



Data to Monitor the Unwinding of the Medicaid Continuous Coverage Requirement

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PIF Unwinding Task Force

July 27, 2023 • Virtual

About SHADAC

- Located at the University of Minnesota School of Public Health, Division of Health Policy and Management
- Conduct research on a range of health policy topics and provide technical assistance to state agencies across the country
- Faculty-led, 14 staff, 5+ graduate students
- Range of expertise – economics, statistics and evaluation, sociology, and journalism
- Most staff have worked in state or federal government and have strong relationships with state analysts and officials across the country
- Nonpartisan – commitment to producing unbiased results
- Passionate about the importance of using sound data to inform policy decisions
 - State level data resource: <https://statehealthcompare.shadac.org/>



Unwinding the Public Health Emergency

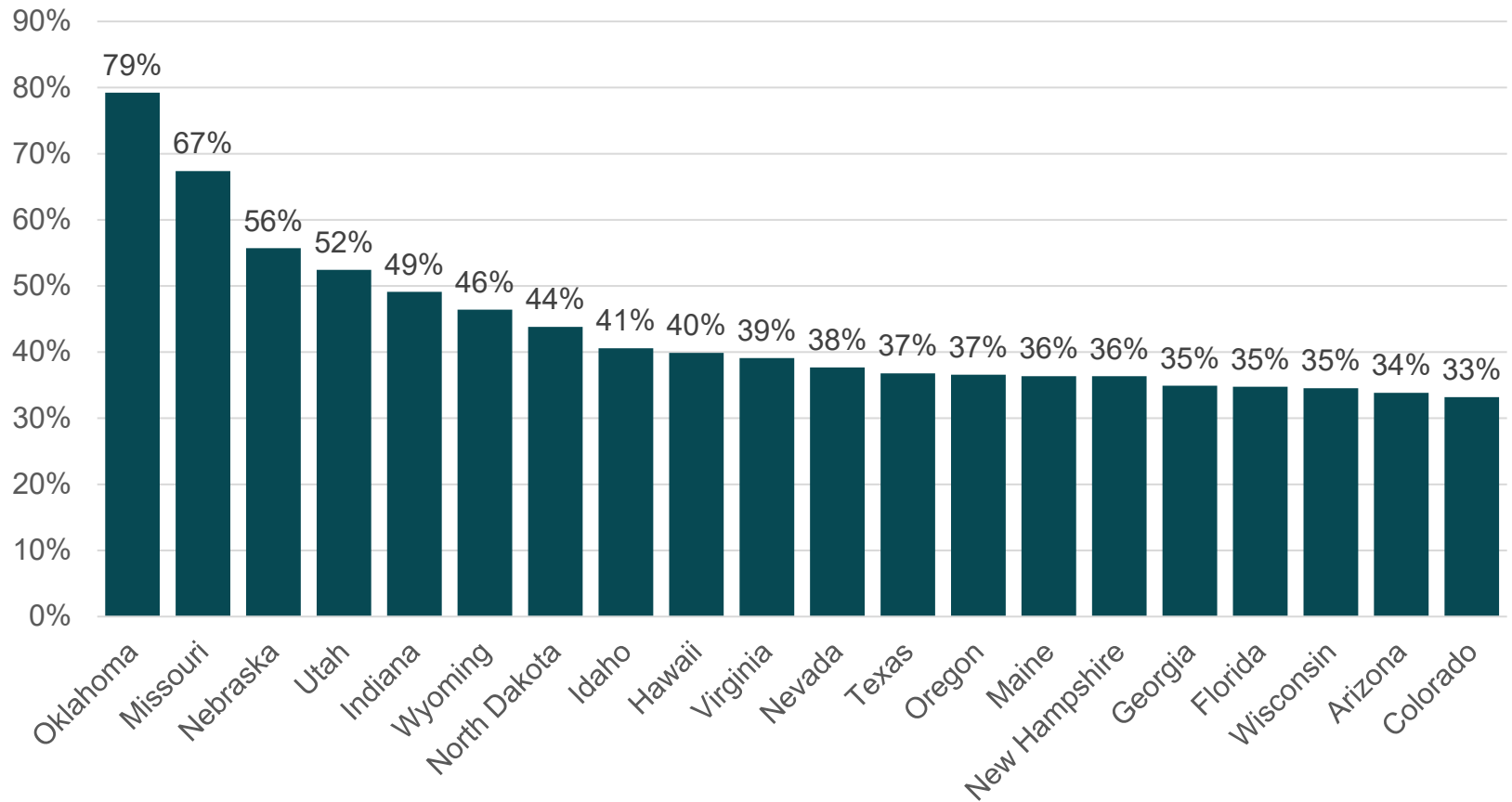
- Since February 2020, 22.7 million individuals have been added to Medicaid (32% increase) under the pandemic rule of continuous coverage
- **California, Texas, New York, and Florida** each saw their Medicaid program grow by more than 1 million people

