



# MEDICAID UNWINDING UPDATE

## USET HEALTH COMMITTEE

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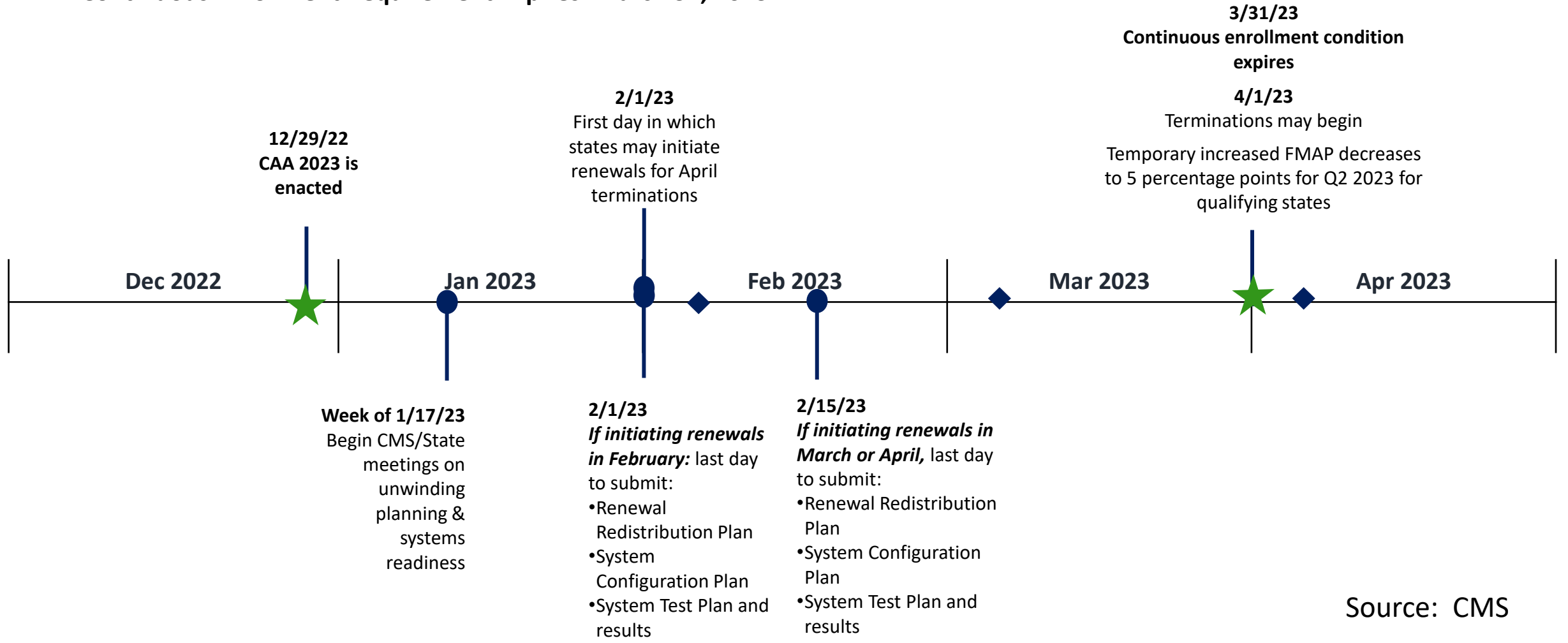
# Medicaid Unwinding | Key Points for Tribal Health Programs

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- ❖ During the Public Health Emergency, States got increase federal funding (FMAP) if they kept everyone on the Medicaid rolls without doing any eligibility redeterminations.
- ❖ In the Consolidated Appropriations Act, 2023, Congress required States to begin making eligibility redeterminations again or lose the enhanced federal matching funds, and also phased out the enhanced federal match.
- ❖ States are required to begin making eligibility redeterminations by April 1, 2023, but can start as early as Feb. 1, 2023.
- ❖ Estimates are that up to 16 million people could lose their Medicaid coverage as a result.
- ❖ Tribal health programs should work with their states if they can to ensure that all of their IHS beneficiary Medicaid enrollees are contacted and provide required information to stay on Medicaid or transfer to another type of coverage.

