



# Health Care Reform in Indian Country

Self-Governance Communication & Education

*Self-Governance Tribes Striving Towards Excellence in Health Care*

## Tribal Self-Governance Advisory Committee ACA/IHCIA Webinar: Medicaid Unwinding

**September 21, 2022 | 1:00 – 2:30 pm ET**

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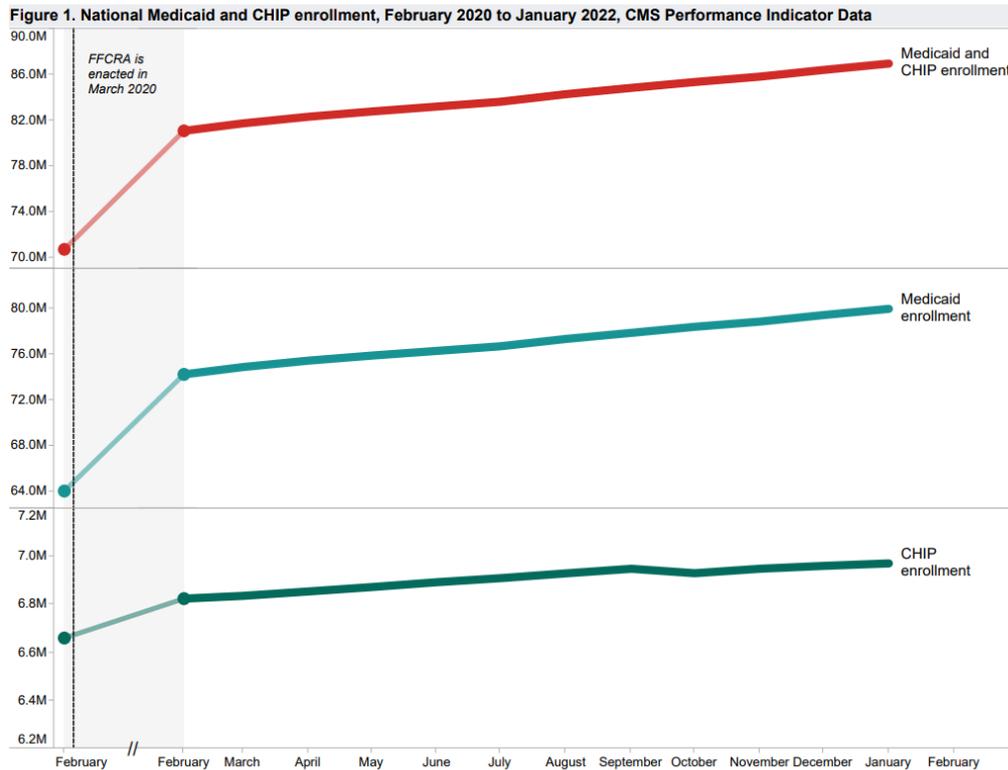
**IHS Tribal Self-Governance Advisory Committee**  
Self-Governance Communication and Education

# Unwinding from the Public Health Emergency: What Partners Need to Know About Medicaid and CHIP Coverage

September 2022

# Medicaid & CHIP Enrollment Is at an All-Time High

- As a result of COVID-19-related legislation related to Medicaid and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) **enrollment has grown to a record high.**
- Nearly **88 million individuals** were enrolled in health coverage through Medicaid and CHIP as of March 2022.
- This represents an **increase of over 17 million individuals**, or 24.0%, between February 2020, the month before the federal public health emergency (PHE) was declared, and March 2022.



# Impact of the COVID-19 Public Health Emergency on State Medicaid and CHIP Program Eligibility

- In March 2020, federal COVID-19 legislation established the “continuous enrollment condition,” which gave states **extra federal Medicaid funding in exchange for maintaining Medicaid enrollment for most individuals**, even if they are no longer eligible, through the end of the month that the federal COVID-19 PHE ends.
- While the continuous enrollment condition does not apply to **CHIP**, many states implemented **temporary policy changes that had a similar impact** on CHIP enrollment.
- The continuous enrollment condition and temporary state changes to CHIP policies has prevented beneficiaries— in all 50 states, the District of Columbia, and the five U.S. territories — from **losing health coverage** during the PHE.