State	Medicaid Enrollment Growth Since Feb 2020
California	2,418,915
Texas	1,544,868
New York	1,375,359
Florida	1,251,342

- Growth varies by state – from 18% in Alaska to 79% in Oklahoma

In 20 states, Medicaid grew by more than one-third since February 2020

Medicaid Enrollment Growth Rates
February 2020 to November 2022



Source: SHADAC analysis of CMS [monthly Medicaid enrollment data \(includes states that expanded Medicaid during this time\)](#)

Projected Impacts of Unwinding

- States were given 14 months (starting in April) to redetermine eligibility of all current enrollees
- This unwinding represents the largest coverage transition since the Affordable Care Act
 - 18 million could lose Medicaid, including 6.8 million that remain eligible but fail to submit necessary paperwork
 - 2.7 million will qualify for coverage through the Marketplace
 - 5 million could gain coverage through employer-sponsored insurance and other private sources
- State readiness (and willingness) to respond and mitigate coverage losses varies
- As of July 1, all states have begun Medicaid terminations

State Actions

- **Ex Parte (no touch) Renewal**

- A majority of states are attempting to [process ex parte renewals](#) (no touch renewals) and more than half attempted to improve ex parte renewal rates in advance of unwinding
- Most state are still reporting ex parte renewals well under 50%
- **Arizona** reported a 67% [ex parte renewal rate for June](#)

- **Coordinated Messaging**

- **D.C.** is conducting dedicated outreach to [specific populations](#)
- **Hawaii** has a page dedicated to unwinding with resources in [multiple languages](#)

- **Enhanced State Funding**

- **Minnesota** allocated \$36 million of one-time [funding](#) to support unwinding of the Medicaid continuous coverage
- **Georgia** included \$11.1 million in an [appropriations bill](#) to hire 300 additional Medicaid eligibility caseworkers

