February 22, 2023

Medicaid Unwinding and the Sunset of Continuous Enrollment Provisions

Background *Because of the Public Health Emergency, states have not been able to conduct Medicaid redeterminations for the past three years. Beginning in February 2023, states could begin sending Medicaid eligibility redetermination notices to continue health insurance coverage, meaning that a*ll residents enrolled in Medicaid will undergo an eligibility redetermination before June of 2024*. Here is what affordable housing providers and residents need to know.*

- Medicare and Medicaid are easily confused as two government-paid types of health insurance. You can remember which is which by reminding yourself:
  Medi**care**- we take **care** of our elders;
  Medic**aid**- we provide **aid** to people with low incomes.
- Medicare is federally funded by a combination of payroll taxes, premiums, and Congress. Medicaid is jointly funded by federal and state governments, and each state Medicaid program is different.
- Medicaid provides health coverage to millions of Americans, including eligible low-income adults. Unlike eligibility for Medicare, which is based on age, Medicaid eligibility is generally based on a person's annual income, with some modifications and adjustments. Roughly two-thirds of HUD-assisted older adults are dually eligible for both Medicare and Medicaid, meaning they are eligible for Medicare based on age and eligible for Medicaid based on income (often called "duals" for short).
- Generally, individuals eligible and enrolled in Medicaid undergo annual redeterminations to evaluate continued eligibility.
- As Medicaid programs vary by state, so does the redetermination process and the requirements of enrollees to stay enrolled in the program and continue receiving Medicaid health insurance coverage.
- Because of the COVID-19 public health emergency (PHE), states that accepted enhanced federal financial contributions to their state's Medicaid program were required to adopt continuous enrollment.
- Continuous enrollment means that since 2020, states were not able to disenroll Medicaid recipients using income-based eligibility redeterminations. In other words, for the past three years, states could not terminate coverage for individuals enrolled in Medicaid.
- Recent legislation, passed in December of 2022, allows states to "unwind" continuous enrollment.
  - Resulting from the continuous enrollment requirement, the total population covered by Medicaid has grown by approximately 30% nationwide. Given this growth, the volume of redeterminations will be greater than historical totals
  - The unwinding means states can begin eligibility redeterminations through mailings of paperwork to enrollees as early as February 15, 2023.
  - Depending on each state's process, enrollees will need to fill out paperwork and submit documentation relating to assets and income by mail or online to redetermine their Medicaid eligibility and stay enrolled.
  - Disenrollment can begin as early as April 1, 2023. Individuals who are disenrolled will receive appeal information in their denial notice, if they feel they have been improperly denied coverage.
  - For residents that are Medicare eligible (aka "duals), they CANNOT utilize the Marketplace for coverage. For these residents, you should check if they are eligible for Medicare Savings Program

(MSPs). MSPs are not as robust as fully Medicaid but would help the resident with some of the costs of Medicare coverage like premiums.
    - For residents who are found no longer to be eligible for Medicaid and who are NOT Medicare eligible, coverage can be purchased on the federal or state based marketplace, whichever is offered by your state. We recommend sending these residents to healthcare.gov because they will be redirected to the state-based marketplace if need be.
    - States have 12 months to conduct redeterminations, with a two-month tail to allow for final eligibility determinations of notified enrollees. This totals a 14-month period during which ALL Medicaid participants will undergo redetermination.
    - States are required to make multiple attempts to contact current enrollees before terminating coverage. If enrollees have indicated limited English proficiency or an alternate preferred language, states may provide materials in that manner.
    - Beginning in 2024, redeterminations will resume on an annual redetermination schedule.

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What can you do before you talk to residents?

- Review your state Medicaid agency's timeline for conducting redeterminations.
    - States can self-select to complete this process in any timeline shorter than 12 months.
    - Understanding the state's timeline will help you assess how and when Medicaid enrollees can expect to receive their communications and forms from the state.

What does this mean for you and what can you do for current Medicaid participants?

- Inform and remind residents that they will need to undergo a Medicaid eligibility redetermination from your state's Medicaid agency.
    - Here is a resource from the Federal Government containing sample graphics and signs: https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf
- Urge residents to review their address and contact information in your state's information database.
- Discuss that this process will happen either online (at their preference), or through the completion of mailed forms from your state's Medicaid agency.
- These forms will need to be completed and returned in a short period of time; preferably as soon as possible.
    - It is very important that these forms are fully and correctly completed.
    - Many individuals may need support completing the redetermination forms. If your property is not equipped to help residents (for example, through a Service Coordination program), you might be able to locate support for residents from a community agency or organization.
    - Failure to complete, or completion with incorrect information, could lead to termination of their Medicaid coverage. It will not affect their Medicare coverage.
- Remind them again, in a couple of months, that this is coming. The redeterminations are likely to come staggered based on your state's plan.
    - These timelines may align with the resident's prior annual redetermination month.
    - For example, if Eva was initially determined eligible for Medicaid in October of 2009, she probably has historically received her redetermination paperwork in the August, September, October timeframe.
- Reach out to your state Medicaid agency, LeadingAge national, or your LeadingAge State partner for more information.

