

Beyond the Basics

Unwinding the Medicaid COVID-19 Continuous Coverage Requirement

February 21, 2023

Webinar Logistics

- All attendees are muted and in listen-only mode
- To ask a question:
 - Click on the Q&A icon in the control panel at the bottom of your webinar screen
 - Type your question into the box
- We will monitor questions and pause to answer a few during the presentation and once more at the end
- You can also email questions to beyondthebasics@cbpp.org
- All webinars are recorded and will be available for viewing at www.healthreformbeyondthebasics.org

Agenda

- We'll discuss:
 - Continuous coverage requirement
 - Unwinding
 - Risk to eligible enrollees
 - Minimizing coverage losses
 - Managing transitions to the marketplace and employer coverage

What Is the Medicaid Continuous Coverage Requirement?



Continuous Coverage Requirement

- Part of 2020 COVID legislation, requires states to keep most enrollees on Medicaid during the public health emergency (PHE)
 - Condition of 6.2% FMAP increase
- Continuous coverage requirement ends March 31st
- States will resume conducting full renewals and terminating coverage as early as April 1st –known as “unwinding”
 - States will determine their own timelines
 - Eligible people could lose coverage *if states don't act carefully*

What Is Unwinding?



“Unwinding”

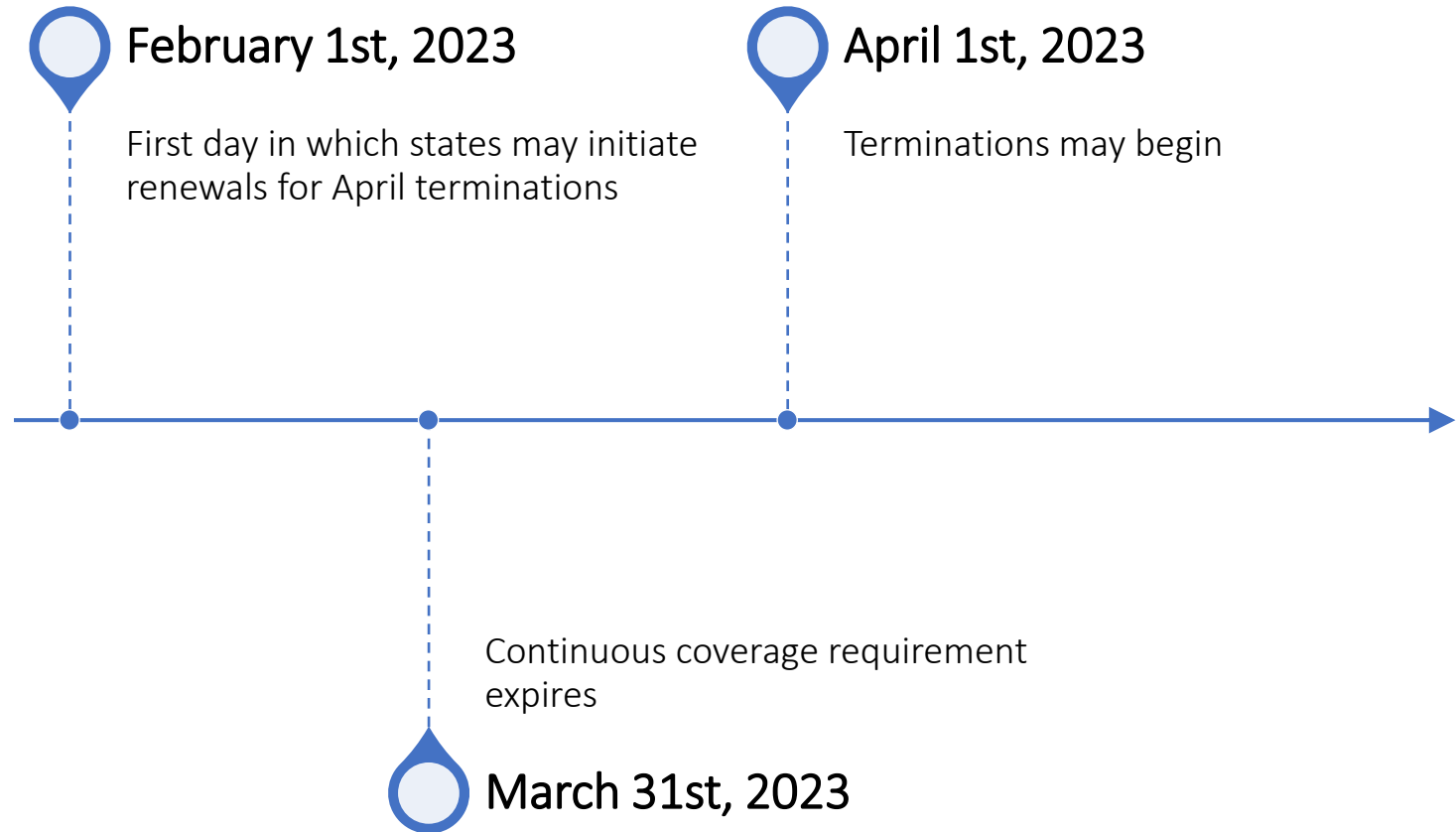
- Largest health care event since ACA implementation
- All enrollees will have to complete a full renewal
- Coverage ends if renewal not completed
- Experts estimate over 18 million people will lose coverage, *millions of whom will still be eligible*
- State agencies (already understaffed) will experience substantial workload increase
- States can focus on improving their renewal processes to minimize this risk
 - Find out more about your state's plans and relevant materials [here](#)

