Status of the Unwinding: a National Perspective and How Wisconsin Compares
All states are processing renewals; all but Oregon are processing terminations

First Month of Terminations
# of States

- April: 5
- May: 14
- June: 22
- July: 9
- October: 1
# Themes and Issues

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Positives</th>
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<tbody>
<tr>
<td>Notices</td>
<td>People flagged as ineligible are retaining coverage</td>
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<tr>
<td>Mail delays</td>
<td>CMS offering and states taking up flexibilities</td>
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<td>Call centers</td>
<td>Many states post more data earlier than CMS</td>
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<td>Systemic and specific issues</td>
<td>Some states have voluntarily paused disenrollments</td>
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<td>Low <em>ex parte</em> rates</td>
<td>States are implementing positive long-term system improvements</td>
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<td>High procedural disenrollments</td>
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<td>Parents confused about child eligibility</td>
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<td>Slow response on corrective action</td>
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<td>Lack of awareness of 90-day reconsideration</td>
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6.6 Million Disenrolled in 48 States

- 22 million renewals due in months reported
- 31% disenrolled with 19% pending processing
- If trend continues, 27+ million could be disenrolled compared to prior estimates of 15 – 18 million

Across all states, only 26% of disenrollees were determined ineligible

- State procedural disenrollments widely vary from 0 to 99%, with a median of 74%
- Historical churn patterns suggest many will re-enroll
- Not everyone disenrolled for procedural reasons will remain eligible.

https://ccf.georgetown.edu/2023/07/14/whats-happening-with-medicaid-renewals/
Vulnerable Time for Children’s Coverage

- Eligible children are more likely to lose coverage at renewal than any other time
- The lack of communication with enrollees and families over the past three years will compound the problem
- Recently uncovered inaccuracies with *ex parte* renewals will likely exacerbate confusion for families
Children and Young Adults At Highest Risk of Procedural Disenrollment

Predicted Medicaid Coverage Loss Due to Ineligibility vs. Procedural Disenrollment by Age Group

Source: ASPE Report on Unwinding the Medicaid Continuous Enrollment Provision
People of Color Also At Higher Risk

Predicted Medicaid Coverage Loss Due to Ineligibility vs. Procedural Disenrollment by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Ineligible</th>
<th>Disenrolled Despite Being Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino</td>
<td>52.4%</td>
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<tr>
<td>White non-Latino</td>
<td>40.0%</td>
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<tr>
<td>Black non-Latino</td>
<td>47.7%</td>
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</tr>
<tr>
<td>Asian/Native Hawaiian/Pacific Isl.</td>
<td>44.0%</td>
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</tr>
<tr>
<td>Multi-racial</td>
<td>44.9%</td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>47.6%</td>
<td></td>
</tr>
<tr>
<td>White non-Latino</td>
<td>60.0%</td>
<td></td>
</tr>
<tr>
<td>Black non-Latino</td>
<td>52.3%</td>
<td></td>
</tr>
<tr>
<td>Asian/Native Hawaiian/Pacific Isl.</td>
<td>56.0%</td>
<td></td>
</tr>
<tr>
<td>Multi-racial</td>
<td>55.1%</td>
<td></td>
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</tbody>
</table>

Source: ASPE Report on Unwinding the Medicaid Continuous Enrollment Provision
How will we know if people disenrolled for procedural reasons are reenrolling?

