Housekeeping

➢ All attendees are in listen-only mode.

➢ Please introduce yourself and where you are from in the chat.

➢ For technical issues, please use the chat.

➢ Please use the Q&A box for all questions. We’ll answer questions at the end.

We encourage questions!
Our Presenters

Yolanda Stevens, NAEH, Program and Policy Analyst, Older Adults

Marcella Maguire, CSH, Director of Health Systems Integration

Katie League, National Health Care for the Homeless Council, Clinical Policy Manager
Agenda

Goals
Case Study
Overview of Medicaid Unwinding
What You Can Do to Help
What States are Required to Do
Next Steps for Services Staff and Advocates
Q & A
Goals

- Keep Continuous coverage for service participants
- Share an overview of the redetermination process
- Provide information to help you so that your clients/patients are prepared for the redetermination process
- Provide information, so that your agency is aware and can lessen the impact, if your agency is paid by Medicaid for the services they deliver
Case Study

Angela and her three children (ages 14, 7, and 3) have been on Medicaid since 2019 when Angela lost her job when she left an abusive relationship. Angela and her children had been living with different family members before the COVID-19 pandemic hit, but they moved into a shelter when the overcrowded living conditions caused Angela and her 14-year-old to get COVID. They had been living in a non-congregate shelter since early 2021 and were receiving treatment at their local Health Care for the Homeless project for numerous chronic medical and mental health conditions. 2 of Angela’s children have asthma, and Angela has Type 1 diabetes which she manages with insulin as well as depression, anxiety, and PTSD which she receives therapy and medication to manage. Recently Angela and her children moved into their own subsidized housing unit, but Angela is unsure where her mail is going due to moving multiple times. She also recently got a new cell phone number that she has not given out to anyone.
Setting the Stage

The Public Health Emergency (PHE) declared in 2020 required states to keep people on Medicaid (Continuous Enrollment) and in return they got additional money.

Redeterminations were set to begin when they PHE ended, but now they must begin no later than April 1, 2023, and may have started as early as February 1, 2023.

States have a total of 14 months to complete redeterminations.

Every state will have their own process.
The Grim Reality

- 7 million people who are still eligible could lose coverage because of administrative reasons
- BIPOC people are disproportionately enrolled in Medicaid despite having family members with fulltime employment
- People experiencing homelessness are disproportionately impacted by the redetermination process
- Health care is likely to be interrupted or discontinued
- People will lose access to life saving medication
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>February 1, 2023</td>
<td>• First day states can initiate redeterminations</td>
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<td>• All states must initiate redeterminations no later than this date</td>
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<tr>
<td>April 1, 2023</td>
<td>• Date of disenrollment for redeterminations initiated 2/1/23 in states with 60-day redetermination period</td>
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<tr>
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<td>• Date of disenrollment for redeterminations initiated 4/1/23 in states with 60-day redetermination period</td>
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<tr>
<td>June 1, 2023</td>
<td>• Date of disenrollment for redeterminations initiated 4/1/23 in states with 60-day redetermination period</td>
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<tr>
<td>January 1, 2024</td>
<td>• FMAP rate returns to baseline</td>
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<tr>
<td>January 31, 2024</td>
<td>• Last day to initiate redeterminations for states that begin 2/1/23</td>
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<tr>
<td>March 31, 2024</td>
<td>• Last day for all states to initiate redeterminations</td>
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<tr>
<td>May 31, 2024</td>
<td>• All redeterminations must be completed</td>
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Additional timeline information available in [CMCS Bulletin, January 5, 2023](#)
Other Important Considerations

- People who are no longer eligible can purchase insurance on the Exchange
- Redeterminations will happen annually
- Some states will implement new Medicaid requirements
Why is Continuous Coverage important

Continuous coverage means, no lapse in coverage, no DAYS (or longer) when people are uninsured.

