INSTITUTE FOR MEDICAID INNOVATION

June 2020

Medicaid Enrollment during COVID-19: A Content Analysis of State Actions to Mitigate Barriers

Authors:
Rebecca Landucci, MPH
Jennifer E. Moore, PhD, RN, FAAN
Clare Brown, PhD, MPH
Caroline Adams, BS
Nicole Truhe, MPA
Mark Larson

COVID-19 has resulted in an increase of newly Medicaid eligible individuals while simultaneously forcing Medicaid agencies to adapt their enrollment procedures. To understand how states responded to support the timely enrollment of newly eligible individuals, a content analysis of state, federal, and media outlet resources was performed between April 13, 2020 and May 8, 2020. Thirty-eight total data points were collected including twenty-three state strategies specific to the newly eligible population. Descriptive statistics and Fisher exact tests were performed to quantify differences in adoption of strategies stratified by Medicaid expansion status and Marketplace structure. The five strategies adopted most frequently by states included having a phone line for enrollment assistance, allowing phone and online enrollment, listing the phone assistance line on the website, enabling real-time eligibility determinations, and waiving the in-person or phone interview requirement. Adoption of strategies varied by states' expansion status and marketplace structure. Opportunities still exist for states to further remove barriers to enrollment for newly eligible individuals during the pandemic.

The impact of COVID-19 on the economy and societal well-being is evident given the rising unemployment rates. Individuals are losing employment, being furloughed, and receiving reduced wages and hours of work during the pandemic. The resulting loss of health insurance coverage for many of these same individuals could have long-lasting effects on their health and the health of the nation. Medicaid is a joint federal/state-funded program that provides coverage for individuals with low income and/or disabilities.

Medicaid can act as a safety net during this time for those who are newly eligible, either because of loss of employer- or university-sponsored insurance or because of changes in employment status or household income that drops them below their state's Medicaid eligibility threshold. Individuals who are applying for unemployment benefits are facing significant barriers to filing claims, confirming their eligibility, and receiving needed funds. Antiquated unemployment systems and overloaded phone lines are unable to handle the large influx in the volume of claims. Similar issues might be arising for the newly Medicaid-eligible because of the potentially limited capacity of Medicaid to process and respond to an increase in applications, the closure of actual Medicaid offices, and challenges for individuals to acquire the

The mission of the Institute for Medicaid Innovation is to improve the lives of Medicaid enrollees through the development, implementation, and diffusion of innovative and evidence-based models of care that promote quality, value, equity and the engagement of patients, families, and communities.

necessary documentation during the pandemic. It is critical to understand the factors that might contribute to the newly Medicaid eligible population experiencing similar barriers to enrollment as what has been widely documented for individuals who are newly eligible for unemployment; therefore, we performed a content analysis to identify state-level changes in the Medicaid application process that could delay or facilitate enrollment.

The Medicaid program covers more than 70 million people in the United States.[1] Each state has the flexibility to design its own Medicaid program in accordance with federal guidelines, with the option to cover specific populations, provide additional benefits, or waive certain requirements to experiment with or enhance certain programs. The federal government contributes 50-82 percent of each state's Medicaid expenditures, referred to as the federal medical assistance percentage (FMAP).[2] A person's eligibility to enroll in Medicaid is dependent on several characteristics, including financial factors such as household-modified adjusted gross income (MAGI), and categorical factors such as pregnancy status. It is estimated that there will be a significant increase in the number of individuals who are newly eligible for Medicaid because of employment and income changes related to the pandemic, with greater increases among states that opted to expand Medicaid under the Affordable Care Act.[3, 4] Given that a majority of Medicaid policies are determined at the state level, a detailed analysis of states' responses to Medicaid enrollment during the COVID-19 pandemic may be useful for state-level policy makers across the country.

Eligibility Requirements & Flexibilities during COVID-19

During the pandemic, the Medicaid program, similarly to unemployment benefits, has the potential to offer a safety net for people caught in unfortunate circumstances until the country recovers and re-opens. In response, the Health and Human Services Secretary Azar, the United States Congress, and the Trump Administration have acknowledged the role of Medicaid during the pandemic and supported implementing flexibilities afforded through the declaration of a public health emergency; passage of the Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act; and issuance of blanket waivers by the Centers for Medicare and Medicaid Services (CMS).[5, 6, 7, 8] States can alter various aspects of their programs to mitigate the effects of the pandemic by revising existing state plans through state plan amendments (SPAs) or utilizing disaster-relief SPAs or submitting for approval of Section 1915(c) waiver Appendix K, Section 1115 demonstrations, or Section 1135 waivers (Table 1). An overview of states that have received approval for these options can be found in Appendix A at the end of this report.

