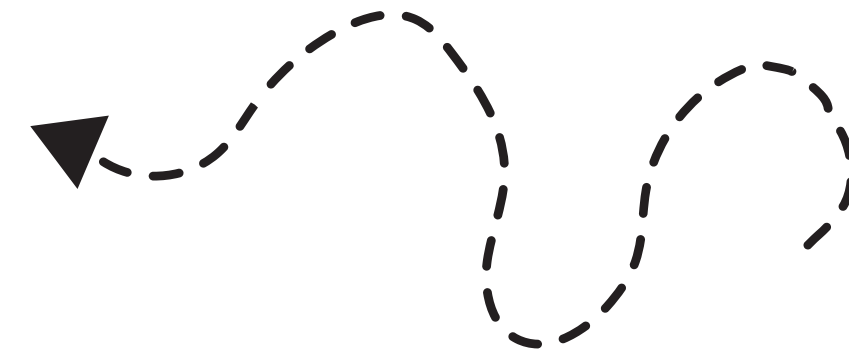




Bracing for the Impact:



Insights on the Medicaid Unwinding from Health Center Data

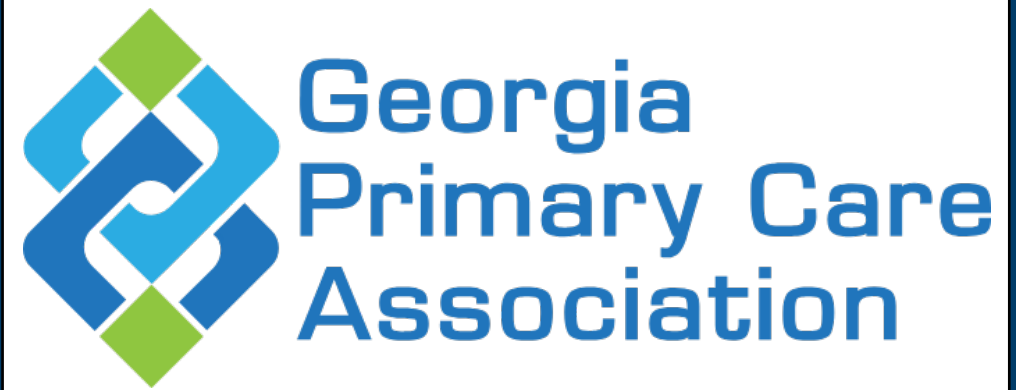


July 15, 2024

Agenda

Today's objective:

This webinar will share trends, challenges, and opportunities within the health center community to help keep patients connected to Medicaid coverage.



Lakisha Samuels, MBA
CMS Healthy Kids Project, Project Director



Joe Ibarra
Director of Enrollment Services
San Antonio, Texas

2024 Policy and Issues Forum
Pre-Conference
Medicaid Unwinding
and the
Importance of Outreach and
Enrollment

Thank you to the
**Robert Wood
Johnson Foundation**
for supporting
NACHC in its
Medicaid renewal
work and making
educational events
like this possible.



Setting the Stage

The most significant shift in coverage since the ACA

93,876,834 individuals were enrolled in Medicaid throughout the COVID-19 pandemic (March 2023).

Losing Coverage Due to Procedural Reasons

As of July 12 – **69% of all people disenrolled had their coverage terminated for procedural reasons.**

Renewals across the States

61% were renewed on an ex parte basis
39% were renewed through a renewal form, rates vary across all 50 states.

States with High Ex Parte Rates

North Carolina: 99%
Rhode Island: 91%
Arizona: 90%
Washington: 89%
Kentucky: 85%

Medicaid Disenrollments



Top States with Disenrollments

Texas: 2.1 Million
 California: 1.9 M
 Florida: 1.9M
 New York: 1.7M

of Health Centers

TX: 72
 CA: 174
 FL: 47
 NY: 63

% Medicaid/CHIP

TX: 36.7%
 CA: 67%
 FL: 42%
 NY: 56.5%

Preliminary Analysis: Estimated Completion Month for Unwinding-Related Renewals (excluding certain populations) ^{1, 2}		
Timeframe	# of states	States
Mar-24	5	ID, MT, NH, OK, SD
Apr-24	12	AR, AZ, CT, FL, IA, IN, NE, OH, PA, UT, WV, WY
May-24	15	CO, DE, GA, KS, MA, MD, ME, ND, NM, NV, RI, TN, VA, VT, WA
Jun-24	8	AL, CA, LA, MN, MO, MS, OR, TX
Jul-24	5	IL, KY, MI, NJ, WI
Aug-24	2	HI, SC
Sept-24	0	-
Oct-24	0	-
Nov-24	1	NC
Dec-24	0	-
2025	2	AK, DC
Under Development ³	1	NY

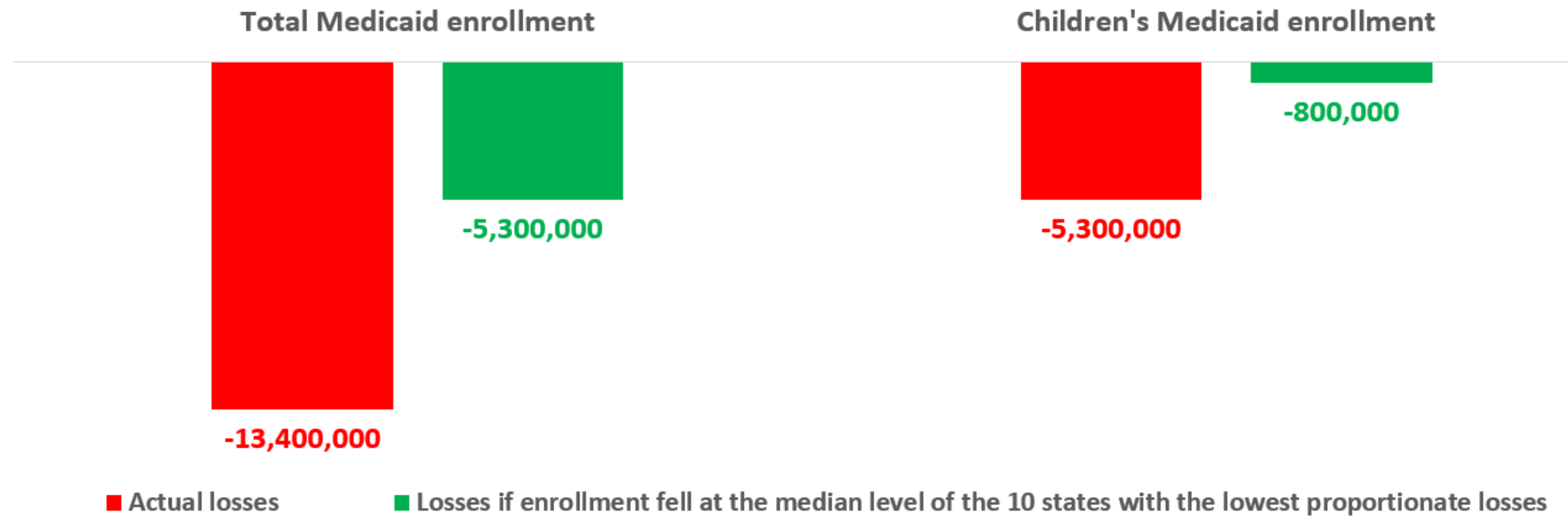


<https://www.medicaid.gov/resources-for-states/downloads/sst-cmpltng-unwndng-rnwls-prlmnry-anlys-05312024.pdf>

