

The Great Unwinding: What's Next for the Medicaid Population?

American Academy of Actuaries
Health Practice Council, Medicaid Committee

March 14, 2023

Academy Webinar

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Presenters



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Agenda

- **Kinda Serafi—“Preparing for the End of the Medicaid Continuous Coverage Requirements”**
- **Matthew Buettgens—“How the End of the Medicaid Continuous Coverage Requirement will Affect All Types of Health Coverage”**
- **Colby Schaeffer, Steven Wander, and Sterling Felsted—“The Great Unwinding: What’s Next for the Medicaid Population?”**
- **Q&A**

Preparing for the End of the Medicaid Continuous Coverage Requirements



Kinda Serafi
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Preparing for the End of the Medicaid Continuous Coverage Requirements

Presented to the American Academy of Actuaries

March 14, 2023

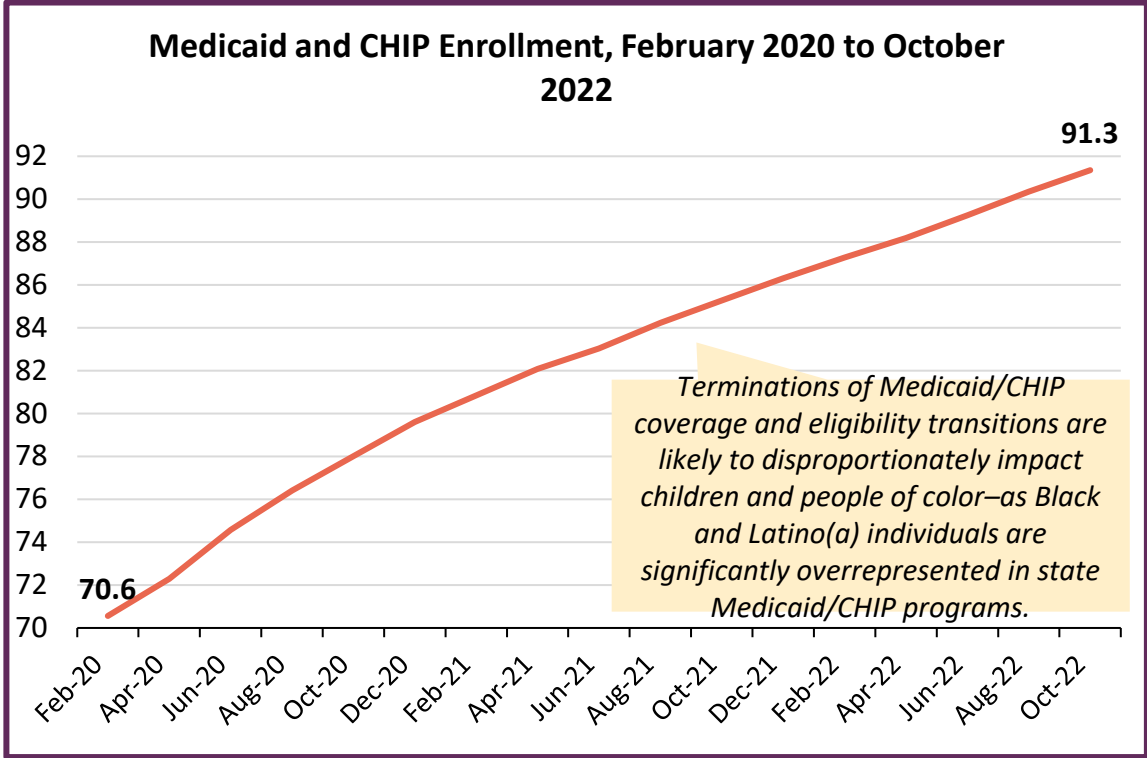
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Unwinding of the Medicaid Continuous Coverage Requirements

Content used to develop this presentation was informed by work funded by the Robert Wood Johnson Foundation.

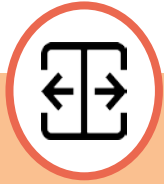
Beginning in March 31, 2023, states will begin to redetermine eligibility for nearly all 91 million Medicaid/CHIP enrollees—threatening the historic gains in coverage achieved as a result of continuous coverage.

- Since February 2020, Medicaid/CHIP enrollment has increased by 20 million individuals (29%).
- A projected 15 million people, or 17% of current Medicaid/CHIP enrollees, will be disenrolled.
- 6.8 million people (7.9%) are projected to lose coverage despite still being eligible.
- Almost 1/3 of those losing coverage could be eligible for subsidized marketplace coverage.



Source: CMS, [June 2022 Enrollment Trend Snapshot](#); Assistant Secretary for Planning and Evaluation (ASPE), [Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#); and SHVS/Manatt Health, [The End of the COVID Public Health Emergency: Potential Health Equity Implications of Ending Medicaid Continuous Coverage](#).

Section 5131 of the recently enacted CAA makes key changes to the parameters for unwinding that will ultimately support coverage retention for eligible individuals among states that are able to comply



Decouples the Medicaid continuous coverage requirement from the end of the COVID-19 PHE, and sets a new statutory end date of March 31, 2023, enabling states to initiate renewals as early as February 1, 2023 (though states may not terminate Medicaid enrollment until April 1, 2023).



Provides for extended enhanced federal medical assistance percentage (eFMAP) to support unwinding during a nine-month phase-down from April 1, 2023, through December 31, 2023, and establishes conditions for claiming eFMAP.

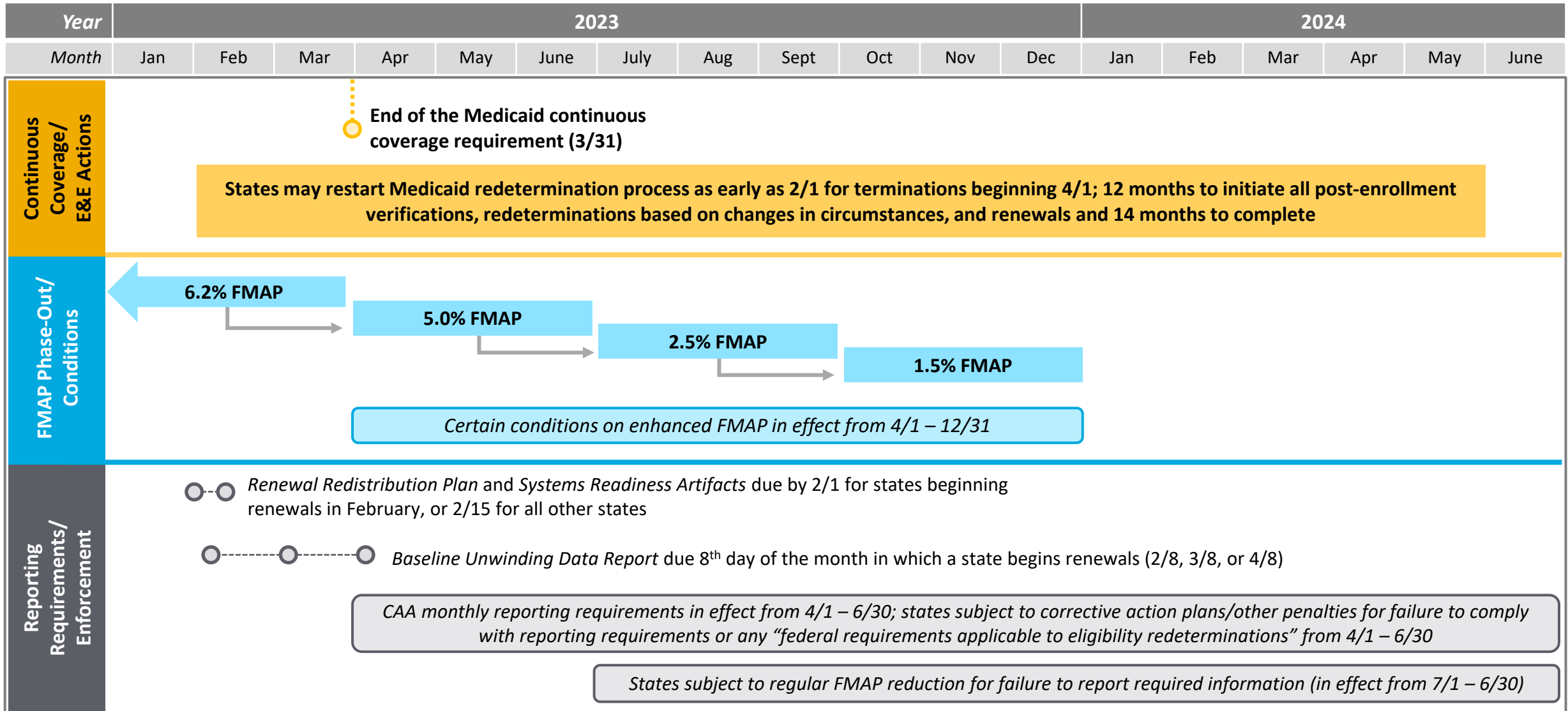


Institutes new Medicaid, CHIP, and marketplace reporting requirements to enable oversight of unwinding and improve transparency.



