



Health Insurance Updates: Medicaid Redeterminations, the Public Health Emergency, Medicare Marketing, and More

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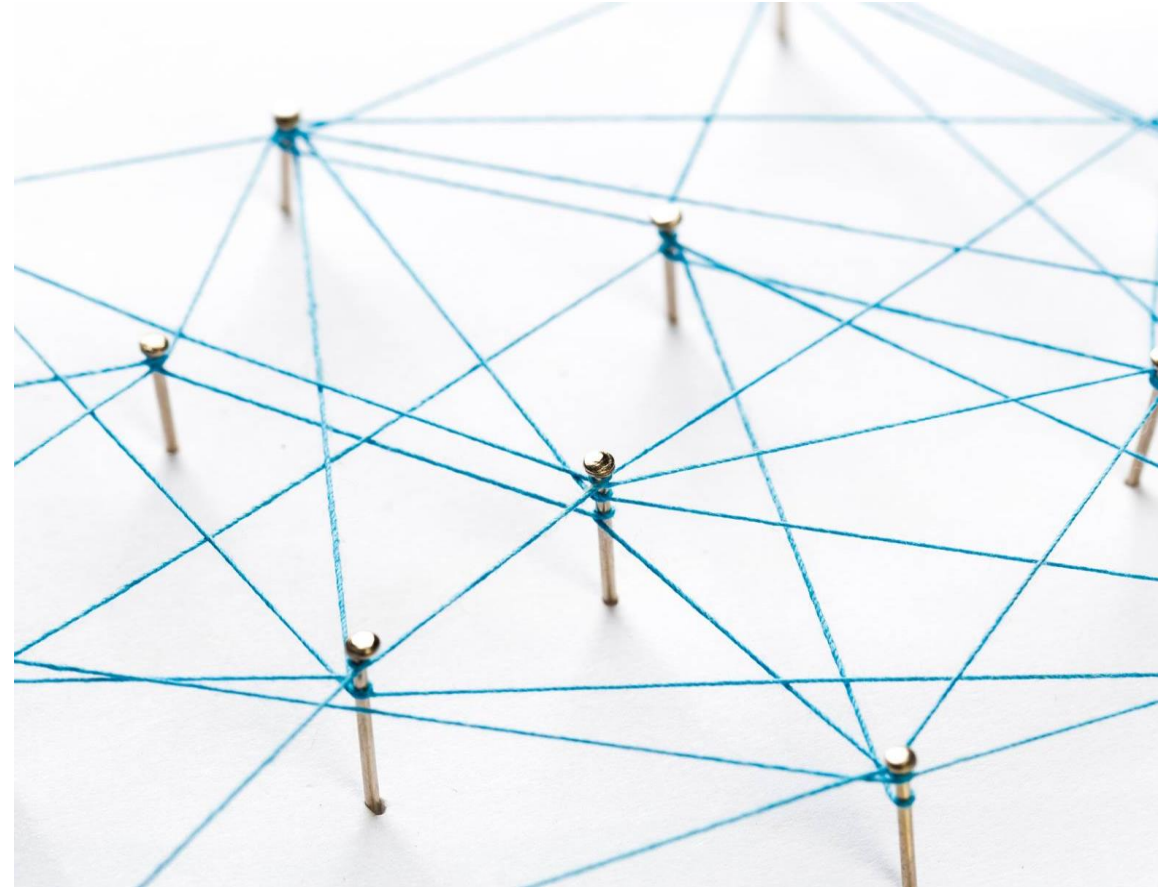
March 27, 2023

NAI  NATIONAL ASSOCIATION OF
INSURANCE COMMISSIONERS



Agenda

- Medicaid Redeterminations
 - How Many/When
 - Special Enrollment Periods
- Public Health Emergency Transition
- Federal Rule Changes
- Medicare Plan Marketing





Resuming Medicaid Redeterminations



- In response to the COVID-19 pandemic:
 - States received greater Medicaid funds
 - States barred from disenrolling individuals from Medicaid
- 20 million more Medicaid enrollees nationwide
- Estimated 450,000 more in Louisiana
- April 1: End of continuous enrollment requirement
 - No longer tied to the end of the COVID-19 Public Health Emergency
 - States have 14 months to complete redeterminations



Redeterminations: How Many?