Medicaid Disenrollments

60% of Medicaid losses would have been prevented if all states had preserved coverage like the top 10 states

Reduced enrollment from unwinding: actual reductions vs. reductions at the median percentage loss of the 10 states with smallest percentage losses



Insights on the Medicaid Unwinding from Health Center Data

In 2024, NACHC, in partnership with the Geiger Gibson Program in Community Health at Milken Institute School of Public Health, George Washington University, conducted a joint survey to collect trends in changes in health center operations and patient care.

As Medicaid Shrinks, Clinics for the Poor Are Trying to Survive

The end of a pandemic-era policy that barred states from pushing people off Medicaid is threatening the financial stability of the U.S. safety net.

<https://www.nytimes.com/2024/02/24/health/medicaid-loss-clinics.html>

HEALTH

Medicaid redetermination cost community health centers an average of \$600K each



By [Annalisa Merelli](#) April 8, 2024

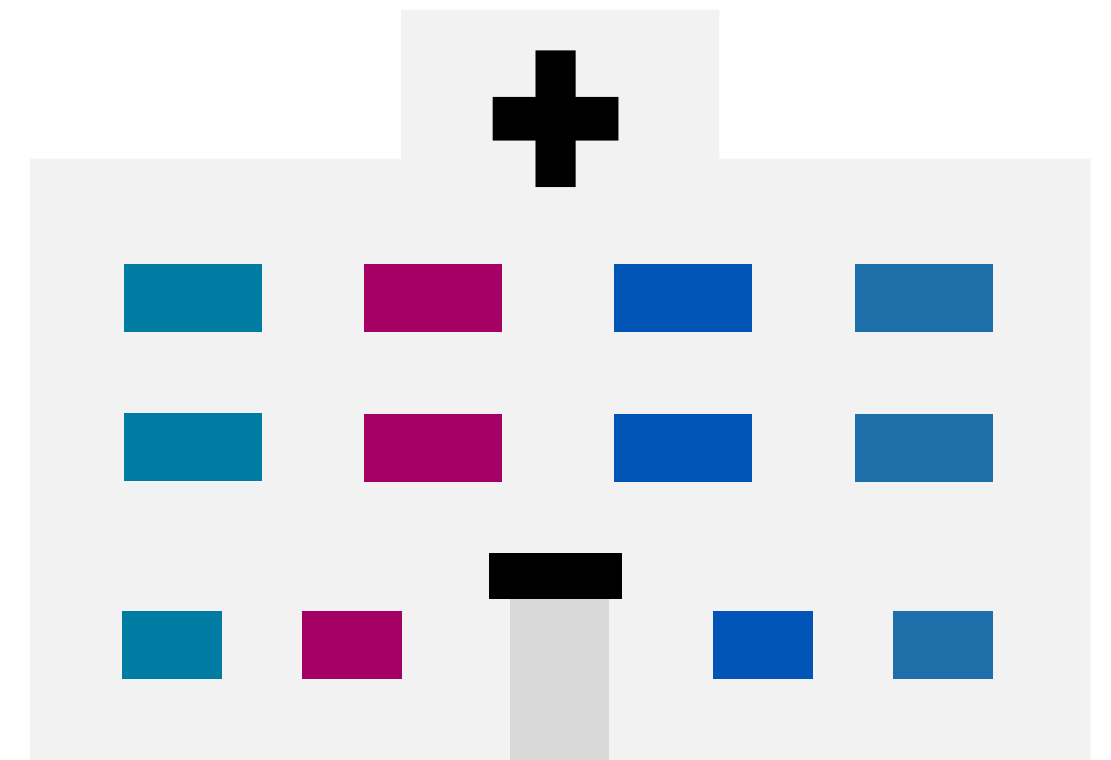
[Reprints](#)

<https://www.statnews.com/2024/04/08/medicaid-redetermination-cost-community-health-centers-average-600k/>

NACHC Survey Results

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

- **23% of CHC's Medicaid patients are estimated to have been unenrolled** during the redetermination process
- **26% of patients** who were unenrolled during the redetermination process have been **reenrolled**
- **2 months** on average patients who were able to reenroll were **without Medicaid coverage**
- **\$596k avg revenue loss** CHCs have experienced because of the unwinding



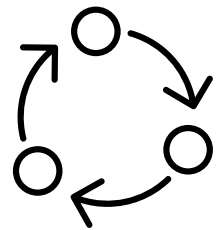
The Impact on Health Centers



11% say the unwinding has resulted in a **reduction of services** and



12% say a **reduction** in the **number of staff**



18% shared the state Medicaid agency asked for input from the CHC on the state's plan to return to normal operations



28% shared the state Medicaid agency did not engage their CHC

38% received renewal files to conduct outreach and enrollment services

What is the Patient Impact so far?

56%

Of CHCs reporting that any of their patients experienced a disruption in ongoing care because they lost coverage

Avg 18%

Of pediatric patients lost coverage



Avg 27%

Of patients with a chronic illness lost coverage

53%

Of CHCs reporting of those patients who lost coverage, missed their usual scheduled appointments

Community Health Center Patient Impact

86%

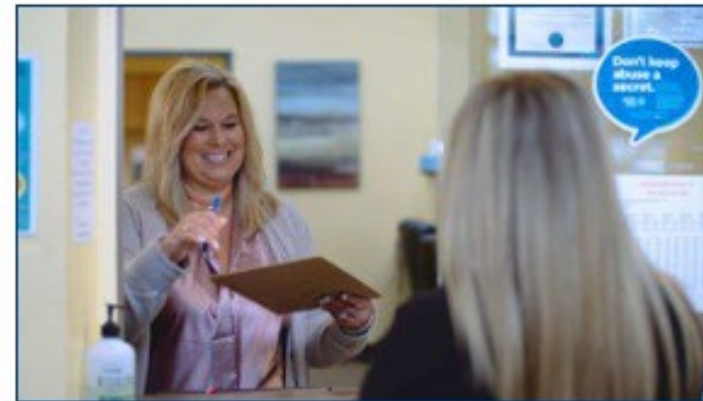
Of CHCs reporting their patients **did not understand** the renewal notice and

63%

did not receive a renewal notice

64%

Had to make multiple attempts to renew coverage



Health Centers Race Against the Clock to Keep Patients Connected to Medicaid Coverage in Arkansas



With Redeterminations Underway, Kansas Health Centers Keep Patients Connected to Medicaid



Medicaid Renewals in Oklahoma: Health Centers Help Unhoused Patients and Use Integrated Care Specialists

<https://www.nachc.org/newsroom/nachc-blog/>



Georgia Primary Care Association

Advocacy • Community • Accessibility

Georgia's Medicaid Unwinding
2023-2024

Georgia's Medicaid Unwinding Process

Georgia's Medicaid unwinding process began April 1, 2023, and was scheduled to end on May 31, 2024. In preparation, The Georgia Department of Human Services (DHS) took the following steps:

- **Spring-Fall 2022**

- Launched Go Paperless initiative
- Planned outreach to Medicaid members
- Engaged a marketing firm to conduct a statewide campaign-developed a statewide information campaign.
- Retained Change and Innovation Agency.
- Facilitating training sessions to prepare staff as well as hosting job fairs to hire new staff.

