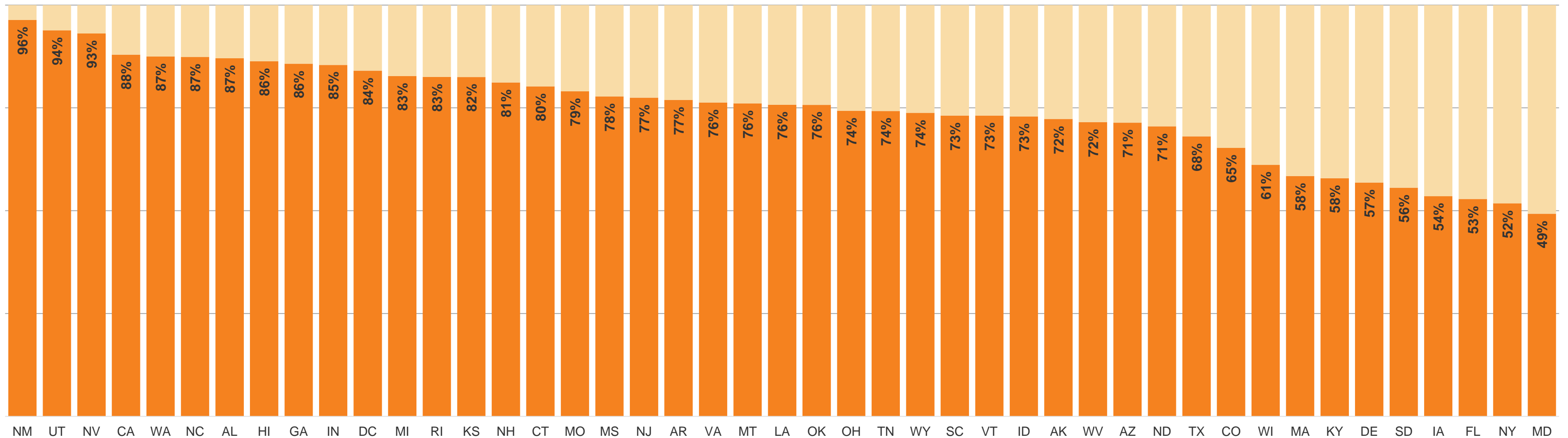


Figure 18

Overall, 71% of disenrollments are due to procedural reasons.

Disenrollments for Procedural Reasons vs. Being Determined Ineligible as a Percent of Total Disenrolled:

