



Headquarters
185 Berry Street
Suite 2000
San Francisco, CA 94107

650.854.9400
650.854.4800 fax

**Washington Office &
Barbara Jordan
Conference Center**
1330 G Street, NW
Washington, DC 20005

202.347.5270
202.347.5275 fax

June 20, 2024 | Virtual Event Transcript

How State Medicaid Programs Are Approaching Eligibility, Enrollment, and Renewals, During and After the Unwinding

Webinar Host: Hello, and welcome to KFF's web event, How State Medicaid Programs are Approaching Eligibility, Enrollment, and Renewals During and After the Unwinding. To view the ASL interpreter, click on the globe icon and select American sign language at the bottom of the screen. Automated captions can also be turned on. Today's event is being recorded, and later today, an email will be sent to all registrants with a link to the recording and the slides that will be shown during the presentation. You're welcome to submit questions for the panel discussion at any time during the event. Access the Q&A function at the bottom of the screen. And now, it's my pleasure to introduce today's event moderator, Robin Rudowitz, KFF Vice President and director for the program on Medicaid and the Uninsured.

Robin Rudowitz: Good afternoon. Thank you all for joining us today for our web event, looking at Medicaid and CHIP eligibility, enrollment, and renewal policies as states were wrapping up the unwinding of the three-year continuous enrollment provision that was in place during the pandemic and ended on March 31st, 2023. We are thrilled that so many people were able to join us for this important discussion as we look back on unwinding, but also look to the future as many lessons learned and policies adopted are likely to stay in place. Overall, Medicaid and CHIP enrollment increased by over 30% to reach a record high of over 94 million before the unwinding began. As Medicaid coverage increased, data show that the uninsured rate hit near-record lows. The continuous enrollment provision helped to stabilize coverage and reduce churn on and off of Medicaid. Unwinding has resulted in millions of redeterminations, but also millions disenrolled from Medicaid with net declines in enrollment in nearly all states.

The unwinding has been an extraordinary effort for states and CMS with high stakes or serious consequences for Medicaid enrollees who are children, parents, pregnant people, working adults, and seniors, and people with disabilities who rely on Medicaid for access to basic and preventive medical care as well as life-sustaining medications and treatments, mental health and substance use disorder treatment, and long-term services and supports. Loss of Medicaid can result in stress, anxiety, disruptions in treatment, and high out-of-pocket costs or medical debt. Leading up to and during the unwinding, CMS has released a lot of guidance for states to help promote continuity of coverage,

mitigate procedural disenrollments, and increase ex parte renewals. And states have taken up a lot of these options, and we will hear more about that during our discussion today.

Earlier today, in collaboration with the Georgetown Center for Children and Families, or CCF, we released our 22nd annual survey of state Medicaid and CHIP eligibility enrollment and renewal policies showing what policies were in place as of May 2024 for children and most adults, those who qualify on the basis of modified adjusted gross income or MAGI. While most of what we cover today will focus on these populations, we have also released our eligibility, enrollment, and renewal report for Medicaid enrollees who qualify on the basis of age or disability. These are often referred to as our non-MAGI populations. Pathways for coverage, as well as enrollment and renewal policies, are often more complex for these populations, and this survey was conducted in collaboration with Watts Health Policy Consulting.

These reports include a lot of detailed information that we will not get to cover in our short time today, and they are an enormous team effort to produce. I first want to thank all the states who took time to participate in these surveys. We are always grateful for state participation, but even more so this year because we know it was such an extremely busy time. I also want to recognize the staff at KFF, at CFF, and Watts Consulting who worked on the substance of these reports, but also a big shout-out to our communications and productions teams who helped to organize this webinar and get the reports posted and disseminated.

And finally, I want to thank our amazing panel of experts. We look forward to hearing today from Jennifer Tolbert from KFF, Tricia Brooks from CCF, who will walk us through some of the high-level findings from the annual survey, and then we'll turn to a more detailed discussion with a panel to offer perspectives from the federal government and two states. We are really looking forward to hearing from Jessica Stephens, a senior policy advisor at CMS, Patrick Beatty, deputy director for Ohio Medicaid, and Emma Sandoe, Deputy Director of Policy for North Carolina Medicaid. So, now I will turn it over to Jen and Tricia to kick us off with the findings.