- **Winter 2022-Spring 2023**

- Encourage Medicaid members to update their contact information
- Informing current Medicaid members about expectations and process on submitting necessary documentation-after a multi-year hiatus.
- "Arming the messengers," i.e., the other audiences that have access to or communicate with current Medicaid beneficiaries and can help share important information.

Timeline

2023:

April 1, 2023 – Georgia re-launched eligibility verifications for all 2.7 million Medicaid and PeachCare for Kids members.

Georgia's 14-month window begins.

2024:

March 15, 2024 – The last batch of Medicaid redeterminations begins.

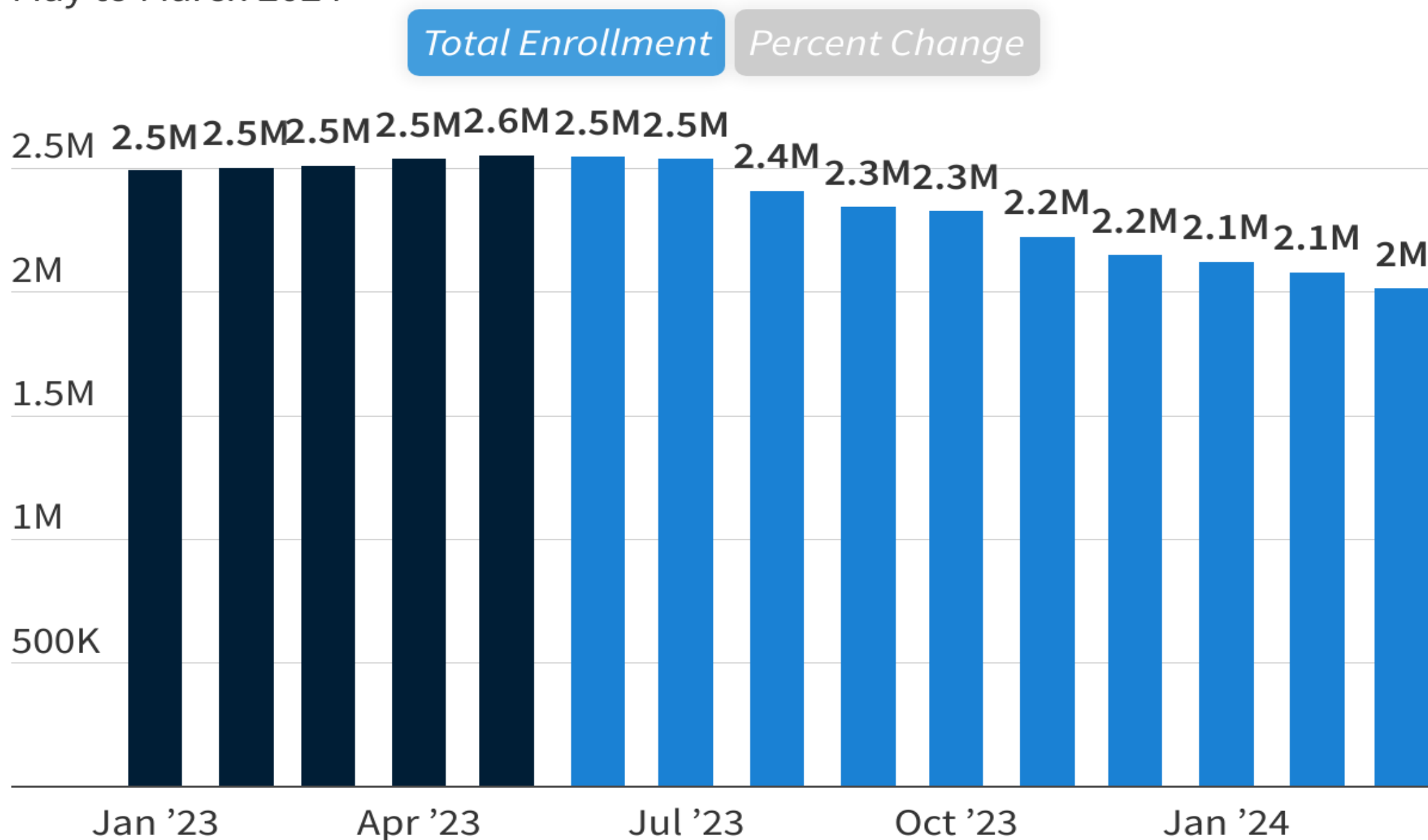
May 31, 2024 – All Medicaid redeterminations, pending eligibility actions, disenrollments and appeals must be completed for those under continuous coverage provisions.

Overview of Georgia's Medicaid Disenrollment Numbers

Figure 1

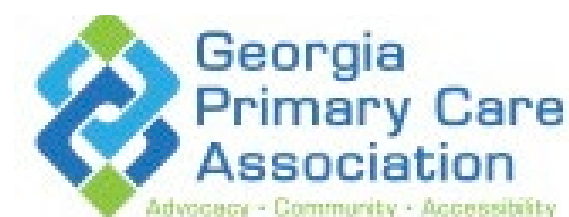
Georgia Medicaid/CHIP Monthly Enrollment

Disenrollments in Georgia began in June. Enrollment declined by 538,352 from May to March 2024