# Impact of the COVID-19 Public Health Emergency on State Medicaid and CHIP Program Eligibility

- **After the PHE, states will resume normal operations, including restarting full Medicaid and CHIP eligibility renewals and ending coverage for individuals no longer eligible for Medicaid/CHIP – a month process known as “unwinding.”**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to **place a heavy burden** on the state workforce and existing processes and **increase the risk** that individuals lose health coverage.
- According to some estimates, when states resume renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.**<sup>1</sup> Many people will then be **eligible for coverage through the Marketplace® or other health coverage** and need to transition.
- The Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) are **working closely with states now** to ensure that they are ready when the PHE ends; **eligible enrollees retain coverage** by renewing their Medicaid or CHIP; and **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transition.

<sup>1</sup>Available at: <https://www.urban.org/research/publication/what-will-happen-medicaid-enrollees-health-coverage-after-public-health-emergency>

# Resuming Normal Eligibility and Enrollment Operations After the Public Health Emergency Ends

- Unwinding processes will vary by state, but states will have **up to 12 months to start** an eligibility renewal for every individual enrolled their entire Medicaid, CHIP, and Basic Health Program (only in NY and MN) population.
- Medicaid and CHIP enrollees normally have their eligibility renewed at least once each year. During the 12-month unwinding period, state agencies will need to **renew the eligibility of every individual** enrolled in their program.
- This will present a challenge for many reasons, including:
  - The **large volume of renewals** that need to be completed.
  - **Workforce challenges and staffing shortages** experienced by state Medicaid and CHIP agencies.
  - The long **length of time** since many enrollees' last renewal.
  - The **likelihood of outdated mailing addresses and other contact information** for enrollees who moved or updated their information since the beginning of the COVID-19 PHE, ~~and~~.
- States may begin their 12-month unwinding period **at different times** (the month before, during, or after the PHE ends). Coverage terminations may begin the month after the PHE ends.

# State Actions to Prepare for the End of the PHE

- CMS has encouraged states to take several key steps to prepare for the end of the PHE, including to:
  - **Develop an unwinding plan** to prioritize and distribute renewals when the PHE ends.
  - **Obtain updated contact information**, including addresses, emails, and phone numbers, to ensure that individuals receive information on renewals.
  - **Launch a robust outreach and communication plan** to reach beneficiaries and stakeholders.
  - **Engage community partners, health plans, and the provider community** to encourage individuals to update their contact information and to provide assistance with renewals.
- Most states plan to spread renewals over 12 months after the PHE concludes, but some plan to take less time, e.g. 3-6 months.
- Almost all states have continued to renew coverage for some eligible enrollees during the PHE. States are actively planning to restart full renewals and, subsequently, end coverage for those no longer eligible.
- Most states are implementing strategies to collect and verify updated enrollee contact information, and at least half are working with health plans.
- States have begun to launch outreach and social media campaigns to raise awareness about unwinding.

# Resource Page for States and Partners

- In March, CMS launched a new webpage that serves as a **one-stop-shop for resources and tools as states and partners** prepare for unwinding.
- All resources and tools can be found at: [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding).
- The page will be updated with new tools as they are released.

The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline 'Keeping America Healthy' and navigation links for Search, Archive, Site Map, and FAQs. A dark blue navigation bar contains links for Federal Policy Guidance, Resources for States (selected), Medicaid, CHIP, Basic Health Program, State Overviews, and About Us. The breadcrumb trail reads: Home > Resources for States > Coronavirus Disease 2019 (COVID-19) > Unwinding and Returning to Regular Operations after COVID-19. The main content area features a sub-header 'Unwinding and Returning to Regular Operations after COVID-19' and a large title 'Unwinding and Returning to Regular Operations after COVID-19'. The text explains that the expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act. It notes that as a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states have been required to maintain enrollment of nearly all Medicaid enrollees. When the continuous coverage requirement expires, states will have up to 12 months to return to normal eligibility and enrollment operations. Additionally, many other temporary authorities adopted by states during the COVID-19 public health emergency (PHE), including Section 1135 waivers and disaster relief state plan amendments (SPAs), will expire at the end of the PHE, and states will need to plan for a return to regular operations across their programs. CMS will continue to update this page as additional tools and resources are released. A section titled 'Unwinding Guidance' contains a bullet point linking to a PDF document: 'Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency' (PDF, 815.14 KB) (Posted 3/3/2022).

