

NCOIL 2023 Spring Meeting

Joint State-Federal Relations &
International Insurance Issues Committee

Medicaid Redeterminations &
The End of the COVID National Emergency
and the PHE

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March 10, 2023

Presentation Overview

Medicaid Redeterminations: The Consolidated Appropriations Act of 2023 and What's Next

The End of the COVID National Emergency & the PHE: The Administration's Announcement and Returning to Normal

Medicaid Redeterminations: CAA of 2023

Decoupling. Maintenance of eligibility (MOE) requirements are no longer tied to the end date of the PHE. The MOE ends on March 31, 2023.

Federal Funding. The FMAP will decrease, as follows:

- 6.2% through March 31.
- 5% from April 1 through June 30.
- 2.5% from July 1 through September 30.
- 1.5% from October 1 through December 31, 2023.

State Requirements. States must:

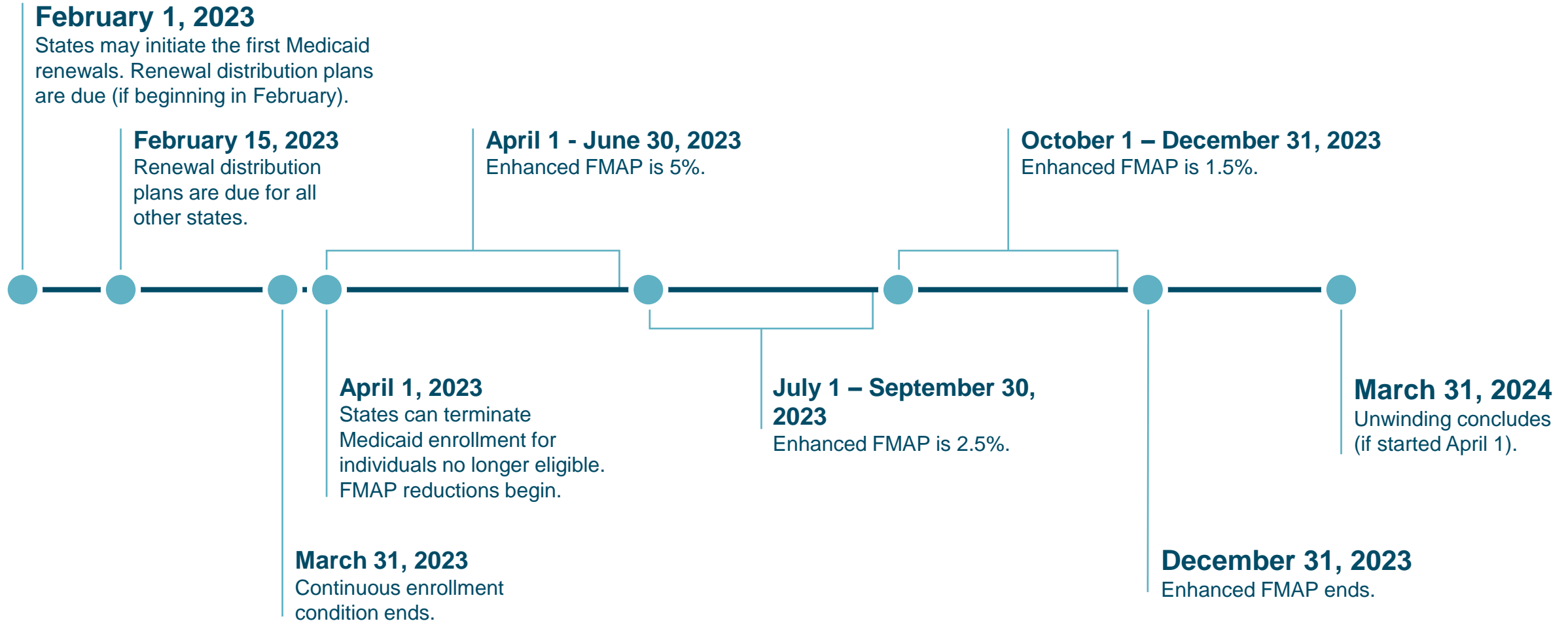
- Comply with the eligibility redetermination requirements
- Use the National Change of Address Database or other reliable sources of contact information
- May not disenroll an individual on the basis of returned mail unless the State first undertakes a good faith effort
- Must report to the Secretary for each month from April 1, 2023, through June 30, 2024, and the Secretary shall make the report publicly available

Enforcement & Corrective Action:

- If a state does not satisfy the reporting requirements, the FMAP will be reduced.
- If the Secretary determines that a State has not complied with all the requirements applicable to eligibility redeterminations and the reporting requirements above, the Secretary may require the State to submit and implement a corrective action plan (CAP)