Source: KFF Analysis of State Administrative Data

KFF



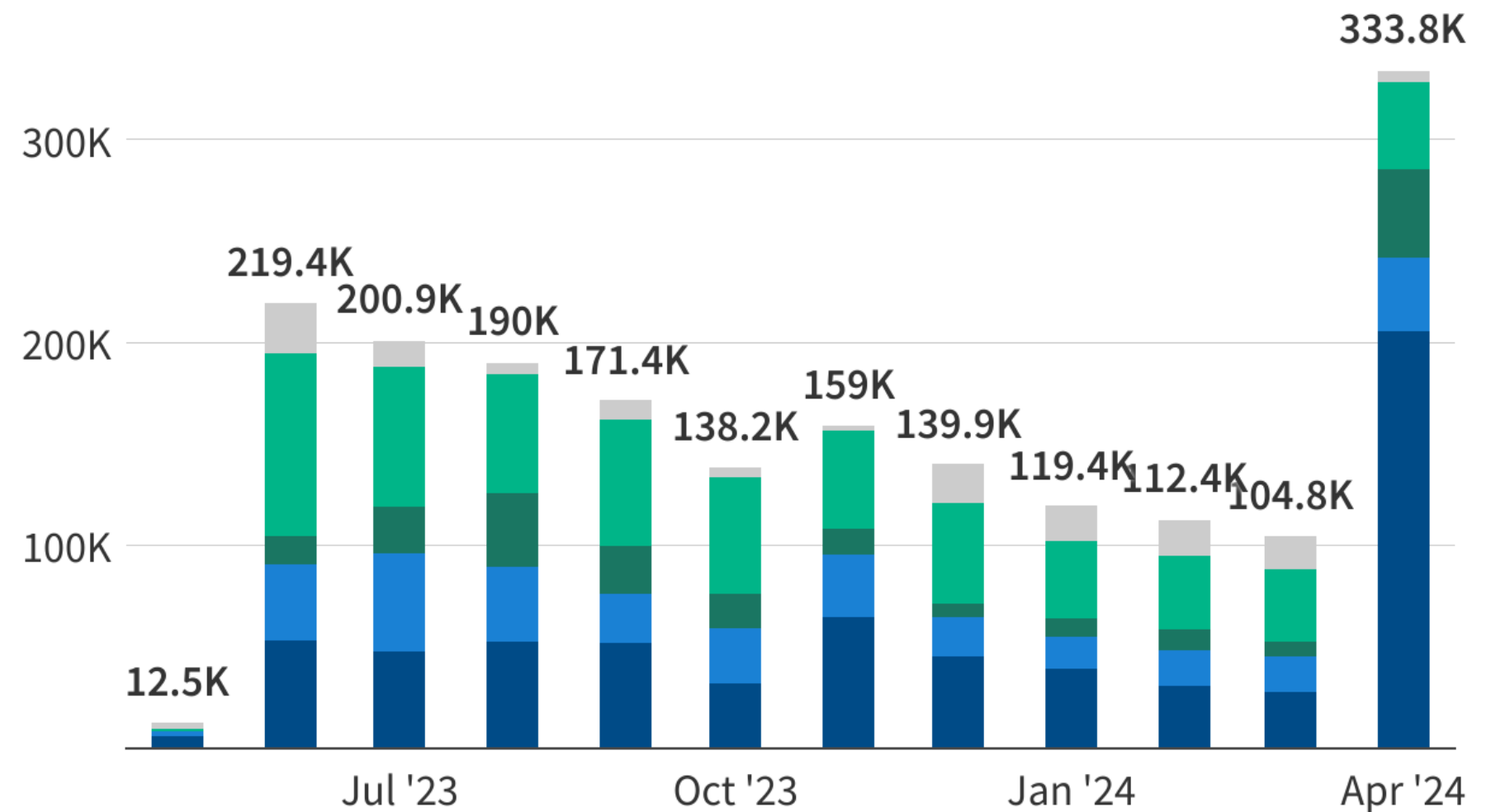
Overview of Georgia's Medicaid Disenrollment Numbers

Figure 2

Georgia Monthly Renewals

As of April 2024, 970,164 enrollees renewed their coverage and 792,753 enrollees were disenrolled, including 202,382 who were determined ineligible and 590,371 who were disenrolled for procedural reasons

■ Renewed on an ex parte basis
 ■ Renewed via renewal form
 ■ Determined ineligible
 ■ Terminated for procedural reasons
 ■ Renewal not completed



Source: KFF Analysis of State Unwinding Reports from CMS



Unique Challenges

Some unique challenges that were experienced statewide and within our CHC's due to the unwinding period:

- ✓ High numbers of procedural terminations
- ✓ High call center volume and long wait/hold times.
- ✓ Conflicting information in notices to consumers
- ✓ **Georgia's rural population**
- ✓ **Populations where English is not the first language.**
- ✓ **Express Lane Eligibility (ELE) is opt-in.**
- ✓ **System issues (Gateway)**
- ✓ CHC staff experiencing higher work volume assisting patients with health insurance eligibility.

Support provided by GPCA

GPCA has provided support to its CHC's and Medicaid beneficiaries by:

- ✓ Providing resources that support the Medicaid unwinding (partner/provider toolkits; social media postings; fliers, etc)
- ✓ Leveraging eligibility and enrollment assistance via navigators and enrollment specialists (Connecting Kids to Coverage).
- ✓ **Access to Georgia Gateway Community Partnership.**
- ✓ **Collaborative work with managed care organizations (MCOs); community outreach; stakeholder meetings etc.**
- ✓ **Targeted rural outreach**
- ✓ **CMS Local Connector-community-based to assist in outreach efforts**

Ongoing Work at GPCA and in Georgia

Some of the ongoing work at GPCA and in Georgia that will support Medicaid enrollment and eligibility:

- ✓ **The Georgia Gateway Community Partnership**
- ✓ CMS Connecting Kids to Coverage and Navigator eligibility and enrollment specialists.
- ✓ Resource sharing (toolkits; social media etc..) on Medicaid/CHIP with CHC's.
- ✓ **Outreach and Education- MCO's; CHC's; community organizations; school-systems; etc..**
- ✓ **DHS Improvements in Case Management**
- ✓ **Retention efforts developed:**
 - ✓ **Nesting program for new hires**
 - ✓ **Professional development program**

Medicaid Unwinding Successes

MEDICAID UNWINDING SUCCESSES

- ✓ Express Lane Eligibility, (ELE), changed to an opt-out option and language used to explain process was simplified- effective 3/2024.
- ✓ DHS case worker new hires: 1,223 in 2023; total of over 2,100 as of June 2024
- ✓ Kiosk in public libraries
- ✓ Waiver 1902(e)(14)(A)- Permit managed care plans to help enrollees complete and submit renewal applications.
- ✓ Since the start of the unwind, children have maintained a consistent proportion of the state's total Medicaid/CHIP enrollment at approximately 69-70% per month.
- ✓ Between May 2023-January 2024; 325,000 former Georgia Medicaid/CHIP members have enrolled in Marketplace plans.
- ✓ January 2024- 12 months continuous eligibility and enrollment for children on Medicaid/CHIP.

Looking Forward

Georgia's Medicaid unwinding process has officially ended. However, renewals are still being processed. Families and children are still in need of coverage and require assistance navigating the process.

GPCA is using the lessons learned over the past year to further assist our CHCs minimize unnecessary coverage loss and ensure a smooth transition for those Medicaid and CHIP eligible individuals and families in their communities.

Pathways to Coverage Program- As of July 1, 2023, Individuals whose income exceed state eligibility thresholds for Medicaid and who do not have employer sponsored healthcare may be eligible.