Jennifer Tolbert:

Thanks, Robin. So, before I get started with the findings, I just want to take a minute to acknowledge the incredible team that made this work possible. Tricia Brooks and Alexa Gardner at Georgetown Center for Children and Families, Brad Corallo, Sophia Moreno, and Anna Mudamala at KFF. And as Robin said, we certainly couldn't do this work without state participation, and we are so

grateful for all of the state staff who coordinate with us and answer and respond to our many questions throughout the process. So, thank you to you all.

Okay, let's get started with the findings. Next slide, please. So, when we released our findings last year, states were just starting the unwinding of the continuous enrollment provision. Now, more than a year later, many states have completed all unwinding renewals, and more are expected to finish this month. In a few states, the unwinding period will extend beyond June. Five states are slated to complete renewals in July, and the rest over the following months. According to the KFF unwinding tracker, 51 million people have had their coverage renewed, and 23 million people have been disenrolled from Medicaid since the start of unwinding. Next slide, please.

One thing we knew heading into the unwinding was that states were facing workforce challenges. Many states reported vacancies among frontline eligibility workers, and there were concerns about the training of new staff. Unfortunately, most states continue to report eligibility worker vacancies. And among the 44 reporting states that have responsibility for frontline eligibility workers, some states delegate this responsibility to counties. 32 reported that staff vacancies had a significant or moderate impact on the ability to process renewals and applications. Slightly fewer states said staff recruitment, retention, and training challenges affected the work. Next slide, please.

So, throughout the unwinding period, all states took steps to streamline the renewal process, and most want to maintain some of those changes after the unwinding period ends. While, in some cases, these changes were made in response to compliance issues identified by CMS, states made many of the changes to alleviate staff workload and make it easier for eligible individuals to retain coverage. Among the 50 reporting states, all said they want to maintain strategies to increase ex parte or automated renewals, and over two-thirds of states said they plan to continue the enhanced outreach to enrollees and engagement with health plans in the renewal process. Some states also made changes to improve notices and simplify renewal forms that they plan to keep. Next slide, please.

During the unwinding period, CMS made available temporary waivers under section 1902-E14A of the Social Security Act to give states additional tools to streamline renewal processes. Nearly all states adopted at least one waiver. Florida was the only state that did not. And all but four states said they would like to make one or more waivers permanent. A majority of states said they wanted to maintain the ability to accept updated contact information from the national change of address database, the Postal Service returned mail, and

health plans without having to confirm the change with enrollees. Importantly, CMS has already made these options permanent through the eligibility and enrollment final rule issued in March.

Over half of reporting states also wanted to keep flexibilities that have helped them increase ex parte renewal rates, including allowing ex parte renewal of certain individuals with zero income and using SNAP or TANF eligibility to renew Medicaid coverage. CMS has extended the availability of the E14 waivers that haven't already been made permanent through June 2025. Next slide, please.

As just mentioned, all states have adopted strategies to improve ex parte renewal rates. And just as a reminder, ex parte renewals are those that are conducted by checking available data sources to confirm ongoing eligibility and do not require enrollees to take any action. During the unwinding period, the share of renewals completed using ex parte processes has increased. And according to the latest KFF tracker data of people whose coverage was renewed, 60% were renewed on an ex parte basis. In 2024, 34 states reported that the ex parte process was mostly automated and that automation, along with other changes to the process such as updating system rules, increasing the number of data sources used, as well as adopting E14 waivers, likely contributed to the overall increase in the ex parte rate. Next slide, please.

So, to begin to get a sense of what lessons we can learn from the unwinding period, we asked states to report the top challenges and successes from the past year. In addition to workforce issues discussed earlier, states cited changing federal guidance and the sheer volume of work as challenges. They also noted systems issues and difficulties with enrollee communications and engagement as challenges. At the same time, states reported improved communication with enrollees and enhanced engagement with stakeholders as among their most significant successes. And perhaps not surprisingly, given the focus of state action, a quarter of reporting states said increased ex parte renewals was a top success. And in some cases, it appears that state responses to the biggest challenges led to significant improvements and even successes. Several states reported systems limitations as a major challenge but also noted that the adoption of a new eligibility system or quick upgrades to existing systems were major successes. So, with that, I will turn things over to Tricia to present additional findings.

