WELCOME, WE'LL GET STARTED SOON



We'll share a recording and the slide deck after the webinar.

We'll have discussion time at the end. Please use the function to ask questions. Chat will be disabled.





PIF Team

Sonya Schwartz

State Partners:

- El Centro (KS): Justin Gust
- Tennessee Justice Center (TN): Vanessa Zapata
- Health Law Advocates (MA): Kate Purrington

ABOUT THE PIF COALITION

- Mission: To 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, and Policy/Legal.
- To join: pifcoalition.org/join



- Continuous Coverage: During the pandemic, state Medicaid Agencies were not allowed to redetermine eligibility for Medicaid and CHIP.
- Unwinding: States were allowed to begin redeterminations in April 2023. Predictions of huge coverage loss.
- PIF's Focus: Impact of unique obstacles on immigrant/LEP communities.

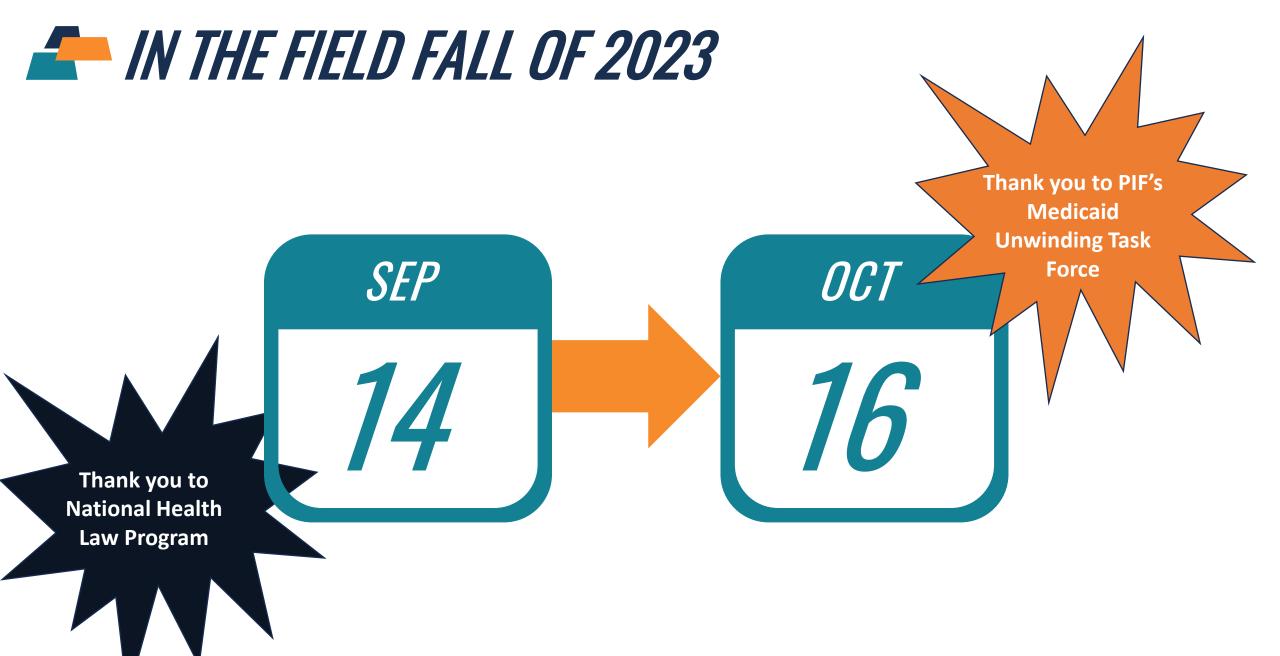


PIF MEDICAID UNWINDING TASK FORCE: GOALS

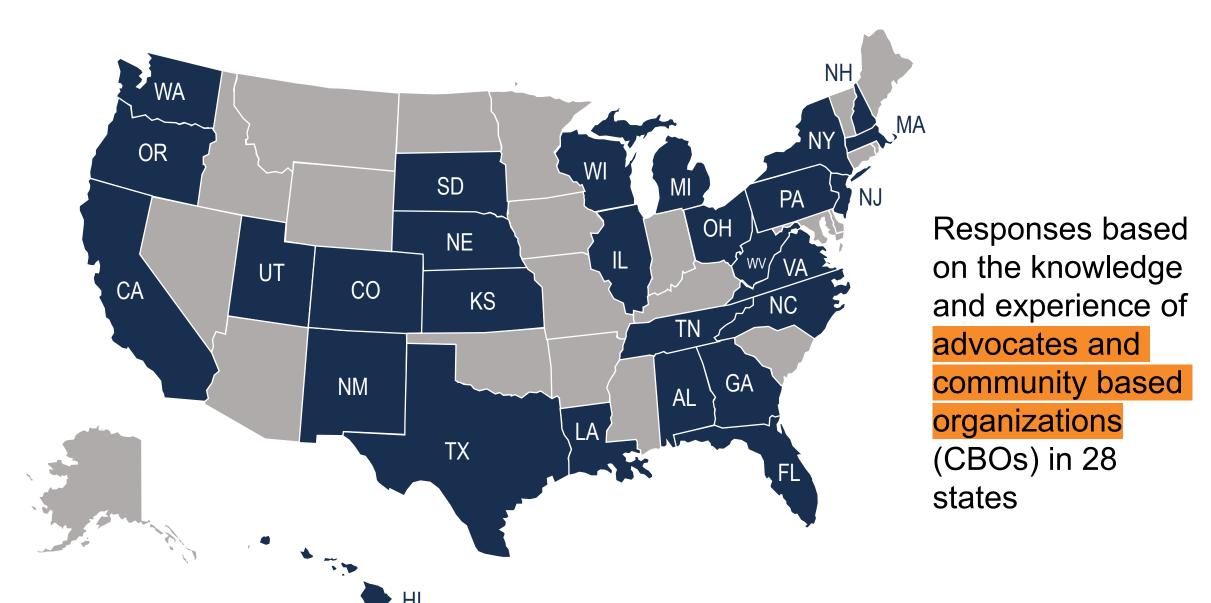
- Identify problems, successes, early observations and concerns for immigrant families during the unwinding
- Identify steps state Medicaid agencies and HHS can take to remove reenrollment barriers for immigrant families
- Report problems to HHS/ CMS