Georgetown CCF 50-State Unwinding Tracker

State	Public state plan or summary	Alert to update contact information	Unwinding FAQ	Communications materials/toolkit
Alabama	Alabama Medicaid COVID-19 Unwinding Plan for Eligibility Processes	Medicaid Homepage (Address Update Alert) , Update Your Address	PHE Unwinding Toolkit (includes FAQ)	PHE Unwinding Toolkit ; AL COVID-19 Information for Providers
Alaska	N	6/29/22 letter ; Flyer ; News: Reminder to Update Mailing Address	N	Flyer
Arizona	Summary of COVID-19 PHE Operational Unwinding Plan	How AHCCCS is Planning for the End of the PHE ; AHCCCS Member News	Preparing for End of COVID-19: Return to Normal Renewals (FAQ) ; MCO Support for the End of the PHE	End of Medicaid Continuous Enrollment Messaging Toolkit ; Resources for Communities/MCOs
Arkansas	Arkansas Comprehensive Unwinding Plan	Instructions to update (linked on homepage) ; Update AR - Client Toolkits and Materials ; Access Arkansas Homepage Banner Alert	PHE Unwinding FAQ - Clients	Renew Arkansas: Provider Toolkits and Materials ; Update Arkansas graphics
California	Medi-Cal COVID-19 PHE Operational Unwinding Plan: Updated ; County Readiness Toolkit	DHCS Homepage (Address Update Banner) ; Keep Your Medi-Cal	COVID-19 FAQs (Eligibility) , DHCS Coverage Ambassadors Webinar Questions & Answers	Medi-Cal Continuous Coverage Requirement Toolkit ; Planning for the End of the Continuous Coverage Requirement ; Communication Toolkit Phase 1
Colorado	COVID-19 PHE Unwind Planning: Community Partners and Advocates	Update Your Address: Instructions ; HCPF Homepage (Address Update Alert)	COVID-19 PHE FAQs ; Consolidated Return Mail Center FAQs ; Health First Colorado FAQs	Preparing for Renewals: A Communications Toolkit ; Understanding the Renewal Process

Available at: <https://docs.google.com/spreadsheets/d/1tOxmngYs7jDPTGltP-diD1SGvHvZVJOM3G2YuUq0btg/edit>

