

Unwinding the Public Health Emergency



One out of every four Americans is enrolled in Medicaid and CHIP.

Once the public health emergency (PHE) designation is lifted, states will be required to redetermine eligibility for 85 million Medicaid beneficiaries within 12 months, and complete them within 14 months¹.

How states navigate the redetermination process and help transition those deemed ineligible to other programs has critical economic and social impact. Ensuring continuity of coverage is vital.

Given the high volume of beneficiaries, it's a daunting task, exacerbated by states being under-resourced and understaffed.

Even before the pandemic, states were losing employees and their institutional knowledge to a silver tsunami of retiring workers. Now they're also contending with a lack of funding for unwind activities and staff burnout along with challenges such as:

- Outdated technology and data systems
- Missing, inaccurate, or out-of-date contact information
- Consumer confusion and lack of awareness
- Difficulty verifying income information

Despite the challenges, states have an opportunity to transform their health and social safety-net program operations for the long term. The Centers for Medicare and Medicaid Services (CMS) guidance offers states a strategic framework that emphasizes equity and continuity of coverage. It puts the beneficiary experience at the center of every service.

The time to prepare your unwinding plan is now. We can help.

Your trusted partner for the challenges ahead

Maximus has the experience, resources, and established relationships with federal and state stakeholders to effectively help states and beneficiaries navigate changes through each step of the redetermination process and healthcare transition journey. Additionally, our independent, conflict-free services can assist families and children transition to the best coverage for their circumstances.

¹CMS Letter released March 3, 2022: SHO# 22-001, "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency"



Maximus is the largest conflict-free provider of external review services for government.

65%

of Medicaid and CHIP beneficiaries served across 21 states

30+

Years as a Qualified Independent Contractor for CMS

50+

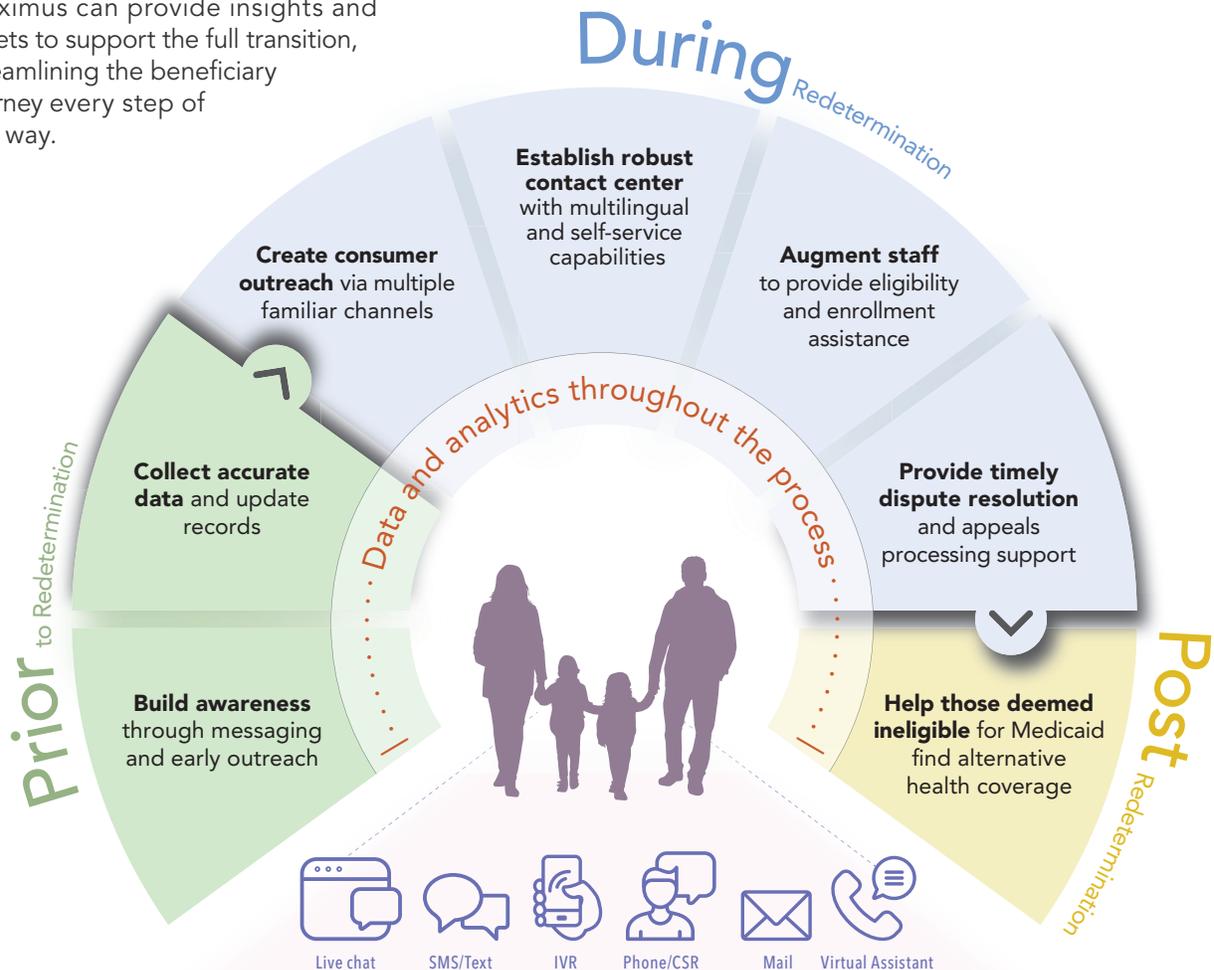
Federal and state clients supporting HIE, BHP, Medicare, and more

15+

Years as a QIO-like entity

Comprehensive support for redetermination

Successful redetermination requires distinct actions at each stage of the process. Maximus can provide insights and assets to support the full transition, streamlining the beneficiary journey every step of the way.



Enhanced beneficiary experience using multiple engagement channels

The impetus for creating a beneficiary-centered redetermination process is to mitigate coverage losses. The result promises an improved, equitable experience across state programs.

Americans who move into other coverage groups due to income, risk losing eligibility for other means-tested social services support programs such as SNAP, WIC, and TANF. The outreach infrastructure for unwinding the PHE could also apply to other benefit transitions.

Our work across health and human services programs enables us to better address and support the complex needs of the individuals and families you serve.

For more information or to exchange ideas, contact:

John Crouse
JohnCrouse@maximus.com
 303.475.4916

Eric Ritter
EricRitter@maximus.com
 301.788.4242