Impact of the Medicaid Unwinding on Georgia

The total impact of the Medicaid unwinding on Georgia is unknown at this point, however, due to the high percentage of disenrollments and failures/glitches in submitting necessary paperwork, there is a future concern for children and pregnant women.

Navigator Grantee: Medicaid to the Marketplace

When working with consumers who are transitioning from Medicaid to Marketplace and vice versa, we have found that the most important aspect is being knowledgeable. Having a solid knowledge of both programs, what they offer and who qualifies is key.

Medicaid: (after unwinding)

- Advantages if qualifies:
 - No monthly premiums and cheaper treatment costs.
 - Once approved, no need to send paperwork until renewal.
- **Disadvantages of applying:**
 - No established turn out time for resolution of the applications.
 - Unable to review applications after submitting them.
 - No automated system for resolving application issues. Dependent upon resolution from case worker

Marketplace:

- Advantages:
 - Automated system for applications.
 - Coverage starts the following month.
 - Immediate resolution of applications.
- **Disadvantages:**
 - Cost depends on family income.
 - Consistency of paperwork year around. Application may need to be reviewed.
 - Tax declaration mandatory and needs to match the information of the application, otherwise can be unexpected surprises on the tax return check amount.

Advice for Navigators and Non-Navigators

Perform an assessment of the consumers' health spectrum and listen to the consumers' needs to properly evaluate the appropriate choice:

Wholistic appraisal of the characteristics and health needs of the client:

- Assess the circumstances of the client, and their health needs.
- Never blindly follow the first request of the client ("I need this") without first asking questions
- Casually cross-question the information given by the client to make sure it is fully understood and accurate.

Useful questions:

- Does any member of your household have a special need or is on any specific medical treatment?
- Is there a particular medical office or doctor you need to have in your network of providers?
 - Have the consumer check with their doctor to see if they accept certain insurances
- Any specific medication that needs to be covered?
- Does your household file taxes? How do you file taxes? Is your income fixed or ever changing?
- When was the last time you had health coverage? When was that?

Presenting a solution for the consumers health needs:

Present the options to the client:

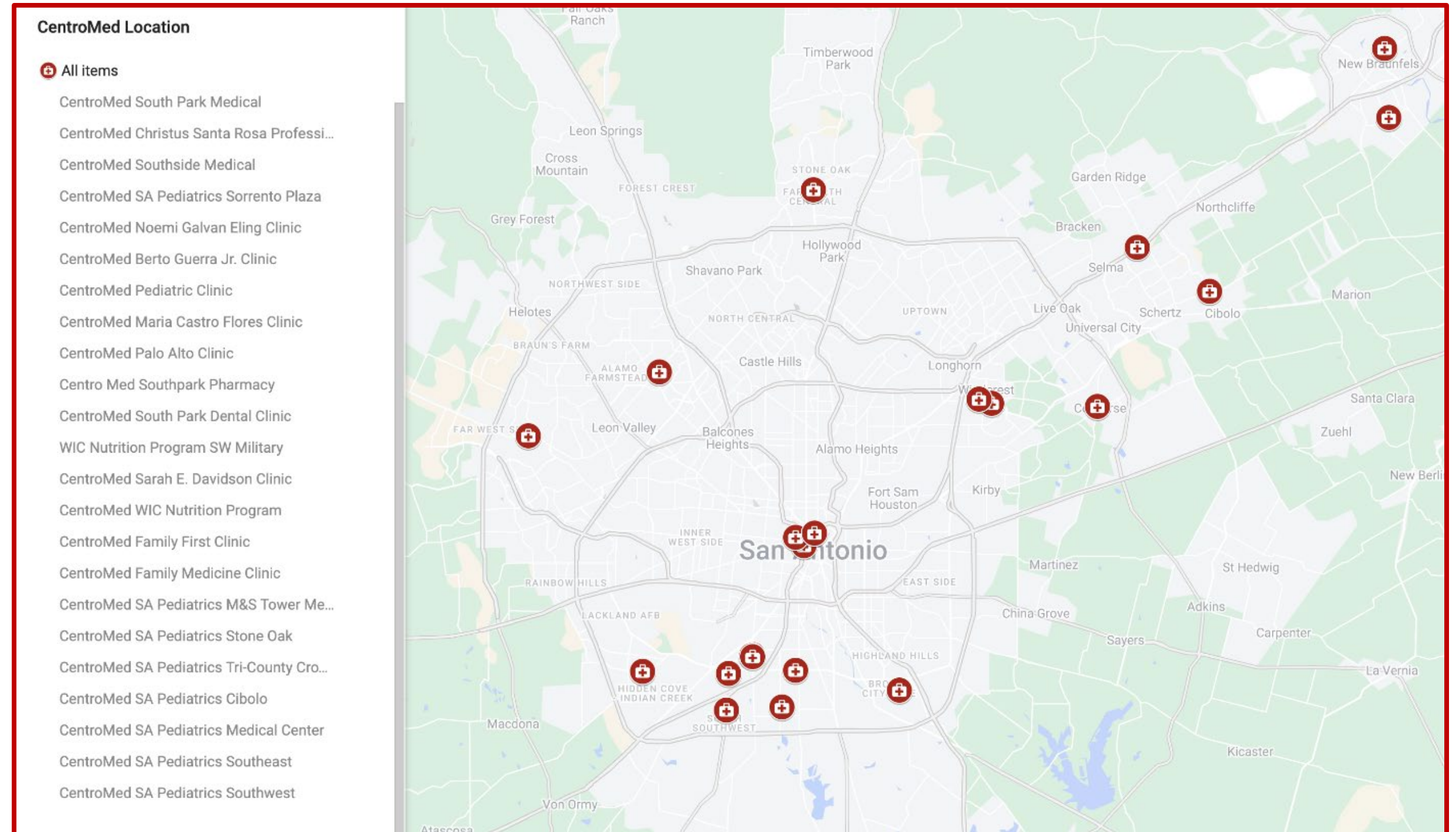
- Explain in a simple and objective matter the differences between the programs and how each program addresses the health needs of the client.
- Avoid acronyms and technical terms
- Let the client choose the best option:
- Let the client evaluate the pros and cons and choose.
- Never choose for the client, and never let the client believe that the Navigator made the choice for them.
- Stay vigilant and transparent with your consumer because the process can take a while depending on the circumstances.



*HOW WE HAVE TRIED TO MITIGATE THE ADVERSE EFFECTS OF
THE UNWINDING*

Who is CentroMed?

- ❑ FQHC in San Antonio, Texas
- ❑ 33 sites in & around San Antonio including:
 - ❑ Converse
 - ❑ Schertz
 - ❑ New Braunfels
 - ❑ Somerset



Who is CentroMed?

- ❑ Family Practice, Women's Health
- ❑ Pediatrics, Dental
- ❑ Wellness & Fitness Centers
- ❑ Nearly 125,000 Patients
- ❑ San Antonio's largest pediatric provider



Who is EnrollSA?

