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## Impact of Medicaid Redetermination on Underserved Populations in Region 7 States: A Review

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Impact of Medicaid Redetermination on Underserved Populations in Region 7 States:  
**A Review.**

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**Abstract:** When the COVID-19 Public Health Emergency ended in May of 2023, Medicaid began the process of redetermination across the states and returned to its original eligibility rules. Because of this, the healthcare status of many Americans was affected, resulting in the loss of healthcare coverage for millions of people. Of those who have lost coverage, children make up almost half of the total. This paper assesses the negative effects of Medicaid redetermination on children and other underserved populations in communities across the four states in Region 7 (Nebraska, Iowa, Missouri, and Kansas) and identifies programs that these states can implement to minimize the loss of coverage. Qualitative data was collected and analyzed through a scoping literature review followed by various policy and program analyses. The results of this study reveal the impact of the Medicaid redetermination on underserved populations among Region 7 states and promote programs or policies that could lessen negative impacts. The outcome of this Capstone Project provides an understanding of the negative implications of Medicaid coverage loss due to redetermination and how Region 7 states can promote continued coverage post-pandemic.

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## I. INTRODUCTION

Due to the public health emergency (PHE) declared by the federal government during the COVID-19 pandemic, states have provided continuous enrollment in Medicaid in exchange for increased federal funding. States allowed all Medicaid members to retain their coverage from the start of the PHE, March 15<sup>th</sup>, 2020, to its end on May 11<sup>th</sup>, 2023, even if they were no longer eligible (DHHS, 2023). Starting on the first of March 2023, most state Medicaid returned to its original eligibility rules, affecting the healthcare status of millions of individuals (KOLN, 2023). According to the Commonwealth Fund, almost 3.8 million individuals in the U.S. lost Medicaid coverage due to this eligibility redetermination process, in which many Medicaid beneficiaries became ineligible due to various reasons (2023). Many of these individuals were said to have lost coverage because of procedural reasons such as missed or late paperwork (Commonwealth Fund, 2023). The number of lost eligibilities is expected to increase to over 15 million individuals during the redetermination process due to administrative errors and ineligibility. Many Medicaid enrollees are losing coverage because they are unaware the process is occurring or that procedural issues such as missed paperwork can cause a loss of coverage.

The number of Medicaid recipients has increased exponentially over the past couple of years, primarily due to the three-year federal pause and the expansion of Medicaid in many states; at the start of the federal pause, all Medicaid beneficiaries kept their coverage for the duration of the pause even if they became ineligible (KOLN, 2023). Although the Medicaid process is returning to the previous eligibility rules, this is new for many individuals. Many started receiving Medicaid benefits during the pandemic and have never gone through a renewal process. Medicaid renewal forms can be difficult to understand, especially for those new to the process or new to state-provided health insurance. For the purposes of this project, states in

Region 7, which include Nebraska, Iowa, Missouri, and Kansas, are focused on primarily; these states have all chosen to report Medicaid unwinding data and have varying rates of Medicaid expansion, which affects the process. One population that is highly susceptible to lost coverage is children under the age of 19; because of this, healthcare coverage of children specifically is studied, as they account for the highest rate of unenrollment at almost 40% (Coleman, 2023). Access to healthcare is already difficult for many underserved children; Medicaid redetermination has become yet another obstacle for them to receive healthcare coverage.

Therefore, the aim of this Capstone Project is 1) To assess the individual and population health impact of the renewal process in Region 7 states, 2) To examine which Region 7 population groups, particularly children, the Medicaid renewal process may affect most, and 3) To identify potential policies and programs that states can implement to promote continuity of coverage and minimize the negative impact. The research question that this study addresses is as follows: What are the implications of the Medicaid renewal among Region 7 states, and how did it impact underserved populations in these states? This research question expands to cover all the aims described above. The research focuses on the causes leading up to the loss of Medicaid coverage for thousands of individuals and what consequences have occurred on multiple public health levels among underserved populations.

## **II. BACKGROUND**

Due to the COVID-19 pandemic, the U.S. federal government ensured that Medicaid recipients were allowed to maintain coverage for the duration of the public health emergency (PHE). When the PHE ended on May 11<sup>th</sup>, 2023, states initiated the redetermination process for Medicaid eligibility (Coleman, 2023). This new enrollment period started in February of 2023

for many states, and as of November 1<sup>st</sup>, 2023, over 10 million individuals across the nation have been disenrolled (Smith, 2023). It is estimated that around 15 million individuals in total will lose Medicaid coverage by the end of the redetermination process (Smith, 2023). This is due partially to administrative reasons, such as not having a current address on file, submitting the application late or incomplete, or not reapplying at all (Coleman, 2023).

Unfortunately, understanding the rates of lost coverage between states is not easy because they are not required to make redetermination data publicly available (Coleman, 2023). This can make it difficult to speculate how enrollment rates vary from state to state. However, in states that have reported, it is currently known that 35% of people who have completed Medicaid renewal have been disenrolled due to ineligibility or incorrect administrative procedures (Smith, 2023). Children account for the highest number of unenrollment at 39% of the reporting states who disaggregated the data into age groups. Although children are eligible for Medicaid at higher income levels than adults, the parents or caregivers who may no longer be eligible may fail to submit Children's Health Insurance Program (CHIP) renewal materials on the child's behalf (Coleman, 2023). CHIP, which provides low-cost healthcare to children in families that earn more than the qualification limit for Medicaid, uses separate paperwork from Medicaid (Medicaid, 2024). So far, 1,881,000 children have been disenrolled from coverage out of 4,841,000 total disenrollments (Smith, 2023).

For this project, the four states in Region 7 have been studied and compared to understand Medicaid and CHIP redetermination rates and the consequences of lost coverage. These states include Nebraska, Iowa, Missouri, and Kansas, all of which are reporting states. Table 1 depicts the type of data released nationwide, state-by-state, including Region 7. Of the four, Iowa is the only state reporting on both a CMS Unwinding Report as well as a State Report,

which include metrics from state-based healthcare marketplaces that show eligibility and enrollment data (Smith, 2023). Medicaid Expansion versus Non-Expansion states have also been compared, as Medicaid expansion status often affects the number of beneficiaries enrolled for coverage (Coleman, 2023).

