

HEALTH CARE AT RISK FOR IMMIGRANT FAMILIES

***HOW MAJOR GAPS IN STATES'
MEDICAID "UNWINDING"
PERFORMANCE THREATEN
HEALTH AND HEALTH EQUITY***

**PROTECTING
IMMIGRANT
FAMILIES**

NOVEMBER 2023





ABOUT THE PIF COALITION

Mission

Unite to protect and defend access to health care, nutrition programs, public services and economic supports for immigrants and their families at the local, state and federal level.

Active Members

650+ organizations in 43 states

Working groups

Communications, Community Education, Federal Advocacy, Research, State Policy



ABOUT THE MEDICAID UNWINDING TASK FORCE

In March 2023, PIF brought together national, state and local advocates and community based organizations to focus on the experience of immigrants and their families as they tried to renew Medicaid coverage.

Goals for the task force are to:

- Identify potential problems, successes, early observations and concerns for immigrant families during the unwinding
- Identify steps state Medicaid agencies and HHS can take to remove reenrollment barriers for immigrants and their families
- Report problems to HHS/ CMS
- Provide support for community education/ earned media or other communications if needed

***A CRITICAL
INFORMATION NEED***



MILLIONS AT RISK

In August 2022, the U.S. Department of Health and Human Services projected the impact of ending a pandemic-era continuous coverage requirement.

HHS projected that, when states resumed eligibility redeterminations this year, **6.8 million people would be disenrolled from Medicaid despite remaining eligible**. That includes [2.4 million Latinx people](#).

 ***WARNING SIGNS***

A recent analysis[†] of Medicaid Unwinding data shows that **Latinx families are losing Medicaid coverage at more than twice the rate** of the next most impacted racial or ethnic category.

[†] [State Health Access Data Assistance Center](#)

***TWO MAIN TYPES OF
COVERAGE LOSS***



STATE REDETERMINATION ERRORS

Procedural disenrollments occur when an individual or family is still eligible to stay enrolled in Medicaid, but the state disenrolls them anyway.

In these cases, states create procedural obstacles to renewal, including: complicated forms and information requirements, do not respond to requests for help, or do not use information on hand that makes it clear that someone is still eligible.



BARRIERS FACING IMMIGRANTS AND THEIR FAMILIES

In March 2023, PIF published an “Unwinding Checklist” for state advocates. The document detailed additional obstacles facing immigrant families:

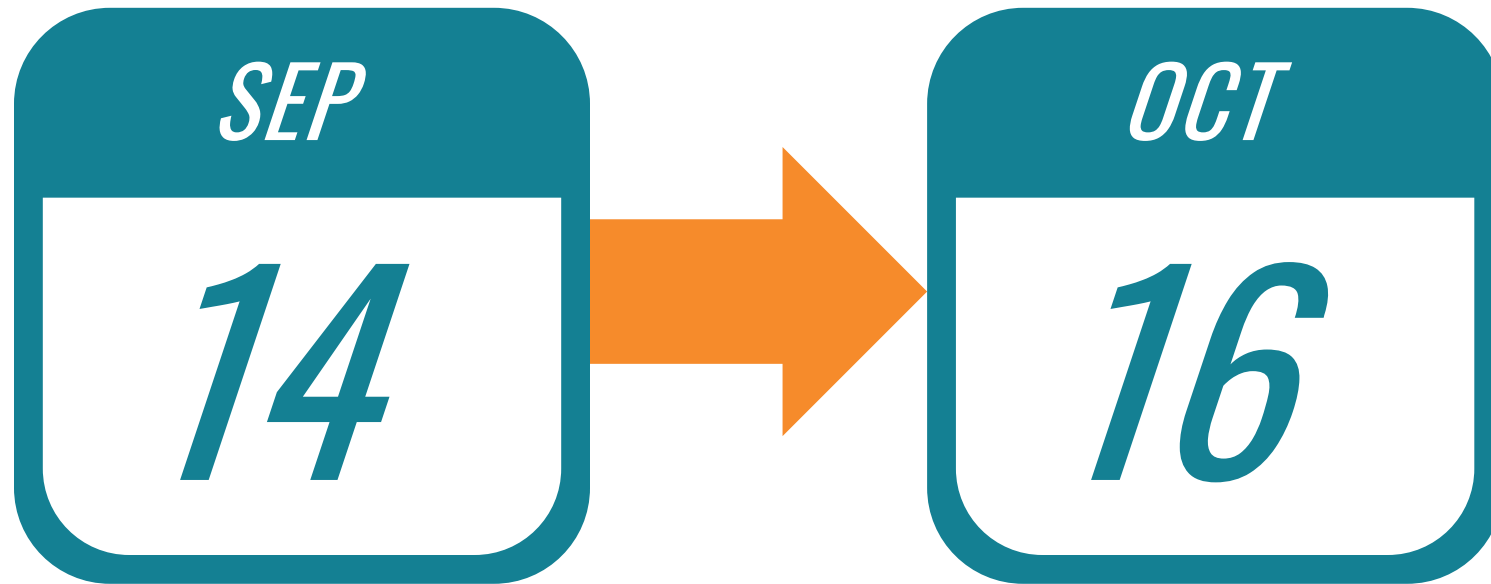
- Immigration status concerns
- Privacy and information security concerns
- Language barriers

The checklist also recommended options for states to keep eligible immigrants and their families covered.

