6 smart steps to keep people covered when PHE’s declared over

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The waiving of outdated telehealth regulations and granting of other flexibilities allowed the use of the technology to flourish and has been a successful government response to the COVID-19 pandemic. Similarly, policies that helped people maintain continuous Medicaid coverage have improved patients’ access to care.

And just as the policies that powered the telehealth surge, those that kept the government health insurance safety net secure are also set to expire when the COVID-19 public health emergency (PHE) is declared over.

An AMA issue brief, “Preventing Coverage Losses as the PHE Unwinds” (PDF), outlines what coverage-continuation policies are expected to be terminated at the end of the PHE and recommends how to maintain current levels of health insurance coverage.

During the PHE, states have been required to maintain continuous coverage by Medicaid and the Children’s Health Insurance Program (CHIP) as a condition of receiving a temporary 6.2-percentage-point increase in federal matching funds.

Although this policy helped prevent rising rates of the uninsured that could have been expected during a pandemic, it has also led to enrollment growth of nearly 25% between February 2020 and May 2022, according to the issue brief.

The PHE, first declared in January 2020, must be extended every 90 days and the latest extension is good through Jan. 11, 2023. The Biden administration told the nation’s governors that it will give at least 60 days’ notice before it plans to end the PHE, so there’s likely to be at least one more extension since no notice has been given. In addition, the Consolidated Appropriations Act of 2022 extends certain elements of the PHE another 151 days after the extensions cease.

URL: https://www.ama-assn.org/delivering-care/patient-support-advocacy/6-smart-steps-keep-people-covered-when-phe-s-declared-over
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Potentially, millions of Americans could lose Medicaid coverage in the months after the PHE ends. States will also be faced with the operational challenge of redetermining eligibility of enrollees under their jurisdiction without the enhanced federal matching funds which will end after the quarter in which the PHE expires.

What could happen when PHE ends

While it’s expected that many who will no longer be eligible for Medicaid will be eligible for either a subsidized Affordable Care Act marketplace plan or to employer-sponsored coverage, there could be difficulties in navigating these coverage transitions, the issue brief says.

Eligibility redeterminations carried out as the PHE unwinds will significantly affect people from historically marginalized racial and ethnic groups, who make up more than half of Medicaid enrollees and who have also most sharply experienced the pandemic’s negative economic effects. Also placed at risk are people with disabilities, for whom Medicaid can at times be the difference between living independently and in a facility.

Visit AMA Advocacy in Action to find out what’s at stake in covering the uninsured and other advocacy priorities the AMA is actively working on.

6 steps to make sure coverage continues

The AMA brief outlines six strategies that states can follow to prepare for the end of the PHE.

Among other things, states should:

- Streamline Medicaid and CHIP enrollment, redetermination and renewal processes, and maximize use of ex parte renewals that use electronic data sources to verify ongoing eligibility.
- Invest in outreach and enrollment assistance and communicate effectively with Medicaid and CHIP enrollees so they are aware of upcoming redeterminations and actions they must take to retain coverage.
- Adopt 12-month continuous eligibility policies, which reduce the churn that occurs when people lose coverage and then reenroll in that coverage within a short period of time.
- Pursue auto-enrollment in Medicaid, CHIP and marketplace plans that meet certain standards as a means of expanding health insurance coverage.
- Facilitate coverage transitions, including automatic transitions that meet certain standards, from health insurance coverage for which an individual is no longer eligible to affordable coverage.

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health insurance coverage for which an individual is eligible. Track and make available key enrollment data as the PHE unwinds to ensure appropriate monitoring and oversight of Medicaid and CHIP retention and disenrollment, successful transitions to new coverage, and numbers and rates of uninsured.

The brief also outlines the standards that automatic coverage transitions should meet, in particular with regard to maintaining patients’ connections with their existing medical homes and physician relationships, in line with policy adopted at the 2022 AMA Annual Meeting.

Learn more about AMA efforts to stop Medicaid coverage losses when the public health emergency ends.