Tricia Brooks:

Thanks, Jen, and good afternoon, everyone. Thank you for joining us today. And I want to add or echo our thanks for all the state officials who take their time to talk to us and deal with a lot of the follow-up questions that we have. I'm going

to switch gears away from the unwinding to discuss some of the eligibility-related findings of the survey this year. Next slide, please.

As we were analyzing the survey responses, we were mindful of changes that have been informed by the three years of continuous enrollment as well as policies that will be impacted by the new eligibility and enrollment rule, with some provisions effective on June 3rd, and others phased in over the next three years. In preparing for the unwinding, some states took steps to align key renewal processes for seniors and people with disabilities, known as the non-MAGI groups. Align those with those already in place for groups whose eligibility is based on MAGI, which includes children, pregnancy, and adult coverage. When we compare last year's MAGI survey with the results from this year's non-MAGI companion survey, we see increases in the number of states that are already meeting certain requirements enacted in the rule. All states in D.C. have dropped in-person interviews for non-MAGI, 49 states provide a ninety-day reconsideration period after procedural disenrollment, 48 states provide a minimum of 30 days to respond to renewal, and 38 states already send pre-populated renewal forms. Next slide, please.

A churn study by MACPAC in 2022 revealed that one in four children experience a gap when transitioning between Medicaid and CHIP in both directions. One of the contributing factors is that states have not been required to transfer accounts between programs if the individual does not respond to a renewal request, even if the state had data on file indicating eligibility for the other program. But the new eligibility and enrollment rule addresses this problem by requiring states to accept determinations from the other program. 21 of the 30 states with separate CHIP programs already used data available to Medicaid to transition a child to CHIP. But as you can see here, seven states were not transferring children losing Medicaid for procedural reasons to CHIP during the unwinding, and they will need to make systemic changes to comply with the new rule. Next slide, please.

Now that COVID-related continuous enrollment no longer protects individuals unless optional continuous eligibility has been adopted, states are required to act on changes that impact eligibility between renewals, and 16 Steps plan to go beyond processing a reported change to actually conducting routine data matches to identify potential changes in income. But we all know that periodic data matching can lead to churn for low-wage earners who have frequent fluctuations in income. However, twelve-month continuous eligibility for children became effective at the beginning of this year. Going forward, states will not be able to disenroll children due to income changes in between renewals. But prior to and further inspired by continuous enrollment during the

pandemic, 13 states are taking steps to provide multi-year continuous coverage to children, particularly for young children during their early developmental years. Oregon, Washington, and New Mexico have already federal section XI-XV waiver approval to implement the policy for children up to their sixth birthday. Additionally, a couple of states are seeking approval for two-year continuous eligibility for older children and adults, with Oregon already approved to do so. Next slide, please.

Prior to the ACA, most state Medicaid systems also determined eligibility for non-MAGI and non-health programs, including SNAP. In implementing the ACA, many states first built a standalone MAGI-based eligibility system effectively de-linking, non-MAGI and non-health programs. But over the years, states have steadily reintegrated non-MAGI and non-health programs into their new MAGI-based systems. But the need for system changes to manage an unwind continuous enrollment means that reintegration took a backseat with no changes to these counts in the past year. Two-thirds of states have integrated non-MAGI and MAGI, and about half the states have integrated SNAP and TANF, and just under a third of states also determine eligibility for child care-subsidize systems. Although there was a shift in system priorities, Medicaid systems in most states will emerge from the unwinding with notable improvements, particularly in increasing ex parte rates and aligning processes across MAGI and non-MAGI Medicaid. Next slide, please.

In this year's survey, we collected new information about how online account users can reset their passwords and if and where multifactor authentication is required. Keep in mind that to apply online, applicants must first set up online accounts, as no state offers an online application that is separate from online account management. Of the 49 reporting states with online accounts, most offer more than one way to reset your password by answering security questions at 32 states, using a link sent via email or text in 33 states, or contacting the Medicaid call center in 29 states. Now, more than half of the states require new users to go through an identity verification process before setting up an account, and 28 states require multifactor authentication as security measures to protect personal information. Multifactor authentication is required to set up an account in 25 states, to reset the password in 22 states, every time the account is accessed in 13 states. Next slide, please.

Now, despite all the demands of the unwinding, 13 states expanded income or immigrant eligibility for children and/or pregnant people in the past year. Five states increased income eligibility for children and/or pregnant women. Five additional states now use federal funds to cover lawfully residing children and/or pregnant people. Three states extended 12 months of state-funded

coverage to postpartum immigrants who did not otherwise qualify for Medicaid, and one additional state joins a dozen others using state funds to cover all children regardless of immigration status. Next slide, please.