***SURVEY OF
ADVOCATES***

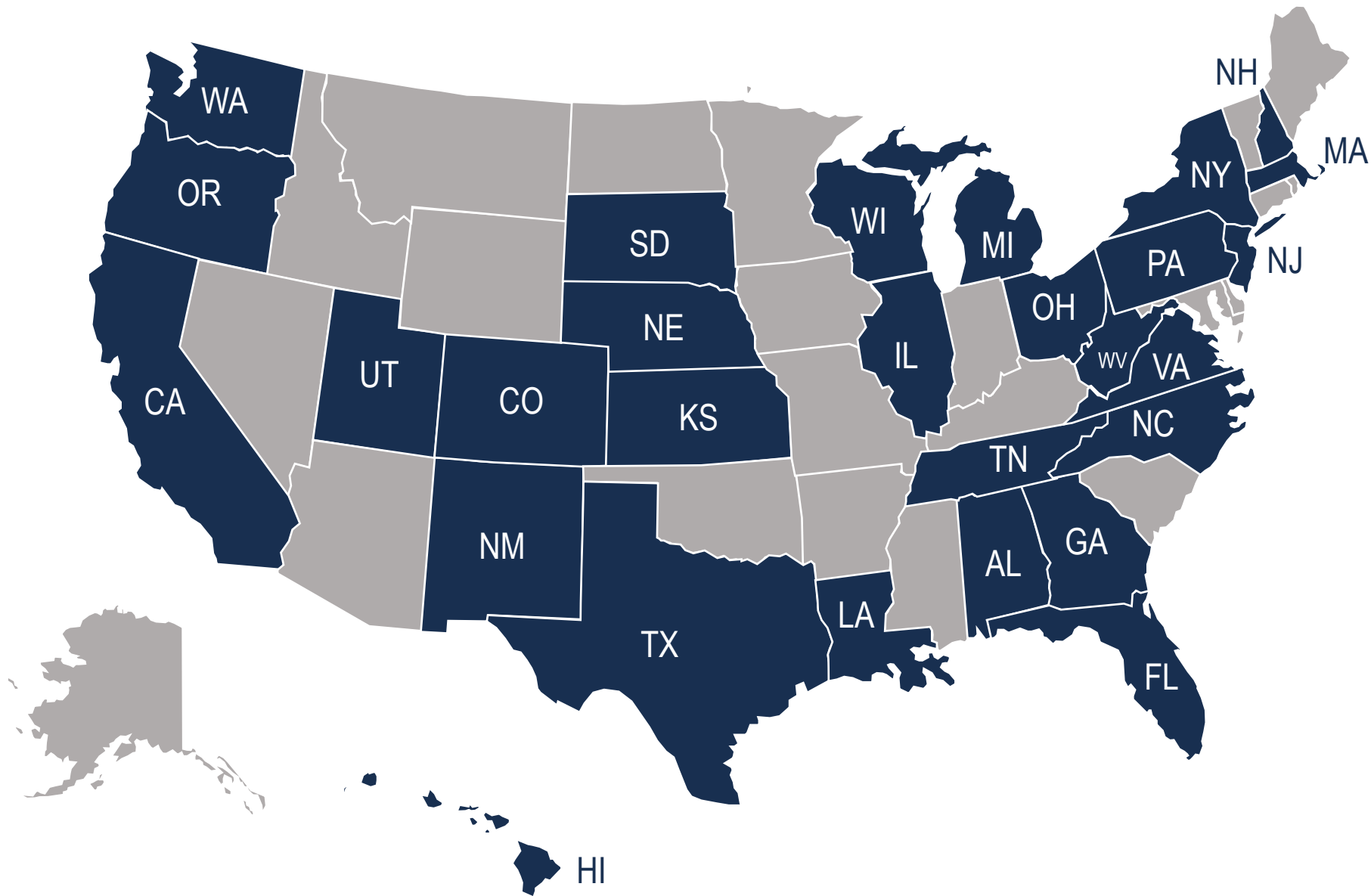


IN THE FIELD FALL OF 2023





COVERS 28 STATES



Responses based on the knowledge and experience of **advocates and community based organizations (CBOs)** in 28 states



SURVEY ASKED HOW STATES ARE

1. Addressing immigration concerns
2. Providing language access
3. Publicly reporting data
4. Engaging stakeholders

***ADDRESSING
IMMIGRATION CONCERNS***



WE ASKED ADVOCATES & CBOs

1. Do renewal-related communications in your state include messages that address public charge or other immigration status-related concerns?
2. Does your state's pre-populated renewal form include information that is already known to the state and unlikely to change such as citizenship, immigration status, and SSN, rather than asking them to provide this information again to complete the renewal?

Maximum Points: 4	
Response	Points
No	0
Yes, sometimes	0.5
Yes, consistently	1



WE ASKED ADVOCATES & CBOs

3. In cases where a Medicaid enrollee's immigration status may change, is your state using information it already has about the person to re-verify immigration status electronically through SAVE before requiring an enrollee to provide documentation to complete the renewal?
4. Does your state ask for citizenship or immigration status only from the individuals applying for or renewing coverage (i.e., rather than asking for parents' info when they are only applying for their children).

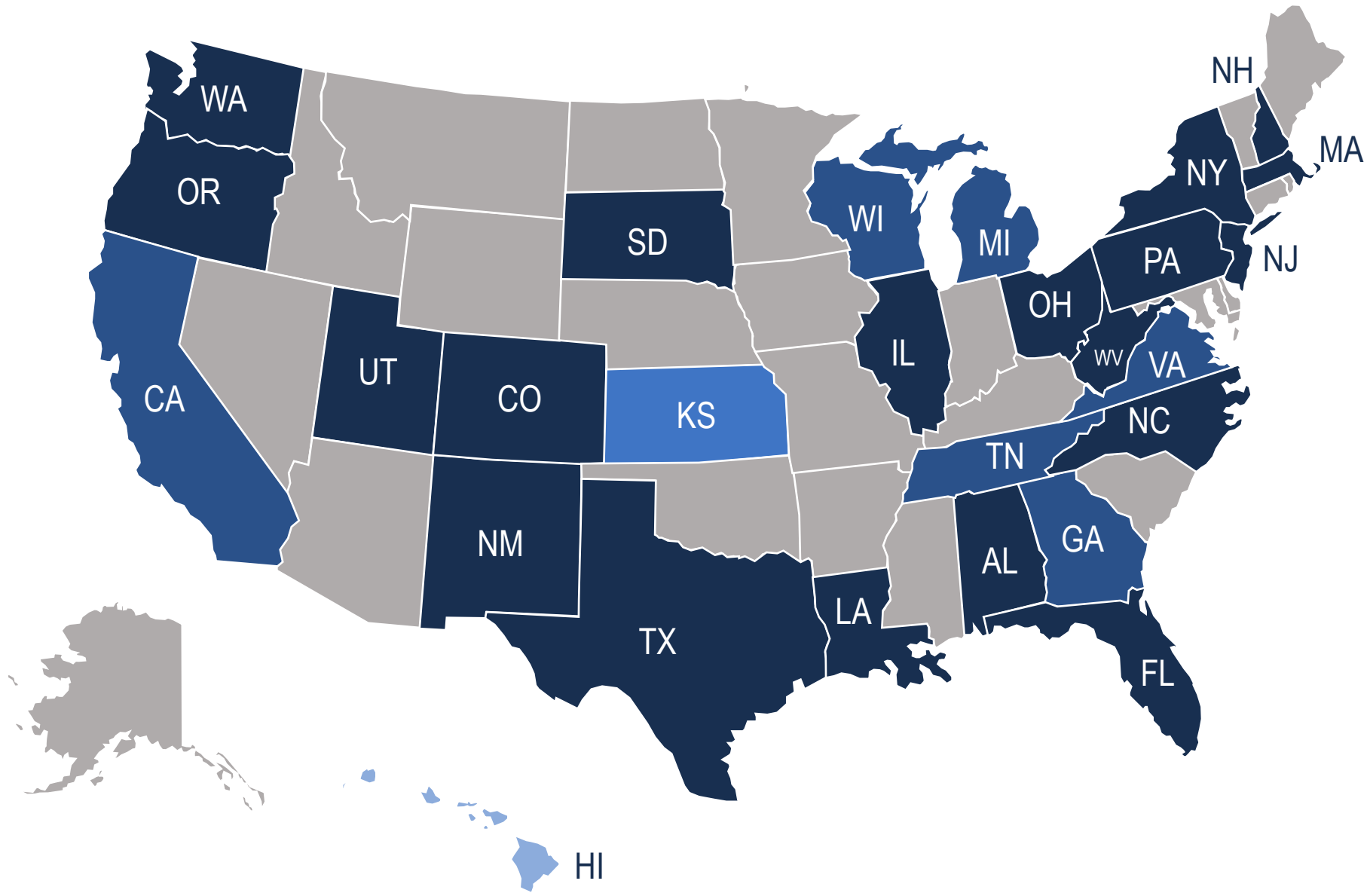
Maximum Points: 4	
Response	Points
No	0
Yes, sometimes	0.5
Yes, consistently	1