State Actions - Continued

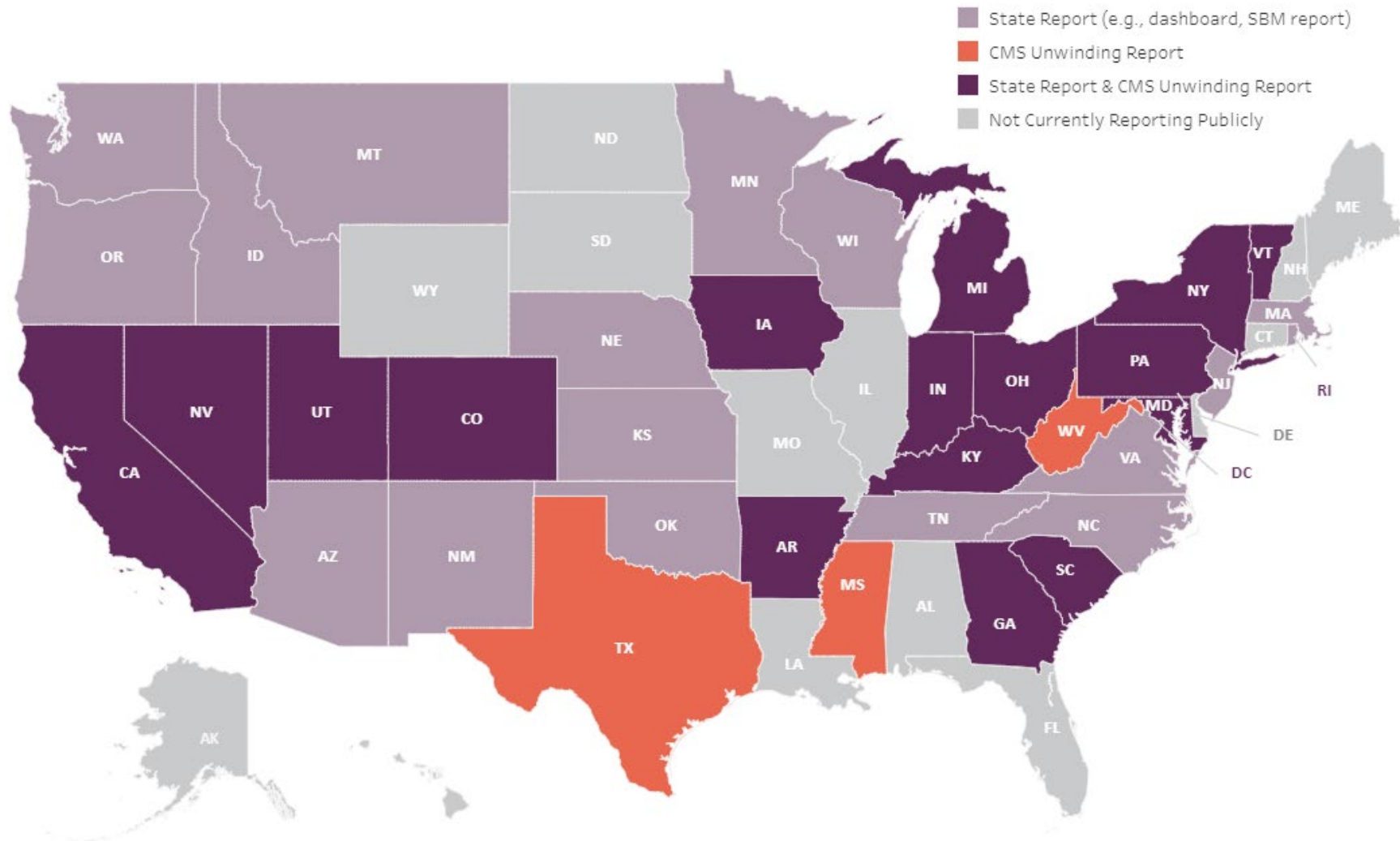
- **Supporting transition to the Marketplace and paying premiums**
 - **Rhode Island** is [auto-enrolling eligible](#) individuals in Marketplace plans and paying the first two months' premiums
 - **New Mexico** is [paying the first month's premium](#) for individuals who transition to Marketplace coverage
- **Supporting transitions to employer-sponsored coverage**
 - **Massachusetts** Health Connector has a form employers can use to submit questions about the renewal process and has a [resource page](#) aimed at employers
 - **New York State of Health** has created a [fact sheet](#) for employees, [frequently asked questions](#) for employers, and a [letter to employers](#) on redeterminations and coverage
- **Focus shifting to reenrollment?**
 - Many states are extending the 90-day reconsideration period to all members and/or extending retroactive coverage to the date they lost coverage during the 90-day reconsideration period

Monitoring and Reporting Data

- Centers for Medicare & Medicaid Services (CMS) [requires](#) states to closely track and monitor the impacts of the resumption of eligibility redeterminations and disenrollments, and plans to make some of those data public
- To date, 36 states and the District of Columbia have publicly [published unwinding data in some format](#)
- 18 are releasing state unwinding data online in either an interactive dashboard or static PDF format
- Others are releasing copies of the required [CMS Monthly Unwinding Data](#) reporting

