

FAQ

Unwinding Medicaid Continuous Coverage

1

What is the connection between Medicaid coverage and the COVID-19 Public Health Emergency (PHE)?

When the pandemic began in early 2020, Congress enacted several laws to help people and states get through the public health and economic crises. One law gave states additional federal Medicaid funding as long as they keep people enrolled in Medicaid coverage during the COVID-19 public health emergency (PHE). This policy, called the “continuous coverage requirement,” remains in effect until the PHE ends.

Under the continuous coverage requirement, people remain eligible for Medicaid even if they have a change in their income or family size that would have made them ineligible for Medicaid under normal circumstances, unless they voluntarily disenroll, move out of the state, or die. The policy has kept millions of people covered during the pandemic, ensuring they have access to health care services, including COVID testing, treatment, and vaccines.

2

When will the PHE end?

The PHE end date is uncertain. The Secretary of the U.S. Department of Health and Human Services (HHS) has the authority to declare a PHE, which can be renewed every 90 days. The federal government has promised to give states at least 60 days’ notice before the PHE ends. The most recent extension of the PHE lasts until mid-July, and the Secretary did not give notice in mid-May that it would end then, so it is expected to last until at least mid-October. See the table below for additional examples.

If PHE is extended on:	The PHE will end on:	Notice will be provided on or around:
July 15, 2022	October 15, 2022	August 16, 2022
October 15, 2022	January 15, 2023	November 16, 2022

** Precise dates vary, but decisions are always announced mid-month.*

3

How will the end of the PHE affect Medicaid?

States can begin “unwinding” the Medicaid continuous coverage requirement the month after the PHE ends. Unwinding refers to the process of reviewing the eligibility of every person enrolled in Medicaid in the state to determine if they are still eligible. The federal government is allowing states to take up to 14 months to complete the unwinding process, but each state will determine its own timeline.

There are a few guidelines states must follow as they complete the unwinding process:

- ▶ States must complete a full eligibility review using an enrollee's current information.
- ▶ States can't terminate an enrollee's coverage based on information obtained during the PHE.
- ▶ States must try to determine a Medicaid enrollee's eligibility through electronic data sources (such as wage data) before mailing renewal forms. This process is called *ex parte* renewal.

If the state can't determine an enrollee's eligibility using electronic data sources, then a renewal form will be mailed to the enrollee. Enrollees have at least 30 days to complete and return renewal forms to the state. People who don't complete and return the renewal form could lose their Medicaid coverage. States must provide written notice at least 10 days prior to terminating coverage.

Some states allow enrollees to complete the renewal process online (including reporting changes and uploading verification documents) but others require documents to be mailed.

4

What challenges could Medicaid enrollees face during the unwinding process?

Millions of enrollees could lose their Medicaid coverage during the unwinding process for one of two reasons:

- ▶ Eligibility – They are **no longer eligible** for Medicaid because their circumstances changed (income went up, household size went down, no longer pregnant, etc.).
- ▶ Procedural – They lose their coverage because of administrative errors, barriers they face during the renewal process, or other reasons not related to eligibility. This includes people who remain eligible for Medicaid as well as people who are no longer eligible for Medicaid but may qualify for coverage through the marketplace, Medicare, or job-based coverage.

Some examples of barriers an enrollee may face include:

- ▶ They don't receive notices or renewal forms because they moved during the pandemic.
- ▶ The renewal form they receive is confusing, or is written in a language they don't speak, and the steps they need to take are unclear.
- ▶ They have questions about the process but can't reach the Medicaid agency's call center because of long wait times.

For reasons often stemming from [structural racism](#), Black and Latino/a enrollees are more likely to have experienced instability in employment and housing during the pandemic, which means they will be at greater risk of not receiving renewal forms and losing their Medicaid coverage than white enrollees.

The difficulties all enrollees may face understanding notices and the steps required in the renewal process are exacerbated for people with limited English proficiency (LEP). As a result, people with LEP face a higher risk of coverage loss during unwinding. They are also more likely to be people of color, which compounds the risk of coverage loss for procedural reasons.

People who lose their Medicaid coverage during the unwinding process, due to procedural or eligibility reasons, are in danger of having a gap in coverage or ending up uninsured.

5

What should people enrolled in Medicaid do right now to stay covered?

States are currently mailing important notices and may begin mailing renewal forms in the coming months, so the most important step enrollees should take today is to make sure the state Medicaid agency has their current mailing address and phone number.

Tip: Your state may have a website where Medicaid enrollees can update their address and phone number without having to call the Medicaid agency.

6

What should people do if they lose their Medicaid coverage during this process?

People who lose Medicaid for procedural reasons have 90 days to contact the Medicaid agency and submit their renewal paperwork. If they're still eligible for Medicaid, the state is required to restore their coverage back to the date their coverage was terminated. People who miss the 90-day window must submit a new application.

People who lose their coverage because they are no longer eligible will qualify for a special enrollment period (SEP) on HealthCare.gov or their state-based marketplace.

7

How can assisters help keep people covered?

The Medicaid renewal process can be complicated and letters from the Medicaid agency are often difficult to understand, so people may need help completing the renewal form and submitting the correct documents.

Even though many enrollees who are no longer eligible for Medicaid will be eligible for free or low-cost health insurance on the marketplace, they could still end up uninsured if they haven't heard about the marketplace or have difficulty completing the marketplace application.

Some enrollees who are no longer eligible for Medicaid may be eligible for other forms of coverage outside of the marketplace, such as through their job or Medicare, and will need help understanding how to transition. Assisters may want to consider strengthening relationships with organizations that offer assistance with other forms of coverage, including [State Health Insurance Assistance Programs](#) (which help people with Medicare) and [Consumer Assistance Programs](#) (which can help with a variety health insurance issues).

Outreach, education, and application assistance are key to helping people stay covered. For many Medicaid enrollees, outreach from assisters and community-based organizations may be the only way they will find out about the steps they need to take to keep their Medicaid coverage or move from Medicaid to another form of coverage.

Share these key messages to help people stay covered:

- ⇒ Contact the state Medicaid agency today and update your address and phone number.
- ⇒ Watch for letters from the state Medicaid agency.
- ⇒ Respond to renewal letters by the due date.
- ⇒ If you're not eligible for Medicaid anymore, go to HealthCare.gov (or your state-based marketplace) to see if you qualify for free or low-cost health insurance.
- ⇒ 4 out of 5 people can find a plan for less than \$10 a month on HealthCare.gov.
- ⇒ You can get free help navigating this process from assisters in your community.

Outreach tools and templates:

- ◇ CMS Unwinding Toolkit
 - [English](#)
 - [Spanish](#)
- ◇ [State Health Value & Strategies Unwinding Toolkit](#) (includes Messaging Guide available in ten languages)

For additional resources, visit www.healthreformbeyondthebasics.org