Gives CMS targeted enforcement powers to reduce states' *regular* FMAP, requires corrective action, suspends procedural terminations, and imposes civil monetary penalties as a result of non-compliance with federal renewal and CAA reporting requirements.

Illustrative Continuous Coverage Unwinding Timeline Under the Consolidated Appropriations Act (CAA)



Source: SHVS, Unwinding Provisions in the 2023 Consolidated Appropriations Act; and CMCS Informational Bulletin, Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the CAA.

Receipt of the enhanced FMAP from April through December 2023, will be contingent upon new conditions.

6.2% FMAP
(start of the PHE through 3/31)

5.0% FMAP
(4/1 through 6/30)

2.5% FMAP
(7/1 through 9/30)

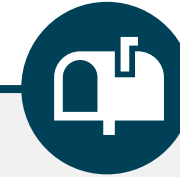
1.5% FMAP
(10/1 – 12/31)



States **must conduct eligibility redeterminations and renewals in compliance with federal requirements** and other strategies approved by CMS, such as temporary section 1902(e)(14) waiver flexibilities.



States **must “attempt to ensure” they have up-to-date enrollee contact information** by using the National Change of Address (NCOA) Database, state health and human services agencies, or other reliable sources of contact information.




States **must not disenroll anyone who is determined ineligible for Medicaid based on returned mail**, without first making a good faith effort to contact the individual using more than one modality (e.g., telephone and email).

The enhanced FMAP will also remain subject to FFCRA maintenance of effort (MOE) requirements. With the end of the continuous coverage guarantee in April 2023, states will be permitted to increase individual premiums for enrollees who have a change in circumstances and terminate coverage for individuals who fail to pay premiums.

CAA Reporting Requirements—Medicaid and CHIP

CMS guidance that “all the data states must report under these new reporting requirements are included in existing data sources,” meaning states will not need to submit additional reports to CMS.

Reporting Element	Mode of Submission
<ul style="list-style-type: none">▪ Number of eligibility renewals initiated▪ Number of enrollees renewed, including a breakdown of coverage renewed on an <i>ex parte</i> basis▪ Number of enrollees whose coverage for Medicaid or CHIP was terminated, including a breakdown of terminations for procedural reasons	Unwinding Data Report*
<ul style="list-style-type: none">▪ Number of individuals enrolled in a separate CHIP	T-MSIS, CHIP-CODE
<ul style="list-style-type: none">▪ Total call center volume, average wait-times, and average abandonment rates	Medicaid and CHIP Eligibility and Enrollment Performance Indicators
 *To adhere to the legislatively required timeline of April 1, 2023, through June 30, 2024, for state reporting, CMS will require state Medicaid agencies to submit the monthly Unwinding Data Report through June 2024, regardless of a when a state initiates renewals.	

Source: CMS, [SHO Letter # 23-002](#); and CMS, [Unwinding Data Report](#).

CAA Reporting Requirements: *Marketplace*

Reporting Element	Mode of Submission
<p>States that use the federal eligibility and enrollment platform States that use the federal eligibility and enrollment platform</p> <ul style="list-style-type: none"> ▪ Number of individuals whose accounts are received at the marketplace due to a Medicaid/CHIP redetermination.* ▪ Of these, the number of individuals determined eligible for a qualified health plan (QHP). ▪ Of these, the number of individuals who select a QHP. 	<p>N/A—CMS plans to report on behalf of states with federally facilitated marketplaces (FFMs) and state-based marketplaces (SBMs) on the federal platform.</p>
<p>SBMS that do not have an integrated eligibility system:</p> <ul style="list-style-type: none"> ▪ Number of individuals whose accounts are received by the SBM or Basic Health Program (BHP). ▪ Of these, the number of individuals determined eligible for a QHP or BHP. ▪ Of these, the number of individuals who make a QHP selection or are enrolled in a BHP. 	<p>SBM Priority Metrics</p>
<p>SBMS that have an integrated eligibility system:</p> <ul style="list-style-type: none"> ▪ Number of individuals determined eligible for a QHP or a BHP. ▪ Of these, the number of individuals who make a QHP selection or are enrolled in a BHP. 	<p>SBM Priority Metrics</p>

Unwinding Special Enrollment Period (SEP)

HealthCare.gov recently announced that it will allow people who lose Medicaid eligibility to claim a SEP between March 31, 2023 and July 31, 2024, as the continuous coverage requirements end.



The “Unwinding SEP” will be available in all states using the federal enrollment platform and is optional for SBMs.



To access the Unwinding SEP, a marketplace-eligible person must submit a new application or update an existing one between March 31, 2023, and July 31, 2024, and attest to loss of Medicaid coverage during that time period. Consumers will have 60 days after they submit their application to select a plan.



Coverage starts the first day of the month following plan selection. Consumers who are aware that their Medicaid is ending may report loss of coverage and select a plan up to 60 days prior to the event for coverage as early as the first day of the month following coverage loss.

Implications for PHE Flexibilities/Authorities

CMS State Health Official Letter provides additional guidance on CAA unwinding-related provisions that have implications for public health emergency-related flexibilities and authorities



Section 1902(e)(14) Waiver Dates

- Enables states to modify section 1902(e)(14) waiver end dates without needing to submit revised requests to CMS (see companion SHVS [expert perspective](#)).



Optional COVID-19 Group

- Requires states that want to continue providing coverage after March 31, 2023, to determine a process to delay renewals for this group.
- Allows states to end coverage for this group by submitting a SPA.



Medicaid Premiums

- Permits states to apply individual premium increases starting April 1, 2023, permitted they adhere to certain requirements.
- Reminds states of section 1902(e)(14) waiver authority to delay premiums during unwinding.



American Rescue Plan (ARP) Maintenance of Effort (MOE)

- Directs states to retain temporary changes to HCBS eligibility, services, and payment rates in accordance with the relevant authorities [e.g., 1915(c) Appendix K]—without risk of penalty by CMS.

Thank you!

How the End of the Medicaid Continuous Coverage Requirement will Affect All Types of Health Coverage



Matthew Buettgens, PhD

Senior Fellow

Health Policy Center, Urban Institute



How the End of the Medicaid Continuous Coverage Requirement will Affect All Types of Health Coverage

Matthew Buettgens



The Continuous Coverage Requirement

- The 2020 Families First Coronavirus Relief Act required that state Medicaid agencies not disenroll people during the HHS-declared public health emergency as a condition for accepting enhanced FMAP.
- This has led to unprecedented high Medicaid enrollment: An increase of 18 million from February 2020 to June 2022.
- This growth is overwhelmingly due to the CCR, rather than employment losses in 2020.
- The number of uninsured people has hit a record low: 4.5 million fewer uninsured from 2020 to 2022, according to the National Health Interview Survey (NHIS).