# Consolidated Appropriations Act (CAA), 2023 Enacted December 29, 2022

## Continuous Enrollment Requirement Expires: March 31, 2023



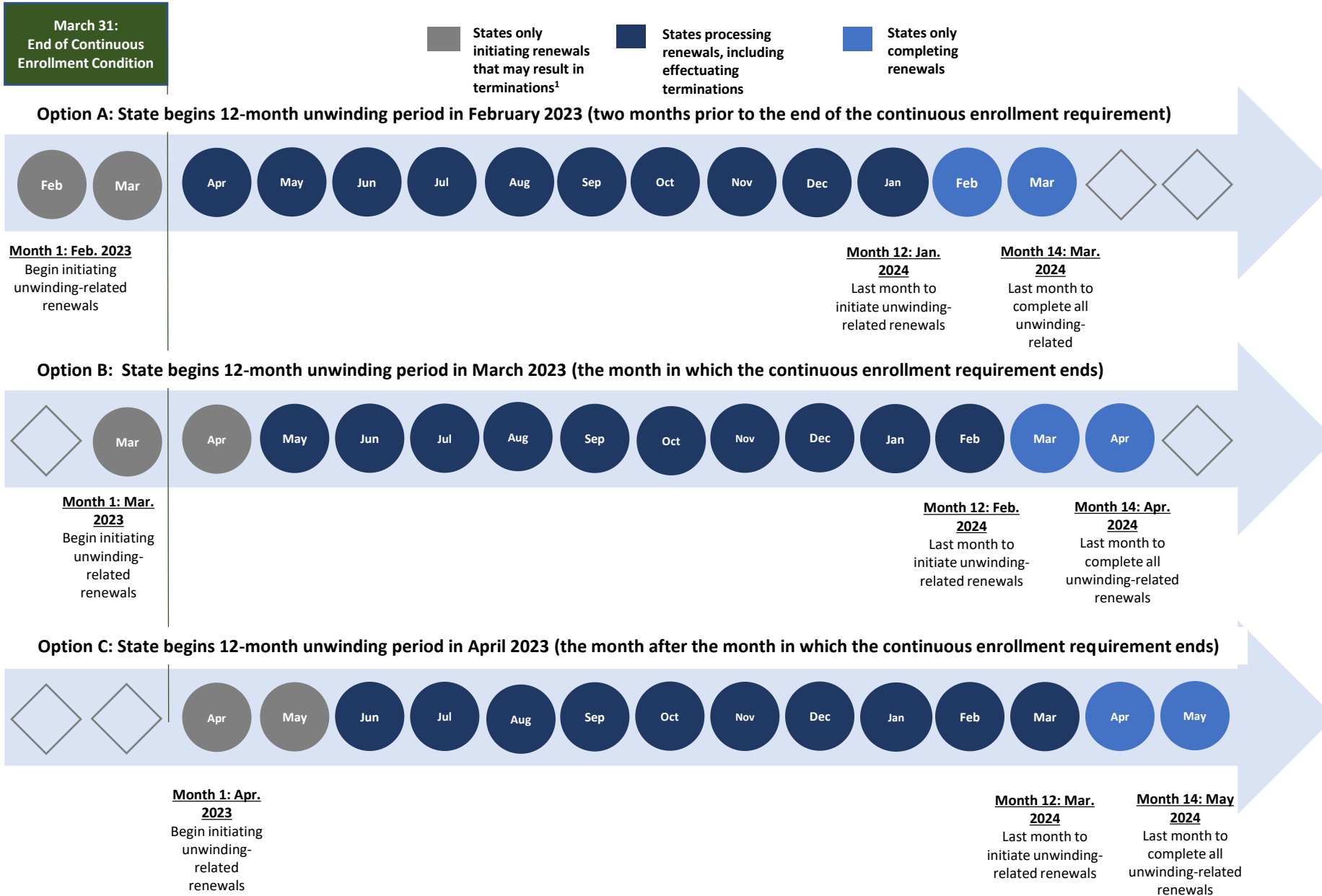
Source: CMS

★ Key CAA 2023 milestones

● State actions related to renewals and key timelines for submission of deliverables to CMS

◆ Data reporting: Baseline unwinding data submission dates will vary by state and will be due on either 2/8/2023, 3/8/2023, or 4/8/2023. Thereafter, monthly unwinding data submissions will be due on the 8<sup>th</sup> of the month. Additionally, state data submissions through the Medicaid and CHIP Performance Indicator dataset are also due on the 8<sup>th</sup> each month, and state data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset are due before the end of the subsequent calendar month.