# Resource Page for Medicaid and CHIP Enrollees

- In May, CMS made unwinding-related updates to the Medicaid.gov homepage and launched a new consumer page that serves as a **one-stop-shop for Medicaid and CHIP enrollees to learn about unwinding, get connected to their state agency, and find help.**

- The enrollee resource page is available at: [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).

The screenshot shows the Medicaid.gov homepage. At the top, there is a navigation bar with links for 'Federal Policy Guidance', 'Resources for States', 'Medicaid', 'CHIP', 'Basic Health Program', 'State Overviews', and 'About Us'. The main banner area has a large heading 'Renew your Medicaid or CHIP coverage' and a prominent orange button labeled 'PREPARE NOW'. To the right of the text is a photograph of a man and a young child sitting together. Below the banner, there are two circular icons: one for 'Learn How to Apply for Coverage' and another for 'Comment or Demonstration'. A 'New & Notable' section lists several recent updates and discussions related to Medicaid and CHIP.

The screenshot shows the 'Renew Your Medicaid or CHIP Coverage' page. The main heading is 'Renew Your Medicaid or CHIP Coverage'. Below the heading, there is a paragraph explaining that when the COVID-19 Public Health Emergency ends, states will restart full eligibility reviews. This means that users and their family members will still qualify for Medicaid or the Children's Health Insurance Program (CHIP) coverage. Another paragraph states that when it's time to renew coverage, the state will use the information provided to decide if the user or their family member still qualifies for Medicaid or CHIP. A 'Get ready to renew now' section lists three steps: 1. Update your contact information, 2. Check your mail, and 3. Complete your renewal form (if you get one). There is also a section for 'If you no longer qualify for Medicaid or CHIP' and a 'For More Help' section with contact information.

# Communications Strategy

## ▪ Campaign Goal

- Ensure individuals maintain coverage through renewal, or become enrolled, in the source of coverage for which they are eligible, whether through Medicaid, CHIP, Basic Health Program or the Marketplace

## ▪ Strategic Approach

- Multi-pronged whole of government communications approach, in partnership with the states and stakeholders, to ensure people with Medicaid are aware of the steps they need to take to maintain coverage
- Create a national outreach campaign that builds upon states' efforts and engages deeply with partners and stakeholders.

## ▪ Timeline

**Phase I:** Get Ready and Awareness

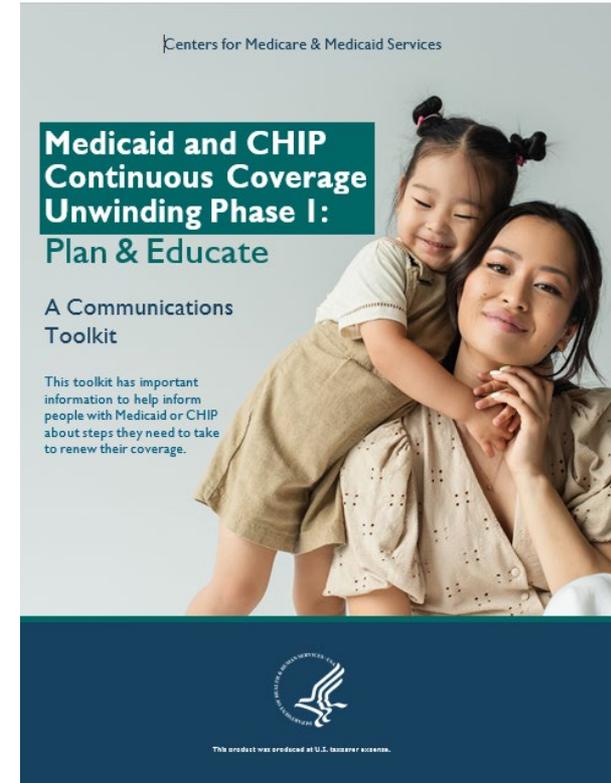
- **Timeline:** Underway and refreshed at 60-day notice

