



## FOR IMMEDIATE RELEASE

### Contact:

Greg Turner, Ball Consulting Group, LLC

Phone: 617-243-9950; Email: [greg@ballcg.com](mailto:greg@ballcg.com)

# BCBSMA Foundation Report Warns of Coverage Losses After Federal Lifting of COVID-19 Public Health Emergency

**BOSTON (April 28, 2022)** – The [Blue Cross Blue Shield of Massachusetts Foundation](#) released a [report](#) today outlining key strategies for maintaining Medicaid coverage when the federal government ends the COVID-19 public health emergency, a regulatory transition that will put many eligible individuals at risk of becoming uninsured.

States received enhanced Medicaid funding through the Families First Coronavirus Response Act, the first federal stimulus package passed by Congress in 2020 as the pandemic emerged. As a condition of the increased funding, states agreed to maintain continuous coverage for Medicaid members – even if circumstances affected their eligibility – for the duration of the COVID-19 public health emergency.

With the pandemic now abating, the COVID-19 public health emergency is slated to end in July. At that point, Massachusetts’s Medicaid program, MassHealth, will resume updating members’ eligibility through its usual redetermination process. There are concerns that some members’ eligibility will not be verifiable while others may become newly eligible for Health Connector coverage but not successfully enroll. The risk of coverage loss is especially acute for individuals who are homeless or have unstable housing, and others who have experienced changes in their employment, income and housing during the pandemic – social factors experienced disproportionately by people of color.

“We see potential for coverage loss that would only worsen the health inequities that became painfully apparent during the pandemic,” said Audrey Shelto, President and CEO of the Blue Cross Blue Shield of Massachusetts Foundation. “Massachusetts has laid out a strong plan to minimize the risk of coverage loss during this transition; we encourage Massachusetts and other states to use every tool at their disposal to ensure that individuals who remain eligible for Medicaid stay covered and maintain access to needed health care.”

The Foundation’s report notes that redeterminations have always been a source of coverage loss for some Medicaid members nationally, including here in Massachusetts, in part because of administrative challenges in contacting individuals or ensuring they receive their paperwork. Prior to the public health emergency, an estimated 1 in 10 Medicaid members nationally experienced coverage gaps – often called “churn” – that limited their access to preventive and primary care.



MassHealth has already taken steps to increase outreach to members and work with community-based organizations and Medicaid managed care plans to underscore the importance of updating eligibility information and expediting data requests related to redeterminations.

The report recommends additional steps that MassHealth should consider to help maintain coverage for eligible individuals, including:

- Processing pending redeterminations over a 12-month “unwinding” period permitted by the federal government, to spread out the workload and provide extra time to reach members.
- Proactively addressing returned mail by increasing efforts to get updated contact information, before coverage is terminated.
- Implementing a text messaging strategy to send reminders to members to respond to information requests. Similar to many other states, MassHealth is working toward, but has not yet implemented, a text messaging strategy.
- Issuing clear guidance to Medicaid managed care plans and Accountable Care Organizations (ACOs) to set expectations for the renewal process, including outreach to individuals.
- Maintaining strong oversight and monitoring data, while providing regular updates on the redetermination process to community-based organizations, health plans and the public.
- Ensuring a smooth transition to the Health Connector, the state’s health insurance marketplace, for those no longer eligible for MassHealth coverage.

“The federal enhanced funding resulted in significant coverage gains and much-needed health care stability not only in Massachusetts but in Medicaid programs nationally during the pandemic,” Shelto said. “It is critical to protect those coverage gains as we transition to a new phase after the public health emergency is technically over.”

The report, titled “The End of the Federal Continuous Coverage Requirement in MassHealth: Key Strategies for Reducing Covering Loss,” was commissioned by the Foundation’s Massachusetts Medicaid Policy Institute and produced by Manatt Health. The report is available online at the following link:

<https://www.bluecrossmafoundation.org/publication/end-federal-continuous-coverage-requirement-masshealth-key-strategies-reducing-coverage>

### **About the Blue Cross Blue Shield of Massachusetts Foundation**

The mission of the Blue Cross Blue Shield of Massachusetts Foundation is to ensure equitable access to health care for all those in the Commonwealth who are economically, racially, culturally or socially marginalized. The Foundation was established in 2001 with an initial endowment from Blue Cross Blue Shield of Massachusetts. It operates separately from the company and is governed by its own Board of Directors. For more information, visit [www.bluecrossmafoundation.org](http://www.bluecrossmafoundation.org).

###