

MEDICAID UNWINDING & REDETERMINATIONS:

STRATEGIES FOR PREPARING HEALTH CENTERS FOR THE IMPACT ON PATIENTS, REVENUES, AND OPERATIONS

ISSUE OVERVIEW

Health centers and their patients have benefited over the last three years from continuous Medicaid eligibility due to legislative action on the COVID-19 pandemic. The Medicaid continuous enrollment condition was a requirement put in place in 2020 to prevent Medicaid beneficiaries from losing coverage during the COVID-19 pandemic. This protection helped ensure people had access to care during the uncertainty of COVID-19; the result has been increased access to care for millions.

UNWINDING: The 2023 Consolidated Appropriations Act (CAA) passed in December 2022, set an end date of the Medicaid continuous coverage condition on March 31, 2023. Therefore, starting on April 1, 2023, states have been able to disenroll individuals who do not complete a redetermination or are found ineligible for Medicaid (commonly referred to as Medicaid unwinding).

COVERAGE LOSSES: It has been estimated that upwards of 15 million Medicaid beneficiaries could lose coverage either due to ineligibility for the program (no longer eligible due to income or other eligibility factors) or administrative/procedural disenrollments (i.e., old contact information, unable to submit information by deadline to determine eligibility, or other administrative barriers).¹

CHILDREN ARE VULNERABLE: One group most at risk of losing coverage is children. According to a Georgetown University Center for Children and Families study, up to 6.7 million children across the country are at risk of losing coverage throughout the unwinding. Additionally, children who recently turned 18 years old, beneficiaries with limited English proficiency, and homeless populations are most at risk for coverage loss.²

Of serious concern is the adverse impact unwinding will have on both access to primary care medicine in addition to the detection and management of chronic diseases such as diabetes, hypertension, COPD, substance use disorder, HIV, cancer, and chronic kidney disease. The loss of or even gaps in Medicaid coverage will either place a heavy financial burden on patients or cause some to forgo care altogether.

Health centers play a pivotal role assisting states with the return to routine eligibility and enrollment operations. During this period, it is critical to protect patients from losing Medicaid or CHIP if eligible or help individuals no longer eligible transition to other sources of coverage to preserve their continuity of care and services.

IMPACT ON HEALTH CENTERS

The impact of the unwinding on health center operations, patient care and finances is likely to be significant.

- 2.5 million community health center patients could lose Medicaid coverage³
- \$2.5 billion - Potential decline in patient service revenue (which represents a 4-7% potential decrease in total health center revenue)³
- This decline in revenue could result in 2.1 million fewer patients.³
- Decreases in Medicaid enrollment could result in 18,500 fewer staff at health centers³
- Non-health center patients may become uninsured, increasing potential burden on uncompensated care for health centers.³



In a January 2023 NACHC survey,

- 85% of respondents anticipated facing financial and operational challenges due to Medicaid unwinding.⁴
- 31% higher chance of treating patients with two or more chronic conditions than private practices.⁵



Medicaid patients will be required to navigate the renewal process. Health centers are here to help. In 2022, health centers had:

- Over 2,700 Outreach Staff⁶
- Over 4,700 Enrollment Staff⁶
- Provided over 3.7 million assists⁷

By providing face-to-face and virtual assistance, O&E staff at health centers play a vital role in the retention of Medicaid coverage and access to other health insurance options, thus mitigating the loss of Medicaid revenue. The unwinding not only impacts patients, but also the health care workforce that provides necessary care to medically underserved communities.

Health centers urgently need to strategize and respond to the Medicaid unwinding before their patients lose coverage. The following are some promising practices health centers have identified that can help mitigate coverage losses among Medicaid enrollees and the ripple effect of disrupting health center operations.

As of August 2023, at least 4,581,000 Medicaid enrollees have been disenrolled based on data from 44 states and the District of Columbia.⁸

The number of disenrolled beneficiaries will no doubt increase and continue in the months and year ahead. The significant impact to patients and health centers necessitates immediate action to prepare and respond.



STRATEGIES FOR HEALTH CENTER EXECUTIVES:

All Health Center staff need to know about the significance of Medicaid Unwinding on the health center and the patients you serve.

Chief Executive Officers, Chief Financial Officers, and Chief Operating Officers of health centers can drive the strategy for responding to the unwinding. An increase in uninsured patients will force health centers to extend their section 330 grant funding to provide increased care for their uninsured and underinsured patients. This ripple effect could affect the availability of patient care services. Health center executive leadership can proactively guide their organizations towards ensuring their patients keep the coverage they are eligible for.

STRENGTHEN COMMUNICATIONS

- **EDUCATE STAFF:** Educate all medical teams, support staff, administrative positions, and patient facing staff about unwinding, through hosting organizational meetings and departmental leadership training. This prepares health center staff to engage with patients who have questions about unwinding or need assistance to renew coverage.
- **EDUCATED BOARD OF DIRECTORS:** Ensure the CEO includes education about the Medicaid unwinding in a board meeting and the board is prepared for the possible financial impact on the center.
- **WORKFLOWS:** Develop integrated workflows surrounding clinical teams referring patients in need of assistance to eligibility staff.
- **PARTNER, PARTNER, PARTNER:** Utilize existing networks and partners, including health plans, to collaborate on communication strategies. For example, in California, there is collaboration between Independent Provider Associations (IPAs) Managed Care Organizations (MCOs) and health centers to contact patients via text messaging to either inform patients about the need to update contact information or where to receive assistance to renew coverage. Health centers also coordinate with Managed Care Organizations (MCOs) to receive lists of members who will be due for renewal in the coming months.
- **FEEDBACK LOOP:** Identify points of contact within your state Medicaid agency and work with other providers, or local coalitions to provide feedback to the state about what is happening on the ground. Consider patient advocacy groups, legal aid, and engaging board members, volunteers, Patient Advisory Groups, and others to raise awareness of the issue in the community.