Terminated for procedural reasons Determined ineligible



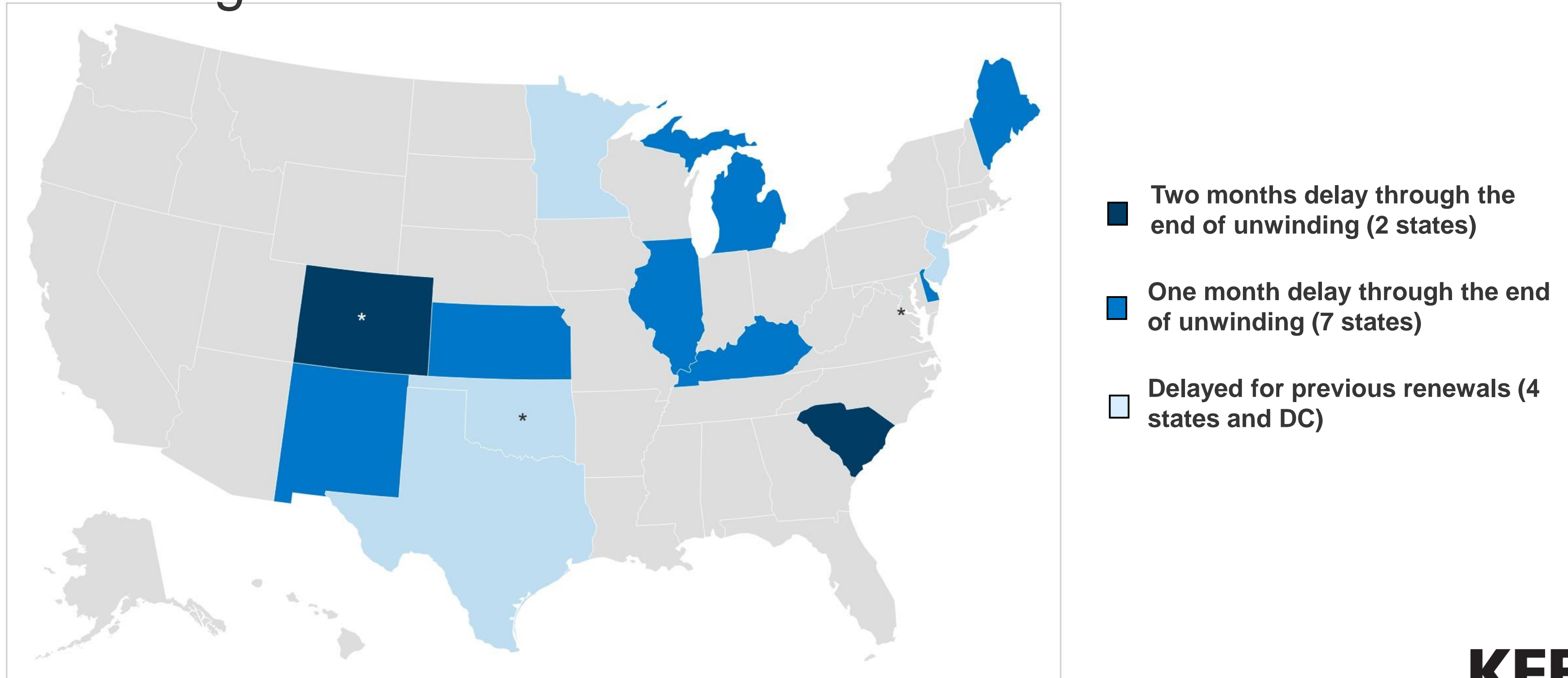
Note: Based on the most recent state-reported unwinding data available. Time periods differ by state. Procedural disenrollments occur when the state cannot verify an individual's ongoing eligibility at renewal. Percentages are calculated from total disenrollments. Several states report unwinding data without information on reason for disenrollment and are not shown in this figure.

Source: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS



Figure 19

Some states have delayed procedural disenrollments to do more targeted outreach.



Note: *Colorado and the District of Columbia delayed renewals for non-MAGI populations only, and Oklahoma delayed renewals for MAGI populations only.

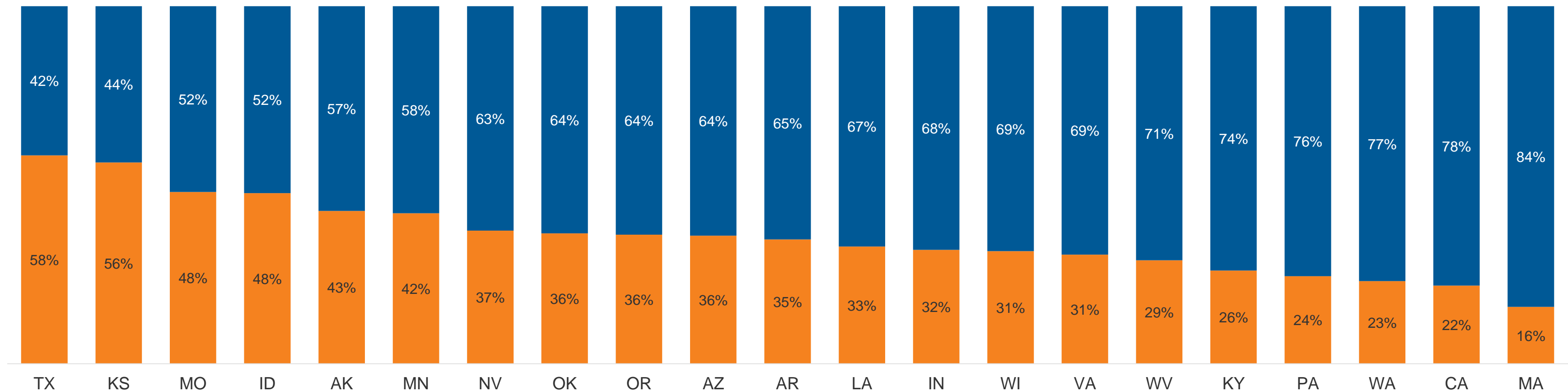
Source: Centers for Medicare and Medicaid Services (CMS), "State Option to Delay Procedural Disenrollments"

Figure 20

Children account for about four in ten (38%) Medicaid disenrollments in reporting states.

Distribution of Disenrollments by Age:

Children Adults



Note: Based on the most recent state-reported unwinding data available. Time periods may differ by state. States may identify children based on age or eligibility group. *Pennsylvania only reports disenrollments by age among enrollees the state has flagged as likely ineligible; **In Washington, children up to age six will be manually reinstated once the state makes system changes to align with new continuous eligibility for that group.

Source: KFF Analysis of State Unwinding Dashboards and Monthly Reports Submitted to CMS

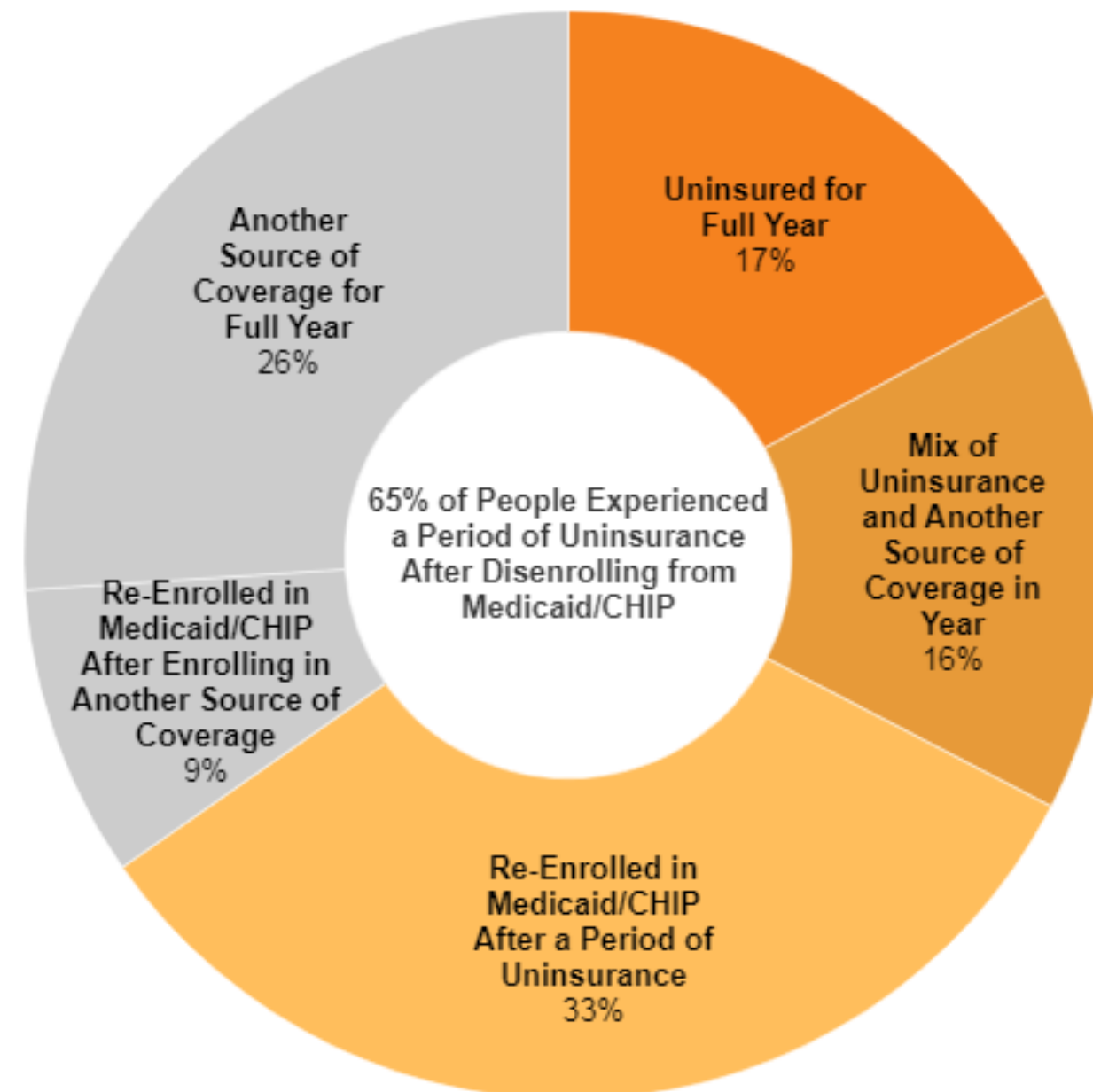
Medicaid enrollees have varied experiences renewing their coverage.