WHY THIS MATTERS

- Although using Medicaid for health care has no effect on immigration status or applications, immigration concerns continue to deter many in immigrant families from applying
- The “chilling effect” of the Trump public charge policy deters 25% of people in mixed-status families from getting help, largely unchanged from the Trump administration (27%) ([Urban Institute](#))
- Adults in immigrant families are more likely to trust government agencies for information about how using benefits affects their or a family member’s immigration’s status ([Urban Institute](#))

IMMIGRATION CONCERNS: RESULTS



Grade	Score out of 4	Num of States
A	3.6+	0
B	3.2	1
C	2.8	1
D	2.4	6
F	<2.4	19

Advocates in 27 states answered this question

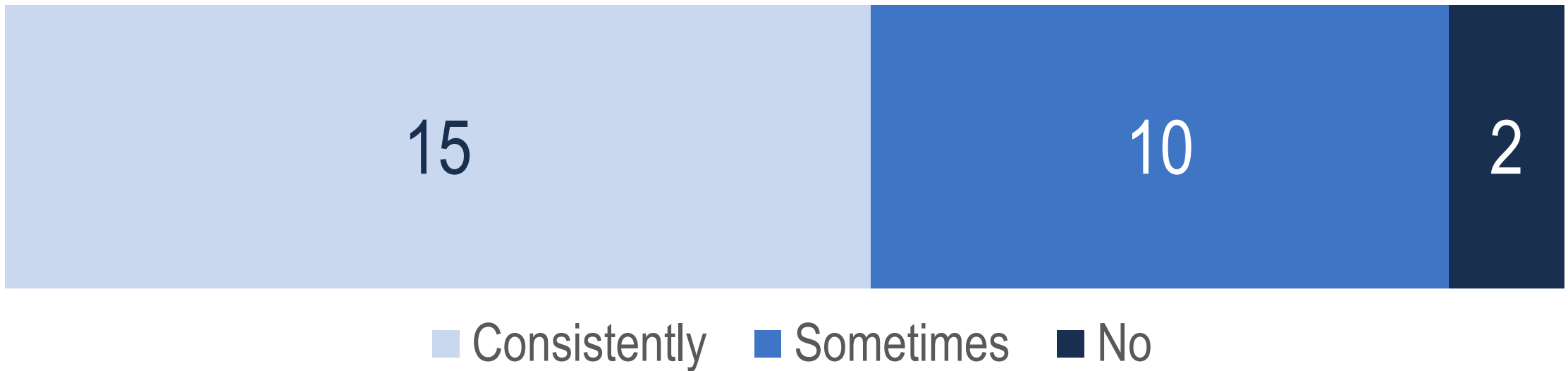
Do renewal-related communications in your state include messages that address public charge or other immigration status-related concerns?



Advocates in 27 states answered this question

PREPOPULATED FORM

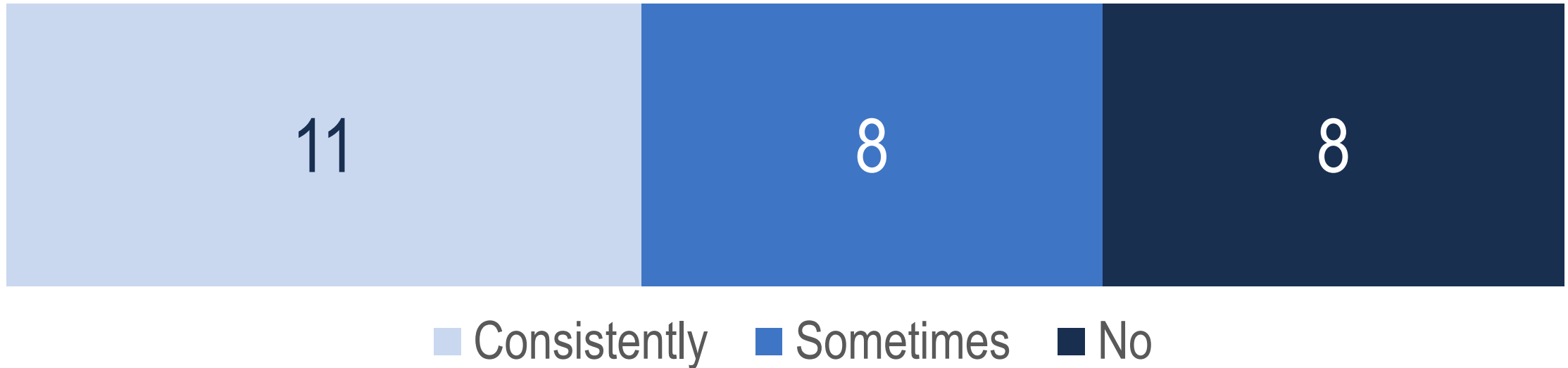
Does your state's pre-populated renewal form include information that is already known to the state and unlikely to change such as citizenship, immigration status, and SSN, rather than asking them to provide this information again to complete the renewal?



