

Centers for Medicare & Medicaid Services

Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare,
(Outreach to the Latino Community and Immigrant Families)

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Webinar recording:

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Stefanie Costello: Hello, everyone. Welcome for joining today's call. My name is Stefanie Costello, and I am the Director of the Partner Relations Group in the Office of Communications. This is the fifth call in the HHS and CMS's monthly series of webinars to keep partners informed and help them prepare for the eventual return to normal operations in Medicaid and CHIP after the COVID-19 Public Health Emergency. Today's webinar will focus on the importance of outreach to the Latino community and immigrant families in Unwinding. I would now like to turn it over to Marvin Figueroa, Director of the Office of Intergovernmental and External Affairs at HHS, to open today's webinar. Marvin?

Marvin Figueroa: Thank you, Stefanie. I really appreciate it. My name is Marvin Figueroa. I am going to start off in Spanish.

[SPEAKING SPANISH]

As I said in Spanish, my name is Marvin Figueroa. I'm the Director of the Office of Intergovernmental and External Affairs here at the Department of Health and Human Services. I work closely with the HHS Secretary Xavier Becerra to coordinate the department's outreach and engage with elected officials, tribal governments, and faith communities and other external partners across the country. As you know, Secretary Becerra is the twenty fifth HHS Secretary, but the first Latino to hold this office. In his decades of public service, Secretary Becerra has worked to ensure that every family is able to access health care so they can live a healthy and productive life. His value is one reason why the work around the end the COVID-19 Public Health Emergency is a priority to the Secretary and the entire Biden-Harris Administration. Our number one goal as we proceed through the Unwinding work is to ensure eligible people can retain Medicaid coverage and those no longer eligible for Medicaid, can move to another source of coverage, like in the Marketplace. This afternoon, you will hear from my colleagues at HHS and CMS and our partners at UnidosUS and El Centro. They will discuss the stakes for Latinos and immigrant communities, and they will share strategies and best practices for reaching and engaging Latinos and immigrant communities. Today's presenters will mostly speak in English. However, closed captioning is available in English and Spanish. If you like to access the Spanish

closed captioning, please click on the closed captioning link provided in the chat via the Zoom moderator. Once you are on the closed captioning page, find the language option and select Spanish. Captions will then generate in Spanish in real time for this webinar. The webinar is also being recorded and we will post a Spanish translation of the session to the [Medicaid.gov](https://www.Medicaid.gov) website in a few days. Thank you so much for having me today. Thank you for all the work you are doing, and thank you for all the work we will do together in this important issue. With that, Stefanie, I will turn it back over to you.

Stefanie Costello: Thank you, Marvin. I want to share a few additional housekeeping items before we get started. The webinar today is being recorded and the recording and slides will be available on our [CMS National Stakeholder Calls webpage](#). The link to the page will be posted in the chat. Also, while members of the press are welcome to attend the call, please note that all press and media questions should be submitted using the media inquiries form, which is available at [CMS.gov/newsroom/media-inquiries](https://www.CMS.gov/newsroom/media-inquiries). All participants today will be muted. Closed captioning is available via the link shared in the chat by the zoom moderator in English and Spanish. We will have time for a couple questions at the end, so please use the Q&A function from the menu below to submit questions. Questions we do not have time to answer today will be used to help inform topics covered on future calls. Everyone should be able to see the agenda on the screen. As I mentioned, we wanted to use this month's webinar to share information about outreach to the Latino community and immigrant families on Unwinding. Today we will hear from the Director of the CMS Office of Minority Health, Dr. LaShawn McIver. We will then have guest presentations from UnidosUS and El Centro to highlight some of work they are doing. Lastly, we will share resources that partners can access in additional languages. Georgetown University will walk through their new 50-State Unwinding Tracker before we open it up to Q&A. Before I pass it over to my colleague, Jesse Cross-Call, I wanted to provide a brief review of what unwinding is for those of you who may be new to joining the webinar series. Since the beginning of the PHE in March 2020, as a condition of receiving an enhanced federal matching rate, states have agreed not to terminate coverage for most individuals who are enrolled in Medicaid through the end of the month in which the Public Health Emergency ends. Once the Public Health Emergency ends, states will be required to restart Medicaid and CHIP eligibility reviews, meaning that millions of people could lose Medicaid or CHIP coverage, with many needing to transition to other forms of coverage, such as Marketplace. The Public Health Emergency is still in effect, and the Biden-Harris Administration has committed to providing states 60 days of notice before any planned expiration or termination of the Public Health Emergency. The current Public Health Emergency declaration was renewed on July 15, 2022, and is set to expire October 13, 2022. Since we are now within the 60-day timeframe and the Administration has not issued a 60-day notice, we can assume the Public Health Emergency will continue past October 13, 2022. Although the exact date is unknown, HHS and CMS want to make sure our partners, like yourselves, are educated and prepared for the unwinding and the Medicaid and CHIP program once the Public Health Emergency ends. We are dedicated to making sure people stay connected to coverage, whether that is remaining on Medicaid or CHIP if they're still eligible or transitioning to another coverage option, such as the Marketplace coverage. Since many people enrolled in Medicaid and CHIP have not had to complete a full

