



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

MEDICAID UNWINDING UPDATE FOR TRIBAL HEALTH PROGRAMS

June 29, 2023

Elliott A. Milhollin
Hobbs, Straus, Dean & Walker, LLP

Yvonne Myers
ACA/Medicaid Consultant,
Citizen Potawatomi Health Services

Moderator: Cyndi Ferguson, Self-Governance Specialist, SENSE Incorporated



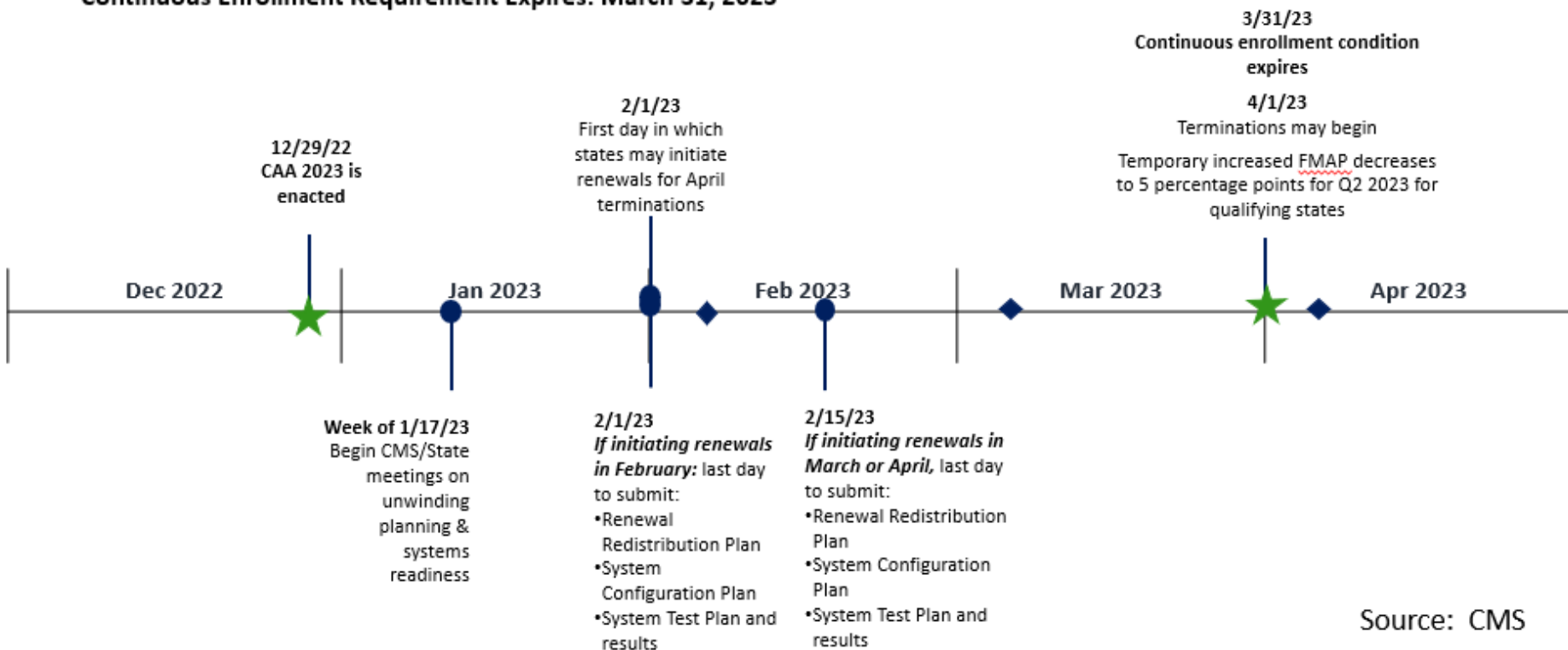
IHS Tribal Self-Governance Advisory Committee
Self-Governance Communication and Education

Medicaid Unwinding

- During the Public Health Emergency, States got increased federal funding (FMAP) if they kept everyone on the Medicaid rolls without doing any eligibility redeterminations.
- In the Consolidated Appropriations Act, 2023, Congress required States to begin making eligibility redeterminations again or lose the enhanced federal matching funds, and also phased out the enhanced federal match.
- States were required to begin making eligibility redeterminations between Feb. 1 and April 1, 2023.