Table 1. COVID-19 Options for States Seeking Medicaid Program Flexibility

State Plan Amendments	Section 1915(c) Appendix K	Section 1115 Demonstrations	Section 1135 Waivers
Through disaster relief state plan amendments, states can modify portions of their state plan related to eligibility (e.g. covering optional groups or individuals above 133% of the federal poverty level), enrollment (e.g. presumptive eligibility, extending redetermination of eligibility period, adopting a streamlined application), benefits (e.g. adding new optional benefits or altering existing benefits, expanding use of telehealth), suspension of premiums and cost sharing, and payments (e.g. increasing rates for current benefits, authorizing payments for telehealth).[9]	To ensure continuous care is provided to enrollees receiving home and community-based services, states can use Section 1915(c) Appendix K to alter 1915(c) waiver policies, including to expand access and eligibility, modify covered services and settings in which services can be provided, create emergency care plans for enrollees, expand qualifications of providers, and authorize additional providers.[10]	States can revise existing section 1115 demonstrations or submit a COVID-19 waiver request to address the impact of the pandemic on Medicaid programs. The public notice and comment period may be waived to shorten the approval period.[11]	Section 1135 waivers can be used to modify requirements that can ensure that enrollees continue to receive the services they need, including modifications related to fee-for-service prior authorizations, long-term services and supports, fair hearings, and provider enrollment and oversight.[12]

Source: *Institute for Medicaid Innovation.* (2020). Medicaid enrollment during COVID-19: A content analysis of state actions to mitigate barriers. Washington, D.C.

The federal emergency legislation and related federal regulations provide states the opportunity to support access to services for Medicaid enrollees, such as through improved coverage for testing or the provision of services via telemedicine or in atypical settings. In addition to increasing access to services for previously enrolled Medicaid enrollees, states can also take steps to remove barriers to the application process for Medicaid coverage. Individuals who apply for Medicaid in normal circumstances can fill out a paper application in-person, fill out a paper application to be mailed in, or complete an application online or over the phone. Because of the pandemic, many state and county offices that process enrollment applications have closed, which may exacerbate barriers to applying, especially for individuals who have disabilities, limited access to the internet or technology, trouble understanding or completing complex application forms, or primarily speak a language other than English. Furthermore, a large influx of applications might exceed the existing capacity to assist individuals who have questions or need help navigating the application process.

Given that Medicaid is a state-administered program, residents in different states may ultimately have vastly different experiences associated with applying for Medicaid coverage during the pandemic. Understanding what steps states are taking to reduce the burden of signing up for Medicaid given the current circumstances can have a direct impact on a person's ability to obtain Medicaid coverage in a timely manner, which has the potential to affect a patient's health care use, health outcomes, timely receipt of treatment, and out-of-pocket expenses.

This report highlights findings from our content analysis of state, federal, and news outlet resources that identify how states are modifying their Medicaid enrollment process to address the needs of newly eligible individuals.

Content Analysis of State Strategies to Reduce Barriers to Enrollment in Medicaid

To understand how states are responding to the impact of COVID-19 on the Medicaid application process, a content analysis was performed to identify which strategies states are employing to reduce barriers to enrollment for those who are newly eligible.

Methods

Utilizing a Google search engine, a variety of information sources were reviewed, including the state Medicaid agency and Department of Health websites, press releases, announcements, public service documents, approved Medicaid state plan amendments (SPAs) and waivers, federal websites, and the various media outlets (e.g., archived videos of local evening news, digital newspaper articles). For information that was not available online or was ambiguous, the project team reached out to state Medicaid agency and Medicaid health plan staff to obtain the information needed. The review was completed between April 13, 2020, and May 8, 2020, during the peak of the spring COVID-19 outbreak. Thirty-eight data points were collected with 23 data points specific to enrollment of the newly eligible population. An overview of the state variation of the 23 data points can be found in Appendix B at the end of this report. To improve interpretation and discussion, data were organized into four categories: 1) Accessibility of Information; 2) Enrollment Expansion; 3) Renewal Changes; 4) Enrollment Process Changes.

All members of the team identified sources of information to specifically provide data for the 38 data points. One primary person was designated to review all sources and enter the data into the database. For data points where information could not be identified to confirm or deny its existence, "N/A" (Not Available) was entered for that given state. In all analyses, N/A was treated as a missing data point and was removed from the calculation for that variable. Once data were entered, two team members compared the data against the information presented in the source. No discrepancies were noted. Descriptive statistics and Fisher exact tests were conducted to test for differences in use of a specific activity stratified by Medicaid expansion status as well as by marketplace structure. For the purpose of this report, only information related to the newly eligible population is discussed; however, data for all other variables can be found in Appendices A and B.

