



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Tribal Self-Governance Advisory Committee (TSGAC) Medicaid Unwinding Survey – Executive Summary/Findings

Updated: December 1, 2023

Background and Purpose of Survey:

In September/October 2023, the Tribal Self-Governance Advisory Committee (TSGAC) developed and sent a survey to the Self-Governance Tribes to gather as much information about how the Medicaid eligibility redetermination process is impacting Indian country.

There are many studies showing a dramatic loss in Medicaid coverage across the country as a result of the Medicaid eligibility redetermination process, but there is little information about how it is impacting Tribes and Tribal health programs.

The purpose of the survey is to collect Tribal-specific anecdotal data on this process in order to share it with the Centers for Medicare and Medicaid Services (CMS). The TSGAC requested that Tribes share any stories about their Tribe's experience with Medicaid redeterminations and how it is impacting their community. The information gathered will assist the TSGAC to coordinate with Self-Governance Tribes in their respective states and identify gaps in Medicaid disenrollments.

Summary of Results/Findings:

A total of 27 Tribal respondents completed the survey representing 11 different states, including:

1. Alaska
2. Arizona
3. Idaho
4. Montana
5. New Mexico
6. New York
7. North Carolina
8. North Dakota
9. Oklahoma
10. Oregon
11. Washington

Of those states listed above (according to the Tribes who responded), those in blue are sharing some data with Tribes or are sharing data with some Tribes but not others; and those in red are NOT.¹

¹ This information was gathered in September/October 2023, and is subject to changes that might have occurred more recently.

Please see the attached **Exhibit A** for a complete summary of the questions and all responses. Although the responses are non-scientific from a small sub-set of Tribes, they provide valuable and important Tribal perspectives, including common barriers currently being faced; and suggested best practices on how to move forward.

Here are some of the major comments/findings:

- **Medicaid eligibility redeterminations in general are NOT going smoothly.** While a few noted that they were working somewhat well or excellently with their state (Oregon, Oklahoma and North Dakota), most Tribes noted that it has been “hit and miss.” Many Tribal members are not receiving notices and are not aware that they are losing coverage which in turn creates an additional burden on health staff at the Tribe. It is challenging for members as well as the staff trying to help them. Lack of communication to members about their status, incorrect addresses, non-Tribal specific information and lack of a variety of communication channels are all resulting in a decrease in Medicaid enrollment.
- **Loss of Medicaid coverage due to procedural requirements has played a big role.** Tribal comments confirm that Tribal members are losing Medicaid coverage because they did not respond to an email or letter in a timely manner. This is consistent with other reports which indicate that over 10 million people have already lost their Medicaid coverage as of November 2023,² and that across all states 71% of disenrollments are for procedural reasons.³ This includes many AI/ANs.
 - For Tribes located in Oregon and Oklahoma, the estimate is that about 10-15% are losing coverage.
 - Whereas Tribes in Idaho estimate 45% and Tribes in Washington estimate 75%.
- **Tribes are facing numerous challenges with Medicaid Redeterminations.** The TSGAC received the most input in our survey regarding challenges that Tribes are currently facing, including:
 - Getting information from States. While many states are sharing data, some are only sharing limited data, and others are not sharing any data with Tribal health programs, even though Tribal health programs are the best positioned to ensure patients are not disenrolled for procedural reasons or are steered towards other forms of coverage.
 - Getting information from patients - some have received redetermination requests and haven't taken it seriously.
 - Travel, limited internet, gas prices, weather, distances to PO Boxes for mail and transportation is limited.
 - Communication is an important factor. For example, rural communities rely heavily on social media like Facebook and local publications so some Tribes have been reaching out directly to Tribal and community members. One Tribe noted, *“Our assister is extremely organized. She looks ahead to the list of*

² <https://kffhealthnews.org/morning-breakout/data-show-10-million-were-disenrolled-from-medicaid-over-6-months/>

³ <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/#:~:text=Procedural%20disenrollments%20are%20cases%20where,packets%20within%20a%20specific%20timeframe.>

patients that are coming up for redetermination and works on RFIs to prevent loss of coverage. Access to MMIS has been very helpful. Having an assister on site has saved many patients from losing coverage.”