Most states suspended premiums for children during the pandemic. Of the 30 states charging premiums or enrollment fees when we last collected the data in 2020, nine states have permanently eliminated premiums. Four states are also continuing to temporarily or indefinitely suspend premium collection. A contributing factor may be the impact of mandatory twelve-month continuous eligibility for children. Before Congress lifted COVID-related continuous enrollment, CMS issued guidance that disenrollment for non-payment of premium is not among exceptions that allow children to be disenrolled during a continuous eligibility period. Those exceptions are limited to moving out of the state or requesting voluntary disenrollment.

Looking forward, we see other positive changes for children in the eligibility and enrollment rule, including the elimination of waiting and lockout periods for children. Nine states currently require that children be uninsured for up to 90 days before CHIP enrollment, while eight states lock kids out of coverage for up to 90 days following disenrollment for non-payment of premium. These policies create gaps in coverage and continuity of care that are not allowed in Medicaid. States with these policies will need to eliminate them in the coming year. On a closing note, there is an abundance of 50 state data to pick through in the report's 26 appendix tables, but I know everyone is anxious to hear from our federal and state guests about their experiences during the unwinding and lessons we're carrying forward. So, I'll turn it back to Robin.

Robin Rudowitz:

Great. Thank you so much, Jen and Tricia, for that great overview. It was certainly a lot of information. And now, as promised, we are going to turn to a discussion with our panelists and get some perspectives from the federal level as well as from the states. So, I wanted to kick off a first question with a high-level overview of looking back how things went, a little bit of where things stand, and maybe some key priorities or most pressing priorities that you're facing right now. So, I'll start with Jessica. Maybe you could talk a little bit about what CMS is up to in terms of working with states and oversight.

Jessica Stephens:

Sure. And first, I'd like to just thank you for the invitation and for the great report that was just released today. I mean, I think, as Jen noted walking through the beginning of the report, that states are really in different places with unwinding-related renewals. Some are wrapping you. Others are going to take a little bit longer to get through the unwinding-related renewals. But what we're also focusing on is the fact that renewals are an ongoing process. Right?

So, even though we have all been very much focused on the unwinding, our priorities continue to be laser-focused on ensuring that eligible people have access to coverage, whether that's through Medicaid or CHIP, the basic health program if eligible, a market health insurance marketplace, Medicare, or employer-sponsored coverage.

We're also continuing to work with states on simplifying and streamlining enrollment and renewals so eligible people can enroll and have quick access to services when they're eligible and then stay covered without gaps in coverage. But to some of the points that I think Tricia was making at the end there, that there are so many lessons from both the public health emergency continuous enrollment and unwinding that we're seeking to embed in the fabric of Medicaid and renewals moving forward. And so, we're also focused on things like continued data reporting, and we've recently put out guidance noting that data will continue to be reported. Strategies, guidance on implementation of existing rules, and certainly the new eligibility and enrollment final rule that will make improvements, and so our one-on-one TA monitoring continues on all of those things regardless of where states are.

Robin Rudowitz: Great. So, you will remain pretty busy, it sounds like. So, let's turn to the states. I wonder, Patrick, if we could hear a little bit from the state perspective about how you think things went and a quick overview of where you are now.

Patrick Beatty: Sure. So, Ohio is done with unwinding. Our last month technically was April, although I count with March. The whole process went really well. It wasn't easy, but I thought, overall, with the tools and workflow that we brought to this job, it went very well. I think our numbers show that, and that's basically it.

Robin Rudowitz: Great. Emma, do you want to jump in?

Emma Sandoe: Sure. So, in North Carolina, we are one of those states that Jessica mentioned that is taking a little bit longer, but we can see the light at the end of the tunnel for the process of unwinding. A couple of things that are really important context of where North Carolina is prior to the pandemic, every single Medicaid renewal needed to go through a human being. And we have a county-run system, so there's 100 different counties that the county workers process all of the applications, which makes it very difficult for us to know exactly the nitty-gritty of what's going on at the eligibility worker level. And with the help of our partners at CMS, we've really modernized our eligibility system, so now we have a lot more of the renewals, as well as applications, going straight through our computer system so that our eligibility workers are able to focus more on those complex cases and the back and forth with individual Medicaid beneficiaries.

