

Fact Sheet

2023 FY Spending Bill and the Medicaid Unwinding: Implications for the Supportive Housing Community

This fact sheet describes how supportive housing programs should prepare for Medicaid redeterminations, by March 31, 2023 in your state.

CSH is indebted to the National Health Care for the Homeless Council (NHCHC) for their partnership and research upon which this brief is based.

How We Got Here

At the start of the pandemic, Congress enacted the Families First Coronavirus Response Act (FFCRA) that [prohibited states from disenrolling any Medicaid recipient during the COVID-19 pandemic public health emergency \(PHE\)](#). One of the goals of the provision was to maintain continuous Medicaid healthcare coverage during the pandemic.

Congress then passed an FY 2023 spending bill that disentangled the Medicaid coverage protections from the PHE. This law required states to begin processing Medicaid redeterminations by March 31, 2023. Redetermination is the process by which state Medicaid offices determine the eligibility of continuing Medicaid health care coverage for current enrollees. States that have expanded Medicaid allow Medicaid eligibility due to low income. States that have not expanded Medicaid require proof of low income AND another individual characteristic such as age, disability, and illness.

Background

As part of the continuous coverage requirement during the height of the pandemic, Medicaid recipients were neither disenrolled nor required to complete the annual redetermination process that is typically necessary to verify ongoing eligibility. The new spending law directed states to **begin** the redetermination process as early as February 1, 2023, and by March 31, 2023. States have 12 months to **initiate** redetermination on all Medicaid recipients and must complete the process within 14 months from when the state started the process. Some states are expected to accelerate redetermination and people who have no stable address or barriers to communication are at risk of losing their Medicaid coverage.

HHS expects approximately 6.8 million people who are still eligible will lose coverage because of administrative roadblocks.

- Centers for Medicare & Medicaid Services (CMS)

The Medicaid redetermination process has always [disproportionately impacted](#) supportive housing residents and people experiencing homelessness. Redeterminations also have [a greater impact on people of color](#). Many state Medicaid offices' continued reliance on physical mail for communication, short response timeframes, numerous redetermination dates for an individual, and cumbersome paperwork are some of the common barriers to continuity of Medicaid coverage. Short-staffed Medicaid offices will have greater difficulty responding to individual requests and correcting administrative issues. Further, many Medicaid staff are recently hired and have never participated in the redetermination processes before. Finally, because Medicaid is administered at the state level, **each state will determine their own redetermination process, likely yielding widely disparate results**. To support tenants and people in other housing interventions in maintaining coverage, you will need to understand what your state is requiring of Medicaid recipients and how to support them through this process so they can maintain continuous health insurance coverage.

What to Expect

State Medicaid offices must submit their unwinding process plans for approval by the Centers for Medicare and Medicaid Services (CMS) and decide when the 'unwinding process' will be complete. States can begin reviewing the eligibility of their Medicaid enrollees on February 1, 2023 and will notify them if additional information is necessary for them to maintain insurance coverage.¹ **Importantly, states that begin the redetermination process on February 1, 2023, can begin disenrollment on April 1, 2023. States must begin redetermination by March 31, 2023.**

State Begins Redetermination	The Earliest Persons Could Lose Healthcare Coverage
February 2023	April 1, 2023
March, 2023	May 1, 2023
April, 2023	June 1, 2023

By law, states are required to communicate with Medicaid enrollees about the need for redetermination. Medicaid offices have—or should have—begun reaching out to enrollees to verify contact information, improving the likelihood of successfully redetermining an enrollee's eligibility. The omnibus spending bill also requires states to report to HHS metrics, including renewals completed *ex parte*, coverage termination due to procedural reasons, and call center metrics. States are not allowed to disenroll a recipient based solely on returned mail and are [required](#) to use two additional modalities of contacting the enrollee upon receiving returned mail.

¹ Note: States retained the authority to redetermine eligibility throughout the PHE, however, any disenrollment that occur must have been redetermined within 60 days. Hence, states cannot disenroll members without a recent review of eligibility.

Recommendations for State Medicaid Agencies

Each state Medicaid office has its own unwinding plan. You, your agency, or organizations you belong to, such as the statewide supportive housing trade association, can make recommendations to your state to support continuous coverage. If you, your residents, or other groups participate in state-related health advocacy, you can raise the suggestions outlined below to these groups as well.

