

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Frequently Asked Questions: Eligibility and
the Continuous Coverage Unwind

IOWA MEDICAID

January 2023

Overview

This document covers the frequently asked questions (FAQs) Iowa Medicaid has received regarding eligibility during the continuous coverage unwind beginning April 1, 2023. As we near the April date, more FAQ documents will be made available to cover certain topic areas.

If you have a question regarding eligibility you do not see below, please contact the Unwind team on the Unwind Contact webpage and we will get back to you as soon as possible.

Frequently Asked Questions

WHAT IS THE PUBLIC HEALTH EMERGENCY (PHE)?

A public health emergency is a declaration made by the Secretary of the U.S. Department of Health and Human Services (HHS) when it is determined that a disease or disorder presents a significant risk to public health, or a significant outbreak of an infectious disease or bioterrorist attack exists.

The declaration of a PHE allows the U.S. HHS Secretary to take such action as needed to respond to the PHE including making grants, entering into contracts, and conducting and supporting investigations in the cause, treatment, or prevention of the disorder. This includes emergency use authorization for vaccines and other counter measures for COVID-19. The Secretary can also access funds appropriated specifically to health emergencies.

HOW DOES THE PHE IMPACT MEDICAID?

The Families First Coronavirus Response Act (FFCRA) is legislation that was signed into law on March 18, 2020. The FFCRA is an extensive act that includes provisions to help aid the response to the COVID-19 pandemic. One of the provisions (known as the continuous coverage requirement) included additional funding for Medicaid programs for all states with a condition that most Medicaid members eligible at the beginning of the PHE or found eligible for Medicaid during the PHE, must not be disenrolled. There are a few exceptions to this disenrollment stipulation.

For Iowa to receive the increased Medicaid funding, most members have had continuous eligibility throughout the PHE. This extra Medicaid funding and provision to continue coverage for most members regardless of changes in circumstances was originally scheduled to come to an end when the federal PHE declaration officially ends. However, the Consolidated Appropriations Act of 2023 enacted on December 29, 2022 updated language within the FFCRA that 'de-linked' the Medicaid continuous coverage requirement from the PHE and instead set a final date of the continuous coverage requirement of March 31, 2023.

WHO MAKES THE DECISION TO END THE PUBLIC HEALTH EMERGENCY?

Secretary Xavier Becerra of the U.S. Department of Health and Human Services, along with the administration of President Biden, decides when the COVID-19 PHE declaration will end.

WHEN THE CONTINUOUS COVERAGE REQUIREMENT ENDS ON APRIL 1, 2023, WHAT WILL HAPPEN TO MY MEDICAID COVERAGE?

Iowa Medicaid is required to follow guidelines set forth by the Centers for Medicare and Medicaid Services (CMS) to return to normal Medicaid processing operations after the continuous coverage requirement ends. Since the continuous enrollment requirement for Medicaid is ending on March 31, 2023, this means that Medicaid coverage can be discontinued when a member is no longer eligible starting April 1, 2023. However, CMS has mandated that states complete a full redetermination of eligibility for all Medicaid recipients whose coverage was maintained during the continuous coverage requirement prior to discontinuing their coverage.

If something is needed from a Medicaid recipient after the continuous coverage requirement ends to complete their eligibility redetermination, then Iowa Medicaid will send a review form or request for information to you in the mail.

WE HAVE HEARD OTHER STATES WILL AUTO-ENROLL INDIVIDUALS BETWEEN 138 – 155% OF POVERTY INTO A QHP PLAN ON THE FEDERAL MARKETPLACE. IS IOWA AUTO-ENROLLING THIS POPULATION AND, IF SO, HOW WILL A QHP BE SELECTED AUTOMATICALLY FOR THESE IOWANS?

Iowa will not auto-enroll individuals determined ineligible for Medicaid in a QHP plan at the federal Marketplace. Iowa will continue the practice of making a referral of individuals determined ineligible for Medicaid to the Marketplace. Individuals interested in Marketplace coverage or referred to the Marketplace by Iowa Medicaid can find more information at [HealthCare.gov](https://www.healthcare.gov). The Notice of Decision that Iowa Department of Health and Human Service mails to you should indicate that a referral to the Marketplace has been made on your behalf.

I THINK I'M GOING TO LOSE MEDICAID. WHAT RESOURCES ARE AVAILABLE TO ME?