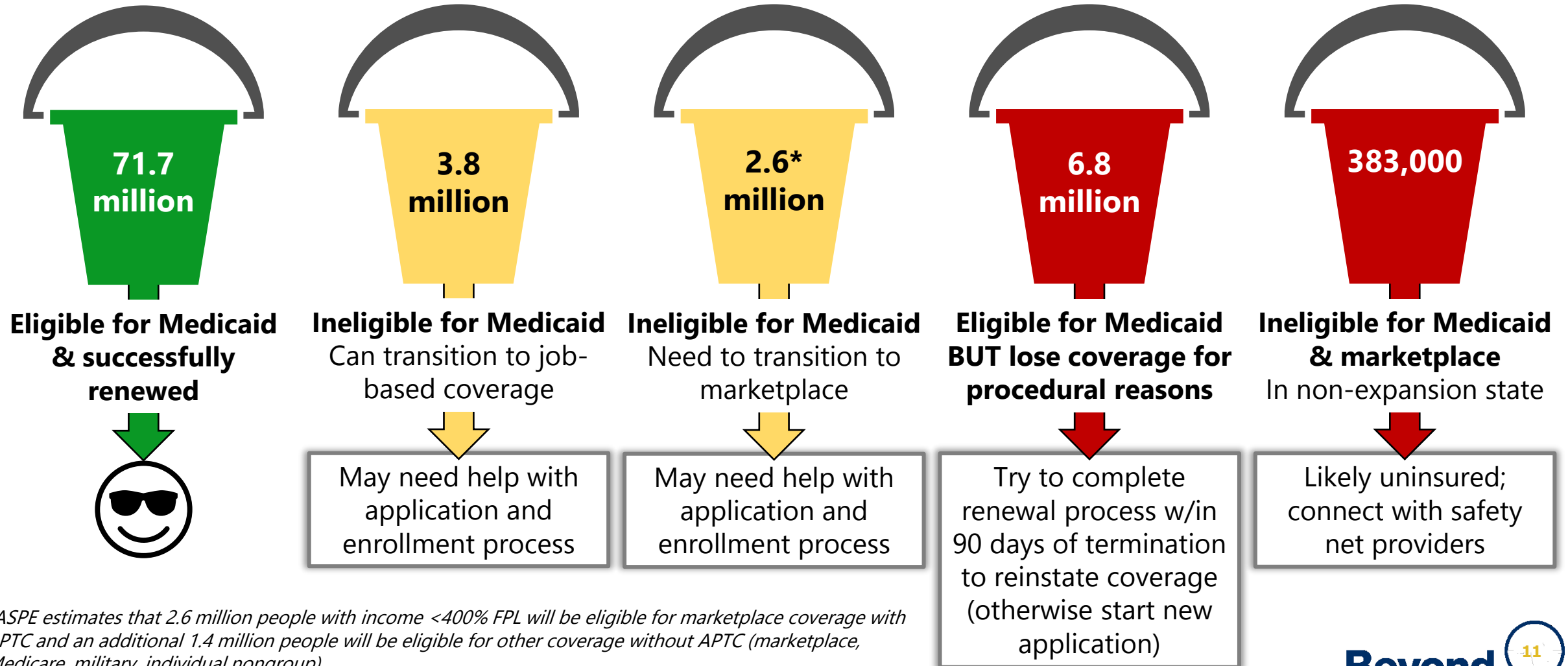
Initial Unwinding Timeline



Who Will Be Affected?



Potential Outcomes



**ASPE estimates that 2.6 million people with income <400% FPL will be eligible for marketplace coverage with APTC and an additional 1.4 million people will be eligible for other coverage without APTC (marketplace, Medicare, military, individual nongroup).*

Source: Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches, HHS Assistant Secretary for Planning and Evaluation, August 2022