- ❑ City of San Antonio, Bexar County, and elected officials
 - ❑ Metro Health, San Antonio Library System, BiblioTech, Community Centers
 - ❑ Mayor Ron Nirenberg, Judge Nelson Wolff, Congressmen Castro and Doggett
- ❑ Schools and Universities
 - ❑ SAISD, NEISD, SWISD, South San ISD, Southside ISD
 - ❑ UTSA, UIW, Alamo Colleges District, TAMUSA
- ❑ Hospitals and Clinics
 - ❑ MHM, MHS, Christus, SWGH, UHS
 - ❑ CentroMed, Ascension, Wesley
- ❑ Community-Based Organizations
- ❑ Faith-Based Organizations



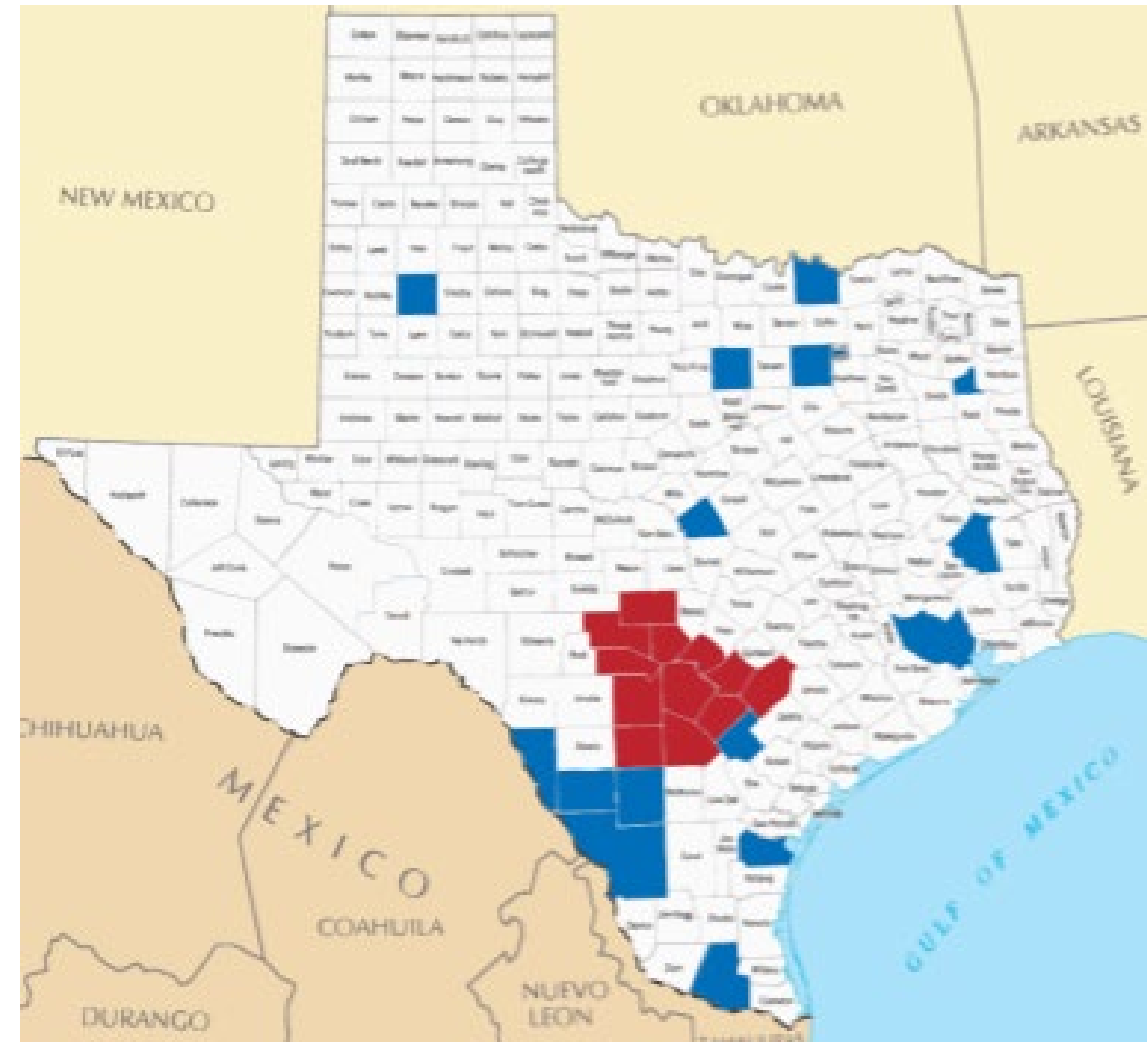
Our Work in Enrollment

- CDO since 2013 and a Navigator grantee since 2021
 - Funded by HRSA & CMS
 - FT and PT staff
- All staff are aware of the importance of health coverage in the community
- Signage in clinics and regular communication with our patients
- Separate enrollment, outreach, and eligibility



Our Work in Enrollment

- ❑ Officially serve 13 counties
- ❑ Staff:
 - ❑ 19 Eligibility Workers
 - ❑ 14 Full-Time Navigators
 - ❑ 20 Seasonal Part-Time Navigators