KFF conducted five focus groups with Medicaid enrollees who had their coverage renewed and who were disenrolled in Arizona, Florida, and Pennsylvania in September 2023:

- Among those **whose coverage was renewed**, most described the process of easy, though some faced challenges uploading and submitting documents
- Those **who were disenrolled** lost their coverage for a variety of reasons, and some did not know why they had been disenrolled.
 - Many faced an array of communication problems.
 - Several faced substantial out-of-pocket costs for medically necessary care during gaps in coverage.
 - While some who were still eligible were able to reenroll quickly, several needed one-on-one assistance from caseworkers and community-based organizations to help them regain Medicaid.
 - After losing Medicaid, some participants obtained coverage through the Marketplace or their employer, but others remained uninsured.

Many people disenrolled from Medicaid will become uninsured, even if they eventually re-enroll in Medicaid or enroll in other coverage.

Health insurance coverage in the year following disenrollment from Medicaid:



NOTE: Seniors ages 65 and older excluded from the analysis. Numbers may not sum to totals due to rounding. "Another Source of Coverage" includes any type of coverage other than Medicaid/CHIP, including private or other public coverage. "Re-Enrolled in Medicaid/CHIP ("Churn") After a Period of Uninsurance" includes people who were uninsured for some or all their Medicaid/CHIP enrollment gap. Most were uninsured for all of their Medicaid/CHIP enrollment gap.

SOURCE: KFF analysis of the Medical Expenditure Panel Survey Household Component (MEPS-HC), Panels 21-23, Agency for Healthcare Research and Quality (AHRQ). [See What Happens After People Lose Medicaid Coverage?](#) for more information.

Key questions as the unwinding continues

- What additional data would help inform the implications of unwinding (e.g., data by eligibility group, race/ethnicity, how many people reenroll in Medicaid, etc.)?
- What are the biggest challenges states are facing as they process renewals?
- What will happen with CMS oversight and what actions will states take to address issues?
- What are longer-term ways to mitigate procedural disenrollments and churn?
- How will unwinding affect overall health coverage rates, particularly the uninsured rate?

