

Resuming Medicaid Redeterminations

State Insurance Regulator Guide

Background

In March of 2020, and as part of the Families First Coronavirus Response Act, Congress created an incentive for state Medicaid programs to keep consumers continuously enrolled during the COVID-19 pandemic. As a result, states suspended redeterminations of eligibility and Medicaid now covers over 20 million more people than it did in 2019. On December 29, 2022, President Biden signed into law the Consolidated Appropriations Act, 2023 (CAA), which put an end to the Medicaid continuous enrollment provision on March 31, 2023. The CAA allows for states to resume redetermining the eligibility of Medicaid enrollees and to take up to 14 months to complete redeterminations. It also provides for a phased down approach for enhanced Medicaid funding for the States. When redeterminations resume, many Medicaid enrollees will remain eligible, but some will be disenrolled and need to find other coverage from an employer, a Marketplace plan, Medicare, or another source. Many will be eligible for other state or federal assistance with costs, such as premium tax credits or a Medicare Savings Program.

NAIC's Consumer Information (B) Subgroup developed this resource to help state insurance regulators and their Departments plan for the impact of resumed Medicaid redeterminations. The information and answers below may also be helpful in responding to questions and concerns consumers may have, particularly those who have recently lost Medicaid coverage and are shopping for health insurance for themselves and their family.

State-specific Information on Medicaid Redeterminations

What is happening in my state and when?

- [Unwinding Medicaid Continuous Coverage](#) (Georgetown University)
 - Use this page to find information and resources, including a [50-State Unwinding Tracker](#) with [links to state plans, FAQs, and communications toolkits](#).
- [State Approaches to the Unwinding Period, January 2023](#) (KFF & Georgetown University)
 - KFF lists the timeframe for each state to begin and complete redeterminations.
- [Anticipated 2023 State Timelines for Initiating Unwinding-Related Renewals As of February 24, 2023](#) (CMS)

How many people may be impacted in my state?

- [The Impact of the COVID-19 Public Health Emergency Expiration on All Types of Health Coverage](#)
 - This Urban Institute report provides national estimates and state tables in Appendix B.
- [Coverage Transition Modeling Dashboard](#) (.xlsx file)

- With funding from AHIP, NORC at the University of Chicago developed estimates for each state of the number of people expected to transition to other coverage sources. Methodology is discussed in [a companion report](#).

Messages and Advice for Consumers

How can my department assist consumers if they receive notice they are losing Medicaid coverage?

- Many individuals who leave Medicaid or CHIP will be eligible for employer coverage. Deadlines for electing employer coverage have been extended. Those who lose Medicaid coverage before July 10, 2023 will have a special enrollment right to elect employer plans until September 8, 2023. After that, the standard special enrollment period of 60 days from the loss of other coverage will apply.
- Shopping for coverage
 - Marketplace. Some consumers may already be aware of the Marketplace; however, there may be some consumers who will need guidance on how to access the Marketplace. Marketplace plans or ACA plans on healthcare.gov are guaranteed issued. Some plans will have \$0 premium after tax credits. Most will have either copays or deductibles.
 - A number of special enrollment periods (SEPs) for Marketplace coverage may be relevant for consumers leaving Medicaid.
 - The SEP for loss of minimum essential coverage (including Medicaid and CHIP) has been extended from 60 days before through 90 days after the coverage loss.
 - A separate SEP is available for those who lose Medicaid or CHIP through July 31, 2024.
 - Individuals with income less than 150% of the federal poverty level may enroll in Marketplace plans in any month.
 - <https://www.healthcare.gov/medicaid-to-marketplace/>
 - Agents, brokers, navigators, and assisters are available to assist consumers.
 - Confirm that the agent is licensed to sell the product.
 - Use [Find Local Help](#) for help with Marketplace plans.
 - NAIC [Health Insurance Shopping Tool](#)
- Tips to offer to consumers (taken from the 2019 “[What to ask when Shopping for Health Insurance](#)” document)
 - Is it a Short-Term, Limited Duration plan, a Sharing Ministry plan, or other limited-coverage plan? Is it sold through an association that requires a membership fee? If so, it could cover less than Marketplace plans.
 - Is the person selling the plan licensed in [STATE]? If so, ask for his/her state license number and contact [STATE DOI] at [phone number] to confirm.
 - What is the insurance company and is it licensed in [STATE]?
 - Does the plan require enrollment in an association or as a limited partner?
 - Does the plan cover your pre-existing conditions? Does it cover your medications?
 - What are the deductibles? There may be different deductibles for different services.
 - Does the plan set a limit on how much I have to pay out of pocket in a year (maximum out of pocket or MOOP)?

- What services DOESN'T the plan cover? Always ask about Exclusions and Limitations on non-ACA policies and whether a claim can be denied or not paid after the fact.
- For services that ARE covered, how much will the plan actually pay? Is there a limit on the total amount the plan will pay per person, per service, or per year?
- How long will the coverage last? Will you be able to keep or renew your coverage if you get sick?
- Does the plan have a provider network? If yes, how do you access the directory of providers and can you review the directory before signing up? Is your doctor or hospital in the network? If not, will doctors and providers agree not to bill for amounts above what the plan pays?

What messages are federal agencies using and recommending related to Medicaid redeterminations?

- [Medicaid and CHIP Continuous Enrollment Unwinding – Toolkit](#)
 - This toolkit includes key messages, drop-in articles, social media and outreach products, call center scripts, and more. A .zip file contains [supporting materials and graphics](#). Materials are available in languages in addition to English on the [CMS Unwinding page](#).

Medicare Issues

Where can I find a review of Medicare enrollment considerations for those losing Medicaid?

- ADvancing States published [a brief guide](#) for counseling Medicare-eligible individuals whose Medicaid benefits changed due to the end of the continuous coverage requirement.

Can states assist individuals who missed a period of guaranteed issue for Medicare supplement coverage while they were enrolled in Medicaid?

- A number of states (including [Alaska](#), [Delaware](#), [Idaho](#), [Kentucky](#), [Maryland](#), [New Hampshire](#), and [Oklahoma](#)) have issued bulletins to direct issuers to offer guaranteed issue of Medicare supplement plans for those who exhausted their open enrollment period as a result of their continued enrollment in Medicaid and who experience a change in Medicaid eligibility.

Additional Resources

- [Connecting to Coverage Coalition](#) has issued a set of resources.
 - The Coalition has compiled resources on redeterminations, including information on [fraud prevention](#), [guidance on texting consumers](#) from the Federal Communications Commission, and [How Health Insurance Providers Are Supporting Americans Through Medicaid Unwinding](#)
- [Unwinding and Returning to Regular Operations after COVID-19](#) (CMS)
 - CMS guidance and resources
- [Unwinding resources for American Indians and Alaska Natives](#) (CMS)