Issue Brief

Key Strategies That States Used for Managing Medicaid and Marketplace Enrollment During the COVID-19 PHE

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How States Can Use This Resource

This brief highlights strategies that State Medicaid agencies and State-based Marketplaces described as beneficial for their applicants, enrollees, and enrollment staff during the COVID-19 Public Health Emergency (PHE).

Although this brief does not contain recommendations from OIG, it does provide insights that State officials might find helpful to consider for their program operations.

Reflecting on the challenges that States faced, and the strategies they employed, may be useful as State Medicaid and State-based Marketplace officials continue to adapt enrollment processes and prepare for future public health emergencies.

"The public health emergency has [had] a silver lining in allowing us to dive in deeper to eligibility and enrollment to identify what is and isn't working well…This is pretty significant as it not only helps now but sets up a better Medicaid for the future."

-Medicaid official, CO

Executive Summary

The strategies outlined in this brief are drawn from surveys of

- **State Medicaid agencies (49 of 51); and**
- **all 18 State-based Marketplaces with their own enrollment platforms during the public health emergency (PHE)**

about their experiences from January 2020 through February 2022.

The public health emergency created new challenges for Medicaid and Marketplace enrollment

State Medicaid agencies and State-based Marketplaces—collectively, "States"—faced challenges in maintaining key enrollment functions as a result of a rapidly changing landscape during the COVID-19 PHE. States could no longer rely on existing outreach practices because patterns of work and life shifted with the closure of workplaces and other community settings. COVID-19 also exacerbated ongoing staffing shortages. Further, gaps in demographic data about applicants and enrollees limited States' ability to identify disparities and to support equitable access to enhanced coverage.

At the same time, States faced a surge in demand for coverage and had to align their enrollment and program operations with new Medicaid and Marketplace requirements and eligibility options promulgated in response to COVID-19.

States used several strategies for addressing enrollment challenges

Expanded outreach efforts. States leveraged information from a variety of sources to identify potential enrollment disparities and target their outreach. They took actions to address barriers to applicants being able to access information about enrollment through outreach efforts and found different ways to connect with existing enrollees and groups of people newly eligible to enroll.

Improved applications and support. States expanded options for receiving application assistance; simplified their application processes; and updated their online application features and tools to support their applicants and enrollees.

Simplified eligibility determination processes. States streamlined their Medicaid and Marketplace eligibility determination processes while also being mindful of program integrity vulnerabilities.

Adapted program operations. States introduced new ways of managing enrollment and modified their hiring and onboarding processes. States also reflected on their experiences to help them reconsider program operations in preparation for another emergency.

Study Methodology

The Office of Inspector General (OIG) collected survey information between November 2021 and February 2022 from 49 of 51 State Medicaid agencies including the District of Columbia and all 18 State-based Marketplaces that used their own enrollment platform at some point during the PHE. In these surveys, we asked Medicaid and State-based Marketplace (hereafter "Marketplace") officials about their experiences with enrollment processes during the PHE, from January 2020 to the time of their survey response.

We separately analyzed the Medicaid and Marketplace survey responses to identify: 1) challenges that Medicaid agencies and Marketplaces experienced during the COVID-19 PHE; 2) strategies they implemented or maintained to address these challenges; and 3) the perceived impact of any changes they made to enrollment, including potential vulnerabilities introduced to their programs.

Our analysis examined common themes and actions, ultimately identifying 12 strategies that State Medicaid agencies and Marketplaces used and described as beneficial to their enrollment processes during the PHE. We organized these 12 strategies into 4 themes reflecting different aspects of the enrollment process. The specific actions listed in this resource guide reflect statements from one or more State Medicaid agencies or Marketplaces.

Our analysis revealed many parallels between enrollment experiences described by staff in State Medicaid agencies and Marketplaces. When both State Medicaid agencies and Marketplaces have reported using the enrollment actions or strategies described in this brief, we use the general term "States." We refer specifically to either State Medicaid agencies or Marketplaces when describing actions that were unique to one of those programs (e.g., actions related to Medicaid's continuous enrollment requirement and enhanced financial assistance for Marketplace Qualified Health Plans), or those actions that were only mentioned in survey responses from one of the programs.