Consolidated Appropriations Act (CAA), 2023 Enacted December 29, 2022
Continuous Enrollment Requirement Expires: March 31, 2023



Source: CMS

★ Key CAA 2023 milestones

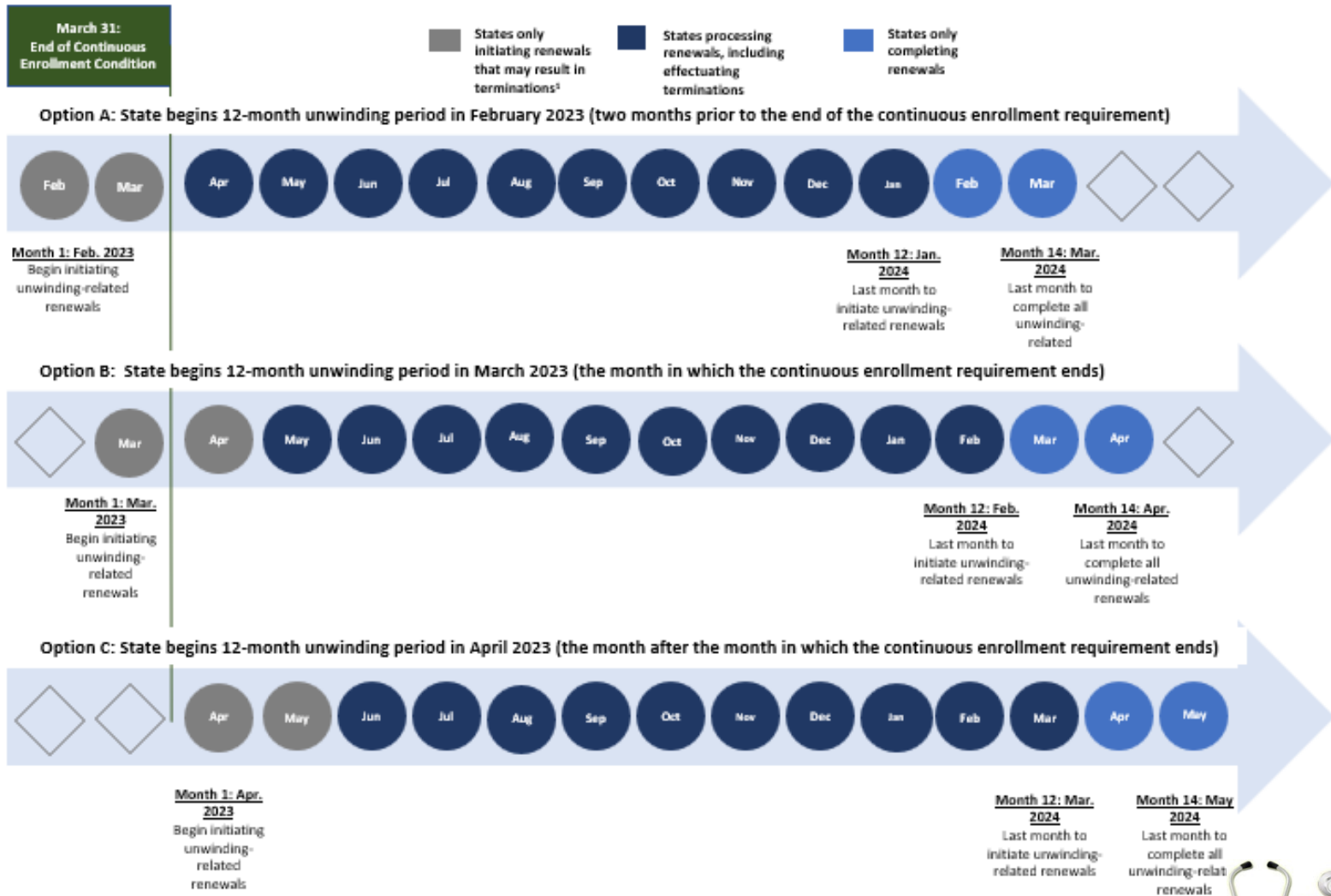
● State actions related to renewals and key timelines for submission of deliverables to CMS

◆ Data reporting: Baseline unwinding data submission dates will vary by state and will be due on either 2/8/2023, 3/8/2023, or 4/8/2023. Thereafter, monthly unwinding data submissions will be due on the 8th of the month. Additionally, state data submissions through the Medicaid and CHIP Performance Indicator dataset are also due on the 8th each month, and state data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset are due before the end of the subsequent calendar month.



