



MEDICAID UNWINDING FOR URBAN INDIAN ORGANIZATIONS

Medicaid in American Indian & Alaskan Native Communities and the COVID-19 Public Health Emergency

➔ In March 2020, the Families First Coronavirus Response Act (FFCRA) Medicaid and Children's Health Insurance Program (CHIP) "continuous coverage" requirement allowed people to retain Medicaid coverage and receive needed care during the COVID-19 Pandemic Public Health Emergency (PHE).

➔ Enrollment in Medicaid and CHIP has grown by over 18 million during the PHE.²

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As of 2018, Medicaid provided health insurance coverage for more than one-third of American Indian and Alaska Native (AI/AN) adults.¹

52%

As of February 2022, roughly 52% of children in the US were enrolled in Medicaid and CHIP programs.³

What is Medicaid Unwinding?

Medicaid unwinding is the process that will occur following the end of the FFCRA's continuous coverage requirement. States will return to normal eligibility and enrollment operations. This includes completing an eligibility redetermination for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program.

- ➔ Medicaid Unwinding will be the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act.
- ➔ Under the Consolidated Appropriations Act of 2023, expiration of the continuous enrollment requirement is no longer linked to the end of the PHE. The continuous enrollment requirement will end on March 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible.⁴
- ➔ States will need to address a significant volume of pending renewals and other actions. The unwinding process will vary by state, but states will have 12 months to initiate, and 14 months to complete, redeterminations of Medicaid and CHIP eligibility for all enrollees.
- ➔ The new March 31, 2023, statutory end day of the continuous enrollment condition means that states could begin their 12-month unwinding period and initiate the first Medicaid renewals that may result in disenrollment as early as February 1, 2023.
- ➔ **15 million people could lose their current Medicaid or CHIP coverage**, according to the Department of Health and Human Services.⁵
- ➔ The unwinding process may present challenges for many reasons, resulting in a loss or gap in coverage for individuals, including:
 - ➔ The large volume of renewals that need to be completed.
 - ➔ Workforce challenges and staffing shortages experienced by state Medicaid and CHIP agencies.
 - ➔ The long length of time since many enrollees' last renewal.
 - ➔ The likelihood of outdated mailing addresses and other contact information for enrollees who moved or updated their information since the beginning of the COVID-19 PHE.

¹ Medicaid and CHIP Payment and Access Commission, *Medicaid's Role in Health Care for American Indians and Alaska Natives* (Feb. 2021), Advising Congress on Medicaid and CHIP Policy, at 1, available at <https://www.macpac.gov/medicaid-role-in-health-care-for-american-indians-and-alaska-natives/>

² Centers for Medicare and Medicaid Services, *June 2022 Medicaid and CHIP Enrollment Trends Snapshot*, (Jun. 2022), available at <https://www.medicare.gov/medicaid-national-medicare-chip-program-information/downloads/june-2022-medicare-chip-enrollment-trend-snapshot.pdf>. See also <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicare-and-chip-enrollment/>.

³ Unidos US, "The Looming Equity Crisis in Children's Health Care: Federal and State Action is Needed to Prevent Millions of Children from Losing Medicaid." (2022), at 11-13. Retrieved from [unidos-us_the_looming_equity_crisis_in_childrens_health_care_71422.pdf](https://unidos-us.org/the-looming-equity-crisis-in-childrens-health-care_71422.pdf)

⁴ Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

⁵ Assistant Secretary for Planning and Evaluation Office of Health Policy, *Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches*, (Aug. 19, 2022). https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf





How will Medicaid Unwinding impact American Indians/Alaska Natives?



- ➔ AI/ANs may be at an increased risk of disenrollment in Medicaid and CHIP programs during the unwinding.
- ➔ Medicaid coverage losses are estimated to take twice the toll on AI/AN communities than they will take among non-Hispanic white families.⁶
- ➔ Disenrollment of AI/ANs from Medicaid and CHIP will have significant consequences for the health and well-being of Native people – these programs are critical to fulfilling the United States' trust responsibility to maintain and improve AI/AN health.
- ➔ Inadequate health insurance coverage is a significant barrier to healthcare access and often causes patients to delay or avoid medical care altogether.

When the continuous enrollment condition expires, 12% of all AI/AN children and 6% of all AI/AN adults nationwide are expected to lose CHIP or Medicaid coverage.⁷

Alaska, North Dakota, and South Dakota have Medicaid programs where AI/AN children are at least 30% of all Medicaid-covered children.⁸

In 2020, 21% of AI/AN adults and 17% of AI/AN children had no health insurance – the largest percentage for children of any racial or ethnic group.⁶

What impact will Medicaid Unwinding have on Urban Indian Organizations?