OIG relied on survey responses from State Medicaid agencies and Marketplaces about their experiences during the PHE and did not independently evaluate the implementation or effectiveness of reported strategies.

We conducted this study in accordance with the *Quality Standards for Inspection and Evaluation* issued by the Council of the Inspectors General on Integrity and Efficiency.

At a Glance: Strategies Used by States During the PHE

Expanded Outreach Efforts

Strategy 1.
Gathered additional data to help identify and reduce potential disparities

Strategy 2.
Addressed barriers to applicants accessing enrollment information

Strategy 3.
Altered their outreach efforts to adapt to changing circumstances

Improved Applications and Support

Strategy 4.
Expanded options for receiving application support

Strategy 5.
Simplified application and renewal processes for applicants

Strategy 6.
Updated online application features and tools

Strategy 7.
Extended Medicaid eligibility and Marketplace enrollment opportunities

Simplified Eligibility Determinations

Strategy 8.
Streamlined eligibility determination processes for applicants

Strategy 9.
Identified and tracked potential program integrity vulnerabilities

Adapted Program Operations

Strategy 10.
Modified hiring and onboarding protocols to maintain staffing

Strategy 11.
Introduced new ways of working and managing enrollment functions

Strategy 12.
Collected lessons learned about emergency preparedness

Expanded Outreach Efforts

States reported experiencing the following challenges that affected their ability to notify current enrollees and prospective applicants about the availability of coverage and program changes:

Incomplete data to target outreach. States shared that they did not have complete data to identify and address enrollment disparities during the PHE. For example, demographic data is often missing on applications for Medicaid and Marketplace.

Difficulty reaching all prospective applicants. According to States, enrollment during the PHE may have become particularly challenging for people who lacked resources to access information and applications online, such as Internet access or laptop computers or tablets, and to those with limited technological or English proficiency.

Difficulty maintaining contact with enrollees. Maintaining accurate, updated contact information for enrollees became more challenging as some relocated during the pandemic and Medicaid renewal processes changed.

Limitations of traditional outreach. Established outreach efforts were no longer available or effective because the media use and preferences of prospective applicants shifted during the PHE. For example, radio announcements were less effective as radio consumption dropped. States were also unable to hold planned in-person outreach events to share information about enrollment options. Further, the unprecedented nature of the pandemic and related job losses meant that States had to reach new populations that may have had little awareness of options for Medicaid and Marketplace coverage.

Strategy 1. States gathered additional data to help identify and reduce potential disparities

"Imperfect/incomplete race, ethnicity, and language data among enrollees [is a challenge] –since the application field asking for race/ethnicity data is optional, we have very incomplete data **which makes it difficult to know if we are enrolling the…individuals our outreach is designed to reach**."

-Marketplace official, MA

States reported taking actions to supplement incomplete data and better understand how to reach all prospective applicants:

Used a statewide pulse survey to collect information to learn more about health disparities and how people in different demographic groups, such as the uninsured, understand the Marketplace.

Used focus groups to learn how different communities understood coverage options, such as the affordability of Qualified Health Plans, to help Marketplaces target messaging about the availability of program offerings.

Gathered information from partners who had direct contact with applicants to identify disparities in access to coverage or assistance through the experiences of navigators, assistors, and community groups. This provided insights about people who may have been facing unique access challenges.

Collected feedback from tribal communities, during tribal consultation meetings, about changing eligibility policies and practices.

Strategy 2. States addressed barriers to applicants accessing enrollment information

"**Reaching consumers directly was a challenge**, particularly residents in underserved communities. Where technology or Internet access could be limited."

-Marketplace official, CT

States reported taking action to address barriers to applicants receiving information about enrollment through outreach efforts:

Partnered with trusted community-based groups with a history of working in local communities, to connect with people who may not have been reached by other outreach efforts.

Focused outreach on people who were most likely to benefit from new enrollment options or special support.

Translated enrollment materials into multiple languages, and integrated a translation tool into the website so people could access information in their preferred language.

Provided translation services at community events to ensure that all attendees could access important information.