Examples, by provider type

I am an employer.
If some of your employees are not covered by your health insurance and have incomes that fall below your state's eligibility criteria for Medicaid- they may be currently receiving healthcare coverage through Medicaid. Over the past three years your state wasn't allowed to end their health insurance coverage. Starting in April, your state will begin sending eligibility redeterminations to enrollees. Your state has a plan, and possibly resources available for your use about the change. Urge any employees that may be affected by this change to watch for their packet and not throw it away. Complete the forms, and return to the correct address in a timely manner. If they have recently moved and have a new address, remind them to update their contact details in your state's application portal.

I work with residents in affordable housing.
Approximately two out of every three residents in HUD-assisted Multifamily Housing communities are dual eligibles- this means they are enrolled in both government-funded health insurance programs- Medicare and Medicaid, based on age and income. All residents enrolled in Medicaid will undergo an eligibility redetermination before June of 2024. This means they will receive an application packet in the mail from your state agency that administers the Medicaid program. You can find out more about your state's plan and possible resources on their website. Many states have translated materials into multiple languages to support individuals with limited English proficiency. Have conversations and post signs early and often about the coming packets. Urge your residents to look out for their packets and not throw them away. If you have the resources to assist with completion of redetermination paperwork, let your residents know. Failure to complete and return paperwork within your state's timeframes will result in their Medicaid health insurance being terminated.
If some of your employees are not covered by your health insurance and have incomes that fall below your state's eligibility criteria for Medicaid - they may be currently receiving healthcare coverage through Medicaid. Over the past three years your state wasn't allowed to end their health insurance coverage. Starting in April, your state will begin sending eligibility redeterminations to enrollees. Your state has a plan, and possibly resources available for your use about the change. Urge any employees that may be affected by this change to watch for their packet and not throw it away. If appropriate, assist residents with completing the forms, and return to the correct address in a timely manner. If residents have recently moved and have a new address, remind them to update their contact details in your state's application portal.

I provide Medicaid-paid home and community based services (HCBS) in my clients' homes or other settings (like an adult day center).
All of your participants/clients currently receiving services reimbursed by Medicaid will undergo an eligibility redetermination before June 2024. This will likely include both a financial and level of care redetermination. Depending on your state's plan, these packets could arrive spread across the time before June 2024, or they could be stacked in a particular window of time. To find out more, review your state's plan for unwinding. Have conversations with all of your Medicaid covered clients early and often about the importance of not discarding their packet. Medicaid enrollees will need to complete and return their packets in your state's required timeframes. Failure to complete and return the required paperwork will result in terminated coverage for your participants/clients. If any participant/clients are disenrolled from Medicaid, you will not get paid for services rendered after the date of their disenrollment. To protect yourself from this risk, always check your state's eligibility verification system before delivering services.
If some of your employees are not covered by your health insurance and have incomes that fall below your state's eligibility criteria for Medicaid - they may be currently receiving healthcare coverage through Medicaid. Over the past three years your state wasn't allowed to end their health insurance coverage. Starting in April, your state will begin sending eligibility redeterminations to enrollees. Your state has a plan, and possibly resources available for your use about the change. Urge any employees that may be affected by this change to watch for their packet and not throw

it away. Complete the forms, and return to the correct address in a timely manner. If they have recently moved and have a new address, remind them to update their contact details in your state's application portal.

I am a nursing home or assisted living residence and I help with Medicaid applications.

All of your residents currently served by Medicaid will need to undergo an eligibility redetermination before June of 2024. This will likely include both a financial and level of care redetermination. Depending on your state's plan, these packets could arrive spread across the time before June 2024, or they could be stacked in a particular window of time. To find out more, review your state's plan for unwinding. Failure to complete and return the required paperwork will result in terminated coverage for your residents. If any residents are disenrolled from Medicaid, you will not get paid for services rendered after the date of their disenrollment.

If some of your employees are not covered by your health insurance and have incomes that fall below your state's eligibility criteria for Medicaid - they may be currently receiving healthcare coverage through Medicaid. Over the past three years your state wasn't allowed to end their health insurance coverage. Starting in April, your state will begin sending eligibility redeterminations to enrollees. Your state has a plan, and possibly resources available for your use about the change. Urge any employees that may be affected by this change to watch for their packet and not throw it away. Complete the forms, and return to the correct address in a timely manner. If they have recently moved and have a new address, remind them to update their contact details in your state's application portal.