We know that a lot of our county workers were newer to the process of terminating individuals, and so we did a lot of training of those workers because many had never processed a termination. Fortunately, we did the redetermination process throughout the pandemic, just not terminating people but keeping up-to-date information on folks. And so that really did help us through the process, but we do have such a decentralized process that we are working through some of our backlog still to make sure that we are capturing all of the information from all of the folks through the unwinding process.

Robin Rudowitz: Great. That was a nice overview, I guess. In thinking back, there were certainly many, many challenges, I think. I was wondering if there was anything unanticipated, and maybe talk a little bit about either unanticipated or anticipated challenges and if there was a particular solution that was helpful in addressing that. And maybe, again, we'll start at the federal level and then move to the states.

Jessica Stephens: I don't know if it was necessarily unanticipated, but there are ... I think the degree to which additional strategies were needed among states to help ensure that eligible individuals remained enrolled, and that included some of the challenges around capacity and workforce that I think are also highlighted in the survey. And I think one of the ways in which, in collaboration with states, we at the federal government worked was through identification and development of many new 1902 E14 strategies or other approaches that states could adopt. We now have over 25 strategies, and roughly 400 of them that have been approved across almost all states. And so, I think it really demonstrated the importance of continuing to streamline and simplify eligibility and enrollment, especially at the point of renewal, which is what those strategies did, but also the impact of state choices that the state policy choices in implementing some of those strategies have real consequences and why we are continuing to work to figure out which ones of those strategies can be made permanent.

Robin Rudowitz: Great. Emma, do you want to jump in on this one first?

Emma Sandoe: Sure. I think that the thing that comes to most people's mind about what happened during the unwinding process in North Carolina is a Medicaid expansion happened about halfway between the start of the unwinding process and now. So, mid-course, we did a rather significant change to our eligibility processes, and we didn't get approval from the legislature or final approval from the legislature until about October, so the exact timing of when Medicaid expansion would start was a moving date for most of the unwinding period. And then, implementing that, which is very eligibility-focused on top of all of the unwinding activities, certainly took a toll on our staff as well as our IT systems,

but we were able to prepare for that and successfully launch. We've got over 450,000 people enrolled in Medicaid expansion in North Carolina. Today, well over that.

But I do want to point out that it's not the only thing that North Carolina has been doing during the unwinding period. We combined our separate CHIP program into our Medicaid program midway through the unwinding time period as well, as well as we're launching a managed care product in 12 days for many of our population, and launched managed care for most of our population during the COVID pandemic. We like to say that in North Carolina, we do everything all at once all the time, and that certainly has taken ... it makes things more complex. But at the same time, I think it also makes it easier for us to know that we've got updated information on our beneficiaries because we've been contacting them for all sorts of reasons. Rather than not talking to them since 2020 and then going through the redetermination process four years later, we've been sending lots and lots of pieces of information over the last several years, and so we were really helped out with getting that.

I think one thing that we didn't anticipate as much was how big of a barrier mail is. That had historically been the main way in which we communicated with Medicaid beneficiaries. And as we know, Medicaid beneficiaries move around a lot, as well as mail gets either lost or not misplaced. And so we saw a lot in our data that people were really responding to the text messages, automated phone calls, emails, and other ways in which we were communicating with Medicaid beneficiaries. And so that's a bright spot in the unanticipated, but also a thing that we have really learned from this process.

Robin Rudowitz: Great. You touched on a lot there. And, Patrick, do you have anything in terms of challenges and also those strategies that were effective in meeting those challenges?

Patrick Beatty: Yeah, I think for the most part, we had fairly good understanding of the anticipated challenges. There was one that was entirely unanticipated. I think other states will agree that the individual versus household was something that was not on our radar and how those cases were processed. However, fortunately, we had a packet of tools, including bots and external data sources, that allowed us to immediately pivot on that issue. And the short-term and long-term outcome of that switch is significant for our state. It really has improved our ex parte rate and has reduced procedural terminations, and has made our workflow much better. So, I think that was an unanticipated thing, and had that not come up, we wouldn't be as well situated today.

Robin Rudowitz: Just staying on that for one minute, you talked a little bit certainly about increasing ex parte rates. I'm wondering if there are other effective policies in those if there are other metrics that you were looking to as to measure the effectiveness of some of those policy changes, if there's anything else that comes to mind in that area.

