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
Jennifer Tolbert
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Associate Director, Program on Medicaid & Uninsured

Erin Prendergast
Deputy Director, Federal Policy

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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

**AUGUST**

- CMS Letters on First Data Release.
- CMS Letters on Conducting Renewals at the Individual Level.

**SEPTEMBER**

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

**OCTOBER**

- 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
### Unwinding Data Reporting

**Penalties**

#### AUTHORIZATION

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

- **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.

#### PENALTIES

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).

2. **No Federal Fund Restoration**
   CMS does not intend to restore lost federal financial participation if a state submits data late.

**FAQ State Data Reporting:** June 30, 2023
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.

<table>
<thead>
<tr>
<th>PI Call Center Operations Data</th>
<th>Unwinding Data Report Renewals Metrics</th>
<th>PI Application Determination Processing Time Data</th>
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<tbody>
<tr>
<td>Average call center wait time</td>
<td>Average call abandonment rate</td>
<td>% of beneficiaries terminated for procedural reasons as a share of total beneficiaries due for renewal in May</td>
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<tr>
<td>% of MAGI application determinations processed in more than 45 days</td>
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Read the letter sent to your state’s Medicaid Director here.
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
- Reinstall 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

- **29 STATES & TERRITORIES**: Conducting automatic disenrollments at the “family level”
- **24 STATES & TERRITORIES**: In compliance with renewals at individual levels
- **19 STATES**: Had Children Impacted
- **11 STATES**: Had Greater Than 10,000 Individuals Impacted
- **500,000**: Children & Other Individuals Had Coverage Reinstated
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.

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.

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.

Read the National Health Law Program’s summary of the case here.
Unwinding the Medicaid Continuous Enrollment Provision

Jennifer Tolbert, Director, KFF
November 2023
Medicaid enrollment increased during the pandemic because of continuous enrollment but has declined since April.

Enrollment in February 2020 (month before continuous enrollment in effect): 71 million

Enrollment in April 2023 (month after continuous enrollment ends): 94 million (+32%)

Enrollment in July 2023 91.5 million (-3% from April 2023)

Figure 13

Total Medicaid/CHIP Enrollment, February 2020 to May 2023

M = Millions
SOURCE: KFF analysis of CMS Performance Indicator data.
Lack of awareness that Medicaid renewals were resuming and limited experience with previous renewals pose challenges for states.

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

Source: Centers for Medicare and Medicaid Services (CMS), "COVID-19 PHE Unwinding Section 1902(e)(14)(A) Waiver Approvals"
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:

- Disenrolled: 11%
- Coverage renewed: 21%
- Pending: 6%
- Renewals remaining: 62%

Total Medicaid/CHIP Enrollment as of March 2023: 94 million

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

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

SOURCE: KFF Medicaid Enrollment and Unwinding Tracker.
Overall, 71% of disenrollments are due to procedural reasons.

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

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

Distribution of Disenrollments by Age:

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:

- Uninsured for Full Year: 17%
- Mix of Uninsurance and Another Source of Coverage: 16%
- Re-Enrolled in Medicaid/CHIP After Enrolling in Another Source of Coverage: 9%
- Re-Enrolled in Medicaid/CHIP After a Period of Uninsurance: 33%
- 65% of People Experienced a Period of Uninsurance After Disenrolling from Medicaid/CHIP

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.

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

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."

$0 Income Strategy

NCOA and/or USPS Contact Update Strategy

MCO Beneficiary Contact Update Strategy
### Expanded Medicaid?

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

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Expansion Updates</th>
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<tbody>
<tr>
<td><strong>Alabama</strong></td>
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<td><strong>Alaska</strong></td>
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<td><strong>Arizona</strong></td>
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<tr>
<td><strong>Arkansas</strong></td>
<td>In December 2021, CMS approved Arkansas’ Section 1115 waiver request which would replace the state’s current Medicaid expansion program, Arkansas Works, with the</td>
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### Federal Medical Assistance Percentage Estimates

**State Multiplier**

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

33.56

89.87

**State**

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

33.56

**Total Number of Reporting FQHCs (2022)**

1370

**Total Number of FQHC Patients on Medicaid/CHIP**

15M

**State Population**

335M

**Expanded Medicaid?**

No

**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
### States/Territories Total Approved e14 Waivers

<table>
<thead>
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<td>New Mexico</td>
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<tr>
<td>District of Columbia</td>
<td>11</td>
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### E14 Waiver Strategy Breakdown

- **# States & Territories with Approved Waivers**
  - 1902(e)(14)(A)(1) Waivers
  - 52

- **Total Number Approved**
  - 389

- **Total Strategies to Support Enrollees with Renewal Form Submission or Completion**
  - 44

- **Total Strategies to Increase Ex Parte Renewal Rates**
  - 196

- **Total Strategies to Facilitate Reinstatement of Eligible Individuals for Procedural Reasons**
  - 27

- **Total Strategies to Update Contact Information**
  - 87

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**States/Territories SNAP Strategy MAGI**

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**States/Territories SNAP Strategy (Non-MAGI)**

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**Last Updated:** November 10, 2023
NACHC Unwinding Resources!

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.

For questions please email federalpolicy@nachc.org
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!
QUESTIONS?
Upcoming NACHC Webinars

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

Register in advance [here](#)

NOVEMBER

29

4:00-5:00 PM ET

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

Register in advance [here](#)

DECEMBER

7

4:00-5:00 PM ET