Advocates in 27 states answered this question



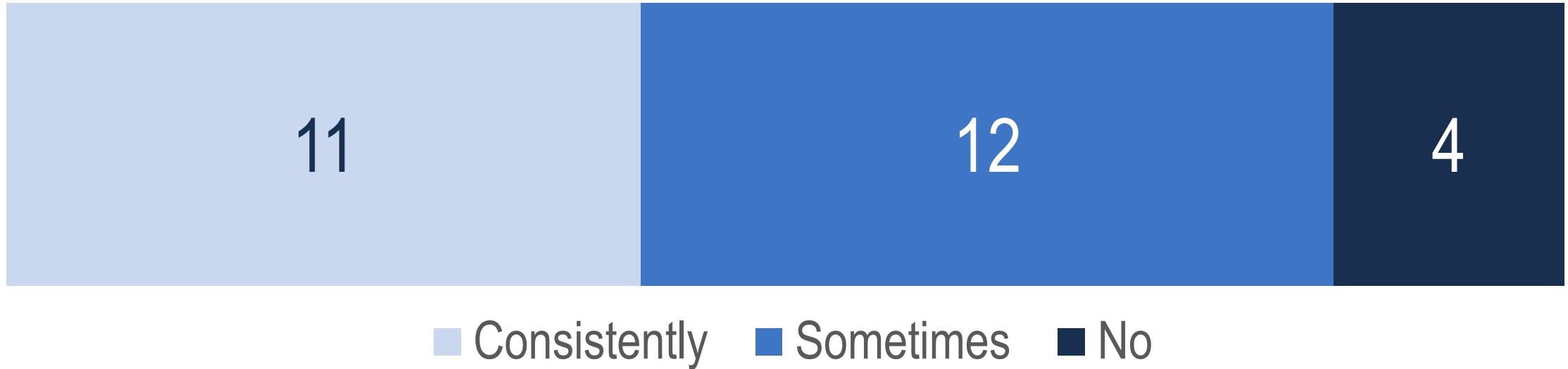
In cases where a Medicaid enrollee's immigration status may change, is your state using information it already has about the person to re-verify immigration status electronically through SAVE before requiring an enrollee to provide documentation to complete the renewal?



Advocates in 27 states answered this question

STATUS QUESTIONS

Does your state ask for citizenship or immigration status only from the individuals applying for or renewing coverage (i.e., rather than asking for parents' info when they are only applying for their children).



Advocates in 27 states answered this question



IMMIGRATION CONCERNS: TAKEAWAYS

Response	Number (out of 28)
Do not include messages that address public charge or other immigration-related fears in renewal communications	24
Do not consistently follow tri-agency guidance that requires them to refrain from asking non-applicants for their immigration status SSN, and other information	16 [†]
Do not consistently pre-populate the renewal form with SSN and immigration status	12

[†] We only received 27 responses to this question.



RECOMMENDATIONS FOR CMS

Where states

Re-ask Medicaid participants and family members not renewing Medicaid for themselves for their for their immigration status and social security number.

Renewal communications do not include messages that address public charge or other immigration-related fears.

CMS should

Take corrective action on states failing to comply with the 2000 tri-agency policy guidance. and 42 C.F.R. 435.916(e) to ensure widespread compliance with these regulatory requirements, and pause the unwinding until these policies are in place.

Engage in a targeted outreach campaign to immigrants and their families. Revise the unwinding outreach toolkit to include messages that it is safe to apply in Medicaid.

PUBLIC DATA REPORTING



WE ASKED ADVOCATES & CBOs

Is your state reporting renewal data by ...