Results

As of May 8, 2020, all but four states reported a statewide stay-at-home or shelter-in-place order with state Medicaid offices, either closed with phone access or opened with a modified appointment schedule. Most states (92%) provide a phone number for assistance with Medicaid enrollment on their website. All states allowed recipients to apply via online or by phone; however, 28 (55%) states did not provide updated enrollment information on their website about how to apply for Medicaid benefits during the COVID-19 emergency. All states, except Idaho, maintained documentation requirements, such as proof of a Social Security number, to apply for Medicaid during the pandemic. However, the federal field offices from which to obtain these documents, such as the Social Security offices, were closed during this time, with limited phone capacity. Fourteen states (29%) accepted self-attestation of criteria.

Most Common Strategies

The most common strategies that states deployed to facilitate Medicaid enrollment for the newly eligible during the pandemic included a dedicated phone line for enrollment assistance (100%), ability to enroll

online or by phone (100%), phone number for assistance on website (92%), real-time eligibility determinations within 24 hours (92%), and removal of the requirement to interview in-person or by phone (82%). The least-common strategies included the state having a hospital presumptive eligibility program (48%), allowing the state Medicaid agency to determine presumptive eligibility (44%), expanded coverage for COVID-19 testing and testing-related services (29%), state acceptance of self-attestation of eligibility criteria besides citizenship/immigration status (29%), and state adoption of a simplified enrollment application (6%). Table 2 presents the most- and least-common strategies.

Table 2. Most- and Least- Common Strategies Deployed by States

Most-Common Strategies	Least-Common Strategies
Dedicated phone line for enrollment assistance.^	State has a hospital presumptive eligibility program.
Ability to enroll online or by phone.^	Medicaid agency can determine presumptive eligibility; excluding pregnancy determinations.
Phone number for assistance posted on website.	Expanded coverage for COVID-19 testing and testing-related services.
Real-time eligibility determinations (<24 hours).	State accepts self-attestation of criteria besides citizenship/immigration.
Interview not required in-person or by phone.	State adopted a simplified application.

Source: *Institute for Medicaid Innovation.* (2020). Medicaid enrollment during COVID-19: A content analysis of state actions to mitigate barriers. Washington, D.C.

Notes: ^States were required to implement these strategies prior to COVID-19.

Differences between Expansion and Non-Expansion States

To assess differences in strategies used by Medicaid expansion and non-expansion states, we calculated the percentage of states that used a given strategy out of all states within that expansion status classification. We conducted Fisher exact tests to test for differences between expansion and non-expansion states given the small cell sizes.

At the time of our analysis, 36 states had adopted expansion of their Medicaid program and 15 states had not. In general, Medicaid expansion states have adopted a given strategy more frequently than non-expansion states have. For the analysis of the data stratified by expansion status, selected strategies with the greatest variance between the two groups are presented in Table 3. Among expansion states, 39 percent of states opted to expand coverage for COVID-19 testing to uninsured individuals, compared to 7 percent (only one state) of non-expansion states (Table 3; Fisher exact test p-value = 0.04). It is worth noting that Section 6001 of the Families First Act, as amended by the Coronavirus Aid, Relief, and Economic Security (CARES) Act, requires comprehensive private health insurance plans to cover testing needed to detect or diagnose COVID-19 and the administration of that testing, without cost-sharing or medical management requirements.[6,7] Similarly, zero non-expansion states have information posted on the state's Medicaid agency website regarding how to apply for Medicaid during the pandemic, compared to 64 percent (23 states) of expansion states (Fisher exact test p-value <0.001). Although not always statistically significant, expansion states were more likely to adopt a given strategy; with the exception of whether or not the state had presumptive eligibility, in which non-expansion states (73%) had a higher percentage than expansion states (54%).

Table 3. Strategies to Support Medicaid Enrollment Stratified by Expansion Status, 2020

Strategies	Overall* (n=51) n%	Expansion Status Yes** (n=36) n(%)	No (n=15) n(%)	Fisher Extract Test, p-value
Accessibility of Information				
Information is posted on the state department of health website on how to apply for Medicaid during COVID-19.	23(45.1)	23(63.9)	0(0.0)	<0.001
Phone number for assistance on applying for Medicaid is listed on the state websites.	47(92.2)	35(97.2)	12(80.0)	0.071
Cover Expansion				
State opted to expand coverage for COVID-19 testing and testing-related services to uninsured individuals.	15(29.4)	14(38.9)	1(6.7)	0.040
State has presumptive eligibility (including pregnancy).[a]	30(60.0)	19(54.3)	11(73.3)	0.345
Renewal Changes				
State providing 12 months of continuous eligibility for 0-19.[b]	41(95.4)	29(100.0)	12(85.7)	0.101
Enrollment Process Changes				
State has adopted a simplified application.	3(5.9)	3(8.3)	0(0.0)	0.546
Requirements have been waived for timely processing of applications.[c]	30(60.0)	23(65.7)	7(46.7)	0.228
State accept self-attestation of criteria - besides citizenship/immigration.[d]	14(28.6)	12(35.3)	2(13.3)	0.174

Source: *Institute for Medicaid Innovation.* (2020). Medicaid enrollment during COVID-19: A content analysis of state actions to mitigate barriers. Washington, D.C.