**Phase II:** Medicaid Re-determination and Retaining Coverage

- **Timeline:** When PHE ends

# The Unwinding Phase I: Plan & Educate Toolkit – Posted & Distributed Early March

- A **living resource** where products will be added/updated as we learn more about what states, partners and consumers need to respond to
- Contains **important information** to help inform people with Medicaid or CHIP about **steps they need to take to renew their coverage**
- **Contents include:**
  - Overview
  - Summary of research with key insights
  - Key messages
  - Fillable digital flyers: “Have you heard the news? Your state Medicaid office is restarting eligibility reviews”
  - Drop in articles
  - Social media and outreach products
  - Emails
  - SMS/text messages
  - Call Center scripts
- **Available in English and Spanish**



# Sample Communications Tools

CMS' Medicaid Unwinding Communications Toolkit\* now includes tailored resources to support communications to AI/AN Medicaid beneficiaries, including IHCPs as a critical partner in outreach efforts.

**MEDICAID RENEWAL LETTERS**  
**Don't miss this letter.**  
Check that your state Medicaid office

**MEDICAID RENEWAL LETTERS**  
**Don't miss this letter.**  
Check that your state Medicaid office has your current mailing address. Your Indian Health Care Provider can help.

**MEDICAID RENEWAL LETTERS**  
**Renewals are coming back!**  
Check that your state Medicaid office has your current mailing address. Your Indian Health Care Provider can help.

Medicaid.gov  
Keeping America Healthy

# Call to Action and Key Messages for Partners

- **CMS Needs Your Help!**
- **What Partners Can Do NOW**
  - Right now, partners can help **prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes**. This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.
- **Key Messages for Partners to Share**
  - There are three main messages that partners should focus on now when communicating with people that are enrolled in Medicaid and CHIP.
  - **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
  - **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
  - **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.
- Sample social media posts, graphics, and drop-in articles that focus on these key messages can be found in the [Communications Toolkit](#). The [Unwinding resource page](#) will continue to be updated as new resources and tools are released.
- Additional messaging will be shared in the future for Phase II, which focuses on ensuring Medicaid and CHIP enrollees take the necessary steps to renew coverage, or transition to other coverage if they're no longer eligible for Medicaid or CHIP once Unwinding begins.



# Health Care Reform in Indian Country

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*Self-Governance Tribes Striving Towards Excellence in Health Care*

## MEDICAID UNWINDING STRATEGIES FOR TRIBAL HEALTH PROGRAMS

Webinar

September 21, 2022

Elliott A. Milhollin

Hobbs, Straus, Dean & Walker, LLP

Facilitator: Cyndi Ferguson, SENSE Incorporated



**IHS Tribal Self-Governance Advisory Committee**  
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# Two Goals for Tribal Health Programs

- Maintain coverage for as many of your patients as possible
- Maintain flexibilities provided during the Public Health Emergency, including telehealth, and other services



# Request Tribal Consultation with States on Unwinding Plans

- [March 3, 2022 CMS SHO Letter](#) requires States to develop an unwinding plan and encourages States to engage with tribes and tribal organizations on the development of the plan
- Tribal health programs should request consultation with States on their unwinding plans
- Tribal health programs can partner with States to ensure continued coverage



# Update Medicaid Address Information and Outreach to Medicaid Enrollees

- States making eligibility redeterminations will contact enrollees by text, phone mail or email
- It is important to ensure that all of your Medicaid enrollees' contact information is up to date in the State Medicaid database
- Develop an outreach plan for Medicaid enrollees to ensure they respond to State eligibility redetermination information requests



# Request State Share Access to Eligibility/Enrollment Database

- Tribal health programs can partner with States to ensure that no one loses coverage during the unwinding period
- [2016 CMCS Informational Bulletin \(CIB\)](#) states that Tribes can be given real time access to State Medicaid eligibility portals
- 2016 CIB provides that States can share AI/AN Medicaid enrollment data with Indian health care providers as long as personal health information is protected



# Encourage States to Align Medicaid Renewals with Other Programs

- CMS SHO Letter encourages States to align Medicaid eligibility renewals with renewals for other programs.
- States can align renewals with other programs like SNAP
- States can align renewals for everyone in the same household