renewal process in over two years, we want to make sure people enrolled in Medicaid and CHIP understand the redetermination process and to make sure their state agency has their updated contact information so they can be reached when their state begins to reach people with Medicaid and CHIP coverage. Right now, we ask our partners use this time to begin preparing their organizations and thinking about how they can incorporate information around Medicaid and CHIP continuous enrollment unwinding into their existing communications plans and outreach with their networks. With that, I would like to turn it over to my HHS colleague from the Office of Intergovernmental and External Affairs, Jesse Cross-Call, to provide some framing for today's topic. Jesse?

Jesse Cross-Call: Great. Thanks Stefanie. Thank you all for joining us and for your commitment to preserving and expanding health care coverage around the country. To further lay the ground for today's discussion, I want to draw attention to a report released last month by the HHS Assistant Secretary for Planning and Evaluation. We call them ASPE, and ASPE is basically our in-house think tank here at HHS. ASPE did some projections of what will happen to Medicaid and CHIP enrollment when the Public Health Emergency ends. Stan will talk about this report in his presentation, but this report from ASPE really makes clear the challenge before us and steaks for working families across the country. In this report, ASPE estimated as many as 15 million people across the country could leave the Medicaid and CHIP programs when the PHE ends. That is about 17% of people covered by these programs today. When you unpack the numbers, there is a story inside them. The first is about 8.2 million of those people will leave because they are no longer eligible for Medicaid. A lot of them will still be eligible for other coverage, like in the Marketplace. One of the jobs is to help them transition to that coverage. Then there are about 6.8 million people that could leave the program because, even though they are still eligible for the Medicaid program, this can happen if people do not update contact information with their states, they are not properly notified of what they need to do, or they get caught in other procedural snafus. So again, 6.8 million people still eligible for Medicaid, but could leave the program. The ASPE report also finds that young people and people of color will be disproportionately impacted by these changes. So about 5.3 million kids, 4.7 million young adults could leave the Medicaid program. About 35% of those leaving are Latino. About 15% will be black. Let's not kid ourselves. These are very big numbers. That underscore how important it is for all of us to engage with these communities now to help people who are eligible remain on Medicaid and help those who are no longer eligible transition to another form of coverage. The good news is lots of organizations around the country are already thinking about and doing work in these areas. That is what we want to highlight today. Our guests will go into more depth on the stakes for Latinos and immigrant communities. With that, we should proceed to the main program today. I want to introduce Dr. LaShawn McIver, Director of the CMS Office of Minority Health. Dr. McIver?

Dr. LaShawn McIver: Thank you, Jesse, and good morning everyone. As stated, my name is Dr. LaShawn McIver, and I am the Director of the CMS Office of Minority Health. I'm glad to be part of this call today and that everyone is able to join us today. It is so important for us to participate in this collaborative opportunity to help share resources and information that can