Notes: *Includes District of Columbia. **Includes District of Columbia; excludes Nebraska. [a]Unable to verify information for Arizona; excluded from denominator. [b]Unable to verify information for Idaho, Indiana, Kentucky, Michigan, Nevada, New Jersey, North Dakota, Wisconsin; excluded from denominator. [c]Unable to verify information for Delaware; excluded from denominator. [d]Unable to verify information for Minnesota and Michigan; excluded from denominator.

Differences by Marketplace Structure

We also compared differences in strategies based on marketplace structure. At the time of data collection, we identified 32 states with federal marketplaces, 13 states with state-based marketplaces, and 6 states with partnership marketplaces (Table 4). In general, states with federal-based marketplaces were the least likely to adopt a given strategy, and states with a state-based marketplace were the most likely. For example, states with state-based marketplaces (79%) and states with partnerships (67%) were more likely to have information posted on the Medicaid agency website compared to states with federal-based marketplaces (28%; Fisher exact test p-value = 0.006).

Table 4. Strategies to Support Medicaid Enrollment Stratified by Marketplace Structure, 2020

Strategies	Overall* (n=51) n%	Marketplace Structure Federal (n=32) n(%)	State (n=13) n(%)	Partnership (n=6) n(%)	Fisher Extract Test, p-value
Accessibility of Information					
Information is posted on the state department of health website on how to apply for Medicaid during COVID-19.	23(45.1)	9(28.1)	10(78.6)	4(66.7)	0.006
Phone number for assistance on applying for Medicaid is listed on the state websites.	47(92.2)	28(87.5)	13(100.0)	6(100.0)	0.432
Cover Expansion					
State opted to expand coverage for COVID-19 testing and testing-related services to uninsured individuals.	15(29.4)	8(25.0)	6(46.2)	1(16.7)	0.386
State has presumptive eligibility (including pregnancy).[a]	30(60.0)	18(58.1)	9(69.2)	3(50.0)	0.761
Renewal Changes					
State providing 12 months of continuous eligibility for 0-19.[b]	41(95.4)	26(92.9)	12(100.0)	47(100.0)	>0.99
Enrollment Process Changes					
State has adopted a simplified application.	3(5.9)	1(3.1)	1(7.7)	1(16.7)	0.309
Requirements have been waived for timely processing of applications.[c]	30(60.0)	16(51.6)	10(76.9)	4(66.7)	0.280
State accept self-attestation of information for criteria - besides citizenship/immigration.[d]	14(28.6)	7(22.6)	5(41.7)	2(33.3)	0.418

Source: *Institute for Medicaid Innovation.* (2020). Medicaid enrollment during COVID-19: A content analysis of state actions to mitigate barriers. Washington, D.C.

Notes: *Includes District of Columbia. [a]Unable to verify information for Arizona; excluded from denominator. [b]Unable to verify information for Idaho, Indiana, Kentucky, Michigan, Nevada, New Jersey, North Dakota, Wisconsin; excluded from denominator. [c]Unable to verify information for Delaware; excluded from denominator. [d]Unable to verify information for Minnesota and Michigan; excluded from denominator.

Potential Technology-related Challenges during COVID-19

The process to enroll individuals who are newly eligible for Medicaid and how enrollment information is being shared with those individuals varies by state. Potential barriers to enrollment exist both within the Medicaid agency and outside as many state and other offices are closed, which prevents potential enrollees from receiving or being able to obtain the necessary documents to apply. Timely information dissemination via electronic pamphlets, news briefs, and website updates can help potential enrollees understand if and how to apply for Medicaid.

States without robust technological infrastructure might have more difficulty in streamlining the application process and reducing the timeline for processing a higher volume of applications. For example, states with automatic rules engines can update eligibility rules without needing to change coding, which could introduce risk during a time of high demand. States that staff call centers through contracts might be able to scale-up services more quickly to meet demand than states that rely on state IT systems and existing state staffing capacity. In addition, states with a state-based exchange might have more flexibility to make adjustments to expand capacity and translate policy changes to updates in IT systems. They might also have access to existing partnerships with navigators and community partners to facilitate enrollment efforts. Furthermore, states with data-sharing capabilities across agencies may be able to access information such as state and federal tax databases, employment records, citizenship, and

incarceration records to eliminate the requirement for the applicant to provide documentation that proves eligibility and to allow for real-time eligibility assessment and enrollment.

Conclusion

The strategies that states are deploying to facilitate enrollment in Medicaid and the degree to which each state is implementing these strategies vary. Although the Medicaid program is intended to serve as a safety net, especially during moments of unforeseeable crisis, individuals residing in states that have not adopted strategies to reduce barriers may be facing greater challenges and stressors during the pandemic. Our content analysis represents important findings that can be used to inform and guide specific, ongoing COVID-19 policies that could strengthen state and federal responses to the pandemic.

