MEDICAID REDETERMINATION

What is Medicaid redetermination? New 1/17/23

Medicaid redetermination, also called renewal or recertification, is the process states use to evaluate enrollees continued eligibility for Medicaid coverage. Federal law requires states to cover certain groups of individuals, including low-income families, qualified pregnant women and children, and individuals receiving SSI. States have additional options for coverage and may choose to cover other groups, such as individuals receiving home and community-based services and children in foster care who are not otherwise eligible.

Why have Medicaid redeterminations been paused? New 1/17/23

Medicaid redeterminations have been paused during the COVID-19 public health emergency (PHE). This is due to the Families First Coronavirus Response Act, and the additional federal Medicaid funding that states are receiving during the public health emergency. In exchange for enhanced funding, states have had to maintain continuous enrollment in Medicaid, meaning an individual cannot have their Medicaid coverage terminated (exceptions include moving out of state and beneficiary request to terminate coverage).

When will the COVID-19 Public Health Emergency End? New 1/17/23

The U.S. Department of Health & Human Services has declared the U.S. to be in a public health emergency (PHE) since early 2020 due to the COVID-19 pandemic. At this time, we do not know when the COVID-19 PHE will end. However, with the passage of recent legislation, states can end Medicaid coverage for people who are no longer eligible for Medicaid as of April 2023.

When will redeterminations begin again? New 1/17/23

With the passage of recent legislation, states can end Medicaid coverage for people who are no longer eligible for Medicaid as of April 2023. Beneficiaries may need to take action based on the materials they receive from their state beginning as soon as February 2023.

Does the process vary by state? New 1/17/23

Yes, the redetermination process varies based on the state and the Medicaid program in which one is enrolled.

What is the impact, not specific to UHC? New 1/17/23

Since the COVID-19 PHE was first issued in March 2020, Medicaid beneficiaries have grown by approximately18 million people, according to CMS data. 100% of individuals currently enrolled in Medicaid will need to have their eligibility checked within a year of the public health emergency ending. Industry experts are estimating of the 18 million people, roughly 40% of people will remain eligible for Medicaid, roughly 40% will be eligible for employer coverage, and the remaining approximately 20% will be eligible for low-cost individual and family plans offered on the Marketplace.

What should the brokers and consultants be thinking about? New 1/17/23

If someone qualifies for Medicaid, they should ensure they are directing those individuals to take action to maintain their coverage and promptly follow up on any paperwork submission requests to their state Medicaid agencies.

For those that have experienced a change in situation and are no-longer eligible for Medicaid, there is an opportunity to support individuals in finding the best plan for their needs.

Employer groups may need assistance engaging and connecting members who may be losing their Medicaid coverage to their employer group benefits during this qualifying event.

What should happen if an employer contacts the Brokers/Consultant? New 1/17/23

Brokers/Consultants should treat this as they would any other qualifying event and should include Open Enrollment materials that the employee can leverage to make decisions.

What are rules for enrollment onto employer plans? New 1/17/23

This should be treated like a qualifying event, as loss of coverage~~,~~ for the employee, and should follow the same enrollment rules as any other qualifying event.

What is UnitedHealthcare doing to help? New 1/17/23

We are providing omni-channel support with Community & State, Individual & Family Plans, and Employer & Individual across a range of health care contact points: providers, brokers, employers, members and intend to share the latest impacts as information becomes available. Our goal is to support our customers and ensure continuity of coverage while working to fulfill our mission of helping people live healthier lives and making the health system work better for everyone.

How long does an employee have to enroll in their employer sponsored coverage? New 1/17/23

The Special Enrollment Period (SEP) for loss of Medicaid coverage is either 30 or 60 days after the qualifying life event happens (we're advocating for longer but TBD). Once enrolled in the plan, coverage typically starts on first day of month following eligibility.