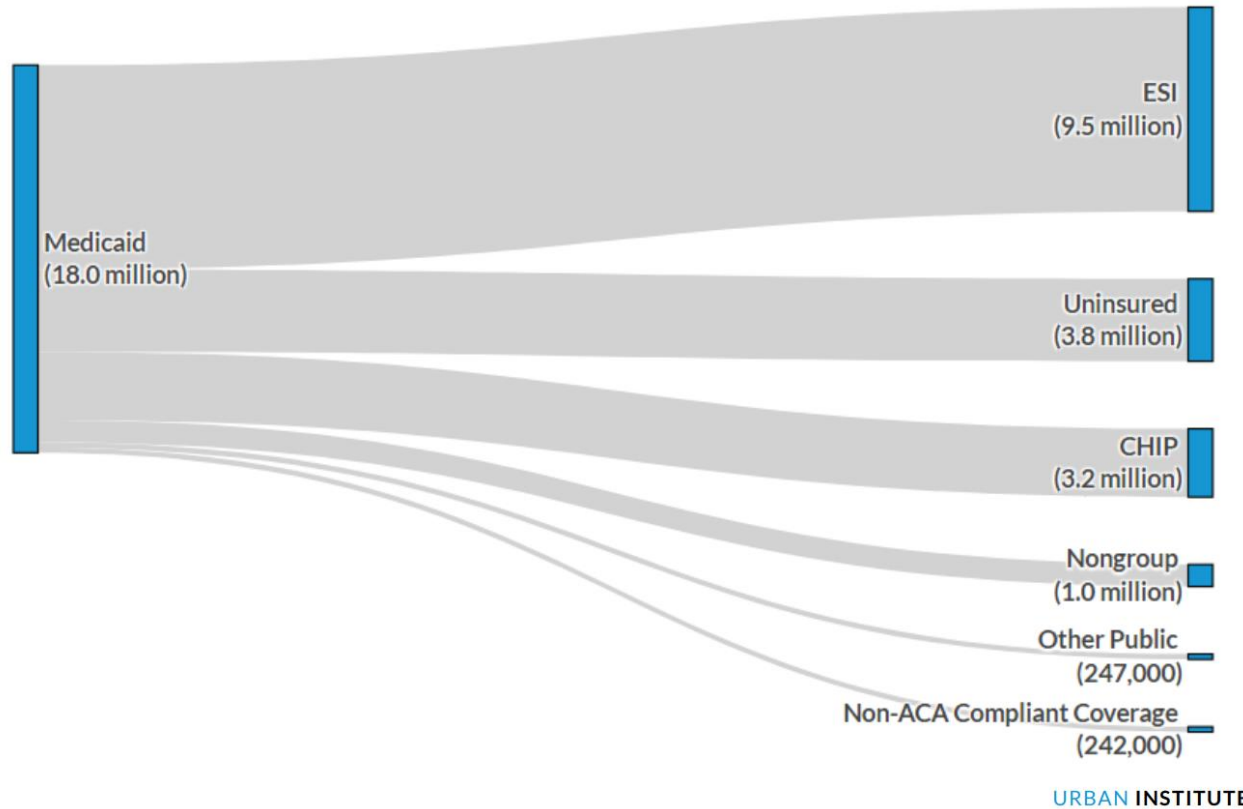
- Of 450,000 new Medicaid enrollees in Louisiana since 2020
 - 47,500 children
 - 57,100 CHIP
 - 256,800 ACA adults
 - 80,300 other adults
 - 8,500 adults based on disability or age

Source: Kaiser Family Foundation, Medicaid Enrollment Growth: Estimates by State and Eligibility Group
<https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-growth-estimates-by-state-and-eligibility-group-show-who-may-be-at-risk-as-continuous-enrollment-ends/>



Medicaid Redeterminations: How Many?

Coverage Transitions of Medicaid Enrollees after the Public Health Emergency Expires



- Most of the 85 million people covered by Medicaid will remain enrolled
- 18 million nationwide are estimated to lose Medicaid coverage

Source: Urban Institute, The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage <https://www.urban.org/research/publication/impact-covid-19-public-health-emergency-expiration-all-types-health-coverage>

Source: Health Insurance Policy Simulation Model.

Notes: ESI = employer-sponsored insurance. CHIP = Children’s Health Insurance Program. ACA = Affordable Care Act.



Redeterminations: How Many?



This project was funded by AHIP

Select State

Louisiana

Estimate of Total Medicaid Coverage Loss during Redetermination (Urban Institute):

303,000

Percentage of total Medicaid and CHIP population (Urban Institute):

16.1%

Proportion individuals in new coverage sources for those losing Medicaid coverage during retermination:

ESI	Uninsured	CHIP	Direct Purchase	Subsidized Marketplace	Unsubsidized Marketplace	IHS	Military based coverage	Medicare	Other means tested coverage
54.3%	21.2%	16.0%	4.4%	1.1%	0.0%	0.0%	1.3%	1.7%	0.0%

Number of individuals in each new coverage source:

164,515	64,330	48,369	13,195	3,358	-	-	4,075	5,159	-
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*Please refer to separate methodology document for more details on data sources and modeling.