- On the state level, some Tribes noted information on potential loss of coverage and marketplace solutions has not been clearly communicated to patients by the State.
- **Tribes shared many best practices in the areas of outreach and education.** Some of the best practices noted include:
 - Mass mailing, outreach education to the surrounding community, health fairs, school events/registration and social media.
 - One Tribe created a database program to track approvals and denials and to escalate denied patients to a contracted insurance adviser in an effort to seek other coverage through the Marketplace or via the patients' or spouses' employer plan.
 - Reaching out daily to members, by appointment(s) scheduled, updating the members information while in the office.
 - Checking on Medicaid eligibility for every appointment and completing process to keep eligibles enrolled.
 - Advertised to patients about unwinding, including door hangers in the community and other outreach and awareness efforts.
 - Establishing the Tribe or Tribal health program as the knowledge/help center for enrollment issues, rather than having tribal members try to contact the State's help lines, which take hours. Having a knowledgeable Tribal community partner on their side alleviates so much difficulty for members.
 - Getting the State to share data with the Tribe has helped tribes to keep most of their members enrolled by allowing the Tribe to contact them to let them know they needed to respond to their renewal.
 - Setting up a process to call all the termed members Tribes could contact and help them with resources to collect the needed information and get their eligibility reestablished.

Next Steps:

1. The TSGAC intends to more widely distribute these findings and results with the Medicaid Unwinding Subcommittee and CMS so that we can continue to address these challenges within the respective states.
2. The TSGAC will also more broadly share the best practices and other important tools at the Tribal level that seem to be working well.
3. The TSGAC will work with other CMS and other Tribal national organizations to share the various Medicaid Unwinding Toolkits and the most up-to-date information that is available for Tribes in working with their respective states.

Exhibit A

In response to the question, “**How would you describe how Medicaid eligibility redetermination is going for your Tribe?**”, here are some of the responses:

Arizona:

- Fairly well but impacted by loss of communication, limited traveling for our clients, clients not able to afford cost of gas for traveling, limited internet connections or services, Patient Benefit Coordinators conducting home visits to the limited.

Idaho:

- Medicaid redetermination is going as good as could be expected. The Idaho Department of Health and Welfare (DHW) went into formal Consultation with Tribes in December of 2022 because of continued concerns about the redetermination process and it's impact on Tribal Members, and AI/AN's. We planned for DHW to hold onsite redetermination for our community due to socioeconomic disadvantages we identified prior to consultation such as Medicaid beneficiaries not having access to phones, cell phones, email, internet, computers, physical address, etc. to successfully complete redetermination. DHW did honor all of the consultation requests and we received identified impact data reporting for AI/AN's in our region.
- We requested and received monthly updates on PHE unwinding and redetermination planning. We requested onsite assistance for DHW employees to facilitate 3 days of redetermination for our community, all which was done successfully. The Tribes had 1,013 community members attend the "Health Resources Fairs" to get connected to resources".
- We had 132 community members come onsite to redetermine, 44 community members who made changes to their Medicaid info, and 31 community members who filled out new applications. However, we still have a large number of Tribal Members losing Medicaid coverage. It's unfortunate, however the unwinding of a PHE has never been done before, and I appreciate that DHW / Medicaid did honor the consultation requests of the Tribe.

Montana:

- The MT State Commissioner's office has sent a letter advising that Redetermination be paused until the system has finished with the open cases at hand before proceeding. As of September 15th, 55,000 Montana Medicaid recipients have been removed, with 38,892 of those being due to lack of communication between the recipient and the State. We have members being denied care by providers outside of our Tribal Health system because they are showing up in the DPHHS system as having no coverage. Thus far, redetermination has been an abject failure.

North Carolina:

- It's challenging for members as well as the staff trying to help them. Lack of communication to members of their status. Incorrect addresses, non-tribal specific information. Lack of a variety of communication channels.
- The amount of outdated demographic information in the state database.

North Dakota:

- Excellent. The staff helps the community members sign up for the Medicaid services.

New York:

- Medicaid enrollment is slowly decreasing in numbers each month.

Oklahoma:

- The state started unwinding April 2023 on a 9-month schedule. Procedural terminations were at a 80% level when the state paused procedural closures for June & July. American Indians/Alaska Natives are the 2nd highest race closures.

Oregon:

- Somewhat well, but I'm finding that communication about the Unwinding process has been relatively limited within our rural community. There is much confusion and people tend to rely on hearsay and rumors which is difficult to combat.
- The letters that come out can be confusing as they state that the member is reinstated for another year, but then in a separate letter it's asking for follow-up documents.
- Very good. We have an OHP Assister on staff that has been very valuable.
- I think it's hit and miss for our organization. We have some patients that have lost coverage and never received a notification or letter from the Oregon Health Authority. We have also had some we were able to renew and there were gaps in coverage because we received the information ahead of time from our state contact. We are fortunate because our organization gets this information sent to us every month about who will be renewing.

