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**Unwinding the Continuous  
Coverage Requirement:  
*Developing A Communications Plan***

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## Overview

### Impact of COVID-19 on Medicaid Coverage

The Department of Health and Human Services (HHS) [declared a Public Health Emergency \(PHE\)](#) in January of 2020 in response to the outbreak of COVID-19. As a condition of receiving a temporary 6.2 percent Federal Medical Assistance Percentage (FMAP) increase under the federal Families First Coronavirus Response Act, states are required to maintain enrollment of nearly all Medicaid enrollees through the end of the month in which the COVID-19 public health emergency (PHE) ends. The PHE is currently slated to end on July 15, per the latest renewal in [April](#), and the continuous coverage requirement would therefore end on July 31. As part of the release of the guidance, CMS reiterated the United States Department of Health and Human Services' (HHS') previous commitment to provide states with 60 days' notice prior to the expiration of the PHE. When continuous coverage requirements expire, states will need to conduct a full redetermination for all enrollees who would have otherwise been subject to redetermination.

On March 3, the Centers for Medicare & Medicaid Services (CMS) released a [State Health Official \(SHO\) letter](#), "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." The guidance clarifies CMS expectations for state Medicaid and CHIP agencies as they prepare to process outstanding eligibility and enrollment actions when the federal Medicaid continuous coverage requirement ends. The new CMS guidance builds upon and clarifies previously released SHO letters that were released in [August 2021](#) and [December 2020](#) to outline state obligations and strategies with respect to redetermining eligibility for individuals. There are template notices states can customize [available to download on the SHVS website](#). CMS also has [mock notices available on their website](#).

### Why Communications Is Important

Currently, states are required to keep all Medicaid members continually enrolled in health coverage. When federal continuous coverage requirements end, the process of redetermining individuals presents the single largest health coverage transition event since the first open enrollment of the Affordable Care Act. Large scale disruption in health coverage because of the expiration of the continuous coverage rules will have a disproportionate impact on Black, Latino/a, and other people of color, who are significantly overrepresented in state Medicaid programs.<sup>1</sup> As states plan to resume pre-pandemic operations, enrollees will need to know what to expect and what they need to do to keep their health coverage. Most enrollees will either remain eligible for Medicaid/CHIP or qualify for tax subsidies that allow them to buy affordable Marketplace plan coverage. The end of the Medicaid continuous coverage requirement presents states with tremendous opportunities to keep individuals enrolled in health coverage. Developing a communications plan that reflects this goal, and the unique circumstances each state faces in striving to achieve it, will be essential to sharing clear, concise, and compelling information with Medicaid/CHIP enrollees and other consumers so that they know the steps that they need to take, when to act, and what to do to maintain coverage.

States can start planning now to minimize churn and mitigate coverage losses. As operational planning takes place a robust, integrated, multi-stakeholder communications plan will be important to conduct successful outreach and education. This toolkit provides a communications planning guide designed to support state Medicaid agencies as they prepare for the upcoming end of the continuous coverage requirement.

For more state resources to help prepare for the unwinding of continuous coverage, please visit: <https://www.shvs.org/resource/phe-unwinding-resources-for-states/>.

<sup>1</sup> <https://www.shvs.org/the-end-of-the-covid-public-health-emergency-potential-health-equity-implications-of-ending-medicaid-continuous-coverage/>

## Communications Goals

The following communications goals can support the overall “continuous coverage” unwinding effort:

- **Educate** - Raise awareness of actions enrollees need to take and when they need to take them to maintain coverage.
- **Engage** - Engage states and partners to align messaging, create “surround sound,” and leverage and build partnerships with trusted messengers.
- **Establish** - Establish feedback loop with partners to share input for planning, and to identify and address issues as implementation takes place.