For questions on this tool, please contact: Sarah Rayel at NORC - rayel-sarah@norc.org

Source: NORC, Coverage Transition Modeling Dashboard <https://ahiporg-production.s3.amazonaws.com/documents/Coverage-Transition-Modeling-Dashboard.xlsx>



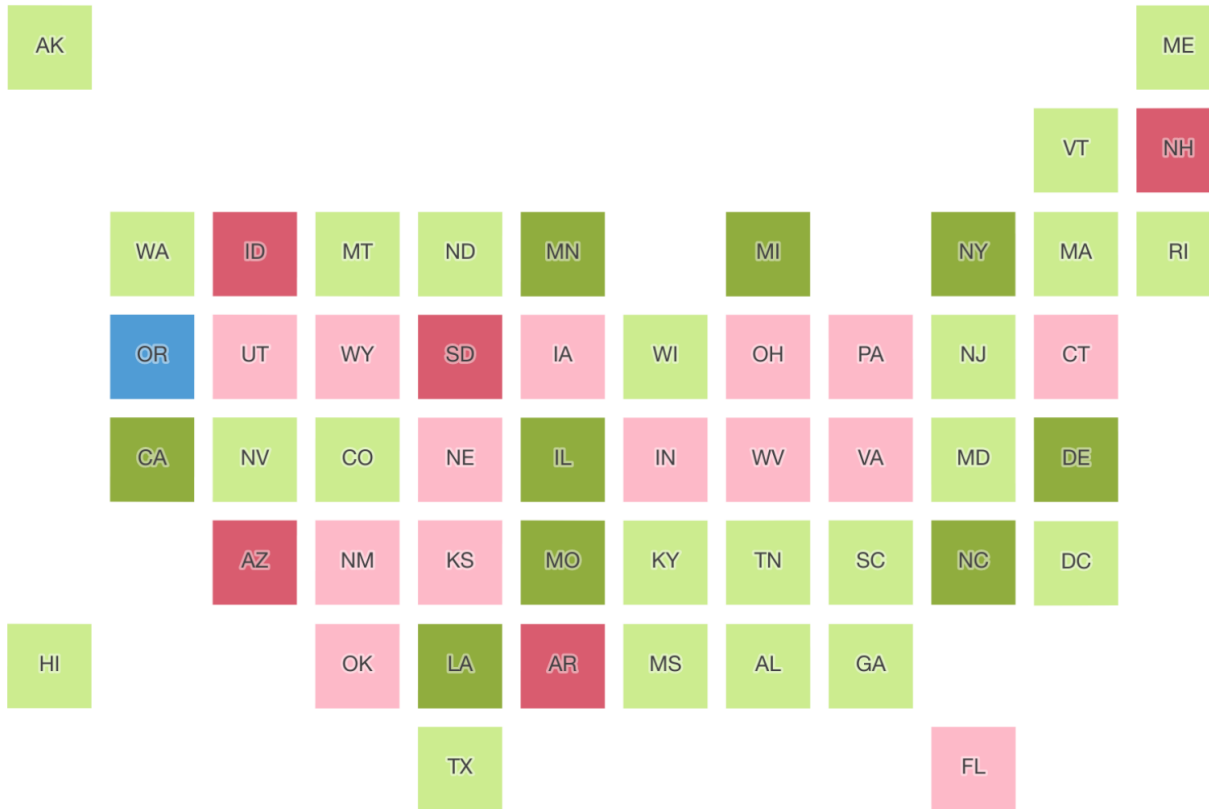
Medicaid Redeterminations

- Could there be more individual market enrollees than estimated?
- NORC estimates based on what happened to those who left Medicaid from 2016-2019
- Now:
 - Enhanced ACA subsidies available -
> More people eligible for \$0 premium plans
 - Enhanced Special Enrollment Periods
 - Enhanced efforts to contact and guide enrollees





April (5 states) May (14 states) June (22 states) July (9 states) October (1 state)



Medicaid Redeterminations

- First disenrollments for procedural reasons
- Louisiana: July 2023

Source: Centers for Medicare & Medicaid Services, "Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals As of February 24, 2023."



Source: Georgetown University Center for Children and Families, <https://ccf.georgetown.edu/2023/03/08/cms-releases-anticipated-2023-state-level-timelines-for-initiating-unwinding-related-renewals/>

