

Most Adults in Medicaid-Enrolled Families Are Unaware of Medicaid Renewals Resuming in the Future

Jennifer M. Haley, Michael Karpman, Genevieve M. Kenney, and Stephen Zuckerman

In March 2020, the Families First Coronavirus Response Act established a Medicaid continuous coverage requirement, prohibiting states from disenrolling people during the public health emergency (PHE) in exchange for enhanced federal Medicaid funding. After the PHE expires, state Medicaid agencies will resume regular renewals.¹ Last week, the administration indicated it would extend the PHE beyond January 2023, signaling a potential end date in the spring.² Millions are projected to be at risk of losing Medicaid after the PHE ends,³ because they either are no longer eligible or remain eligible but may need to take action (e.g., updating documentation) to remain enrolled. Here we use June 2022 [Health Reform Monitoring Survey](#) data to assess awareness of the resumption of Medicaid renewals, information sources about the change, and information about the change received by nonelderly adults who are covered by Medicaid or have a Medicaid-enrolled family member.⁴ We find the following:

- **Most adults with family Medicaid enrollment were not aware of the return to regular Medicaid renewals when the PHE expires (figure 1).** When asked how much they had heard about their state restarting renewals, 5.0 percent of respondents had heard a lot, 16.2 percent had heard some, 15.7 percent had heard only a little, and 62.0 percent had heard nothing at all. Awareness was not significantly higher among those who had enrolled since the continuous coverage requirement took effect, a group who may not have had experience with their states' redeterminations and may require more assistance.⁵
- **Among the 37.0 percent of adults who had heard at least a little about the resumption of renewals, the most common source of information received was media, including social media, television, radio, and newspapers (34.3 percent; table 1).** The next most common information source was a state agency (30.6 percent), followed by a health insurance company or plan (24.5 percent); a doctor's office, clinic, hospital, or other health care provider (17.8 percent); or somewhere else (6.5 percent).
- **Of those who had heard about the forthcoming change from state agencies or health plans, the information provided was most commonly a notification of the need to renew coverage (50.4 percent; data not shown).** Next most common were requests to verify one's address or other contact information (36.4 percent) or to verify or update income or other factors that may affect eligibility (34.4 percent).⁶ Smaller shares reported receiving information about other coverage sources (29.1 percent) or how to get consumer assistance during the renewal process (21.3 percent).

FIGURE 1

Most Adults with Family Medicaid Enrollment Had Heard Nothing at All about Medicaid Renewals Resuming



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Source: Urban Institute analysis of the June 2022 Health Reform Monitoring Survey.

Notes: Adults are ages 18 to 64. Family Medicaid enrollment includes the respondent, their spouse or partner if applicable, and their children under 19 if applicable and includes Children's Health Insurance Program coverage. Figure excludes the 1.1 percent of respondents who did not respond to the question.

TABLE 1

Adults Aware of the Resumption of Medicaid Renewals Most Commonly Received Information from Media

Source	Share
Social media, television, radio, newspapers, or other media	34.3
A state agency	30.6
A health insurance company or plan	24.5
A doctor's office, clinic, hospital, or other health care provider	17.8
Somewhere else	6.5

Source: Urban Institute analysis of the June 2022 Health Reform Monitoring Survey.

Notes: N = 886 adults ages 18 to 64 in families with Medicaid/Children's Health Insurance Program (CHIP) coverage who had heard about the resumption of renewals. Family Medicaid enrollment includes the respondent, their spouse or partner if applicable, and their children under 19 if applicable and includes CHIP coverage.

Conclusions

Low awareness of the resumption of Medicaid renewals indicates state programs may face significant information gaps among enrollees about the looming change. And effective communication on this issue is challenging given that a specific date for the end of the PHE had not been set at the time of the survey and is still pending. But Medicaid agencies have several tools to simplify renewals,⁷ such as renewing some enrollees' coverage automatically, and are required to develop plans for the PHE unwinding. It will be critical that they take advantage of these tools to ensure enrollees who remain eligible do not unnecessarily lose coverage and that those losing eligibility are linked to other affordable coverage, such as that available through the Marketplaces.

Among respondents at least a little familiar with the resumption of Medicaid renewals, the most common information source was media or social media, indicating that other information sources, especially state Medicaid agencies, could play a larger role in communicating the change and implications for enrollees. Moreover, just one in five respondents who had heard from a state agency or health plan about the upcoming change got a notification about available consumer assistance; such information may need to become more widely available given the importance of assistance in helping enrollees navigate renewal.⁸ That many people projected to lose Medicaid after the PHE will no longer be eligible for the program⁹ and that fewer than a third of respondents had received information about other coverage options shows the importance of connecting people to other coverage sources to minimize increases in uninsurance.

¹ Brigid Kennedy, "U.S. Extending COVID Public Health Emergency through Spring 2023, per Official," *The Week*, November 11, 2022, <https://theweek.com/white-house/1018381/us-extending-covid-public-health-emergency-through-spring-2023-per-official>.

² Congress could also consider ending the requirement by unlinking it from the PHE.

³ Matthew Buettgens and Andrew Green, "What Will Happen to Medicaid Enrollees' Health Coverage after the Public Health Emergency?" (Washington, DC: Urban Institute, 2022).

⁴ Awareness may have changed since June 2022 as more states publicize the unwinding or contact enrollees about procedures; for more on states' actions, see "50-State Unwinding Tracker," Georgetown University Health Policy Institute, Center for Children and Families, September 6, 2022, <https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/>.

⁵ Among adults in families with someone who enrolled in Medicaid during or after March 2020, 56.5 percent had heard nothing at all about the resumption of renewals.

⁶ Respondents could select all that applied; percentages add to more than 100 percent.

⁷ "Planning for the End of the Continuous Coverage Requirement: Communications Resources for States," State Health and Value Strategies, October 13, 2022, <https://www.shvs.org/unwinding-toolkit/>.

⁸ Karen Pollitz, Jennifer Tolbert, Liz Hamel, and Audrey Kearney, "Consumer Assistance in Health Insurance: Evidence of Impact and Unmet Need" (San Francisco: Kaiser Family Foundation, 2020).

⁹ Buettgens and Green, "What Will Happen to Medicaid Enrollees' Health Coverage after the Public Health Emergency?"