“Unwinding” and Risk of Eligible People Losing Coverage

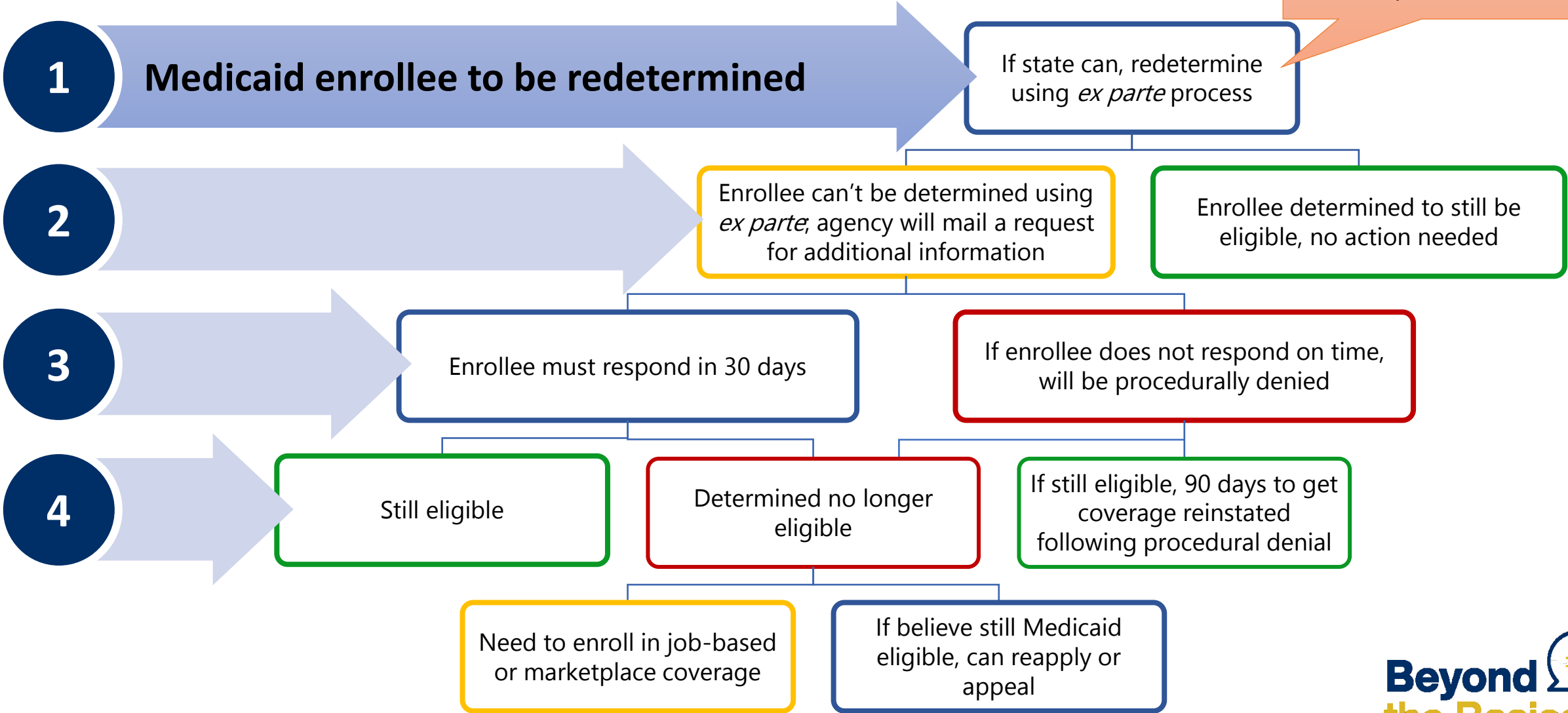
- Enrollees might not:
 - Receive renewal notice
 - Understand renewal notice
 - Submit information on time
- Medicaid agencies may not be able to process documents on time
- Some people will reapply, leading to additional work for agencies, gaps in coverage, and increased costs
- **People of color and children are at greater risk of losing coverage during the unwinding process**

Helping People Keep Medicaid



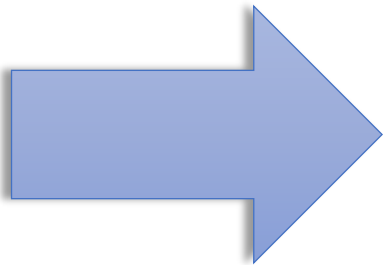
Steps in the Medicaid Renewal Process

States **cannot** terminate Medicaid coverage based on an *ex parte* review alone.



Reinstating Medicaid coverage after procedural denial

- Required for most Medicaid enrollees
- A renewal form and/or requested information returned within **90 days** of termination date serves as application
- Agency must determine eligibility within 45 days
- **Coverage effective date:** Date renewal was submitted or first day of the month the renewal form was returned depending on state's Medicaid plan
 - Up to three months of retroactive coverage available



Assisters can support enrollees who need to submit this information to the Medicaid agency for their coverage to be reinstated

Opportunities to Minimize Coverage Loss

Massive coverage loss isn't inevitable!

