

## Medicaid Redeterminations & the End of the COVID-19 Public Health Emergency: Implications for the HCH Community

Fall 2022

The [Public Health Emergency](#) (PHE) declared in response to the COVID-19 pandemic—and the wide array of policy changes it enacted—has been in place since March 2020. The [Families First Coronavirus Response Act](#) (FFCRA) [prohibited states from disenrolling any Medicaid recipient during the PHE](#) in order to provide continuous coverage during the emergency. In return, states received [an enhanced federal reimbursement](#) from Medicaid. The end of the PHE, currently anticipated to be January 15, 2023, will discontinue both the continuous coverage policy and the added state reimbursements. The process of “[unwinding](#)” the policies created under the PHE and resuming “regular operations” brings a great deal of uncertainty for health care providers and for Medicaid recipients.

**This fact sheet describes how the HCH Community should prepare for Medicaid redeterminations as part of the PHE unwinding.**

### Background

As part of the continuous coverage requirement, Medicaid recipients were neither disenrolled, nor required to complete the annual redetermination process that is typically necessary to verify ongoing eligibility. When the PHE ends, states have 12 months to initiate redetermination on all Medicaid recipients; however, because the enhanced reimbursement is discontinued when the PHE ends, there is significant financial incentive to complete redeterminations quickly, and promptly disenroll anyone who is no longer eligible.

People experiencing homelessness have always been [disproportionately impacted](#) by the Medicaid redetermination process. Redeterminations also will have [a greater impact on people of color](#). Many state Medicaid offices' continued reliance on physical mail for communication, short response timeframes, numerous redetermination dates for one family, and cumbersome paperwork are some of the traditional barriers to continuity of coverage under Medicaid. Short-staffed Medicaid offices will have greater difficulty responding to individual requests and correcting administrative issues. Further, many Medicaid staff are new and have never participated in the redetermination process before. Finally, because Medicaid is administered at the state level, each state will establish their own redetermination process, likely yielding widely disparate results.

**HHS EXPECTS  
APPROXIMATELY  
6.8 MILLION PEOPLE WHO  
ARE STILL ELIGIBLE WILL  
LOSE COVERAGE BECAUSE  
OF ADMINISTRATIVE  
ROADBLOCKS.**

- Centers for Medicare & Medicaid Services (CMS)

## What to Expect

State Medicaid offices must initiate redetermination **for every enrollee** within 12 months of the end of the PHE and must complete this process within 14 months. To help states prepare, CMS will issue a 60-day advance notification prior to announcing an end-date for the PHE. Once states have received the 60-day advance notice, they can immediately begin reviewing eligibility of their Medicaid enrollees and notifying beneficiaries.<sup>1</sup> **Importantly, because of the 60-day advance notice, states have the authority to begin disenrollment at the end of the same month the PHE ends—which would be January 31, 2023.**

Every state is currently developing its process of verifying the eligibility of its Medicaid recipients. There are a [variety of ways](#) a state could complete this process. Medicaid offices have—or should have—begun reaching out to recipients to verify contact information, which will improve the likelihood a recipient is successfully redetermined. By law, states are required to communicate with Medicaid recipients of the need for redetermination. Unfortunately, without correct contact information, coverage is often discontinued regardless of ongoing eligibility. This is especially a risk for people experiencing homelessness.

## Recommendations for State Medicaid Agencies

1. Complete automated verification of all necessary information through every federal, state, and local database system available to limit or remove the burden on the individual/family.
2. Designate Medicaid staff who are trained in working with the unique needs of people experiencing homelessness.
3. Offer extended/weekend hours and walk-in appointments at locations in communities with high percentages of Medicaid recipients to complete redeterminations.
4. Allow early redetermination if a person is not yet in their redetermination window but is available and ready to complete the process.
5. Use multiple methods of contacting Medicaid recipients including email, phone, authorized provider contact information, and text messaging services.
6. Make redetermination dates more visible to providers delivering services (i.e., available when health centers verify insurance).
7. Work with Medicaid Managed Care Organizations, health care providers, and enrollment staff to ensure up-to-date contact information is in the Medicaid system.
8. Allow for community input in developing the process of Medicaid redetermination.

**THIS IS “THE SINGLE LARGEST  
HEALTH COVERAGE  
TRANSITION EVENT SINCE THE  
FIRST OPEN ENROLLMENT  
PERIOD OF THE AFFORDABLE  
CARE ACT.”**

*- Centers for Medicare &  
Medicaid Services (CMS)*

---

<sup>1</sup> Note: States retained the authority to redetermine eligibility throughout the PHE, however, any dis-enrollments that occur must have been redetermined within 60 days. Hence, states cannot disenroll members without a recent review of eligibility.