# Example 1: Unwinding Timeline for State with a 60-day Renewal Process



Source: CMS

## CMS Guidance | SHO 22-01

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*Engage Other Stakeholders* States are also strongly encouraged to engage with other key stakeholders (e.g., providers, beneficiary advocacy groups) and with the Indian Health Service, Tribes and Tribal organizations, and urban Indian organizations (ITUs) located in your state on an ongoing basis. Communicating with stakeholders and ITUs regularly will help identify opportunities to leverage their support with assisting beneficiaries in updating eligibility information and ensure that they understand the need to respond to states' notices and complete the renewal process. (p. 40).

# CMS Guidance | SHO 23-02

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In implementing policies and procedures to satisfy this condition, states may want to review pages 36-40 of SHO #22-001,<sup>29</sup> in which CMS discusses several strategies for states to reestablish communication with beneficiaries, such as working with MCOs, social services organizations, and other entities. States are strongly encouraged to implement several strategies to ensure an attempt is made to obtain up-to-date contact information for all beneficiaries, including strategies that target hard-to-reach, homeless, rural, or Tribal populations for whom many strategies may be less effective. For instance, due to limited postal delivery and broadband services in Tribal communities, we encourage states to engage with the Indian Health Service (IHS), Tribes and Tribal organizations, and urban Indian organizations (collectively, ITU) to help with updated contact information for Tribal Medicaid beneficiaries, including sharing enrollment and renewal data with ITUs. We remind states that such data sharing must be consistent with Medicaid confidentiality standards under section 1902(a)(7)(A) of the Act and 42 CFR part 431, subpart F, and applicable privacy laws. (p.12)

# Eligibility Redetermination | 42 CFR § 435.916

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- ❖ *Ex parte* Renewal - eligibility redeterminations must start without requesting info from enrollee
- ❖ Renewal form – must only ask for new information
- ❖ Reasonable time frame and modalities to return form
- ❖ Determine eligibility on all bases before terminating coverage
- ❖ Provide 10 days advance notice and fair hearing rights prior to reduction or termination of coverage
- ❖ Assess eligibility for and transfer to other health coverage programs, like Medicare, CHIP and the ACA Marketplace plans
- ❖ Provide a reconsideration period of 90 days

# Up to Date Contact Information | Requirement

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- ❖ In order to continue to receive increased FMAP during the unwinding period, States must attempt to obtain up-to-date contact information for each individual for whom it conducts an eligibility redetermination.
- ❖ States must use the United States Postal Service (USPS) National Change of Address (NCOA) database, information maintained by state health and human services agencies, or other reliable sources of contact information.
- ❖ States are authorized to share their contacts and address information with Tribes in order to help locate individuals subject to enrollment redeterminations.
- ❖ States are encouraged to work with Tribes to help update contact information for AI/AN Medicaid enrollees.
- ❖ Tribes can work with the Medicaid beneficiaries they serve to make sure they respond to any inquiries from the State.



# Multiple Contacts Required Before Termination

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- ❖ When States receive returned mail after attempting to contact a Medicaid enrollee, they must follow up and attempt to contact the individual using more than one “modality” (call, text, email, etc.)
- ❖ CMS says States meet this requirement if they can show “(1) the state has a process in place to obtain up-to-date mailing addresses and additional contact information (i.e., telephone numbers, email addresses) for all beneficiaries; and (2) the state attempts to reach an individual whose mail is returned through at least two modalities using the most up-to-date contact information the state has for the individual, which could include a forwarding address if one is provided on the returned mail.”

# TTAG Policy and Legislative Goals

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- ❖ Increase third party resources through Medicare, Medicaid, CHIP and ACA reimbursement to Indian health care providers
- ❖ Increase access to coverage to American Indians and Alaska Natives through the Medicare, Medicaid, CHIP and ACA Exchange plans
- ❖ Remove barriers to access to coverage for AI/ANs
- ❖ Remove barriers of access to Medicare, Medicaid, CHIP and ACA reimbursements for Indian health care providers