- **Assisters can spread the word about unwinding through outreach and education to consumers**
 - Encourage people to update address and contact information with state Medicaid agency (and assist them in doing so!)
 - Difficult to know when someone might receive a notice; be on the lookout
- **Lean on existing partnerships and cultivate new ones**
- **Join coalitions focused on this issue**
- **Establish feedback loops with partners, state agency**

Helping Someone Affected by Medicaid Unwinding: **Some Questions to Ask**

Has the person received information from the state Medicaid agency?

If yes, is it a request for more information? Or a termination notice?

If the person's Medicaid has been terminated, can you determine why?

Was this appropriate?

→ Because they are no longer eligible

Should they pursue a reinstatement?

→ Because it was a procedural denial, e.g. for not responding to a request for more information

If the person no longer has Medicaid but needs another form of coverage:

Do they have an offer of employer coverage?

→ If yes, does the employer coverage meet the minimum value and affordability standards?

→ If yes, is the offer also available and affordable for other family members?

Do they need help applying for a marketplace plan?

Example: Moving Into Different Category of Medicaid Coverage



- Examples of Medicaid categories: children, pregnant women, parents and caretakers, low-income adults, medically needy, older adults, people with disabilities
- Hana, age 16 in 2020, lives in a Medicaid expansion state and is enrolled in children's coverage as of March 2020 when continuous coverage goes into effect.
- By the time unwinding begins and her case is reviewed in May 2023, Hana is now an adult (19).
- The state reviews Hana's information using electronic data sources. They may reach out to ask for additional information (e.g. about her household size). If she responds to the request within 30 days, and her income is <138% FPL, she will remain enrolled, but she will now be enrolled as part of the adult category, rather than the child category.

Helping People Transition to Job-Based Coverage



Special Enrollment Periods in Employer Sponsored Insurance

- 30 days
 - Loss of coverage or loss of employer contributions
 - Qualifying events (marriage, birth, adoption, placement for adoption)
- 60 days
 - Loss of Medicaid or CHIP

- Remember, people are not eligible for a PTC if they have an offer of employer sponsored insurance that meets minimum value and affordability standards
- Starting with 2023 coverage, changes in the affordability test made more people eligible for PTCs ("family glitch fix")
- Encourage people to act *quickly* to enroll in employer-based coverage
 - ! Missing the 60-day window to enroll in ESI does **not** trigger an SEP for marketplace coverage

Resource: [FAQ: Employer-Sponsored Insurance and PTC Eligibility](#)

Eligibility for Employer- Sponsored Insurance (ESI)

A person cannot get APTC if their ESI offer is:



An “eligible employer-sponsored plan”

- Not indemnity or accident coverage

-and-



Affordable

- An offer is considered affordable if it costs less than 9.12% of household income. This bars eligibility for APTC.

-and-



Comprehensive

- An offer is comprehensive if it meets the “minimum value” standard

If the offer fails to meet one or more of these requirements, the employee might be eligible for APTC (assuming all other tests are met)

Resource: [MEC Reference Chart](#)

ESI Affordability

- ESI is “affordable” for the employee if the employee contribution for **self-only coverage is up to 9.12%** of household income (in 2023)
- ESI is “affordable” for the spouse and dependents if the employee contribution for **family coverage is up to 9.12%** of household income (in 2023)
- If ESI is considered unaffordable, the employee and/or spouse and dependents can qualify for APTC
- A family member can also get APTC if:
 - They aren’t offered coverage through the employee (e.g. no family coverage offer)
 - They aren’t on the employee’s tax return (e.g. a child claimed by an ex-spouse instead of the employee)

Affordability of Family Coverage

The Marketplace will ask applicants to enter the lowest-cost, employee share of the premium for self-only and family ESI coverage, and will then determine:

1. Does the person have access to adequate, affordable, self-only employer-sponsored coverage?
2. Do the person's household members have access to adequate, affordable family coverage through the subscriber's employer?
3. Do any of the person's household members have access to adequate affordable, coverage through a different employer?

If a person does not have an offer of affordable, adequate insurance through an employer – whether it is through their own employer or through the employer of a household member – that person may now be eligible for APTCs.

