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Monitoring the Unwinding of the Public Health Emergency

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Overview

- Background
- Prior Commission work
- Role of monitoring
- Data sources
- Next steps



Background

- During the COVID-19 public health emergency (PHE), states receiving the 6.2 percentage point increase in federal match may not disenroll beneficiaries
- When the PHE ends (earliest is January 11, 2023), states will resume routine eligibility redeterminations
- CMS and states have been planning for the unwinding, but concerns remain about potential post-PHE loss of coverage

Prior Commission Work

- Prior panels with state officials and beneficiary advocates discussed unwinding plans, strategies to mitigate coverage loss, and stakeholder engagement
- Special public meeting in July discussed state planning efforts and whether additional certainty around timing or federal financial support would assist state efforts

Role of Monitoring

- Concerns have been raised about state capacity to complete the growing backlog of pending work and beneficiaries ability to respond to renewals and requests for information
- Data will be important to monitoring state progress during the unwinding and identify potential issues
- Officials with the Centers for Medicare & Medicaid Services (CMS) noted that they plan to use every available data source and provide states technical assistance on how to address concerns

CMS Reporting Requirements

- Renewal distribution report summarizes state plans for prioritizing, distributing, and processing renewals
- Baseline and monthly unwinding reports to track pending and completed eligibility and enrollment actions, including:
 - Application processing
 - Renewals initiated and outcomes
 - Medicaid fair hearings
- Unclear if these reports will be publicly released

Additional Federal Data

- Existing performance indicator data are intended to provide consistent, monthly metrics on eligibility and enrollment processes
 - States report on 11 topic areas
 - CMS publicly releases monthly reports on a subset of metrics, typically with a three- to six-month lag
- Transformed Medicaid Statistical Information System (T-MSIS)
 - Provides data on enrollment, including by eligibility group, and claims information
 - Data is publicly available within about eight months
- CMS has access to all these data prior to public release

State Data

- States collect significant amounts of data for their own program management purposes
 - Some of these data, particularly enrollment, are released publicly, but comparability and detail may limit their usefulness
- States may post CMS-required or other data during the unwinding, but plans are uncertain at this point
 - As of September, seven states indicated that they would have dashboards or other public data
 - Specific metrics and timelines for posting differ by state

Qualitative Data

- Feedback loops can provide on-the-ground updates on how the unwinding is progressing
- Consumer advocates, plans, providers, and media reports can also provide information on progress and areas of concern based on individual experiences
- This information is typically anecdotal but can indicate problems in a more timely fashion than administrative data and may supplement other data

Summary: PHE Unwinding Monitoring Data

Type of Data	Public Availability	Timeline
Federal level		
Renewal distribution report	?	N/A
Baseline unwinding report	?	N/A
Monthly unwinding reports	?	N/A
Performance indicator data	Some	3-6 month lag
T-MSIS	Yes	8 month lag
State level		
Enrollment data (46 states)	Some	Unknown
Other data	Some	Unknown
Qualitative		
Personal stories	Yes	Unknown

Next Steps

- December meeting will focus on easing transitions in coverage at the end of the PHE
- Future meetings will discuss efforts to unwind other state flexibilities
- Staff will continue to monitor preparations for the end of the PHE and update the Commission at key junctures

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