- ➔ Urban Indian Organization (UIO) patients may lose their Medicaid coverage as a result of the unwinding.
 - ➔ Gaps in coverage may cause patients to delay accessing and receiving necessary health care.
- ➔ UIOs play an important role in enrolling AI/ANs in Medicaid and CHIP as well as treating Medicaid beneficiaries, so UIOs will be critical in informing and helping eligible AI/ANs maintain their enrollment.
- ➔ UIOs can assist states in reaching and retaining AI/AN beneficiaries:
 - ➔ UIOs often have access to more recent beneficiary contact information and, with the beneficiary's permission, can share updated information with the state.
 - ➔ Since UIOs work directly with beneficiaries, they can remind them to renew and offer assistance with completing the renewal process.
 - ➔ UIOs may be able to help states contact those with limited or no access to postal services or broadband, or who have moved since their initial enrollment into Medicaid.
 - ➔ With monthly renewal data, UIOs can target beneficiaries who are at risk for lapse in coverage due to unwinding, before the lapse occurs.

⁶ Unidos US, "The Looming Equity Crisis in Children's Health Care: Federal and State Action is Needed to Prevent Millions of Children from Losing Medicaid." (2022), at 25. Retrieved from [unidosus_the_looming-equity-crisis-in-childrens-health-care_71422.pdf](https://unidosus.org/the-looming-equity-crisis-in-childrens-health-care_71422.pdf)

⁷ Unidos US, "The Looming Equity Crisis in Children's Health Care: Federal and State Action is Needed to Prevent Millions of Children from Losing Medicaid." (2022), at 25. Retrieved from [unidosus_the_looming-equity-crisis-in-childrens-health-care_71422.pdf](https://unidosus.org/the-looming-equity-crisis-in-childrens-health-care_71422.pdf)

⁸ Id.

⁹ Id.





What Can Urban Indian Organizations Do?



Work with Your State

- ➔ Request a meeting your state regarding unwinding.
- ➔ Request that your state share renewal data via a spreadsheet or database so that you can speak with beneficiaries who utilize your services.
- ➔ Work with your state to develop targeted communication for AI/AN communities about the state's unwinding activities.
 - ➔ States can leverage Unwinding Communications Toolkit materials published by the Centers for Medicare & Medicaid Services (CMS).
 - ➔ Ask your state to provide AI/AN-specific guidance on maintaining coverage through Affordable Care Act (ACA) Marketplace plans for those no longer eligible for Medicaid. AI/AN beneficiaries may have access to low-cost zero and limited cost-sharing plans on the Exchanges.
- ➔ Advocate that your state apply for Section 1902(e)(14)(a) waivers if necessary and applicable.¹⁰



Work with Tribes

- ➔ Collaborate with Tribes to request a meeting with your state regarding unwinding.
- ➔ Develop partnerships with Tribes to provide necessary information to AI/AN beneficiaries.



Work with CMS, Indian Health Service (IHS), and Partner Organizations

- ➔ Request consultation and confer with CMS and IHS to discuss coverage loss concerns and oversight.
- ➔ Culturally appropriate materials are available through CMS, IHS, and the National Indian Health Board.



Work with Your Community

- ➔ Work with beneficiaries to ensure that their contact information is updated with the state Medicaid office, including addresses, emails, and phone numbers, to ensure that individuals receive information on renewals.
- ➔ Screen for potential Medicaid eligibility for all patients and refer current Medicaid recipients to your benefit specialists to update applications.
- ➔ Engage community partners, health plans, and the provider community to encourage individuals to update their contact information and to provide assistance with renewals.
- ➔ Educate patients, including utilizing outreach and educational materials in your clinic waiting rooms, patient rooms, and patient registration/in-take desks, regarding the unwinding and the risk of a loss in coverage.

¹⁰ Section 1902(e)(14)(A) allows for waivers "as are necessary to ensure that states establish income and eligibility determination systems that protect beneficiaries." Such waivers are time-limited and are meant to promote enrollment and retention of eligible individuals by easing the administrative burden states may experience in light of systems limitations and challenges.





A large number of AI/AN people are eligible for Medicaid, but there are several challenges in enrolling AI/ANs in coverage, which may also impact unwinding determinations. UIOs can help overcome these challenges, including:

- ➔ Geographical remoteness,
- ➔ Limited access to internet or phone service,
- ➔ Language barriers,
- ➔ Cultural factors,
- ➔ Distrust of government programs,
- ➔ Lack of knowledge of the benefits of coverage, or¹¹
- ➔ Movement between non-reservation and reservation land.



Other Resources for UIOs and Partners

- ➔ [Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023](#)
- ➔ [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)
- ➔ [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)
- ➔ [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#)
- ➔ [Resources for States on Unwinding the Medicaid Continuous Coverage Requirement](#)
- ➔ [Overview of Federal Guidance on Medicaid and CHIP Eligibility and Enrollment Procedures After COVID-19 Public Health Emergency Ends](#)
- ➔ Enrollee Resources: [Medicaid.gov/renewals](https://www.medicaid.gov/renewals)

¹¹ See note 1. [Medicaid's Role in Health Care for American Indians and Alaska Natives \(macpac.gov\)](#)