Premium costs
Below, only enter the amount Alex would pay. Don't include any amount paid by Target.
[Learn more about entering premium amounts.](#)

Coverage for Alex only
How much would Alex pay for the lowest-cost plan just for themselves?
Alex's premium amount

How often?

Coverage for Alex, Bailey, & Carly
How much would Alex pay for the lowest-cost plan for themselves and these household members?
Alex's premium amount

How often?

Save & continue

Application ID: 159127290

Adding Up the Cost of Coverage

Help people understand their options and how their costs – premiums, deductibles, and out of pocket maximums – may add up.

	Option 1	Option 2	Option 3
Employee	Employer coverage	Marketplace coverage (no PTC)	Employer coverage
Spouse and Dependents	Marketplace coverage w/PTC	Marketplace coverage w/PTC	

Note: This is just an example. Different households will have different options.

Helping People Transition to the Marketplace

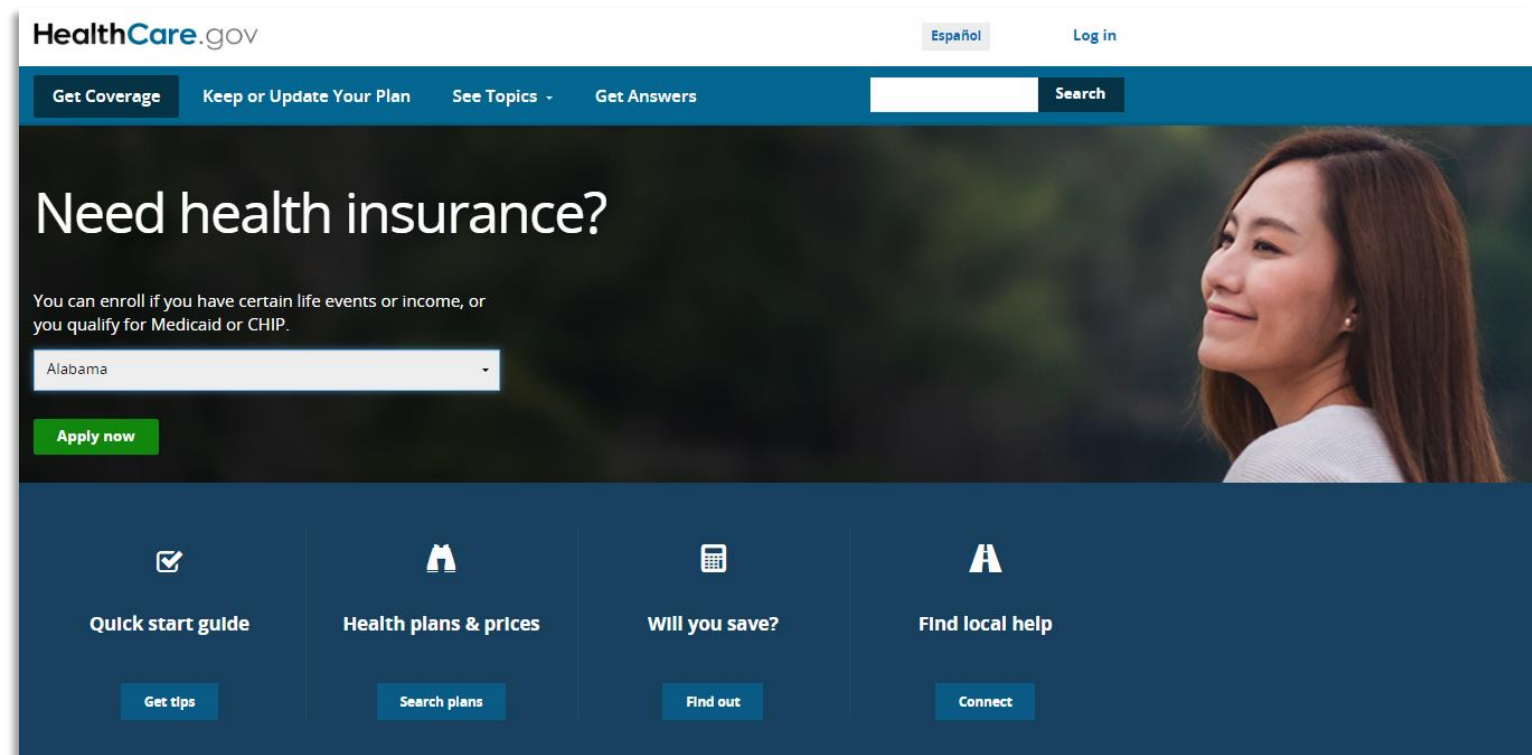


Starting an Application

In HealthCare.gov states:

Treat people transferring to the marketplace like any new applicant.

