Medicaid Redeterminations Slow Walked

Renewals Complete Within 14 Months of PHE End

CMS released a new guidance (here) that makes sure States are well-prepared to initiate eligibility renewals for all individuals enrolled in Medicaid and CHIP within 12 months of the end of the PHE and to complete renewals within 14 months.

- **The pressure for Congress to end the PHE mounts as the Senate passed a bill today to end the emergency.** In tandem today the Senate voted to end the emergency declaration. A bill by Senate Republicans to terminate the national emergency declaration for the Covid-19 pandemic passed 48 to 47 Thursday on a party-line vote. While the legislation has a slim chance of passing the Democrat-controlled House and President Joe Biden has already threatened to veto the bill, the vote is yet another rebuke of the administration's pandemic policies at a time it is seeking billions from Congress to keep them going for several more months.

- **This extended time frame for Redeterminations gives states a longer runway allowing for beneficiaries to stay on Medicaid longer.** This is likely beneficial to plans in the Medicaid space such as CNC, MOH, UNH, ANTM. Many of the aforementioned companies operate in the Marketplace and therefore could stand to benefit by those who pivot off Medicaid and onto an Exchange plan.

- **The guidance asks that States distribute eligibility and enrollment work in the post-PHE period to mitigate churn and smoothly transition individuals between programs**, including coverage through the Marketplace with financial subsidies. This guidance reiterates options for states to align work on pending eligibility and enrollment actions after the PHE eventually ends and provides that states must initiate, rather than complete, all pending actions during the 12-month unwinding period.

- **CMS informs States that they may be at-risk of inappropriately terminating coverage for eligible individuals if they do so too quickly**. If a State plans to initiate a high volume of renewals in a given month CMS intends to collect information on all states' plans to adopt strategies that will promote continuity of coverage and guard against inappropriate terminations.

- **CMS Medicaid guidance addresses the following issues with "toolkits."** CMS is providing states with an Eligibility and Enrollment planning tool helping to aid in the transition of coverage for eligible individuals (here). CMS is releasing a PHE Unwinding toolkit for states and groups that assist beneficiaries through the eligibility renewal process (here). It includes key messages, social media, outreach products, email templates, text message templates, and call center scripts.

  (1) Restore routine eligibility and enrollment operations after the PHE ends
  (2) Promote continuity of coverage
  (3) Facilitate transitions between Medicaid, CHIP, the Basic Health Program, and the Health Insurance Marketplaces

- **CMS also refreshed its slide deck highlighting the role Managed Care Organizations can play in supporting states (here).** It includes information on using plans to collect beneficiaries' contact information and stay up to date with the federal framework for engaging plans in PHE Unwinding efforts.

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- **OUR TAKE:** The pressure builds to end the PHE, and Senate voted today to end the emergency. CMS guides to a much longer (12-14 months) process for Medicaid redeterminations, which effectively gets us to 2023. We never thought that Redeterminations would be like a light switch, but this guidance provides a significant runway. CMS wants to ensure that Americans continue coverage, reduce length of time between coverage options, and also reduce mistakes form beleaguered State officials who may make (wrong) determinations in a hasty fashion as the PHE unwinds.

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