

Medicaid Continuous Enrollment Unwinding

Resources Available to Support your Patients as we Approach the End of the PHE

Much of current healthcare operations are impacted by temporary policy and waivers in place for the duration of the COVID-19 Public Health Emergency (PHE). As you know, this includes Medicare telehealth policy, which is set to expire 151-days after the PHE ends. For more on current telehealth policy watch our recent webinar found here: <https://vimeo.com/715633730>.

This article, however, will focus on another temporary policy, the continuous coverage requirement that requires states to maintain enrollment of nearly all Medicaid beneficiaries, regardless of their continued eligibility status, in exchange for a 6.2% Federal Medical Assistance Percentage (FMAP) increase authorized by the Families First Coronavirus Response Act (FFCRA). Between February 2020 and January 2022 Medicaid coverage increased by over 16 million people.

When the PHE expires, so will this requirement, giving states up to 12 months to re-determine eligibility for all current beneficiaries. All states will begin this process at different times and can begin to terminate Medicaid coverage for beneficiaries no longer eligible beginning the month after the PHE ends. This will certainly be a heavy lift for each state, and reasons such as outdated beneficiary contact information can not only present a challenge for the states, but also could result in individuals losing coverage unnecessarily if their state cannot properly contact them.

How your RHC Can Help

CMS has created a variety of resources, including a [Communications Toolkit](#) full of social media posts and other messages to help partners like you educate Medicaid and CHIP beneficiaries on the redetermination process and actions they can take right now.

Key Messages Include:

- **Update your contact information** – “Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they’ll be able to contact you about your Medicaid or CHIP coverage.”
- **Check your mail** – “[Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.”
- **Complete your renewal form (if you get one)** – “Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.”



Please email Sarah Hohman at Sarah.Hohman@narhc.org with any questions!

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