benefit the populations that we serve. We are fortunate to have UnidosUS and El Centro join us for the conversation today. I will be highlighting available resources from our office, including the CMS framework for health equity as well as the impact of Medicaid unwinding guidance that will take effect following the Public Health Emergency, impacting immigrant families. I will talk briefly about The Public Charge Final Rule. Next slide. The Administrator has made it clear that health equity is her first priority at CMS. The importance of equity as well as expanding access, involving communities in protecting our programs are clear on this slide. That is why we think it is important everyone is gathered here today to talk about Medicaid unwinding. Our office holds regular roundtables and listening sessions to stay in touch with our health equity partners and this topic is certainly one that is top of mind for many of you. We have heard from many of you about your concerns regarding coverage for minority and underserved communities, this including Black Americans, Hispanic Americans, immigrant families, people experiencing homelessness, or those with other barriers and challenges. We hope those of you who also serve these populations will learn during the call where resources are available and what steps you as a community organization may wish to take to help prepare for upcoming changes. Next slide. Briefly about our CMS Framework for Health Equity, this past April we released the CMS Framework for Health Equity. CMS Framework for Health Equity updates the previous Medicare focused CMS equity plans for improving quality in Medicare with an enhanced and more comprehensive 10-year approach to further embed health equity across all CMS's programs, including Medicare Medicaid, CHIP, and the Health Insurance Marketplaces. While the initial equity plan identified high-impact priorities based on stakeholder engagement, a review of the evidence base and discussions across HHS, CMS and with federal partners, the framework refines CMS's health equity priorities and broadens the agency's focus beyond just Medicare, so the CMS framework for health equity is informed by stakeholder input, evidence review, and knowledge and understanding gained through the agency's work. The five priorities included in the framework encompass both system and community-level approaches to achieve equity across CMS programs, and each of the priorities are complimentary and their integration, adoption and implementation is central to the elimination of barriers to health equity for all Americans. While we are currently working on translating the webpage for the framework into Spanish, should you need it now the current webpage does include a link to a Spanish version of the one-pager for the framework, which provides a brief overview. I wanted to provide you with this resource and tool related to our health equity efforts. Next slide. I will now provide some important information relating to the unwinding efforts. CMS shared updated guidance early this year to ensure that when the Public Health Emergency eventually ends and states resume routine operations, including terminations of eligibility, and that renewals of eligibility and transitions between coverage programs occur in an orderly process that minimizes burden and promotes continuity of care. When the continuous coverage requirement, authorized by the Families First Coronavirus Response Act expires, states will have up to 12 months to return to normal eligibility and enrollment operations. In addition to resuming normal eligibility and enrollment operations, authority for other types of disaster relief flexibilities will conclude when the Public Health Emergency ends. States will need to return to regular operations across the programs. States will also be required to determine which temporary flexibilities they intend to extend temporarily or permanently as allowable, and make plans to terminate other flexibilities after the

Public Health Emergency ends. States will be responsible for reviewing the verification and reasonable opportunity period process applied during the Public Health Emergency in order to determine the appropriate action for individuals whose citizenship verification status was not completed during the Public Health Emergency but whose enrollment has been maintained under the reasonable opportunity period to comply with the continuous enrollment condition. After the continuous enrollment condition expires, states can terminate individuals who still have not provided needed documentation of citizenship or immigration status during a fully compliant reasonable opportunity period and for whom the state is not able to verify their status as long as the state provides a minimum of 10 days advance notice of termination and fair hearings rights. If there are any questions you have, we will have those available to help answer those questions related to that specific information. So, I will now talk about things related to Public Charge. Next slide, please. During September, the U.S. Department of Homeland Security issued a final rule applicable to noncitizens who receive or wish to apply for benefits provided by HHS and states that support low income families and adults. The rule, which details how the Department of Health and Human Services will interpret the Public Charge Ground of Inadmissibility, will help ensure that noncitizens can access health-related benefits and other supplemental government services to which they are entitled by law without triggering harmful immigration consequences. Under the rule, the Department of Health and Human Services will not penalize individuals who choose to access the vast majority of health-related benefits and other supplemental government services available to them, including most Medicaid and CHIP benefits when accessing whether a noncitizen is likely to become primarily dependent on the government for subsistence. The final rule does not expand eligibility for Medicaid, CHIP, or the other benefits to more people but clarifies DHS policy regarding recipients. The final rule is set to go into effect on December 23, 2022. Next slide. I have listed on this slide our contact information and we have several mailboxes listed here, with the main one being OMH@cms.hhs.gov. We encourage you to visit our website at www.go.cms.gov/OMH and sign up for our listserv so you can stay up-to-date on all of our health equity related initiatives. Before I conclude today, I wanted to reiterate the importance of today's session and the information that has been shared and will be discussed. We understand the concern many of you have about individuals that comprise the populations that we serve who may be at risk of losing their coverage. We hope the resources and information that will be shared throughout today's session are able to help you as you reach out to those you serve directly. Our office, the CMS Office of Minority Health, is always open to hearing from our stakeholders on this topic or others or a health equity technical assistance need you may have. Please feel free to reach out to us at any time. With that, I would like to introduce one of our guest speakers today. We are joined today by Stan Dorn, Director of Health Policy Projects at UnidosUS. UnidosUS is the nation's largest Latino civil rights and advocacy organization and has a true interest in Medicaid Unwinding. Stan will talk through their perspectives and share ideas on how to prepare through your work. Thank you again for your time today and I will now turn it over to Stan. Stan?