Washington:

- Washington has seen a decline from 49,000 to 47,000 fee-for-service Medicaid enrollees- with nearly all these patients at Tribal health programs (and IHS).
- Not well. The HealthCare Authority in the State of WA is too short staffed to keep an out-stationed staff on site like we had in the past to assist us with the WAhealthplanfinder software used for Medicaid redeterminations and the huge influx of Medicaid recipients going through recertifications. They moved the staff person we had on site back to the HCA office just as the redeterminations started. The Tribe doesn't have the resources to staff a much needed position for Medicaid outreach and enrollment.

- Due to staffing shortages, we are continuously playing catch up to find/screen/ and submit documentation for families and individuals. There are also people/families losing Medicaid due to being over income, this puts more responsibility on our IHS/ PRC department for their health care coverage.
- It has been hit-and-miss. I know some people have been able to continue with their eligibility and some had no clue they were discontinued.
- We see several of our members losing coverage or not able to get Medicaid coverage. Having a minimum wage job in the state of Washington makes you over income to get help for medical coverage for yourself. Our communities are struggling with addiction, crime, homelessness, mental health issues. When our members are trying to better themselves and then get denied for services or insurance it definitely hinders their positive progress.

In response to the question, **“How many of your patients are losing Medicaid coverage due to eligibility redeterminations?”**, here are some of the responses:

Arizona:

- Roughly around 30%, majority are renewing or have renewed coverage.

Idaho:

- We are expecting 45% of our patients will have coverage termed by the end of August. Currently 28% have lost coverage so far.

Montana:

- As communication from the state has been unreliable at best, there is no way to ascertain this number.

North Dakota:

- The tribal entities do not have access to the numbers. The state should have articles on Medicaid information printed in the Indian owned newspaper's on all four reservations!

Oklahoma:

- We have not quantified the exact number. We estimate 10-15% are losing coverage. Most are being closed for failure to respond to eligibility redeterminations and not being responsive to tribal patient benefit specialist outreach. Once coverage is lost, then the individual will often reach out to us.
- About 3/4 of the Unwind List we received from the Oklahoma Healthcare Authority lost/losing their coverage.
- None that we have seen for technical reasons. Most are losing coverage for excess earning.
- Over 50% on the Expanded Adult Medicaid

Oregon:

- So far 45 as of 10/30/23
- I would say about 10 percent of our population right now.

- We are unsure at this time, but we are seeing some so far. We've been getting a list from OHP detailing ineligible, but none have been native so far.
- So far I would say we have lost about 5 %.

Washington:

- The pattern is that most families have been over income but had not lost coverage due to the public health emergency. If the individuals/families do not have coverage through their employment (either they do not know about the enrollment process/ fear of losing money from their check for insurance) they then depend on the tribe's IHS coverage.
- An estimated 75%.

In response to the question, **“How many people are losing Medicaid eligibility in your state for technical reasons but are still Medicaid eligible?”**, here are some of the responses:

Arizona:

- I would say a great deal of eligible members are losing Medicaid due to them not reapplying for coverage.

Idaho:

- 121,296 (per Idaho Department of Health and Welfare)
- Last I checked 121,296/153,196

North Carolina:

- More than 350 so far.

North Dakota:

- Tribal Members have no information and the state should have the Medicaid availability for our Native American communities.

Oklahoma:

- I don't believe we can quantify this information at this time. I can advise how many were considered procedural terminations for the state:
- April 2023 Total closures 25,857 - 22,645 procedural; AI/AN total 2,985 - 2,512 procedural
- May 2023 Total closures 27,977 - 22,458 procedural; AI/AN total 3,864 - 2,961 procedural
- June 2023 Pause on Procedural Terminations Total closures 6,822; AI/AN - 1,049
- July 2023 Total closures 48,910 - 28,958 procedural; AI/AN total 6,715 - 4,078 procedural
- Over 50% on all ages

Oregon:

- 20 out of 45 did not return the needed information.
- I would say we have quite a few.
- Unknown, however as a Community Partner for 5 years now and previously as a OHP Processer for 2 years, I have a suspicion that a great many cases have outdated information by 2-3 years and incorrect financial information thanks to constant changes on how Per Capita was incorporated as income.

Washington:

- Quite a number of patients are losing insurance due to the turnaround time for paper correspondence. Our location is pretty remote. Individuals have trouble with internet connectivity and in turn opt into paper correspondence. They will receive the request for income verification or tribal status but will lose their coverage for not responding in time.

