

# Keeping Eligible Children Enrolled in Medicaid and CHIP: *Providers and Health Plans Working Together During Unwinding*

**More than  
42 million**  
children faced  
redeterminations  
during the unwinding  
process

(March 2023 Medicaid/CHIP  
enrollment)

We know that access to health insurance and **health coverage is going to be absolutely essential** and helps children to grow and develop in all different ways, physically, mentally, emotionally, socially, intellectually.

It's **beneficial to everybody to have as many children enrolled in Medicaid [as] are eligible.**

- Kansas AAP Chapter

## **Background**

The COVID-19 public health emergency (PHE) and Medicaid unwinding resulted in the **largest shift in health insurance coverage** in the US in over a decade. This process presented a risk to children of losing coverage. Stakeholders across the healthcare system, including health plans, providers, and advocates have worked to maintain Medicaid coverage for eligible children and their families throughout the redetermination process.

Medicaid is an important source of coverage for children, with over half of children in the US (**42 million**) enrolled in Medicaid and CHIP as of March 2023. Medicaid covers vulnerable children, including:

- **More than 75%** of children living in poverty,
- **Most children in foster care**, and
- **Almost half** of children with special health care needs.

Starting in April 2023, states began to unwind the continuous enrollment related to the COVID-19 PHE and conduct redeterminations of Medicaid eligibility for all enrollees.

The **redeterminations process provided an opportunity for plans and providers to collaborate with a shared goal** of maintaining continuity of coverage for all eligible children. Continuity of coverage for children enables consistent access to care, ongoing care management and support, and the ability to continue to see trusted providers.

Drawing on interviews with Medicaid health plan representatives and American Academy of Pediatrics (AAP) staff and state chapter leaders, this resource **highlights collaborative strategies that providers and health plans engaged in to maintain children's coverage** during unwinding. We highlight both best practices plans and providers engaged in and barriers they faced. Although we focus on pediatric providers and children's coverage, many of these strategies may be relevant across Medicaid populations, including for adults. As eligibility renewals will continue to be an annual occurrence for children in most state programs, these strategies may continue to provide value to keeping kids enrolled in coverage.

# Key Strategies



## Co-developing of outreach materials to ensure consistent messaging from providers and plans

Due to the complexity of the Medicaid redetermination process and varied approaches across states, many beneficiaries were confused about how to navigate renewals. In addition, some providers are not familiar with the details of Medicaid enrollment, making it challenging for them to answer questions from their patients about coverage.

“I would frequently talk to pediatricians, and I would say ‘the unwinding’ and people would be like, **“What is that, a horror movie?”**”  
 - Kansas AAP chapter leader

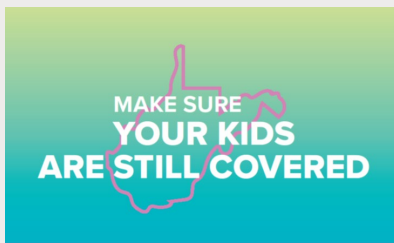
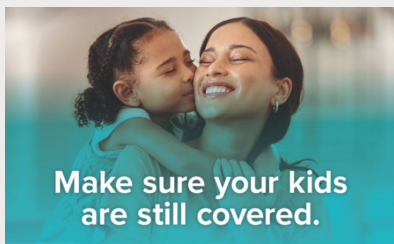
Health plans, who have more experience with eligibility rules, were able to work with providers to create materials to help patients, for example:

- **Ohio’s AAP** chapter developed unified member outreach materials and messaging with the **Ohio Association of Health Plans (OAHP)**.
- In **West Virginia**, providers and plans jointly engaged with a PR firm to develop pamphlets for physician offices and pharmacies to distribute across the state.



## Coordinating to update addresses so members received notices about renewals

Many Medicaid members move frequently, causing state eligibility notices and plan reminders to go to addresses where members no longer live. Providers often have more up-to-date addresses for individuals than plans or the state. In **Kansas**, the state Medicaid agency received a federal 1902(e)(14)(A) waiver that allowed them to accept updated beneficiary contact information from plans. **Aetna Better Health of Kansas** collaborated with providers, requesting providers share updated addresses. Once CVS had confirmed the updated member address directly, they would then submit a form with this information to the Kansas Medicaid agency, which allowed Aetna Better Health of Kansas and the state to use the updated address. This coordination helped ensure communications from all stakeholders were going to the correct location, facilitating renewal for children and families.



Graphics from *Connecting Kids to Coverage WV*, an initiative of the West Virginia Chapter of AAP

## Key Strategies, cont'd.



### Sharing renewal data with providers to facilitate targeted member outreach

In addition to communication from plans and states, providers can directly communicate with children and their families about Medicaid redeterminations and support them with renewal of their coverage. During the redetermination process, plans shared data with providers on Medicaid renewal dates for providers' patient panels:

- **CVS Aetna Better Health of Kansas** shared that because of this data sharing, providers were able to text members within 30–45 days of renewal to remind them of their Medicaid renewal, as well as and talk to these patients when they came into the office.