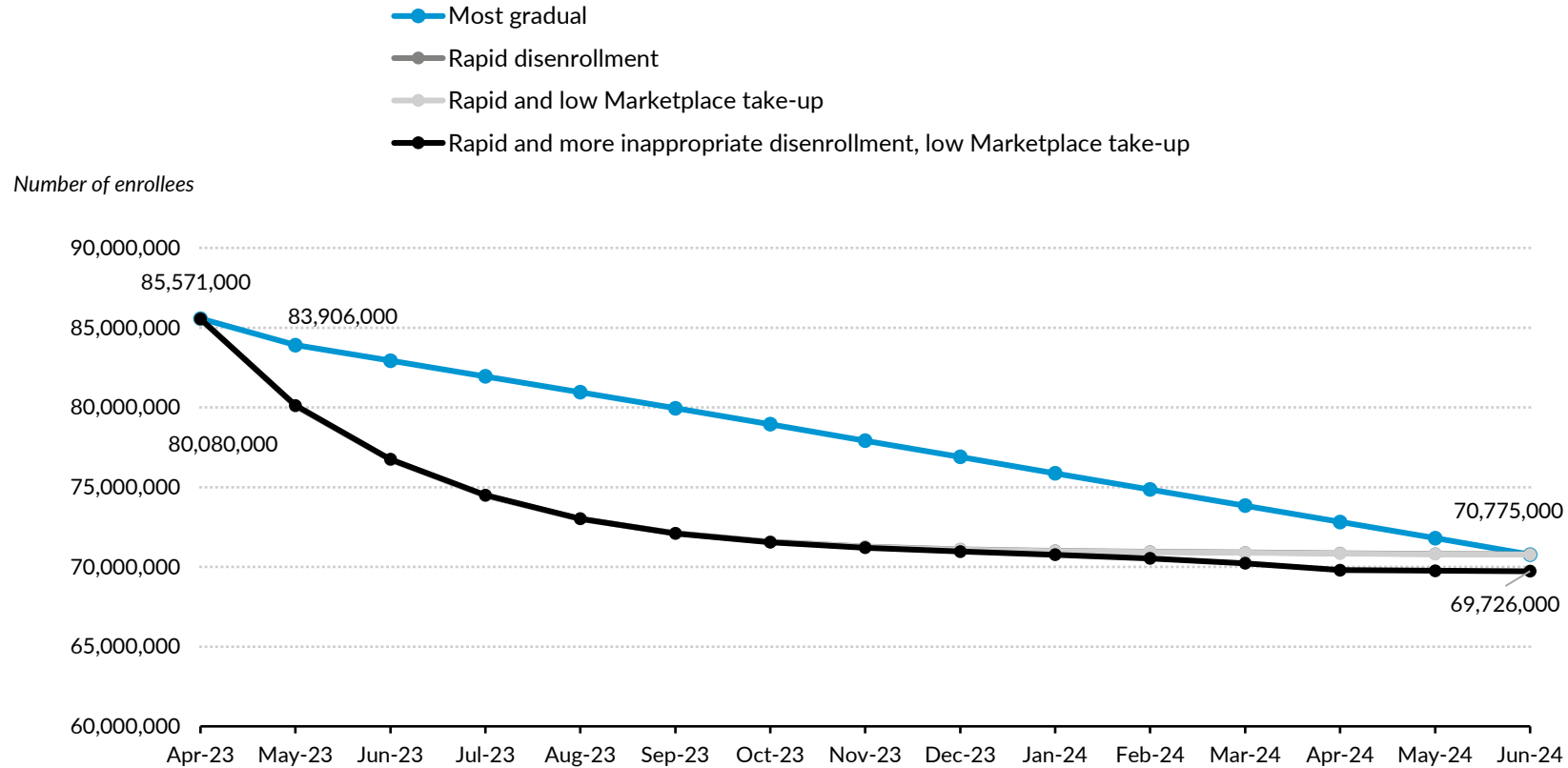
Expiration of the CCR

- In the Omnibus spending bill of December 2022, Congress mandated that the CCR end in April 2023. Enhanced FMAP will gradually phase out by the end of 2023.
- States have one year to redetermine eligibility for their entire caseload and return to normal eligibility determination.
- CMS guidance gives states some flexibility on how long after April disenrollment will start.

Estimating the Changes in Medicaid/CHIP Enrollment after the CCR Expires

- We estimated Medicaid enrollment in each state up to the expiration of the CCR, based on CMS and state administrative data.
- We expect that Medicaid enrollment will eventually return to the pre-pandemic trend:
 - Unemployment has generally recovered since 2020. In most states, it is lower than before the pandemic.
 - While some states have made changes to streamline the eligibility process, they are incremental changes which will likely have modest effects.
- The difference between enrollment at the expiration of the CCR and the pre-pandemic trend represents the number of people who would lose Medicaid.
- We estimate that 18 million people would lose Medicaid coverage after the CCR expires. About 3.2 million of these would transition to the Children's Health Insurance Program (CHIP), leaving a decrease in Medicaid/CHIP enrollment of 14.8 million.

Enrollment in Medicaid/CHIP Would Decline by 14.8 Million after the CCR Expires

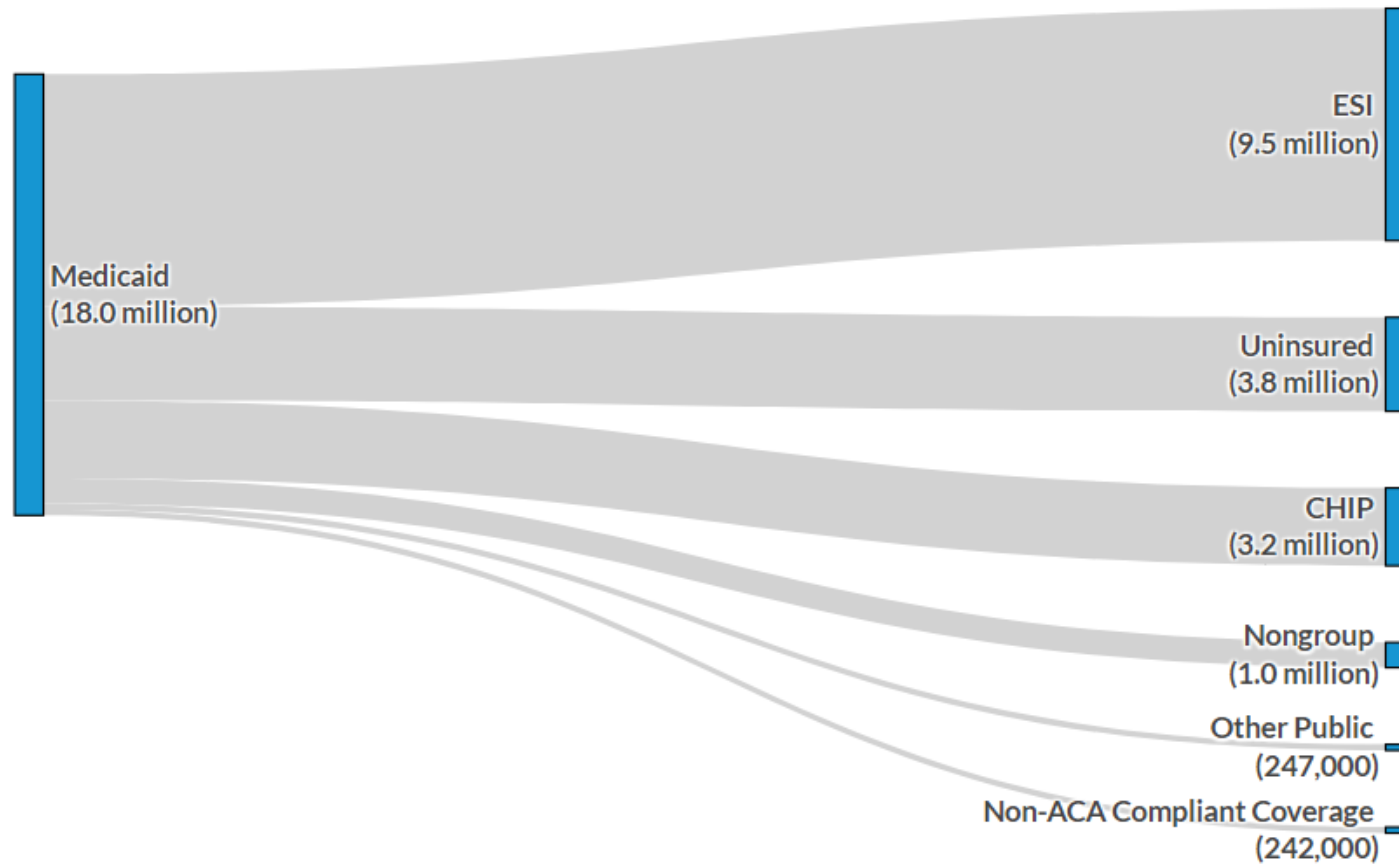


Source: <https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage>

Estimating the Health Coverage of Those Losing Medicaid

- We used the Urban Institute’s Health Policy Simulation Model.
 - HIPSM is designed to estimate the cost and coverage effects of proposed health care policies for the under age 65 population. The model can be rapidly adapted to analyze a wide range of new scenarios—from novel health insurance offerings and strategies for increasing affordability to state-specific proposals—and can describe the effects of a policy option over several years. The model is based on a large, representative population of families who choose between the health coverage options available to them under a proposed policy change.
- We used machine learning techniques and data from the Survey of Income and Program Participation to impute the population that is not currently eligible for Medicaid but was at some point in previous years. The model used this and Medicaid enrollment projections to simulate the Medicaid population at the expiration of the CCR.
- As an external benchmark, the resulting increase in the uninsured should be consistent with the decrease measured in NHIS during the PHE. However, the impact of enhanced Marketplace PTCs on health coverage (also simulated by HIPSM) would remain, so the difference in the uninsured will be somewhat smaller.