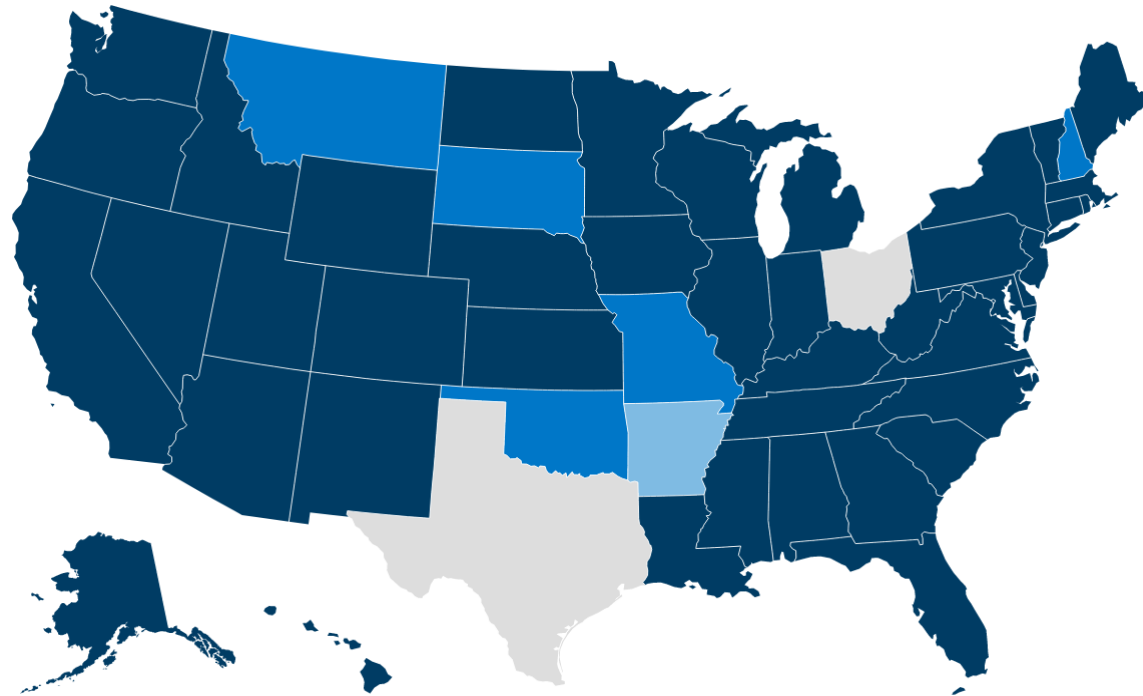
Figure 1

State Approaches to the Unwinding: Estimated Time to Complete All Renewals, January 2023

Month in Which State Will Initiate Renewals Estimated Time to Complete All Renewals

Flagging Enrollees Who May No Longer Be Eligible Strategy for Prioritizing Renewals

12-14 Months (43 States) 9-up to 12 Months (5 States) <9 Months (1 State)



NOTE: Ohio and Texas did not report.

SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2023.



Medicaid Redeterminations

- Time to complete all renewals
- Louisiana: 12-14 months

Source: Kaiser Family Foundation, Medicaid and CHIP Eligibility, Enrollment, and Renewal Policies as States Prepare for the Unwinding of the Pandemic-Era Continuous Enrollment Provision, <https://www.kff.org/report-section/medicaid-and-chip-eligibility-enrollment-and-renewal-policies-as-states-prepare-for-the-unwinding-of-the-pandemic-era-continuous-enrollment-provision-report/>



Special Enrollment Periods

- Loss of coverage SEP
 - Available 60 days before coverage loss
 - Proposed to extend to 90 days after coverage loss
- Low income SEP
 - For consumers with income below 150% of FPL
- Unwinding SEP
 - Available 3/31/23 - 7/21/24 for those who lose Medicaid or CHIP
 - 60 days after application





End of Public Health Emergency

- Expected May 11
- Vaccines & Boosters
 - Doses purchased by the federal government will still be free
 - Insurers still may not charge cost sharing for administration of government-purchased doses
 - When gov't supply runs out, insurers will have to start paying for commercial doses
 - Still no cost sharing **in-network** under preventive service coverage
- Telehealth
 - Guidance expected on HIPAA privacy and security rules for patient-provider communication methods
 - Currently, not enforcing which allows telephone and non-secure video links
 - Proposed rule continues allowing prescription of controlled substances without in-person visit
 - Medicare telehealth flexibilities extended through end of 2024



Proposed Marketplace Rule Changes



- Proposed in CMS 2024 Notice of Benefit and Payment Parameters (NBPP), not yet finalized
- No more than 2 non-standardized plans per network type and metal level
- Reenrollment into silver plan if more affordable (same issuer and product, if available)
- Producers must document consent from consumers
- Navigators, Non-Navigator Assistance Personnels, and Certified Application Counselors may facilitate application in first unsolicited contact



Looking Ahead to More Rule Changes

- Proposed
 - Electronic Prior Authorization
- Requests for Information
 - Essential Health Benefits process
 - National Provider Database
- On the agenda
 - Short-term, limited duration plans
 - Mental Health Parity





Medicare Plan Marketing

- Focus of NAIC and its Improper Marketing of Health Insurance Working Group this year
- US Senate Finance Committee investigation on Medicare Advantage marketing
- NAIC recommends greater state authority over Medicare Advantage plans
- Senator Warren report on incentives in Medicare Supplement sales



Questions

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