As noted, underlying many of these barriers are issues associated with technology. Although our work did not seek to identify specific barriers with technology, it is assumed that states without robust technological infrastructure (e.g., some states that opted to use the federal marketplace structure) may have more difficulty in streamlining the application process and processing a higher volume of applications. Removing barriers to Medicaid enrollment during the pandemic has the potential to strengthen the safety net during this unprecedented crisis. Table 7 outlines potential opportunities for states to consider as they continue to support enrollment.

Table 5. Opportunities to Minimize Barriers to Medicaid Enrollment during COVID-19

Opportunities to Reduce Barriers	Description	Mechanism
Increase the Number of Presumptive Eligibility Entities	Support hospitals, clinics, and other entities to conduct an initial screening for Medicaid eligibility and temporarily enroll individuals who appear to be eligible.	State Plan Amendment
Extend the Type of Qualified Entities to Determine Presumptive Eligibility	Support entities such as schools, community-based providers, and state agencies such as WIC offices, to determine presumptive eligibility.	State Plan Amendment
Utilize the Federally Facilitated Marketplace (FFM)	Streamlining the FFM to determine eligibility and financial assistance from individual-market application information that is applied to assessing Medicaid eligibility. Nine (9) states are determination states that accept the FFM eligibility finding and enroll the applicant.[8] Twenty-nine (29) states are assessment states-utilize the FFM information but conduct a full eligibility determination at the state level before enrolling the individual into Medicaid.[11]	State Policies & Procedures
Streamline Requirements for Documentation of Eligibility	Minimize requirements for documentation and verification by increasing utilization of electronic data systems at the state and federal level to verify eligibility. This strategy could also include providing an extension of the reasonable opportunity period.	State Plan Amendment/State Verification Plan/ State Policy & Procedures

Source: *Institute for Medicaid Innovation.* (2020). Medicaid enrollment during COVID-19: A content analysis of state actions to mitigate barriers. Washington, D.C.

Appendix A. Characteristics of State Medicaid Programs and Actions Taken by States to Address COVID-19

State	Market place structure	State-based exchange	Medicaid managed care state	Approved Section 1915 Appendix K Waiver	Approved Section 1135 Waiver	Approved SPA	Approved disaster-relief SPA to address COVID-19	Date of Shelter-in-Place (SIP) or Stay-at-Home (SAH) order	Expanded Medicaid	Real-Time Eligibility
Alabama	Federal	No	No	No	Yes	No	Yes	4/04/20 - SAH	No	Yes
Alaska	Federal	No	No	Yes	Yes	No	No	3/28/20 - SAH	Yes	No
Arizona	Federal	No	Yes	Yes	Yes	Yes	Yes	3/31/20 - SAH	Yes	Yes
Arkansas	Partnership	No	No	Yes	Yes	No	No	None	Yes	Yes
California	State	Yes	Yes	Yes	Yes	No	No	3/19/20 - SAH	Yes	Yes
Colorado	State	Yes	Yes	Yes	Yes	No	No	3/26/20 - SAH	Yes	Yes
Connecticut	State	Yes	No	Yes	Yes	No	No	3/23/20 - SAH	Yes	Yes
Delaware	Federal	No	Yes	Yes	Yes	No	No	3/24/20 - SIP	Yes	Yes
Florida	Federal	No	Yes	No	Yes	No	No	4/03/20 - SAH	No	Yes
Georgia	Federal	No	Yes	Yes	Yes	No	No	4/03/20 - SIP	No	Yes
Hawaii	Federal	No	Yes	Yes	Yes	No	No	3/25/20 - SAH	Yes	Yes
Idaho	State	Yes	Yes	No	Yes	No	No	3/25/20 - SAH	Yes	Yes
Illinois	Federal	No	Yes	No	Yes	Yes	Yes	3/21/20 - SAH	Yes	Yes
Indiana	Federal	No	Yes	No	Yes	No	No	3/24/20 - SAH	Yes	Yes
Iowa	Federal	No	Yes	Yes	Yes	No	No	None	Yes	Yes
Kansas	Federal	No	Yes	Yes	Yes	Yes	Yes	3/30/20 - SAH	No	Yes
Kentucky	Partnership	No	Yes	Yes	Yes	No	No	3/26/20 - SAH	Yes	Yes
Louisiana	Federal	No	Yes	No	Yes	Yes	No	3/23/20 - SAH	Yes	Yes
Maine	Federal	No	No	No	Yes	Yes	Yes	4/02/20 - SAH	Yes	Yes
Maryland	State	Yes	Yes	No	Yes	No	No	3/30/20 - SAH	Yes	Yes
Massachusetts	State	Yes	Yes	No	Yes	No	No	3/24/20 - SAH Advisory	Yes	Yes
Michigan	Federal	No	Yes	No	Yes	No	No	3/24/20 - SAH	Yes	Yes
Minnesota	State	Yes	Yes	Yes	Yes	No	Yes	3/27/20 - SAH	Yes	Yes
Mississippi	Federal	No	No	Yes	Yes	No	No	4/03/20 - SIP	No	Yes
Missouri	Federal	No	Yes	No	Yes	No	No	4/06/20 - SAH	No	Yes
Montana	Federal	Yes	No	No	Yes	No	No	3/28/20 - SAH	Yes	Yes