Stan Dorn: Thank you so much, Dr. McIver. [Speaks Spanish]. Great to be with you today, and great to be with our partners from the Biden Administration. History happened on Monday evening. The human race for the first time tested a planetary defense system to protect the earth

from asteroids, from meteors, that in the past have caused terrible damage. Now folks, this is not science fiction. This actually happened Monday night. A missile, a rocket that NASA had sent up went seven million miles and hit an asteroid that was 530 feet wide and knocked it off its course. So, we know for the first time that when a meteor comes to threaten the earth we have some capacity to protect people from the resulting harm. When it comes to health policy, we know there is a meteor headed our way. We can see it coming. We don't know exactly when it's going to hit. At some point, when the Public Health Emergency ends, state Medicaid programs are going to be re-determining eligibility for more than 82 million individuals. Common sense tells you a lot of people are likely to be lost -- to fall through the cracks as a result. Due to that remarkable study from ASPE that Jesse was telling you about, we have some sense of the magnitude of harm. If we do not do better than we did in the past, millions and millions of Latino families who are eligible for Medicaid will lose coverage, so it is incumbent on all of us to form a community defense system. It is not going to be as high-tech and fancy as a NASA rocket going 7 million miles, but the roughly 2 and half thousand people on this call, we can work together and do a lot to mitigate the damage. I would like to spend the next few minutes talking about two things with you today. Next slides, please. What could happen to Latino families when the Medicaid Public Health Emergency ends and states began redetermining eligibility and have the right to throw people off the program for the first time? Second, what can we do to protect the community from harm? Next slide, please. The study Jesse mentioned asked what will happen to the tens of millions of people on Medicaid if terminations and re-determinations happen the same way they did before the pandemic. They had a lot of information about what took place before the pandemic. What they found was sobering. If we do the same kind of job as a country we did before, more than 4.5 million Latinos will lose Medicaid. Some will come back on the program within a few months. Others will transition to other coverage. It does not mean for 4.5 million will become uninsured, but this was almost certainly be -- if it takes place -- by far the largest loss of Medicaid for Latinos in American history. The largest previous one-year drop took place in 2019 when the number fell by 600,000, so we are talking about, if we cannot build a good community defense system, we are talking about tremendous losses of coverage. Next slide, please. What is particularly striking is for the Latino community and for children, the majority of coverage losses -- for Medicaid losses -- will be for people who are still eligible, but they lose coverage because of missing paperwork or a failure to send in a form, administrative factors that cause eligible people to lose coverage. For non-Hispanic, white Medicaid beneficiaries, only 17% of those who lose Medicaid are projected to remain eligible but lose coverage because of red tape. For Latinos, two-thirds, 64% are slated to lose coverage because of paperwork and red tape. Next slide, please. If you look at the sum total of the millions of people, that Jesse mentioned, who are expected to lose coverage for administrative reasons, I do not think it will come as a surprise to the folks on this call who is likely to fall through the cracks. More than 70% of everybody expected to lose coverage for administrative reasons is either poor or near poor and more than 60% are from communities of color, the largest chunk being Latinos. Thirty-five percent of everybody projected to lose Medicaid for administrative reasons is Latino, which is far higher than the percentage of Latinos in the U.S. population. Next slide, please. If we do not do anything, if we do not build a good, strong defense system, serious serious problems will happen. What can do together? How can community organizations work hard to

make sure Latino families retain health coverage even when the meteor hits? Next slide, please. In thinking about that it is important to think about the lifecycle through which people lose Medicaid, despite remaining eligible. That helps us figure out how we can intervene and prevent such losses. In many cases, the state might not have an up-to-date address for somebody and they may send a notice to the wrong address and the person never gets it. They give the never give the information that's requested, and they lose Medicaid. Or maybe the notice reaches the right address and it does not get opened up. We all get flooded with mail, not everything gets opened or maybe it's opened and they can't understand it. It might be written in a language which they don't speak or can't read. And even if they do understand the language, typically these notices are written for people with law degrees or Masters degrees in public policy, with these incredibly long complicated bureaucratic words. People may get this notice and not have any idea what it is talking about. Or they may understand it and they may not know what they need to do. Or they may know what they need to do, and life gets in the way. You have 3 million things going on, and you don't get around to filling out the form and sending it on time. Or maybe people do fill out the form and send it in on time and it gets lost or misplaced, doesn't get to the right place in the Medicaid agency. Thinking about that life-cycle helps us think about how we can intervene and help protect families. Next slide, please. Right now, is a very important stage for intervening early and stopping the first couple of problems from affecting millions of families. The most important message for community groups to get out to families right now is contact your Medicaid program, call them up even if you have to wait on the phone forever, it is worth it to protect your families Medicaid. Make sure they get your address, cell phone, email address so they can know how to reach you when it comes time to redetermine your eligibility, and then watch the mail. That's the second message. Watch your mail super carefully. If anything comes to you from the Medicaid program, open it up right away. If they ask you for information or give you a form, fill out the form and send it in right away. Those are the most important short-term messages for any Medicaid beneficiary. For the Latino community, in particular, there's another one that is vitally important as we just heard. Mainly, Medicaid will not hurt your family's ability to legalize or stay in the United States. Don't be afraid to fill out that form. Protect your families Medicaid. Next slide, please. That is what we can do right now to protect the community. Between now and the Public Health Emergency, there is a lot more that I think we can do. One, look around in your state, look in your city and your area see if you can find experts in Medicaid who can provide you with technical assistance because down the road you know what is going to happen. A family is going to take their child to a doctor for an asthma visit and the doctor is going to say it looks like Juan lost his Medicaid coverage, and then they are going to come to the community agency and say "What do we do?" You want to make sure you have in place some backup, so local expert assistance, people who can help you help that family when it comes to you. Second, if you have the bandwidth and the interest consider finding your state's local consumer advocacy coalition that is working on this issue. State policy is enormously important to what happens to Latino families. There were nine states that before the pandemic use data matches to renew people automatically, electronically for more than 75% of renewals in Medicaid. That meant paperwork didn't matter, whether you got it, whether you filled it out, you were protected, you were found eligible, you were kept on the program. There are a number of other states that do it for less than 25%, or 10%, some even zero. If we moved state policy in a