However, limitations in provider resources, such as inability to process plan data and limited workforce capacity, meant that some providers, especially in smaller practices, could not make full use of this data. State processes also created barriers to providers accessing this data, for example:

- In **New York**, about 20% of members are required to hand in forms on paper and the data for these members is in a separate system.



### Leveraging health plan care coordinators to engage with providers

Addressing both the need for consistent communication and the opportunity to reach members through providers, care coordinators at **CareSource of Arkansas** were able to work with providers throughout the redeterminations process to help eligible members maintain their coverage. Care coordinators conducted outreach to their member's providers, including behavioral health and home and community-based services (HCBS) providers, to ensure that they knew which of their patients were at risk of losing their Medicaid coverage. This helped providers know which of their patients to focus their outreach efforts on and who to direct them to for help. **CareSource** care coordinators would then work directly alongside members, virtually or in person, to help them navigate the Medicaid redetermination process.

Our care coordinators interact almost on a **daily basis**, not only with our members, but **with the providers**.  
-CareSource of Arkansas

## Key Strategies, cont'd.



### Partnering on member outreach events to provide trusted information and assistance

Providers, plans, and community organizations all ran member outreach events throughout the redeterminations period to help inform families about Medicaid redeterminations and assist them with enrollment where possible. Providers and plans shared the benefits of partnering on these events to reach more people, provide consistent messaging, and ensure people knew where to find assistance, for example:

- **Fidelis Care in New York** organized outreach events across the state focused on keeping children enrolled, including events in partnership with public schools and with pediatric practices.
- **Kansas AAP** organized community outreach events focused on children’s coverage in partnership with plans. Although plans were able to help members assist with enrollment on-site, other types of assistors at the events, such as navigators or assisters faced barriers in assisting members. In Kansas, members had to first request an online account with the state, which could take three days to a week to get approved. Navigators and Enrollment Assisters were not able to assist with this process, meaning that unless members already had an account setup, which many did not, they were unable to re-enroll during these events.



### Leveraging strong relationships for collaboration and communication during the redetermination period

Many plans and providers interviewed had not worked together outside of the context of provider contracts prior to the redetermination process. This caused challenges during redeterminations, as many plans and providers did not have existing communication channels or histories of collaboration. However, in **Ohio**, the AAP chapter and the **Ohio Association of Health Plans (OAHP)** had an existing relationship in place that allowed them to easily coordinate on redeterminations. The **Ohio AAP chapter** spoke regularly about Medicaid redeterminations with their *Pediatric Care Council*, which includes pediatricians, medical directors from Medicaid managed care plans, and commercial insurance companies. Ohio AAP collaborates closely with the OAHP on not just the content, but the timing of these meetings, ensuring they’re most convenient for plans and providers.

We had a relationship already in place [with plans] prior to redeterminations. We are super coordinated [with the plans], and it’s critical in Ohio. We have **an ongoing relationship**, it’s **not only if there is a problem** and we need to talk.  
 - Ohio AAP Chapter

## Recommendations

Based on the strategies highlighted, NORC recommends that plans and providers continue and expand existing collaborations while addressing identified barriers:



**Plans and providers should continue to co-develop member outreach materials to ensure consistent messaging.** Plans have the knowledge and resources to support members in navigating their Medicaid coverage, while providers have a unique trust and opportunity to share important messaging. Co-development of messaging ensures consistency, reduces confusion, and helps support members in accessing continued coverage.



**Coordinate to ensure all stakeholders have updated addresses and contact information for patients.** Plans and providers should make full use of federal and state policies to ensure that all parties have the most up-to-date address for members, ensuring effective communication and supporting member awareness of upcoming renewal.



**Plans should continue to share timely and actionable data with providers to facilitate targeted member outreach about upcoming Medicaid renewals.** Where possible, providers and plans should collaborate to build provider capacity to make best use of these data in smaller and less-resourced practices. For example, providers that were able to accept 834 data into their electronic medical record systems were more readily able to use data from plans to conduct automated outreach to members than those that weren't.



**Ensure ongoing communication between providers and plans around specific member needs.** Plans should utilize care coordinators and/or other dedicated staff to ensure ongoing communication with providers around individual members.



**Plans and providers should continue to partner on member outreach events.** Partnering on outreach events takes advantage of the unique relationships and knowledge of both plans and providers to support member coverage.



**Plans and providers should proactively build relationships and communication channels.** Beyond the unwinding period, there are opportunities for plans and providers to continue to collaborate on ensuring continuity of care for children. Proactively building these relationships allows for better ongoing support, more effective use of collaborative strategies, and more efficient problem solving when issues arise.

## Methods

Starting in 2023, AHIP, which represents plans, provided grant funding to American Academy of Pediatrics (AAP) chapters in 13 states to support outreach and coordination to help maintain Medicaid coverage for eligible children.

From May-July 2024, NORC interviewed representatives from three managed care plans, one state trade organization representing managed care plans, three American Academy of Pediatric (AAP) state chapters who received AHIP funding, and the AAP national team to inform these case studies. Interviewees represent perspectives from five states, Arkansas, Kansas, New York, Ohio, and West Virginia.