

Automatic Enrollment and Streamlined Renewal in Medicaid

Sponsored by Sen. Gustavo Rivera (NY)

I. Persons with disabilities, Hispanics and other families of color have a heightened need for streamlined Medicaid enrollment and renewal

1 **WHEREAS**, Medicaid eligibility criteria and benefits differ from state to state, but some
2 groups are mandatorily eligible like low-income families, qualified pregnant women and
3 children, and individuals receiving Supplemental Security Income (SSI) or Mandatory State
4 Supplements;¹ and,

5 **WHEREAS**, during the Covid-19 pandemic, Medicaid enrollment increased by 29.8%
6 reflecting “changes in the economy, changes in policy (like recent adoption of the Medicaid
7 expansion in the Affordable Care Act), and the temporary continuous enrollment provision
8 created by the Families First Coronavirus Response Act (FFCRA),” which ended on March 31,
9 2023. The Consolidated Appropriations Act for Fiscal Year 2023 “also phases down the
10 enhanced federal Medicaid matching funds through December 2023;”² and,

11 **WHEREAS**, experts estimate that, because the pandemic’s continuous enrollment provision
12 has ended, “between 5.3 million and 14.2 million people will lose Medicaid coverage during
13 the 12-month unwinding period reflecting a 5% and 13% decline in enrollment;”³ and,

14 **WHEREAS**, “as states resume redeterminations and disenrollments, certain individuals,
15 including people who have moved, immigrants and people with limited English proficiency
16 (LEP), and people with disabilities, will be at increased risk of losing Medicaid coverage or
17 experiencing a gap in coverage due to barriers completing the renewal process, even if they
18 remain eligible for coverage;”⁴ and,

19 **WHEREAS**, “a recent analysis of churn rates among children found that while churn rates
20 increased among children of all racial and ethnic groups, the increase was largest for
21 Hispanic children, suggesting they face greater barriers to maintaining coverage;”⁵ and,

22 **WHEREAS**, according to a KFF review of state Medicaid websites, the following states do not
23 offer either or neither their Medicaid homepage or the online application in any language
24 other than English: Alabama, Alaska, Arkansas, Delaware, Hawaii, Iowa, Kansas, Kentucky,

¹ For a full list see *Medicaid Eligibility*. Medicaid.gov. <https://www.medicaid.gov/medicaid/eligibility/index.html>

² Jennifer Tolbert and Meghana Ammula. *10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision*. (April 5, 2023, KFF). Available at <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

³ Ibid.

⁴ Ibid.

⁵ Ibid., citing Elizabeth Williams, et al, *Implications of Continuous Eligibility Policies for Children’s Medicaid Enrollment Churn*. (Dec. 21, 2022, KFF). Available at <https://www.kff.org/medicaid/issue-brief/implications-of-continuous-eligibility-policies-for-childrens-medicaid-enrollment-churn/>

25 Michigan, Minnesota, Nevada, New Jersey, North Dakota, Ohio, Oregon, South Carolina,
26 Vermont, Washington, West Virginia and Wisconsin;⁶ and,

27 **WHEREAS**, historically, “among people disenrolling from Medicaid, roughly two-thirds
28 (65%) had a period of uninsurance in the year following disenrollment and only 26%
29 enrolled in another source of coverage for the full year following disenrollment;”⁷ and,

30 **II. Streamlined Medicaid enrollment and renewal can be improved**

31 **WHEREAS**, on September 7, 2022, the Centers for Medicare & Medicaid Services (CMS)
32 proposed a rule, to be finalized on November 2023, to,

33 simplify the processes for eligible individuals to enroll and
34 retain eligibility in Medicaid, the Children's Health Insurance
35 Program (CHIP), and the Basic Health Program. This proposed
36 rule would remove barriers and facilitate enrollment of new
37 applicants, particularly those dually eligible for Medicare and
38 Medicaid; align enrollment and renewal requirements for most
39 individuals in Medicaid; establish beneficiary protections
40 related to returned mail; create timeliness requirements for
41 redeterminations of eligibility in Medicaid and CHIP; make
42 transitions between programs easier; eliminate access barriers
43 for children enrolled in CHIP by prohibiting premium lock-out
44 periods, waiting periods, and benefit limitations; and
45 modernize recordkeeping requirements to ensure proper
46 documentation of eligibility and enrollment;⁸ and,