direction that is more protective of eligible families, that will make a big difference. If that is something you are comfortable taking on, try to reach out to your local legal services programs, see if there are consumer advocacy groups in your state that are working with this and see if you can help them out lending your own unique expertise and perspective. There is another piece we will be working on at UnidosUS, and I know CMS is working on it as well which is building an early warning system. You all found out about this webinar, which is great. However, you found out about it, those communication channels are likely to tell you when there is that 60-day notice he heard of. When Secretary Becerra says okay on day X the starter gun goes off and Medicaid programs can start redetermining eligibility and ending coverage for people. Obviously, you will get that, you will be able to get that news, it will be important for you to get that news. We need to build an early warning system, so that when the problems emerge that are inevitable in any complex human undertaking, that you all have a place to take those problems and say, as I just saw in the chat for example, Brittany asked what are we supposed to do if it takes 6.5 hours to get a call back after you call the Medicaid agency and try to give them your information? That kind of information, we get that sometimes there is a problem that we will be able to fix for the individual. Sometimes it's a problem to take to the state to say what are you doing? You are making people wait 6.5 hours on the phone before they get a call? Or maybe it's a problem we can take to the federal government and say CMS needs to talk to state and tell them they need to do something. People losing coverage, but they can't afford to sit around and wait six hours they are working their jobs or taking care of their families. So, keep an eye peeled. We at UnidosUS are going to try to build something. If you have ideas for ways we could build an early warning system that will be effective for you and the families that you serve, please reach out to us. My email address is sdorn@unidosus.org. We face a challenge. We face an incredible potential disaster in the Latino community, but the disaster does not have to happen. We need to build a community defense system, and if the thousands of people on this call and others like us around the country work together, we can protect millions and millions of families from losing health coverage. Thank you.

Erica Andrade: Hello, everyone. My name is Erica Andrade, and I work for El Centro. I'm the Chief Program Officer, and we're going to give you some information on some of the things that we're doing here in our agency. Next slide. El Centro, we are a for-purpose organization. We just celebrated our 45th year. We are a welcoming center for Latino immigrants and families in Wyandotte and Johnson counties in Kansas, which a lot of people will know better as like the greater Kansas City Metro area, that is what we serve. Our organization has different programming that we provide. We have an Academy for children, which is a dual language pre-school. We have our promotoras de salud program, which these are a group of volunteers and community leaders who do a lot of work doing outreach and education, especially when it comes to healthy eating, healthy lifestyles, and preventative health services. We have a health navigation program, which does a lot of care coordination and a lot of enrollment for different public services. We will talk about that in a second. Economic empowerment. We do everything from emergency assistance to helping individuals fill out taxes, create ITIN or apply for ITINs. And then we do advocacy and engagement with DACA clinics, naturalization clinics, and Know Your Rights information as well. Next slide. So, in 2019 El Centro we had been doing

enrollment work assistance for many years. We help individuals apply for every kind of public benefits and other things that are specific to Kansas and locally. In 2019, we started out Inscribe program, which is Get Enrolled. We did it specifically because we knew a lot of our mixed status families we work with were experiencing barriers to enrollment. Of course, there was an uptick in the year with the Public Charge Rule changing with the previous administration which cost us to make a lot of different outreach efforts that were different to something we had been doing before. Also, because there was just a lack of awareness. All of the services available, especially to new immigrants, which is one of our target populations. Next slide. So, our project was basically combining what we were already doing with enrollment services, enrollment access, to Medicaid, Medicare, Marketplace, housing, and other public services with some outreach and education. That is what we were able to use, the work we had with our community Medicaid ambassadors to meet the community where they were and provide that specialized information to them to reduce fears, to give them adequate information so they understand exactly what were those service they qualify for. We do all of our education both in person and virtually, and we do a lot of social media campaigning and messaging as well. I'm going to pass it on to my coworker, Justin Gust who is going to talk about very specifically our PHE outreach practices that we have been working on.