Ultimately, the goals and objectives of a communications effort should align with operational planning and ensure that information reaches Medicaid enrollees to maximize continuity of coverage and effectively communicate how to maintain it. To ensure effective consumer communication, state Medicaid agencies should:

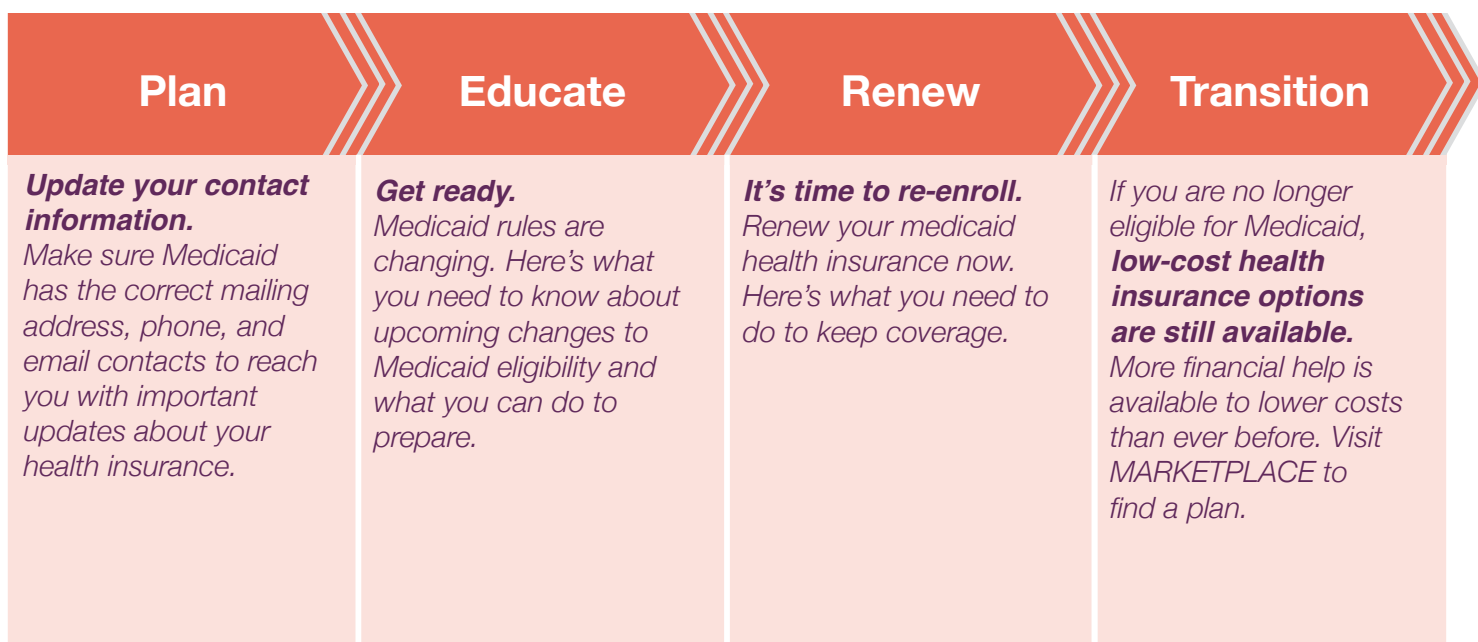
- Analyze data to define target audiences and prioritize outreach and communications accordingly.
- Develop integrated phased communications campaigns to drive re-enrollment (e.g., mass media, earned media, social media, direct to consumer tactics).
- Convene interagency and partner workgroups to (1) align on operational plans and share messaging, and (2) ensure consumers know about eligibility changes and actions they need to take to keep coverage.
- Partner with trusted messengers, including those that can reach consumers in culturally and linguistically appropriate ways [e.g., managed care organizations (MCOs), providers, community-based organizations (CBOs), faith-based organizations].
- Plan for customer support needs, including multiple languages and mechanisms.
- Reinforce health insurance options for non-Medicaid eligible individuals and offer resources where they can go to enroll in other coverage (e.g., Navigators, assisters, Marketplaces).

## Campaign Phases, Audiences, Strategies, and Tactics

### Taking a Phased Approach to Communications

The unwinding of federal Medicaid continuous coverage requirements necessitates a coordinated, phased communications plan that, although different across states based on timelines and operational decisions, can be put in place to sequence information sharing, and reach enrollees with messages across multiple channels using trusted messengers. The following phases may help states to prioritize and sequence strategies, tactics, and messages according to the timelines they will put in place.

