



**ADVOCATES FOR
COMMUNITY HEALTH**

United for Health and Innovation

ACH Emerging Issues Webinar: Medicaid Eligibility Redetermination
November 29, 2023, 12:00-1:00 p.m. ET

This webinar is being recorded. We will begin shortly.

Mission Statement



ADVOCATES FOR
COMMUNITY HEALTH
United for Health and Innovation

Advocates for Community Health (ACH) strives to advance the delivery of health care to underserved populations and to achieve health equity for patients and communities in need. By harnessing the power of community health systems, ACH initiatives will meaningfully impact federal public policy.

Speakers



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Amanda Pears Kelly
Chief Executive Officer
**Advocates for
Community Health**
(Moderator)



Feygele Jacobs, Dr.P.H.
Professor
Milken Institute School of
Public Health
**The George Washington
University**



Michelle Proser, PhD
Vice President of
Research, Quality &
Performance
**Medicaid Health Plans
of America**



Kim Schuknecht
Chief Operating Officer
& Compliance Officer
Evora Health



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Michelle Proser, PhD

Vice President of Research, Quality & Performance
Medicaid Health Plans of America



Results from a National Survey of Medicaid MCO Experiences During Redetermination

Michelle Proser

Vice President of Research, Quality and Performance

Medicaid Health Plans of America

11/28/23



About MHPA

Founded in 1995, the **Medicaid Health Plans of America (MHPA)** represents the interests of the Medicaid managed care industry through advocacy and research to support innovative policy solutions that enhance the delivery of comprehensive, cost-effective, and quality health care for Medicaid enrollees.

MHPA works on behalf of its 140+ member health plans, known as managed care organizations (MCOs), that serve 50 million Medicaid enrollees in 39 states, the District of Columbia and Puerto Rico. MHPA's members include both for-profit and non-profit, national and regional, as well as single-state health plans that compete in the Medicaid market.

<https://medicaidplans.org/>

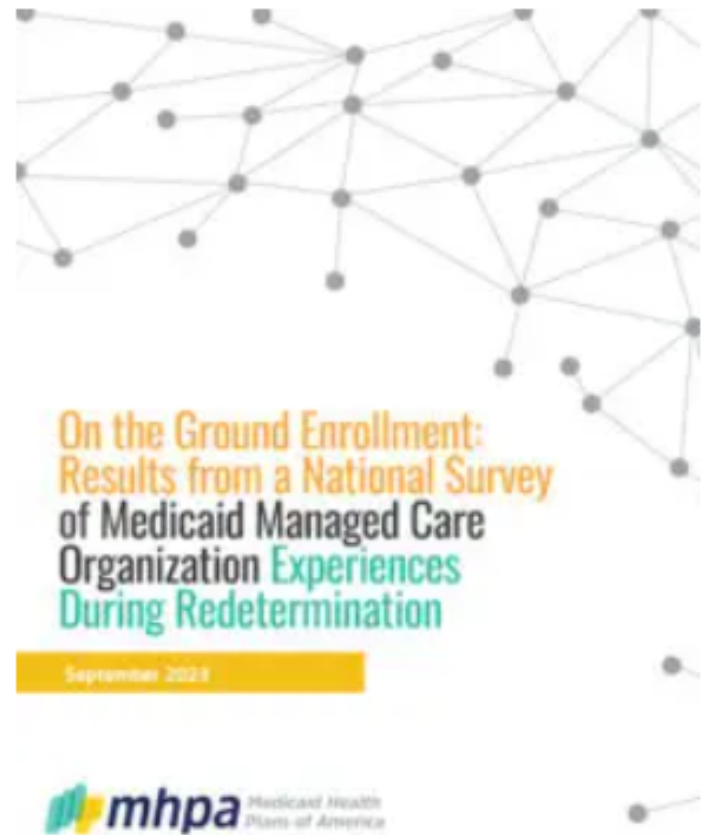


On the Ground Enrollment: Results from a National Survey of Medicaid MCO Experiences During Redetermination

As states began redetermining Medicaid eligibility this spring and summer - the first time in three years - following the end of Medicaid's continuous enrollment provision, new research by Medicaid Health Plans of America (MHPA) details the strategic engagement tactics deployed by Medicaid managed care organizations (MCOs) to ensure those eligible for Medicaid maintained access to quality, affordable health care and limit disruptions caused by coverage loss. The research also identifies priority policy or process changes that would enable more effective support of Medicaid members.

VIEW THE REPORT

<https://medicaidplans.org/research/>



Why we did this survey

- Post PHE redetermination is unprecedented for all involved
 - New experience for many enrollees and state agency staff
 - Sheer volume of renewals
 - Constantly changing strategies and requirements
- There is much at stake for Medicaid enrollees
- Medicaid managed care organizations (MCOs) are key partners with experience serving and reaching diverse and “hard to reach” communities
 - 81% of Medicaid enrollees served by Managed Care as of Dec 2022
- To document plan efforts to keep members insured, understand plan experiences with redetermination, and identify best practices and recommendations
 - Lessons learned are “evergreen”

