



Protecting Patients' Access to Care as the Medicaid Continuous Coverage Requirements End

In March 2020, Congress passed healthcare protections that prevented people from losing their Medicaid or Children's Health Insurance Program (CHIP) coverage during the COVID-19 pandemic. Starting April 1, 2023, states can resume Medicaid disenrollments. Our country has made significant progress in increasing access to coverage over the past three years and it is critical that we do not reverse that progress in the months ahead. Our organizations support the following federal and state policies that ensure those who remain eligible for Medicaid and CHIP understand this process and successfully reenroll, while those who are no longer eligible transition to other forms of quality, affordable healthcare coverage.

Public Education

The Centers for Medicare and Medicaid Services (CMS) and states should make robust investments in consumer education about this process. These efforts should focus on communities most at risk of losing coverage, including people of color, people with limited English proficiency, and people with limited computer/internet access.

Streamline the Renewal Process

States should maximize ex parte renewals (relying on electronic data sources to automatically renew coverage when possible). States should ensure that individuals experience a smooth renewal process whether renewing in person, by mail, online and over the phone, and that they have adequate staffing levels to accommodate the volume of renewals.

Coverage Transitions

States with their own marketplaces should adopt the same 16-month Special Enrollment Period available to Healthcare.gov enrollees, allowing individuals who attest to having lost Medicaid or CHIP coverage between March 31, 2023 and July 21, 2024 to enroll in an exchange plan at any time during that same period.

Transparency

States should post their unwinding plans and make data on renewals, terminations and call center statistics publicly available at the same time they send this information to CMS. CMS should publicly release data shared by states no more than 30 days after receipt.

Oversight & Accountability

States should take their time with this process (CMS recommends that states do not process more than 1/9 of their caseload per month) and commit now to pausing coverage terminations if procedural disenrollment rates are high, a clear sign that individuals who are likely still eligible for Medicaid are losing coverage. Additionally, CMS should fully use its authorities from Congress under the Consolidated Appropriations Act of 2023 to ensure that states comply with all federal requirements related to eligibility redeterminations and unwinding reporting requirements.

American Cancer Society Cancer Action Network
American Heart Association
American Kidney Fund
American Lung Association
American Liver Foundation
Arthritis Foundation
Asthma and Allergy Foundation of America
Autism Speaks
Cancer Support Community
CancerCare
Chronic Disease Coalition
Cystic Fibrosis Foundation
Epilepsy Foundation
Epilepsy Foundation
Foundation for Sarcoidosis Research
Hemophilia Federation of America
Immune Deficiency Foundation
Lupus Foundation of America
Lutheran Services in America

March of Dimes
Mended Little Hearts
Muscular Dystrophy Association
National Alliance on Mental Illness
National Coalition for Cancer Survivorship
National Eczema Association
National Health Council
National Hemophilia Foundation
National Kidney Foundation
National Multiple Sclerosis Society
National Organization for Rare Disorders
National Patient Advocate Foundation
National Psoriasis Foundation
Pulmonary Hypertension Association
Susan G. Komen
The AIDS Institute
The Leukemia & Lymphoma Society
Volunteers of America
WomenHeart