



The Impact of Medicaid Unwinding on Community Health Center Patients, Revenue, and Resources

BACKGROUND

Community Health Centers, serve 31.5 million patients nationwide providing primary and preventive care, dental, mental health, pharmacy and other essential services to America's most underserved patients. Health centers serve 1 in 6 Medicaid beneficiaries.

The loss of Medicaid coverage has impacted various health center patient population, particularly children and those with chronic illnesses, amplifying existing health disparities. As a part of the health center mission, staff have been engaged in helping patients navigate enrollment processes, investing an average of 1,600 hours to address the fallout. However, the unwinding of Medicaid not only strains health centers financially but also undermines their capacity to deliver high quality primary care services.

The loss of Medicaid coverage undermines the ability of health centers to provide needed health care to patients. Key findings of the Medicaid unwinding survey illustrate the disruption to patients care, the value of outreach and enrollment services for patients and financial vulnerabilities of safety net providers such as community health centers. These issues can threaten to widen access gaps and exacerbate health outcome disparities across communities.

ABOUT THE SURVEY

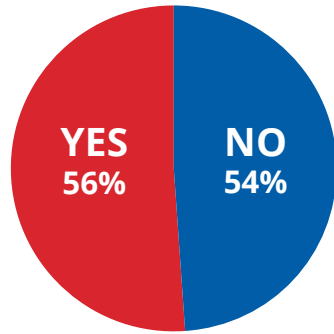
In January 2024, in partnership with the Geiger Gibson Program in Community Health, Milken Institute School of Public Health at GWU NACHC conducted a survey on the impact of Medicaid Unwinding on health centers. Respondents included 222 community health centers, including both funded and look-alike health centers. The survey's response rate was 17%.



Modern Health Illustration

KEY FINDINGS

- **23% of Medicaid patients were unenrolled during redetermination process.** Among the unenrolled patients, 74% have not been reenrolled at the time of the survey.
- **Health Centers lost an average of \$595,000 due to redetermination, with losses at a single health center as high as \$20 million.**
- **Staff spent an average of 1,600 hours on patient assistance during the redetermination process.**
- **Most health centers (77%) were able to avoid cutting services, but some were forced to reduce staff (12%), services (11%), or limited appointments (9%).**
- **Most centers worked with state Medicaid agencies to address the disenrollments, and about half were allowed to assist in transitioning patients to marketplace or commercial coverage.**



56% of the health center's patients **experienced a disruption** in ongoing care because they **lost coverage** during the unwinding.

23% (Nearly one in four) of health center Medicaid patients are estimated to have **lost their Medicaid coverage.**

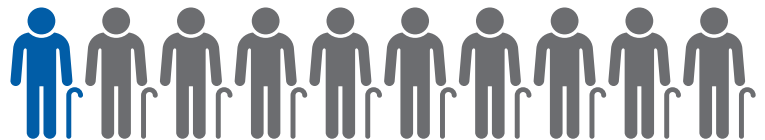
Of those patients who lost coverage:



Almost one in five were children **(18%)**



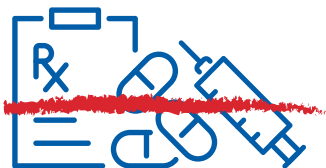
One in four **(27%)** have a chronic illness



About one in ten were over the age of 65 **(8%)** or have a disability **(8%)**

Over 50% of health center patients.

Over half of patients who lost coverage were:



Forced to discontinue or postpone ongoing treatment **(55%)**



Miss a scheduled appointment **(53%)**



Lost managed care network access to specialty, hospital, or other care needed outside the health center **(51%)**

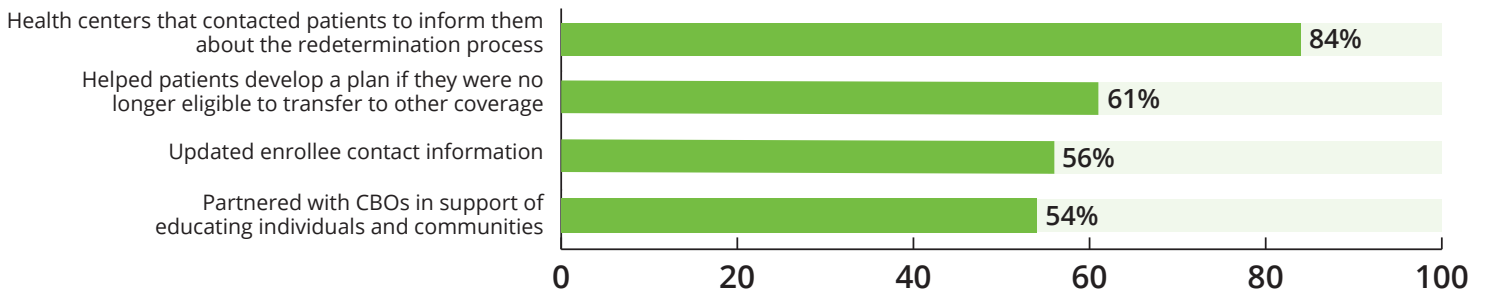


NATIONAL ASSOCIATION OF
COMMUNITY HEALTH CENTERS®

For more information, please contact federalpolicy@nachc.org.

84% of health centers **contacted patients** to inform them about the redetermination process.

Health center actions:



The greatest barrier of renewing Medicaid coverage is **not understanding the renewal process** at **86%**.

The second highest was having **difficulty navigating the state website** at **69%**.

Greatest barriers of renewing:

