



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

TSGAC **Updated** Medicaid Unwinding Survey Results Executive Summary Dated: April 10, 2024

I. Background and Purpose of Survey:

When Medicaid continuous enrollment ended at the close of the COVID-19 public health emergency, states restarted eligibility determinations to disenroll those who no longer qualified or who failed to complete the renewal process. Soon after, Tribal leaders and health officials from across Indian country began to raise the alarm as Tribal citizens found they had lost their Medicaid coverage, despite lack of notification and continuing to meet the eligibility requirements.

In September/October 2023, the Tribal Self-Governance Advisory Committee (TSGAC) developed and sent a survey to the Self-Governance Tribes to gather as much information about how the Medicaid eligibility redetermination process is impacting Indian country. Based on the input received from Self-Governance Tribes¹, the findings suggested: (1) Medicaid eligibility redeterminations in general are NOT going smoothly; (2) Loss of Medicaid coverage due to procedural requirements has played a big role; and (3) Tribes are facing numerous challenges with Medicaid redeterminations. The TSGAC also collected information on Tribal best practices in the areas of outreach and education.

In February/March 2024, the TSGAC sent out a **second survey** to gather updated anecdotal information from Self-Governance Tribes. The purpose of the follow up survey was to collect updated Tribal-specific anecdotal data on this process in order to share it with the Centers for Medicare and Medicaid Services (CMS). The TSGAC requested that Tribes share any stories about their Tribe's experience with Medicaid redeterminations and how it is impacting their community. This information will assist the TSGAC in coordinating with Tribes in working with CMS and their respective states and to identify gaps in Medicaid disenrollments.

Questions in the **second survey** included:

1. How would you describe how Medicaid eligibility redetermination is going for your Tribe?
2. Is your state sharing data?
3. Does your State have data on how many AI/ANs are losing Medicaid eligibility? If yes, can you share specific information with examples (e.g., a copy of a notice, a specific report about individuals who were disenrolled, a specific example of noncompliance with as much detail as is feasible)
4. Has your state or CMS imposed a pause on Medicaid eligibility redeterminations? If yes, is it working for Indian Country?
5. What challenges do you continue to face?
6. Are there any successes or best practices you would like to share?

¹ In the initial survey in late 2023, a total of 27 Tribal respondents completed the survey representing 11 different states. For a copy of the full analysis, please see: [TSGAC-Issue-Brief-Summary-of-Medicaid-Unwinding-Survey-FINAL-dated-12.01.2023.pdf](https://tribalselfgov.org/TSGAC-Issue-Brief-Summary-of-Medicaid-Unwinding-Survey-FINAL-dated-12.01.2023.pdf) (tribalselfgov.org)

II. Findings:

In the **second survey**, a total of 22 Tribal respondents completed the survey representing 12 different states.

1. Alaska
2. California
3. Idaho
4. Michigan
5. Montana
6. Nebraska
7. New Mexico
8. North Dakota
9. Oklahoma
10. South Dakota
11. Texas
12. Washington

Of those states listed above, (according to the Tribes who responded), those in blue are sharing some data with Tribes; and those in red are NOT. However, as discussed below, issues remain even in the states that are sharing some data.

Here are some of the major comments/findings:

- **With a few noted exceptions, Medicaid eligibility redeterminations are generally NOT going well for a variety of reasons**, including outdated eligibility systems that require manual processing that is time consuming, the state not having current contact information for customers, lack of communication about how to apply policies, and the data shared by the state is difficult to interpret. Several Tribes report the process as being “slow, lengthy and problematic” and frustrating for their members. One Tribe noted that it is hard for a small Tribe to keep up with the number of clients needing help with re-applying or re-certifying for Medicaid. However, Tribes from three states (California, South Dakota and Texas) reported that things were “better” or going “fairly well” as a result of education and explaining the process with their members.
- **Loss of Medicaid coverage due to procedural requirements continues to play a big role.** Tribes noted they are seeing a lot of members losing Medicaid every month who are not aware that they have lost their Medicaid until they receive bills for services being denied. In response to the question whether the state has data on how many AI/ANs are losing Medicaid eligibility, all Tribes responded they were not aware of any data on disenrollments from their respective states (with the exception of Alaska and South Dakota). Further, of the 12 states represented in this **second survey**, only the state of Alaska has issued a pause on Medicaid redeterminations. The Tribes from the other states responded either no or they didn’t know.
- **Tribes continue to face numerous challenges with Medicaid redeterminations.** Similar to what the TSGAC found in the initial survey in 2023, Tribes noted many of the same challenges in the **second survey**, including:
 - Lack of timely information being provided to members.
 - Patients not being aware of the process or the fact they are being terminated from Medicaid.
 - Completing paperwork in a timely manner.

- Long processing times.
 - Lack of staffing at the Tribal level.
 - Lack of communication from the state.
 - Backlogs at the state level.
 - Concerns with obtaining and providing accurate Tribal data and information for application.
 - In cases where states have shared data, it's difficult to interpret or use.
- **Tribes shared many best practices in the areas of outreach and education.** Some of the best practices noted include:
 - Data sharing is a big success, but additional federal guidance promoting the state's ability to review the data with Tribes would be helpful.
 - Recommend sharing case errors with the state. (e.g. whether it was a human caused error by an Eligibility Technician (ET) or if it was a system error.) Both types of errors can be resolved by training ET's or fixing the system error so that it doesn't happen in other cases. If a Medicaid redetermination is denied or a case closed, do not assume it was correct. Conduct research to determine whether the case was closed in error; and if so, advocate to have the case reopened.
 - Flyers, mass mailings, social media posts and outreach everywhere throughout the Tribal community have all brought greater awareness to members.
 - Having Tribal Assisters on site and letting patients know that there is someone to assist them through the renewal process. (For example, one Tribe has made it a policy to ask every client that comes in for services to show proof of insurance. If they don't have their card or don't have coverage, they are sent directly to the Tribal Assister to apply for insurance or request a new card. If address/ phone number updates are needed that is done and updated at that time as well.)
 - Hosting "redetermination events" in coordination with the state. In Idaho, the Tribe worked with the State Medicaid Division on three events. At the end of these events, they had 1,013 community members who attended for Medicaid resources, 132 completed onsite applications with Medicaid staff and 57 of them were able to successfully complete redetermination.

III. Conclusion and Next Steps:

While there have been some improvements for a few states over the past 9 to 12 months, the majority of Tribes are still facing challenges with Medicaid redeterminations and loss of Medicaid coverage for many of their members due to procedural issues. These major problems combined with a lack of data sharing from most states, will require on-going coordination between Tribes, CMS and states.

1. The TSGAC will continue to share these findings and results with the Medicaid Unwinding Subcommittee and CMS in order to advance solutions to these challenges.
2. The TSGAC will more broadly share the best practices and other important tools at the Tribal level that seem to be working well, including outreach at the upcoming Annual Tribal Self-Governance Conference to be held in Chandler, AZ on April 15-18, 2024.
3. The TSGAC will work with CMS, Indian Health Service and other Tribal national organizations to share the various Medicaid Unwinding Toolkits and the most up-to-date information that is available for Tribes in working with their respective states.