

## FAQ

## Changes Coming to Medicaid

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**How is the Medicaid program going to change?**

Beginning in April 2023, for the first time since early 2020, states can terminate Medicaid for people they have determined are no longer eligible. People enrolled in Medicaid may be required to submit current information about their household and income to stay enrolled in Medicaid.

Normally, the state Medicaid agency requires enrollees to renew their coverage annually. But when the pandemic began in early 2020, Congress enacted laws to help people get through the crisis. One of those laws prohibited states from terminating people's Medicaid coverage, so states have not been requiring enrollees to go through the annual renewal process and update their eligibility information. This policy will end effective March 31, 2023.

2

**How could this affect the people you serve?**

Millions of people are at risk of losing Medicaid. Some people will lose Medicaid because they are no longer eligible (their income went up, household size went down, etc.). Other people will lose Medicaid even though they may still be eligible for Medicaid. This could happen if, for example:

- ▷ They do not receive renewal letters because they moved during the pandemic or are unhoused, and the Medicaid agency does not have their current address.
- ▷ The renewal letters they receive are confusing or are written in a language they do not speak, and the steps they need to take are unclear.
- ▷ They have questions about the process but can't reach the Medicaid agency call center because of long wait times or limited access to a phone.
- ▷ They cannot readily access the documents they need to prove their eligibility.
- ▷ People who lose their Medicaid coverage during this process, whether for eligibility or procedural reasons, could experience a gap in coverage or end up uninsured. This can disrupt access to care.

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**What will the eligibility review process look like?**

States have 12 months to initiate eligibility reviews of all their enrollees, and can start in February, March, or April. They can terminate Medicaid for people they determine are no longer eligible starting April 1. Most states will spread their work over 12 months. States must conduct full renewals of all enrollees using current information, but they must check electronic data sources before asking enrollees for information or documents to verify their eligibility. If they need to contact the enrollee, they must provide at least 30 days to respond. This means that some people may get letters in the mail about an upcoming renewal or requests for information

when the end of the PHE approaches that will require them to take action to keep coverage.

#### 4 **What should people enrolled in Medicaid do to stay covered?**

The most important step enrollees should take is to make sure the state Medicaid agency has their current mailing address and phone number so that they receive important notices and renewal forms. Enrollees can update their contact information by calling the state Medicaid agency or visiting the agency's website. States are currently mailing important notices and will begin mailing renewal forms in the coming months. Once people receive a renewal form, they should respond by providing the requested information or get in touch with someone who can help.

## Two Ways Your Organization Can Help People Stay Covered

### Outreach and enrollment assistance are key to helping people stay covered

#### 1 **Outreach**

For many Medicaid enrollees, outreach from trusted 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 with the people you serve:

- ▶ Contact the state Medicaid agency today and update your address and phone number. You can find your state agency's information here: [www.medicaid.gov](http://www.medicaid.gov)
- ▶ Watch for letters in the mail from the state Medicaid agency. Respond to renewal letters by the due date. You may also get phone calls, emails, and/or text messages from the Medicaid agency.
- ▶ You can get free help with this process from enrollment assisters in your community. To find an assister, go to: [getcoveredamerica.org](http://getcoveredamerica.org)
- ▶ If you are not eligible for Medicaid anymore:
  - + You might qualify for free or low-cost health insurance through the marketplace that covers things like prescription drugs, doctor visits, hospital visits, and more. 4 out of 5 people can find a plan for less than \$10 a month on [HealthCare.gov](http://HealthCare.gov).
  - + You can apply right away. You do not have to wait for open enrollment to enroll in marketplace coverage.

#### 2 **Enrollment Assistance**

Letters from the Medicaid agency can often be confusing, so people may need help understanding the steps they need to take to keep Medicaid or enroll in another form of coverage. Prepare to provide people with help to understand these letters, such as what documents they need to provide to the Medicaid agency to verify their eligibility, like pay stubs.

Even though many enrollees who are no longer eligible for Medicaid will often be eligible for free or low-cost health insurance on the marketplace, they could still end up uninsured if they have not heard about the marketplace or have difficulty completing the application. Know where you can refer people for in-depth assistance.

Free, unbiased help is available in multiple languages in every state, from Navigators and other enrollment assisters, and many can provide help over the phone or via videoconferencing. Look up assisters in your community at [localhelp.healthcare.gov](https://localhelp.healthcare.gov) and introduce your organization if you do not already work together.



For more resources, visit [healthreformbeyondthebasics.org](https://healthreformbeyondthebasics.org).

If you encounter problems or have questions, email us at [beyondthebasics@cbpp.org](mailto:beyondthebasics@cbpp.org).