Coverage Transitions of Enrollees Losing Medicaid After the CCR



Source: <https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage>

Changes in the Overall Health Coverage of the Nonelderly

Coverage	April 2023, assumed end of the PHE (thousands of people)	June 2024, end of transition (thousands of people)	Difference, thousands of people	Percent difference
Medicaid/CHIP	85,571	70,775	-14,796	-17.3
Other public	8,436	8,684	247	2.9
Employer sponsored	142,266	151,725	9,459	6.6
Nongroup	17,870	18,895	1,024	5.7
Uninsured	22,052	25,875	3,823	17.3
Non-ACA compliant	2,237	2,479	242	10.8

Source: Health Insurance Policy Simulation Model.

Notes: PHE = public health emergency. CHIP = Children's Health Insurance Program. ACA = Affordable Care Act.

State Factors that Could Affect Medicaid Disenrollment

- **Rapidity of disenrollment.** The phasing out of enhanced FMAP by the end of the year gives states a financial incentive to process enrollment earlier in the year. This could lead to several million people losing Medicaid each month soon after April.
- **Inappropriate Disenrollment.** Our estimates assume that rates of inappropriate disenrollment will return to historical levels. There is concern that it could be higher in some states, particularly if disenrollment is rapid.
- **Medicaid Expansion.** During the PHE, Medicaid enrollment grew at the same rate in expansion and non-expansion states. However, the number of new enrollees is higher in expansion states, and a much larger share are adults. Thus, coordination with the Marketplace will be even more important.

Marketplace Enrollment

- We estimate that 1 million people losing Medicaid will enroll in the nongroup market.
- Of the 3.8 million people who would become uninsured, about 1.5 million would be eligible for Marketplace premium tax credits (PTCs).
- Additional outreach and assistance efforts could reduce the number of people who become uninsured.
- Administration guidance recommends that Medicaid agencies share information on those losing coverage with the Marketplaces, but the degree of coordination will likely vary considerably.

The Possibility of Higher Long-Term Medicaid Enrollment

- Some states have made changes to permanently streamline eligibility determination, but there is no comprehensive public source of information.
- The 2022 spending bill mandated 12-month continuous eligibility for children beginning in 2024. Most states already had some form of CE.
- CMS recently approved state waivers in Oregon and Illinois that would extend CE for adults and children.
- The experience of large numbers of people being enrolled in Medicaid may encourage enrollment and decrease any stigma associated with Medicaid.

Conclusions

- We estimate that 14.8 million people will lose Medicaid/CHIP enrollment after the CCR.
- The majority would end up with employer-sponsored insurance. Many are probably already enrolled in both types of coverage.
- There would be 3.8 million more uninsured people.
- Marketplace coverage with PTCs will be an important source of coverage for those losing Medicaid. Actions by states to enroll those become eligible for PTCs could reduce the 3.8 million people becoming uninsured by up to 1.5 million.
- There are concerns about the potential rapidity of disenrollment and level of inappropriate disenrollment in some states.
- On the other hand, the experience of the CCR has raised awareness of the issue of churning in health coverage, leading to actions such as new state waivers and Congressional legislation extending Medicaid/CHIP continuous eligibility.

The Great Unwinding: What's Next for the Medicaid Population?



Colby Schaeffer, MAAA, FSA, Member Medicaid Committee

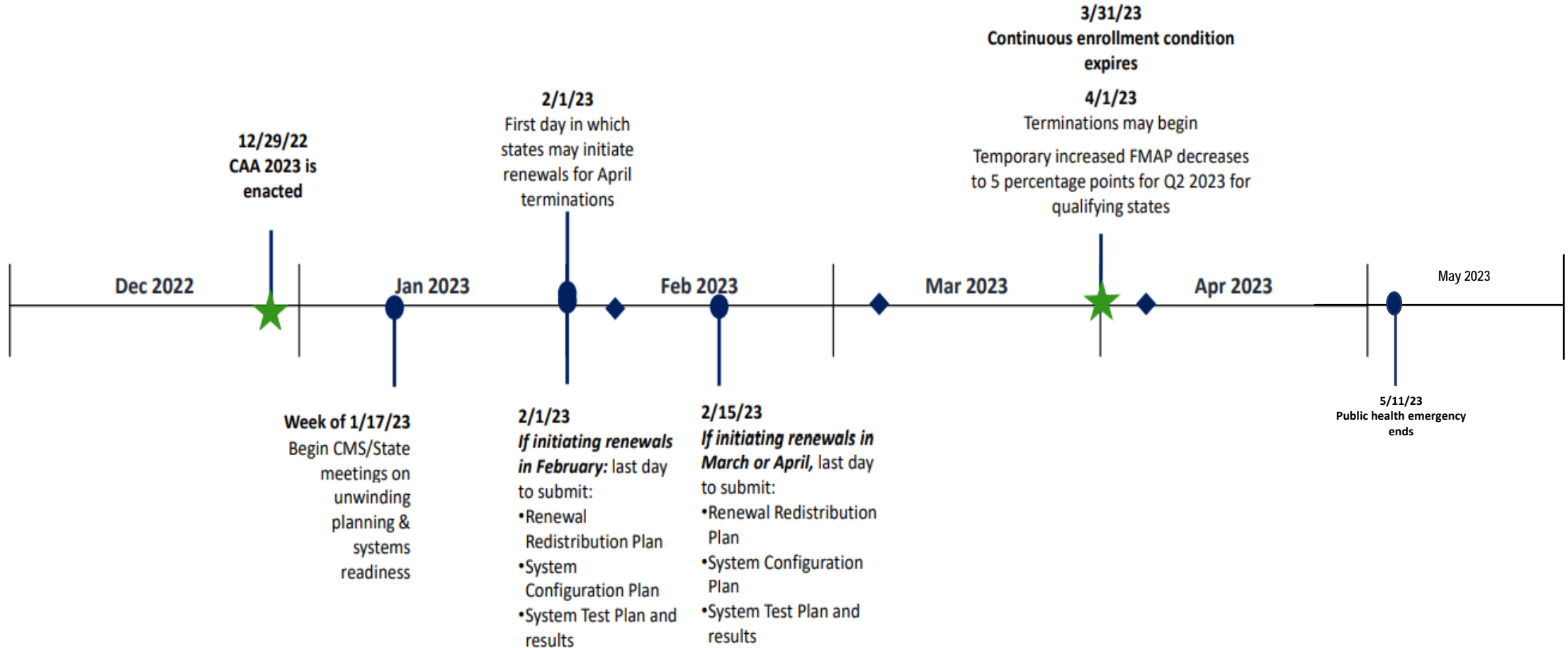


Steven Wander, MAAA, FSA, FCA, Member, Medicaid Committee



Sterling Felsted, MAAA, FSA, Member, Medicaid Committee

Timeline



Tsai, Daniel. "Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023." CMS. Jan 05, 2023.