Patrick Beatty: Yeah, there were. I mean, periodically, we would go over and discuss things with the legislature in hearings and the like, and the topic came up about procedural terminations and who are they. And why are these individuals not responding? And so we were able to do some analysis on these people using data that I think most states didn't have access to. We had a third-party vendor specifically employed for the purposes of unwinding, and they would tap external data sources that our E&E system doesn't touch, and they would analyze each of the individuals that are up for renewal that were not renewed ex parte and tell us about them, the likeliness of their eligibility or not. And they would draw down the data and supply that to our county caseworkers. But we were able to use that same data to analyze who are these people that didn't respond and got terminated, and we found that about half were likely ineligible. And so that solidified for me an understanding that I had that was just on instinct about who wasn't responding and why they weren't. And so we've got that, and we're also doing a survey of individuals who were disenrolled to actually ask them why they didn't respond, and that's a work in progress.

Robin Rudowitz: Great. I'm wondering if we could think about going the future and if we think about all these lessons learned and things that will have an impact on the program going forward. And I think, Jessica, you talked a little bit about this. It's like a new normal in terms of a lot of things are going to be just ... have been and will continue to be incorporated into programs in terms of enrollment and renewal processes. I'm wondering if everyone might have some type of comment on what the new normal looks like in your state or from the federal government perspective. Maybe start with Jessica again.

Jessica Stephens: Sure. I mean, I think there are many, many lessons that we've learned not just from the unwinding process but also from the PHE before. Overall, I think it's really put a spotlight on the importance of simplifying and streamlining renewals but also at the application side too. And I think we think about it as the beginning of the work. For example, some of the things we just did that I think, Emma, you referenced the fact that many Medicaid agencies, for the first time, started using text messaging to communicate increased outreach across agencies. All of that has been critical and effective in helping eligible individuals continue to remain enrolled. We've learned a lot about mail and returned mail, and so that too will also continue. We're not going backwards.

I think at the federal level, the data that has been reported and that we've been releasing for the first time has allowed for a greater data-driven monitoring and oversight approach that we want to continue both in the oversight that we do but also in the technical assistance. And some of that work on the federal side has already started. We referenced the March 2024 final Medicaid and CHIP eligibility rule that already made certain strategies permanent, but there's additional work that we continue to do to identify some of those best practices and lessons and embed them. And so, I think we're committed to continuing to do all that we can with states to ensure that this is just the launching pad for the future of the work to come and not the end.

Robin Rudowitz: Nice. Emma, do you want to talk about the new normal?

Emma Sandoe: Sure. So, I think that we have a mindset of as much technology and as little beneficiary touch as possible is the direction that we want to go in eligibility. So, what can we automate? What can we make more permanent so that we're not depending on getting answers that we already may have access to from beneficiaries? We took advantage of a really big flexibility and are really excited about this flexibility. Half of our beneficiaries are children, and we did a lot of analysis that they almost always remain either enrolled. Or if they disenroll, they come back very, very quickly because, unfortunately, children tend to stay at the income levels that they are at for much of their childhood. And we have an 1115 waiver out with CMS to extend that continuous coverage for children through age six and then two-year enrollment periods for children through the rest of their childhood. And that whole policy has just been absolutely wonderful, and we've really heard from our provider community. So, I think maintaining children as much as possible is a really, really key priority for us long-term.

And then the last thing I'll just briefly mention is I think we learned so much collectively about the eligibility process generally with our community partners. I don't know how many people knew the terms *ex parte*, but certainly, I don't think the Roman dictionary included the definition that it's either done through the computer or a person doing it, which is a really important point that we try to make as much as possible. But working closely with our community partners so that they know the eligibility and enrollment process has been absolutely crucial to our success and getting involved in all of the intricacies around eligibility because our community partners are usually the ones that are speaking with beneficiaries on the ground level and having them have more information and more knowledge about what needs to get done is really, really important. And I hope that's not a lesson that gets forgotten, the importance of engaging our community.

Robin Rudowitz: Great. Last word to you, Patrick, and then we're going to turn to some of the questions that we're getting from folks that are writing in.