If you recently lost your Medicaid or Hawki coverage and need help finding other available healthcare options, the following resources can help you:

- **SHIIP (Senior Health Insurance Information Program)**
This is a free, objective, and confidential service offered through the state of Iowa to help people sort through confusing information about Medicare and health insurance. Their trained, certified volunteer counselors assist thousands of Iowans annually, helping them save millions of dollars.
 - **Find a SHIIP counselor near you.** Local SHIIP volunteer counselors can answer your questions and give you one-on-one help. For an appointment with a counselor call your local SHIIP sponsor site.
- **Help with Marketplace Coverage**
You can get local, Marketplace-certified help by visiting the following website:
<https://www.healthcare.gov/find-assistance/>

WHEN IS MY MEDICAID RENEWAL? IS IT DIFFERENT FOR EVERYONE?

Renewals will be completed throughout the 12-month unwinding period so not all Medicaid members will have the same renewal date. Most Medicaid members living in the same household will have the same renewal date. Your renewal date may be different than in the past so be sure to check your mail and keep your contact information up to date with Iowa Medicaid.

WHAT'S THE CONSOLIDATED APPROPRIATIONS ACT AND HOW DOES IT IMPACT THE CONTINUOUS COVERAGE REQUIREMENT FOR MEDICAID?

The Consolidated Appropriations Act of 2023 (CAA) is a law that funds the United States government for the 2023 fiscal year. Included in the act is funding for a range of policy priorities, including Medicaid.

The Consolidated Appropriations Act also includes updates that allow states to begin returning to normal Medicaid eligibility operations regardless of the status of the COVID-19 public health emergency. In other words, rather than waiting for the PHE to end, states are able to terminate Medicaid for individuals not meeting eligibility requirements starting on April 1, 2023, as the CAA ends the continuous coverage requirement as of March 31, 2023.

WHAT IS THE MOE?

The maintenance of effort (MOE) requirement was included in the Families First Coronavirus Response Act (FFCRA). The MOE requirement provides enhanced funding from the federal government for states that maintain Medicaid coverage for individuals who are or become active on or after March 18, 2020. The MOE is what has required states to maintain Medicaid eligibility for most members since the beginning of the COVID-19 pandemic. For simplification, Iowa Medicaid is referring to the MOE as the continuous coverage requirement.

HOW MANY PEOPLE ARE EXPECTED TO FALL OFF IOWA MEDICAID DURING THE UNWINDING PERIOD?

Using the enrollment growth that Iowa Medicaid has had since the beginning of the continuous coverage requirement that began in March 2020 to project disenrollments, approximately 17% of those enrolled when the continuous coverage requirement ends will be disenrolled at some point during the 12-month unwinding period.

HOW WILL PEOPLE ON IOWA MEDICAID KNOW IF THEY ARE STILL ELIGIBLE FOR COVERAGE?

The Iowa Department of Health and Human Services (HHS) issues a Notice of Decision or Notice of Action that is mailed to households when Medicaid eligibility is approved, denied, or coverage changes.

WHAT DO I NEED TO DO TO KEEP MY HEALTH COVERAGE?

A redetermination of member's eligibility for health coverage is needed to assess if their health coverage can continue. If you receive a renewal packet in the mail it is crucial that you complete and return the renewal to avoid an unnecessary discontinuance of your health coverage.

That's why it is important to update your contact information. Any time your information changes, let Medicaid know. Members can report changes in income, resources, or update their address, phone number and email address by calling 877-347-5678.

After your renewal is complete, the Iowa Department of Health and Human Services will send you a notice of decision in the mail to let you know if you are still eligible for your health coverage.

WHAT IS THE UNWINDING PERIOD?

The unwinding period is the time-period defined by the Centers for Medicare and Medicaid Services (CMS) that states have to transition Medicaid eligibility operations back to normal. The unwinding period will include full eligibility redeterminations for most Medicaid recipients and will also resume Medicaid discontinuances for those that are found ineligible based on their redetermination.

CMS has given states 12-months to initiate all of the redeterminations for the unwind period and 14-months to finalize processing all of the redeterminations for the unwinding period. Iowa Medicaid will begin their unwinding period with renewal packets that are due for the month of April 2023. These renewals packets will start to be issued to members at the end of February 2023.

WHY IS THE UNWIND PLAN NECESSARY?

On December 29, 2022, President Biden signed the Consolidated Appropriations Act into law. This law included updated language within the Families First Coronavirus Response Act that 'de-linked' the Medicaid continuous coverage requirement from the federal public health emergency and instead set a final date of the continuous coverage requirement of March 31, 2023. In accordance with guidance provided by the Centers for Medicare and Medicaid Services, each state must have an unwinding plan and follow specific guidelines for returning to normal Medicaid eligibility operations.

WHAT IS THE UNWIND PLAN?

The Unwind Plan is the process of returning to normal eligibility operations after the Medicaid continuous coverage requirement ends on March 31, 2023.