47 **WHEREAS**, apart from this proposed rule, states have information they can use to make
48 insurance auto-enrollment and auto-renewal work to protect the most vulnerable; and,

49 **WHEREAS**, at enrollment and renewal, tools some states use to fairly assess eligibility and
50 reduce needless churn include accounting for anticipated income changes, such as recurring
51 seasonable employment or a job change, or projected annual income when determining
52 eligibility at renewal,⁹ and,

⁶ Jennifer Tolbert and Meghana Ammula. *10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision*. (April 5, 2023, KFF). Available at <https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

⁷ Ibid.

⁸ 87 Federal Register 54760. Available at <https://www.federalregister.gov/documents/2022/09/07/2022-18875/streamlining-the-medicaid-childrens-health-insurance-program-and-basic-health-program-application>

⁹ Bradley Corallo, et al, *Medicaid Enrollment Churn and Implications for Continuous Coverage Policies*. (KFF, Dec. 14, 2021). Available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>. And see Judith Solomon, *Medicaid: Compliance With Eligibility Requirements. Testimony Before the Senate Finance Subcommittee on Health Care*. (Oct. 30, 2019, Center on Budget and Policy Priorities). Available at <https://www.cbpp.org/research/health/medicaid-compliance-with-eligibility-requirements> (Explaining that “income and household size aren’t static. Children grow up and leave the home. People get

53 **WHEREAS**, another important step to prevent needless churn is taking proactive steps to
54 update address information for and other steps to facilitate communication with enrollees,¹⁰
55 and preventing plan terminations solely based on returned mail;¹¹ and,

56 **WHEREAS**, the gold-standard tool to reduce churn has been 12-month continuous eligibility,
57 which 31 states¹² extend to children in either Medicaid or CHIP, and which Montana and New
58 York also extend to adults under waiver authority,¹³ to eliminate coverage gaps due to
59 fluctuations in income over the course of the year. This approach is cost-effective¹⁴ and
60 works best when states do not conduct periodic data matches between the 12-month
61 renewal windows;¹⁵ and,

62 **WHEREAS**, to proactively enroll children in Medicaid, a few states (Alabama, Colorado, Iowa,
63 Louisiana, Maryland,¹⁶ Massachusetts, South Carolina and South Dakota) have implemented

married and divorced. And income changes over the course of a year are especially prevalent among low-income people. Low-wage jobs are often unstable, with frequent job losses and work hours that can fluctuate from month to month. Many Medicaid enrollees also work seasonal jobs in industries such as retail or tourism. A study looking at participation of working-age adults in the Supplemental Nutrition Assistance Program (SNAP), which has federal income limits close to those of the Medicaid expansion, found that workers earning low wages are frequently in and out of work and on and off SNAP as their earnings fall and rise. A similar study looking at Medicaid showed similar income volatility.”)

¹⁰ Bradley Corallo, et al, *Medicaid Enrollment Churn and Implications for Continuous Coverage Policies*. (KFF, Dec. 14, 2021). Available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>

¹¹ Judith Solomon, *Medicaid: Compliance With Eligibility Requirements. Testimony Before the Senate Finance Subcommittee on Health Care*. (Oct. 30, 2019, Center on Budget and Policy Priorities). Available at <https://www.cbpp.org/research/health/medicaid-compliance-with-eligibility-requirements>

¹² As of September 9, 2021. See CMS. Continuous Eligibility for Medicaid and CHIP Coverage. Available at <https://www.medicaid.gov/medicaid/enrollment-strategies/continuous-eligibility-medicaid-and-chip-coverage/index.html>

¹³ Tricia Brooks, et al. *Medicaid and CHIP Eligibility, Enrollment, and Cost Sharing Policies as of January 2020: Findings from a 50-State Survey*. (KFF, March 26, 2020). Available at <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-cost-sharing-policies-as-of-january-2020-findings-from-a-50-state-survey-enrollment-and-renewal-processes/> See also, Bradley Corallo, et al, *Medicaid Enrollment Churn and Implications for Continuous Coverage Policies*. (KFF, Dec. 14, 2021). Available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>