Patrick Beatty: I echo what Emma said. It really was all hands on deck. Our community-based partners were strategic in how we developed our actual unwinding plan. They were part of that planning and development process. Our managed care plan stepped up and helped extremely with outreach to individuals who couldn't be renewed ex parte. And I think what we started in ... shortly after the pandemic started, we began planning for this, and that was the first dive into our programming of our A&E system. We used to have an ex parte rate of about 10%. We're now pushing 80 to 85. And what we have learned is that it's not just a one-and-done. It is an ongoing process of improving the programming logic in your eligibility system, and it takes a lot of patience and a lot of time to do that. Then you're going to be much better situated, and the people that you serve are going to be better situated, so we're going to be continuing to do that work.

Robin Rudowitz: Great. Well, I wonder if I can invite Tricia and Jen back on. And I know we're getting a lot of questions. We probably won't get to all of the questions. But one that has come up, which I'm not sure if our state panelists, Ohio or North Carolina, might have any insight into. Of course, we don't know, because national survey data is quite lagged, what the result of all of this will be for the uninsured, but I know Ohio said you're doing a survey of individuals who are disenrolled. I'm not sure if there's any information that you might have at the state level that might provide some information about what is happening to the people who are disenrolled, if they're being [inaudible 00:43:51] or the magnitude of that change.

Patrick Beatty: I don't have any data yet. This is going to take some time to find that out.

Robin Rudowitz: And it might be not as big of an issue because you have things working in multiple directions, unwinding, and then expansion in North Carolina. So, I'm not sure if you have any thoughts on uninsured rate.

Emma Sandoe: No, but I would say that we are a part of the federally facilitated marketplace, and the processes around making sure that people transition to the federally facilitated marketplace has been really helpful to reiterate a lot of those policies and make sure that we have the flexibilities at healthcare.gov really aligning with the flexibilities around unwinding to make sure that people are able to transition from Medicaid coverage to the marketplace has been very helpful. But certainly, the marketplace can't capture everyone, and so we have to do more analysis and are working with some of our research partners in the state

to do some of that analysis. But as Patrick mentioned, it does lag in terms of data.

One thing that I do want to just flag is I mentioned that Medicaid expansion occurred a couple of months after we launched the unwinding process, but fortunately, for people that we knew for a fact that they were still eligible for our family planning benefit, which covers individuals in the same way that Medicaid expansion does, but up to 196% of the federal poverty level but only covers family planning related services. We were able to move them into the family planning benefit. And then December 1st, when we launched Medicaid expansion, we converted them from partial benefit to full Medicaid expansion benefits on day one, and we were able to convert about 260,000 people day one from the family planning program to Medicaid expansion. And those were really maintaining a lot of those people that would've otherwise gone uninsured, and so that was really important that we had that family planning program to really hold on to a lot of those individuals.

Robin Rudowitz: Great. We have a little bit of maybe a basic question that anyone can answer about what data sources agencies are using to conduct ex parte renewals. So, I don't know if anyone wants to jump in on that one.

Jessica Stephens: I could start more general. Well, go ahead, Patrick. I see you were about to jump in.

Patrick Beatty: No, you go ahead.

Jessica Stephens: I would say, more generally, and Emma and Patrick can speak to their specific states, so states are required to use available information in the beneficiary account along with a variety of sources depending on the eligibility criteria. And so, for example, for income, most states use quarterly wage data. They use unemployment data. Some states use data from the IRS, so federal tax information, along with a number of state and commercial databases, to continue to verify income residency, in some cases, and other information. Anything I missed, Emma and Patrick, that you're using?

Emma Sandoe: No, I would just say that we've got a lot of state systems for wage information that have been really, really helpful to get that real-time data on individual's income.

Patrick Beatty: Yeah, basically SPICA, UC, SSA, Homeland Security for citizenship verification, and that kind of stuff.

Jessica Stephens: Other programs that I forgot: SNAP, TANF.

Robin Rudowitz: Great. I think we also have another question about what's happening to individuals in transition in either churn back onto the Medicaid program or transition to other coverage. And I'm not sure if there's any ... if you're collecting or have any data that might provide some input into shares of people that might be either churning back onto the program after disenrollment or transition to some other coverage. It's probably a state question because missing a lot. We don't have that much data at the federal level.

Patrick Beatty: There we are.

Emma Sandoe: Yeah, this is something that we are doing more research into. We don't have enough months of information to really be able to speak with authority about exactly what's going on here. But I can say that since Medicaid expansion has been implemented, those numbers really changed in terms of the percent of people that are coming back to the program because there's a lot of people that, once they realize that they didn't provide information, are eligible for Medicaid expansion, so that has been helpful.

