

# Stop insurance coverage losses when public health emergency ends

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There are steps that states can take to streamline enrollment and eligibility, help facilitate coverage transitions, and invest in outreach and enrollment assistance to prevent coverage losses once the COVID-19 public health emergency (PHE) expires.

Federal and state entities should monitor these policies to ensure successful enrollment and retention, and transitions for those no longer eligible for Medicaid to other quality affordable coverage, according to a report whose recommendations were adopted at the 2022 AMA Annual Meeting.

State Medicaid programs have experienced two years of enrollment growth under the PHE, according to the AMA Council on Medical Service report. Armed with a temporary boost to federal matching funds, states had to guarantee continuous coverage to Medicaid and Children's Health Insurance Program (CHIP) enrollees. This resulted in a more than 20% rise in people enrolled, temporarily halting program "churn."

But once the PHE ends, so does the continuous enrollment requirement. States will have to redetermine eligibility for enrollees, ideally either retaining them in Medicaid, if they remain eligible, or helping transition those no longer eligible to other affordable coverage, such as through Affordable Care Act marketplaces.

"The mass of impending eligibility redeterminations will be operationally challenging for states and may put significant numbers of Medicaid/CHIP enrollees at risk of losing coverage and becoming uninsured," says the report.

To reduce or avoid these scenarios, the AMA House of Delegates adopted policy encouraging states to facilitate transitions, including automatic transitions, from health insurance coverage for which an individual is no longer eligible to alternate health insurance coverage for which the individual is eligible.

According to the newly adopted policy, such auto-transitions should meet the following standards:

- Individuals must provide consent to the applicable state or federal entities to share information with the entity authorized to make coverage determinations.
- Individuals should only be auto-transitioned in health insurance coverage if they are eligible for coverage options that would be of no cost to them after the application of any subsidies.
- Individuals should have the opportunity to opt out of health insurance coverage into which they are auto-transitioned.
- Individuals should not be penalized if they are auto-transitioned into coverage for which they are not eligible.
- Individuals eligible for zero-premium marketplace coverage should be randomly assigned among the zero-premium plans with the highest actuarial values.
- Targeted outreach and streamlined enrollment mechanisms promoting health insurance enrollment, which could include raising awareness of the availability of premium tax credits and cost-sharing reductions, and special enrollment periods.
- Auto-transitions should preserve existing medical home and patient-physician relationships whenever possible.
- Individuals auto-transitioned into a plan that does not include their physicians in-network should be able to receive transitional continuity of care from those physicians, consistent with Policy H-285.952.

Delegates also adopted policy to support:

- Coordination between state agencies overseeing Medicaid, Affordable Care Act marketplaces, and workforce agencies that will help facilitate health insurance coverage transitions and maximize coverage.
- Federal and state monitoring of Medicaid retention and disenrollment, successful transitions to quality affordable coverage, and uninsured rates.

“These policies are part of a longstanding AMA goal to expand access to and choice of affordable, quality health insurance coverage,” said AMA Trustee Willie Underwood III, MD, MSc, MPH. “We are concerned that once the public health emergency ends, state eligibility redeterminations will result in more patients becoming uninsured. We hope that states will employ strategies to help Medicaid-eligible patients keep their coverage and transition those no longer eligible into other affordable health plans.”

Read about the other highlights from the 2022 AMA Annual Meeting.