## States Publicly Posting Unwinding Data

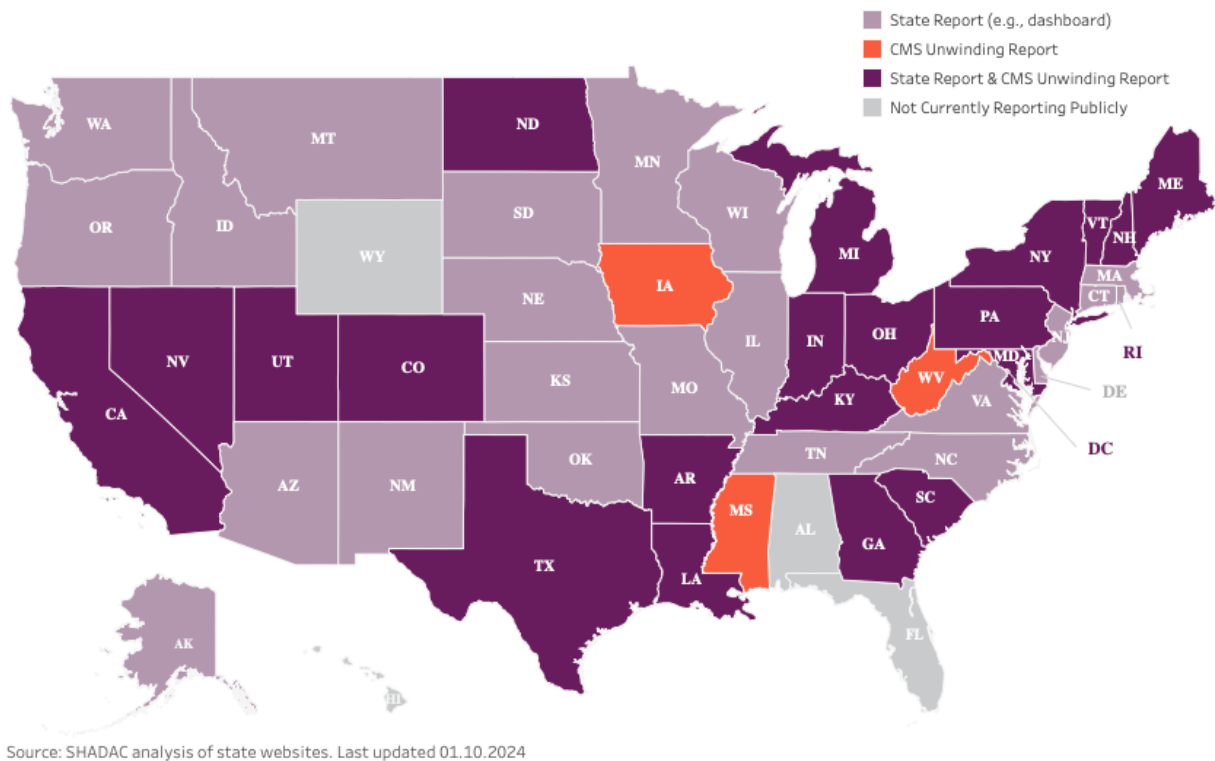


Table 1 (Zylla et al., 2023)

Currently, compacted and compared information on both Region 7 states and children enrolled in Medicaid and CHIP is lacking; this project aims to collect this data and identify the negative consequences of the redetermination process. Beyond this, additional informational gaps concerning this topic have been filled through the specific aims of the project, which included an assessment of the individual and population health impact of the Region 7 states in

the Medicaid redetermination process, an examination on which of the Region 7 states populations the Medicaid renewal has affected most, particularly children, and an identification of potential policies and programs that states can implement to promote continuity of coverage and minimize the impact of negative consequences. Long-term, the objective of these aims is to provide information that can be disseminated to individuals and policymakers to improve Medicaid processes and Medicaid coverage at the state and national levels.

### **III: METHODS**

The study methods for this Capstone project consist of a scoping literature review followed by a policy identification and analysis. The literature review was conducted in JSTOR, CINAHL, and PubMed databases on February 10<sup>th</sup>, 2024, and included journal articles, websites, and newspaper articles published between 2013-2023. The search strategy included keywords and subject headings (when available) for the following search terms using Boolean Operators: Through the databases JSTOR, CINAHL, and PubMed, the search “Medicaid” OR “Insurance” OR “Healthcare” AND “Nebraska” OR “Iowa” OR “Missouri” OR “Kansas” AND “Renewal” AND “Underserved” OR “Disadvantaged” OR “Child”.

Each study or article included in this project has undergone a primary and secondary review to ensure that the aims and results of the data are acceptable. Article titles and abstracts were screened for relevance and excluded if they did not include the key words listed above, did not match the timeline (2013-2023), discussed separate Medicaid programs apart from the redetermination process, or focused on states outside of Region 7. After being screened through this process, articles were coded through the scoping literature review.



The articles used to collect data on the Medicaid redetermination process that met inclusion criteria is listed in Appendix Table 3 as well as in “Literature Cited”; articles were synthesized through a standard literature review coding process, listed in Table 3 of the Appendices, which included Article Title, Date Published, Main Idea or Aim, Results, Passing the Joanna Briggs Institute (JBI) Checklist, Further Notes, and Citations. Data and research from this review that are relevant to the research question and objectives of the Capstone were analyzed and included in this final report. Research reports, journals, articles, and legislation were assessed for bias before data extraction using the Joanna Briggs Institute (JBI) Checklist<sup>2</sup>. The JBI Checklist for Systematic Reviews and Research Synthesis is a critical appraisal tool that addresses the possibility of bias in the conduct, design, or analysis of a study (Aromataris et al., 2015). Research found within the literature review was evaluated for clarity of research aims and questions, appropriate inclusion criteria, appropriate search strategy, adequate sources and resources, correct appraisal methods, likelihood of bias, and supportive data (Aromataris et al., 2015). Included studies were reviewed for both individual and population-level outcomes of redetermination.

These methods accomplish all three aims, which include assessing the individual and population health impacts on those living in states in Region 7, examining which populations Medicaid redetermination may affect most, particularly children (both accomplished through the literature review), and lastly identifying and analyzing policies and programs these states could implement to minimize any negative impact caused by the redetermination. Finally, Medicaid redetermination was compared across the four states to identify gaps in collected data. Both quantitative and qualitative data on this topic was collected through the literature review and policy identification process.

For the policy and program analysis, state legislative online archives were used to study and compare relevant programs and policies. These included but were not limited to the Nebraska Legislature, Kansas State Legislature, Iowa Legislature, and the Missouri General Assembly. Keywords included "Medicaid", "Children", and "Coverage". Programs and policies initiated from 2003 to 2024 were considered for use.

