

Calthonia 2025 SOA MEETING







Session 9A: Medicaid Continuous Coverage Unwinding - A Risk Mitigation Case Study June 25, 2025

Moderator:

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Presenters:

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- Do not speak on behalf of the SOA or any of its committees unless specifically authorized to do so.
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- **Do** alert SOA staff and/or legal counsel to any concerning discussions
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Presenters







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Today's Objectives

- Review background of the COVID-19 Public Health Emergency ("PHE") and Medicaid's Continuous Coverage Unwinding ("CCU") experience and impact
- Compare and contrast risk mitigation strategies employed
- Discuss the effectiveness of mechanisms in stabilizing Medicaid managed care through these periods of uncertainty
- Assess how initial rating periods informed risk mitigation decision making for impacted rating periods
- Consider lessons learned from PHE and CCU strategies for emerging issues





COVID-19 PHE: Winding & Unwinding

"For every action, there is an equal and opposite reaction"

Newton's 3rd Law of Motion

- COVID-19 declared PHE January 31, 2020
 - Changes in cost and utilization patterns
 - Maintenance of Effort ("MOE") requirements triggered
- Consolidated Appropriations Act, 2023 (P.L. 117-328) established Medicaid's "Continuous Coverage Unwinding" April 1, 2023





Drivers of Uncertainty



Maintenance of Effort

Restrictions of states' abilities to disenroll members exerted a **gradual**, **persistent**, **and material downward pressure** on the average acuity and cost profile of Medicaid populations

Average Acuity & Cost Profile

Continuous Coverage Unwinding

Eligibility redeterminations led to **sudden**, **significant upward pressure** on the average acuity and cost profile of Medicaid populations



"As far as the laws of mathematics refer to reality, they are not certain; and as far as they are certain, they do not refer to reality."

Albert Einstein





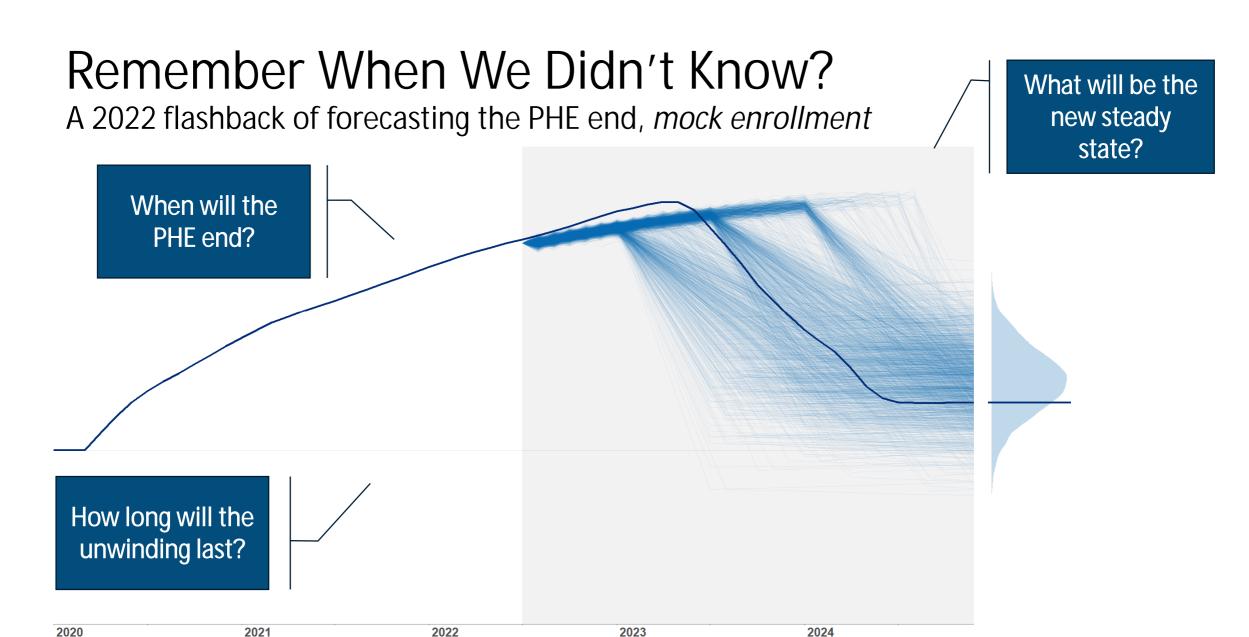


During early phases of PHE, which risks or sources of uncertainty did state Medicaid Programs focus on the most?

What were the consequences?











Which risk mitigation strategies were elected?

As states prepared for the CCU, which risks or sources of uncertainty were focused on the most?

What were the consequences?

How did experience with PHE-related risk mitigation strategies impact decision making?





Which risk mitigation strategies will continue to be applicable?

Going forward, what lessons learned can we apply to future issues that are likely to impact Medicaid?

What other changes will impact enrollment patterns?





Questions? Provide Your Feedback