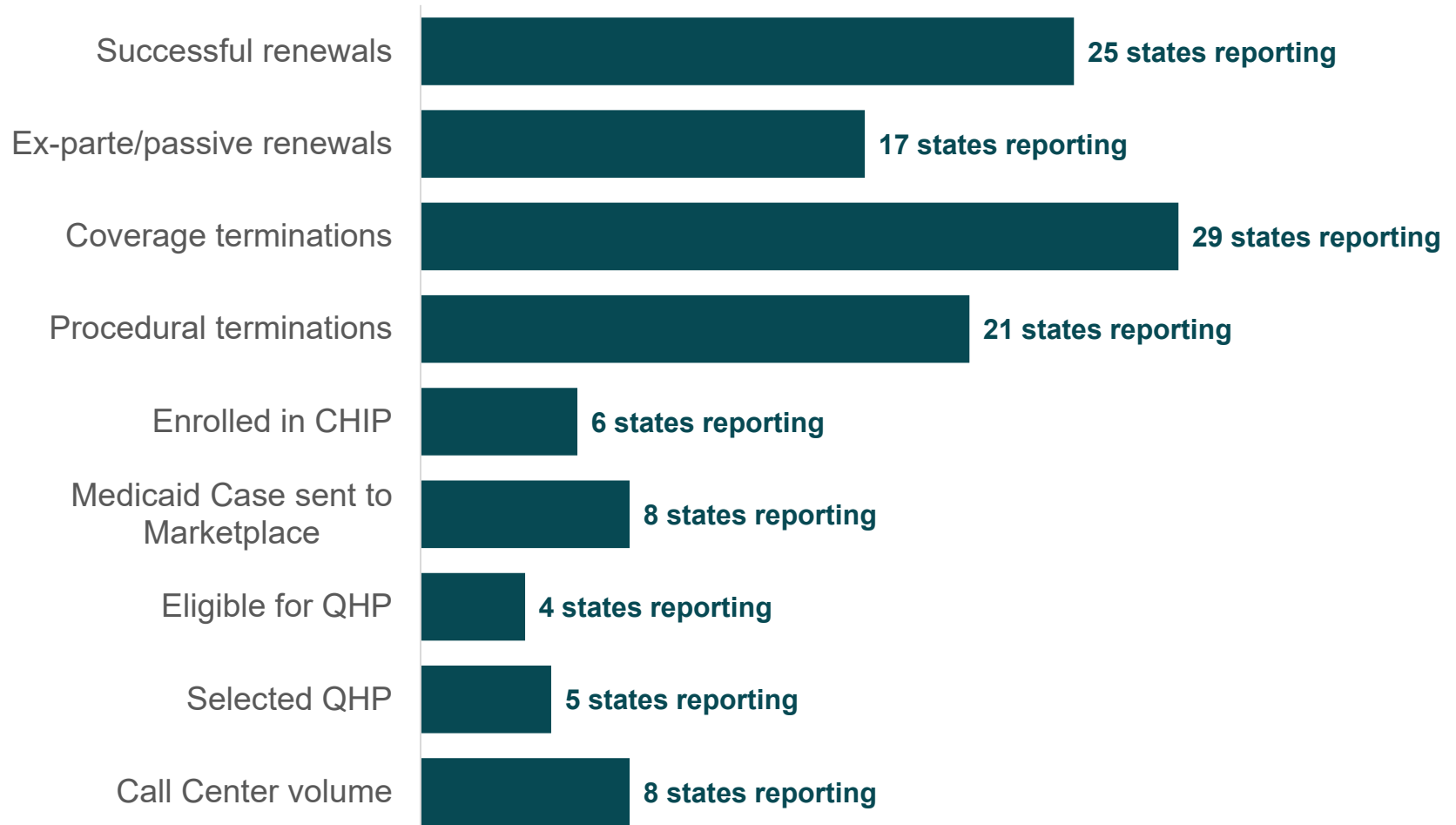
SHADAC's work on this topic is supported by the [State Health & Value Strategies](#), a program managed by Princeton University and supported by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