The account transfer will not generate a prepopulated application.



The screenshot shows the HealthCare.gov homepage. At the top, there's a navigation bar with links: 'Get Coverage', 'Keep or Update Your Plan', 'See Topics', and 'Get Answers'. To the right are links for 'Español' and 'Log in', and a search bar with a 'Search' button. The main heading is 'Need health insurance?'. Below it, a subtext reads: 'You can enroll if you have certain life events or income, or you qualify for Medicaid or CHIP.' There is a dropdown menu currently set to 'Alabama'. Below the dropdown is a green 'Apply now' button. At the bottom, there are four columns of links: 'Quick start guide' (with a checkmark icon and a 'Get tips' button), 'Health plans & prices' (with a house icon and a 'Search plans' button), 'Will you save?' (with a calculator icon and a 'Find out' button), and 'Find local help' (with a person icon and a 'Connect' button).

Marketplace Outreach

Health Insurance Marketplace

DEPARTMENT OF HEALTH & HUMAN SERVICES

465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

Need health insurance? You may be able to get help paying for a plan through the Health Insurance Marketplace*

We understand that you recently lost or were denied health coverage through [state Medicaid program name] [(Medicaid)] or [state CHIP Name] [(Children's Health Insurance Program (CHIP))]. If you or others in your household still need coverage, you can find a plan through the Health Insurance Marketplace*, and you may be able to get help with costs. These are quality health plans that cover prescription drugs, doctor's visits, hospitalizations and more. Act soon!

What should I do next?

Submit a new or updated Marketplace application now to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. It only takes a few steps to see if you can get covered. Go to [HealthCare.gov](https://www.healthcare.gov) to get started.

For more help

If you have questions about Marketplace coverage or applying, need help in another language, or want this information in an accessible format (like large print, braille, or audio), help is available:

- Visit [HealthCare.gov](https://www.healthcare.gov)
- Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)

A Marketplace Assister, [Organization Name], may reach out to help you and other household members enroll in coverage. Marketplace Assistors provide free and impartial enrollment assistance. You can contact [Organization Name, Assister ID] at [Phone Number] or visit [Organization Website]. You can also get more information about help in your local area at [LocalHelp.HealthCare.gov](https://www.healthcare.gov).

Health Insurance Marketplace* is a registered service mark of the U.S. Department of Health & Human Services.

Nondiscrimination: The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age.

People may receive:

- A notice from the marketplace encouraging them to apply. This may also include local Navigator contact information
- Direct phone calls from a local Navigator encouraging them to apply and offering assistance

Unwinding Special Enrollment Period

- New SEP for anyone who loses Medicaid/CHIP any time between 3/31/23 – 7/31/24
- Access through HealthCare.gov
- Attestation accepted; no documentation required
- 60 days to choose a plan after submit or update application
- See guidance: <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>

HealthCare.gov

[← Back](#) | [1 Set up](#) – **[2 Household](#)** – [3 Coverage & changes](#) – [4 Review & submit](#)

Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did anyone have Texas Medicaid or Texas CHIP that recently ended or will end soon because they're no longer eligible?

