

March 2, 2023

# Update: Unwinding the Continuous Coverage Requirements

---

Martha Heberlein



Medicaid and CHIP Payment and Access Commission



[www.macpac.gov](http://www.macpac.gov)

# Overview

- Background on the Medicaid response to the public health emergency (PHE)
- Changes enacted under the Consolidated Appropriations Act of 2023 (CAA, P.L. 117-328)
- Interview findings on state preparations to begin unwinding the continuous coverage requirements

# Background

- Under the Families First Coronavirus Response Act (FFCRA, P.L. 116-127), states received a 6.2 percentage point increase in the federal match if they did not disenroll individuals during the PHE
- The link between the end of the continuous coverage requirement and the PHE created uncertainty and affected planning efforts
- The CAA made a number of changes to these provisions
- Separately, the Administration has announced that the PHE will end on May 11, 2023

# Consolidated Appropriations Act of 2023

- Ends the continuous coverage requirement on March 31, 2023
  - States will have 14 months to complete all pending actions, but must initiate renewals within 12 months
  - States have flexibility in how to prioritize and distribute the workload
- Phases down the enhanced matching rate over the remainder of 2023. To be eligible, states must:
  - Comply with existing requirements regarding processing renewals
  - Attempt to ensure current beneficiary contact information
  - Conduct outreach following returned mail at renewals
- Establishes specific public reporting requirements
- Provides the Centers for Medicare & Medicaid Services (CMS) with additional enforcement mechanisms

# **Interview Findings: State Preparations**

# Starting the Process

- States and CMS have been preparing for unwinding the continuous coverage requirements for some time
- With a date imminent, states have solidified plans, although few have actually begun processing redeterminations
- Communication efforts in some states have shifted from asking for updated contact information to explaining that renewals are beginning

# Contacting and Following-up with Beneficiaries

- States have been attempting to update contact information throughout the PHE, but new requirements may affect existing processes and systems
- Processing and responding to the anticipated volume of returned mail may be a challenge given ongoing staffing concerns

# Meeting Reporting Requirements

- CMS guidance notes that the CAA-required data are included in existing data sources or will be reported on their behalf
- Some data, such as exchange enrollment, may be more challenging to report
- There is added complexity to balance the timeliness of the public release of data with the desire to understand the limitations of the data and include state-specific context



# Oversight and Compliance

- Given the ties to the enhanced matching rate, oversight efforts are expected to focus on meeting existing renewal requirements
- CMS is working with states to come into compliance or adopt mitigation strategies to address any deficiencies, including through the use of Section 1902(e)(14)(A) waivers

# Workforce Constraints and Multiple Priorities

- States are looking at multiple approaches to address ongoing staffing constraints, including overtime, emergency contracts, and leveraging staff from other agencies
- States and CMS are also juggling multiple priorities, including phasing out other flexibilities

## Next Steps

- Staff will continue to monitor state progress in unwinding the continuous coverage requirements
- We anticipate additional state-level information (e.g., start dates, timelines) on early efforts will be available in April

March 2, 2023

# Update: Unwinding the Continuous Coverage Requirements

---

Martha Heberlein



Medicaid and CHIP Payment and Access Commission



[www.macpac.gov](http://www.macpac.gov)