

Medicaid: An Essential Safety Net During the COVID-19 Crisis

Since the outset of the COVID-19 public health crisis, Medicaid has served as an essential safety net for over **92 million** Americans, including millions of children, older adults, people with disabilities, and 2 million veterans. The recent end of the COVID-19 public health emergency (PHE) provides an important opportunity to look back on the many ways Medicaid was there when Americans needed it most.

These historic coverage gains were due to [important measures](#) that Congress implemented at the beginning of the pandemic to ensure that the millions of Americans did not lose access to health care through Medicaid coverage during the crisis. Specifically, states received increased federal funding for their Medicaid programs in exchange for taking steps to keep individuals enrolled in the program throughout the PHE.

Helping Patients and Curbing the Spread of the Virus

In 40 states, the District of Columbia, and Puerto Rico, Medicaid managed care programs played a significant role in helping Americans and curbing the virus.

These actions included:

- Facilitating [access](#) to COVID-19 diagnostic testing, care, treatment, and vaccines;
- Expanding access to [telehealth and behavioral health services](#);
- [Partnering with local communities](#) to support at-risk populations and children, allow for increased opportunities for at-home care, and overcome social barriers to good health; and,
- [Supporting the vaccine roll-out](#) by offering providers technical assistance and educating patients to encourage vaccination.

A Vital Safety Net Throughout a Public Health Crisis

The COVID-19 pandemic spurred one of the worst economic and public health crises in the United States, directly impacting the health and financial security of nearly all Americans.

For millions of Americans facing financial difficulties, Medicaid was there as an essential safety net. Between December 2019 and April 2022, Medicaid and the Children's Health Insurance Program (CHIP) provided health insurance coverage to more than **92 million** Americans.

Delivering Innovative Care and Addressing Health Disparities

Throughout the public health crisis, Medicaid and managed care programs across the country provided high-quality, innovative care to those who needed it most.

For example, Ohio's Medicaid managed care launched a specialized program to improve access to [in-home and community-based services for children](#) with complex mental health challenges. In Wisconsin, the Department of Health





Services piloted [new care models](#) to provide treatment and support to Medicaid enrollees with substance use disorders.

Further, by widening access to much-needed care during an unprecedented crisis, Medicaid helped to reduce disparities in health coverage. Efforts to ensure access to health care through Medicaid during the pandemic led to [decreases in the uninsurance rate and rates of avoided care](#), and these decreases were particularly notable in communities of color.

In states with managed care programs, Medicaid agencies can go beyond federal requirements and [publicly report plan-level data](#) on maternity care performance metrics. This promotes accountability for maternal health outcomes and helps combat the maternal health crisis that [disproportionately impacts](#) women of color and women living in rural areas.

Strengthening Medicaid Now and For the Future

Now that the Medicaid continuity of coverage requirements have ended, states are restarting the yearly process of making sure people on Medicaid or CHIP still qualify for these programs. This process is called Medicaid redetermination or unwinding, and it helps make sure Medicaid stays strong and can serve those who need it most. However, implementing the redeterminations process on this unprecedented scale poses numerous challenges that could ultimately result in Medicaid enrollees mistakenly losing coverage.

As of September 5th, [5.7 million](#) Americans have lost Medicaid coverage since the pandemic protections ended, and the majority of those people lost coverage because of procedural terminations, such as mail sent to the wrong address, or failure to mail in a form. By some estimates, redeterminations could ultimately result in up to [18 million people](#) losing access to their Medicaid coverage, including up to 3.2 million children.

Disruptions in coverage pose [significant, negative consequences](#) for Medicaid enrollees, their families, states, public health, and community providers. Medicaid enrollees who temporarily lose coverage due to administrative reasons are more likely to struggle to access necessary health care services or stay on medications that control their chronic conditions. Additionally, Americans who are no longer eligible for coverage [may become uninsured, straining local hospitals](#) and [raising health care costs](#) for taxpayers and other purchasers of health care across the country.

The Modern Medicaid Alliance and our partners continue to advocate for a smooth transition back to normal operations for the millions of Americans who rely on Medicaid for affordable, high-quality care. **Together, we are dedicated to taking the lessons learned from the COVID-19 pandemic to protect and strengthen the Medicaid program.**