Tale of Two Unwindings

End of PHE (May 11, 2023) means:

- Program flexibilities end
- COVID vaccine reimbursement by federal government ends over a year later

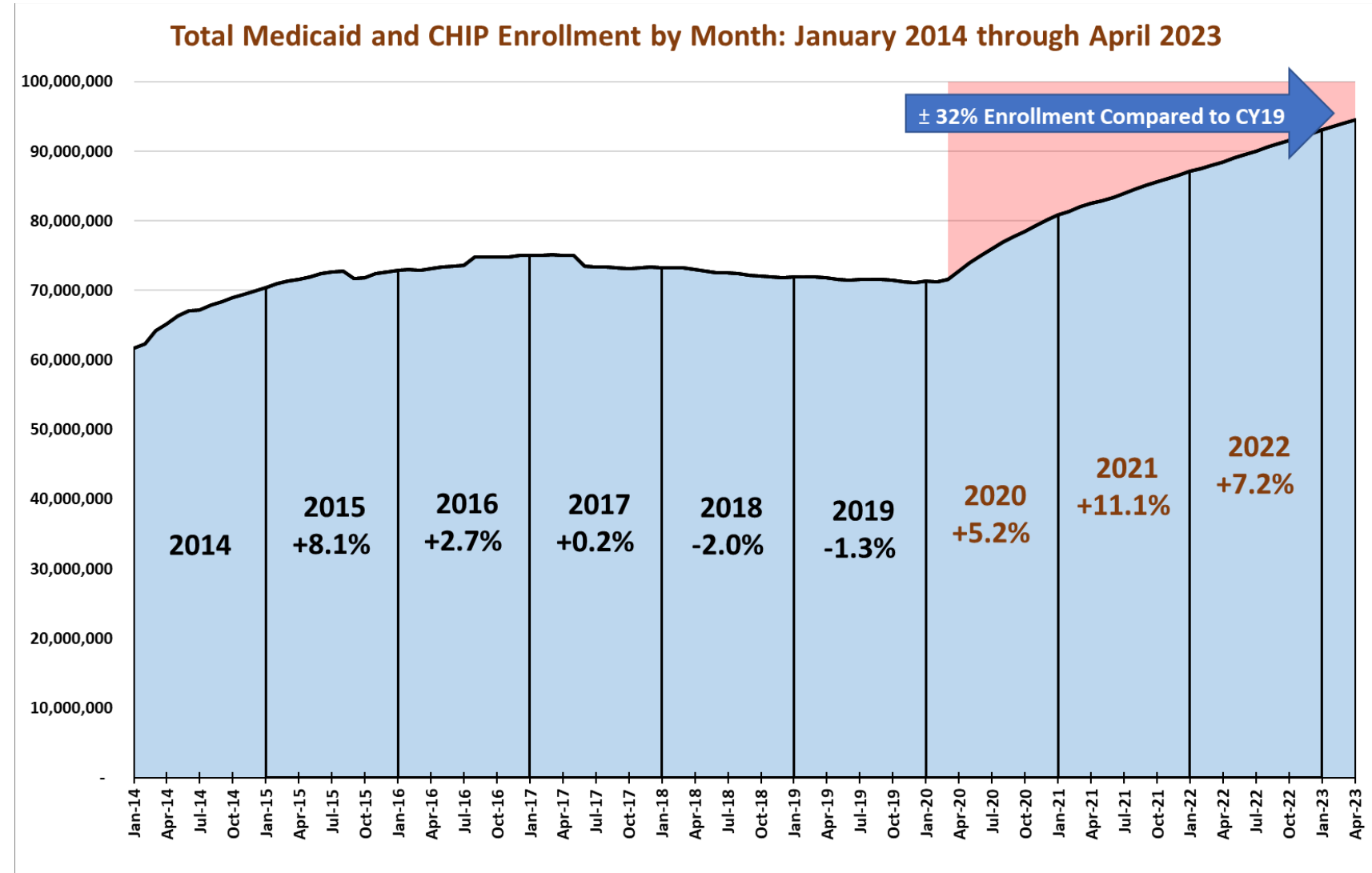
CAA decoupled continuous enrollment requirement from PHE, therefore:

- FMAP bump phases down
- Maintenance of effort (MOE) requirement ends March 31, 2023, so disenrollment is allowed to start in April for any redeterminations done February 2023 onward
 - States must start eligibility redeterminations in February, March, or April (where subsequent disenrollment will occur two months later)
 - Disenrollment patterns will vary significantly by state

Increased Membership During PHE

- By April 2023, national Medicaid and CHIP enrollment is expected to increase by over 30%
- Most of this increase is expected to be concentrated in non-disabled adult populations (TANF and expansion)

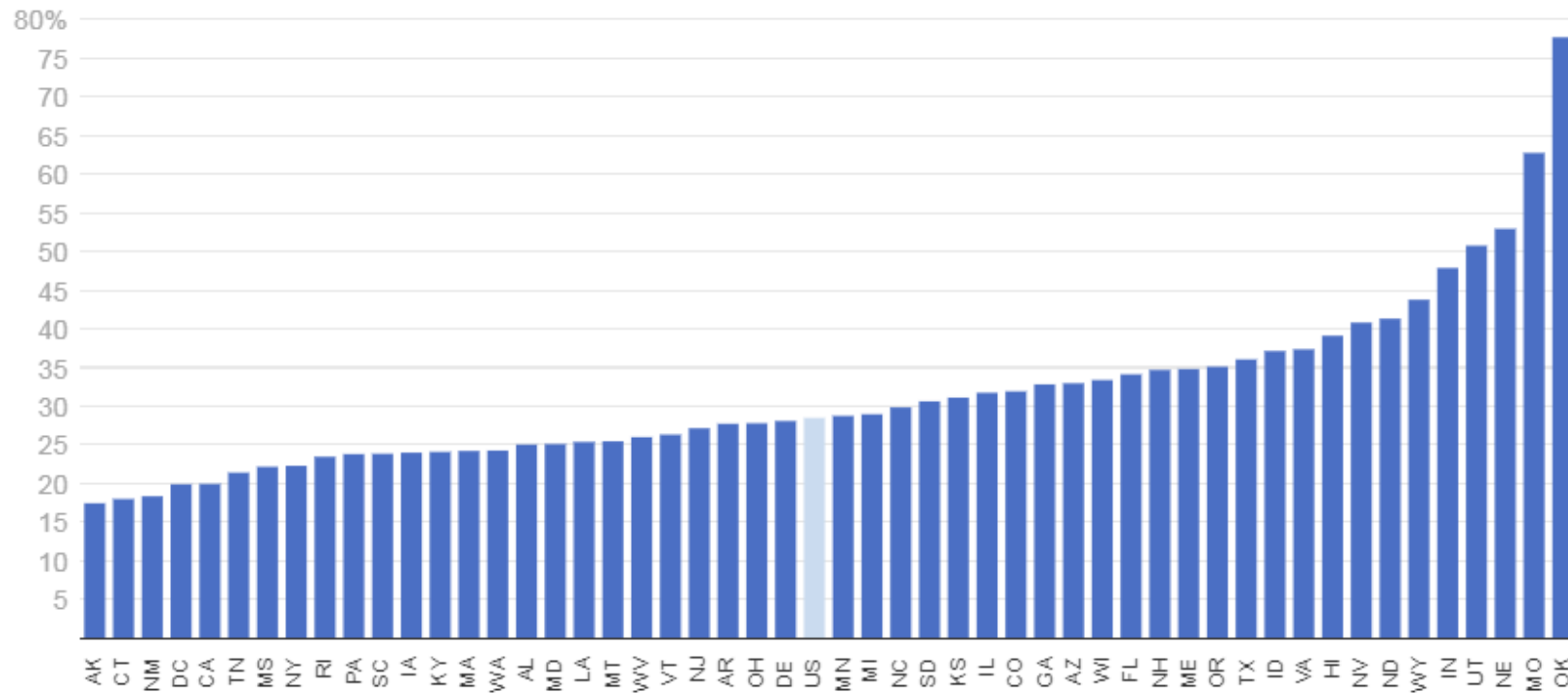
Sources:
<https://www.kff.org/health-reform/state-indicator/total-monthly-medicare-and-chip-enrollment/>
<https://www.medicare.gov/medicaid/national-medicare-chip-program-information/downloads/november-2022-medicare-chip-enrollment-trend-snapshot.pdf>



Increased Membership Varies by State

Enrollment From February 2020 To October 2022 Has Increased In Every State.