- **TAP INTO EXPERTISE OF O&E STAFF:** Consultation with Outreach and Enrollment staff will help leadership understand the challenges and needed resources to support frontline efforts to retain coverage for patients.
- **CAPACITY MAPPING, TARGETED OUTREACH:** Determine enrollment staff capacity. Identify patients most likely to lose coverage, i.e., young adults who will age out of Medicaid at 19 years old, or mothers who delivered babies during the pandemic and have passed their 60-day or 12-month postpartum period.
- **ADJUST WORKFLOWS TO TARGET RECENTLY UNINSURED:** Implement workflows that capture all who have recently lost coverage and/or may need assistance to retain Medicaid or transition to other sources of coverage.
- **LEVERAGE TECHNOLOGY:** Some health centers provide kiosks with tablets for patients to update contact information with the state Medicaid office and provide staff to assist them if needed.
- **MONITOR FINANCIAL IMPACT:** Monitor the financial impact, review financial impact with the board, and seek board approval (where needed) for additional investment to support outreach and enrollment.

- **PAYER MIX:** Closely monitor changes in payer mix. Any trends or sharp drops in Medicaid visits and revenue or rises in self-pay or sliding scale visits may suggest the need for contacting Medicaid patients or helping them to access other insurance options.
- **IN-REACH, IN-REACH, IN-REACH:** Establish robust in-reach workflows. With the unavoidable loss of Medicaid revenue due to loss of coverage, having robust in-reach activity is vital to identify and enroll newly eligible or not previously enrolled patients on to Medicaid or Marketplace plans. This will serve to offset loss of revenue from previously covered patients.
- **CONTINUOUSLY SCREEN SLIDING FEE PATIENTS:** Control increased sliding fee usage by screening patients for Medicaid eligibility. Inevitably, patients who are disenrolled from Medicaid and who need medical services, will access health center sliding scale programs to help cover the cost of care. Rather than allow patients to remain on sliding fee only, it is crucial to have staff and workflows in place to screen all applicants to determine if the patient has recently lost Medicaid and may be eligible for other forms of coverage such as a Special Enrollment Period (SEP) to access insurance on the Marketplace.

STRATEGIES FOR OUTREACH AND ENROLLMENT (O&E) STAFF:

Increased patient need for enrollment assistance will reveal the key role outreach and enrollment staff play within the health center.

Outreach and Enrollment Managers and their teams are vital to a health center's strategy to help patients retain Medicaid coverage or transition to other coverage options. Experience from open enrollment shows a need for in-person assistance during the renewal process throughout normal operations. Unwinding will no doubt increase the demand for face-to-face assistance at health centers. Health centers may see members of their community requesting support and guidance. Below are some effective practices that enrollment teams are using to reach and assist Medicaid patients:

STRENGTHEN COMMUNICATION

- Staff should be familiar with all the different ways a patient can check their renewal date. Consider creating a quick reference guide of the different state or local online portals, phone numbers etc. If possible, provide patients with access to a dedicated line to reach enrollment staff at the health center for assistance.
- Multi-channel communication (text, letters, emails, face-to face) to patients during all phases of unwinding. Some health centers share links to online forms with patients to fill out and submit to be scheduled for an appointment to talk to an assister about their Medicaid coverage.
- Providing translation services or interpreters for assistance to non-English speakers.
- Review state Medicaid notices to be prepared for enrollee questions and offer assistance to renew coverage.

IN-REACH STRATEGIES

- Sending recall letters to patients who were assisted during the pandemic.
- In-reach to patients who recently applied for the sliding scale program. By working through patient reports that contain household size and income, some health center enrollment teams are either identifying patients who are newly disenrolled from Medicaid to provide renewal assistance or those who are newly eligible for Medicaid.
- Coordinating with other departments such as front desk or intake to refer patients who need assistance. Patient Service Representatives (PSR) are often the first person at the health center who interacts with patients. PSRs need to know how to help ask about coverage status and refer internally when eligibility assistance is needed.
- To alleviate the need to identify and hire new staff, some health centers are utilizing existing O&E staff to match increased demand by allowing overtime pay to cover scheduling gaps to meet patient needs.

ACKNOWLEDGEMENTS:

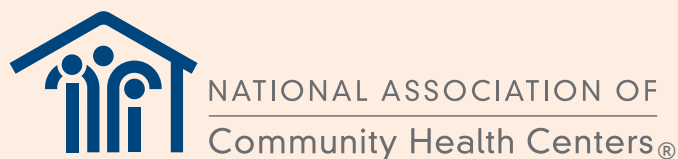
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This resource was authored in collaboration with Joe Rivera, Principal Consultant at Enroll IQ Consulting.

Endnotes

- 1 <https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf>
- 2 <https://ccf.georgetown.edu/2023/02/01/child-uninsured-rate-could-rise-sharply-if-states-dont-take-care/>
- 3 <https://geigergibson.publichealth.gwu.edu/potential-effect-medicare-unwinding-community-health-centers>
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- 5 <https://www.nachc.org/community-health-center-chartbook-2023/>
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- 8 https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-and-unwinding-tracker/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axiosvitals&stream=top



7501 WISCONSIN AVENUE, SUITE 1100W
BETHESDA, MD 20814