1. U.S. citizenship status
2. Primary language
3. Race/ ethnicity
4. Zip code
5. County

Maximum Points: 5

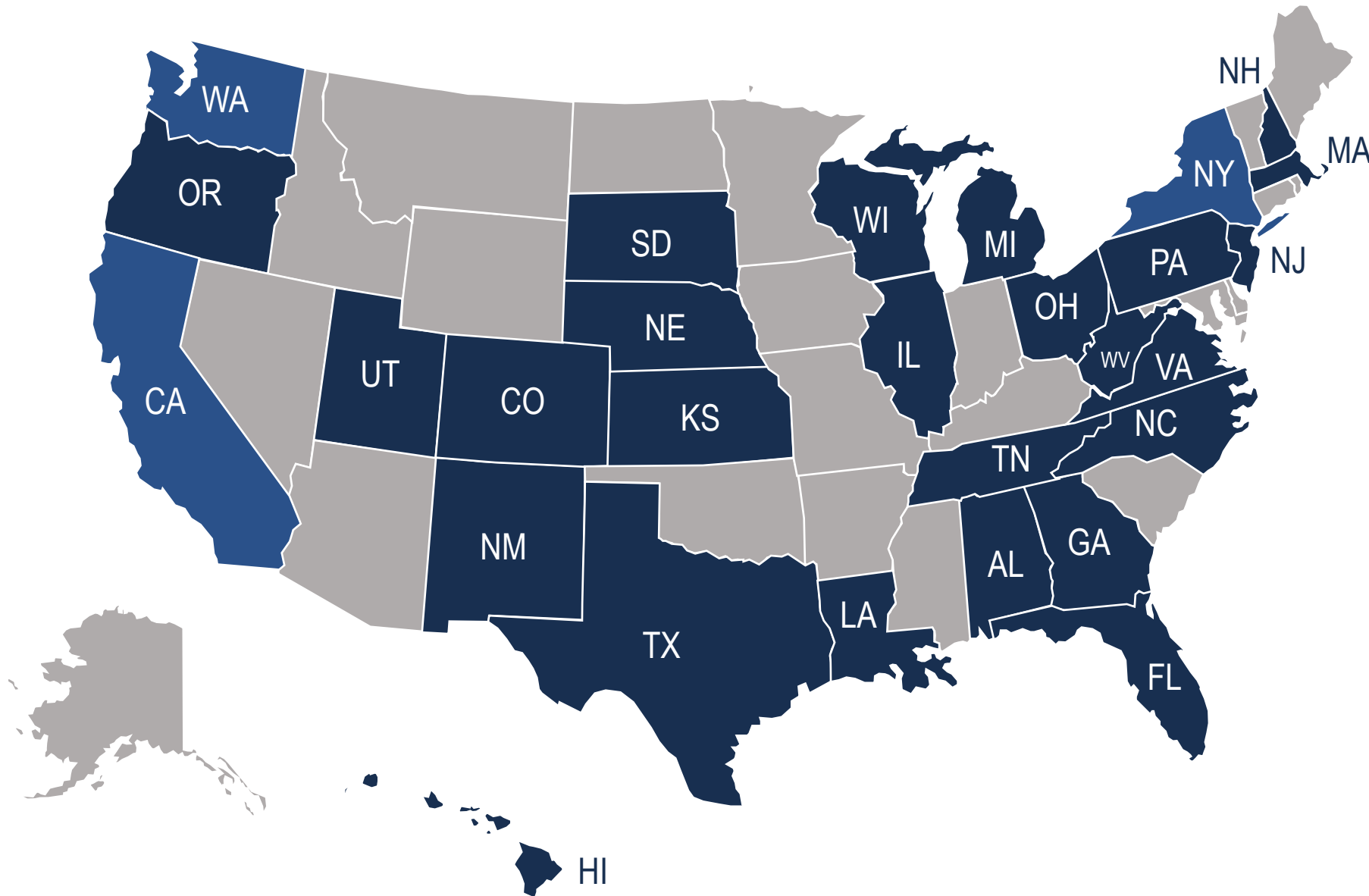
Response	Points
No	0
Yes	1



WHY THIS MATTERS

- The [baseline data states report](#) to CMS only provides the total number of Medicaid enrollees terminated at renewal because they are ineligible or because of procedural reasons
- Additional data is needed to:
 - Determine whether non-U.S. citizens are more likely to be disenrolled and protect against discrimination.
 - Target efforts to provide outreach

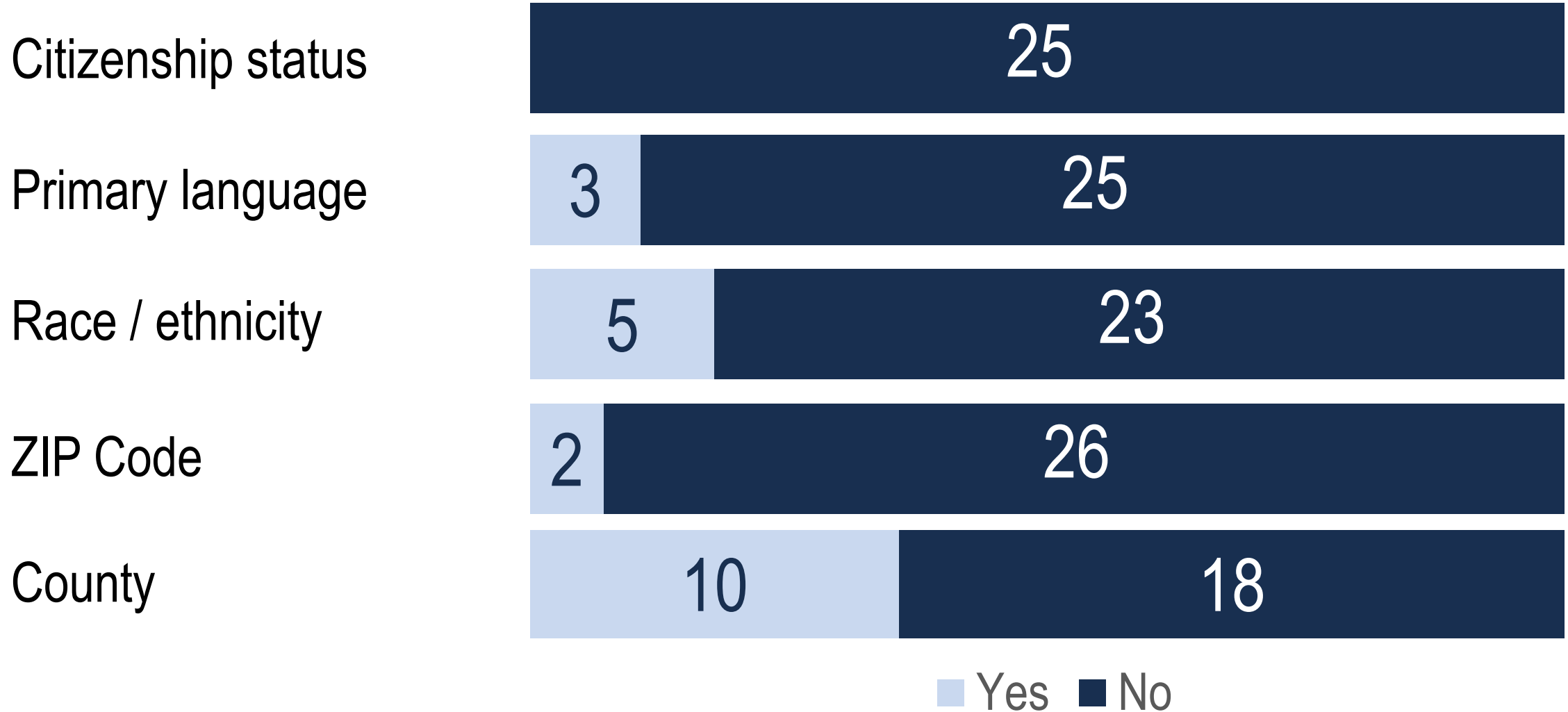
PUBLIC DATA REPORTING: RESULTS



Grade	Score out of 5	Num of States
A	5	0
B	4	0
C	3.5	0
D	3	3
F	<3	25

PUBLIC DATA REPORTING QUESTIONS

Is your state reporting renewal data by?





PUBLIC DATA REPORTING: TAKEAWAYS

Response	Number (out of 28)
Do not report by U.S. citizenship status	28
Do not report data by race	23
Do not report by language	25
Do not report by ZIP Code	26
Do not report by county	18



RECOMMENDATIONS FOR CMS

Where states

Rarely report data by county, zip code, race, or language.

CMS should

Explore ways to ensure Medicaid data is reported by different groups and categories, including by race, language access, county and/or zip code.
Compile data that already exists from states to begin to understand national trends.

LANGUAGE ACCESS



WE ASKED ADVOCATES & CBOs

1. Is your state conducting outreach about the unwinding in languages other than English?
2. Does your state's call center connect people with in-language assistance?
3. When people seek out assistance in person at Medicaid agencies in your state, can they access multilingual staff or interpreters?