KFF Unwinding Resources

- [Tracking State Medicaid Disenrollments](#) - *Data Dashboards*
- [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision](#) - *Issue Brief*
- [States Obtain Special Waivers to Help Unwinding Efforts](#) - *Policy Watch*
- [What Happens After People Lose Medicaid Coverage?](#) - *Issue Brief*
- [Medicaid Enrollment and Spending Growth Amid the Unwinding of the Continuous Enrollment Provision: FY2023 & 2024](#) - *NEW! Issue Brief*
- [Navigating the Unwinding of Medicaid Continuous Enrollment: A Look at Enrollee Experiences](#) - *NEW! Report*
- More resources available on KFF's Medicaid Unwinding [page](#)

1902(e)(14)(A) Waiver Categories

Flexibilities Designed to Ensure States Establish Income & Eligibility Systems to Protect Beneficiaries

**196 Waivers
Approved**

Strategies to
Increase Ex-Parte
Rates

**44 Waivers
Approved**

Strategies to
Support Enrollees
with Renewal Form
Submission/Comple-
tion

**87 Waivers
Approved**

Strategies to
Update Contact
Information

**27 Waivers
Approved**

Strategies to
Facilitate
Reinstatement of
Eligible Individuals
for Procedural
Reasons

**35 Waivers
Approved**

Other Strategies

\$0 Income Strategy

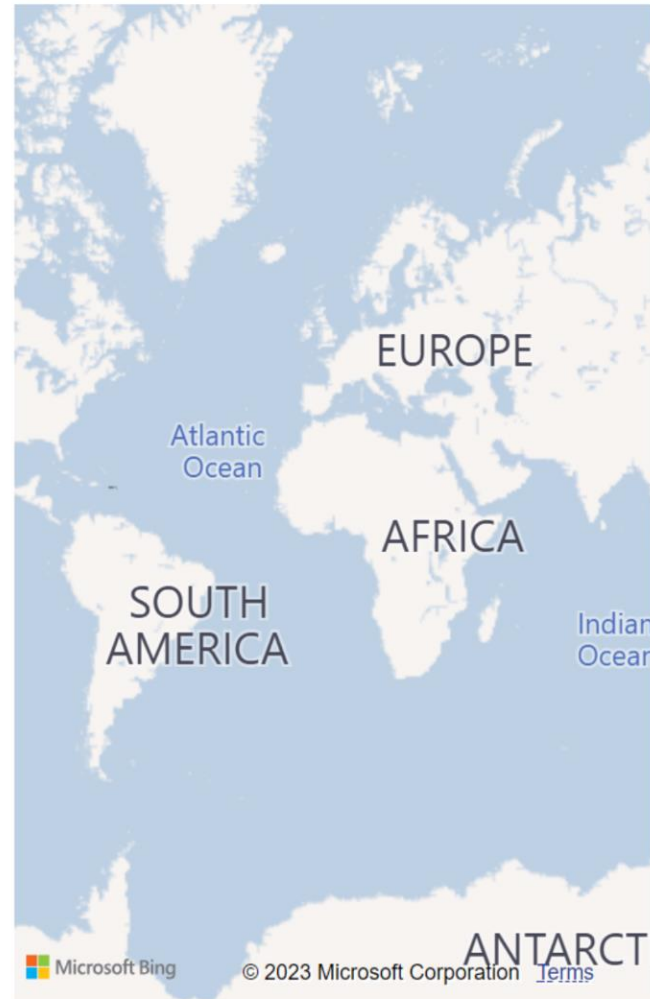
NCOA and/or USPS Contact Update Strategy

MCO Beneficiary Contact Update Strategy

**Most Popular
1902(e)(14)(A) Waivers
Approved**

As of November 15,
2023

- Waivers granted under section 1902 (e)(14) of the Social Security Act to “ensure states establish income and eligibility determination systems to protect beneficiaries.”



Total Number of Reporting FQHCs (2022)

1370

Total Number FQHC Patients on Medicaid/CHIP

15M

Total Number of FQHC Patients Served (2022)

31M

State Population

335M

State

All

Territory

All

Expanded Medicaid

All

Expanded Medicaid?

Please note: "No" will be listed until a state/territory is selected in the filter.