Appendix A. Characteristics of State Medicaid Programs and Actions Taken by States to Address COVID-19 (continued)

State	Market place structure	State-based exchange	Medicaid managed care state	Approved Section 1915 Appendix K Waiver	Approved Section 1135 Waiver	Approved SPA	Approved disaster-relief SPA to address COVID-19	Date of Shelter-in-Place (SIP) or Stay-at-Home (SAH) order	Expanded Medicaid	Real-Time Eligibility
Nebraska	Federal	No	Yes	No	Yes	Yes	Yes	None	No*	Yes
Nevada	State	Yes	Yes	No	Yes	No	No	4/01/20 - SAH	Yes	Yes
New Hampshire	Federal	No	Yes	No	Yes	No	No	3/17/20 - SAH	Yes	Yes
New Jersey	Partnership	No	Yes	No	Yes	No	No	3/21/20 - SAH	Yes	Yes
New Mexico	Partnership	No	Yes	Yes	Yes	No	No	3/24/20 - SAH	Yes	Yes
New York	State	Yes	Yes	Yes	Yes	No	No	3/22/20 - SAH	Yes	Yes
North Carolina	Federal	No	Yes	Yes	Yes	Yes	No	3/30/20 - SAH	No	Yes
North Dakota	Federal	No	Yes	Yes	Yes	No	Yes	None	Yes	Yes
Ohio	Federal	No	Yes	No	No	No	No	3/23/20 - SAH	Yes	Yes
Oklahoma	Federal	No	Yes	Yes	Yes	No	No	3/25/20 – SIP/ SAH	No	Yes
Oregon	Partnership	Yes	Yes	No	Yes	No	No	3/23/20 - SAH	Yes	Yes
Pennsylvania	Partnership	No	Yes	Yes	Yes	No	No	4/01/20 - SAH	Yes	Yes
Rhode Island	State	Yes	Yes	Yes	Yes	No	Yes	3/28/20 - SAH	Yes	Yes
South Carolina	Federal	No	Yes	Yes	Yes	No	No	4/07/20 - SAH	No	No
South Dakota	Federal	No	No	Yes	Yes	No	No	3/31/20 - SAH	No	No
Tennessee	Federal	No	Yes	No	Yes	Yes	No	3/31/20 - SAH	No	Yes
Texas	Federal	No	Yes	No	Yes	No	No	4/02/20 - SAH	No	No
Utah	Federal	No	Yes	No	Yes	No	No	4/01/20 - SAH	Yes	Yes
Vermont	State	Yes	No	No	Yes	No	No	3/25/20 - SAH	Yes	Yes
Virginia	Federal	No	Yes	No	Yes	Yes	No	3/30/20 - SAH	Yes	Yes
Washington	State	Yes	Yes	Yes	Yes	No	Yes	3/23/20 - SAH	Yes	Yes
West Virginia	Federal	No	Yes	Yes	Yes	No	No	3/24/20 - SAH	Yes	Yes
Wisconsin	Federal	No	Yes	No	No	No	No	3/25/20 - SAH	No	Yes
Wyoming	Federal	No	No	Yes	Yes	Yes	Yes	3/28/20 - SAH	No	Yes
Washington, DC	State	Yes	Yes	Yes	Yes	No	No	4/01/20 - SAH	Yes	Yes

*Note: *Nebraska was categorized as a non-expansion state because it has adopted but not implemented Medicaid expansion as of May 8, 2020.*

Appendix B. Strategies Deployed to Support Medicaid Enrollment during COVID-19 by States