Example 1: Unwinding Timeline for State with a 60-day Renewal Process

Example 1: Unwinding Timeline for State with a 60-day Renewal Process



Source: CMS



Eligibility Redetermination (42 CFR § 435.916)

- *Ex parte* Renewal - eligibility redeterminations must start without requesting info from enrollee
- Renewal form by letter mail, phone, text, and/or email – must only ask for new information.
- Reasonable time frame and modalities to return form
- Determine eligibility on all bases before terminating coverage
- Provide 10 days advance notice and fair hearing rights prior to reduction or termination of coverage
- Assess eligibility for and transfer to other health coverage programs, like Medicare, CHIP and the ACA Marketplace plans
- Provide a reconsideration period of 90 days



Requirements for Returned Mail

- When States receive returned mail after attempting to contact a Medicaid enrollee, they must follow up and attempt to contact the individual using more than one “modality” (call, text, email, etc.)
- CMS says States meet this requirement if they can show “(1) the state has a process in place to obtain up-to-date mailing addresses and additional contact information (i.e., telephone numbers, email addresses) for all beneficiaries; and (2) the state attempts to reach an individual whose mail is returned through at least two modalities using the most up-to-date contact information the state has for the individual, which could include a forwarding address if one is provided on the returned mail.”



Potential Impact

- According to the most recent data collected by the Kaiser Family Foundation (KFF), an independent organization monitoring Medicaid unwinding, at least 1.3 million have already lost their coverage.
- Estimates from KFF say that up to 24 million people could lose their Medicaid coverage in the coming year.
- Furthermore, in some States, such as Idaho and Kansas, officials are disenrolling more than 70 percent of individuals who are up for renewal.

Sources: "Medicaid Enrollment and Unwinding Tracker," Kaiser Family Foundation, June 20, 2023.
"10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision," Kaiser Family Foundation, June 9, 2023.



Potential Impact

- In June, KFF found that 71 percent of disenrollments have been procedural. This means that individuals lost their coverage because they did not properly complete the renewal process, not because they have been deemed ineligible for Medicaid.
- This can happen for a variety of reasons, such as when the State does not have updated contact information, when an individual makes an error on their renewal form, or when the renewal is not completed during the specified timeframe, among other reasons.
- A KFF review of state policy in January found that many States—including Arizona, Connecticut, Louisiana, Maine, Minnesota, New Mexico, Oklahoma, and Oregon—did not require multiple contacts before termination of coverage. This makes procedural disenrollments where the individual is otherwise eligible for Medicaid more likely.

Sources: “Medicaid Enrollment and Unwinding Tracker,” Kaiser Family Foundation, June 20, 2023.
“State Policy Choices Are Likely to Affect the Extent of Medicaid Enrollment Declines During the Unwinding Period,” Kaiser Family Foundation, May 9, 2023.



Key Concerns for Tribal Health Programs

- According to a KFF survey fielded in March, 72 percent of Medicaid enrollees did not know that States are now allowed to terminate Medicaid coverage. Furthermore, nearly half of enrollees had never participated in renewal before. This leaves many unprepared for Medicaid renewal.
- Tribal communities can face additional barriers to Medicaid renewal such as frequent address change, limited postal service, and inadequate broadband access.
- To mitigate some of these challenges, tribal health programs can work with their States to ensure that all of their IHS beneficiary Medicaid enrollees are contacted and provide required information to stay on Medicaid or transfer to another type of coverage.

Source: “The Unwinding of Medicaid Continuous Enrollment: Knowledge and Experiences of Enrollees,” Kaiser Family Foundation, May 24, 2023.



Tribal Health Program Involvement

- [CMS SHO #22-001](#) says that States are “strongly encouraged to engage with other key stakeholders (e.g., providers, beneficiary advocacy groups) and with the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (ITUs) located in your state **on an ongoing basis.**”
- Furthermore, [CMS SHO #23-002](#) says that States are strongly encouraged to “engage with the Indian Health Service (IHS), Tribes and Tribal organizations, and urban Indian organizations (collectively, ITU) to help with updated contact information for Tribal Medicaid beneficiaries, including sharing enrollment and renewal data with ITUs.”