No

Medicaid Expansion Updates

State

☐

☐ **Alabama**

☐ **Alaska**

☐ **Arizona**

☐ **Arkansas**

In December 2021, CMS approved Arkansas' Section 1115 waiver request which would replace the state's current Medicaid expansion program, Arkansas Works, with the

FY 2024 FMAP

Please Note: Average of all state FMAP's will be displayed until a filter is applied.

33.56

State Multiplier

Please Note: Average of all state multipliers will be displayed until a filter is applied.

89.87

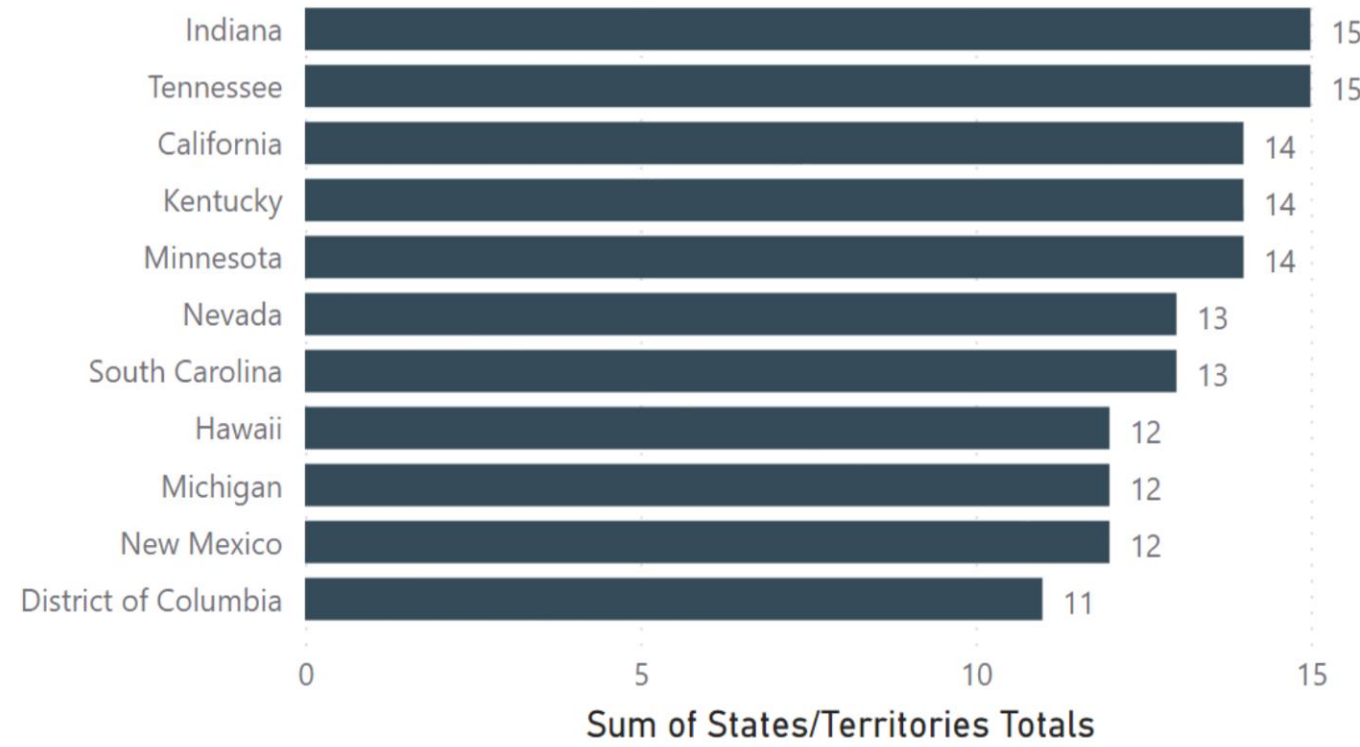
Federal Medical Assistance Percentage Estimates: Calculated by looking at the average per capita income for each state compared to the national average. By law, the FMAP cannot be less than 50%.