State	Information on the state department of health website on applying for Medicaid related to COVID-19	Adoption of simplified application	Required in-person or phone (P) interview	Agencies currently open to assist with obtaining copies of documents	Secure portal to upload eligibility documents	Online (O) or Phone (P) Application Available	Phone line to help with enrollment	Phone number listed on Medicaid website	Modified hours for Medicaid agencies (P=phone available)	Expanded coverage for testing and testing-related services to uninsured individuals affected by COVID-19	Hospital PE+ program	State Medicaid agency able to determine PE+	Additional entities able to determine PE+ for certain populations
Alabama	No	No	No	N/A*	N/A*	O	Yes	No	Yes/WFH	No	No	No	No
Alaska	Yes	No	Yes - P	Yes	N/A*	O	Yes	Yes	Closed - P	No	N/A*	Yes	N/A*
Arizona	Yes	Yes	Yes - P	Yes	N/A*	O/P	Yes	Yes	Closed - P	Yes	N/A*	N/A*	N/A*
Arkansas	Yes	No	Yes - P	Yes	Yes	O/P	Yes	Yes	Yes - Still Open	No	No	No	No
California	Yes	No	No	N/A*	Yes	O/P	Yes	Yes	Closed - P	Yes	Yes	Yes	Yes
Colorado	Yes	No	No	Yes	Yes	O/P	Yes	Yes	Yes	Yes	N/A*	Yes	Yes
Connecticut	Yes	No	No	No	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes
Delaware	No	No	Yes - P	N/A*	Yes	O/P	Yes	Yes	Closed - P	No	No	No	No
Florida	No	No	Yes - P	No	Yes	O/P	Yes	Yes	Closed - P	No	No	No	No
Georgia	No	No	No	Yes	Yes	O/P	Yes	No	Closed - Appointment Only	No	Yes	Yes	Yes
Hawaii	No	No	No	Yes	Yes	O/P	Yes	Yes	Closed - Drop-off box for paperwork	No	No	No	No
Idaho	Yes	No	No	Yes	Yes	O/P	Yes	Yes	Yes	No	Yes	Yes	Yes
Illinois	Yes	No	No	Yes	Yes	O/P	Yes	Yes	Closed - Online/P	Yes	Yes	Yes	Yes
Indiana	No	No	Yes - P	Partially	Yes	O/P	Yes	Yes	Closed - Appointment Only	No	Yes	Yes (Pregnant)	No
Iowa	Yes	No	No	Partially	Yes	O	Yes	Yes	Closed - Appointment Only	Yes	Yes	Yes	Yes
Kansas	No	No	No	N/A*	Yes	O/P	Yes	Yes	N/A*	No	Yes	Yes	Yes
Kentucky	Yes	Yes	No	N/A*	Yes	O/P	Yes	Yes	N/A*	No	No	No	Yes
Louisiana	Yes	No	No	No	Yes	O/P	Yes	Yes	Closed	Yes	Yes	No	No
Maine	Yes	No	Yes - P	By Appointment	Yes	O	Yes	Yes	Open	Yes	No	Yes (Pregnant)	No
Maryland	Yes	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P (only voicemail)	No	No	No	No

*Notes: *Unable to verify information during the study period of April 13 to May 8, 2020; excluded from denominator.*

PE= Presumptive eligibility

Appendix B. Strategies Deployed to Support Medicaid Enrollment during COVID-19 by States (continued)

State	Information on the state department of health website on applying for Medicaid related to COVID-19	Adoption of simplified application	Required in-person or phone (P) interview	Agencies currently open to assist with obtaining copies of documents	Secure portal to upload eligibility documents	Online (O) or Phone (P) Application Available	Phone line to help with enrollment	Phone number listed on Medicaid website	Modified hours for Medicaid agencies (P=phone available)	Expanded coverage for testing and testing-related services to uninsured individuals affected by COVID-19	Hospital PE+ program	State Medicaid agency able to determine PE+	Additional entities able to determine PE+ for certain populations
Massachusetts	Yes	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	Yes	N/A*	No	Yes
Michigan	Yes	No	No	Partially	Yes	O/P	Yes	Yes	N/A*	No	Yes	Yes	Yes
Minnesota	No	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	Yes	No	No	No
Mississippi	No	No	Yes - P	No	Yes	O	Yes	Yes	Closed - P/ Drop Box	No	No	No	No
Missouri	No	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes
Montana	Yes	No	No	Phone	N/A*	O/P/Email	Yes	Yes	Closed - P	No	Yes	Yes	Yes
Nebraska	No	No	No		N/A*	O/P	Yes	Yes	Closed - P	No	No	Yes (Pregnant)	Yes
Nevada	No	No	No	Phone	Yes	O/P	Yes	Yes	Open	No	No	No	No
New Hampshire	Yes	No	Yes - P	Phone	Yes	O	Yes	Yes	Closed - P	Yes	No	Yes	Yes
New Jersey	No	No	No	N/A*	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes
New Mexico	No	No	No	Partially	Yes	O/P	Yes	Yes	Limited	Yes	Yes	Yes	Yes
New York	Yes	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes
North Carolina	No	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	No	No	Yes (Pregnant)	No
North Dakota	No	No	No	N/A*	Yes	O/P	Yes	Yes	N/A*	No	No	No	No
Ohio	No	No	No	Partially	Yes	O/P	Yes	Yes	N/A*	No	Yes	Yes	Yes
Oklahoma	No	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	No	No	No	No
Oregon	Yes	No	No	Partially	Yes	O/P	Yes	Yes	Closed - P	No	Yes	No	Yes
Pennsylvania	Yes	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes (Pregnant)	Yes
Rhode Island	No	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P	Yes	No	No	No
South Carolina	No	No	No	Phone	Yes	O	Yes	Yes	Closed - P	No	Yes	Yes	Yes
South Dakota	No	No	No	N/A*	Yes	O/Mail	Yes	Yes	Closed - Critical Tasks only	No	No	No	No