Maximum Points: 6	
Response	Points
English only	0
English and Spanish	0.5
English, Spanish and at least one other language	1



WE ASKED ADVOCATES & CBOs

4. Does your state provide in-language taglines on mailed notices detailing how to receive in-language assistance?
5. Does your state send notices in languages identified as preferred by people applying to renew coverage?
6. Does your state offer an option for people with limited English proficiency to renew online or through a mobile device in a language other than English?

Maximum Points: 6	
Response	Points
English only	0
English and Spanish	0.5
English, Spanish and at least one other language	1



WHY IT MATTERS

- Medicaid households include a large share of people with Limited English Proficiency (LEP)
- 89% of people who have LEP in the U.S. are people of color
- Medicaid enrollees with LEP in Illinois were more than five times as likely to lose Medicaid benefits compared to English language recipients



LANGUAGE ACCESS CAVEAT

The PIF survey does not account for wait times on a language line, or the quality of interpretation or translation.

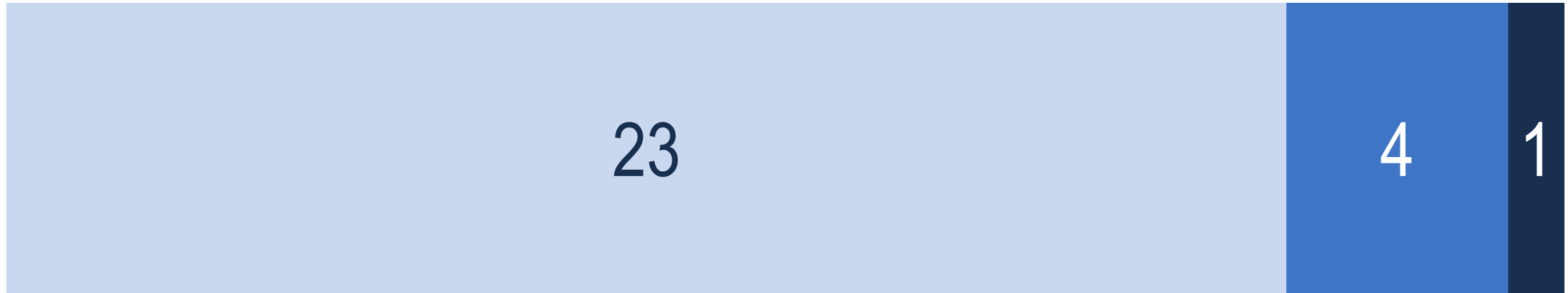
For example, while the PIF survey was in the field, [UnidosUS](#) released a secret shopper study finding that in Florida, average English language caller waited 36 minutes to reach a human being and the average Spanish-language caller waited nearly two and half hours: four times the wait on the English-language line.

Is your state conducting outreach about the unwinding in languages other than English?



- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

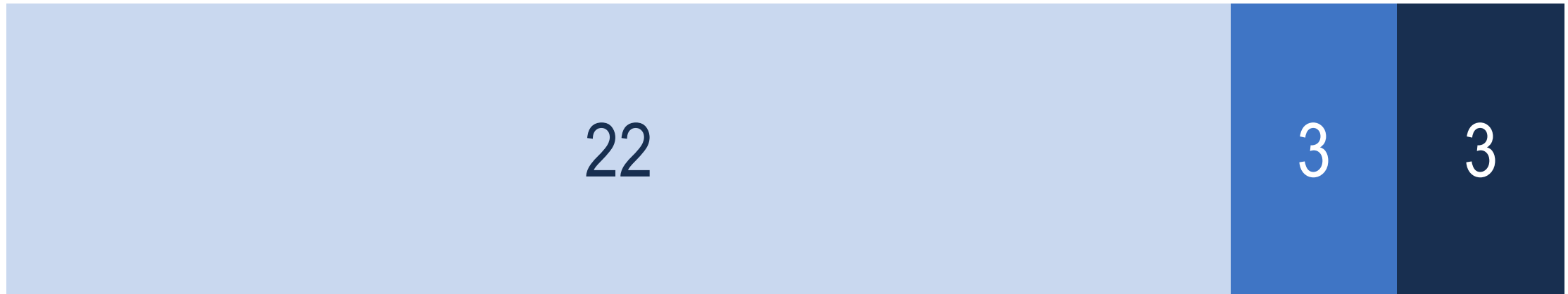
Does your state's call center connect people with in-language assistance?



- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

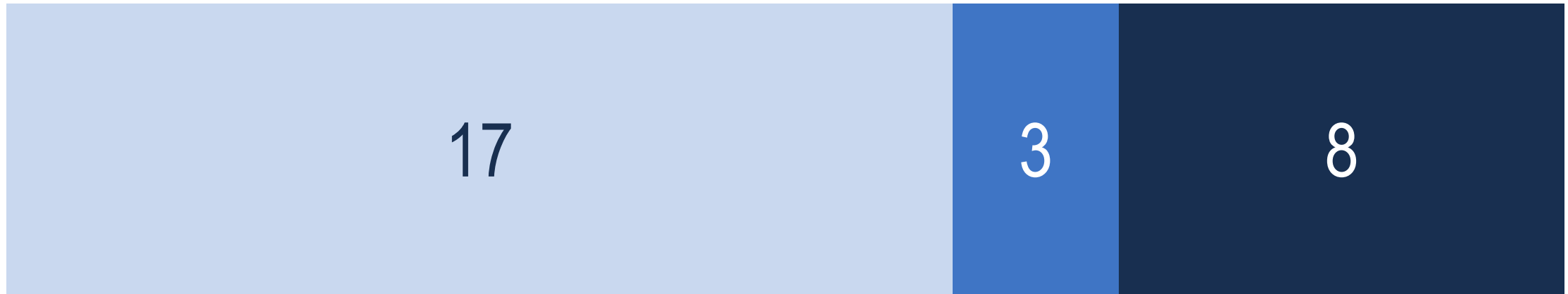
INTERPRETERS

When people seek out assistance in person as Medicaid agencies in your state, can they access multilingual staff or interpreters?



- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

Does your state provide in-language taglines on mailed notices detailing how to receive in-language assistance?