How we did the survey

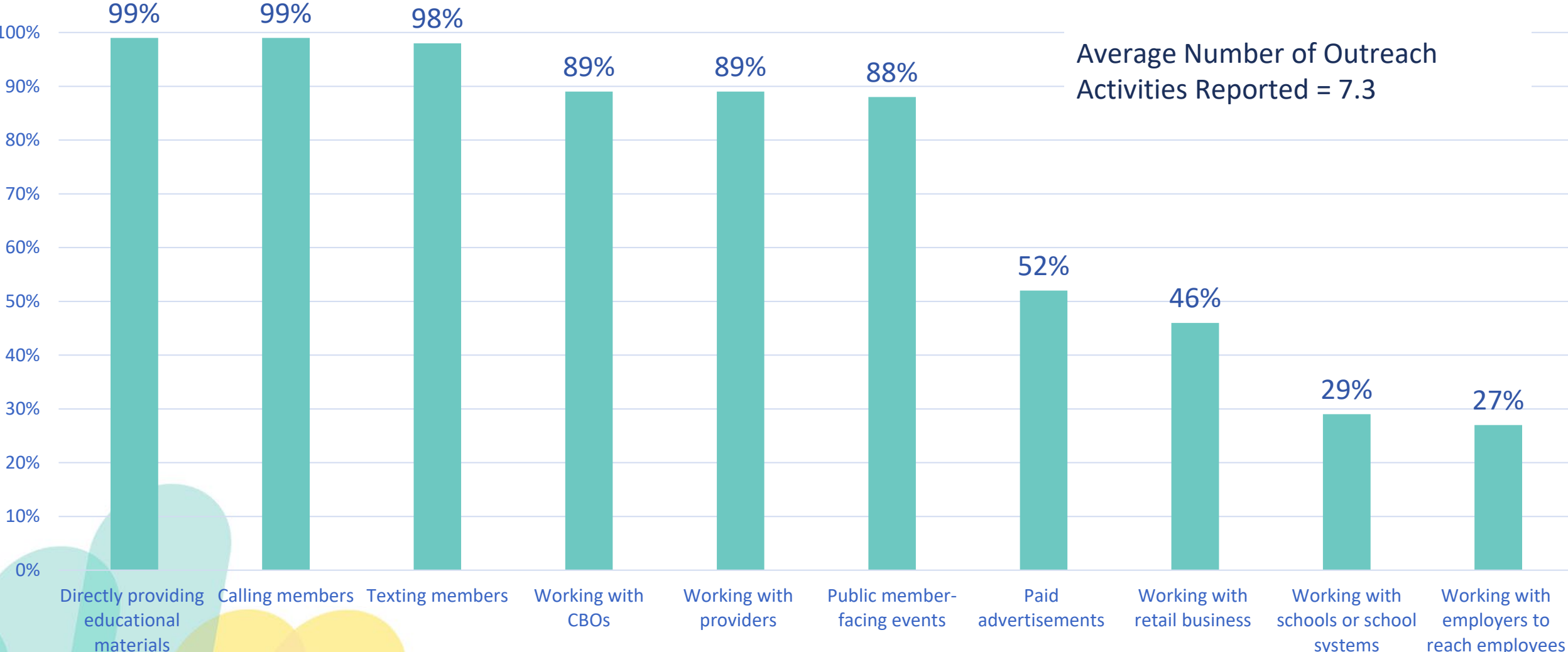
- MHPA-developed national survey (June-July 2023)
- Completed by ~3/4s of MHPA member MCOs across 39 states and DC
- Thematic analysis of qualitative data and member shared best practices (summer 2023)



Key Finding: Medicaid MCO Redetermination Outreach Activities

- MCOs conduct multiple outreach and engagement activities
 - Member and non-member
 - Multi-step, multi-method endeavors
- How varies by state in accordance with state regulations and timelines
- Common strategy themes reported as most effective
 - Direct member outreach and engagement
 - Partnership with local providers
 - Partnerships with trusted community-based organizations
 - Presence in the community

Figure 1
Plan Reported Redetermination Outreach Activities



Average Number of Outreach Activities Reported = 7.3

N = 103 plans

Direct Member Outreach and Engagement

- All plans are leveraging regular channels - texting, emailing, calls, mailings
- Universal across members
- Needs to be direct, multiple, ongoing, and strategically spaced out through the application steps
- Reporting higher member connection metrics

