



Trends in State Medicaid Continuous Coverage Unwinding Plans

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During the COVID-19 Public Health Emergency (PHE), states received increased federal funding if they did not terminate Medicaid coverage outside of narrow circumstances such as an enrollee moving out of state. The required continuous coverage period ended March 31, 2023, meaning states could begin terminating coverage as of April 1, 2023. States were required to create continuous coverage unwinding plans to describe how they will redetermine the eligibility of all Medicaid enrollees. CMS provided guidance for options, including when to start unwinding, but states have 12 months to begin and 14 months to complete outstanding eligibility redeterminations.¹ All but two states, Arkansas and South Dakota, plan to use 12 to 14 months. Other choices may affect coverage loss and ease of beneficiaries in completing redeterminations. This paper identifies some of the major trends affecting beneficiaries in available unwinding plans.²

Major unwinding plan trends include processing renewals during the PHE, conducting outreach and awareness campaigns in multiple languages, and changes to eligibility criteria and processes. Some states have increased the income reasonable compatibility threshold, which reduces the need to provide documentation proving income, and others have received waivers from CMS to conduct ex parte renewals for individuals who have no income and no data returned from income data sources. States with also vary in their state-based marketplace special enrollment period lengths for unwinding terminations, staffing plans to handle increased workload, and plans to distribute redeterminations. Some states, such as Mississippi, are extending the reconsideration period for individuals whose coverage is terminated for failure to submit all requested renewal information from 90 to 120 days.³ Although there are many choices states may make in unwinding and not all of those choices may be reflected in a state's plan, this paper focuses on trends most likely to impact coverage.

Processed Renewals During the Continuous Coverage Period

Although Medicaid coverage was not terminated due to ineligibility during the continuous coverage period, several states continued doing renewals. This choice possibly improved the

rate of up-to-date beneficiary contact information and may lessen the strain of redeterminations during unwinding because such states may have smaller workloads. Some of these states, like Arkansas, sent full renewal packets during the PHE. Others not included in this list, like California, processed ex-parte renewals only. Includes: AK, AZ, AR, CO, CT, FL, ID, IN, LA, ME, MS, NV, NH, NJ, OH, OK, SD, UT, WA, and WV.

Language Access Plans

Sending Materials and conducting outreach in languages that are representative of a state's beneficiary population helps prevent coverage loss. Not all state unwinding plans include language access plans, and the language access plans vary greatly in detail. While all states should provide translations of key documents and free access to language services, some states have gone further by conducting outreach and providing awareness materials in multiple languages. For example, California's unwinding plan specifies that a communications toolkit will be available in 19 languages. Includes: AR, CA, CO, MD, MA, MI, NY, OK, and VA.

Increased Reasonable Compatibility Threshold

When determining eligibility, states verify the income information that individuals provide against electronic data sources. Most states use an income compatibility threshold of 10% during the verification process, meaning that income is considered verified if the difference between what is provided during renewal and what verification data sources return is 10% or less. If the difference is greater, individuals have to provide documentation to support the amount they report. This administrative burden can act as a barrier to renewing coverage. Some states have increased the allowable difference to 20% which makes redeterminations more efficient and helps more people retain Medicaid coverage. Includes: CA, DC, HI, IL, MA, NV, and NC.

Ex Parte Renewals for Individuals with No Income and No Data Returned

The easiest way for an individual to have their Medicaid renewed is ex parte — when the state agency automatically renews eligibility using information already available and without any forms or new information from the individual. When income data sources show that an individual does not have any income or returns no income data, states typically do not complete an ex parte renewal and instead send a renewal packet. During unwinding, some states received a waiver from CMS to complete ex parte renewals for MAGI-eligible individuals who have no income or no income data returned without asking for additional information. This should increase the ex parte renewal rate and prevent Medicaid termination for some of

the lowest-income enrollees. Although CMS lists 30 states that have received this waiver, not all have included that information in the reviewed unwinding plans. Includes: AL,* AK, AZ, CA,* CO,* DE,* DC, GA, HI,* IL,* IN,* KS, KY,* LA,* MS, MO,* NE, NH,* NJ,* NM, NY,* NC, OH,* OR,* PA, SC,* TN, UT, VT, VA*⁴

Extended State-Based Marketplace Special Enrollment Period

When Medicaid benefits are terminated, individuals typically receive a 60-day special enrollment period (SEP) in the state or federal health insurance marketplace.⁵ The federal marketplace unwinding SEP is continuous from March 31, 2023 to July 31, 2024 for those terminated from Medicaid or CHIP, but this SEP does not apply to state-based marketplaces.⁶ Some state-based marketplaces are extending the SEP during the PHE unwinding. For example, New Jersey is providing SEPs of 120 days and Maine is providing an open special enrollment period on their state-based marketplace from April 15, 2023 through July 31, 2024. Includes: OK,* ME, and NJ.⁷

Population Prioritization Redetermination Approach

While states have wide latitude to determine the order in which they will conduct redeterminations, most are maintaining existing renewal schedules. Some states are frontloading those they have determined to most likely to be ineligible or those who have the oldest outstanding renewals. Still others are grouping redeterminations based on specific populations. While many of these states are using a combined approach, including population priorities can help populations who may be more at risk from harm due to coverage loss, retain coverage longer. For example, Florida is delaying redeterminations for those receiving SSI-related institutional and hospice care. Similarly, New Mexico is redetermining eligibility for those with high level of care or increased medical needs toward the end of the unwinding period. Includes: AR, FL, HI, KY, MN, MT, NH, NJ, NM, OK, OR, PA, UT, VT, and WV.

Staffing plans

Unwinding plans indicate a range of staffing plans to manage the increased workload of the unwinding period, with many states incorporating more than one of the following strategies. The most popular approaches include increased hiring, the use of contractors or temporary employees, and reassigning staff to Medicaid redeterminations from other work areas. One state, Nebraska, is encouraging employee voluntary overtime.

- **Hiring Extra Staff Includes:** AL, AK, CA, GA, IN, KS, ME, MD, MA, NV, NM, and UT.
- **Using Contractors or Temporary Employees Includes:** AR, DE, KS, ME, MA, MS, NE, NH, NJ, NM, OK, OR, PA, and WI.
- **Reassigning Staff to Unwinding Includes:** AR, IA, ME, NM, OK, and PA.

ENDNOTES

- ¹ See generally Ctrs. Medicare & Medicaid Servs., *Unwinding and Returning to Regular Operations after COVID-19*, <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.
- ² The list of states for each trend is not exhaustive and only indicates the state plans NHeLP found that contained the applicable information.
- ³ Mississippi's plan is silent as to the application of the extended reconsideration period to non-MAGI, in addition to MAGI, eligibility categories.
- ⁴ * Indicates state that has a waiver from CMS but it is not included in the plan(s) NHeLP has for that state.
- ⁵ Dep't. Health & Human Servs., *Special Enrollment Opportunities*, <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>.
- ⁶ Ctrs. Consumer Info. & Ins. Oversight, *Temporary Special Enrollment Period (SEP) for Consumers Losing Medicaid or the Children's Health Insurance Program (CHIP) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition- Frequently Asked Questions (FAQ)*, (Jan. 2023), <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>.
- ⁷ * Indicates that NHeLP has become aware of a state's extended SEP, but it is not included in the plan(s) NHeLP has for that state.