9. Publish the timeline being used to conduct verifications and re/disenrollments.
10. Actively track coverage losses of otherwise eligible people, document racial disparities, and revise operations to reduce erroneous dis-enrollments.

### Risks to the HCH Community from Medicaid Redeterminations

Losses of insurance coverage at the individual patient level will clearly impact access to comprehensive care beyond the health center, to include prescription medications, specialty care, and other services. Disenrollments that cause barriers to services also can be traumatic, damage trust, and impact health outcomes. At the population level, even moderate rates of coverage losses will reduce reimbursements for health care providers, and potentially have significant financial impact. Health centers will also need staff resources to help clients reenroll in benefits. **States that do not take proactive steps to prevent coverage losses among otherwise eligible people are likely to experience significant levels of disenrollment, increases in uninsured rates, greater rates of uncompensated care, and worse health outcomes.**

### Actions for the HCH Community to Prepare for Medicaid Redeterminations

- Be familiar with your state's plan to complete redetermination. If a process has not yet been determined, seek opportunities to describe specific challenges for homeless populations and suggest strategies for avoiding inappropriate disenrollments.
- Collaborate with local Medicaid staff to have representatives onsite at homeless services and health care providers to complete applications in real time.
- Ensure case management and other enrollment staff know about the redeterminations and identify internal procedures to educate and assist individuals who need to complete redeterminations as well as completing reenrollment if coverage lapses.
- Update contact information for all clients who are currently enrolled in Medicaid to increase likelihood they will receive notification when it is time to complete redetermination.
- Develop a "How To" guide for clients with steps they must take to prevent a lapse in their benefits, and actively discuss with them so they are aware.
- Develop a "How To" guide for staff on how to support people experiencing homelessness maintain/regain Medicaid coverage.
- Actively monitor enrollment data (disaggregated by race), to quantify coverage losses and document any disparities that emerge.
- Advocate for proactive redetermination processes, and for information to be widely available and promoted in high-visibility spaces.

**Timeline for Medicaid Redeterminations with PHE End-date of January 15, 2023\***

November 15, 2022	<ul style="list-style-type: none"> <li>• 60-day advance notice given before end of PHE</li> <li>• Option for states to being internal redetermination process (<i>most states will begin actively doing so now</i>)</li> <li>• Open enrollment for private marketplace plans begins</li> </ul>
January 15, 2023	<ul style="list-style-type: none"> <li>• End of PHE and return to "regular operations"</li> <li>• Requirement for states to begin redetermination process (<i>states have &gt;1 year to complete this process</i>)</li> <li>• <b>Last month of coverage for those being disenrolled</b> (<i>dependent on the timing of state redeterminations</i>)</li> </ul>
January 31, 2023	<ul style="list-style-type: none"> <li>• End of Medicaid continuous coverage protection</li> <li>• End of enhanced reimbursement to states (FMAP)</li> </ul>
February 1, 2023	<ul style="list-style-type: none"> <li>• <b>Earliest date of disenrollments as a result of redeterminations</b></li> </ul>
January 15, 2024	<ul style="list-style-type: none"> <li>• Redetermination must be initiated for all Medicaid enrollees (<i>depending on the timing of state redeterminations</i>)</li> </ul>
March 15, 2024	<ul style="list-style-type: none"> <li>• All redeterminations required to be complete (<i>this is 14 months after the end of the PHE</i>)</li> </ul>

\* Note: It is possible the PHE will be extended beyond January 2023

**Conclusion**

The end of the COVID-19 PHE—and the resulting Medicaid redeterminations of all enrollees—could have a significant impact on people experiencing homelessness and the health care providers that serve them. The lack of stable mailing addresses, changing contact information, and other factors can create challenges to state efforts to accurately redetermine eligibility. However, implementing proactive strategies to overcome these barriers can help ensure greater continuity of coverage for a vulnerable population. Efforts must begin now to prevent significant Medicaid losses, which will likely occur quickly after the end of the PHE.

**Resources**

ASPE: [Medicaid Churning and Continuity of Care: Evidence and Policy Considerations Before and After the COVID-19 Pandemic](#)

CMS: [Unwinding and Returning to Regular Operations after COVID-19](#)

CMS: [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts](#) (and a [Spanish Version](#))

CMS: [Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations](#)

USICH: [Expiring Federal Provisions That May Impact Homelessness](#)

KFF: [Key Questions About the New Increase in Federal Medicaid Matching Funds for COVID-19](#)

CBPP: [States Can Reduce Medicaid's Administrative Burdens to Advance Health and Racial Equity](#)