PLAN	EDUCATE	RENEW	TRANSITION
<p><b>Objective:</b> States and partners engage in operational planning and develop coordinating mechanisms</p> <p><b>Primary Audience:</b> Providers, MCOs, and other community organizations that work with Medicaid enrollees</p>	<p><b>Objective:</b> Medicaid enrollees are informed of coming changes</p> <p><b>Primary Audience:</b> Navigators, assisters, MCOs; enrollees who will need to take action to stay enrolled</p>	<p><b>Objective:</b> Medicaid enrollees understand how to re-enroll and take steps to do so</p> <p><b>Primary Audience:</b> All Medicaid enrollees</p>	<p><b>Objective:</b> Consumers transition to new coverage if no longer eligible for Medicaid</p> <p><b>Primary Audience:</b> Non-Medicaid eligible individuals; uninsured; eligible individuals who lose coverage due to administrative reasons</p>



## Approach

Engage partners in operational planning and develop coordinating mechanisms as the unwinding process approaches. This is an opportunity to build partnerships with external organizations with an interest in Medicaid enrollment work. States and partners should push communications that direct enrollees to update their contact information, including phone number, email address, and mailing address to ensure they will receive timely communications as the unwinding process happens.

*Who are the organizations in your state?*

## Target Audiences

- Providers
- Managed care organizations (MCOs)
- Healthcare facilities
- Other state organizations that serve Medicaid/CHIP enrollees
- Community organizations that work with Medicaid/CHIP enrollees
- Consumer advocates

## Strategies and Tactics

*Who are the agency partners in your state?*

### Interagency Coordination

- Audiences to engage include Medicaid Advisory Committees, state-based marketplaces, health facility and professions regulatory agencies, as well as human service agencies (those providing Supplemental Nutrition Assistance Program, Women, Infants and Children, other benefits)
- Establish workgroups for planning to include entities with shared enrollee and consumer touchpoints, including state-based marketplaces
- Review data sources to identify and segment enrollee populations
- Leverage contact information to conduct additional outreach to enrollees with outdated mailing addresses upon receiving returned mail

*Identify the potential partners in these categories in your state.*

## Stakeholder Outreach

- Managed Care Organizations
  - Establish regular check-ins to share information about plans
  - Share messaging encouraging enrollees to update contact information
  - Update enrollee communications materials as information is available, including website, social channels, email lists, text messages, and customer support
- Providers, Healthcare Facilities
  - Establish feedback loops to share messaging through the process
  - Encourage communications including leave-behind one-pagers, digital communications through websites and social media channels, updated call scripts
  - Inform providers of changes happening and suggest they share information with their Medicaid patients at points of care
- Community-Based Organizations, Community Partners
  - Engage partners to share messaging and reinforce the importance of information and having updated contact information
  - Encourage partners to update materials, website, call center scripts with relevant messaging
  - Foster relationships with organizations that can reach consumers to extend reach in culturally and linguistically appropriate ways of the enrollee population
  - Foster relationships with organizations that work with or reach Medicaid/CHIP enrollees

## Direct to Enrollees

*What mechanisms do you have to reach enrollees directly?*

- Review current consumer communications and website language to ensure it is clear about the upcoming renewal process and to encourage enrollees to update their contact information
- Push reminders to update contact information to enrollees
- Update call scripts to ask for updated contact information and include it as part of Interactive Voice Response (IVR) cues
- Encourage enrollees to inform Medicaid agencies of a change in address, provide an email or phone number, and set up an online account
- Consider direct mail such as postcards and notices as required

## Digital Outreach

*What channels can you leverage to reach enrollees online?*

- Launch webpage with information on the ending of the federal Medicaid continuous coverage requirements as a destination to post regular public updates about the process as decisions are made
- Create and send email newsletter updates
- Social media outreach and monitoring – leverage social media channels to share updates; monitor social media for questions/conversations around transition and respond – use as a feedback loop to update information for partners and customer support

Support for this toolkit was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

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#### ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

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#### ABOUT STATE HEALTH AND VALUE STRATEGIES—PRINCETON UNIVERSITY SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies and brings together states with experts in the field. Learn more at [www.shvs.org](http://www.shvs.org).

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#### ABOUT GMMB

This toolkit was prepared by GMMB. GMMB is a full-service communications firm dedicated to creating real and lasting positive change in the world. We work on behalf of several of the world's largest foundations, leading public interest groups and trade associations, federal and state government agencies, and corporations. For more than 25 years, we have been on the front line of issue-based communications, earning a reputation for shaping public opinion by developing research-based communications strategies that achieve real results. For more information, visit [www.gmm.com](http://www.gmm.com).