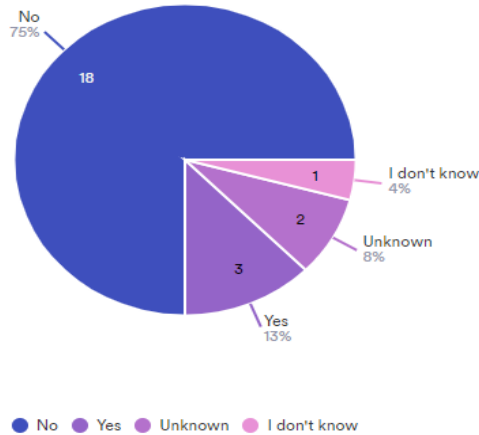
In response to the question, **“What challenges and other factors is your Tribe facing with Medicaid redeterminations?”**, here are some of the responses:

- Getting information from patients - some have received redetermination requests - and haven't taken it seriously.
- Travel, limited internet, gas prices, weather, distances to PO Boxes for mail and transportation is limited.
- Mid 2022, we had requested identified impact data for AI/AN's in our local regions which Medicaid finally did provide to us, very reluctantly. However, we were able to receive identified impact data weekly during the month of August in Idaho, which was AIAN redetermination month. In August the challenge is getting community members into our three events or to schedule an appointment with a THHS Benefit Rep. to complete Redetermination, or to follow-up & finish a started redetermination. Timing on the states part, miscommunication, no follow through, and incorrect information.
- Our Native American communities need the state staff who works with the Medicaid schedule site visits in the communities the four reservations!
- Getting our patients to come in and reapply again for their coverage.
- Pause was for only June & July. Old document requests are difficult to remove despite the individual's change in income. Example - old income documentation request is not removed without a difficult process on the part of individual or tribal benefit specialist despite the individual(s) now being unemployed and income at zero or well below eligibility threshold. Medical agency overwhelmed with backlog of document verifications and utilizing 21 days allowed to make verifications. If approved, applicant's eligible is backdated to avoid gap in coverage.
- At this time, the only difficulty has really been communication-based. Rural communities like ours rely heavily on social media like Facebook and local publications so we are reaching out directly to our tribal and community members.
- Our assister is extremely organized. She looks ahead to the list of patients that are coming up for redetermination and works on RFIs to prevent loss of coverage. Access to MMIS has been very helpful. Having an assister on site has saved many patients from losing coverage. Our connection to the State through the HNA group has been helpful.
- Challenges of getting people who are losing OHP onto other types of coverage (the bridge program from the State of Oregon not happening yet). Patients not returning needed information.
- Lack of solutions for patients losing coverage. Information on potential loss of coverage and marketplace solutions has not been clearly communicated to patients by the State.
- Transportation for clients to be able to come in to get assistance. Housing is also an issue. We need more tribal assisters in our area.
- A lot of our patients just don't bother to open their mail or throw it away because they think it is junk mail so even they don't receive any correspondence about their health coverage. Some don't understand why they obtained coverage through the pandemic but now some are losing their coverage because the pandemic is over and they think they still qualify.
- Some can't afford to pay for medical insurance yet the premiums are still a little high.

- When people reach out to update their information and it's not time for their redetermination, then later they get the redetermination letter. It confuses them because they think they've already done it.
- System issues in the eligibility system regarding documentation requests. OHCA overwhelmed by backlog of verifications submitted and utilizing the 21 days allowed. Inconsistent answers from the helpline. Sometimes benefit specialists chose to just call back and see if they can get the correct answer or assistance they need.
- Some patients are not responding to letters, calls, or texts and not renewing or reapplying.
- It would be nice if all of our outside providers accepted Medicaid in our area as they are starting to opt out of the plan since Medicaid does not pay them enough for their services.
- COVID is minimal, however challenges with patient address information not updated in the last two years, cell phone limitations or invalid numbers create loss of contact.
- In August the challenge is getting community members into our three events or to schedule an appointment with a THHS Benefit Rep. to complete Redetermination, or to follow-up & finish a started redetermination.
- The renewal letters are asking patients to complete the enclosed form... the form that is enclosed is a authorization Rep form not a redetermination application. Over kill on letters to the patients that are confusing to the patients stating they are eligible for a year, then they need to renew, then they don't, then they do with all different dates. The state sends 10 letters a week to one person.
- Technical issues due to the lack of members having internet access, transportation in getting the information to our office and extreme difficulty dealing with OHCA customer service in providing assistance to our members.
- Medicaid Unwinding needs to be discussed to our community members through Newspapers through the Site Visits through Radio announcements!
- Due to our location and under staffing (we are only two people who are tribal assisters) it is hard to locate all patients in a timely manner. Also educating patients on why they have lost their coverage after having it indefinitely through the pandemic.
- The biggest challenge I have found so far is having to do double the work. People are reaching out to update their info, but if it's not time for their redetermination, then they are getting their renewal letters further along in time which is confusing them because they believe they have already completed the process.
- Need for navigators and reminders constantly.
- Loss of program revenue.