Uninsured in Texas

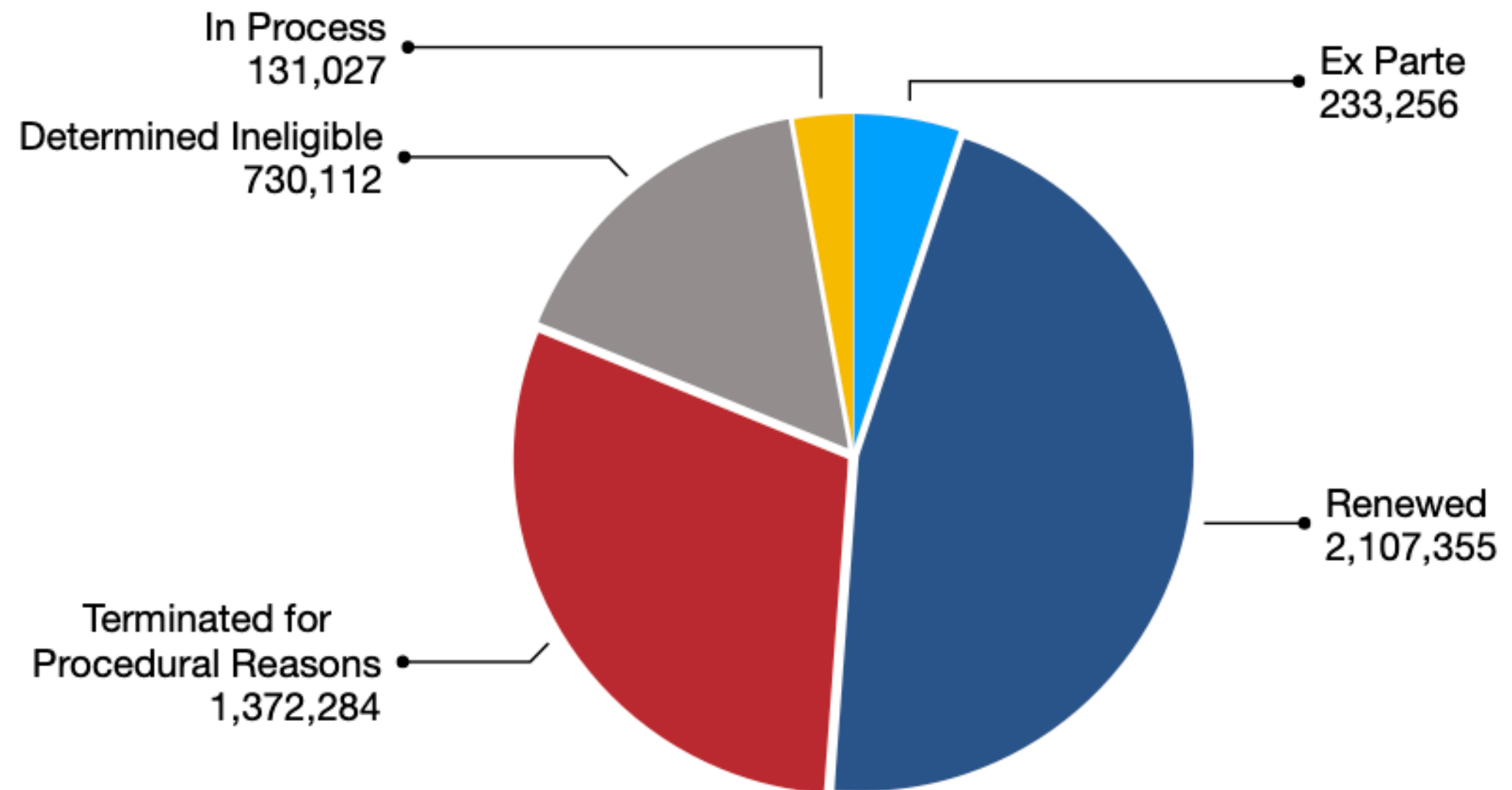
- ❑ 17% uninsured rate
- ❑ 4.9 million Texas overall
- ❑ 11% of Texas children
- ❑ No other state in double digits for children

** Data is before the Unwinding*



The Unwinding in Texas

- ❑ As of April 2024 2.1 million Texans have lost coverage
- ❑ 1.3 million due to procedural issues
- ❑ HHSC is inadequately staffed
- ❑ Wait times vary
- ❑ Renewals have unpredictable outcomes



The Unwinding in Texas

Application Submission

According to CMS rules, determination should occur within 45 days for Medicaid applications and within 30 days for SNAP applications

Days to Process

In data provided by HHSC, the **median** processing time in Texas is **84 days** for a new Medicaid application and **33 days** for SNAP applications¹

Backlog

HHSC is currently operating with a backlog of over **180k Medicaid** applications and over **60k SNAP** applications¹

Priority

HHSC has prioritized renewals of Texans affected by the unwinding

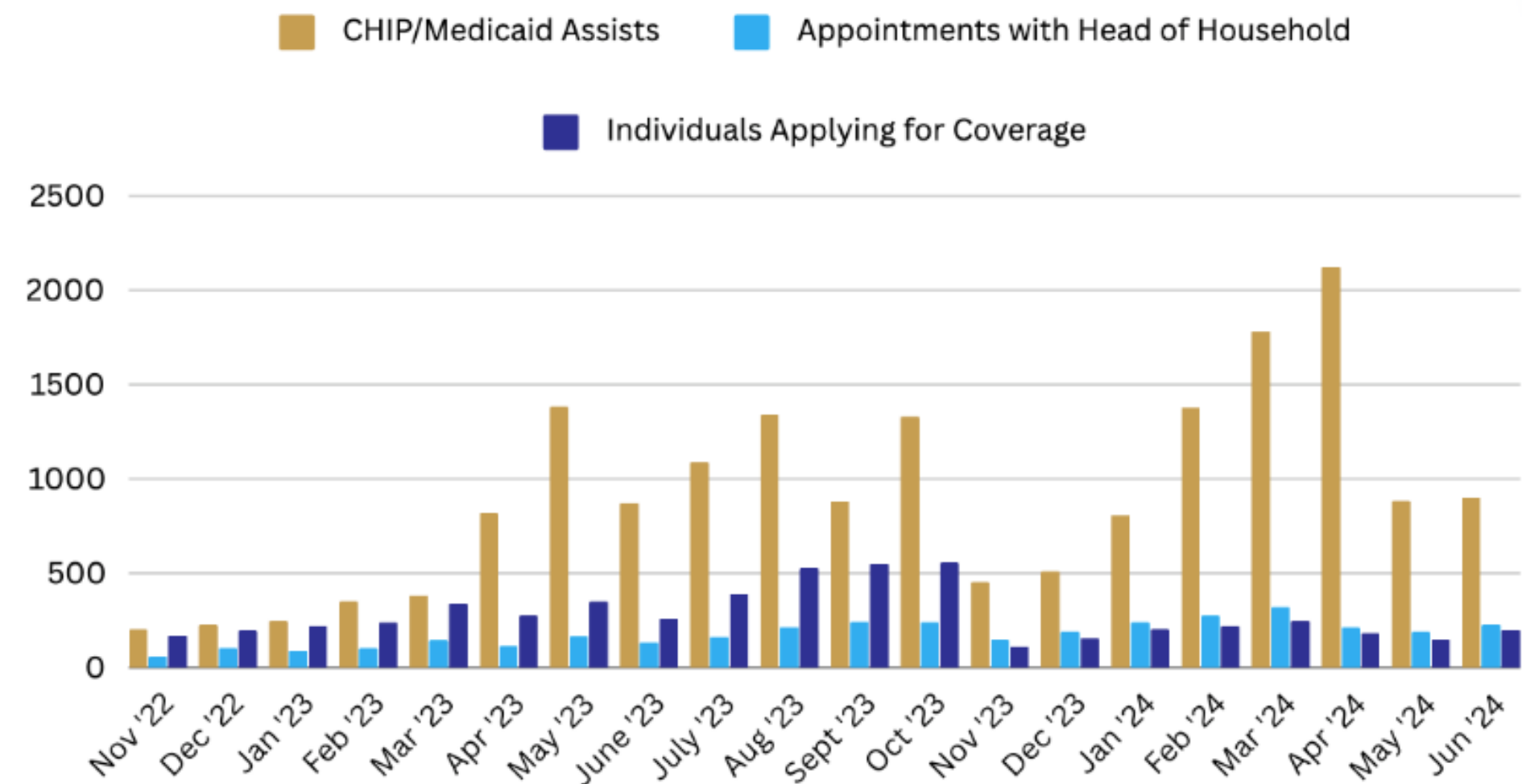
Application Timelines



An additional hurdle Texans face when applying for Medicaid coverage is how long the process can take.