Justin Gust: Thank you, Erica. Next slide. I first heard about the Unwinding back in December 2021. We were reached out to by one of the Managed Care Organizations, one of the Medicaid plans, in Kansas who have a concern about this unwinding of the Public Health Emergency and the impact it would have on our communities here in Kansas. With some support from them they actually sponsored El Centro to produce some PSA's, some video messages that we created, and we chose five different topics to kind of talk about in each of our PSA videos. One on updating your contact information, one on if you were no longer eligible for Medicaid enrolling in a Marketplace plan. Another on what the renewal process was going to look like and what to expect, one about income because that is an important part of the renewal process here in Kansas, anyways. And one about finding help either from El Centro or other organizations. We created these videos back in January and kind of jumped the gun started to produce the videos and had those on Univision and Telemundo here locally. But we are actually going to see one of our PSA videos here on the next slide.

[SPEAKING SPANISH.]

Justin Gust: All right, next slide please. So, with each of our PSA videos, the messaging was very important for us, especially having words that people would recognize here in Kansas. We didn't refer to it as Medicaid, but rather KanCare because that's what the program is called here the state of Kansas. We also knew it was important to use terminology that they would understand such as renewing versus redetermination or reestablishing eligibility. All of those bigger words that sound scary for folks. We also called it the end of the pandemic pause because some people don't know what Public Health Emergency means and the Unwinding. So, trying to familiarize them with a term that makes more sense. Like you have not had to renew because there has been this pause because of the pandemic. We kept the messaging very clear and

consistent. Each of the videos, they all opened the same with the same question of “hey, are you enrolled in KanCare? Now is the time to renew.” We also made sure to get the message out, as I mentioned we partnered with Telemundo and Univision here locally to start airing these PSAs on TV. We actually had them out from January until about July. Once the pandemic unwinding actually happens, we will get them on TV again. Next slide. Also, internally, since we know the date keeps changing and keeps adjusting as far as when this is going to take place, we started an internal campaign to have our program staff and our Promotoras de Salud asked all of their clients that they them to come into interaction with about updating the contact information because that is an important part. We know from the pandemic that a lot of people have moved, they changed addresses, they changed apartments, a lot of evictions happened especially here in Kansas and the Metro area. We know that's going to be our biggest push, the most important push for us and our community is making sure contact information is up-to-date. We also provide a lot of information online, as Erica said, and that is mostly done through story sharing. Sharing similar experiences other clients have gone through. As a way to promote both the benefits of Medicaid and what some of the issues are that we might continue working on. Next slide. Lastly, we feel one of our strongest ways to reach the community is through informational videos rather than graphics or posts with information or flyers and handouts. While those things are important and they're visible, videos are able to more clearly explain this especially for people who might struggle reading in either English or Spanish, but rather hearing the message and seeing the video and a call to action and help. And next slide. That is our contact information there for questions. I think we will have a Q&A section later in the presentation as well. You can check out our videos and other content on Facebook. These slides I believe are going to be shared out at the end for our contact information. I'm going to pass it to Stefanie Costello, who is going to share resource available in other languages through CMS.

Stefanie Costello: Great. Thank you so much Justin. Thank you, Erica, and thank you Stan. That was really great. We do want to take time to talk about languages available in the other languages. I saw a couple questions about this pop up in the chat. First, we have the unwinding communications toolkit and graphics which are available in both English and Spanish. The toolkit offers key messages and sample outreach materials, including social media posts and a newsletter article that partners can tailor for their audiences. There is also [CuidadoDeSalud.gov](https://www.CuidadoDeSalud.gov), which is the Spanish version of [HealthCare.gov](https://www.HealthCare.gov), and contains information about the Health Insurance Marketplace and affordable health care coverage options available to consumers in Spanish. There is also more outreach tools and materials that partners can use to share information about the Health Insurance Marketplace available in Spanish on [marketplace.gov](https://www.marketplace.gov). Some of the materials on that webpage include fact sheets, social media graphics, flyers, and more and also include applications translations to at least 20 languages because I know some folks are asking about additional languages as well. You will find all of that at [marketplace.cms.gov](https://www.marketplace.cms.gov). Lastly, the CMS Connecting Kids to Coverage National Campaign offers a variety of materials in Spanish and additional languages to encourage enrollment in Medicaid and CHIP and remind families of the importance of renewing coverage. The campaign materials also help inform families of the services covered under Medicaid and CHIP. Those materials can be found at [InsureKidsNow.gov](https://www.InsureKidsNow.gov). The Spanish version of the website can be accessed at

espanol.InsureKidsNow.gov. With that, I will turn it over to my colleague Ashley from the CMS Office of Minority Health to talk about some additional resources available in Spanish. Ashley?