Partnership with Local Providers

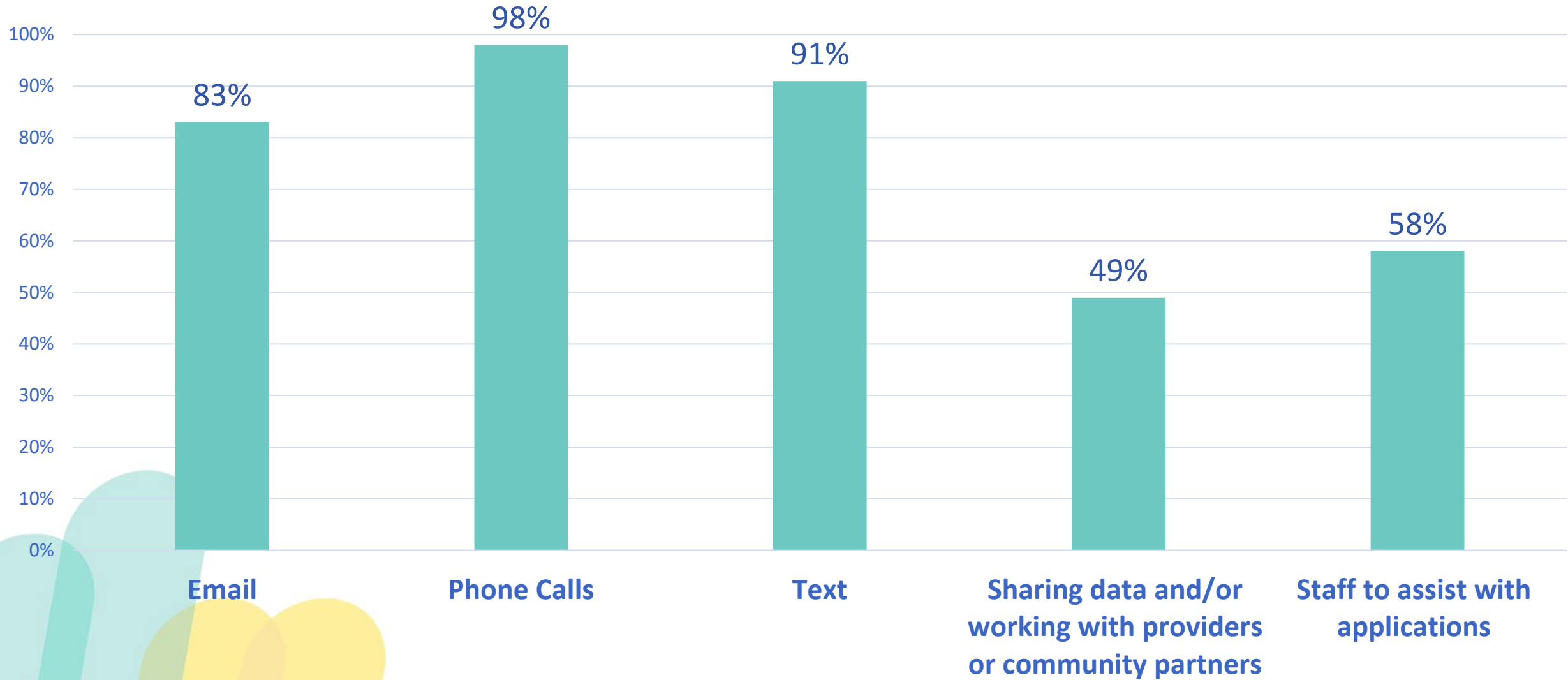
- All MCOs report working with local providers
 - Members may not know about coverage changes until they seek care or Rxs
 - Recognized as critical touchpoints for members with high degree of trust
 - Able to raise member awareness and support them in completing renewal applications
 - In some cases able to share data on which members are up for redetermination
- All types of providers and care team members
 - Eg, primary care, pediatricians, case managers, pharmacists, etc
 - Many report working with FQHCs specifically
- Example:
 - United Healthcare Community & State health navigator grants to FQHCs

In the Community

- Partnerships with Trusted Community-Based Organizations
 - Building on relationships with member-facing CBOs that serve members and broader community
 - Examples: groups serving migrants, recent immigrants, LEP, unhoused, single moms, communities of color. And food banks, schools, libraries, religious organizations, YMCAs
- Presence in the Community
 - Live community events and leveraging physical locations serving communities
 - “Boots on the ground” - MCO staff can interact directly with community residents
 - Direct member assistance
 - Deepen understanding of community awareness and the barriers they experience

Figure 2

Plan Outreach Activities During Reconsideration Period for Medicaid-Eligible Members Who Were Procedurally Terminated



N = 65 plans

Figure 4

Reported Challenges or Issues with State-Provided Redetermination Data



N = 65 plans

Policy Changes that Enable Greater MCO Action

- Increase use of ex parte redeterminations
 - Reduces burden on outreach partners working
 - Relatedly, improving state process and technology issues that prevent states from taking full advantage of ex parte
- Greater flexibility to conduct outreach to members
- States should adopt more federal waivers
- Data shared by states should be timely, complete, and accurate
- *MHPA Policy Recommendations forthcoming*

More to Come

- Tracking Medicaid Managed Care enrollment through the 14 month redetermination period in a subset of states



Questions?

Michelle Proser

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<https://medicaidplans.org/research/>





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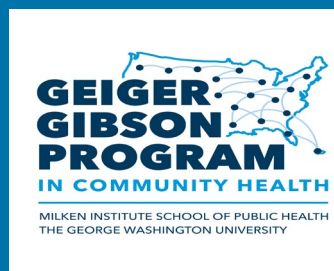
Feygele Jacobs, Dr.P.H.

Professor

Milken Institute School of Public Health
The George Washington University

Impact of Medicaid Unwinding on Community Health Centers and their Patients

Presented
November 2023





Today's Discussion

- 1) Geiger Gibson Medicaid unwinding CHC impact estimates January 2023
- 2) Updated analysis November 2023
- 3) Implications and considerations

Brief Background

During the COVID-19 Public Health Emergency (PHE), states were incentivized under the Families First Coronavirus Response Act (FFCRA) to keep Medicaid beneficiaries continuously enrolled. This temporarily increased the federal Medicaid matching rate by 6.2 percentage points, provided that states agreed to suspend Medicaid's normal eligibility redetermination process. > This led to a substantial increase in Medicaid enrollment.