Medicaid Redeterminations

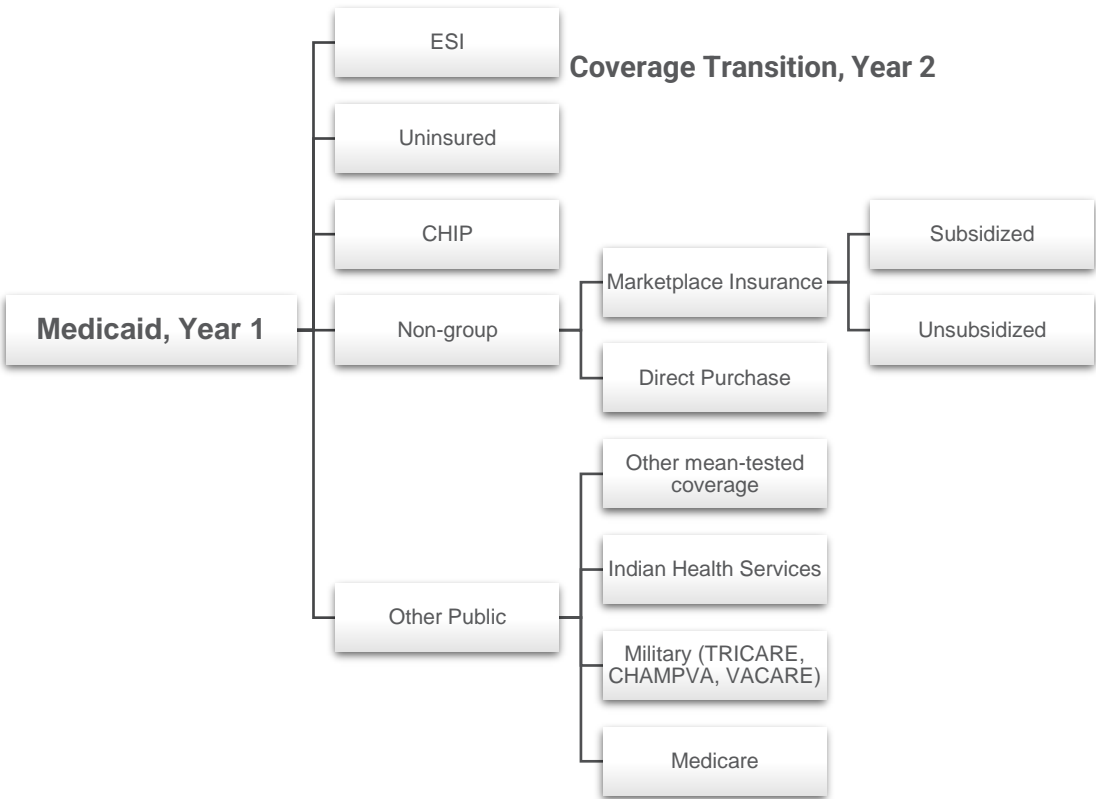
Key 2023-24 Dates and Policies



[Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023](https://www.medicaid.gov/resources-for-states/downloads/ant-2023-time-init-unwin-reltd-ren-02242023.pdf)
<https://www.medicaid.gov/resources-for-states/downloads/ant-2023-time-init-unwin-reltd-ren-02242023.pdf>

Understanding the Impact

National Coverage Transitions	Number of People	Percent
Employer-Provided Coverage	9,500,000	52.8%
Uninsured	3,800,000	21.1%
CHIP	3,200,000	17.8%
Nongroup/ACA Marketplace	1,000,000	5.6%
Other Public	247,000	1.4%
Non-ACA compliant	242,000	1.3%
Total	17,989,000	100%



Notes: Estimates from Urban Institute: *The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage*

NORC (on behalf of AHIP) combined the Urban Institute’s state-level estimates and data on historical coverage transitions from the Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) to create state-level estimates.

Coverage Transition State Dashboard

Modeling dashboard provides state-specific coverage transition data



Select State

Alabama

Estimate of Total Medicaid Coverage Loss during Redetermination (Urban Institute):

196,000

Proportion individuals in new coverage sources for those losing Medicaid coverage during retermination:

ESI	Uninsured	CHIP	Direct Purchase	Subsidized Marketplace	Unsubsidized Marketplace	IHS	Military based coverage	Medicare	Other means tested coverage
51.9%	21.5%	15.8%	2.2%	4.4%	0.4%	0.0%	1.1%	2.7%	0.0%

Number of individuals in each new coverage source:

101,780	42,092	30,899	4,366	8,619	719	-	2,144	5,382	-
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<https://www.ahip.org/resources/medicaid-redetermination-coverage-transitions>

Coverage Transition State Dashboard : Data Modeling findings

- Overall, NORC modeling finds that in nearly all states, most individuals will transition to employer-sponsored insurance (ESI).
 - There is variation across states however, with the lowest proportion (48.9%) in Georgia, and the highest proportion (57.1%) in Delaware.
- The next largest group will become uninsured.
 - The state level uninsured percentages span 17.7% (Massachusetts) to 26.2% (South Dakota).
- A smaller proportion of those losing Medicaid coverage will end up in subsidized Marketplace coverage.
 - The proportion of those transitioning to subsidized Marketplace coverage range from 7.1% in Rhode Island to 0.6% Iowa and Alaska.

The COVID-19 National Emergency & the Public Health Emergency

The Administration's Announcement

On January 30, the Administration announced a Statement of Administration Policy declaring their intent to terminate the COVID-19 national emergency and public health emergency (PHE) on May 11, 2023.

The emergencies are currently set to expire on March 1, 2023 and April 11, 2023, respectively.

FEMA published a notice in the Federal Register indicating they will end their Federal declarations on May 11 consistent with the ending of the PHE and National Emergency.

Returning to Normal

There are numerous implications to ending these emergency declarations, including the expiration of various federal government flexibilities, waivers, and legislative requirements across health insurance markets, including Medicare, Medicaid and CHIP programs, as well as commercial markets.

- COVID vaccinations, testing, and treatments
- Telehealth services
- Emergency Use Authorization (EUA)
- PREP Authority
- Health care professional flexibilities

<https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency>

The End of the COVID National Emergency & The PHE

Questions?

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