Select a person's name if one applies:

- Their coverage ended between 3/31/2023 and today
- Their coverage is going to end between today and [60 days from application date]

- ☐ Maria
- ☐ Victor
- ☐ Child

☒ None of these people

Save & continue

Resource: [SEP Reference Chart](#)

Coverage Effective Dates

- **Unwinding SEP:** First of the month following plan selection
- **Intersection with other SEPs:** Follow unwinding SEP effective date unless person qualifies for retroactive effective date
 - Call the marketplace call center if do not want retroactive effective date

Example: Reinstating Medicaid



- Darren and his daughter Lila have been enrolled in Medicaid since 2020. They moved to a different part of the state recently for Darren's new job.
- Darren's annual income from his job is about \$28,000 (or roughly 150% FPL). He is not offered health insurance through his job.
- Darren gets a notice in the mail from the state Medicaid agency in March stating that he didn't respond to previous requests for information, so the state is terminating Medicaid for him and for Lila effective May 1.

Example: Reinstating Medicaid



Darren

- Because his household income is 150% FPL, Darren is no longer eligible for Medicaid.
- He can get a Special Enrollment Period to enroll in marketplace coverage (with APTC and CSR) any time between now and July 31, 2024. If he acts quickly, he could arrange to have coverage start effective May 1 and avoid a gap in coverage.

Lila

- With an income of 150% FPL, Lila is still eligible for Medicaid in their state.
- Darren gathers the income documentation requested in the notice from the state and mails it in right away. The state agency receives it and processes it.
- Lila's Medicaid coverage is reinstated, with retroactive coverage for any covered health expenses during the period between the termination notice and the coverage reinstatement date.

Example: Transitioning to Employer Coverage



- Jon and Nania, a married couple who file taxes jointly, have been enrolled in Medicaid since July 2020 when Jon lost his job-based coverage.
- In October 2022, their son Luca was born. Luca is also enrolled in Medicaid.
- Jon got a new job in 2022 that offers health coverage. His annual salary is \$45,000. Nania is caring for Luca and isn't working outside the home right now.
- Jon and Nania get a notice from their Medicaid agency requesting updated income information. They respond to the notice and learn that with income at about 195% FPL, Luca remains eligible for Medicaid, but Jon and Nania are no longer eligible. Their Medicaid will be terminated in May.

Example: Transitioning to Employer Coverage



Summary of Plan Costs and Household Income	
Household Income:	\$45,000
Employee-only premium cost:	\$300/month
Employee + spouse premium cost:	\$450/month
Minimum value (MV):	✓ 80% AV

Can Jon or Nania get APTC?

Employee test:

Is Jon's plan affordable?

(So, is his lowest-cost premium for a minimum value plan less than 9.12% of household income?)

- Yes, Jon's share of the premium for coverage just for him is 8% of household income

✗ Jon is not eligible for PTC

Family test:

Is Jon's plan affordable for Nania?

- Employee + spouse coverage costs 12% of income
- Because it costs more than 9.12% of income, spouse coverage is considered unaffordable

✓ Nania is eligible for PTC

Tip: If the family qualifies for PTCs, but not the employee, the employee may still need to buy ESI or a full-cost marketplace plan. Help families understand how their premium costs will add up.

Helping Jon and Nania Understand their Options

Example: Transitioning to Employer Coverage



- Luca remains eligible for Medicaid.
- Jon can enroll in full-cost marketplace coverage or transition to job-based coverage. **He only has 60 days after his Medicaid ends to enroll in job-based coverage.**
- Nania can enroll in marketplace coverage, likely with a PTC and cost-sharing reductions. **She has until July 31, 2024 to enroll in a marketplace plan.**
 - * If Jon and Nania enroll in the same marketplace plan as a group, they would forfeit CSRs Nania would otherwise qualify for if she enrolled on her own.
- If the family lived in a state that has elected the 12-month postpartum option in Medicaid, Nania would likely also remain eligible for Medicaid until October 2023.

Q & A



Resources

FAQs:

- [Unwinding Medicaid Continuous Coverage](#)
- [Changes Coming to Medicaid: Tips for Community Partners](#) (Available in English, Spanish, Simplified Chinese, Korean, Vietnamese, Tagalog, Russian, and Arabic)

Public Education Resources

- CMS [Communications Toolkit](#) and [Supporting Materials](#) (zip file)
- Community Catalyst [Outreach Toolkit](#)

Administrative Advocacy Resources

- [Unwinding the Continuous Coverage Protection: Tips and Best Practices](#)
- [Elevating the Medicaid Enrollment Experience](#)

Contact

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This is a project of the Center on Budget and Policy Priorities
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