Updating Contact Information

- As the renewal process is ongoing, it is important to ensure that all of your Medicaid enrollees' contact information is up to date in the State Medicaid database.
- Per CMS, States are authorized to grant tribes access to their Medicaid eligibility portals. States may also share their contacts and address information with tribes in order to help locate individuals subject to enrollment redeterminations.
- Tribes can work with the Medicaid beneficiaries they serve to make sure they respond to any inquiries from the State.



Transition to 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



Federal Waivers

- The Biden-Harris Administration has announced a series of waivers and flexibilities to help States ensure that there is minimal loss of coverage through the Medicaid unwinding process. These include
 - Aligning Medicaid enrollment and renewal with SNAP and TANF.
 - Partnering with Managed Care Plans to update beneficiary contact information
- [CMS has a list of approved waivers here](#). This webpage also indicates which States have been approved for which waivers.
- Tribes can encourage their State(s) to apply for waivers they have not yet been approved for.



Recent Updates from CMS

- On June 22, 2023, CMS hosted a webinar to discuss Medicaid unwinding and their role in ensuring that the renewal process goes as smoothly as possible.
- On that call, CMS officials stated that they are collecting data on Medicaid renewal and disenrollment from the states that will become publicly available in the next month.
- They also urged those on the ground to report instances in which states are not following federal requirement for formal investigation.



Requesting Consultation with CMS

- Tribes can ask for government to government consultation with CMS to cover
 - Concerns about eligibility redeterminations and information sharing
 - Concerns about reaching beneficiaries up for renewal
 - Concerns about coverage losses



TTAG Unwinding Workgroup

Medicaid Data Sharing with ITUs

Initially only two States shared data

- Arizona
- Oklahoma

New States sharing data

- Colorado
- Idaho
- Montana
- Nevada
- Oregon



TTAG Unwinding Workgroup

- Each State has set their own unwinding schedule – examples shown below
 - Florida – 3 months
 - Arkansas – 6 months
 - Oklahoma – 9 months



TTAG Unwinding Workgroup

- Oklahoma will begin publishing a “Public Health Emergency Monthly Unwinding Fast Facts”
- 54,531 Disenrolled in April & May
- 80% of closures were considered procedural
- Of the 27,997 closures in May - 3,863 were AI/AN (2,961/procedural)
- AI/AN – 2nd largest category of closures by race



TTAG Unwinding Workgroup

What are you seeing in your communities and state?

Are you receiving information on the monthly unwinding process?

Would you be interested in working to compile data on AI/AN enrollment/disenrollment by state?

TTAG Unwinding Workgroup

- Established in March 2022
- Co-Chairs
 - Yvonne Myers, Tribal Chair
 - YMyers@potawatomi.org
 - Wendy Hildt, CMS Division of Tribal Affairs Chair
 - Wendy.Hildt@cms.hhs.gov



TTAG Unwinding Workgroup

- Meets monthly on 4th Tuesday
- 2:00pm EST

- Email Yvonne and Wendy if you would like to be added to the workgroup.



TTAG Unwinding Workgoup

Resources from Wendy Hildt:

- Best website for AIAN specific toolkits and Medicaid information is <https://www.cms.gov/aian-unwinding>
- All Hands-On-Deck flyer one: <https://www.medicaid.gov/resources-for-states/downloads/renewals-call-to-action.pdf>
- All Hands-On-Deck flyer two: <https://www.medicaid.gov/resources-for-states/downloads/renewals-all-hands-on-deck-fact-sheet.pdf>
- Letter to U.S. Governors from HHS Secretary Xavier Becerra on Medicaid Redeterminations: <https://www.hhs.gov/about/news/2023/06/12/letter-us-governors-from-hhs-secretary-xavier-becerra-medicaid-redeterminations.html>



Additional Resources

- CMS, [Unwinding and Returning to Regular Operations after COVID-19](#)
- CMS, [End of the Medicaid Continuous Enrollment Condition Frequently Asked Questions for State Medicaid and CHIP Agencies](#)
- Kaiser Family Foundation, [10 Things to Know About the Unwinding of Medicaid Continuous Enrollment Provision](#)
- Kaiser Family Foundation, [Medicaid Enrollment and Unwinding Tracker](#)