#### **IV: RESULTS**

The research question posed for this project is as follows: What are the implications of the Medicaid renewal among Region 7 states, and how did it impact underserved populations in these states? The scoping systematic review identified over 500 articles. Article titles and abstracts were screened for inclusion, resulting in 47 relevant, full-text articles and papers. The 47 relevant studies were then evaluated for bias using the Joanna Briggs Institute (JBI) Checklist For Systematic Reviews and Research Synthesis<sup>1</sup>, resulting in 26 studies eligible for data extraction. Studies included qualitative research on Medicaid unwinding data, articles specific to certain vulnerable populations, news articles particular to specific states, state policy articles and forums, and nationwide quantitative Medicaid Redetermination Data trackers.

#### **B. SCOPING LITERATURE REVIEW**

Several populations were found to be at a higher risk of losing coverage through the Medicaid redetermination process. These populations included people of color, postpartum mothers, pregnant women, children under the age of nineteen, parents with low incomes, beneficiaries or immigrants with Low English Proficiency (LEP), the elderly, the disabled, beneficiaries with no stable home address, and nursing home residents. Greater attention across studies was paid to children, as they accounted for almost four in ten of Medicaid disenrollments

(roughly 40%) across the 21 states reporting age breakouts as of February 22<sup>nd</sup>, 2024 (KFF, Medicaid Enrollment and Unwinding Tracker, 2024).

Among all Medicaid beneficiaries across the United States, KFF Health News has stated that 17.4 million have become disenrolled, with 41.3 million yet to be renewed (Galewitz, 2024). Research revealed that most disenrollment cases were the result of administrative or procedural errors. Of the 26 articles reviewed, many reported procedural errors such as not receiving a renewal form from the state, the inability to reach a call center to complete renewals, administrative staff shortages at the state level, and the inability to understand Medicaid renewal forms, particularly among those with Limited English Proficiency (LEP) (Brakebill et al., 2023; Braum, 2024; Corallo, 2024; Fentem, 2024; Huguelet, 2023; Liss et al., 2023; Mirza et al., 2022; Pradhan, 2024; Wagner et al., 2023).

As of February 2024, the number of Medicaid disenrollments among the Region 7 states due to the unwinding process for each state was as follows: Nebraska, 94,057; Missouri, 221,985; Kansas, 145,201; and Iowa, 223,162 (KFF, Medicaid Enrollment and Unwinding Tracker, 2024). Unenrollment due to procedural reasons among these numbers were as follows: Nebraska, 47,043; Missouri, 172,823; Kansas, 84,434; and Iowa, 158,029 (KFF, 2024). Among the four Region 7 states, Kansas was the only Medicaid non-expansion state. Unwinding data for Kansas concluded that due to non-expansion, uninsurance rates among Medicaid beneficiaries are expected to increase by 5.5% by June of 2024 (Guerra-Cardus & Lukens, 2023). However, Missouri had the highest percentage of all four states in terms of struggling to meet deadlines for processing applications at 34% (Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End, 2024). Each state within Region 7 used different methods to track and analyze Medicaid unwinding data; however, only Iowa completed a full Centers for Medicare and

Medicaid Services (CMS) Unwinding Report (Zylla et al., 2023). Iowa was also the only state to implement the Medicaid unwinding process into four specific “phases”, which every Iowa Medicaid beneficiary continues to cycle through at different rates (Iowa DHHS, 2024). It should be noted that since Iowa was the only state to complete the full CMS unwinding report, the total unenrollment numbers for Kansas, Nebraska, and Missouri may not be fully accurate.

### **C. POLICY ANALYSIS:**

Among policies instated in Region 7 states, articles specific to Kansas and Missouri suggested expanding Medicaid to lower uninsurance rates, pausing renewals to fix current systems, and improving performance metrics for Medicaid and SNAP data (Guerra-Cardus & Lukens, 2023; Huguelet et al., 2023; McIntyre, 2022). Iowa and Nebraska legislative articles recommended improving Medicaid education forums, extending enrollment periods, implementing auto-enrollment programs, and enhancing financial assistance (Sherman & Lukens, 2023; Wagner et al., 2023; “What States Are Doing to Keep People Covered as Medicaid Continuous Enrollment Unwinds, 2023). Several other articles suggested states use community-based organizations to assist with Medicaid enrollment, unwinding process education, and dissemination of unwinding information (Brakebill et al., 2023; Corallo, 2024; Enos, 2023; Facione, 2024; Mirza et al., 2022; KOLN, 2023; “Ensuring Resident Coverage During the Medicaid Unwinding”, 2023).

In summary, after analyzing and accepting 26 articles through the Joanna Briggs Institute Checklist For Systematic Reviews and Research Synthesis, several main results were concluded. Those most at risk for coverage loss due to the unwinding process included post-partum mothers, children, those with Limited English Proficiency, and people of color. Most cases of

disenrollment were caused by administrative or procedural errors such as not completing a renewal form, not being able to reach a call center, and the inability to understand Medicaid renewal forms. Suggested remedies to minimize coverage loss included pausing renewals to fix current Medicaid State systems, the use of community-based organizations to disseminate Medicaid unwinding information and education, Medicaid expansion, auto-enrollment programs, or enhancing financial assistance. Among the four states in Region 7, Kansas was the only non-expansion state; due to this, disenrollment is expected to increase by 5.5% by June 2024 (Guerra-Cardus & Lukens, 2023). Iowa was the only state that completed a full CMS Unwinding Report and was also the only state to implement the Medicaid unwinding process into four specific unwinding “phases” to assist beneficiaries in maintaining coverage during the redetermination process (Iowa DHHS, 2024).

## **V. DISCUSSION**

Over the past three years, Medicaid enrollment has risen exponentially due to the COVID-19 Public Health Emergency (PHE). Enrollment was made continuous for the duration of the PHE and allowed beneficiaries to maintain coverage even if they were no longer eligible (DHHS, 2023). When the PHE Emergency ended in May of 2023, most states returned to their original eligibility rules and millions of Medicaid beneficiaries began to lose coverage. This loss in healthcare coverage disproportionately affected vulnerable populations, mainly children, and caused consequences for those affected. As of March 2024, over 17 million Medicaid enrollees have been affected; of these, children accounted for one in four disenrollments (KFF, Medicaid Enrollment and Unwinding Tracker, 2024).