- Provide support for community education/ earned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

To Join: Email Sonya Schwartz at sonya@pifcoalition.org

SURVEY OF STATE ADVOCATES



COVERS 28 STATES





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

Survey Results, Letter to CMS, and Memo to CMS: www.pifcoalition.org

ADDRESSING IMMIGRATION CONCERNS



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



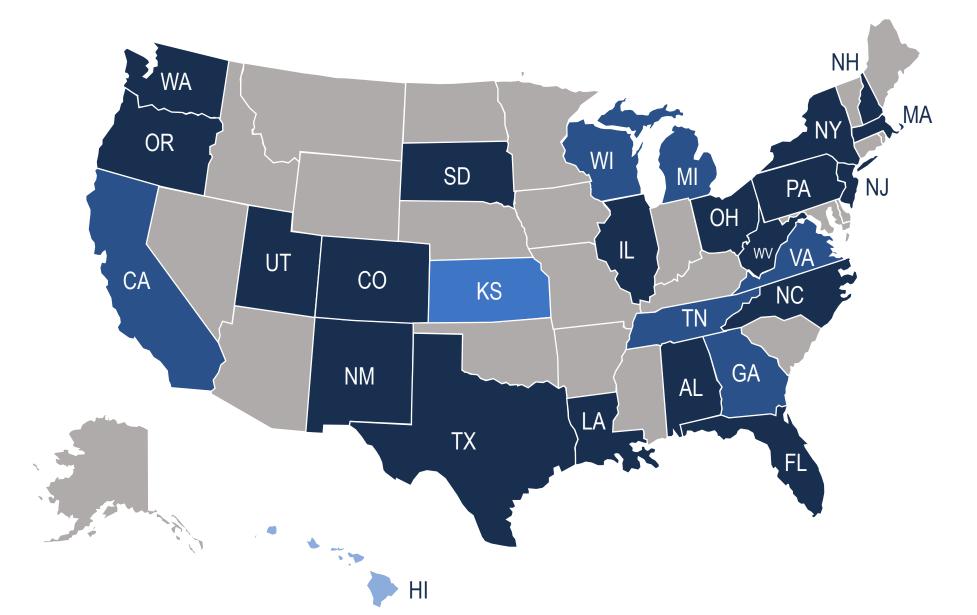
- 3. In cases where a Medicaid enrollee's immigration status may change, is your state using information it already has about the person to re-verify immigration status electronically through SAVE before requiring an enrollee to provide documentation to complete the renewal?
- 4. Does your state ask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



- 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%) (<u>Urban Institute</u>)
- 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 (<u>Urban Institute</u>)

- IMMIGRATION CONCERNS: RESULTS



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

Advocates in 27 states answered these questions

- 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.



