ENSURING CONTINUED COVERAGE DURING POST-COVID-19 MEDICAID REDETERMINATIONS

Under the Families First Coronavirus Relief Act, Congress created an incentive for states to keep people on their respective Medicaid programs rather than conducting ongoing redeterminations and potentially ending someone’s access to health care during the public health emergency (PHE). When the PHE comes to an end, states will resume eligibility redeterminations and terminations, posing a risk that millions of people could lose coverage.

Blue Cross and Blue Shield companies believe everyone deserves access to high-quality, affordable health care, no matter who you are or where you live. That is why we are working with states and the federal government to ensure those currently enrolled in the Medicaid program have continued access to health coverage and care at the end of the PHE.

The Centers for Medicare & Medicaid Services (CMS) is providing states with 14 months after the PHE ends to complete redeterminations. By partnering together on data sharing, updating contact information and outreach to Medicaid beneficiaries, we can prevent coverage disruptions and help people maintain coverage, whether through Medicaid, the marketplace, an employer or other coverage.

BCBSA RECOMMENDS

Blue Cross and Blue Shield companies believe everyone deserves access to high-quality, affordable health care, no matter who you are or where you live. That is why we are working with states and the federal government to ensure those currently enrolled in the Medicaid program have continued access to health coverage and care at the end of the PHE.

The Centers for Medicare & Medicaid Services (CMS) is providing states with 14 months after the PHE ends to complete redeterminations. By partnering together on data sharing, updating contact information and outreach to Medicaid beneficiaries, we can prevent coverage disruptions and help people maintain coverage, whether through Medicaid, the marketplace, an employer or other coverage.

1. PREPARE DETAILED STRATEGY IN ADVANCE

State agencies should work to develop a thoughtful, detailed strategy for resuming redeterminations at the end of the PHE and should engage and partner with the health plan community. States also should take advantage of the 14 months allotted by CMS to ensure adequate time to address the backlog of redeterminations, minimize processing errors and support continuity of coverage.

2. ENGAGE KEY STAKEHOLDERS TO ENSURE EFFECTIVE COORDINATION

State agencies should share advance information with health plans and other stakeholders regarding details of their redetermination strategies and timing so that health plans, along with other entities, can help in coordinating outreach with state partners.

3. PROVIDE FLEXIBILITY FOR HEALTH PLAN OUTREACH

States should allow greater flexibility for health plans to contact members that are at risk of losing Medicaid eligibility to assist them in maintaining coverage or transitioning more seamlessly to other coverage. Continued, ongoing dialogue with insurers will help identify needs, barriers and opportunities to collaborate.