Cumulative Percent Change In Medicaid/CHIP Enrollment From February 2020 Through October 2022 By State

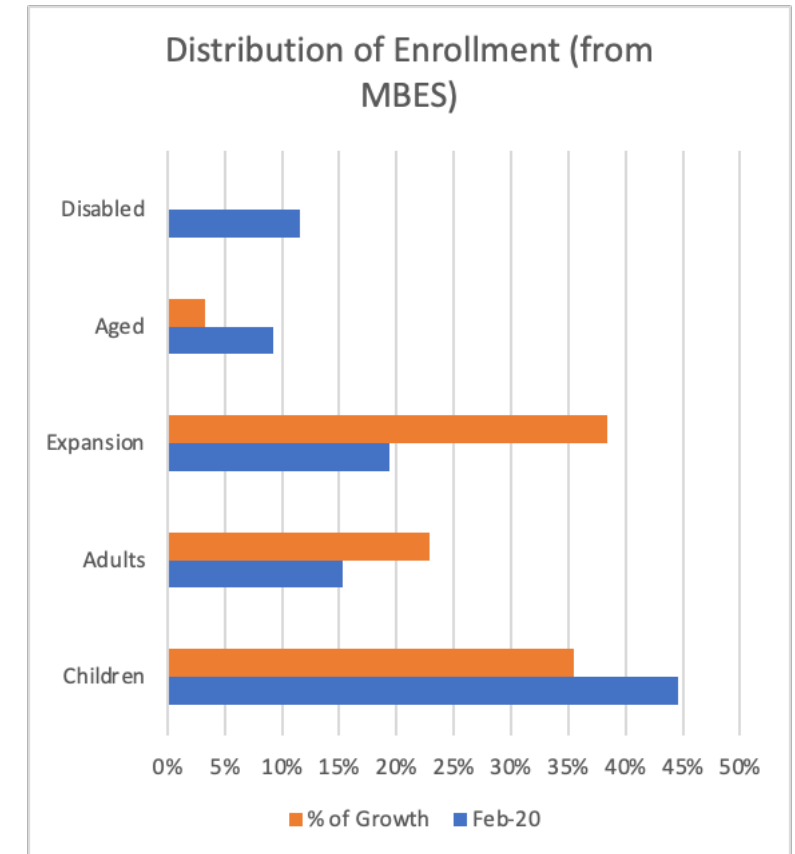


- However, we note that actual reverification volume will vary significantly by State
- Five States (Idaho, Utah, Nebraska, Oklahoma, Missouri) expanded Medicaid after December 2019
- Additionally, many states have recently extended postpartum coverage to 12 months

Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>

Population Considerations

- Different eligibility cohorts or categories of aid (COA) are expected to have varying patterns with disenrollment and change in average cost
- Using data from CMS MBES in 2020, emerging patterns showed clear variation
- Childless Adults (ACA Expansion)
 - Expected to be the most impacted in terms of potential disenrollment
- Pregnant Women
 - Many may no longer qualify for Medicaid through TANF
- TANF Adults
 - Income changes and usual churn resuming
- Children (Medicaid and CHIP)
 - Some will age out of coverage
 - Most children (72%) “losing coverage will remain eligible for Medicaid but are likely to lose coverage due to bureaucratic snafu”
(<https://ccf.georgetown.edu/2023/02/01/child-uninsured-rate-could-rise-sharply-if-states-dont-take-care/>)
- Foster Care, SSI, IDD, LTSS, Duals
 - Cohorts that are less impacted, or not at all, due to functional eligibility status



The Bathwater Metaphor

- The membership and acuity of a population comparable to volume and temperature of water in a bathtub:
 - New entrants tend to have a higher-than-average acuity = hot water entering from the faucet.
 - As urgent needs are addressed, existing members tend to use fewer resources over time = the existing bathwater cooling.
 - Members who disenroll generally have lower than average acuity = draining cooler water.
- Achieving a stasis of average temperature requires that these three effects balance out:
 - the cooler water leaving
 - the hot water entering
 - The general cooling of existing water
- Similarly, for the average member acuity to remain constant, the effects of higher acuity new entrants and lower acuity disenrolled members must be offset by the general decrease in acuity for existing members.

Fiscal Impact of Change in Average Cost

- Increasing membership and removal of usual churn in Medicaid results in non-utilizers and low utilizers staying on the rolls for longer than expected
 - This has dampened the average cost (the rising bathwater has cooled)
 - Puts pressure on capitation rates as adjustments need to be made in advance, or after an unforeseen program change goes into place
- Changing risk profile is temporary and the lower average cost profiles will drop out of program causing increase to cost
- State budgets see fiscal relief through lower enrollment but fiscal pressure through higher average cost and phase-down of enhanced FMAP
- People enrolled in Medicaid with additional coverage (employer-sponsored or dual-eligible for Medicare/Medicaid)
 - Key point is that it isn't just people leaving Medicaid but other ways their costs are shifting

Fee-for-Service (FFS) vs. Capitation

- Medicaid budgets are impacted with lower cost profile members and higher volume, regardless of program design
- However, capitation provides certainty on a fixed basis, so adjustments need to be made with respect to programmatic changes
 - Beginning and end of PHE
 - Passage of CAA
- Capitation rates use prior experience data to forecast to a future rating period
 - Must account for expected changes between base and rating periods
 - To maintain actuarial soundness in capitation payments, the impacts on aggregate acuity will need to be considered and accounted for. This is complicated by the fact that post-COVID utilization has changed.

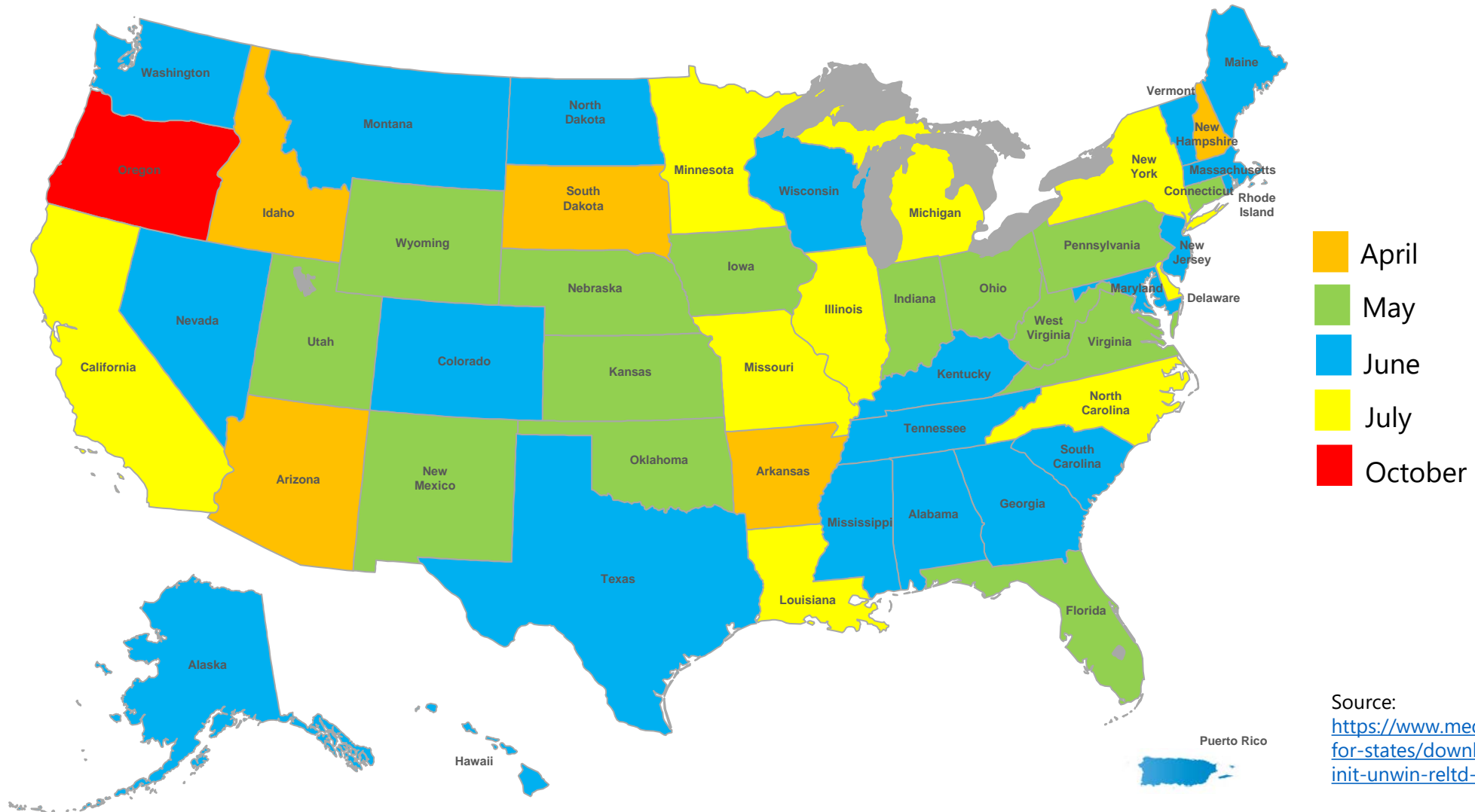
Draining the Tub

- States will have 14 months to redetermine the eligibility of their members.
- In August 2022, DHHS estimated 8.2M members will no longer be eligible for Medicaid, and another 6.8M may be disenrolled due to churn between FFY22 and FFY23. April 2023 enrollment is projected to be 23M (32%) higher than CY19, but we note that several states expanded Medicaid after December 2019.
- Actual disenrollment volume will vary by state due to different populations and approaches to redetermination post-PHE
- Complicating estimates is the fact that many states have recently implemented a 12-month postpartum coverage extension.
- Recommencing redetermination efforts will be like removing buckets of mostly “colder water.” Groups will be affected disproportionately, and average acuity will be significantly impacted for some groups (specifically expansion and TANF adults).

