

What is “Medicaid Unwinding”?

- During the COVID-19 public health emergency (PHE), state Medicaid programs were not allowed to conduct their typical annual re-determination process for beneficiaries.
- Stated simply, state Medicaid programs could not remove anyone from their rolls.
- However, that changed at the end of 2022 with passage of the Consolidated Appropriations Act, 2023 by Congress.
- Over about the next year, every single person enrolled in Medicaid – currently approximately 90 million people – will need to have their eligibility redetermined.

When will this happen?

- States could begin Medicaid redeterminations as early as February 1, 2023 (with terminations beginning in April 2023).
- States must initiate renewals for all individuals enrolled by March 31, 2024, and must complete renewals for individuals enrolled by May 31, 2024.

Why should we care?

- The Department of Health and Human Services (HHS) estimates as many as 15 million people could lose Medicaid coverage because of this process.
 - Half of those people are expected to be people of color.
 - 5.3 million are expected to be children.
- Estimates suggest that 6.8 million of those that lose coverage may still be eligible for the program but be kicked off Medicaid due simply paperwork problems.
- A December 2022 survey found that 2 out of 3 Medicaid beneficiaries surveyed had not heard about this process.

What can we do?

- Everyone has a role to play. Providers should begin now to inform Medicaid patients about this process. Health systems should ensure that they have processes in place to help people who are eligible for Medicaid remain in the program.

What do people need to know?

- States will vary in timing and processes. However, in general, people should do the following.
 - Update contact information. Medicaid.gov provides links to state Medicaid agencies. They should make sure their mailing address, phone number, email, and other contact information are current.
 - Check their mail. State Medicaid agencies will mail letters about coverage to them and let them know if they need to complete a renewal form for Medicaid or CHIP.
 - Complete renewal form. If they receive a renewal form, they should complete and return it immediately to help avoid a gap in coverage.



What resources exist for people who lose Medicaid Coverage?

- If someone no longer qualify for Medicaid, they may be able to buy health insurance through an Exchange. The government estimates that 4 out of 5 enrollees can find plans that cost less than \$10 a month.
- Exchanges offer individual and family plans that comply with Affordable Care Act (ACA) requirements.
- [This website](#) tracks whether a state runs its own exchange or whether they use the federal website. For a state-based exchange, just google and it will pop up. For the federal exchange, go to: <https://www.healthcare.gov/>.
- CMS announced a temporary Exceptional Circumstances Special Enrollment Period from March 31, 2023, to July 31, 2024, for those who lose coverage during Medicaid Unwinding. This will allow individuals to enroll in Exchange plans outside of the annual enrollment period.
- Much of the information someone collected for the Medicaid recertification process will be required to assess eligibility for various policies and programs that make health insurance more affordable, such as advance premium tax credits or cost sharing reductions.
 - Advance premium tax credits (also referred to as subsidies) for people buying their own health coverage on the ACA Exchanges. The premium tax credit limits the amount an individual must contribute toward the premium for the “benchmark” plan or the second-lowest cost silver plan available to the individual in their Marketplace. Until 2025, these subsidies are available to people making between 100% - 400% of the federal poverty level (FPL). (For individuals in most states, this income range is \$13,590-\$54,360. For families of four in most states, this income range is \$55,500-\$111,000.)
 - Cost sharing reductions (CSRs) lower an enrollee’s out-of-pocket cost from deductibles, copayments, and coinsurance when they use covered health care services. CSRs are only offered through silver plans and are determined on a sliding scale based on income. The most generous cost-sharing reductions are available for individuals in most states with income up to 150% FPL (\$20,385).



Resources with More Details on the Unwinding:

Medicaid has dedicated several webpages to the unwinding with information specific to:

- [States](#), providing resources for states related to the unwinding process, including specific guidance, waivers, reporting requirements/forms, tool and templates, and communication toolkits in multiple languages.
- [Consumers](#), providing information directed at consumers outlining the steps to take to help prepare for the unwinding. This page also provides links to every state for state-specific information.
- Providers, CMS developed [graphics](#) specifically aimed at providers.

The **Georgetown University Health Policy Institute Center for Children and Families** has also created a page dedicated to [Unwinding Resources](#), including:

- [State-specific renewal flyers](#)
- Provider resources aimed at [Family Physicians and Family Practitioners](#) and [Pediatricians and Pediatric Practices](#)
- [Communications toolkit](#)

UnidosUS has a [Medicaid Unwinding](#) page which explains this process in Spanish and will add materials to that page which organizations can customize and use for community education.