Provided access to immigration attorneys to answer legal questions about eligibility for enrollment and to address any concerns applicants may have had about applying for coverage or financial assistance.

Strategy 3. States altered their outreach efforts to adapt to changing circumstances

"**The agency works very closely with the hospitals, FQHCS, rural health clinics, advocates and community partners.** We trained their staff on how to assist folks to apply online and general eligibility requirements for our programs as they were seeing families in their biggest time of need during the public health emergency."

-Medicaid official, MO

States reported taking action to address the loss of contact with enrollees and limitations of traditional outreach:

Leveraged other government agencies, such as employment offices, to target outreach, for example, to people who may have recently lost their jobs and health insurance coverage.

Conducted outreach in community settings to connect directly with potential applicants.

Modified media strategy as work and commute patterns changed to shift advertising and public service announcements towards more widely used platforms, such as social and streaming media.

Expanded direct contacts with applicants and enrollees through text messages and emails to increase the chance that people would receive information about enrollment opportunities and program updates.

Hosted virtual outreach events to connect with potential applicants, even when offices and other public settings were closed.

"**The ability to have more interactions virtually… minimized travel time and scheduling conflicts.** We were able to consistently reach more community partners virtually. Because many of the marketing changes we made moved to more digital and measurable platforms, we are able to measure behaviors in new and different ways, setting new benchmarks that we can measure against moving forward."

-Marketplace official, CT

Improved Applications and Support

States reported experiencing the following challenges that affected the ability of applicants and enrollees to access applications and support from State staff and to obtain coverage:

Reduced in-person support for applications. Offices and organizations that facilitate enrollment reduced or temporarily eliminated options for in-person support and appointments due to concerns about the spread of COVID-19.

Procedural barriers to applying. Some established procedures, such as reliance on paper documentation and in-person interviews, remained by requirement or convention and heightened access barriers during the PHE. Existing requirements for wet signatures (i.e., not electronic) and limits to approvals by enrollees' representatives were especially challenging for some applicants, such as those residing in nursing facilities.

Other barriers to applying for coverage. Potential enrollees faced other circumstances that curtailed their ability to obtain coverage during the PHE. For Medicaid, not everyone who needed COVID-19 care met established eligibility criteria. For Marketplace coverage, some potential enrollees may have perceived that the cost of coverage was not affordable. Also, Marketplace enrollment is typically limited to certain times a year.

Strategy 4. States expanded options for receiving application support

"**[Our State] offers multiple avenues for clients to apply for and enroll in Medicaid**. Applications are accepted online, in person, by telephone, and mail. We have a contract for language translation that staff have access to and use as needed to assist clients…We operate a toll free call center for Medicaid questions. We have kiosks in every county for clients who would like online access but don't have it available at home. County office staff are also available to assist individuals either at the kiosk or with completing paper applications as needed."

-Medicaid official, AR

States reported taking action to compensate for reductions to in-person support:

Expanded the availability of telephone and other remote appointments with eligibility and enrollment staff when offices closed due to safety concerns.

Worked with navigators, assisters, and insurance brokers—entities that help people with their applications— to ensure that they had processes for providing remote assistance to applicants.

Provided scheduled appointments to help staff plan for the number of people arriving for in-person assistance.

Hosted webinars and other virtual events to share general information about coverage options to compensate for the reduction of in-person events.

Expanded or established call centers to field growing requests for information and assistance.

Integrated real-time language translation tools into online applications and guidance to make them more accessible to a larger number of people.

Strategy 5. States simplified application and renewal processes for applicants

"**We are more focused than before on member experience and reducing administrative burdens**, which may not be a direct result of the pandemic, but I think the pandemic has heightened our interest in making sure that the exchange experience and enrollment process is as easy, smooth, and non-abrasive as possible for people given how many other demands people have on their time and energies, and **how important it is not to let people 'fall out' of coverage for administrative reasons**."

-Marketplace official, MA

States reported taking actions to make it easier for applicants to enroll by reducing procedural barriers:

Shifted in-person interviews to audio or video calls for applicants who required or requested a meeting as part of their application process.