For every dollar the state spends on Medicaid, the federal government provides matching funds at a rate based on the states FMAP and multiplier.

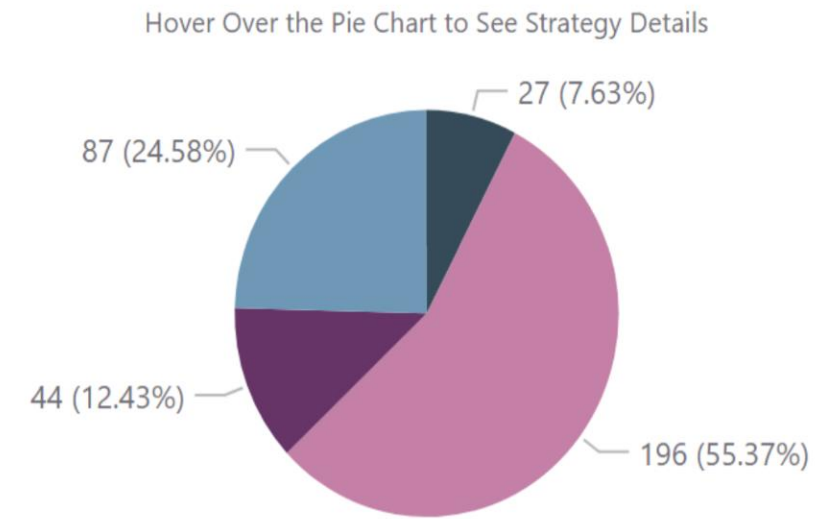
*FMAPs reported do not reflect the enhanced FMAP rates available to states through the end of December 2023.

**FMAPs displayed apply to the federal fiscal year 2024, which runs from October 1, 2023 through September 30, 2024.

States/Territories Total Approved e14 Waivers



E14 Waiver Strategy Breakdown



States/Territories

All

States/Territories Totals

1

15



States/Territories

States/Territories

SNAP Strategy MAGI

SNAP Strategy (Non-MAGI)

Alabama

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Alaska

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Arizona

Arkansas

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

California

Colorado

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Connecticut

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

Delaware

Enroll/Renew Individuals Based on SNAP Eligibility (MAGI)

States & Territories with Approved Waivers

52

Total Strategies to Support Enrollees with Renewal Form Submission or Completion

44

Total Strategies to Facilitate Reinstatement of Eligible Individuals for Procedural Reasons

27

Total Number Approved 1902(e)(14)(A) Waivers

389

Total Strategies to Increase Ex Parte Renewal Rates

196

Total Strategies to Update Contact Information

87

Last Updated: November 10, 2023

23 States

19 States

2 States

Data Source Last Update:
November 8, 2023

Releasing Unwinding Data Through
Interactive Dashboard or PDF

Releasing Both State Data & CMS
Monthly Unwinding Data Reports

Releasing Only Required CMS
Unwinding Data

State



Data Report Type By State

State

Alaska

State Report (Dashboard or PDF)

Arizona

State Report (Dashboard or PDF)

State

Required Indicators

Disaggregated Indicators

Alaska

Coverage Terminations

Alaska

Procedural Terminations

Alaska

Renewals Initiated

Alaska

Sent to Marketplace

Alaska

Successful Renewals

Arizona

Coverage Terminations

Arizona

Ex-Parte/Passive Renewals

Sub-State Regions

Arizona

Procedural Terminations

Arizona

Re-enrolled/Reinstated in Medicaid

Arizona

Renewals Initiated

By Race

Arizona

Sent to Marketplace

Arizona

Successful Renewals

By Age

Arkansas

Coverage Terminations

Arkansas

Procedural Terminations

Arkansas

Renewals Initiated

By Program

State

All

Required Indicators

All

Disaggregated Indicators

All

Total # Indicators Reported

1

12

Sum of Total Indicators
Reported

267

Sum of Required
Indicators Reported

211

Sum of Disaggregated
Indicators Reported

56

NACHC Unwinding Resources!