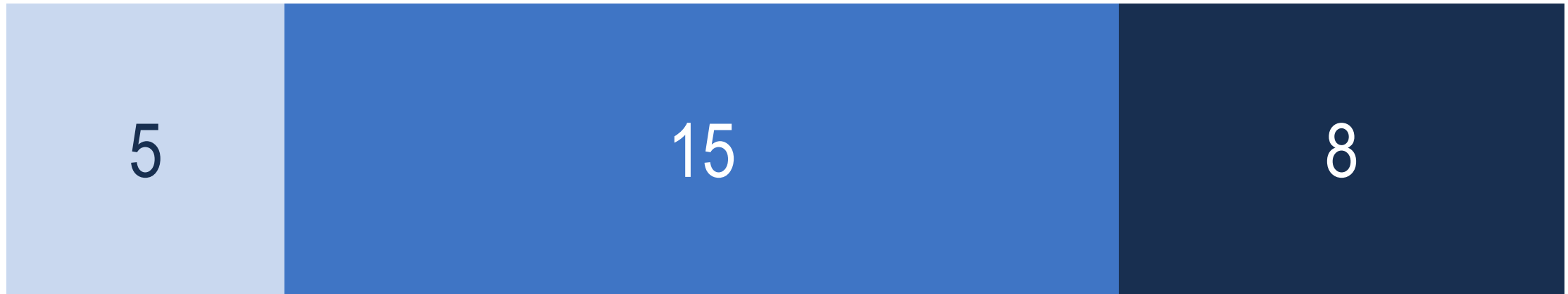
- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

Does your state provide in-language taglines on mailed notices detailing how to receive in-language assistance?



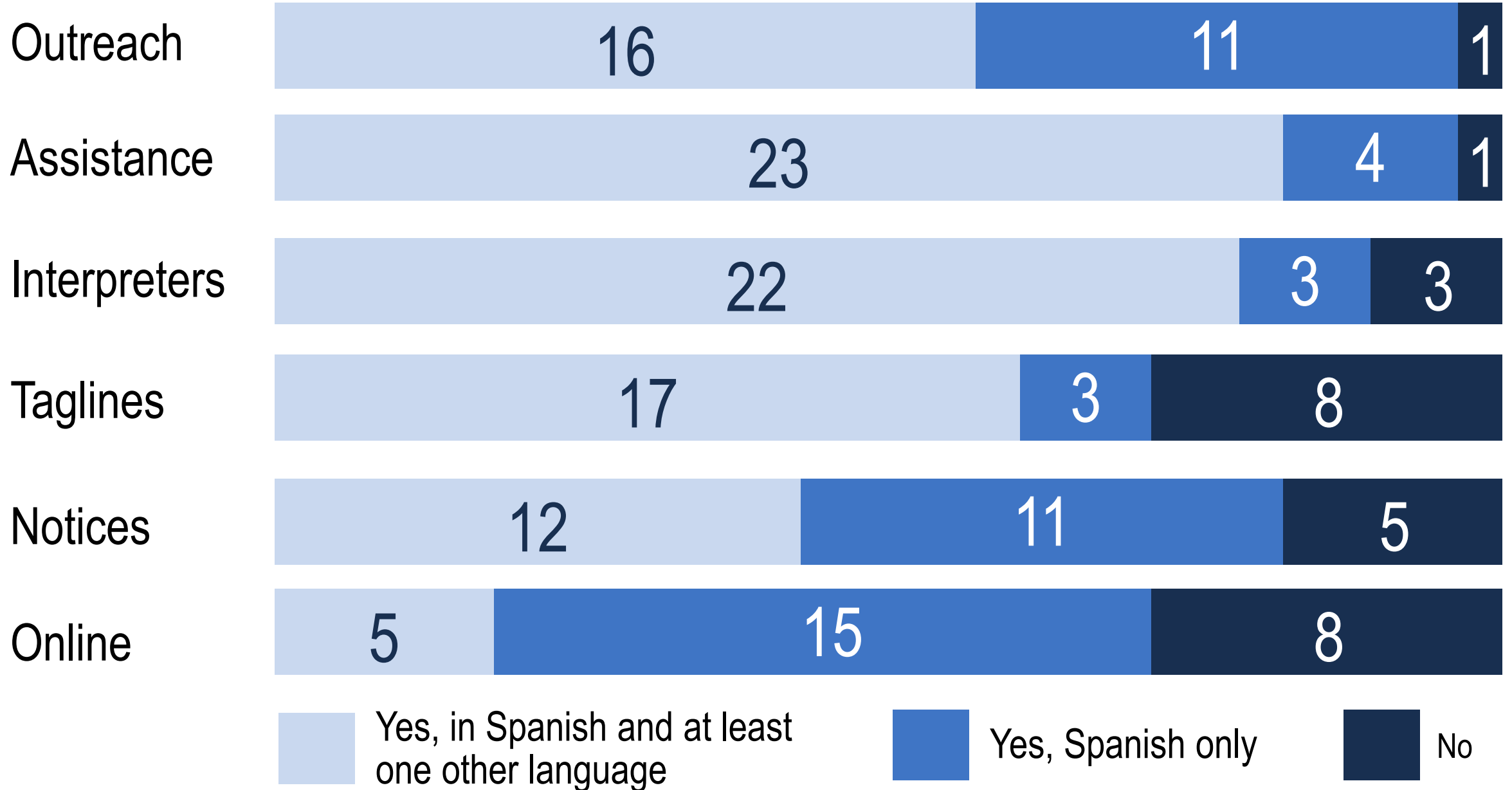
- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

Does your state offer an option for people with low English proficiency to renew online or through a mobile device in a language other than English?



- Yes, in Spanish and at least one other language
- Yes, Spanish only
- No

LANGUAGE ACCESS CONSOLIDATED





LANGUAGE ACCESS: TAKEAWAYS

Response	Number (out of 28)
Online renewals in English only	8
Online renewals in English & Spanish only	15
Written notice in English only	5
Written notice in English & Spanish only	11
Written notices only in English and Spanish with taglines only in English and Spanish	10
Written notices with taglines in languages other than English and Spanish	17



RECOMMENDATIONS FOR CMS

Where states

Are not providing equitable language access in violation of federal law.
Create obstacle to re-enrollment for people with limited English proficiency.
Impose a time- and resource-intensive burden on enrollment assisters.

CMS should

Ensure that states follow [federal guidelines](#) to provide meaningful language access in outreach, in-person assistance, call centers, notices, and online renewal portals.
Conduct secret shopper efforts and other testing to ensure that meaningful language access is provided, such as call center wait times.
Pause the unwinding when meaningful language access is not provided for re-enrollment.