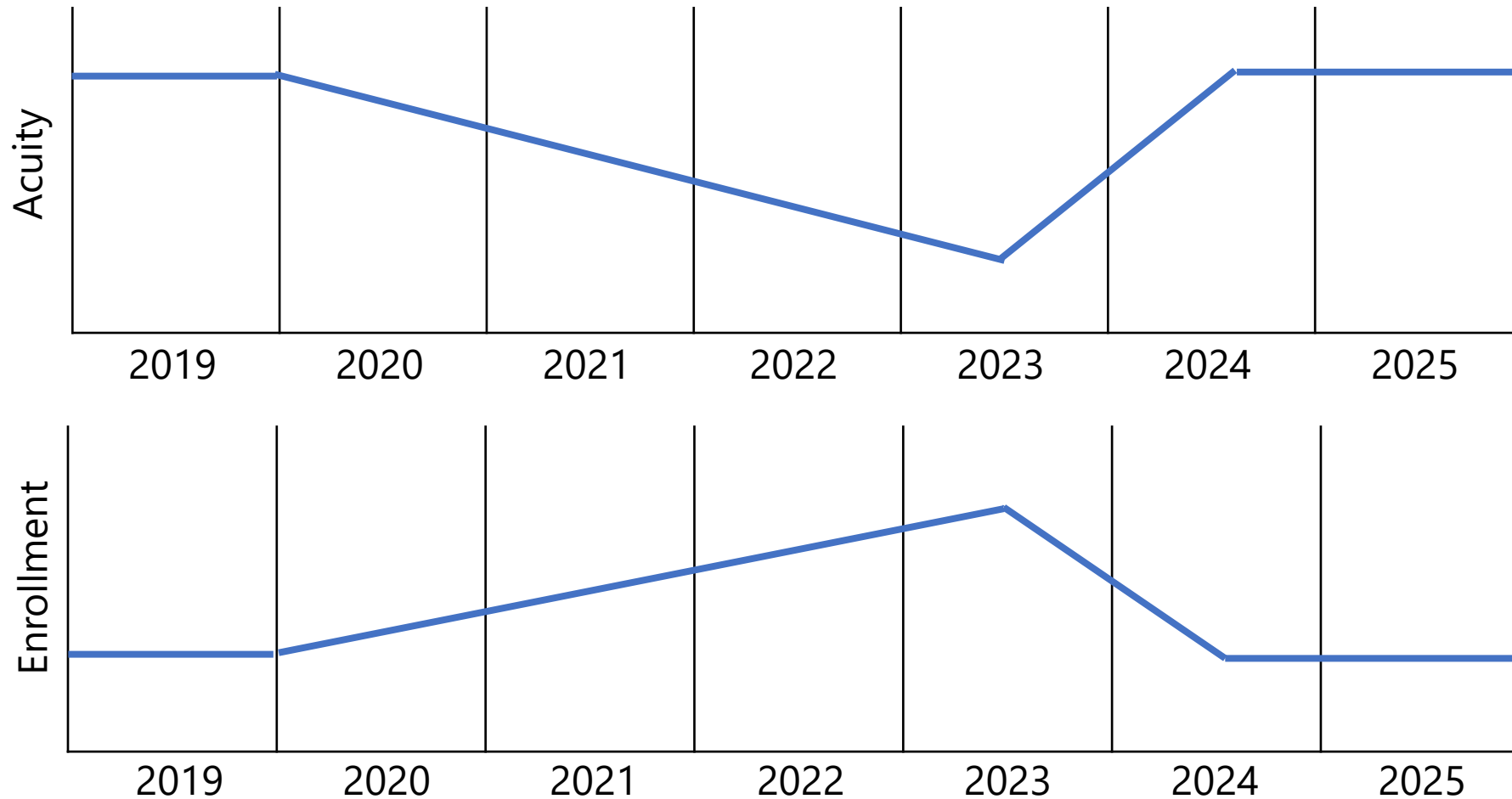
Considerations for Estimating the Impact of Redeterminations on Medicaid Acuity and Enrollment

- When will redeterminations begin?
- How long will it take to complete redeterminations?
- In what order will redeterminations be addressed?
 - Time-based (month member originally enrolled or how long they have been enrolled)
 - Population-based (cohorts with higher likelihood of ineligibility given priority)
- What is the relative acuity of sub-populations?
 - Leavers
 - Stayers
 - Joiners (churn vs. “brand new”)
- Is there a roster for potential leavers available?
- What is the impact of members with other insurance leaving?
 - e.g., dual eligible or members with employer sponsored insurance
- What is the impact of redeterminations causing movement among Medicaid products?
 - e.g., movement from traditional Medicaid to managed long-term care products
- What is the impact of the appeals process or potential lawsuits on redeterminations?
- What is the impact of enrollment “churn” resuming after continuous enrollment requirements end?

Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals as of February 24, 2023



Illustrative Impact of Redeterminations on Medicaid Acuity Changes Between Base Data and Rating Periods



Illustrative Assumptions:

- Enrollment increased and acuity decreased linearly throughout the PHE
- Redeterminations will result in enrollment reductions beginning on 7/1/23 and ending on 6/30/24
- Enrollment and acuity were stable prior to the PHE and will linearly return to their original levels during the unwinding

Accounting for Acuity Changes (Example)

	Months Since Enrollment										Average Acuity
	1	2-5	6	7	8	9	10	11 - 12	13 - 24	25 +	
Assumed PMPM Relativities	180%	100%	150%	180%	270%	225%	80%	70%	75%	85%	100%
2019 Member Mix	2%	12%	3%	3%	3%	3%	3%	6%	20%	45%	96%
2021 Member Mix	1%	9%	2%	2%	2%	2%	2%	4%	14%	60%	93%
2022 Member Mix	1%	7%	2%	2%	2%	2%	2%	3%	11%	70%	92%
2023 Member Mix	1%	5%	1%	1%	1%	1%	1%	3%	9%	75%	96%
2024 Member Mix	1%	9%	2%	2%	2%	2%	2%	4%	15%	60%	100%
2025 Member Mix	2%	12%	3%	3%	3%	3%	3%	6%	20%	45%	

In the above example for TANF adult females, the aggregate acuity from CY21 to CY23 is estimated to drop from 96% to 92%. Thus, a 4% decrease in rates might have been appropriate ($92\% / 96\% = 1 - 4\%$) in the CY23 rates.

Similarly, a +3.0% adjustment for CY22 -> CY24 and a +9.0% increase for CY23 -> CY25 might be appropriate.