Medicaid continuous enrollment was supposed to last throughout the PHE, but [Consolidated Appropriations Act](#) (CAA) delinked continuous enrollment from the PHE, specifying March 31, 2023 as the date for ending continuous enrollment. CMS required that the regular eligibility process occur over 14 months, April 2023- June 2024.

Methodology and Approach

Starting point - [Urban Institute estimates](#) (December 2022)

Consistent with unwinding provisions in the 2023 Consolidated Appropriations Act, Urban Institute assumed Medicaid redeterminations and caseload reductions would begin in April 2023 and conclude June 2024, resulting in 17.3% reduction in Medicaid enrollment overall.

Geiger Gibson applied Urban Institute's state-level Medicaid caseload reductions to the number of Medicaid patients receiving care at CHCs in all 50 states and DC.

Geiger Gibson January 2023 Analysis

In 2021, 14.8 mil CHC patients (48%) were covered by Medicaid

Estimated 2.5 million CHC patients nationally could lose Medicaid

Two scenarios- a) Medicaid revenue is reduced by 17%, accounting for 7% of total CHC revenue; b) some patients obtain alternate coverage, so health center total revenue nationally declines by 4%

Calculated the related reductions in staffing capacity and patient capacity (patients served) based on revenue reductions

Updated November 2023 Analysis

Community health centers served more Medicaid beneficiaries in 2022 than the prior year, so potential impact of Medicaid unwinding losses is higher than projected earlier.

- In 2022, 49% covered by Medicaid (~14.9 mil)
- Nearly 2.6 million CHC patients could lose coverage
- \$1.7 billion to \$2.8 billion loss in patient revenue (4.2% to 7.2%)
- Sharp reductions in staffing - 11,568 to 19,964 fewer FTEs
- Capacity reductions - 1.23 million to 2.14 million fewer patients

Upper Range State-Specific Estimates

Table 1. Estimated Effect of Full Implementation of Medicaid Unwinding on Community Health Centers.

Upper Bound Estimates Based on Potential Loss of Medicaid Coverage (Using 2022 UDS Data)

State	Percent of CHC Patients Losing Medicaid	Number of CHC Patients Losing Medicaid	Total CHC Medicaid Revenue Loss (Mil \$)	Percent of Total CHC Revenue Lost Due to Medicaid	Patient Capacity Loss Due to Medicaid	Staffing Reduction Loss Due to Medicaid (FTEs)
Total, 50 States + DC	-17.3%	-2,575,474	-\$2,805.6	7.2%	-2,146,837	-19,964
California	-12.7%	-453,188	-\$644.7	7.0%	-374,029	-3,803
New York	-15.7%	-191,499	-\$251.8	7.6%	-168,704	-1,538
Florida	-23.8%	-170,365	-\$138.8	7.6%	-129,276	-947
Illinois	-17.3%	-144,703	-\$112.2	7.2%	-100,392	-770
Washington	-14.0%	-94,626	-\$168.9	8.4%	-100,063	-1,026
Arizona	-22.2%	-87,797	-\$130.5	11.3%	-92,399	-970
Indiana	-28.1%	-96,589	-\$95.4	14.9%	-87,998	-709
Texas	-19.9%	-122,656	-\$104.0	4.8%	-85,068	-719
Ohio	-17.6%	-80,919	-\$72.7	7.2%	-62,871	-550
Pennsylvania	-16.5%	-63,985	-\$70.6	7.1%	-57,771	-460



Lower Range State-Specific Estimates (assumes replacement coverage)

Table 2. Estimated Effect of Full Implementation of Medicaid Unwinding on Community Health Centers.
Lower Bound Estimates Assuming Shifts to Other Coverage (Using 2022 UDS Data)

State	Gains in Other Insurance Revenue (mil \$)	Net CHC Total Revenue Loss (Mil \$)	Percent of Total CHC Revenue Loss, Based on Net Loss	Patient Capacity Loss Due to Net Loss	Staffing Reduction Due to Net Loss (FTEs)
Total, 50 States Plus DC	\$1,049.9	-\$1,755.7	-4.2%	-1,237,108	-11,568
California	\$241.1	-\$403.6	-4.4%	-234,167	-2,381
New York	\$107.3	-\$144.5	-4.3%	-96,822	-883
Florida	\$47.4	-\$91.4	-5.0%	-85,124	-624
Washington	\$63.0	-\$105.9	-5.2%	-62,754	-643
Illinois	\$42.3	-\$70.0	-4.5%	-62,592	-480
Texas	\$29.9	-\$74.2	-3.4%	-60,626	-512
Arizona	\$48.9	-\$81.5	-7.1%	-57,746	-606
Indiana	\$40.4	-\$55.0	-8.6%	-50,690	-409
Ohio	\$27.7	-\$45.0	-4.4%	-38,901	-340
Pennsylvania	\$27.8	-\$42.7	-4.3%	-34,982	-278

Issues and Considerations

- Geiger Gibson figures are still estimates based on the Urban Institute's projections.
 - Kaiser Family Foundation's unwinding tracker reports [10 million Medicaid enrollees have lost coverage](#) as of November 1, 2023. *With data lagged and state figures on actual losses still preliminary, we are not yet able to estimate CHC losses based on actual data or experience.*
- With FY 2024 CHC funding unsettled, potential impact particularly concerning. Gaps in coverage could lead to disruptions in care, especially among most disadvantaged populations.
- Without additional federal support, loss of revenue due to Medicaid unwinding will harm CHCs' ability to serve *all* patients, irrespective of insurance status.