Problems

Immigrants and their families remain afraid of enrolling in public benefits programs like Medicaid.

States are:

- Not including it is safe to enroll outreach message.
- Asking for immigration and citizenship information in violation of the tri-agency guidance.

Solutions

States should:

- Include immigrant-friendly outreach messages in-language.
- Modify their renewal and application forms.

CMS should:

- Provide immigrant friendly messages for states to use.
- Suspend redeterminations until states comply with Tri-Agency guidance.

LANGUAGE ACCESS



- 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?

Response Points English only 0 English and Spanish 0.5 English, Spanish and at least one other language



- 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?

Response Points English only 0 English and Spanish 0.5 English, Spanish and at least one other language



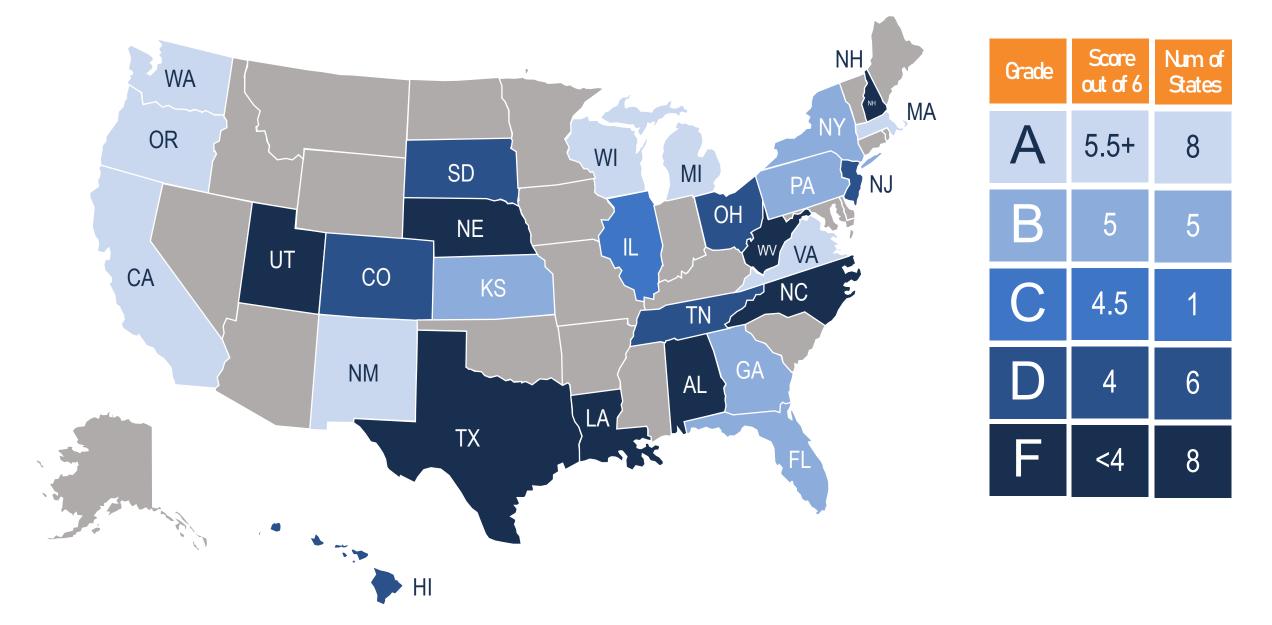
- Medicaid households include a large share of people with Limited English Proficiency (LEP)
- 89% of LEP people in the U.S. are people of color (<u>Kaiser Family Foundation</u>)
- Medicaid enrollees with LEP in Illinois were more than five times as likely to lose Medicaid benefits compared to English language recipients (<u>Journal of Immigrant</u> and <u>Minority Health</u>)