1. Complete automated verification (*ex parte*) of eligibility, **without requiring a signature**, through every federal, state, and local database system available. Automating verification will limit or remove the burden on the individual/family.
2. Deploy Medicaid staff who are trained in working with the unique needs of people experiencing homelessness.
3. Offer extended/weekend hours and walk-in appointments at locations in communities with high numbers of Medicaid enrollees.
4. Allow early redetermination if a person is not yet in their redetermination window but is available and ready to complete the process.
5. Use multiple methods of contacting Medicaid enrollees, including email, phone, authorized provider contact information, and text messaging services. Allow recipients to choose their preferred method of communication.
6. Make redetermination dates more visible at the point of care (i.e., available when health centers verify insurance).
7. Work with Medicaid Managed Care Organizations, health care providers, and enrollment staff to ensure up-to-date contact information is in the Medicaid system.
8. Publish the timeline used to conduct verifications and re/disenrollment.
9. Create materials (in all relevant languages) to inform Medicaid recipients and those who work with them to provide simple and clear explanations of the process to ensure continuous coverage.
10. Actively track, report, and make data public on coverage losses of otherwise eligible people to identify and correct disparities based on race, ethnicity, and language.



February 1, 2023	<ul style="list-style-type: none">• First day states can initiate redeterminations
April 1, 2023	<ul style="list-style-type: none">• All states must initiate redeterminations no later than this date• Date of disenrollment for redeterminations initiated 2/1/23 in states with 60-day redetermination period
June 1, 2023	<ul style="list-style-type: none">• Date of disenrollment for redeterminations initiated 4/1/23 in states with 60-day redetermination period
January 31, 2024	<ul style="list-style-type: none">• Last day to initiate redeterminations for states that begin 2/1/23
March 31, 2024	<ul style="list-style-type: none">• Last day for all states to initiate redeterminations
May 31, 2024	<ul style="list-style-type: none">• Date by when redeterminations must be completed

Actions the Supportive Housing Sector can take to Prepare for Medicaid Redeterminations

- Be familiar with your state's plan to complete redetermination. Know how your state will communicate with beneficiaries and know deadlines and timeframes. A simple Google search should provide you with this information from your state Medicaid office. Do not use non-state websites, so you can be sure you are getting the most accurate and up-to-date information.
- Collaborate with local Medicaid staff to have representatives onsite at single-site properties to assist with completing applications in real-time.
- Ensure case management staff know about the unwinding timeline and identify internal procedures to inform and assist individuals in the redetermination process or completing re-enrollment if coverage lapses.
- Update contact information with state benefits for all residents currently enrolled in Medicaid to increase the likelihood they will receive notifications when it is time to complete redetermination.
- Develop a "How To" Guide for residents with steps they must take to prevent a lapse in their benefits, and actively discuss with them, so they are aware.
- Develop a "How To" Guide for staff on how to support people experiencing homelessness to maintain/regain Medicaid coverage.
- Advocate at the state level for proactive redetermination processes and for information to be widely available and promoted in high-visibility spaces.
- Develop workflows for referring clients who are no longer eligible for Medicaid to other Insurance Affordability Programs (i.e., State run Marketplaces).

Risks to the Supportive Housing Industry from Medicaid Redeterminations

States that do not take proactive steps to prevent coverage losses among otherwise eligible people are likely to experience significant levels of disenrollment, increases in uninsured rates, greater rates of uncompensated care, and worse health outcomes.

A loss of insurance coverage at the individual patient level, even a temporary loss, will negatively limit your tenant's access to comprehensive care, including prescription medications, specialty care, and other services. Disenrollment that result in barriers to services also can be traumatic, damage trust, and impact health outcomes. If your agency bills Medicaid for housing-related or other services, a loss of coverage, means loss of revenue for your agency. At the population level, even moderate rates of coverage loss will reduce reimbursements for agencies billing Medicaid for services and potentially have a significant financial impact.

To mitigate these risks, supportive housing providers can use staff resources to help clients reenroll in benefits.

Conclusion

The Consolidated Appropriations Act, 2023 established April 1, 2023, as the end of Medicaid continuous enrollment. States will now begin to redetermine who is eligible for Medicaid and will ask beneficiaries for a variety of information and actions that will be required to maintain health care coverage. The lack of stable mailing addresses, changing contact information, and other factors can create challenges to state efforts to redetermine eligibility accurately. Supporting your residents to successfully overcome administrative barriers to successfully complete the redetermination process can help ensure greater continuity of coverage. For agencies billing Medicaid for housing-related services, securing continuous coverage means ensuring your agency can continue to be paid by Medicaid for the services you deliver. Efforts must begin now to prevent enrollees from losing coverage due to administrative burdens.

Resources

ASPE: [Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#)

CBPP: [States Can Reduce Medicaid's Administrative Burdens to Advance Health and Racial Equity](#)

CMS: [Renew Your Medicaid or CHIP Coverage](#)