**Primary Care, Behavioral Health and Specialty Care**
- Persons without coverage either can’t get appointments or go into unnecessary medical debt
- New issues or diagnoses will not be treated or will be under treated
- Disruption in current health care services

**Medications**
- Inability to fill refills or prohibitively high costs for those refills
- Medication adjustments will be delayed
- Any new medications will not be begun

**Medicaid Billing Agencies**
- Non payment for delivered services
- Inability to start services until coverage is back in place
- YES, NON PAYMENT FOR DELIVERED SERVICES IF A PERSON IS NOT ENROLLED WHEN SERVICES ARE DELIVERED
Eligible vs Enrolled

Eligible

Has the characteristics of a person who is eligible for Medicaid such as
- low income
- age (young or old)
- disabled

Enrolled

Has proven those characteristics are true to the state

Is in the state systems as Medicaid enrolled

Is in the Health Plan database as a member of the Health Plan
NO programs in my agency are Medicaid enrolled.

You need to rely on the person, their mail, or other state communications to the person to check. If a person has been recently hospitalized that paper work likely answers the question. If you have a way to communicate with their Medical providers, they might be able to help.

My program is Medicaid Enrolled or another program in my agency is Medicaid Enrolled

Whatever program is Medicaid Enrolled in your agency knows how to check. Your agency will have a Medicaid provider number from your state and someone will understand the process.
What are we advocating for with our state?

- Inclusion of PLE in the design of these systems and processes

- Centering equity including review of all data with racial and demographic breakdowns.

- Regular reporting, whose losing benefits and is it equitable? Are BIPOC people losing benefits more frequently? Taking longer to be re connected to benefits for which they are eligible? How do we change that?

- Limiting administrative burden

- Allowing Self Attestation

- Longer periods to redetermine, so we can be sure to reach all who are eligible

- Ease of transition to Marketplace coverage. If my income has increased so I am no long Medicaid eligible, can I easily be transitioned to a Marketplace plan with subsidies

- How is the state addressing people with limited English proficiency
2023 FY Spending Bill and the Medicaid Unwinding: Implications for the HCH Community

Your Next 3 steps are

- **Homeless Services Provider or COC**
  - Research on how Medicaid unwinding is being done in my state. Advocate with state legislators if you see people losing coverage who are eligible due to this process.

- **Health Center or Health Care for the Homeless Clinic**
  - Train case management and other direct services staff on how this is being done in your state. Use the training materials to develop signs around your agency that remind staff to ask and remind residents/patients to share mail or other communications about the process.

- **Supportive Housing Provider**
  - Track health care coverage or those you serve and report on how and why people lose coverage.
Increased FMAP Payments

To Receive Increased Payments States Must:
• Report to CMS on:
  • Redeterminations completed
  • Number of redeterminations completed through an *ex parte* process
  • Disenrollments rates due to procedural reasons
  • Call Center metrics

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<thead>
<tr>
<th>FMAP Increase Schedule</th>
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<tbody>
<tr>
<td>Current Increase</td>
</tr>
<tr>
<td>On 4/1/23</td>
</tr>
<tr>
<td>On 7/1/23</td>
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<tr>
<td>On 10/1/23</td>
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<tr>
<td>On 1/1/24</td>
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Resources

ASPE: Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches

CBPP: States Can Reduce Medicaid’s Administrative Burdens to Advance Health and Racial Equity

CMS: CMCS Informational Bulletin Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

CMS: Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act, 2023

CMS: Unwinding and Returning to Regular Operations after COVID-19

Georgetown University Health Policy Institute Center for Children and Families: Unwinding the Public Health Emergency

Georgetown University Health Policy Institute Center for Children and Families: 50-State Unwinding Tracker
Upcoming Discussion on Medicaid Unwinding

Join the Association of Clinicians for the Underserved on March 22 at 1pm ET to learn about best practices for redetermination.

Join the National Health Care for the Homeless Council for our Annual Conference

Registration Now!

Baltimore, MD
May 15 – 18

HCH2023
Toward Justice: Leading With Lived Expertise
Early Bird Registration is Open

CSH Supportive Housing Summit 2023:
Building the Field
Philadelphia, PA
May 31, 2023 – June 2, 2023
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National Health Care for the Homeless Council

National Institute for Medical Respite Care
THANK YOU!