Allowed applicants and enrollees more time to submit requested documentation before canceling their application or flagging their enrollment.

Used integrated eligibility and enrollment processes from a range of State and Federal assistance programs to help applicants to apply for and receive information about Medicaid and Marketplace coverage through a single point of entry.

Introduced or expanded use of drop boxes as another option for people to submit applications and supporting documentation.

Provided kiosks at community locations, making online access to applications available to people who lacked personal computers or Internet access.

Allowed e-signatures and verbal authorizations for documents which, in some cases, required seeking a policy change within their State, but helped to simplify the process of applying.

"The benefits of making these changes [to our application processes] were **giving customers alternate methods of accepting their information and obtaining services**, rather than eliminating normal methods…particularly for persons who have disabilities or don't have or can't get to a place with Internet access."

-Medicaid official, GA

Strategy 6. States updated online application features and tools

"By adopting standardized navigation throughout the application, we have made it more intuitive for customers to understand where they are in the application process, and which steps remain to complete the application. **The updated navigation increases accessibility for all users of the application**."

-Marketplace official, DC

States reported improving online tools and information when in-person support for applications was less available:

Updated online applications and enrollment portals to provide more information and make them more user-friendly.

- Added document upload function to online applications.
- Clarified or improved instructions in the online application.
- Introduced chat boxes for live and automated support.
- Updated the Marketplace portal to allow prospective applicants to more easily review coverage options and estimate financial assistance.
- Allowed enrollees to update their own Marketplace enrollment information without having to contact a call center.

Created an email inbox for applicants and those assisting them to use when communicating questions and changes with enrollment staff.

Strategy 7. States extended Medicaid eligibility and Marketplace enrollment opportunities

"**We implemented additional qualifying life events** in order to grant consumers access to [qualified] health plans during the public health emergency **to ensure greater community health outcomes**."

-Marketplace official, CA

States reported taking actions to expand eligibility and enrollment options using new and existing enrollment flexibilities and options:

Used available flexibility to create a new Medicaid eligibility group. For example, the Families First Coronavirus Response Act and the American Rescue Act allowed Medicaid agencies to enroll people into a designated eligibility group— the COVID-19 Uninsured Group— to provide access to coverage for medically necessary COVID-19-related services to uninsured individuals in their State.

Opened Marketplace Special Enrollment Periods to allow people without health insurance to gain coverage through Marketplaces without having to wait until the end-of-year Open Enrollment.

Worked directly with Marketplace insurers to:

- Re-enroll people who were improperly disenrolled from plans; and
- Allow enrollees to maintain payments made towards their deductibles even when changing plans during Special Enrollment Periods.

Allowed people employed by small businesses and nonprofits to enroll in Marketplace coverage even if employers could not contribute their share of the premium.

Introduced additional qualifying life events for Marketplace enrollment, such as being uninsured, to allow people to enroll in Qualified Health Plans.

Introduced new State Marketplace financial assistance to expand access to coverage by helping more people afford the cost of enrolling in Qualified Health Plans through the Marketplace.

Simplified Eligibility Determinations

States reported experiencing the following challenges in making eligibility determinations for program enrollment and/or financial assistance:

Difficulty obtaining documentation to support eligibility. Government agencies and/or applicants' employers, which would typically provide documentation in support of eligibility, experienced office closures and disrupted operations during the PHE. Applicants and enrollees faced difficulty gathering the physical records they needed to support information in their applications, such as income statements, because many businesses closed their offices or reduced hours.

Changing requirements for eligibility and financial assistance. Federal changes that affected eligibility, such as the continuous enrollment requirement, required changes to eligibility determination processes. Existing system algorithms and other tools for calculating eligibility and premium assistance were no longer accurate because of the availability of enhanced subsidies and changes to how some unemployment insurance income was considered.

Potential for program integrity vulnerabilities. Some States continued eligibility verification activities. Other States exercised flexibilities that were allowed during the PHE to temporarily pause some of their pre-enrollment and renewal verification activities.