States Publicly Posting Unwinding Data

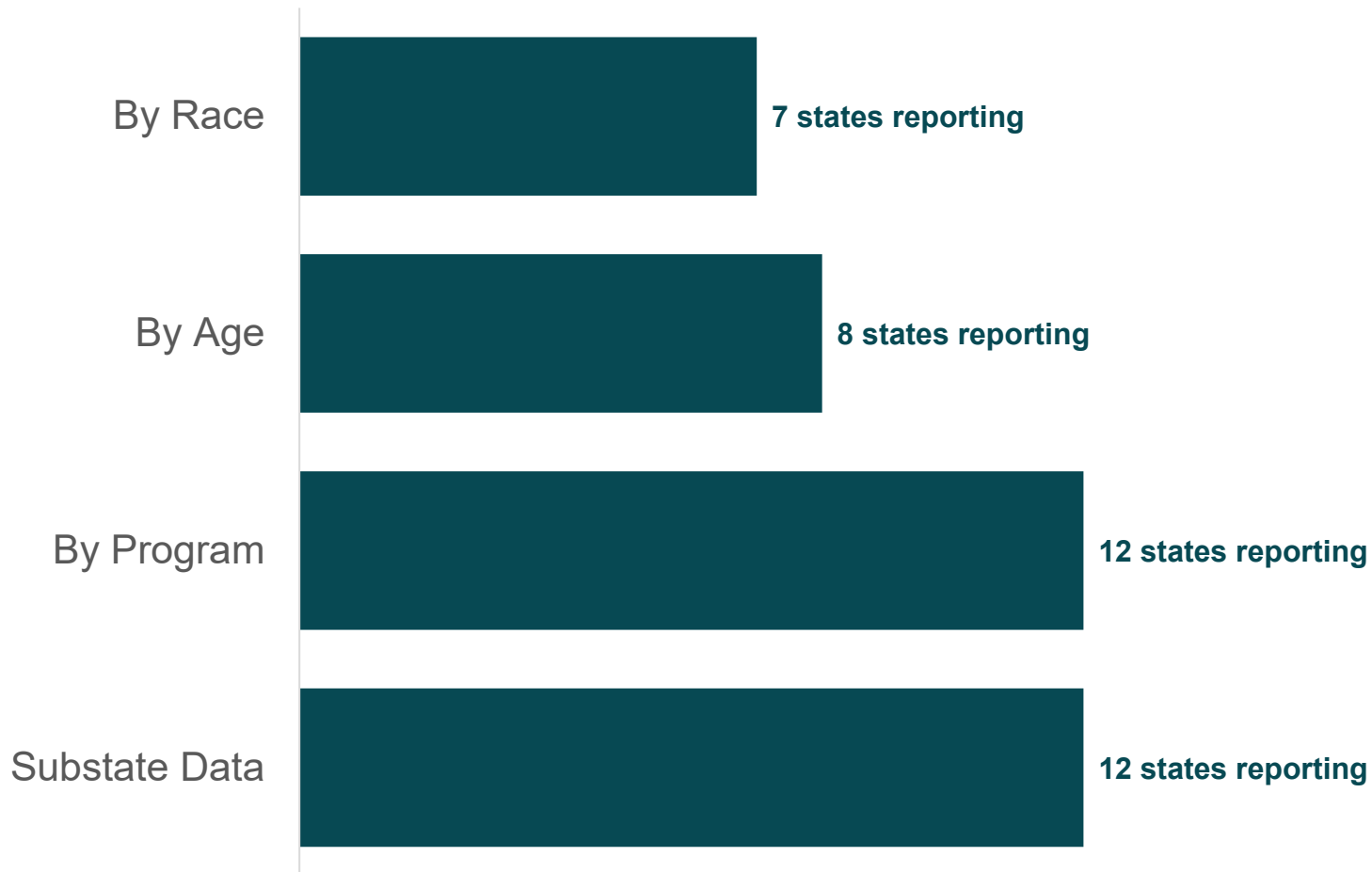


Source: SHADAC analysis of state websites. Last updated 07.26.2023

State Reporting of Various Unwinding Measures (of 36 states reporting)



State Reporting Disaggregated Data (of 36 states reporting)



Minnesota: Data by Social Vulnerability Index Quartile

Select Enrollee Program	Select Race/Ethnicity	Select Social Vulnerability Quartile	Select Renewal Month	Select Major Program
All	All	Q1 (Most vulnerable)	All	All

Enrollees by renewal date (not filterable by renewal date)

Renewal Month	Enrollees due for Renewal	Enrollees auto-renewed	Enrollees with coverage extended	Enrollees with coverage closed	Enrollees still being processed
2023-02 February	35,979	5,143	35,421	539	18
2023-03 March	37,865	5,450	36,887	332	620
2023-04 April	45,577	4,748	42,003	463	3,080
2023-05 May	43,008	4,752	16,929	410	25,650
2023-06 June	42,824	0	0	0	42,824

Source: [Minnesota Department of Human Services – Renewal Dashboard](#)

New York: Data on Coverage Transitions

Program Transitions for those Completing Renewals (N= 402,708) (NY State of Health and LDSS data)							
Program Type (prior to renewal)	Program Type (post-renewal)						Total
	CHPlus	Essential Plan	Medicaid	QHP APTC without CSR	QHP APTC with CSR	QHP Full Pay	
CHPlus (14,599)	86%	<1%	13%	0%	0%	<1%	100%
Essential Plan (48,337)	0%	71%	23%	4%	2%	0%	100%
Medicaid (339,772)	6%	10%	83%	1%	0%	0%	100%

Source: [New York State Public Health Emergency Unwind Dashboard: June 2023](#)

Oregon: Data by Written Language, Gender Identity, Disability, and Housing Status