*Notes: *Unable to verify information during the study period of April 13 to May 8, 2020; excluded from denominator.*

PE= Presumptive eligibility

Appendix B. Strategies Deployed to Support Medicaid Enrollment during COVID-19 by States (continued)

State	Information on the state department of health website on applying for Medicaid related to COVID-19	Adoption of simplified application	Required in-person or phone (P) interview	Agencies currently open to assist with obtaining copies of documents	Secure portal to upload eligibility documents	Online (O) or Phone (P) Application Available	Phone line to help with enrollment	Phone number listed on Medicaid website	Modified hours for Medicaid agencies (P=phone available)	Expanded coverage for testing and testing-related services to uninsured individuals affected by COVID-19	Hospital PE+ program	State Medicaid agency able to determine PE+	Additional entities able to determine PE+ for certain populations
Tennessee	No	No	No	Phone	Yes	O/P	Yes	No	Closed - P	No	No	Yes (Pregnant)	Yes
Texas	No	No	No	N/A*	Yes	O/P	Yes	Yes	N/A*	Yes	No	Yes (Pregnant)	No
Utah	No	No	No	N/A*	N/A*	O/Mail	Yes	Yes	Closed - P	No	No	Yes (Pregnant)	No
Vermont	Yes	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P	No	No	No	No
Virginia	No	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P - Long wait times	No	No	No	No
Washington	Yes	Yes	No	Phone	Yes	O/P	Yes	Yes	Closed - P	Yes	Yes	No	Yes
West Virginia	No	No	No	Limited	No	O/P	Yes	No	Open - Limited	Yes	N/A*	Yes	Yes
Wisconsin	No	No	No	Phone	N/A*	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes
Wyoming	No	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P	No	No	Yes	No
Washington DC	Yes	No	No	Phone	Yes	O/P	Yes	Yes	Closed - P	No	Yes	Yes	Yes

*Notes: *Unable to verify information during the study period of April 13 to May 8, 2020; excluded from denominator.*

PE= Presumptive eligibility

References

[1]Centers for Medicare and Medicaid Services. (2020). Medicaid facts and figures. Retrieved from https://www.cms.gov/newsroom/fact-sheets/medicaid-facts-and-figures

[2]Medicaid.gov. (n.d.). Financial management. Retrieved from https://www.medicaid.gov/medicaid/financial-management/index.html

[3]Rudowitz, R. (2020). COVID-19: Expected implications for Medicaid and state budgets. Retrieved from https://www.kff.org/coronavirus-policy-watch/covid-19-expected-implications-medicaid-state-budgets/

[4]Gangopadhyaya, A. & Garrett, B. (2020). Unemployment, health insurance, and the COVID-19 recession. Retrieved from https://www.urban.org/sites/default/files/publication/101946/unemployment-health-insurance-and-the-covid-19-recession_1.pdf

[5]Department of Health and Human Services. (2020). Secretary Azar declares public health emergency for United States for 2019 novel coronavirus. Retrieved from https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html

[6]Families First Coronavirus Response Act, H.R. 6201, 116th Cong. (2020).

[7]Coronavirus Aid, Relief, and Economic Security Act, H.R. 748, 116th Cong. (2020).

[8]Centers for Medicare and Medicaid Services. (2020). Coronavirus waivers & flexibilities. Retrieved from https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers

[9]Medicaid.gov. (2020). Medicaid disaster relief for the COVID-19 national emergency state plan amendment instructions. Retrieved from https://www.medicaid.gov/state-resource-center/downloads/medicaid-disaster-relief-spa-instructions.pdf

[10]Medicaid.gov. (n.d.). 1915(c) Home and community-based services waiver instructions and technical guidance. Retrieved from https://www.medicaid.gov/medicaid/home-community-based-services/downloads/1915c-appendix-k-instructions.pdf

[11]Medicaid.gov. (n.d.). Using section 1115 demonstrations for disaster response. Retrieved from https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/using-section-1115-demonstrations-for-disaster-response/index.html

[12]Medicaid.gov. (2020). Section 1135 waiver COVID-19 state/territory request template. Retrieved from https://www.medicaid.gov/resources-for-states/disaster-response-toolkit/section-1135-waiver-flexibilities/index.html

[13]Kaiser Family Foundation. (2020). Medicaid and health insurance marketplace coordination. Retrieved from https://www.kff.org/health-reform/state-indicator/medicaid-and-health-insurance-marketplace-coordination/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D