Strategy 8. States streamlined eligibility determination processes for applicants

"**Streamlined eligibility procedures/policies allowed for faster enrollment of beneficiaries during a time where health coverage and service access was paramount**. These changes, in conjunction with the continuous eligibility provisions that reduced renewal volumes allowed us to ensure that there was sufficient staff to rapidly process requests for assistance during a period of significant change in operational approach."

-Medicaid official, CT

States reported taking actions in response to difficulty in obtaining documentation and changing requirements:

Expanded use of presumptive eligibility through which applicants can become enrolled temporarily after being screened by qualified entities, such as hospitals. Presumptive eligibility can provide timely access to care for applicants while a final determination is made and offer additional channels through which individuals can apply.

Increased use of self-attestation, an existing authority that allows States to enroll applicants on the basis of certain declared information, such as residency and family composition, and verify the attested information post-enrollment.

Updated enrollment systems and algorithms to account for policy changes—such as increased financial assistance for Marketplace plans and exclusion of certain unemployment income from eligibility calculations—so that applicants and enrollees could benefit from these changes automatically instead of having to manually update their records or submit new supporting documentation.

Relied more heavily on available electronic records and data to verify information included in applications instead of asking applicants and enrollees to submit paper copies of supporting documentation.

"Streamlining the eligibility process has **removed barriers to enrollment** for applicants/recipients and **reduced administrative burden for the agency**."

-Marketplace official, NY

Strategy 9. States identified and tracked potential program integrity vulnerabilities

"**We have been tracking all work processes and system adjustments.** We have a resolution plan based on guidance from CMS and meet weekly to discuss changes, new requirements, and risks."

-Medicaid official, ME

States reported taking actions to limit potential program integrity vulnerabilities introduced by changes to eligibility requirements and determinations:

Implemented periodic data matching to flag enrollees who were deceased or enrolled in Medicare.

Created flags to help staff prioritize cases for redetermination at the end of the PHE, such as those of enrollees who had provided new information indicating that they were no longer eligible for Medicaid but who could not be disenrolled during the PHE.

Modified eligibility and enrollment processes, including by implementing temporary workarounds and making more permanent changes to legacy systems, to ensure that processes aligned with the latest requirements and policy changes.

Adapted Program Operations

States reported experiencing the following challenges in responding to emergency conditions and implementing necessary changes to program operations:

Staff turnover and hiring difficulties. States faced high levels of resignations and State employment layoffs. States received few, if any, applicants in response to job postings; found that newly hired staff did not show up to work or left before completing training; and faced competition with other employers for qualified applicants.

Disruption to normal workflows. Enrollment centers were required to manage a heavy workload even when faced with temporary absences and inconsistent work schedules among staff due to illness and caregiving responsibilities. States had to adapt their operations to ensure that staff could complete their work remotely, while they imposed office closures to keep staff and applicants safe by reducing the spread of COVID-19.

Growing caseloads. States had to find a way to manage larger caseloads, often with staffing shortages. More people were applying for and remaining enrolled in Medicaid and Marketplace Qualified Health Plans. This led to an increase in the number of applications that staff had to process and review.

Misaligned systems and processes. States experienced challenges while trying to adapt their systems to changing enrollment requirements, including the continuous enrollment requirement. Existing system algorithms and other tools for calculating eligibility and premium assistance were no longer accurate because of the availability of enhanced subsidies and changes to how expanded unemployment insurance income was considered.

PHE uncertainty. The indefinite length of the PHE and evolving emergency conditions and requirements made it challenging for States to determine how much to invest in permanent changes to enrollment processes versus temporary workarounds.

Strategy 10. States modified hiring and onboarding protocols to maintain staffing

"**We are increasing hiring efforts** by preparing a staffing request for the upcoming legislative session, hiring contract workers, and temporarily shifting existing workers to process eligibility applications."

-Medicaid official, OR

States reported taking actions to improve staff retention and hiring:

Increased employee compensation and incentives to help limit turnover and make enrollment-related positions more attractive.

Leveraged remote work as an opportunity to recruit new employees who would otherwise have to relocate.

Contracted with staffing vendors to help manage workloads and prevent enrollment backlogs.

Maintained a contract with a staffing vendor in case surge staffing was needed.