Patrick Beatty: Yeah, we actually developed a churn dashboard. Still having some connectivity issues.

Robin Rudowitz: Oh, yeah. It looks like you're a little frozen. I'm wondering if anyone might talk about, and I know we'll give Patrick a minute, but talk a little bit more in-depth about the role managed care plans might have to help with the process and coordination, so either from a high level, what we've seen from the survey in terms of any information there, or at the state level?

Jessica Stephens: Oh, go ahead, Patrick, if you're back.

Patrick Beatty: I was going to say, so we used our managed care plans for a variety of different things. One, the outreach, engaging individuals who were not groomed ex parte. They used multiple modalities. We would give them lists of the members that hadn't been renewed. We would track. They would report back to us on a monthly basis the results of their outreach efforts. We're analyzing that now to see the delta between the plans in terms of who was most effective and what their methodology was. We used the plans through an E14 to assist the individuals in completing paperwork for renewals, and that seemed to be somewhat effective. It was a small number, much smaller than we thought it would be. And we used the plans to provide updated addresses, and that was helpful as well.

Jessica Stephens: Yeah, I was just going to add on. I think Ohio took up many of the newer strategies that were available for work with managed care organizations, but certainly, over half of states adopted the E14, a waiver option to do outreach to get updated contact information, which, to Emma's earlier point about mail, has been a critical part of all of the work that has been done, all the efforts to get updated contact information. But managed care plans have also served ... managed care, and let's say related plans, have served critical roles in outreach, transitioning from Medicaid over to the marketplace, as well as supporting the renewal process through outreach and engagement in a number of different ways across many states.

Emma Sandoe: In North Carolina, we have a process where if the managed care organization thinks that somebody may have moved or something like that, we receive that and look into each and every individual. But North Carolina Medicaid is the source of truth because we certainly wouldn't want somebody to not get their notification or whatnot if there was wrong information provided. But one thing that we did, which was really, really, really helpful, was we sent information on procedural denials to help really with that getting people enrolled into a healthcare.gov plan or another insurance so that they're not left uninsured so that we keep our managed care organizations active in ensuring that people are transitioning into other health insurance programs if they are removed from the Medicaid program.

Robin Rudowitz: Great. And I think this may be the last question and an ending to a little bit where we started, but we have a question about what happens if states don't finish by the deadline. And we started. There was a shifting deadline, and states are in different places. So, wondering when the unwinding ends and how you're working with states that may be behind.

Jessica Stephens: Well, we're in a very different place from where we were back in March of 2023 for all the reasons that we just talked about. CMS recently put out some rough timing of when states were anticipated to complete most of their unwinding-related renewals. Though initially, we anticipated that states would have 12 to 14 months, and by June of 2024, which is around now, most states would be done. But CMS made available many waiver options, some of which extended the timeframes, and states were required to implement mitigation strategies and other approaches, some of which also extended the timeframes. So, I think states are actively working. Our goal continues to be ensure that eligible people remain enrolled as we move from the unwinding period into regular renewals. So, I would say there's not a specific timeframe that states are working towards, but we're actively working with them to ensure that they get to the finish line, which is not a finish line because renewals are forever.

Robin Rudowitz:

Ongoing. Well, I think that was a good last question to end on. And I think we do have a lot of questions that I can't get to cover everything in this short time that we've had. And as Tricia ended her talk with, there's so much more in these reports, lots of detail, and I really encourage folks to dig into those details, including all those appendix tables. And I think we're all going to walk away from this briefing confirming that unwinding has been a huge undertaking for both the states and the federal government and that there have been an array of policy choices as well as implementation of those policy choices that really make a difference in terms of making sure that eligible people remain able to get coverage and maintain coverage.

So, looking to the future, the unwinding has spurred these ongoing changes in enrollment and renewal processes that will become part of this new normal for operations. And we've also heard about a number of states making eligibility changes that will broaden access to coverage for more people. So, with that, I want to wrap up and thank everyone who came and participated in the webinar. And also, again, a huge thank you to our panelists for sharing their time and expertise. And I want to remind everyone that the slides and a recording of the webinar will be available later today, and there'll be an email sent out when that is available. And that concludes our webinar.

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