Renewals Completed

Total Completed

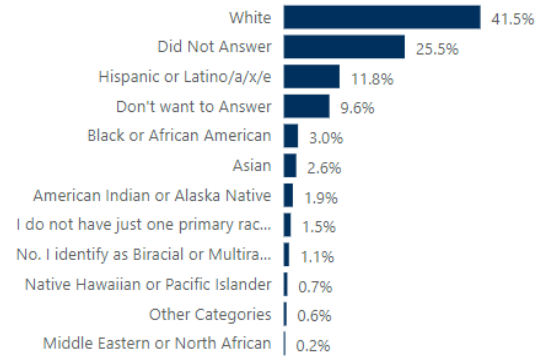
Benefit Continuance

Closed

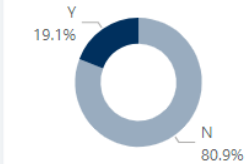
Written Language



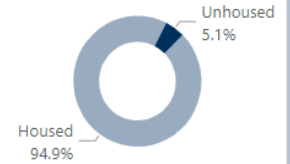
Race



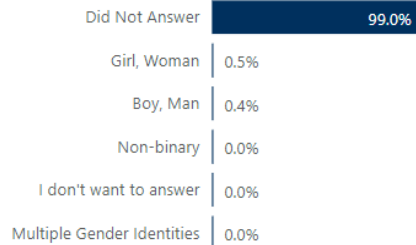
Disability Status



Housing Status



Gender Identity

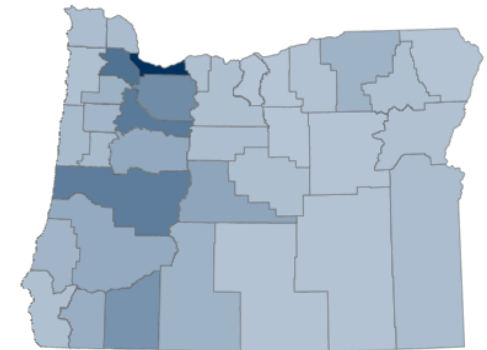


Ethnicity



County Map

All

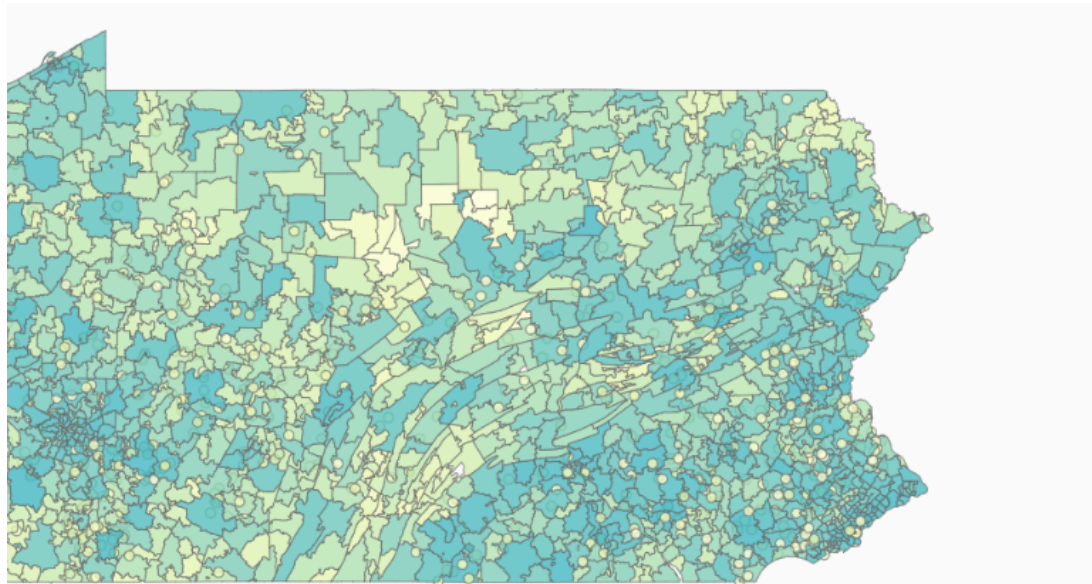


Pennsylvania: Data by ZIP Code

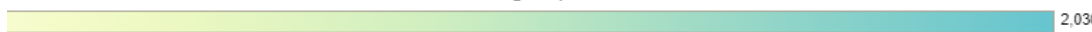
Show Metric by (All)
 ZIP Code (All)
 Age Group (All)