A customer service contractor that staffed Marketplace call centers hired more people with each cohort of new employees to for expected attrition, and condensed the length of training protocols for newly hired employees.

"**Moving to a remote work model allowed us to recruit individuals** who may not have been willing to relocate, but who brought immediate relevant experience and expertise to our team."

-Marketplace official, ME

Strategy 11. States introduced new ways of working and managing enrollment functions

"**As the pandemic began, [the Marketplace] went fully virtual** and prioritized resources needed to perform core functions to support expansion and maintenance of health insurance coverage."

-Marketplace official, DC

"**Moving all of our own staff to remote working** (teleworking) has proven to work better than originally expected, and is likely to continue after the PHE ends."

-Medicaid official, UT

States reported taking actions to address disruptions to their normal workflows, adapt to changing requirements, and manage growing caseloads:

Prioritized investments in technology that allowed staff to work remotely, such as laptops.

Developed new internal tools, such as instant messaging, to allow staff to communicate more effectively to resolve issues more quickly.

Provided staff with remote access to a verification system which allowed them to continue completing eligibility determinations when away from physical offices.

Developed new work aids and guidance for staff, which detailed the latest system and process changes to help ensure that staff were implementing them appropriately.

Introduced flexible work arrangements, including remote work options and flexible schedules which allowed staff to more easily manage illnesses and family responsibilities and continue work duties.

Organized more regular meetings for managers to review metrics and emerging customer issues.

Modified staff assignments and workflows to prioritize critical functions, such as those that allowed States to get people enrolled more quickly.

Redistributed work within and across regional offices or divisions to manage increasing demands for assistance.

"**Technology, connectivity, and equipment are key to ensuring operations are maintained.**"

-Medicaid official, SD

Strategy 12. States collected lessons learned about emergency preparedness

"**The most significant change to our Medicaid program is understanding that it is not immune to emergencies—**it has to be flexible in times of an emergency, and it must sustain itself no matter how long that emergency lasts. Staff must be ready to understand communications that have to be made quickly and they have to be flexible to take the actions conveyed to them quickly."

-Medicaid official, GA

States reported identifying lessons about how to deal with uncertainty and changing requirements during an emergency:

Emergency planning was more critical for programs than previously understood, and States needed to account for any emergency duration and potential degree of disruption.

Understanding that temporary measures taken during an emergency response may have longer-term consequences. For example, using short-term workarounds to adhere to the continuous enrollment requirement may have created more work for Medicaid agencies at the end of the PHE than implementing a more resource-intensive, long-term change.

Building flexibility into enrollment processes and operations allowed States to adapt to changing requirements and respond to dynamic emergency conditions, such as office closures and surges in demand for coverage.

Coordinating across programs and agencies was needed to ensure that States' actions during the PHE were aligned with other healthcare coverage programs, government agencies (e.g., the Department of Labor), and social supports needed by enrollees (e.g., the Supplemental Food Assistance Program and Temporary Assistance for Needy Families.)

Maintaining regular communication with staff, enrollees, and prospective applicants was important to explain changes in policy and procedures, and to help prevent enrollees from falling out of coverage.

Considering the equity impact of policy and process changes was important to ensure that emergency response decisions did not worsen disparities in access to coverage or assistance.

"**It is critical to look at policy, IT, processes, and other changes through an equity lens.**"

-Marketplace official, DC

Conclusion

The insights and lessons presented here, drawn from States' experiences responding to the dramatic disruptions and increased demands caused by COVID-19, can inform other States' efforts to improve their current processes and help them prepare for future local, State, or Federal emergencies.

OIG recognizes that Medicaid agencies and Marketplaces must weigh many factors when changing their enrollment practices. Enrollment systems involve complex processes; procedural changes can have cascading and sometimes unintended consequences. Before making changes to their enrollment processes, States will need to consider several factors, such as how or whether to invest new resources and how to address program integrity concerns. With careful planning and reflection, State Medicaid agencies and Marketplaces may be able to strengthen their enrollment processes, using the insights provided here, in a way that benefits applicants and enrollees as well as the programs and staff that administer them.

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