Related GW Team Studies

- Shin, P., Morris, R. et al [Updated Estimates Show That Medicaid Unwinding Threatens Health Center Capacity to Serve Vulnerable Patients](#). Geiger Gibson/ RCHN Community Health foundation Research Collaborative Data Note. November 2023
- Shin, P., Morris, R. et al [Community Health Center Funding Needed to Preserve and Sustain Critical Access to Nearly 31 Million Patients](#) Geiger Gibson/ RCHN Community Health foundation Research Collaborative Data Note. November 2023
- Rosenbaum S, Somodevilla A. [Medicaid's Continuous Enrollment Guarantee Is About to End: The Challenge of Navigating the Wind-Down Process](#). Commonwealth Fund Blog. Feb. 15, 2023.
- Ku L, Sharac J, Shin P, et al. [The Potential Effect of Medicaid Unwinding on Community Health Centers](#). Geiger Gibson/ RCHN Community Health foundation Research Collaborative Data Note. January 2023
- Ku L. [The Stability and Continuity of Medicaid Coverage](#). *Annals of Internal Medicine*, Dec. 6, 2022.
- Musumeci M, et al. [Medicaid Public Health Emergency Unwinding Policies Affecting Seniors & People with Disabilities: Findings from a 50-State Survey](#). Kaiser Family Foundation. Jul 2022.
- Brantley E, Ku L. [Continuous Eligibility for Medicaid Is Associated with Improved Child Health Outcomes](#). *Med Care Res Rev*. 2022 June; 79(2): 404-13.

Contact

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Kim Schuknecht

Chief Operating Officer & Compliance Officer
Evara Health



evara

HEALTH

CARE THAT EMPOWERS

PRESENTATION

BY KIM SCHUKNECHT, CHIEF OPERATING OFFICER

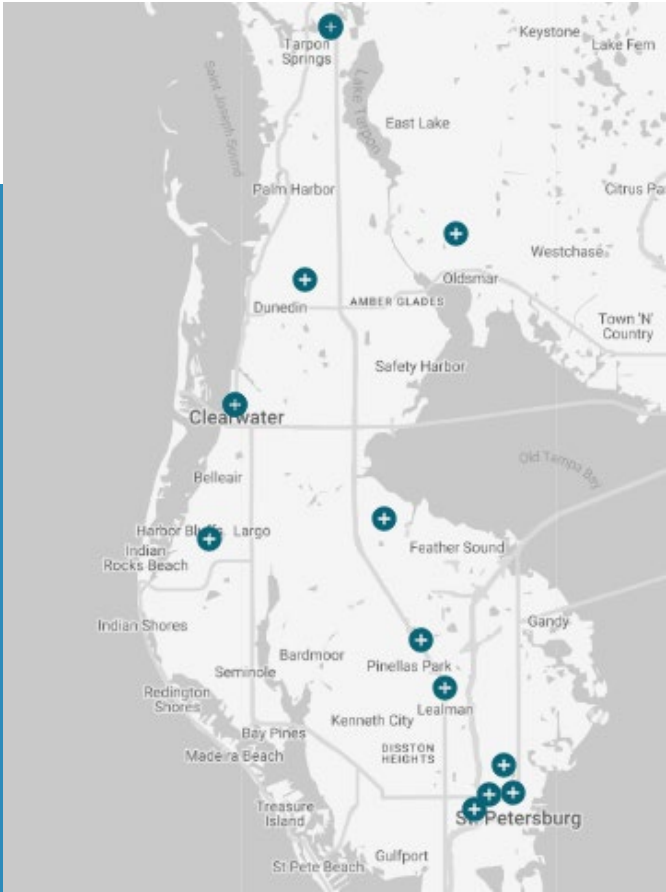
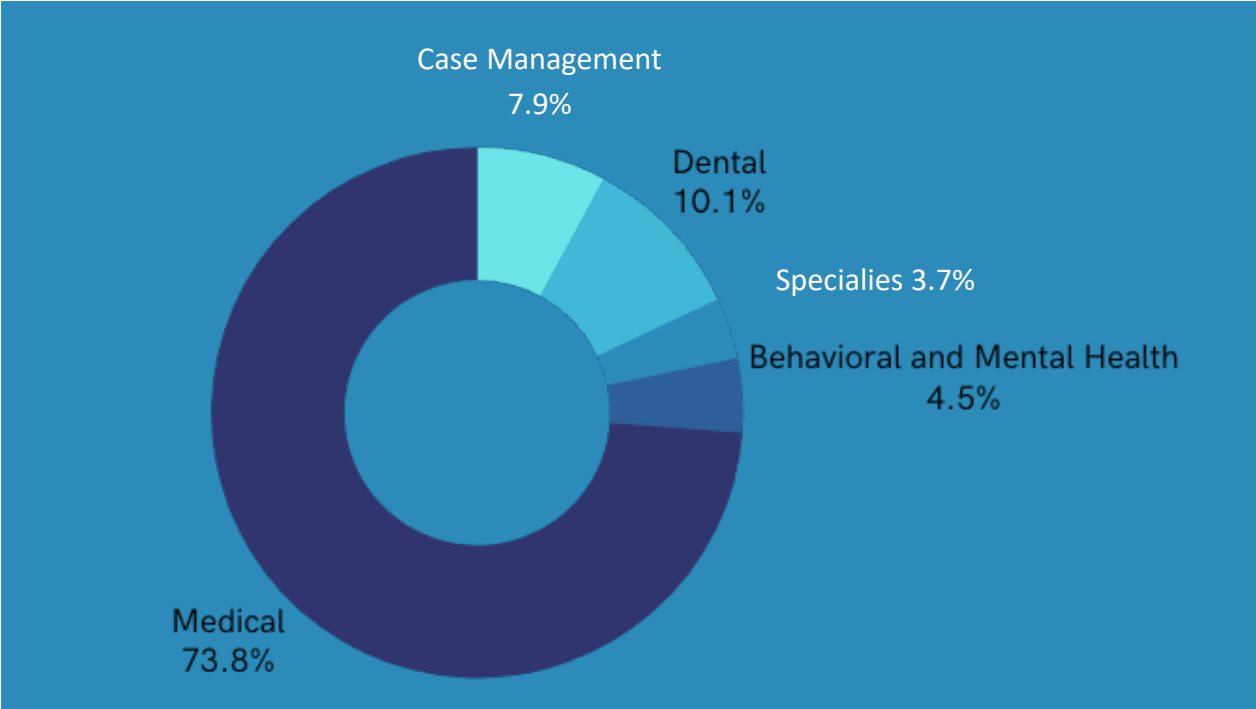
evara HEALTH

