

As Medicaid purge begins, 'staggering numbers' of Americans lose coverage

June 5 2023, by Hannah Recht



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More than 600,000 Americans have lost Medicaid coverage since pandemic protections ended on April 1. And a KFF Health News analysis of state data shows the vast majority were removed from state

rolls for not completing paperwork.

Under normal circumstances, states review their Medicaid enrollment lists regularly to ensure every recipient qualifies for coverage. But because of a nationwide pause in those reviews during the pandemic, the [health insurance program](#) for [low-income](#) and disabled Americans kept people covered even if they no longer qualified.

Now, in what's known as the Medicaid unwinding, states are combing through rolls and deciding who stays and who goes. People who are no longer eligible or don't complete paperwork in time will be dropped.

The overwhelming majority of people who have lost coverage in most states were dropped because of technicalities, not because state officials determined they no longer meet Medicaid income limits. Four out of every five people dropped so far either never returned the paperwork or omitted required documents, according to a KFF Health News analysis of data from 11 states that provided details on recent cancelations. Now, lawmakers and advocates are expressing alarm over the volume of people losing coverage and, in some states, calling to pause the process.

KFF Health News sought data from the 19 states that started cancelations by May 1. Based on records from 14 states that provided detailed numbers, either in response to a public records request or by posting online, 36% of people whose eligibility was reviewed have been disenrolled.

In Indiana, 53,000 residents lost coverage in the first month of the unwinding, 89% for procedural reasons like not returning renewal forms. State Rep. Ed Clere, a Republican, expressed dismay at those "staggering numbers" in a May 24 Medicaid advisory group meeting, repeatedly questioning state officials about forms mailed to out-of-date addresses and urging them to give people more than two weeks' notice before

canceling their coverage.

Clere warned that the cancelations set in motion an avoidable revolving door. Some people dropped from Medicaid will have to forgo filling prescriptions and cancel doctor visits because they can't afford care. Months down the line, after untreated chronic illnesses spiral out of control, they'll end up in the emergency room where social workers will need to again help them join the program, he said.

Before the unwinding, more than 1 in 4 Americans—93 million—were covered by Medicaid or CHIP, the Children's Health Insurance Program, according to KFF Health News' analysis of the latest enrollment data . Half of all kids are covered by the programs.

About 15 million people will be dropped over the next year as states review participants' eligibility in monthly tranches.

Most people will find health coverage through [new jobs](#) or qualify for subsidized plans through the Affordable Care Act. But millions of others, including many children, will become uninsured and unable to afford basic prescriptions or preventive care. The uninsured rate among those under 65 is projected to rise from a historical low of 8.3% today to 9.3% next year, according to the Congressional Budget Office.

Because each state is handling the unwinding differently, the share of enrollees dropped in the first weeks varies widely.

Several states are first reviewing people officials believe are no longer eligible or who haven't recently used their insurance. High cancellation rates in those states should level out as the agencies move on to people who likely still qualify.

In Utah, nearly 56% of people included in early reviews were dropped.

In New Hampshire, 44% received cancelation letters within the first two months—almost all for procedural reasons, like not returning paperwork.

But New Hampshire officials found that thousands of people who didn't fill out the forms indeed earn too much to qualify, according to Henry Lipman, the state's Medicaid director. They would have been denied anyway. Even so, more people than he expected are not returning renewal forms. "That tells us that we need to change up our strategy," said Lipman.

In other states, like Virginia and Nebraska, which aren't prioritizing renewals by likely eligibility, about 90% have been renewed.

Because of the three-year pause in renewals, many people on Medicaid have never been through the process or aren't aware they may need to fill out long verification forms, as a recent KFF poll found. Some people moved and didn't update their contact information.

And while agencies are required to assist enrollees who don't speak English well, many are sending the forms in only a few common languages.

Tens of thousands of children are losing coverage, as researchers have warned, even though some may still qualify for Medicaid or CHIP. In its first month of reviews, South Dakota ended coverage for 10% of all Medicaid and CHIP enrollees in the state. More than half of them were children. In Arkansas, about 40% were kids.

Many parents don't know that limits on household income are significantly higher for children than adults. Parents should fill out renewal forms even if they don't qualify themselves, said Joan Alker, executive director of the Georgetown University Center for Children and Families.

New Hampshire has moved most families with children to the end of the review process. Lipman, the state's Medicaid director, said his biggest worry is that a child will end up uninsured. Florida also planned to push kids with serious health conditions and other vulnerable groups to the end of the review line.

But according to Miriam Harmatz, advocacy director and founder of the Florida Health Justice Project, [state officials](#) sent cancellation letters to several clients with disabled children who probably still qualify. She's helping those families appeal.

Nearly 250,000 Floridians reviewed in the first month of the unwinding lost coverage, 82% of them for reasons like incomplete paperwork, the state reported to [federal authorities](#). House Democrats from the state petitioned Republican Gov. Ron DeSantis to pause the unwinding.

Advocacy coalitions in both Florida and Arkansas also have called for investigations into the review process and a pause on cancellations.

The state is contacting enrollees by phone, email, and text, and continues to process late applications, said Tori Cuddy, a spokesperson for the Florida Department of Children and Families. Cuddy did not respond to questions about issues raised in the petitions.

Federal officials are investigating those complaints and any other problems that emerge, said Dan Tsai, director of the Center for Medicaid & CHIP Services. "If we find that the rules are not being followed, we will take action."

His agency has directed states to automatically reenroll residents using data from other government programs like unemployment and food assistance when possible. Anyone who can't be approved through that process must act quickly.

"For the past three years, people have been told to ignore the mail around this, that the renewal was not going to lead to a termination." Suddenly that mail matters, he said.

Federal law requires states to tell people why they're losing Medicaid coverage and how to appeal the decision.

Harmatz said some cancelation notices in Florida are vague and could violate due process rules. Letters that she's seen say "your Medicaid for this period is ending" rather than providing a specific reason for disenrollment, like having too high an income or incomplete paperwork.

If a person requests a hearing before their cancelation takes effect, they can stay covered during the appeals process. Even after being disenrolled, many still have a 90-day window to restore coverage.

In New Hampshire, 13% of people deemed ineligible in the first month have asked for extra time to provide the necessary records. "If you're eligible for Medicaid, we don't want you to lose it," said Lipman.

Clere, the Indiana state representative, pushed his state's Medicaid officials during the May meeting to immediately make changes to avoid people unnecessarily becoming uninsured. One official responded that they'll learn and improve over time.

"I'm just concerned that we're going to be 'learning' as a result of people losing coverage," Clere replied. "So I don't want to learn at their expense."

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Citation: As Medicaid purge begins, 'staggering numbers' of Americans lose coverage (2023,

June 5) retrieved 21 June 2024 from <https://medicalxpress.com/news/2023-06-medicaid-purge-staggering-americans-coverage.html>

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