For questions please email federalpolicy@nachc.org

Health Center Medicaid Unwinding Issue Tracker

The Medicaid unwinding issue tracking tool is designed to assist health centers in tracking renewal-related trends occurring throughout the Medicaid Unwinding.

Medicaid Redetermination Loss Estimator

Tool designed to calculate the estimated revenue loss that may occur at your health center due to Medicaid redeterminations.

Understanding Presumptive Eligibility Factsheet

An overview of what has traditionally been in place and the new waiver CMS released for presumptive eligibility to support Medicaid Renewals.

Breaking Down Medicaid Renewal Data Metrics Factsheet

This summary was developed to help health centers understand the state reported metrics and their significance during the unwinding.

PRESUMPTIVE ELIGIBILITY DURING THE MEDICAID UNWINDING
UNDERSTANDING THE BASICS

The Centers for Medicare and Medicaid (CMS) published a [list of strategies](#) that states can implement to minimize termination for procedural reasons. One of the strategies includes the use of presumptive eligibility for community-based organizations, such as health centers. Community health centers can use presumptive eligibility to provide Medicaid coverage temporarily to patients who are likely to qualify for Medicaid. This summary provides a breakdown of what has traditionally been in place and the new waiver CMS released for presumptive eligibility.

WHAT IS PRESUMPTIVE ELIGIBILITY (PE)?
Presumptive eligibility (PE) is a long-standing state policy option that allows states to train specific "qualified entities," such as health care providers, schools, government agencies and community-based organizations, to screen for eligibility and temporarily enroll children and pregnant women in Medicaid or CHIP for up to two months. The traditional PE process requires qualified entities to provide information to families on what they must do to complete and submit the full application. States providing traditional PE can be found [here](#).

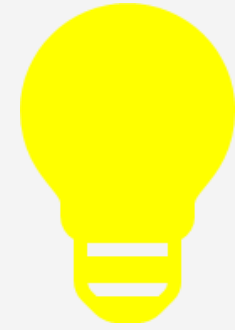
Presumptive Eligibility Time Period
Under traditional PE, the individual is enrolled until the full application is processed or until the end of the month following the PE determination.
Under the temporary waiver authority, the PE period extends from the date of the PE determination by the qualified entity to the date a final determination of eligibility is made by the agency.

WHAT'S INVOLVED IN MAKING A PE DETERMINATION?
Qualified entities must screen for continuing eligibility. However, since the temporary strategy is focused on individuals who were previously determined eligible, income is the primary criteria that must be screened for re-enrollment.

New PE §1902(e)(14)(A) Waiver Authority
The unwinding-related temporary waiver allows states to designate pharmacies, community-based organizations, and/or other providers as qualified entities to make PE determinations for individuals disenrolled from Medicaid.

This is hereby an illustration of Medicaid termination.

Share Your Health Center's Unwinding Experiences!



Noddlepod is an online collaborative learning & sharing tool NACHC uses to:

- Connect health centers and PCAs through knowledge and experience sharing
- Learn about issues and innovations from the field
- Disseminate Medicaid renewal resources & information to health centers and PCAs



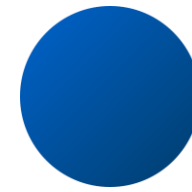
Scan the QR Code or follow the link below to sign up!

<https://bit.ly/40LqGZu>

QUESTIONS?



Upcoming NACHC Webinars



NATIONAL ASSOCIATION OF
Community Health Centers®

Register in advance [here](#)

Register in advance [here](#)

Growing CHC Behavioral Health
Providers:
Opportunities in Medicare and
Medicaid Webinar

NOVEMBER

29

4:00-5:00 PM ET

NACHC Regulatory Office Hours:
Final CY24 Medicare Physician
Fee Schedule Rule Webinar

DECEMBER

7

4:00-5:00 PM ET