Evara Health is a not-for-profit Federally Qualified Health Center (FQHC) that has been providing affordable, primary health care services to residents of Pinellas County, Florida for over 40 years.

Surrounded by 587 miles of coastline, Pinellas County is located on a peninsula of the southeast coast of Florida and is part of the Tampa Bay region.

Although Pinellas County is the 2nd smallest county in Florida by land area, it is the most densely populated with 3,498 people per square mile with nearly one million residents.

1980

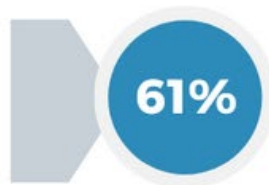
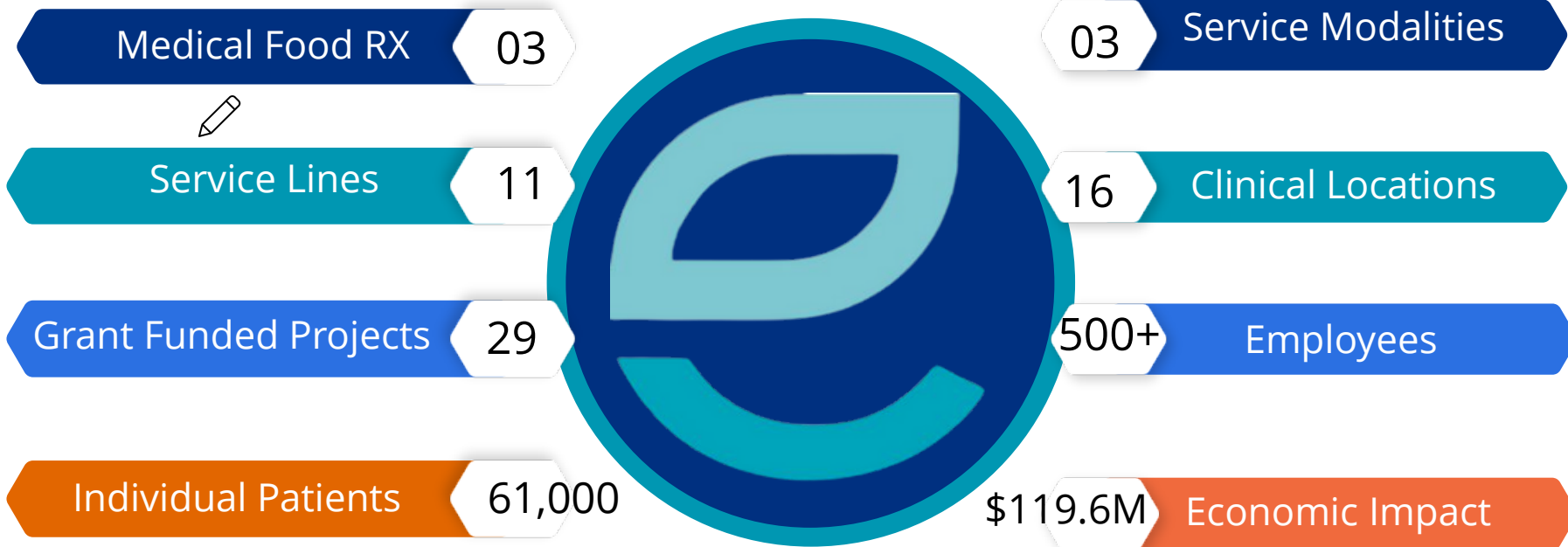