Ashley Peddicord-Austin: Thank you, Stefanie. We know it can be time sensitive and important when you need to find resources from CMS in other languages, so be it Spanish or something else. Our team operates a sub-page through our CMS OMH website and that is the picture here on the screen. We list available CMS resources that we offer in other languages. It is not just unwinding, it is across all the programs Medicare, Medicaid, Marketplace and other CMS teams. If you are looking for a particular thing and you want to know what is available in a particular language, feel free to check that out. On the next slide, you might be familiar with the Coverage to Care initiative, but just in case it is a consumer facing resources that basically helps explain health coverage to consumers of any type of health insurance, so whether it is Marketplace or Medicare or Medicaid or something else, but using that to actually connect to care. We think it is important to offer this as plain language but also in language resources. As you can see we have been listed in English and Spanish, but we have things available in eight languages that includes Arabic, Chinese, Asian, Creole, Korean, Russian and Vietnamese, and we hope to add additional linkages in the future. The next step we are working on is a few key resources in Ukrainian. We will go to my last slide, so finally, since it is Hispanic Heritage month, our CMS health observances website on our page is currently offering some information on language access, culturally and linguistically appropriate services, so if you check out that page we offer resources on language needs in the CMS programs, key data points, and what resources are available in Spanish from us as well as data language and a little bit on class and a few other pieces as well. That wraps it up for our section so I will now turn it over to Trisha Brooks, who is joining us from the Georgetown University Health Policy Institute, and she is going to walk us through one of their new resources, a 50-State Unwinding Tracker. Tricia, over to you.

Trisha Brooks: Thank you so much for this opportunity to share our new resource. Before I share my screen I just want to note in case you are not familiar with the Georgetown University Center for Children and Families, we are a nonpartisan policy and research center in McCourt School of Public Policy with a mission to expand and improve high-quality affordable health coverage. With that, I am going to hopefully do a good job here of sharing my screen. If I can get it up. There we go. We all know that it is important for states to share information about their plans for the unwinding of the COVID PHE-related continuous coverage protection. Sharing the state's plan and providing resources for stakeholders will enable all of us to amplify key messages and assist enrollees with renewals. Clear communications with enrollees is also very important to avoid confusion that could lead to those procedural disenrollments. To promote transparency and state preparations, we have launched a new 50-state tracker that captures state-level information on six elements. The first is whether the state has posted at least a summary or slide deck on its unwinding plan. Next, we identified if general Unwinding information can be found on the state website. Third, we tracked if states have alerts on their website encouraging enrollees to update their contact information. Fourth, we identify if states have posted communication materials or toolkits for partners to use in amplifying key messages. The fifth element indicates if the state has posted in unwinding FAQ, and last but not least we are starting

to see some states planning to launch unwinding data dashboards or committing to sharing key unwinding data to monitor the impact of it. So, as I scrolled on my screen, you can see that if you hover over a particular state you will see whether they have, which of the six elements that they have actually posted. Then, if you scroll down further you'll see that the same information is in table format. This way it's easy to see gaps in posted information for each state. If you are really interested in seeing the materials that we have found, you can download the excel spreadsheet that includes links to documents for each of the states. I will just give you a quick look, a quick look at what the spreadsheet will look like when you download it. It has the same table format and a "no" if the state doesn't have the particular element posted and the link to the element otherwise. So, I'm going to stop my share there for a moment and just tell you that we are actively updating the tracker on an ongoing basis and may add new elements in the future. So, check back often for updates. We've also launched a weekly blog series called Unwinding Wednesday that will summarize various information gleaned from the tracker as well as other key unwinding information. I will put links to both the tracker and the blog in the chat. If you are aware of resources in your state that we missed, please do let us know. We hope you will find these resources useful or if your state is one of the six that has not posted any information or is lagging behind other states, we encourage you to use the tracker to also push your state to take action and make unwinding information more easily available, both to beneficiaries as well as to stakeholders. Thanks again to HHS and CMS for this opportunity. I appreciate it.

