

Behind Medicaid Unwinding and the Impact on the Healthcare Ecosystem

Medicaid enrollment rose 28 percent through the pandemic¹ due in large part to the emergency pandemic measure Congress put in place aiming to ensure at-risk individuals had access to health coverage. As part of the legislation, states agreed to keep people continuously enrolled in Medicaid programs, even if their eligibility changed, in exchange for enhanced federal funding.

The continuous coverage provision ends as of March 31, 2023, kicking off a state-led process of redetermining eligibility for Medicaid beneficiaries. Referred to as “Medicaid unwinding,” millions of Americans stand to lose Medicaid coverage.

Who’s impacted?

It’s estimated that up to **18 million people could lose coverage**² due to ineligibility or administrative churn, representing nearly **20 percent of all Medicaid beneficiaries**.³

Roughly half (9.5M) will qualify for employer-sponsored insurance and a smaller portion – 3.2 million – will transition to Children’s Health Insurance Programs (CHIP). That still leaves nearly **5 million individuals who will be uninsured** if they don’t transition to other forms of coverage.²

What’s at stake?

Healthcare is notoriously complex, never mind adding in a large-scale change affecting millions of Americans.

While some former Medicaid beneficiaries may be more healthcare savvy, there are also those that may not know where to turn for available coverage options through the ACA Marketplace. Even then, there may be some who continue to seek services unaware of the change only to realize they’ve been disenrolled from the program when they’re denied coverage.

Taken together, it has the propensity to destabilize a large population of at-risk individuals both personally and financially. Plus, a large uninsured population puts more strain on an already stressed healthcare system.

“Medicaid unwinding has the potential to be highly disruptive for millions of Americans, but it doesn’t have to be. Low-cost ACA Marketplace plans can provide viable coverage options for many who will no longer be Medicaid eligible, but states and healthcare stakeholders must work together to make sure those affected are aware and take advantage.”

- Pete Nakahata

Advisor to the Association of
Web-Based Health Insurance Brokers



Medicaid Unwinding: A look at the numbers

91.7M

individuals enrolled in
Medicaid and CHIP as of
November 2022³

18M

individuals at risk of losing
Medicaid coverage²

4.8M

individuals will become
uninsured or enroll in an
Individual & Family Plan²

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What's the solution?

A coordinated, collective effort from all stakeholders within the healthcare ecosystem is required to catch this population before they fall through the cracks. Even those stakeholders who may not have actively participated in the Medicaid space before now have a role in connecting these individuals to coverage.

Here's what that may look like for different stakeholders:



Agents & Brokers

Traditionally, agents and brokers may not have engaged in this aspect of the healthcare ecosystem. Now, they have an opportunity to help an at-risk population while becoming a trusted advisor. Promoting the agency through marketing outreach helps boost awareness that agents and brokers are available to help those affected navigate the process of finding and enrolling in a new plan. Additionally, some agents and brokers may have previously assisted mixed coverage households.



Health Plans

Whether or not a health plan has Medicaid beneficiaries as part of their member base, it's beneficial to provide guidance around coverage options. For those with beneficiaries, connecting them to alternative coverage equals member retention. And for those that don't, engaging and educating this population means the potential to add new members.



Physicians, Hospitals, & Pharmacies

Often individuals in these roles and settings are considered the front-line, providing direct care and service to health care consumers. Informing patients through face-to-face interactions or on-site materials can go a long way to informing and educating beneficiaries on what they need to do to and where they need to go to stay covered.



Take advantage of the opportunity to help millions of Americans affected by Medicaid Redetermination find and enroll in new health coverage before it's too late.

Contact Christie Helvey at christie.helvey@stridehealth.com today to learn more.

About Stride

Since 2013, Stride has combined innovative SaaS technology, health insurance expertise and a customer-first approach resulting in an insurance recommendation and enrollment platform utilizing proprietary decision support tools to modernize the healthcare market. This customizable and configurable solution enables health plans, agents, and consumers to confidently navigate complex health insurance decisions. Our seamless, secure, and end-to-end solutions combine an intuitive shopping and quoting experience, eligibility verification, and Phase 3 Enhanced Direct Enrollment (EDE) integration.

Stride offers peace of mind when making one of life's most important decisions so individual consumers are confident their family is protected with insurance that fits their health care needs and budget.