FLORIDA UNWINDING BY THE NUMBERS

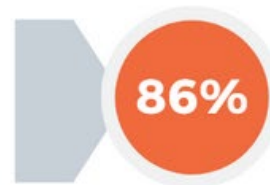
Redetermination Data Reported by DCF through August 31, 2023				
Baseline # of Beneficiaries as of 2/28/23	4,979,982			
YTD as of August 31, 2023:	# of Beneficiaries	% of Redeterminations Due for Completion	% Renewals	% of Terminations
# of Beneficiaries Due for Redetermination	2,306,209	46%		
Outcomes:				
Renewed & retained - Ex parte	422,817	18%	29%	
Renewed & retained - Completed renewal paperwork	1,022,768	44%	71%	
Terminated due to being determined ineligible	313,619	14%		45%
Terminated for procedural reasons	386,948	17%		55%
Not Completed	160,056	7%		
		100%	100%	100%

evara HEALTH

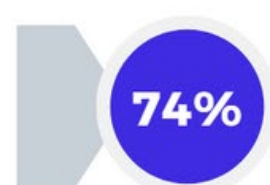
BY THE NUMBERS IN 2022



RACIAL AND
ETHNIC
MINORITIES



PATIENTS
BELOW
200% FPL



PATIENTS
BELOW
100% FPL

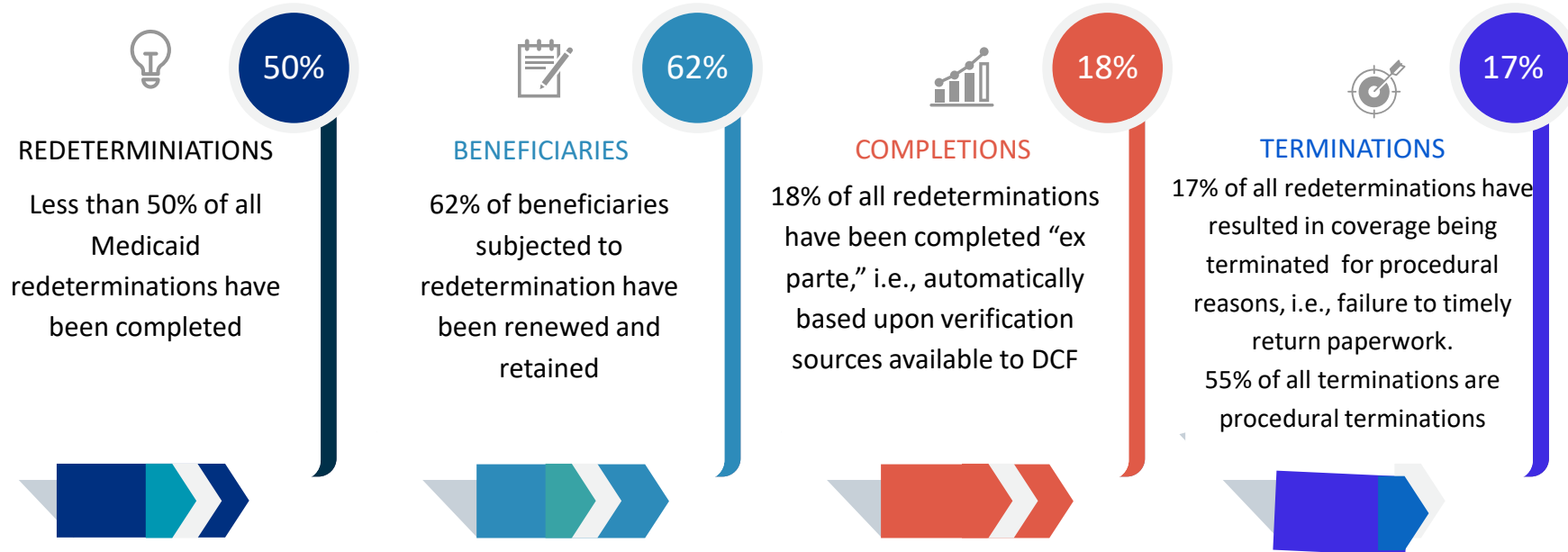


PATIENTS ON
MEDICAID
CHIP



PATIENTS
ARE
UNINSURED

FLORIDA UNWINDING CONTINUED



IMPACT OF UNWINDING ON



Evara Health is the major provider of primary care for the Medicaid program in Pinellas County. We provide care to nearly every third resident in Pinellas. Unwinding has had a significant impact to Evara Health and our patients:

- Over 50% of our patients are Medicaid recipients, so additional 10% of our organizations entire patient population became uninsured
- Loss of coverage has a major negative impact on access to specialty services and eventually patient's healthcare status