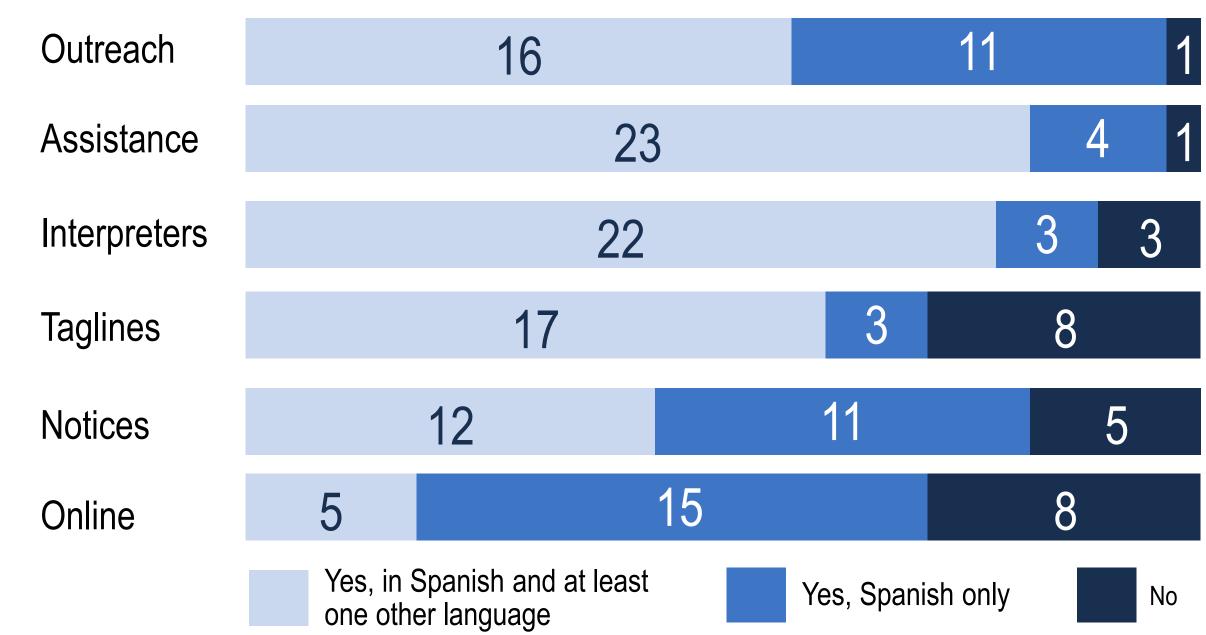
The PIF survey does not account for wait times on a language line, or the quality of interpretation or translation.

For example, while the PIF survey was in the field, <u>UnidosUS</u> 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.

LANGUAGE ACCESS: RESULTS









Problems

- Medicaid includes many households with LEP who are more likely to lose Medicaid.
- States are not consistently making redeterminations accessible for people with LEP.
- Of particular concern are online renewals and notices.

Solutions

States should:

- Identity prevalent languages spoken by low-income LEP people in your state.
- Provide outreach, assistance, interpreters, taglines, notices and online renewals in needed languages to make renewals accessible.

CMS / OCR should:

- Enforce federal language access laws.
- Conduct secret shopper and other research to ensure meaningful language access is provided.



- Comply with <u>tri-agency guidance</u> 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 <u>federal language access laws</u>, conducting secret shopper and other research to ensure meaningful language access is provided, such as call center wait times.

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



Letter to CMS and Accompany Memo Available Here: https://pifcoalition.org/medicaidunwinding-pushing-policymakers-to-protectfamilies

The Honorable Chiquita Brooks-LaSure Administrator Centers for Medicare and Medicaid Services 200 Independence Avenue, S.W. Washington, DC 20201

November 16, 2023

Dear Administrator Brooks-LaSure:

CC: Daniel Tsai, Anne Marie Costello, Hannah Katch, Melanie Fontes Rainer, Rachel Pryor, and Perrie Briskin

We are writing as members of the Protecting Immigrant Families (PIF) Steering Committee and the PIF Medicaid Unwinding Task Force to share our concerns about barriers that immigrants and their families are facing as the Medicaid "unwinding" takes place across our nation. We fear that these barriers will result in unnecessary, disproportionate, and harmful coverage loss.

We recognize and greatly appreciate your efforts to ensure that everyone who is eligible -



IF YOU'RE FROM A STATE COVERED BY THE SURVEY

- Share the results with your state agency
- Share them with health and immigration reporters at regional news outlets

IF YOU'RE FROM ANOTHER STATE

- Ask these questions of your state agency
- Encourage journalists to ask state officials these questions
- Do "secret shopper" tests of state systems



El Centro – Who are we?