# Ask States to Provide AI/AN Specific Guidance on Maintaining Coverage Through ACA Marketplace Plans

- Even with good communication, many AI/AN Medicaid enrollees may lose access to coverage because they no longer meet income requirements
- These individuals may have continued access to coverage by enrolling in an ACA Marketplace Plan
- AI/ANs have access to low cost zero and limited cost sharing plans on the Exchanges
- States should provide AI/AN Medicaid enrollees who are no longer eligible for Medicaid coverage information about the AI/AN zero and limited cost sharing plans on the Exchanges



# Ask States to Seek 1902(e)(14)(a) Waivers

- The SHO letter says that States may submit State Plan Amendments (SPA) to seek temporary waivers on income and eligibility determinations under Section 1902(e)(14)(a)
- Waivers allow States to do things like renew eligibility for individuals who do not confirm their income within a reasonable amount of time
- [CMS has a list of approved waivers here](#)



# Work with States to Maintain Coverage Flexibilities

- States may be considering reductions in coverage after the end of the PHE
- State Medicaid programs have extensive flexibility to authorize coverage outside of the Public Health Emergency
- CMS has created a [Telehealth Toolkit](#) for States to use to increase access to Telehealth Services, including Tele-behavioral Health



# Request Consultation with CMS

- Tribes can ask for government to government consultation with CMS
- Concerns about eligibility redeterminations and information sharing
- Concerns about coverage losses





# Tribal Self-Governance Advisory Committee ACA/IHCIA Webinar: *"Medicaid Unwinding"*

WITH THE PUBLIC HEALTH EMERGENCY (PHE) ENDING, WHERE DO WE GO FROM  
HERE?

# Confusing Communications

- ▶ Public Health Emergency (PHE) extensions have been handled differently by states.
- ▶ Members may have received multiple notifications their Medicaid eligibility is ending over the past two (2) years.
- ▶ Some members may not even realize they still have Medicaid eligibility due to PHE.
- ▶ Some members have been receiving letters from the Federally Facilitated Marketplace (FFM) also advising them their Medicaid eligibility is ending. The letter encourages the individuals to enroll in a marketplace plan.

# Oklahoma examples:

- ▶ Every time a member updates their Medicaid application, it triggers the application to run through the rules-engine for eligibility criteria. If their income is over income, the system issues a letter to the member advising their Medicaid eligibility is ending at the end of the month.
- ▶ OHCA Medicaid sends a communication to the Marketplace (FFM) to advise member is losing eligibility. Letter encourages them to enroll in Marketplace plan.
- ▶ At 11:20pm each night, the Oklahoma system runs a corrective process that reinstates eligibility through the end of the current PHE period. This reinstatement is not sent to the member.

# Reasons for loss of eligibility

- ▶ Returned Mail – address on file has resulted in returned mail to Medicaid agency.
- ▶ Over Income
  - ▶ Data files received from state agencies providing income/employment reports (90-day lag)
  - ▶ New income information is added to the member's current application but old income is not revised/removed.
    - ▶ Continued eligibility is dependent upon member or benefit specialist updating application.
    - ▶ Duplicate income could be triggering the loss of eligibility.

# Reasons for loss of eligibility, Cont.

- ▶ Missing social security numbers for babies born during the PHE.
- ▶ Women enrolled under the pregnancy benefit that have not updated date of delivery.
- ▶ Applicant should have eligibility determined under a different category.
- ▶ Requests for documentation have not been received. Example: income documentation

# Medicaid Date File Sharing

- ▶ Data File– Individuals currently identified to lose eligibility at the end of PHE
- ▶ In Oklahoma, each Tribal Provider received a data file for all individuals who received a service at their facility over the past 2 years at their facility.
- ▶ File includes demographics, Medicaid ID, and reason for loss of eligibility
- ▶ Benefit Staff will follow up with individuals and update their application. If the updated application confirms continued eligibility, they will be removed from the closure list.

# Recommendations

- ▶ Request data file from your state Medicaid agency
- ▶ Utilize outreach and educational materials in your clinic waiting rooms, patient rooms and patient registration/in-take desks. Culturally sensitive materials are available through CMS, IHS and National Indian Health Board.
- ▶ Screen for potential Medicaid eligibility for all patients
- ▶ Refer current Medicaid recipient to your benefit specialists to update applications.

# Contact Information

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