• Awareness of the 90-day reconsideration period is often limited and disenrollees may assume they must reapply or are told to reapply.
• Regardless of whether someone is re-enrolled via a new application or during the reconsideration period, it will be reported as a new application.
• CMS reports state-level application volume on a monthly basis; comparing and trending those data will indicate if there is an increase in activity
WI Outcomes of Renewals Due (June, July)

Coverage Retained, 46.58%

Coverage Ended, 48.21%

Pending Processing, 5.21%

Wisconsin Unwinding Data Dashboard – cumulative outcomes for June and July. 
https://www.dhs.wisconsin.gov/medicaid/renewal-data.htm
Coverage Retained

- **Highest**: 73.4%
- **Michigan (2)**: 47.6%
- **Median**: 46.6%
- **Indiana (5)**: 46.7%
- **Wisconsin (2)**: 46.6%
- **Lowest**: 11.9%
Coverage Ended

- Lowest: 2.9%
- Michigan (2): 4.9%
- Indiana (5): 26.8%
- Median: 31.2%
- Wisconsin (2): 48.2%
- Highest: 60.3%
Pending Processing

- Pending processing may be a combination of renewals:
  - Received but waiting to be processed
  - A cohort of renewals held for issues
  - State may have opted to delay procedural disenrollments

- A growing number of pending processing could signal a workload backload, combined with growing shares of applications processed over 45 days and/or pending fair hearings
Need Breakdown of Required Data Elements

**Coverage Retained =**

*Ex parte* renewals + Returned form/documents

- *Ex parte* renewals allow the state to accurately and efficiently confirm ongoing eligibility at renewal using existing data sources without requiring the enrollee to submit forms or documents
- *Ex parte* renewals are cost-effective and reduce paperwork on behalf of beneficiaries and states
- The higher a state’s *ex parte* renewal rate, the lower the rate of procedural disenrollments

**Coverage Ended =**

Ineligible + Procedurally Disenrolled

- Procedural disenrollments occur when the state lacks information to make an eligibility determination
- High shares of procedural disenrollments suggest that many eligible people may be losing coverage
- However, not all procedural disenrollments represent someone who is disenrolled despite being eligible
  - Some people who have obtained other insurance or know they are no longer eligible may choose not to respond to the state’s renewal
Comparability of Data Reporting Across States is Important

- More than half the states are posting data consistent with reporting requirements, or posting the actual reports they submit to CMS, or both.
- Stakeholders should advocate for release of all unwinding-related data
- CCF is tracking unwinding data in real time
Missing WI Data Will Be Posted by CMS

• Congress required states to report specific unwinding-related data

• Failure to report in any quarter, between July 1, 2023 and June 30, 2024, will result in an automatic .25 percentage point penalty on the state’s federal Medicaid match rate; the penalty compounds for each quarter missed

• CMS is also required to publicly post the data but there is a 3 to 4 month lag

• June data (the first relevant month for WI data) won’t be posted by CMS until the end of September.
What Additional Data Will We See?

• A breakdown of:
  - *Ex parte* vs. form/document submission
  - Ineligible vs. procedurally disenrolled
  - Current month and cumulative pending processing

• Application volume and share of applications processed over 45 days

• Number of overdue fair hearings

• Breakdown of child enrollment in Medicaid vs. CHIP
CMS Guidance, Monitoring, and Oversight

Factsheet:
Returning to Regular Medicaid Renewals: Monitoring, Oversight, and Requiring States to Meet Federal Requirements

Press release

CMS Takes Action to Protect Health Care Coverage for Children and Families
Aug 30, 2023 | Medicaid & CHIP

States must assess and fix their systems so eligible children and families can stay covered.

In Advance for the Unwinding

• CMS provided an abundance of guidance and technical assistance to states

• CMS also offered states a variety of temporary waiver flexibilities to smooth the unwinding and leverage health plans
  - Some states like Minnesota adopted 10 or more strategies
  - Wisconsin adopted one: the use of the USPS national change of address database

• If states were not following all federal renewal rules, they were also required to adopt mitigation strategies to claim $$
  - Wisconsin has a mitigation strategy related to *ex parte* renewals

Big News on Ex Parte Renewals

• On August 30, CMS revealed that many states are incorrectly processing *ex parte* renewals:
  - If one household member’s eligibility cannot be confirmed via *ex parte*, a renewal notice is sent to the household. If information is not returned, all members are procedurally disenrolled
  - Mostly impacts kids due to higher income eligibility, but also others
  - States may also not be automatically determining eligibility for the state’s separate CHIP program
    - ~57% of children losing Medicaid should be eligible for CHIP