Has your state or CMS imposed a pause on Medicaid eligibility redeterminations? If yes, is it working for Indian country?

24 Responses- 3 Empty



In response to the question, “**Are there any successes or best practices you would like to share?**”, here are some of the responses:

- Mass mailing, outreach education to our surrounding community, health fairs, school events/registration and social media.
- Best practices for the State staff who work with the Medicaid department to schedule visit sites who will provide the Medicaid sign up for all our community members are applying for Medicaid!
- Educate the Medicaid Awareness in Indian Country!
- We send out our own Recertification letter with the date, along with their enrollers name and phone number so the patient can personally call their enroller if they are not able to physically come on site and complete their recertification application.
- The data sharing cooperation has been excellent with Tribes and OHCA. If we encounter issues, we do have relationships established with many key staff at OHCA to assist.
- We created a database program to track approvals and denials and to escalate denied patients to a contracted insurance adviser in an effort to seek other coverage through the Marketplace or via the patients' or spouses' employer plan.
- Yes, by reaching out daily to members, by appointment(s) scheduled, updating the members information while in the office.
- Checking on Medicaid eligibility for every appointment and completing process to keep eligibles enrolled.
- Tribal council resolution that eligible patients must complete Medicaid determination or they will not be eligible for PRC.
- My biggest success is becoming an established Community Partner in this area. Our people know to come to me for their updates and issues instead of calling Customer Care, which is ridiculous, because wait times are currently at 3-5 hours. It is my fervent wish that each tribe would have their own knowledgeable Community Partner employed on their behalf. This alleviates SO much difficulty for their members.

- I think that the benefit of getting the data sharing for our Tribe has helped us to keep most of those members on or at least we were able to contact them to let them know they needed to respond to their renewal.
- We have called all of the termed members that we could contact and helped them with resources to collect the needed information and get their eligibility reestablished.

Are there any factors that have helped or benefitted your Tribe during Medicaid Unwinding?

- Advertised to our patients about unwinding. We have done door hangers in the community and tried very hard to make people aware of this change.
- Good relationships with the department to be able to contact them and work together to find a solution.
- I think that the fact of a lot of our Tribal members were able to obtain coverage during the pandemic and had access to health coverage in case they needed it was such a great thing even if they didn't use the insurance.
- Current grant funding made available for Unwinding has assisted us in more direct communications. We were able to purchase ads in local advertising and outreach.
- Our Agency View application continues to be extremely beneficial in assisting members. Applications can be updated in person, or my phone and eligibility is real-time. OHCA is publishing "Fast Facts" that provide transparent data on closures by month.
- <https://www.oklahoma.gov/ohca/research/archives/phe-unwind-ff-archives.html>
- The Unwind List the Oklahoma Healthcare Authority provided us has really helped our tribal health system fast-track the re-determination process in an effort to help get our denied population other coverage.
- The auto renewal increased our Medicaid enrollment significantly in which no one termed their insurance during Covid which kept us financially stable since then and now we get paid at the AIR rate for all of those claims previously processed.
- Identifying formal accountability measures with DHW Division of Welfare & Division of Medicaid, and meeting with each department monthly leading up to redetermination.
- Work one on one with patient registration by referrals for uninsured, receive AZ St. AHCCCS renewal listings, and conduct home visits, and conduct over the phone paperless applications with voice signatures.
- We continually kept accountability on the state for redetermination. We let them know we'd provide a space for their redetermination process, and we continued to advocate for equitable access to redetermination services for AIAN's in our community. Idaho DHW moved all AIAN redetermination back to August 2023 so tribes would have additional time to coordinate and outreach our community members.
- Multiple departments working together to get our community redeterminations completed.
- Medicaid Unwinding needs to have town hall meetings and have alternatives for our Indian Country for Insurance.
- The staff for the Health Benefits Exchange in Washington for tribal assisters/ navigators has been really helpful in preparing us for the renewals.
- We have received funding from several grants to assist us in reaching out to our communities and being a presence at local events.