- El Centro is a non-profit welcoming center for Latino immigrants and families in Wyandotte and Johnson Counties, Kansas. (Greater Kansas City Area)
- We have a 46-year history and are a proud affiliate of Unidos US
- 7.92% of Johnson County is Latino, around 47, 900
- 29.7% of Wyandotte County is Latino, around 50,000







El Centro's ¡Inscríbase! Project

- In 2019, we launched our ¡Inscríbase! project:
 - Education & Outreach is provided by our Promotoras de Salud
 - Enrollment assistance is provided by our Health Navigators
 - We use a multi-faceted approach for outreach





Unwinding in Kansas

- Kansas began the unwinding process in April 2023, sending letters out in March
- Approximately, 33,020 renewals were scheduled to be initiated
- It was ROUGH...

Unwinding Data

The Centers for Medicare and Medicaid Services (CMS) released Unwinding data on July 28, 2023 that the State of Kansas believes is misleading and provides an inaccurate representation of the Unwinding process in Kansas.

CMS reports the procedural termination rate in Kansas is 71%. The Kansas Department of Health and Environment (KDHE) is at a 50% procedural termination rate for April and a 22% procedural termination rate for all months.



Unwinding in Kansas

- Issues with ensuring a seamless renewal:
 - Limited data reported out
 - Few "passive" renewals
 - 30-Day notice and strict deadlines
 - Lots of "planning or considering to adopt"
 - Renewals not prioritized to protect vulnerable populations
 - Lacking capacity at the KanCare Clearinghouse
 - Lack of outreach efforts



Unwinding in Kansas

- What's Better Now?
 - 90-Day grace period
 - Increase capacity at KanCare Clearinghouse
 - Willingness to listen to feedback
 - Decreased wait-times for callers

Unwinding Data Snapshot Report	October Call Center Data As of 10/31/23
AS OF 10/31/23	Calla va asima da 24.704
372,738 Individuals Sent a Renewal	Calls received: 34,704 Average abandonment rate: 1.57% Average speed to answer: 1:24 minutes Average handle time: 10:43 minutes
152,119 Individuals Approved	
36,724 Individuals Discontinued	7. Verage namare time. To 10 minutes
67,648 Individuals in Reinstatemer	nt Window

What happened to the 90-day window?

Age and county data is now located in each of the above categories.





Challenges for Latino Immigrants

- Language access is minimal, too-wordy, and not at an easy-to-read level
- Longer wait times and more disconnections on the phone when requesting an interpreter
- Interpreters are not always interpreting accurately
- Calls get connected to English-speaking representatives, even though Spanish was selected on call menu
- "What is your Medicaid ID, Social Security, or Case Number?"





Challenges for Latino Immigrants

- Minimal outreach from the State, non-profits and health facilities are doing most of the work
- Limited in-person assistance (few outreach workers), especially in rural areas
- Little messaging around public charge
- A new Kansas law, HB2350, was passed after overriding the Governor's veto, creating additional fear for immigrant families and mixed-status households
- Updating addresses with the post-office is not commonly understood or done by Latino immigrant families



- Overall, Kansas scored a "C" (2.8 out of 4 on PIF survey results)
- We will continue to provide outreach education, enrollment assistance, and advocate for change
- In 2024, we will again for the 10th year advocate for Medicaid Expansion





TENNESSEE JUSTICE CENTER



- Individual client representation
- Promote enrollment on healthcare and nutrition programs
- Class action litigation to correct systemic issues
- Advocate for legislative changes on state and federal level



RENEWALS IN TENNESSEE

- April through August 2023 Renewal Data
- Terminations stared in April
- Procedural terminations started in June
 - At this point we know 74% of terminations are for procedural reasons
- What we're seeing:
 - Conflicting, repeat, or no notice (and they are confusing!)
 - Difficulty screening for all categories
 - Long wait times to call center

CUMULATIVE RENEWAL NUMBERS		
Renewed	Auto Renewed	252,772
	Responded & Approved	125,673
Ineligible	Responded & Ineligible- referred to federal marketplace	48,171
	Failed to return required renewal packet	128,583
	Failed to return required requested additional information	10,240
Pending		62,689
Total		628,128

PIF Survey Score

Immigration Concerns - D

Public Data Reporting – F

Language Access - D

Stakeholder Engagement - F



RENEWALS AND IMMIGRANT COMMUNITIES



Do you need free help with this letter?

If you speak a language other than English, help in your language is available for free. This page tells you how to get help in a language other than English.

