

Good evening, Chair Houghton,

I wanted to pass along some additional information regarding my testimony last week on the Medicaid renewal restart.

During testimony, the Committee sought further information about the [21.7%](#) of Medicaid renewals as of February that have resulted in disenrollment from Medicaid. We would first note that the disenrollment rate has decreased over the course of the unwind period. The first several months of the restart prioritized the population that had indicated to DVHA that they were no longer eligible for Medicaid, so the disenrollment rate was very high. The monthly disenrollment rate since then has been between 15 and 20%.

DVHA has several processes in place to follow up with those who lose Medicaid as a result of the renewal process and get information about their coverage status. DVHA has fielded a disenrollment survey to find out where people who are no longer covered by Medicaid are accessing health insurance. The initial trend for the first months suggested a general migration to employer-sponsored insurance. Overall, the survey responses have not been statistically significant, but the tool may serve as a reminder to Vermonters to check for other coverage options. AHS also released [a flyer for employers](#) describing how employers can support employees who no longer have Medicaid and wish to enroll in employer-sponsored insurance. Finally, DVHA conducts direct, multi-modal outreach to those who have lost coverage reminding them that they can re-enroll or sign up through the marketplace.

Despite these efforts, the practical reality is that we do not have systematic data on the status of those who have left the enrollment system. The best way to understand the coverage landscape resulting from the restart of Medicaid renewals will be to field a comprehensive survey like the Vermont Household Health Insurance Survey.

Finally, I want to offer several clarifications on issues that came up during testimony:

- [Medicaid enrollment](#) prior to the public health emergency and the continuous Medicaid coverage condition was around 170K.
- The [January implementation of continuous eligibility for children](#) does not alter the renewal process for children, but rather allows them to maintain coverage between annual renewals even if they become ineligible. However, DVHA made other changes to the renewal process during the unwind period to ensure that eligible children could be automatically renewed even if other household members could not be.
- The dates on the monthly [Enrollment Updates dashboards](#) differ from the monthly Renewal Activity dashboards because they show the updated coverage status of the renewal cohort 45 days post disenrollment.

Thank you for the opportunity to testify on this matter on behalf of the Department. DVHA appreciates the interest from the Committee on this process, and is happy to provide additional information at any point.

Thank you for your service to Vermonters,

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