



Update: Keeping Californians Covered During the Medi-Cal Continuous Coverage Unwinding

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Recall: The Medicaid Continuous Coverage Requirement

What is the continuous coverage requirement?

- To help people keep their health coverage during the COVID-19 pandemic, the federal government provided states with increased Medicaid funding, contingent on states not disenrolling Medicaid enrollees during the federally designated public health emergency.

When does it end?

- On December 29, 2022, Congress passed the Consolidated Appropriations Act of 2023, which delinked the Medicaid continuous coverage requirement from the end of the federal public health emergency.
- The continuous coverage requirement will now end on **March 31, 2023**. States are then required to resume regular Medicaid renewal processes, completing them within 14 months.

What is the potential impact on Californians?

- California's Department of Health Care Services (DHCS) estimates that [two to three million enrollees \(PDF\)](#), up to 19% of current enrollees, could be disenrolled from Medi-Cal during this time.
- [Researchers project](#) most will be *eligible* for other sources of coverage. But there is a high risk that some enrollees will be disenrolled from Medi-Cal despite being eligible for it or will fail to be connected to other coverage.
 - [National estimates \(PDF\)](#) indicate Latino/x; American Indian and Alaska Native; Asian, Native Hawaiian, and Pacific Islander; and Black enrollees are more likely than White enrollees to be disenrolled despite being eligible.
 - [Language barriers](#), [complex immigration rules \(PDF\)](#), and lack of renewal experience put immigrants and those with limited English proficiency at risk of disenrollment.
 - Outreach challenges put Californians who experiencing homelessness — [disproportionately Black, American Indian and Alaska Native, and Native Hawaiian and Pacific Islander](#) — at increased risk.
 - Extra paperwork requirements may put seniors and people with disabilities at increased risk.

The potential coverage loss could substantially exacerbate health inequities created by structurally racist policies and [heightened during the pandemic](#).

Update: California and the End of the Continuous Coverage Requirement

What is California's timeline?

- Starting April 1, 2023, California will begin the process of redetermining eligibility for all 15.3 million Medi-Cal enrollees over 14 months, based on individual's regular annual renewal date.
 - Earliest disenrollments would be July 2023.

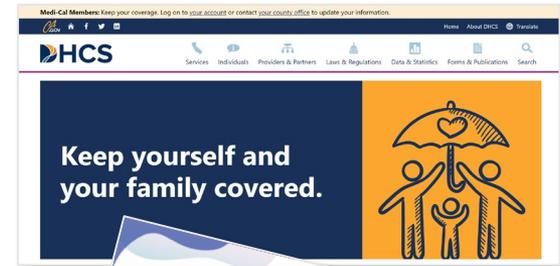
What has California put in place to protect coverage?

- DHCS has demonstrated a strong commitment to keeping Californians covered through the unwinding:
 - Working closely with counties, advocates, plans, providers, and other stakeholders to develop their [unwinding plan \(PDF\)](#); adopting [policies to make renewal easier](#); and developing [multilingual outreach materials](#), a community outreach program, and a multifaceted [communications campaign \(PDF\)](#), and new website.
- Counties are updating enrollee information, making system tweaks, and finalizing readiness plans.
- Covered California is preparing to transition subsidy-eligible Californians losing Medi-Cal.

What has CHCF done?

CHCF is promoting policies and practices to ensure Californians can keep their coverage during the unwinding and beyond:

- Partnering with consumer advocates, such as Western Center on Law & Poverty, who have been highly engaged and effective in winning policy and practice improvements.
- Conducting consumer research in English, Spanish, and Chinese to assess effectiveness of DHCS's early consumer-facing materials and identify preferred information channels and messengers. This included hearing from groups identified as most at risk for coverage loss.
- Tracking and analyzing continuous coverage unwinding developments and [curating and sharing resources](#).
- Continuing [longer-term work](#) to improve enrollment pathways to Medi-Cal retention and to reduce churn.



Looking Ahead: What to Watch For

Key Issues to Watch



- **County capacity and variation.** Medi-Cal eligibility is determined at the county level. Many counties are reporting they remain understaffed or have new hires inexperienced with renewals. Advocates already report long wait times to reach county staff. Counties' collaboration with Medi-Cal plans, providers, community groups, and enrollment assisters varies. How can the state and counties avoid backlogs, redistribute workload, put in place backup mechanisms, and bolster effective systems for county-partner collaboration?
- **Tracking, reporting, and an “emergency brake.”** DHCS has indicated it will track and publicly report critical data during the unwinding but has not yet released its final monitoring tool. How can we ensure we have information that is timely and granular enough to rapidly identify problems and patterns? Will it include the elements necessary to address inequities? Can we use it to trigger a system pause (emergency brake) if needed?
- **Role of community and provider partners.** DHCS has created a volunteer [DHC Coverage Ambassador program](#) and is providing materials to plans, providers, community, groups, and assisters. How else can we prepare and engage enrollment assisters and other stakeholders to be most effective in helping people stay enrolled?
- **Extending improvements post-unwinding.** Taking advantage of federal flexibilities, California has made tremendous progress in making Medi-Cal renewals more consumer-friendly. Can the state leverage this opportunity to maintain and build on improvements after the unwinding?