For this project, the four states in Region 7 (Iowa, Nebraska, Missouri, and Kansas) were most closely focused on in terms of coverage loss and continuation. After conducting a scoping literature review and policy analysis on selected data, it was discovered that most Medicaid beneficiaries lost coverage due to procedural errors such as not receiving a renewal form from the state, the inability to reach a call center to complete renewals, administrative staff shortages at the state level, and the inability to understand Medicaid renewal forms, particularly among those with LEP (Brakebill et al., 2023; Braum, 2024; Corallo, 2024; Fentem, 2024; Huguelet, 2023; Liss et al., 2023; Mirza et al., 2022; Pradhan, 2024; Wagner et al., 2023). Beyond this, those at the highest risk of losing coverage included postpartum mothers, children under the age of nineteen, and beneficiaries with LEP (KFF, Medicaid Enrollment and Unwinding Tracker, 2024). Multiple administrative strategies at the state level were suggested to be implemented to minimize the loss in coverage among these populations, including pausing renewals, using community-based organizations to disseminate Medicaid unwinding information and education, expanding Medicaid in non-expansion states, and increasing resources and financial assistance for beneficiaries. To use these suggestions, new or amended policy must be implemented; current Medicaid policy across the states in Region 7 is inconsistent and leaves many gaps to be filled.

## **VI. CONCLUSION:**

Post-pandemic, further Medicaid policy is necessary to minimize the negative impacts the Medicaid redetermination has had on Medicaid beneficiaries in the United States, particularly the states in Region 7, where many vulnerable populations have been negatively impacted by Medicaid coverage losses due to the renewal process. Iowa was the only state of the four in

Region 7 to complete a full CMS Unwinding Report and provide Medicaid redetermination "phases" to assist beneficiaries in the process (Iowa DHHS, 2024). Similar programs to this, as well as further expansion and financial assistance to vulnerable populations such as children and those with LEP, are necessary to start regaining ground on the coverage that has been lost so far. Furthermore, a focus on remediating coverage lost due to procedural reasons is essential, as high percentages of lost coverage across the states in Region 7 were due to these reasons. Medicaid is a necessary form of healthcare coverage for many Americans; to improve health outcomes and promote health equity across all populations, future consideration of this issue must be pursued.

#### **D. PUBLIC HEALTH COMPETENCIES:**

The Public Health Competencies I applied to this project include one Foundational Competency and two Concentration Competencies. The Foundational Competency that was applied is MPH6: 'Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.' The project integrates this competency in multiple ways. First, underserved populations who are heavily affected by structural bias, social inequalities, and racism were made a priority in research and data collection. These factors can both play into the way redetermination impacts these disadvantaged populations, as well as affect the outcomes of these individuals due to redetermination. Second, the purpose of this project was to understand the impact on those who have lost Medicaid coverage, particularly children. This loss of basic healthcare coverage creates barriers to achieving health equity on all levels.

The first Concentration Competency that was applied to this Capstone is HSRAMP4: 'Summarize the legal, political, social, and economic issues that impact the structure, financing,

and delivery of health services within health systems in the US'. This competency was evident throughout the project as one of the largest public healthcare programs in the U.S., Medicaid, was under research for the various factors that impact redetermination across the four states of Region 7 and how redetermination may cause these factors, primarily social and economic.

The second and final Concentration Competency applied to this project was HSRAMPH5: 'Examine information about health policy issues and problems and evaluate alternative policy options for these issues'. The final aim of this Capstone was to identify and analyze programs or policies that these states could implement to lessen any negative impacts. Comparing programs and policies across the nation as well as between the four Region 7 states themselves allowed for an understanding of what can work for underserved populations in this situation and if any programs or policies should either be implemented in the future or removed.

### **B. IRB APPROVAL:**

This project did not require IRB review or approval.

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## VII: APPENDICES

Table 2: Joanna Briggs Institute, 2017



### JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Author \_\_\_\_\_ Year \_\_\_\_\_ Record Number \_\_\_\_\_

	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include  Exclude  Seek further info

Comments (Including reason for exclusion)

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Table 3: Scoping Literature Review Coding Chart

