

Preparing for Important Medicaid Changes After the Public Health Emergency

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In 2020, Congress passed a law that helps keep people covered by Medicaid health insurance during the COVID-19 pandemic. This law has meant that states have been generally required to keep most people enrolled in Medicaid coverage regardless of changes, such as increased income, during the federal COVID-19 public health emergency (PHE). When the PHE ends, many Medicaid enrollees will have their eligibility reviewed and may lose their health care coverage. **This will impact tens of thousands of Nebraskans.** While it is not clear at this time when the PHE will end, it is vital for the state, Managed Care Organizations (MCOs), community members, and advocates to prepare now for the end of the PHE. The Nebraska Department of Health and Human Services (DHHS) can take several key steps now, based on current federal guidance and what DHHS has shared about their plans so far, to ensure that the process works as smoothly as possible when the PHE ends.

1. Develop a comprehensive plan for the end of the public health emergency, share the plan publicly, and engage stakeholders to share feedback on the plan before it is finalized.

Enrollees, providers, MCOs, advocates, and other stakeholders need to understand and prepare for these changes. These groups can provide crucial insight and assistance in developing and implementing the plan. Public transparency should continue throughout the entire unwinding process, where notices, procedures, specific agency contacts, and real-time data are made accessible to the general public.

2. Prioritize robust outreach and provide clear communications to enrollees throughout the entire process using multiple methods to reach enrollees in multiple languages.

DHHS should develop a communications plan that includes multiple methods of directly contacting enrollees, which should include mailed letters, telephone calls, emails, and text messages. DHHS should also conduct public-facing informational campaigns utilizing social media and other traditional media platforms to engage enrollees, providers, community groups, and advocates. Nebraska should directly communicate with enrollees immediately to plainly explain the plan, encourage enrollees to update their addresses, and provide other information about what to expect in this process. DHHS should prioritize ongoing communications to support continuation of coverage for enrollees that remain eligible and transition ineligible Nebraskans to other coverage.

3. Leverage MCOs to engage with enrollees.

MCOs can play a unique role in this process by efficiently communicating with enrollees and updating enrollee contact information. The state should use appropriate contact information from the MCOs, including mailing addresses, telephone numbers, and email addresses as efficiently as possible. To the extent possible, DHHS should share renewal files with MCOs so that MCOs can conduct outreach, support enrollees in completing the renewal process, and facilitate necessary transitions in coverage.



4. Strengthen and streamline Medicaid processes.

DHHS can leverage temporary flexibilities during the PHE unwinding process to decrease burdens and promote continuity of coverage. DHHS can also use this unique opportunity to streamline Medicaid eligibility processes to make permanent changes to Medicaid that can improve enrollee experiences and administrative efficiencies, such as expanding the use of “ex parte” renewals and adopting continuous eligibility and coverage state plan options.

5. Begin initiating unwinding related eligibility actions after the PHE ends and distribute the initiation of the unwinding related eligibility actions across the full 12 month period.

DHHS should not begin unwinding related eligibility actions until after the end of the PHE and should distribute the initiations of necessary unwinding related eligibility actions across the full 12 months available. Maximizing the time available to initiate unwinding related eligibility actions will allow DHHS to carefully review cases and will help reestablish a sustainable renewal schedule.

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