

April 13, 2023

# Unwinding: State Implementation and Coordination with Stakeholders

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# Overview

- Background
- State implementation
- Beneficiary outreach
- Partnering with stakeholders
- Considerations for particular populations
- Next steps



# Background

- Under the Families First Coronavirus Response Act (FFCRA, P.L. 116-127), states received a 6.2 percentage point increase in the federal match if they did not disenroll individuals during the public health emergency (PHE)
- The Consolidated Appropriations Act of 2023 (CAA, P.L. 117-328) made a number of changes:
  - decoupled the continuous coverage requirement from the PHE, ending it on March 31, 2023,
  - phased down the enhanced matching rate over the remainder of 2023 if states meet certain criteria,
  - established specific public reporting requirements, and
  - provided the Centers for Medicare & Medicaid Services (CMS) with additional enforcement mechanisms

# State Implementation

- Twenty-three states started the unwinding process in February or March, while the remaining states began in April
- Five states (Arizona, Arkansas, Idaho, New Hampshire, and South Dakota) began disenrolling individuals for procedural reasons starting April 1<sup>st</sup>
- A majority of states plan to take the full 12 to 14 months to complete the process
- CMS has worked with states to ensure they comply with the CAA requirements

# Beneficiary Outreach

- Much of the earlier communication efforts focused on updating beneficiary contact information
- CMS, states, and stakeholders are shifting to telling beneficiaries to check their mail and respond to requests
- Coordinated efforts across a number of organizations have emerged to develop and share messages
- Concerns about beneficiary awareness, understanding, and ability to respond to requests linger

# Partnering with Stakeholders

- States and CMS have been working with a number of stakeholders on unwinding activities
  - most states have been working with managed care plans to update addresses, conduct outreach, and assist beneficiaries with renewals
  - CMS and states have developed communication toolkits and enlisted community groups to serve as “coverage champions”
  - some states have provided direct funding to organizations
- Efforts to date have mostly been for beneficiary education rather than direct assistance in completing renewals, but this could shift as implementation proceeds

# Considerations for Particular Populations

- Individuals with disabilities and those with limited English proficiency may be more likely to face challenges completing the renewal process
  - procedural barriers (e.g., limited use of ex parte renewals, lack of prepopulated renewal forms)
  - accessibility barriers (e.g., few documents in large print, braille, or non-English languages)
- Many of these concerns pre-date the PHE and CMS and states have taken steps to address them in advance of unwinding

## Next Steps

- Staff will continue to monitor state progress in unwinding the continuous coverage requirement
- Staff will also continue engaging key stakeholders throughout the summer to understand what is happening on the ground



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