The End of the Public Health Emergency: Medicaid Redeterminations

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Today’s Agenda

- **A Quick Review**: COVID-19 Authorities, Emergency Declarations, and the Public Health Emergency

- **Examples**: The Key Requirements and Flexibilities Tied to the Public Health Emergency

- **A Deeper Dive**: Medicaid Redeterminations
Background: Emergency Authorities at Play in the COVID-19 Pandemic

- **COVID-19 Public Health Emergency Declaration (PHE)**
  - Declared on January 31, 2020
  - Last renewed effective July 15, 2022; extended through October 13, 2022
  - Triggers a variety of federal emergency powers
  - Remains in effect for 90 days unless the HHS secretary renews/terminates
  - Although not required, HHS has indicated it would provide states with 60 days’ notice of possible termination

- **Families First Coronavirus Relief Act (FFCRA)**
  - Signed into law on March 18, 2020
  - Ties several Covid-related provisions to PHE:
    - Coverage for COVID-19 testing & testing-related services without cost sharing in commercial plans & Medicare
    - Coverage for COVID-19 testing, without cost sharing, for nearly all Medicaid/CHIP populations (with 100% FMAP)
    - *An increase of 6.2 percentage points in a state’s FMAP provided certain maintenance of effort requirements are met, including the Medicaid enrollment for certain beneficiaries is maintained through the end of the month in which the PHE ends*

- **State Emergency Authorities**
  - Many states still have emergency declarations that may be tied to federal PHE.
  - Review needed to understand state actions that end with termination of PHE.
Status of the Federal PHE – Important Dates

• The end date of the PHE was most recently extended to October 13, 2022
• The Administration has said that it will give states a 60-day notice before the PHE expires
• 60-day notice would need to be given by August 14
• Once PHE ends, most requirements/flexibilities will likely end automatically
  • Re: the increase of 6.2 % in a state’s FMAP, if the PHE is not once again extended:
    • the continuous enrollment requirement will end November 1, 2022
    • the enhanced FMAP will conclude at the end of the quarter (December 31, 2022)
Conditions for State Medicaid FMAP Increase

1. Coverage of Covid testing & treatment w/zero cost-sharing
2. Continuous enrollment
3. Maintenance of eligibility standards
4. No increases to premiums
Medicaid Redeterminations: The Numbers

• Medicaid/CHIP enrollment grew to 87.9 million from February 2020 to March 2022

• 16.7 million more people are enrolled in Medicaid

• Enrollment increased in every state — ranging from ~15% to 64.5%

• Adult enrollment has outpaced child enrollment – 32.3%

• KFF Analysts estimate between 5.3 million and 14.2 million Americans could be disenrolled in the months following the end of the continuous enrollment requirement.

Enrollment From February 2020 To March 2022 Has Increased In Every State.

Cumulative Percent Change in Medicaid/CHIP Enrollment From February 2020 Through March 2022 By State
Medicaid Redeterminations - Overview

• **Pre-PHE:** Before the public health emergency (PHE), states were required to annually verify Medicaid eligibility for most members.

• **What Changed:** As a condition of receiving the enhanced Federal Medical Assistance Percentage (FMAP) under the Families First Coronavirus Response Act, states were required to maintain enrollment for their Medicaid enrollees through the end of the PHE.
  - Very narrow exceptions, including if an individual moves out of state
  - No change to Medicaid coverage throughout the duration of the PHE

• **Post-PHE:** When the PHE ends, states must resume the Medicaid redetermination processes.

• **Why is this significant?**
  - The volume within the condensed time period is unprecedented
  - States will have 12 months to initiate and 14 months to complete a full renewal of all individuals enrolled in Medicaid, CHIP, and the Basic Health Program
  - States, counties, and beneficiaries have not done this in more than 2 years.

• **End of PHE is expected to initiate largest health coverage transition since implementation of ACA**
Medicaid Redeterminations – Timeline

**Now → End of PHE**
- States to develop “unwinding operational plan”
- Communicate to members/partners

**End of continuous enrollment**
- Last day of month in which PHE terminates
- Ex.: PHE Ends October 13
- Last day October 31

**Redeterminations period**
- States must initiate all “full” renewals by 12th month
- All actions must be completed by end of 14th month
- Facilitate continuity of coverage
Medicaid Redeterminations - The Stakes Are High

• Eligible patients will be deemed ineligible because verification was unsuccessful
• Ineligible patients will become uninsured and may not be able to “find” another source of coverage
• Providers who have been treating once-eligible patients now may not have a reimbursement source
• Individuals will lose access to health insurance coverage, thus increasing states’ uninsured rates
• Affordability of other types of coverage may be impacted due to uninsured cost shifting
10 Fundamental Actions for States to Prepare for Unwinding

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<tr>
<th>1. Create a Comprehensive State Unwinding Operational Plan.</th>
<th>6. Engage community partners, health plans, and providers.</th>
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<td>2. Coordinate with partners.</td>
<td>7. Obtain updated contact information.</td>
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<td>5. Establish a renewal distribution plan.</td>
<td>10. Implement a robust monitoring strategy.</td>
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Questions?

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