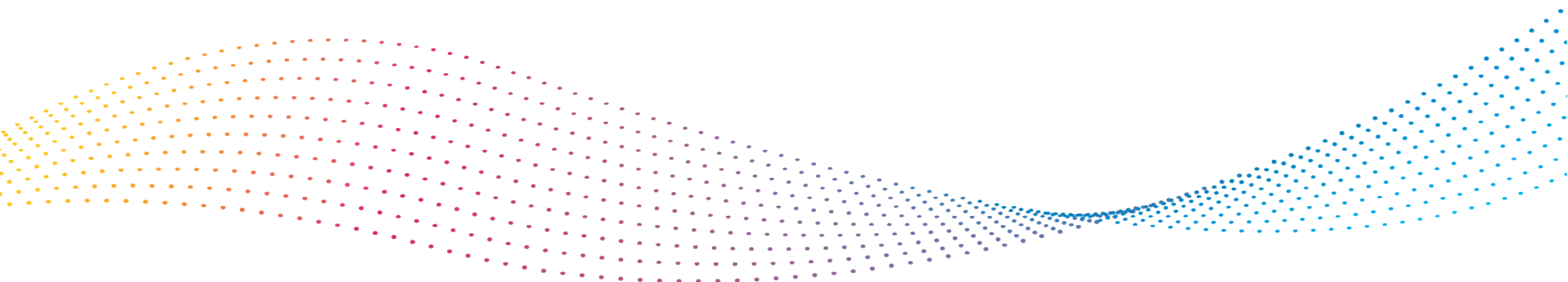


Medicaid Eligibility and Redeterminations

Centers for Medicare & Medicaid Services requires beneficiary eligibility when Public Health Emergency (PHE) ends.



Medicaid Eligibility and Redeterminations

Overview

- A Public Health Emergency (PHE) in response to the COVID-19 pandemic was declared in March 2020.
- The Families First Coronavirus Response Act (FFCRA) prohibited states from disenrolling Medicaid recipients in order to provide continuous coverage during the emergency.
- When the PHE ends, the continuous coverage policy will be discontinued:
 - “Unwinding” PHE policies and resuming “regular operations” will require providers to help educate patients so they do not lose coverage; and
 - States will have up to 12 months to return to normal eligibility and enrollment operations.
- Additional resources: see slide five

What Redetermination Means for your Patients

Impacts

- Nearly all 80 million people enrolled in Medicaid will have their eligibility redetermined, triggering a high risk of coverage losses:
 - This risk can be mitigated through careful planning by CMS, states, health plans, providers, consumers and advocates;
 - Patients can lose eligibility due to changes in age, household income, and other state-specific criteria; and
 - Loss of coverage could make it harder for patients to get medical care and result in expensive medical bills.
- Patients who have moved, those with limited English proficiency (LEP), and people with disabilities, may be at greater risk for losing Medicaid coverage.

Talk to your Patients about Annual Medicaid Eligibility Renewal.

If they no longer are eligible for Medicaid, let them know they have options.



Help your patients avoid gaps in coverage and let them know:

- They are required to verify eligibility every year, or risk losing their Medicaid coverage, by visiting <https://accessnevada.dwss.nv.gov/public/landing-page>:
 - They should receive a letter a few months before their Medicaid anniversary date with instructions for verifying eligibility.
- They must follow through on eligibility renewal instructions or risk having their coverage canceled.
- If they are no longer eligible for Medicaid coverage, they can explore other options, such as Marketplace or Medicare Health Plans.



Resources

- CMS: Unwinding Guidance & Resources
<https://www.cms.gov/aian-unwinding>
- Medicaid.gov (Unwinding FAQs)
<https://www.medicaid.gov/federal-policy-guidance/downloads/covid-19-unwinding-faqs-oct-2022.pdf>
- CMS: Unwinding and Returning to Regular Operations after COVID-19
<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>