Total Maintained Population



Rank on Total Unwinding Population



Key Renewal Metrics for Total Maintained Population

<i>Individuals with</i>
Individuals - Closed Renewals
<i>Individuals with</i>
Individuals - Determined Ineligible based upon Information Individuals - Failure to Return Documentation
<i>Individuals with</i>
Individuals - Enrolled in Pennie Individuals - Returned to MA within 4 Months of Closure
<i>Individuals with</i>
Individuals - Maintained Eligible in MA Individuals - Opened in CHIP

Source: [Pennsylvania Medicaid Continuous Coverage Unwinding Data](#)

Arkansas: Reason for Disenrollment

ARKANSAS DEPARTMENT OF HUMAN SERVICES UNWINDING REPORT

MAY 2023

REASON FOR CLOSURE

Category	Regular	Extended	Total
Failed to return renewal form	9089	35625	44714
Failed to return requested information	6077	1596	7673
Client requested closure	3106	2685	5791
Household income is above limit for household size	3929	1485	5414
Unable to locate - returned mail	1285	739	2024
Grand total	28135	44667	72802



Sarah Huckabee Sanders
@SarahHuckabee

Under Biden's prolonged Public Health Emergency, states could not remove ineligible Medicaid enrollees for 3 years.

Now, those who do not qualify for Medicaid are taking resources from those who need them.

But the pandemic is over - and we are leading the way back to normalcy

Wall Street Journal Opinion @WSJopinion · May 1

Misleading headlines are claiming that our state is cutting Medicaid coverage. That isn't true. We're simply removing ineligible participants from the program to reserve resources for those who need them, writes @SarahHuckabee on.wsj.com/3AKWvW8

80% losing coverage for procedural reasons

Total Disenrollments: 72,802

Aggregated Data

- [Georgetown Center for Children and Families: State Unwinding Renewal Data](#)
 - Data on renewals and disenrollment
- [Kaiser Family Foundation](#)
 - Data on disenrollment, limited data on age
- CMS Required State Reporting
 - *Supposed to be released today*
 - Will likely have many footnotes!
- Use caution when comparing states
 - States started renewals on different dates
 - States phased renewals differently (e.g., started with easier or harder cases)
 - States are using different definitions and denominators
 - States are reporting pending renewals differently (or not at all)
 - Call center wait time data can be misleading based on cueing procedures

Data We Don't Have

- Demographic information (e.g., age, language, race/ethnicity, **immigration status**)
 - Who is up for renewal?
 - Who is keeping or losing coverage?
 - Who is successfully transitioning to other coverage?
- Coverage transitions
 - Limited information on transitions within state programs
 - No information on who successfully enrolls in the private market or gets employer sponsored coverage
- Detail on the outreach strategies such as the type of partners, languages of notices and advertisements
- Number of terminations who reenroll in a specific period of time (e.g., 90 days)

Role for Surveys

- Several states are conducting consumer surveys to assess coverage transitions, shopping experience, etc.
 - Email or text surveys
 - Very short, 1-10 questions
 - Limited ability to generalize, but will provide some information
- **New Mexico** recently fielded [the New Mexico 2023 Office of the Superintendent of Insurance \(OSI\) Health Access Survey](#)
 - Focus of the survey was to better understand the opinions and attitudes New Mexicans have regarding health insurance, but also use it as a vehicle to gain insights into unwinding
 - The survey found that residents were generally aware that pandemic funding for Medicaid was ending, but this awareness was lower for Latino, Native American and Spanish speaking and lower-income New Mexicans, which reinforced the states focus of targeted messaging and outreach

Federal Survey Data



- U.S. Census Bureau [American Community Survey](#)
 - Best source of demographics data that includes immigration and health insurance status at the state and substate level is from the
 - Access detailed tables at data.census.gov
 - **Table S2701** – Characteristics of Health Insurance Coverage has information on nativity and citizenship status, age, race, disability, education, work status, household composition, income, etc.
 - Using 5-year data you can access information down to the county, census tract, and ZIP code
 - **Fall release of 2022 data will not reflect unwinding**
- U.S. Census Bureau [Household Pulse Survey](#)
 - Fielded every two weeks, lower sample, limited state-level estimates
 - Demographics, but no information on immigration status
 - [SHADAC will be tracking](#) post-unwinding insurance coverage trends

Thank you!

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Check out our website at www.shadac.org

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