The Unwinding at CentroMed

- Estimated 20-23% to lose Medicaid Coverage
 - 28% at CentroMed
- March 2023 to Present:
 - CHIP/Medicaid Assists: 16,953
 - Appointments HoH: 3,235
 - Total Individuals: 4,735



CentroMed's Enrollment Strategy

- ❑ “Do not disqualify yourself!”
- ❑ Inbound & Outbound call center
- ❑ Posters/flyers/pop-up banners throughout sites
- ❑ Eligibility & enrollment staff working together in clinics
- ❑ Outreach events/presentations/training with community partners



Official Enrollment Resources

- ❑ healthcare.gov
- ❑ [EnrollSA.com](https://enrollsa.com)
- ❑ Locate local Navigator organizations
- ❑ connector.getcoveredamerica.org
- ❑ Your Texas Benefits (local/state benefits portal)
- ❑ Use what you already do



Policy Opportunities for the Future of Medicaid Enrollment

Ex Parte Renewals

- Need to reduce patient and administrative burden for all parties

Medicaid Flexibilities

- Virtual/verbal Consent
- Presumptive Eligibility

Medicaid Enrollment and Eligibility

- Continuous Eligibility
- SEP
- Premium Tax Credits
- CHIP Premiums

Outreach and Enrollment

- Medicaid to Marketplace
 - CHWs
 - In-house referrals
- Uninsured Outreach – Post Visits

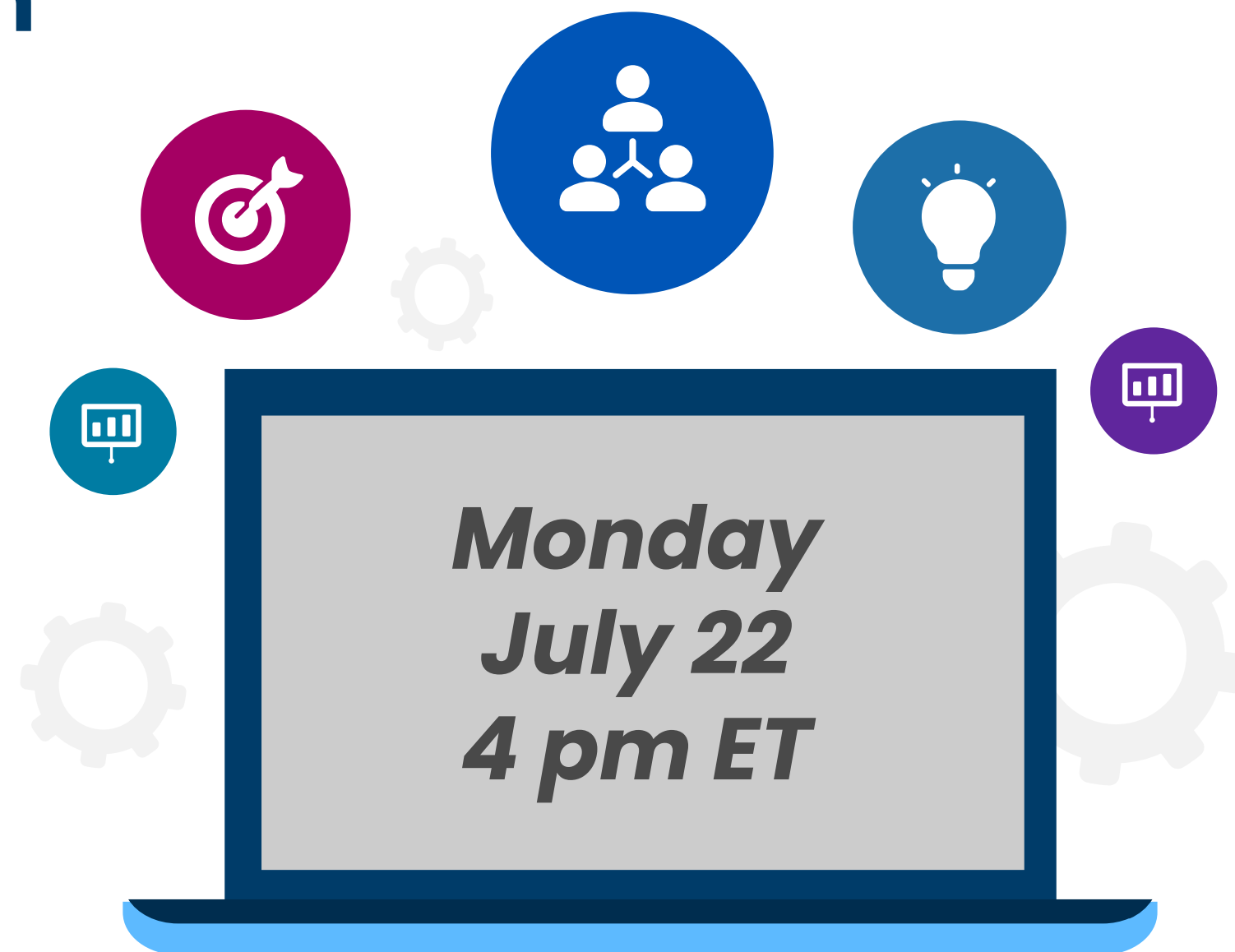


Regulatory Affairs Office Hour: The Impact of New Rules on FQHCs & Broader Medicaid PPS Discussion

Join NACHC's Regulatory Affairs Team for an important discussion about how two new Medicaid rules will impact health centers, providers, and patients:

Medicaid and Children's Health Insurance Program (CHIP) Managed Care Access, Finance, and Quality

Medicaid Program; Ensuring Access to Medicaid Services



Register [HERE](#) to attend!

CHI & EXPO Session

Outreach and Enrollment Innovations Showcase: Maximizing Patient Engagement and Service Revenue Through Insurance Enrollment



1:30 p.m. – 2:45 p.m. ET.

Join this session to hear from health center outreach and enrollment staff, community health workers, and other enabling services staff, who participated in NACHC's 2024 Outreach and Enrollment Lean Learning Collaborative. Each health center speaker applied Lean process improvement methods to one aspect of their health center's O&E workflows.

Learning Objectives:

- Highlight the importance of outreach and enrollment activities on your health center's financial health.
- Describe strategies for applying Lean methods to health center operations and O&E workflows.
- Provide case study examples of O&E best practices for maximizing patient insurance enrollment.



August is National Health Center Week!



NATIONAL HEALTH CENTER WEEK AUGUST 4 -10, 2024

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Through
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www.healthcenterweek.org



Let's Stay
in Touch!

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CMS Healthy Kids Project, Project Director

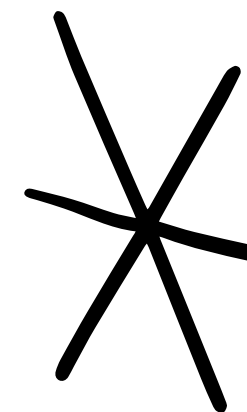
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Thank You!



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