Over 50% of our patients are Medicaid recipients



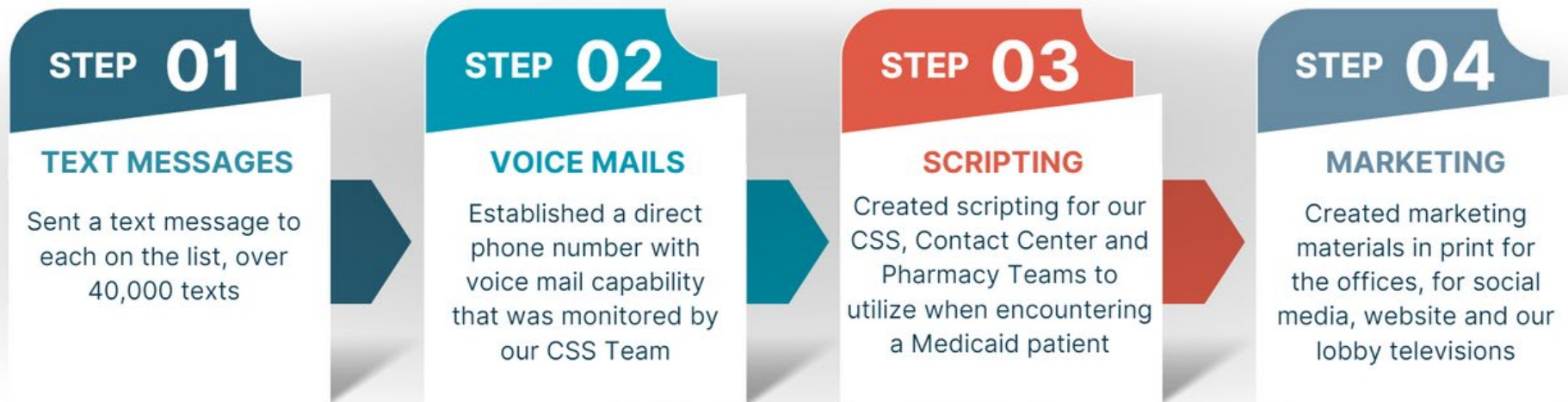
March -October MMA assigned membership has declined 18.7%



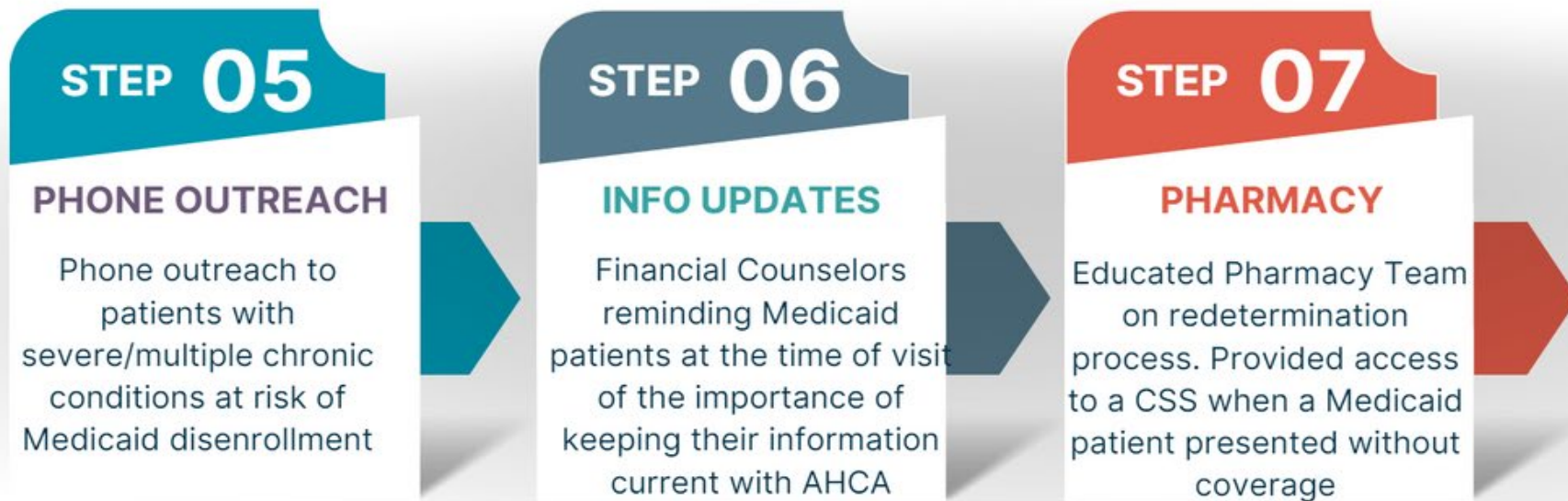
Additional 10% of our organizations entire patient population became uninsured

OUTREACH BEST PRACTICES

Evora initiated a very proactive patient outreach program utilizing the expertise of our Community Services Specialists (CSS) Team, Case Managers and Navigators to assist current Medicaid recipients in reapplying for Medicaid or for applying for plans through the marketplace. The program included collaboration with all MMA plans providing Medicaid services in Pinellas County in order to reach out to and educate as many patients as possible that could be impacted.



OUTREACH BEST PRACTICES CONTINUED



SERVICE DELIVERY CHALLENGES



1

TRANSIENT
POPULATION



2

INABILITY TO REACH MEDICAID STAFF
WITH QUESTIONS



3

PATIENTS NOT UNDERSTANDING HOW TO
NAVIGATE THE RED TAPE



4

PHONE NUMBERS
CHANGED
FREQUENTLY

evara HEALTH

KIM SCHUKNECHT, CHIEF
OPERATING OFFICER

THANK YOU

Open Discussion



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Concluding Remarks



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- Thank you for attending this session
- The recorded webinar will be available online soon
- Email your questions/comments to **Liezl Perez Schewe** at lschewe@advocatesforcommunityhealth.org



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