Considerations for Estimating the Impact of Churn Resuming

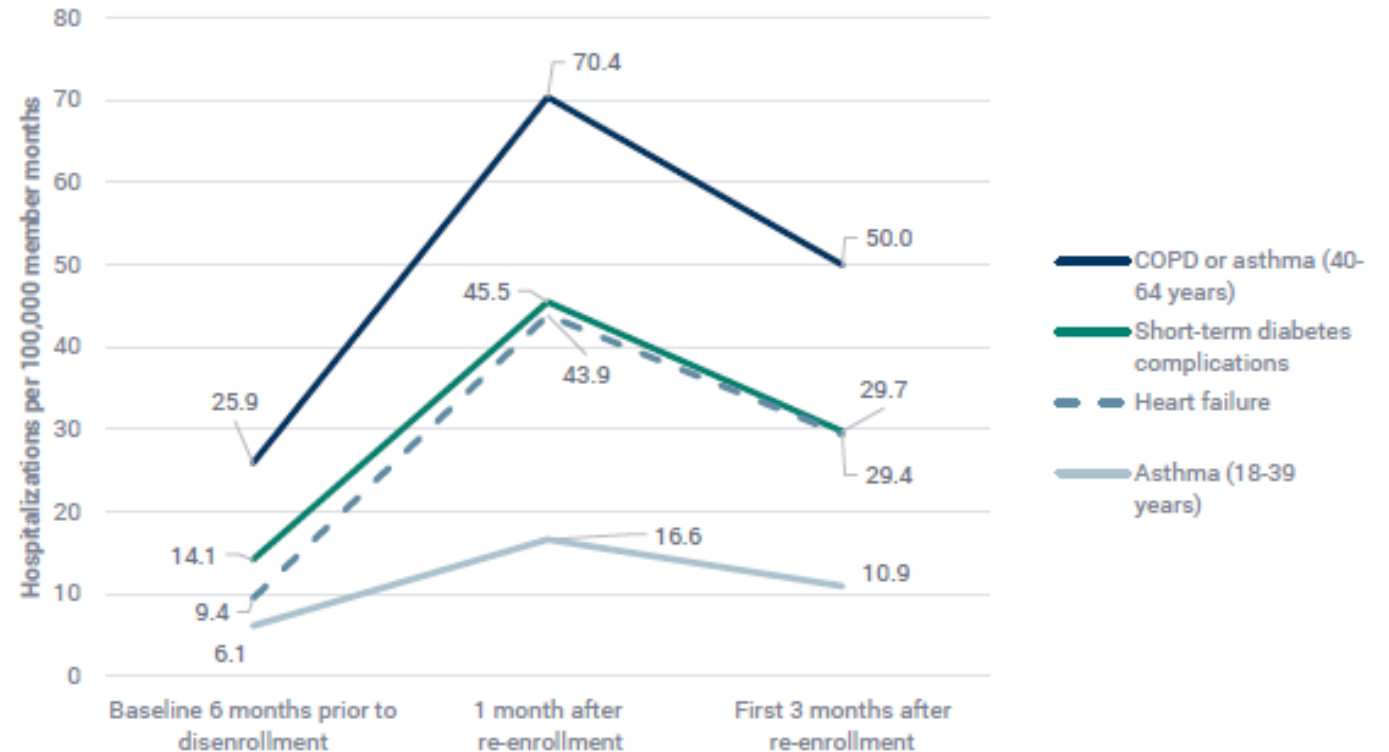
- Administrative Churn—occurs when the state is missing information (e.g., paperwork) to verify eligibility and eligible members are disenrolled. Members often don't provide the missing information until they need benefits (e.g., a hospital admission or emergency department [ED] visit)
- Typical Medicaid churn prior to the PHE (2016–2019)
 - 41% of people who disenrolled from Medicaid/CHIP eventually re-enrolled in Medicaid/CHIP within a year
 - KFF study: <https://www.kff.org/medicaid/issue-brief/what-happens-after-people-lose-medicaid-coverage/>
- Medicaid churn was very low or nonexistent during the PHE due to continuous enrollment requirements
- Churning members typically have lower acuity when they leave and higher acuity when they return
- Lost Capitation Revenue—managed care plans do not receive capitation payments for months during churn when members are disenrolled and not utilizing services
- Base Data—from periods of low churn during the PHE (e.g., 2020 to mid-2023) may need to be adjusted in order to project capitation rates for periods with typical churn (e.g., after mid-2023)

July 2022 MACPAC Issues Brief on Effects of Churn

Findings:

“After an episode of churn, Medicaid beneficiaries were more than twice as likely to be hospitalized for all four ACSCs that we studied, compared to their baseline rate for these measures six months before losing coverage (Figure 1). We observed a similar increase in the rates of ED visits for these conditions (Figure 2). Hospitalization and ED rates were higher in the first month after re-enrollment than they were in the first three months after re-enrollment, suggesting that a hospitalization or an ED visit may have been the reason for re-enrollment for some beneficiaries.”

FIGURE 1. Rate of Inpatient Admissions for Selected Ambulatory Care Sensitive Conditions Before and After a Gap in Medicaid Coverage, 2017-2019

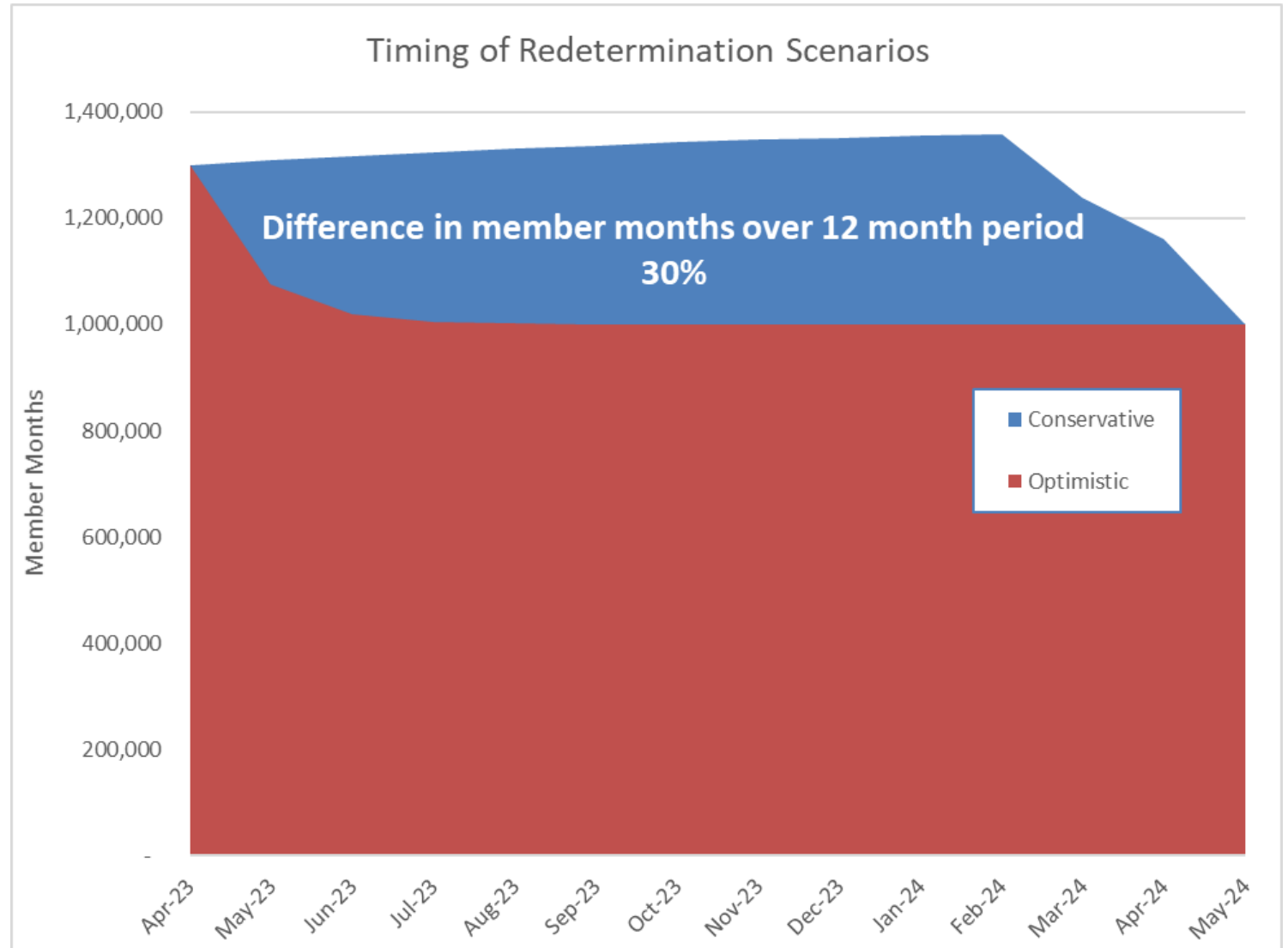


Notes: COPD is chronic obstructive pulmonary disease. Analyses limited to adults age 18 to 64. The analysis excludes nine states (Alabama, Florida, Kentucky, Minnesota, New Jersey, Oklahoma, Pennsylvania, Rhode Island, and Tennessee) due to concerns with data quality in 2017-2019. In three states (Arkansas, Maryland, and Wisconsin) 2017 data are excluded due to data quality concerns. Source: Mathematica, 2022, analysis for MACPAC of T-MSIS data.

Source: MACPAC Issue Brief, July 2022, *Advising Congress on Medicaid and CHIP Policy, Effects of Churn on Potentially Preventable Hospital Use*

Prospective vs. Retrospective

- CMS guidance indicates that States will have 14 months to complete eligibility actions.
- However, the timing and scale of state redetermination efforts could produce different aggregate acuity results.
- Therefore, retrospective / midyear rate changes will likely be necessary to appropriately estimate acuity for rate development.



Questions and Answers

Please enter your question(s) in the “Ask Question” box on your screen.

The presenters will answer as many questions as time allows.

Thank You!

For more information, please contact

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