Lit Review Capstone	TITLE	DATE PUBLISHED	MAIN IDEA/AIM	RESULTS	JBI (y/n)	NOTES	CITATION
JSTOR	Last 11 States Should Expand Medicaid to Maximize Coverage and Protect Against Funding Drop as Continuous Coverage Ends	2023	In 2021, Medicaid enrollment reached record highs. The unwinding process is quickly unraveling this progress. To minimize the negative impact, states should conduct outreach, improve systems so that those who are no longer Medicaid eligible have other options, and reviewing and improving the renewal process. The authors of this article press that the 11 non-expansion states should consider expansion once the unwinding begins.	Those falling in the coverage gap include people of color, postpartum mothers, children under 19, and parents with low incomes. This article provides various reasons as to why non-expansion states should expand Medicaid, including the ability to lower their uninsured rate below current levels. Kansas, one of the non-expansion states, was estimated to have a 5.5% increase in uninsured rates by the end of the unwinding (June 2024).	Y	Page 5 has a good description of the groups who fall in coverage gaps. Lots of good reasons for non-expansion states to expand (Kansas primarily).	Guerra-Carilus, L., & Lukens, G. (2023). <i>Last 11 States Should Expand Medicaid to Maximize Coverage and Protect Against Funding Drop as Continuous Coverage Ends</i> . Center on Budget and Policy Priorities. <a href="http://www.cbpp.org/issables/resp97239">http://www.cbpp.org/issables/resp97239</a>
JSTOR	What to Watch for in Next Week's Census Data on Poverty, Income, and Health Insurance in 2022	2023	Due to the expiration of pandemic relief, poverty rates have soared in the US in recent years. Children especially are being hit harder than usual with the expiration of the Rescue Plan's Child Tax Credit expansion.	Uninsured rates reached record lows in 2022 due to pandemic relief. However, uninsured rates are now plummeting with the unwinding. The authors argue that states can lessen these surging rates by pausing renewals to fix their current systems, improving statewide eligibility data, and implementing strategies to ease call center wait times and other administrative issues.	Y	Would be beneficial to compare this article to data from 2024.	Sherman, A., & Lukens, G. (2023). <i>What to Watch for in Next Week's Census Data on Poverty, Income, and Health Insurance in 2022</i> . Center on Budget and Policy Priorities. <a href="http://www.cbpp.org/issables/resp93956">http://www.cbpp.org/issables/resp93956</a>
JSTOR	What We Measure Matters: Enhanced Performance Metrics for SNAP and Medicaid Would Promote a More Human-Centered Delivery System	2023	The authors of this article argue that improve metrics for SNAP and Medicaid programs and policies directly work for participants should be examined.	Administrative errors can make benefits hard to obtain even when the economy is stable. Now that COVID relief is ending, it is more important than ever to focus on these administrative errors. This article describes a "Safety Net Scorecard" that could allow for a more human-centered approach. If this "Scorecard" is not feasible for a state, they could instead promote "vital signs" into performance measures to gauge missed eligibilities. Enhanced metrics are crucial to focusing on human-centered Medicaid and SNAP programs across states.	Y	Includes tangible Scorecard and Vital Signs that states can use to ease uninsured rates.	Huguellet, A., Rosenbaum, D., & Wagner, J. (2023). <i>What We Measure Matters: Enhanced Performance Metrics for SNAP and Medicaid Would Promote a More Human-Centered Delivery System</i> . Center on Budget and Policy Priorities. <a href="http://www.cbpp.org/issables/resp93953">http://www.cbpp.org/issables/resp93953</a>
KFF	Halfway Through 'Unwinding,' Medicaid Enrollment is Down About 10 Million	2024	Due to the Medicaid Unwinding, Medicaid enrollment has fallen by 9.5 million by February 2024.	These results are similar to Medicaid levels pre-pandemic, but it is happening on a 'bigger scale' and much quicker; in some states, falling enrollment rates are worse than what was expected. Rates vary highly between states. More children are falling off now than before the pandemic.	Y	New Press release	Galewitz, Phil. "Halfway through 'Unwinding,' Medicaid Enrollment is Down About 10 Million." <i>KFF Health News</i> , 7 Feb. 2024. <a href="https://www.kff.org/healthnews/news/article/mc/unwinding-chip-disenrollments-halfway-through-pandemic/">https://www.kff.org/healthnews/news/article/mc/unwinding-chip-disenrollments-halfway-through-pandemic/</a>
KFF	HHS Takes Additional Action to Keep People Covered as States Resume Medicaid, CHIP Renewals	2024	The U.S. Department of Health and Human Services recently announced new flexibilities that will help current Medicaid and CHIP beneficiaries to maintain coverage during the Unwinding.	Many new flexibilities included. The HHS advises states to work with community partners (community-based organizations, faith-based organizations, pharmacies, local clinics, schools, and others) to help Medicaid/CHIP beneficiaries understand the renewal process and current eligibility. One flexibility that is helping with this is the allowance of pharmacies and community-based organizations to facilitate the reinstatement of coverage for those who were recently disenrolled due to procedural reasons.	Y	New Press release	HHS Takes Action to Provide 12 Months of Mandatory Continuous Coverage for Children in Medicaid and CHIP. "CMS." <a href="https://www.cms.gov/newsroom/press-releases/hhs-takes-action-provide-12-months-mandatory-continuous-coverage-children-medicare-and-chip">https://www.cms.gov/newsroom/press-releases/hhs-takes-action-provide-12-months-mandatory-continuous-coverage-children-medicare-and-chip</a> . Accessed 10 Feb. 2024.
CMS KFF	Lost in the Mix of Medicaid 'Unwinding': Kentucky Cut Off Her Health Care Over a Clerical Error	2024	Kentucky women loses Medicaid coverage for procedural reasons without knowing this has happened to millions, even if it is not directly related to their eligibility.	It was argued that Medicaid services 'failed' this woman and many others due to faulty assessments of eligibility. This woman said she did not receive a renewal form - how many others may this have happened to? Many states are behind on sending automatic renewal forms. Beneficiaries may also be eligible for other reasons that were not noticed, so they were disenrolled. This has led to missing important health care services such as surgery.	Y	New Press release	Pradhan, Rachana. "Lost in the Mix of Medicaid 'Unwinding,' Kentucky Cut off Her Health Care over a Clerical Error." <i>KFF Health News</i> , 21 Nov. 2023. <a href="https://www.kff.org/healthnews/news/article/kentucky-mc/unwinding-health-insurance-cancelled/#:~:text=Likens%20to%20a%20broken%20time">https://www.kff.org/healthnews/news/article/kentucky-mc/unwinding-health-insurance-cancelled/#:~:text=Likens%20to%20a%20broken%20time</a> . Accessed 10 Feb. 2024.
KFF	Medicaid 'Unwinding' Makes Other Public Assistance Harder to Get	2023	The Medicaid unwinding is taking a huge toll on government administrative staff who work on Medicaid and SNAP benefits: government call center workers are overwhelmed, causing beneficiaries to be on hold or in line for food and cash assistance.	SNAP enrollment has declined along with Medicaid, as extended benefits ended last year. Millions of Americans are struggling to receive their benefits; most have children under the age of 15. In Missouri, over half of SNAP applicants were denied from getting food aid due to not completing an interview, even if they were still eligible. Missed interviews occurred often times due to the inability to reach a call center to complete it.	Y	New Press release, includes Region 7 state (Missouri)	Iss, Kathryn Houghton, Rachana Pradhan, Samantha. "Medicaid 'Unwinding' Makes Other Public Assistance Harder to Get." <i>KFF Health News</i> , 29 Nov. 2023. <a href="https://www.kff.org/healthnews/news/article/mc/unwinding-public-assistance-access-problem/">https://www.kff.org/healthnews/news/article/mc/unwinding-public-assistance-access-problem/</a>