¹⁴ Judith Solomon, *Medicaid: Compliance With Eligibility Requirements. Testimony Before the Senate Finance Subcommittee on Health Care*. (Oct. 30, 2019, Center on Budget and Policy Priorities). Available at <https://www.cbpp.org/research/health/medicaid-compliance-with-eligibility-requirements> (explaining that “while... some... claim that the federal government is spending large sums on people who are inappropriately enrolled in Medicaid, the reality is that the fiscal impact of these mistakes is often limited. Medicaid expansion enrollees whose incomes rise modestly above 138 percent of the poverty line are generally eligible for subsidized marketplace coverage. And for people with low incomes, the federal cost for subsidized marketplace coverage is similar to (or sometimes greater than) the federal cost for Medicaid.”)

¹⁵ Bradley Corallo, et al, *Medicaid Enrollment Churn and Implications for Continuous Coverage Policies*. (KFF, Dec. 14, 2021). Available at <https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>

¹⁶ See HB0111, adopted April 2023 - Requiring the Maryland Department of Health to establish an Express Lane Eligibility Program by January 1, 2025, to enroll individuals, based on certain eligibility, in the Maryland Medical Assistance Program and the Maryland Children’s Health Program; and requiring the Workgroup on Low-Income

64 Express Lane Eligibility, using income tax records or express lane agencies like SNAP, TANF,
65 WIC, Head Start or the School Lunch Program to automatically enroll and renew eligible
66 children in Medicaid;¹⁷ and,

67 **WHEREAS**, to minimize friction in care as eligibility is determined when a person seeks care
68 or needs proof of care, some states¹⁸ have implemented presumptive eligibility, which
69 authorizes entities like schools, community-based organizations, hospitals and other
70 qualified entities to determine if the individual qualifies for Medicaid and extends temporary
71 coverage until full eligibility is determined;¹⁹ and,

72 **WHEREAS**, but even presumptive eligibility may not benefit those who do not seek care
73 because they are unaware they are potentially eligible, unless it is also folded into a recurring
74 process like filing state income tax returns which could double as an application if the
75 relevant check-box question were included.

76 **THEREFORE, BE IT RESOLVED**, that the National Hispanic Caucus of State Legislators urges
77 states to enact legislation that implements accounting for anticipated income changes and
78 projected annual income when determining Medicaid eligibility; and,

79 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
80 states to enact legislation and/or seek the relevant waivers to implement 12-month
81 continuous eligibility in Medicaid for both children and adults; and,

82 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
83 states to enact legislation to implement express lane eligibility using all available agencies,
84 including income tax records; and,

85 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
86 states to enact legislation to implement presumptive eligibility in Medicaid; and,

87 **BE IT FURTHER RESOLVED**, that the National Hispanic Caucus of State Legislators urges
88 states to enact legislation to include in all state income tax return forms a question that
89 authorizes checking eligibility for Medicaid and automatic enrollment; and,

Utility Assistance to submit a final report to certain committees of the General Assembly by January 1, 2024, of its findings.

¹⁷ CMS. Express Lane Eligibility for Medicaid and CHIP Coverage. Available at <https://www.medicaid.gov/medicaid/enrollment-strategies/express-lane-eligibility-medicaid-and-chip-coverage/index.html>

¹⁸ As of August 31, 2021, states that had implemented presumptive eligibility for Medicaid are California, Colorado, Connecticut, Illinois, Indiana, Kansas, Michigan, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, Ohio, Utah, West Virginia and Wisconsin.

¹⁹ *Presumptive Eligibility*. Medicaid.gov. <https://www.medicaid.gov/medicaid/enrollment-strategies/presumptive-eligibility/index.html> Note that under the Affordable Care Act, all states must offer qualifying hospitals the opportunity to conduct presumptive eligibility determinations. (See CMS. Enrollment Strategies. <https://www.medicaid.gov/medicaid/enrollment-strategies/index.html>)

90 **BE IT FINALLY RESOLVED**, that the National Hispanic Caucus of State Legislators urges
91 states to ensure that their Medicaid websites and online applications are translated into
92 Spanish and into other languages as appropriate.