

# Unwinding the Medicaid Unwinding Process

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THE  
POLICY  
IMPACT  
PROJECT

PAC  
POLICY & ANALYTICS  
CENTER

ASAN  
AUTISTIC SELF ADVOCACY NETWORK

## EXPLAINING WHAT HAPPENED

### MEDICAID DURING COVID-19:

- The pandemic caused an economic downturn, leading to job loss and the loss of health insurance, resulting in more people needing Medicaid coverage.
- The Families First Coronavirus Response Act (FFCRA) was passed by Congress at the beginning of the COVID-19 pandemic.
- The FFCRA required states to continue Medicaid coverage and prevented the removal of enrollees from Medicaid. The states received more federal funding to continue to support Medicaid recipients.
- This stopped people from losing their Medicaid coverage and having to re-enroll again. This process is referred to as Medicaid 'churn'. People did not have to worry about their enrollment status.

### MEDICAID ENROLLMENT DURING COVID-19:

- There was a nearly 30% increase in Medicaid and CHIP enrollment since February 2020 due to the continuous enrollment provision.
- The uninsured rate dropped due to the increase in enrollment, providing more people with health insurance -- which is what we want to see!
- More people had access to Medicaid coverage, including those who did not qualify based on disability, expanding coverage.
- Nearly 15% of autistic Medicaid enrollees qualify for Medicaid based on poverty or "other" reasons, not just disability. So, this was good news for them.

### UNWINDING MEDICAID ENROLLMENT CHANGES:

- The Consolidated Appropriations Act (CAA) signed in December 2022 ended the continuous enrollment provision on March 31, 2023.
- This could lead to an estimated 5-14 million people losing their Medicaid coverage, reversing recent gains. Medicaid coverage loss is going to impact some groups more than others like people who have moved, immigrants and people with limited English proficiency, and people with disabilities.
- Communication about this change is necessary to ensure people are aware of the changes and their options for health insurance. We do not want anyone falling through the cracks.
- CMS is working with states to help people renew their coverage or find other available health insurance options if they no longer qualify for Medicaid or CHIP. Medicaid beneficiaries should make sure their contact information is current with the Medicaid agency, check their mail, and fill out all forms quickly so they can be contacted.

### IMPACT OF POLICY CHANGE ON AUTISTIC INDIVIDUALS:

- Autistic adults rely on Medicaid for healthcare services and supports, and the policy change could have a significant impact on them.
- Autistic individuals are already vulnerable to disenrollment, with 1 in 4 transition-age autistic youth losing Medicaid eligibility during the transition to adulthood.
- The policy change may cause disruptions in access to services and increase financial burdens associated with healthcare costs for individuals.
- Medicaid provides funding for Home and Community Based Services (HCBS). These help autistic adults live in their own homes and communities, and are important for many autistic adults. Loss of Medicaid coverage could mean a loss in these important services.

## POLICY RECOMMENDATIONS

- Ensuring that **accurate information reaches those who need it most** is crucial. To achieve this, the Centers for Medicare & Medicaid Services (CMS) and the Department of Health and Human Services (HHS) should conduct proactive outreach efforts.
- CMS and HHS should engage with **legislators and trusted community members at the state and local levels** to share the message about the Medicaid unwinding process.
- **Coordinated and consistent communication materials** should be developed by CMS and HHS, in Easy Read and Plain Language, multiple languages, and with visual aids, that are accessible to a variety of assistive reading technologies and modalities.
- Adequate funding and coordinated efforts are needed to **monitor the impact of the Medicaid unwinding process** on autistic people and those with other developmental disabilities.
- It is crucial to also monitor the impact of the Medicaid unwinding process on **marginalized people with disabilities** who rely on Medicaid for healthcare and to take action accordingly.
- Funding and coordinated efforts are needed to **analyze the long-term impact of the Medicaid unwinding process** on health outcomes, using Medicaid claims data.
- To enable analysis and research, Medicaid claims data should be released in **a timely and reasonable manner**.
- During emergencies like the COVID-19 pandemic, states use "Appendix K" to make temporary changes to Home and Community-Based Services (HCBS) to provide better services and support to people. States changed the way HCBS were provided, and there should be continued efforts between CMS and states to **ensure that these positive changes can be sustained beyond the emergency**.

## RESOURCES

- 1. 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision**
- 2. CMS Unwinding Guidance and Resources**
- 3. Georgetown 50-State Unwinding Tracker**
- 4. CMS Interactive Map**
- 5. A Self-Advocate's Guide to Medicaid**
- 6. Public Health Emergency "Unwinding:" Changes to Medicaid Enrollment and Eligibility**
- 7. Medicaid Continuous Coverage Unwinding: Messaging and Outreach Resources**