KFF	Medicaid's 'Unwinding' Can Be Especially Perilous for Disabled People	2023	It is argued that some states, such as Kentucky, are not following the rules to correctly determine Medicaid eligibility. All possible qualifications are not being considered, which is leading to eligible individuals losing coverage.	Many individuals are still eligible for Medicaid but fall through the cracks when it comes to technicalities. Pregnant women, children, and those with disabilities have a higher likelihood of losing coverage.	Y	New press release, discusses vulnerable population (disabled)	Pradhan, Rachana, and Mikotone Beard. "Analysis   Medicaid's 'Unwinding' Can Be Especially Perilous for Disabled People." <i>Washington Post</i> , 28 Nov. 2023. <a href="https://www.washingtonpost.com/policy/2023/11/28/mc/unwinding-can-be-especially-perilous-for-disabled-people/">https://www.washingtonpost.com/policy/2023/11/28/mc/unwinding-can-be-especially-perilous-for-disabled-people/</a>
KFF	Unwinding of Medicaid Continuous Enrollment: Key Themes from the Field	2024	This article shows the key data that has been extracted so far from the Medicaid unwinding process.	Although Medicaid enrollment rates have dropped significantly, communication and engagement across states has been found. These methods include mailers and toolkits, engaging with community partners, text messaging, and other support. This engagement and subsequent feedback loops has been a positive aspect of the unwinding. However, the volume of renewals and staff shortages are a downside. Some states have tried to streamline the renewal process. Many states have increased the number of communication points with beneficiaries. Most beneficiaries note that Medicaid renewal or termination forms are difficult to understand. Getting in contact with call centers has also been difficult, especially for those not proficient in English. Many children are losing CHIP coverage. Deductibles and cost sharing within the marketplace have been too high. It is difficult to get in touch with every community and every individual.	Y	Condensed and widespread data on specific states and nationwide. Suggests outreach strategies for states to implement.	Corallo, Bradley, et al. "Unwinding of Medicaid Continuous Enrollment: Key Themes from the Field - Issue Brief - 10277." <i>KFF</i> , 10 Jan. 2024. <a href="https://www.kff.org/report-section/unwinding-of-mc/unwinding-continuous-enrollment-key-themes-from-the-field-issue-brief-10277/">https://www.kff.org/report-section/unwinding-of-mc/unwinding-continuous-enrollment-key-themes-from-the-field-issue-brief-10277/</a>
Health Affairs	Unwinding Should Be a Call to Action To Fix Fragmented System	2023	The Medicaid unwinding process is showing the U.S.'s fragmented healthcare systems and the gaps that exist.	Normal Medicaid procedures are already often confusing for beneficiaries - the addition of this redetermination process, which often includes more paperwork, has exacerbated the issue. It is stated that this impact falls harder on people of color, as these populations are more likely to rely on Medicaid due to systemic racism and structural inequities found in social determinants of health. This article mentions several methods to lessen the impact of the unwinding, including <i>Ex Parte</i> Medicaid renewals, continuous eligibility, the ensuring of seamless coverage transitions, and closing the Medicaid coverage gap.	Y	This article mentions that this period of unwinding is an opportunity to streamline the Medicaid system at the federal level. As Medicaid is dispersed at a state level, rates of coverage vary greatly from state to state. However, federal oversight is beginning to reveal these shortcomings and alert states as to the problem.	Wagner, J., Oms, A., Guerra-Carilus, L., & Luick, S. (2023). <i>Unwinding Should Be a Call to Action To Fix Fragmented System</i> . <i>Health Affairs Forefront</i> .
Commonwealth Fund	Jeopardizing a Sound Investment: Why Short-Term Cuts to Medicaid Coverage during Pregnancy and Childhood Could Result in Long-Term Harm	2020	This article looks at the impacts Medicaid coverage long-term for pregnant women and children, and what impact Medicaid cuts could have on children and pregnant women.	Long-term Medicaid coverage for pregnant women and children was found to be associated with improved health, lower rates of disability in adulthood, higher educational attainment, greater financial security, financial benefits towards society, strong returns on government investment, and benefits specifically towards Black children.	Y	The authors of this article argue that a long-term policy solution for Medicaid coverage during pregnancy and childhood would be automatic federal funding increases that avert future Medicaid cuts during economic downturns.	Park, Edwin, et al. "Jeopardizing a Sound Investment: Why Short-Term Cuts to Medicaid Coverage during Pregnancy and Childhood Could Result in Long-Term Harm." <i>www.commonwealthfund.org</i> , 8 Dec. 2020. <a href="https://www.commonwealthfund.org/publications/issue-brief/2020/dec/08/jeopardizing-a-sound-investment-why-short-term-cuts-to-mc/unwinding-continuous-enrollment-key-themes-from-the-field-issue-brief-10277/">https://www.commonwealthfund.org/publications/issue-brief/2020/dec/08/jeopardizing-a-sound-investment-why-short-term-cuts-to-mc/unwinding-continuous-enrollment-key-themes-from-the-field-issue-brief-10277/</a>
PubMed	Continuous Eligibility for Medicaid Associated With Improved Child Health Outcomes	2022	This article studies the impact procedural issues leading to missed Medicaid coverage have on children.	For low-income children, continuous Medicaid eligibility was found to close insurance gaps and improve pediatric health. Children with special health needs were found to be especially benefited in terms of access to preventative care, specialty care, and medical care in general.	Y	The children in this study weren't losing Medicaid coverage due to income limits, they were well below the level. The issue was missed paperwork.	Brantley C, Ku L. Continuous Eligibility for Medicaid Associated With Improved Child Health Outcomes. <i>Med Care Res Rev</i> . 2022 Jun;79(3):404-413. doi: 10.1177/10775587211021172. Epub 2021 Sep 16. PMID: 34525877.
CINAHL	Editorial: Meeting the Needs of Federally Qualified Health Center Patients Following the Public Health Emergency Unwinding	2024	This article looks into the impact that the Medicaid redetermination process has on Federally Qualified Health Centers (FQHCs), as many patients use Medicaid. The federal funding towards telehealth specifically was cause for greater health outcomes among clients.	The unwinding will have several negative impacts on FQHCs, including increases in uncompensated care, a loss of revenue up to 2.5 billion, and the loss of funding for telehealth services (which became relied on heavily), among others. It is important to mitigate the losses caused by FQHCs during the redetermination process as they provide equitable care to diverse populations, many of which are disproportionately impacted by the unwinding.	Y	Policies that focus federal funding on FQHCs specifically could lessen the impact of the Medicaid unwinding on vulnerable populations.	Nguyen, K. H., & Cole, M. B. (2024). Editorial: Meeting the Needs of Federally Qualified Health Center Patients Following the Public Health Emergency Unwinding. <i>Journal of Ambulatory Care Management</i> , 47(1), 43-47. <a href="https://doi.org/10.1097/JAC.0000000000000485">https://doi.org/10.1097/JAC.0000000000000485</a>
CINAHL	Medicaid Unwinding: Impacts, Challenges, and Advocacy Efforts in the Wake of Policy Changes	2024	This article documents how many Medicaid beneficiaries are losing coverage due to procedural reasons such as failure to re-enroll. It argues that nurses have the opportunity to aide in this situation by sharing information and resources with beneficiaries.	Since the beginning of the unwinding in May 2023, it is estimated that 9.5 million adults and children have lost Medicaid and CHIP coverage due to procedural reasons. The groups impacted most by these reasons include immigrants with LLP, the elderly, the disabled, and beneficiaries with no stable home address. Some states are attempting to switch over those who lost Medicaid coverage to state or federal ACA Marketplace plans. The authors state that nurses are "uniquely positioned" to communicate with patients about resources and alternate health care plans. This can be done via brief conversations with clients, referrals to social workers, or by sharing health care resources.	Y	Not a policy change, but suggesting that nurses leverage their position to spread information on how to maintain healthcare coverage.	Faccione, B. (2024). <i>Medicaid Unwinding: Impacts, Challenges, and Advocacy Efforts in the Wake of Policy Changes</i> . <i>CNA Head &amp; Neck Nursing</i> , 42(1), 39-40.