***STAKEHOLDER
ENGAGEMENT***



WHY IT MATTERS

- Immigrant communities have unique barriers to accessing health coverage
- Advocates and trusted community organizations have expertise in reaching and enrolling them



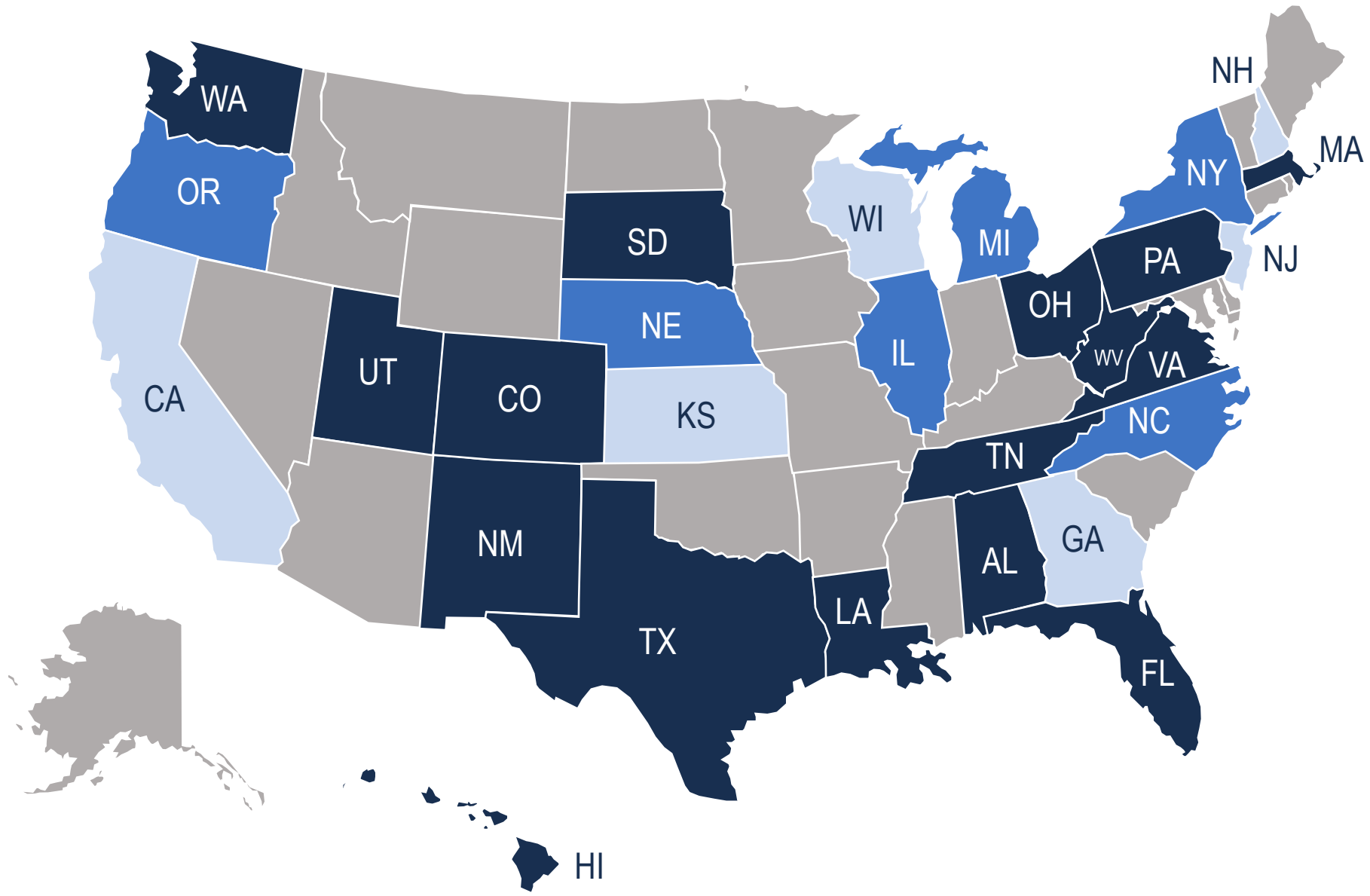
WE ASKED ADVOCATES & CBOs

1. Is your state sharing information about its unwinding policies and practices with advocates and other trusted organizations that serve immigrant families?
2. Is your state inviting those organizations to share concerns and suggestions for improvement?

Maximum Points: 2	
Response	Points
No	0
Yes, Sometimes	0.5
Yes, Consistently	1



STAKEHOLDER ENGAGEMENT RESULTS



Grade	Score out of 2	Num of States
A	2	6
B	N/A	N/A
C	1.5	6
D	N/A	N/A
F	<1.5	16

INFORMATION SHARING

Is your state sharing information about its unwinding policies and practices with advocates and other trusted organizations that serve immigrant families?



Is your state inviting those organizations to share concerns and suggestions for improvement?





STAKEHOLDER ENGAGEMENT: TAKEAWAYS

Response	Number (out of 28)
Did not consistently share information about its unwinding policies and practices with advocates and other trusted organizations serving immigrant families	19
Did not consistently invite these organizations to share concerns and suggestions for improvement	15



RECOMMENDATIONS FOR CMS

Where states	CMS should
<p>Do not consistently meet with stakeholders, to share policy approaches and data.</p>	<p>Encourage states to leverage partnership relationships with organizations that work with immigrant families.</p>
<p>Should share drafts of materials, such as outreach materials, scripts for caseworkers, and notices, for review.</p>	<p>Feature examples about partnerships with community based organizations that work with immigrant families in webinars and other communications with states.</p>



RECOMMENDATIONS: CMS SHOULD ENSURE THAT STATES

- Comply with [tri-agency guidance](#) and prohibit states from asking non-applicants questions about immigration status or SSN
- Communicate renewal messages that address public charge and or other immigration-related fears
- Follow [federal language access laws](#), conducting secret shopper and other research
- Report more specific data by race, language access, county and/or zip code can help the state and community organizations target outreach and assistance where it is most needed

CMS should require states to to pause Medicaid redeterminations when they do not follow federal laws and policies.

THANK YOU TO PIF'S MEDICAID UNWINDING TASK FORCE FOR THEIR WORK ON THIS PROJECT

***FOR QUESTIONS OR MORE
INFORMATION ABOUT THIS
REPORT, PLEASE CONTACT***

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