Stefanie Costello: Thank you so much, Trisha. We have covered a lot today. I know there's been some questions put in the chat already that I've been trying to go through and get. Please put in any additional questions. I think some of the recent questions were for Tricia about posting the link to the map, which I believe Hailey did in the chat. It is there for you to access, and I also wanted to revisit kind of a late-breaking thing. You all are the first to know that on our [Medicaid.gov](https://www.Medicaid.gov) unwinding webpage which is what we refer to a lot, and Hailey can put that in the chat one more time, this has the toolkit that we talked about in English and Spanish but it was just translated into five new languages so those are posted now on [Medicaid.gov](https://www.Medicaid.gov). It is also available in Chinese, Hindi, Korean, Tagalog, and Vietnamese. We are really excited now to have the toolkit available in seven link which is. It has the social media messaging and images so you can repurpose. It has text message copy that you can use as well as some email language and drop-in newsletter so it has a bunch of great information. We also have the back-to-school toolkit on there too and some additional graphics, so take a look at that and share with anyone who might find it interesting that we have additional language. I want to throw the first question back to Justin because we got this over and over. Everyone seemed to love the videos and they wanted the link which I think you put in the last slide, but is it possible for them to get a copy of those to either edit with their state information or is it possible to share the script with folks?

Justin Gust: Yes, I am happy to share the script as well. I encourage people to use it as a framework for your own messaging. Currently all of our videos have been released on our Facebook page and on our YouTube channel. Just a side note, our YouTube channel does not use that much so you won't see many views on there but our main platform we use for messaging is Facebook. For us, that is really what we engage the most with for our community on. I am also

happy to share those scripts out to you as well. Or if you email me to ask for them, I am happy to send them.

Stefanie Costello: A follow-up question, for you or Erica, how do you collect your stories for your storytellers that you use?

Erica Andrade: Most of our stories come from our clients. Our staff does a really great job as they are working with individuals and are listening to their story, they will ask “would you mind sharing that story so we can do a spotlight on it”. We also do, every year, we have three volumes of our Medicaid is a book we compile the stories, so clients love to participate. As far as incentives, we don't offer incentives. We just get permission to show those stories on Facebook and maybe publish to the book. They really appreciate having that opportunity to tell their own story.

Stefanie Costello: Great, thank you so much for sharing that. We have one quick question come in and that I think our colleague Jessica at CMCS is going to help answer. This came in at the very top a few times but if an individual -- will individuals or families who apply or renew now be required to do it again once the PHE ends?

Jessica Stephens: Sure. Because renewals and under normal circumstances must be completed once every 12 months for most individuals, and at least once every other 12 months for a subset of individuals. Within the 12-month period after the end of the public at the emergency or in a roughly 12 month period, all individuals will have their renewals or redetermination initiated. So, in that sense, even if somebody is renewing today and the Public Health Emergency ends in January, they will have a renewal during the unwinding period. Individuals who apply now will also have to go through a renewal during the unwinding period. But once you apply you don't need to reapply unless an individual loses that eligibility and are disenrolled from Medicaid or CHIP.

Stefanie Costello: Thank you very much. I know we didn't have a lot of time for questions and answers but some of the closing remarks will answer questions about resources. We encourage you to put those, any additional questions in the chat. We hope all the information presented here today is helpful for your organization as they begin planning and preparing for the end of the Public Health Emergency. Right now, partners should begin thinking about what their organizations can do in the coming weeks and months to really commit to this work. We encourage you to think about how your organization may be helpful and how you may be able to connect with other organizations in your state, region, or community to reach people with Medicaid and CHIP coverage. We also encourage you to use the toolkit resources we discussed and incorporate information about unwinding into materials, presentations, and work plans you have in development. Lastly, we all encourage you to join us again for this webinar series to ensure you receive updated information on unwinding. We hope that you share this webinar series with any colleagues that may be interested in joining us in the future. We appreciate your partnership in helping to make sure that the people remain connected to health coverage and that

we are here to support our partners any way that we can during the Unwinding process. You will all will receive a follow-up email with all of the resources shown here today, but I wanted to highlight the Medicaid homepage at [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding) and the Medicaid and CHIP beneficiary resource page at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). The renewals webpage is a great place to direct consumers to that are enrolled in Medicaid of CHIP to learn more about the upcoming eligibility renewals and steps they can take to prepare. There is also a map of all the states, which provides contact information for each state agency for consumers to begin updating their contact information with their state. And with that I want to thank you for attending today's call. We will be posting today's slides and transcripts in English and Spanish shortly after today's call, so you will be able to access those on our partnership page. And again, we hope you are all able to join us for our next month's webinar. We appreciate your partnership and commitment to help ensure that people are connected to the best health care coverage that they're eligible for. We look forward to working alongside all of you and continuing to engage with you over the coming months. And with that, that concludes today's call.

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