CINAHL	Consequences of Post-Public Health Emergency Medicaid Redetermination for Low-Income Pregnant and Postpartum Patients.	2023	Low-income Postpartum and Pregnant Medicaid beneficiaries face increased barriers to care and negative health outcomes due to the redetermination process.	More than 40% of births nationally are covered by Medicare (1.5 million births in 2021). Income levels have become steeper since the ending of the PHE, and will result in the termination of coverage for many postpartum members. On top of this, many more members will lose coverage due to administrative errors, not eligibility. People of color, particularly Spanish speaking Hispanic women, are among the highest rates of discontinued coverage. Most states extended postpartum coverage 12 months after the PHE, but this is quickly coming to an end. This article calls for providers to take an active role in making patients aware of coverage options and local policy/advocacy for maternal and child health.	Y	Vulnerable population- postpartum and pregnant beneficiaries. Also includes methods to minimize lost coverage.	Brakebill, A., Huizinga, J. L., & Admon, L. (2023). Consequences of Post-Public Health Emergency Medicaid Redetermination for Low-Income Pregnant and Postpartum Patients. <i>Journal of Women's Health</i> (15420996), 32(11), 1208-1220. <a href="https://doi.org/10.1089/jwh.2023.0820">https://doi.org/10.1089/jwh.2023.0820</a>
CINAHL	Ensuring Resident Coverage During the Medicaid Unwinding.	2023	This article covers the methods providers can take to ensure nursing home residents stay covered post-unwinding.	*State Medicaid agencies have over 87 million redeterminations to conduct before May 2024. Most states have not conducted redeterminations in over three years. During that time, beneficiary information (contact information, financial information, etc.) might have become out of date and state agencies have had significant staff turnover and shortages. In many states, state and/or county eligibility units may have few or no staff members with redetermination expertise. Despite Centers for Medicare & Medicaid Services' guidance and support, this could result in notable breaks in Medicaid coverage. In nursing homes, staff turnover rates are high. Because of this, knowledge and experience with Medicaid redetermination is often low among staff. The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) has created resources and education for nursing home staff to understand Medicaid unwinding processes and how to ensure residents stay covered.	Y	Vulnerable population- elderly in nursing homes. The data is showing that providers are a key way to ensure coverage among many Medicaid beneficiaries.	Ensuring Resident Coverage During the Medicaid Unwinding (2023). <i>Provider</i> , 50(2), 1.
CINAHL	States prepare to avert problems as Medicaid rolls stand to be pared down.	2023	This news press article, released in April of 2023, determined what it thought the consequences of the redetermination would be.	States each have their own methods of alerting the public to the Medicaid redetermination. Maryland initiated and expanded a notification project to alert providers and patients about redetermination. This started with CHCQ and moved to community mental health centers (the article expected the unwinding to heavily impact those with behavioral and mental health issues). California is using social media methods to spread information. State designated health information exchanges (HIEs) can "modernize the process and significantly reduce the burden on providers, clinics and state Medicaid agencies so they can instead focus on supporting patients" by leveraging current technology and infrastructure.	Y	The CMS asked all states to report on data 12 months after the PHE ended (May 11th)- check in and see where the data is so far.	Inou, G. (2023). States prepare to avert problems as Medicaid rolls stand to be pared down. <i>Mental Health Weekly</i> , 33(16), 1-3. <a href="https://doi.org/10.1002/mhw.33611">https://doi.org/10.1002/mhw.33611</a>
CINAHL	Evidence-Based Outreach Strategies for Minimizing Coverage Loss During Unwinding.	2022	Although the unwinding will cause many who are eligible to lose coverage, it will also likely cause a swell of appropriate terminations- individuals who are truly no longer Medicaid eligible.	There is limited literature or research concerning methods of reaching enrollees during the unwinding process. In a RCT conducted in California among Medicaid beneficiaries, it was found that phone interventions work significantly better than email interventions. Low-cost low-touch methods such as email are easier for states, but higher-cost higher-touch methods are shown to cover gaps better. Administrative staff who are directly able to assist in beneficiary questions are much more helpful. This article pushes phone-based enrollment assistance over email, or a hybrid.	Y	Policy implications could include phone assistance/better funding towards live administrative staff at the state level.	McInrye, A. (2022). Evidence-Based Outreach Strategies for Minimizing Coverage Loss During Unwinding. <i>JAMA Health Forum</i> , 3(10), e223581. <a href="https://doi.org/10.1001/jamahealthforum.2022.3481">https://doi.org/10.1001/jamahealthforum.2022.3481</a>
CINAHL	Medicaid Redetermination and Renewal Experiences of Limited English Proficient Beneficiaries in Illinois.	2022	The purpose of this study was to examine the experiences Limited English Proficiency (LEP) Medicaid beneficiaries had during redetermination processes in Illinois. Languages included Arabic, Chinese, Korean, and Vietnamese.	The results concluded that LEP causes extensive barriers during the redetermination process in comparison to English proficient beneficiaries. LEP respondents had over 5 times the odds of losing Medicaid benefits than English proficient respondents. The article calls for better language supports during Medicaid redetermination processes.	Y	LEP populations are another vulnerable population during the Medicaid unwinding. Future policy could feature language supports during redetermination processes.	Mirza, M., Hammon, E. A., Quiñones, L., & Kim, H. (2022). Medicaid Redetermination and Renewal Experiences of Limited English Proficient Beneficiaries in Illinois. <i>Journal of Immigrant &amp; Minority Health</i> , 24(1), 145-153. <a href="https://doi.org/10.1007/s10903-021-01178-8">https://doi.org/10.1007/s10903-021-01178-8</a>