• States were required to assess their systems and processes and report the findings to CMS last week.
• CMS plans to share some results of the assessment perhaps this week
• States with the problem will need to:
  - *Identify and reinstate* coverage for those impacted
  - *Pause procedural disenrollments* until mitigation strategies are implemented
Mitigation Actions

While system and procedural issues are being fixed, the state may implement one of the following mitigation strategies:

- **Identify and renew eligibility for affected individuals prior to disenrollment.** Under this scenario, states would manually renew coverage for those who remain eligible. This is the most concerning of all strategies, since it requires worker capacity that states lack and would be prone to human errors.

- **Suspend renewals while the state implements needed systems and operational fixes.** This approach would pause renewals for affected individuals, which may be more difficult and take longer than you might think.

- **Extend Medicaid or CHIP eligibility for impacted household members for up to 12 months.** This is a great solution for children and stakeholders should encourage their state to consider this option especially if the issues are so complex that it will take months to remedy. It also moves children’s renewals to 2024 and beyond, when all states are required by federal law to provide 12-month continuous eligibility for children in Medicaid and CHIP.

- **Identify alternative strategies that must be approved by CMS.**
Mitigation Challenges

• These types of system/process fixes require significant resources:
  - e.g., planning time; IT technical design, programming, testing, and implementation; updates to procedures and staff training

• Communication challenges in ensuring that those reinstated understand what’s going on
  - Need all hands-on deck helping to reinforce state messaging

• Implications for health plans and providers

• Additional workload for eligibility and call center staff

*Fixing this is important for reducing churn, particularly for children during critical periods of child development*
Earlier Compliance Action

• On August 9\textsuperscript{th}, CMS sent all states an individual letter regarding compliance action focused on 3 metrics:
  - Call center operations (average: wait times, abandonment rates)
  - Share of procedural disenrollments of total renewals due
  - Share of MAGI applications over 45 days
  - Not only metrics CMS is using to monitor unwinding
  - WI letter was based on data prior to state’s first month of terminations

• CAA gave CMS additional tools to require states to take correction action or be subject to financial penalties
Looking Forward
Need to Double Down on Outreach and Assistance

- Through trusted community partners
- Helpful to get disaggregated data on people losing coverage for procedural reasons
- Focus on re-connecting eligible individuals
  - Children in low-income families
  - LEP Individuals
  - Rural communities and others with limited access to broadband
Beyond Unwinding

• Smooth implementation of 12-month continuous eligibility for children
  - Required as of January 1, 2024

• Full compliance with federal renewal requirements
  - States must submit compliance plans that result in full compliance within 2 years post-unwinding

• Boost data reporting and transparency permanently

• Advocacy for permanent adoption of unwinding temporary strategies that benefit states and enrollees

• Use lessons learned during the unwinding to make long-term system and policy improvements
Feedback Loops Critically Important to Program Improvement in Short and Long Run

- Assisters and providers are key sources of intel from field
- Stakeholders should collaborate on key feedback and possible solutions offered to state
- States need specific examples and may default to fixing a case rather than the systemic root cause without persistence
- Collecting and sharing lived experiences make it real
- Media helps create awareness of issues
- Ongoing collaboration encourages two-way communication and builds trust
Want to Learn More?

- CCF Resources:
  - Check out our unwinding pages including data, blogs and webinar recording
  - [https://ccf.georgetown.edu/subtopic/unwinding-phe/](https://ccf.georgetown.edu/subtopic/unwinding-phe/)
  - 2023 50-State Survey on Medicaid and CHIP Eligibility and Enrollment
  - State Health Value Strategies Unwinding Resources
  - CMS Unwinding Resources

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