Spanish: Español

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 855-259-0701 (TTY: 800-848-0298).

لاستانى Kurdish:

ناگاداری: ئەگەر بە زمانى كوردى قەسە دەكەيت، خزمەتگوزاريەكانى يارمەتى زمان، بەخۇرايى، بۇ تۇ بەردەستە. پەيوەندى بە 770-075-858 (890-848-0298) TTY بكه.

Arabic: العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 855-259-0701 (رقم هاتف الصم والبكم: 850-848-809).

Chinese: 繁體中文

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 855-259-0701 (TTY 800-848-0298)。

Vietnamese: Tiếng Việt

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 855-259-0701 (TTY: 800-848-0298).

Korean: 한국어

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 855-259-0701 (TTY: 800-848-0298)번으로 전화해 주십시오.

Some observations:

- English and Spanish capabilities
 - Some outreach materials in Arabic, Kurdish, and French.
- Calls to call center disconnected when locating interpreter
- In-language taglines all direct to general number which only has English and Spanish language menu selections.
- Status & SSN is generally prepopulated if can get that data but may prepopulate to "no immigration status" if question is left blank in online option.

health law advocates Lawyers Fighting for Health Care Justice



Healthcare At Risk for Immigrant Families: How Major Gaps in States' Medicaid Unwinding **Performance Threaten Heath and Health Equity**

Presentation for Protecting Immigrant Families Coalition

Kate Purrington, Esq.

Supervising Attorney for Public Programs Advocacy, Access to Care and Coverage Practice

December 14, 2023

- ➤ Non-profit, public interest law firm
- ➤ Pro bono legal services for Mass. residents (< 300% FPL)
- > Legal issues we address:
 - Overcoming barriers to care and coverage
 - Appeals of insurance denials (public and private coverage)
 - Eligibility for public health care benefits
 - Medical debt, including bills in collections
 - Access to services through schools and state agencies for young people facing mental health challenges
 - Immigrant Initiative

- >2,289,394 MassHealth (Medicaid) Members currently enrolled
- > 331,424 total terminations since 4/1/23
 - > 87,900 terminations in Oct. 2023 alone
- > Breakdown of total terminations:
 - > 172,000 terminations for insufficient info
 - > 150,800 terminations for members confirmed ineligible
 - ➤ 9,000 terminations for inability to contact
- >-2.32% monthly change in comprehensive Medicaid enrollments vs. -3.66% change in Emergency Medicaid enrollments

- **➢ No data for immigration status / immigration category**
- ➤ No data about different types of coverage beyond comprehensive coverage vs. Emergency Medicaid
- ➤ No data for coverage downgrades (e.g. comprehensive coverage → Emergency Medicaid)
- ➤ No data for preferred language

- >Language access (written & verbal)
 - ➤ Top languages: Spanish, Portuguese, Haitian Creole, "Chinese," Vietnamese
- > Complexities in determining eligibility:
 - ➤ Complex non-citizen eligibility rules
 - ➤ Difficulty in interpreting immigration documentation

- Ahead of the unwinding, MassHealth agency translated general redetermination outreach communications for members into 8 languages
- ➤ Very recently, MassHealth started translating notices to members under 65 into the top 5 languages other than English
- >Interpreter services are available

- Advocates urged the MassHealth agency to start translating notices into languages other than English & Spanish ahead of the unwinding, but they did not do so
- ➤ Notices to members 65+ are still only available in English and Spanish
- Difficulties reaching interpreters by phone
- >HLA has seen more non-English speakers' coverage being terminated or downgraded, or in jeopardy

- ➤ Haven't seen very many downgrades in coverage based on immigrant eligibility as we thought (though are we reaching these cases?)
- ➤ MassHealth generally not requiring immigration documentation inappropriately

- ➤ Inaccurate requests for immigration documentation due to a technical glitch
- ➤ Problems that existing pre-unwinding remain and are highlighted by the redetermination process:
 - ➤ Complex immigrant eligibility rules
 - ➤ Too many levels of coverage; too many rules
 - ➤ Need expertise to interpret some immigration documents
- ➤ Seems like MassHealth isn't prioritizing fixing immigrant-specific problems

CONTACTS

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



QUESTIONS

• Use the Q&A button

- One of our presenters will answer live or using the Q&A tool
- If we don't get to your question during the webinar, we'll answer by email using the address you used to register