NPR	Starting in 2024, a federal law will guarantee Missouri kids keep Medicaid coverage for a year	2024	Starting January 1st, 2024, a provision in the federal spending bill will ensure that all children under the age of 18 who receive CHIP or Medicaid benefits will not be removed for 12 months.	With the Medicaid unwinding, tens of thousands of Missouri children had been removed from Missouri state Medicaid. Almost 110,000 individuals were removed from Medicaid benefits, with over half being children. "Procedural reasons" were the cause of most "ineligibilities". Unfortunately, this specific bill will not guarantee children coverage once the 12 months is up-annual renewals will continue with normal processes.	Y	Important policy in Missouri that covered more children under Medicaid/CHIP for 12 months after unwinding.	Fentem, Sarah. "Starting in 2024, a Federal Law Will Guarantee Missouri Kids Keep Medicaid Coverage for a Year." <i>KCUR - Kansas City News and NPR</i> , 20 Nov. 2023. <a href="https://www.kcur.org/health/2023-11-20/starting-in-2024-federal-law-will-guarantee-missouri-kids-keep-medicaid-coverage-for-a-year/">https://www.kcur.org/health/2023-11-20/starting-in-2024-federal-law-will-guarantee-missouri-kids-keep-medicaid-coverage-for-a-year/</a>
Iowa DHHS	Continuous Coverage Unwind Toolkit- Iowa Medicaid	2023	This document is a toolkit to aid Iowa Medicaid beneficiaries in understanding the Medicaid unwinding process.	Iowa's Medicaid redetermination process includes 4 phases: Green Phase (updating member info), Blue Phase (preparing members for the unwinding), Red Phase (helping members fulfill renewal requirements so as to avoid lost coverage due to procedural reasons), and Yellow Phase (Providing coverage information to those who are no longer eligible for Medicaid benefits). These phases occur over the course of one year. The Green Phase started for most in January of 2023, but differs depending on the individual. These phases and links to this toolkit were linked and posted on social media, posted in email and physical newsletters, discussed in Iowa town halls, and posted in the form of printed flyers.	Y	How have Iowa's Medicaid rates looked from 2023-2024? Could this be attributed to the toolkit? If rates were better, could other states implement a similar toolkit, or have they done so? *Iowa has the second highest	Continuous Coverage Unwind Toolkit. Iowa Department of Health and Human Services, 2023.
Kansas Action For Children	As Unwinding Continues, Thousands of Kansas Kids Lost Coverage Due to Systems 'Glitch'	2024	Almost 36,000 children under 'KanCare' lost healthcare coverage due to procedural reasons, not due to income ineligibility.	Since August 31, 2023, 58,178 individuals lost KanCare Medicaid coverage due to procedural reasons (but can reenroll during the reinstatement window review period). Over 60% of those in the reinstatement window are children. The 'glitch' that caused so many disenrollments was due to 'ex parte' a process in which coverage is renewed automatically for those under certain income thresholds. The issue was that the ex parte process in Kansas looked at household income instead of individual income. If one individual in the house was over the income limit, all members of the house were sent renewal forms. If the renewal forms were not sent in on time, coverage was discontinued.	Y	Kansas has the highest rate of disenrollment out of all of the Region 7 states- most likely due to the glitch.	Braum, Heather. "As Unwinding Continues, Thousands of Kansas Kids Lost Coverage due to Systems 'Glitch.'" <i>Kansas Action for Children</i> , 12 Oct. 2023. <a href="http://www.kac.org/as_unwinding_continues_thousand_of_kansas_kids_lost_coverage_due_to_systems_glitch">www.kac.org/as_unwinding_continues_thousand_of_kansas_kids_lost_coverage_due_to_systems_glitch</a> . Accessed 10 Feb. 2024.
Nebraska DHHS	Nebraska Medicaid To Hold Weekly Public Webinars On The Public Health Unwinding	2024	The Nebraska DHHS, starting May 11th, 2023, is holding virtual public meetings/webinars to discuss the Medicaid unwinding and how members can enroll.	To minimize the loss of coverage for Nebraska Medicaid beneficiaries, the Nebraska DHHS held weekly public webinars to inform and educate Medicaid members on the redetermination process. All webinars were recorded and are available on the Nebraska DHHS website.	Y	Not a policy, but one way Nebraska aimed to minimize lost Medicaid	Powell, Jeff. "Nebraska Medicaid to Hold Weekly Public Webinars on the Public Health Unwinding." <i>DHHS.gov</i> , 11 May 2023.
CMS	Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End	2024	This unwinding tracker has kept track of unwinding data since May of 2023, and continues to update monthly.	Renewals completed via ex parte have increased. By October of 2023, 38% of renewals had been completed this way. On the other hand, many states continue to struggle the demand and volume of administrative work they are faced with. The average call center wait time is over 20 minutes. Applications have doubled, signaling that many individuals who were let go realized that they were in fact still eligible. Many states are also struggling to process applications in a timely manner. In Missouri, 34% of applications were not processed within 45 days. In Kansas, 22% were not processed within this time frame. Outside of Region 7 states, Arkansas and South Dakota account for some of	Y+23	This tracker updates monthly with news on unwinding data nationwide.	"Unwinding Watch: Tracking Medicaid Coverage as Pandemic Protections End." <i>CMS</i> . <i>www.cms.gov</i> , 2 Feb. 2024. <a href="https://www.dhsp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end">https://www.dhsp.org/research/health/unwinding-watch-tracking-medicaid-coverage-as-pandemic-protections-end</a> . Accessed 16 Feb. 2024.
KFF	State Policy Choices Are Likely to Affect the Extent of Medicaid Enrollment Declines during the Unwinding Period	2023	This article documents the implications unwinding will have nationwide and includes relevant data.	In a table based on renewal policies, Kansas does not follow up on returned mail, Iowa and Nebraska do not follow up with enrollees who have not responded to a renewal request before terminating coverage, and Missouri will not take 12-14 months to complete all renewals.	Y	Various statewide unwinding data.	Tobert, Jennifer, et al. "State Policy Choices Are Likely to Affect the Extent of Medicaid Enrollment Declines during the Unwinding Period." <i>KFF</i> , 9 May 2023. <a href="http://www.kff.org/medicaid/issue-what-states-are-doing-to-keep-people-covered-as-medicaid-continuous-enrollment-unwinds/">www.kff.org/medicaid/issue-what-states-are-doing-to-keep-people-covered-as-medicaid-continuous-enrollment-unwinds/</a> . <i>www.commonwealthfund.org</i> , 6 Dec.
Commonwealth Fund	What States Are Doing to Keep People Covered as Medicaid Continuous Enrollment Unwinds	2023	This article documents several methods states are using to keep people enrolled under Medicaid coverage during the unwinding process.	Methods to minimize coverage loss include marketplace strategies to limit coverage gaps (an extended special-enrollment period), lowering administrative hurdles through auto-enrollment programs, and enhancing financial assistance.	Y	Methods states are using to minimize negative impacts.	What States Are Doing to Keep People Covered as Medicaid Continuous Enrollment Unwinds. <i>www.commonwealthfund.org</i> , 6 Dec.