

Expiration of the Medicaid Continuous Coverage Requirement and Considerations for SHIPs

Part two provides suggestions for State Health Insurance Assistance Programs (SHIPs) when counseling Medicare-eligible individuals whose Medicaid benefits changed due to the end of the continuous coverage requirement.

As Medicaid redeterminations are underway, it is very likely that SHIP counselors will be contacted by individuals whose Medicaid benefits have changed, including those that are dually eligible for Medicare and Medicaid and have questions about Medicare and other benefits. The [Office of the Assistant Secretary for Planning and Evaluation](#) within the Department of Health and Human Services estimates that approximately 15 million individuals could lose Medicaid and CHIP coverage – a projected 8.2 million will not be eligible for Medicaid while 6.8 million are expected to be dropped from Medicaid but still be eligible (based on historical trends). Some of these individuals may be enrolled in Medicare Part A and/or Part B or could possibly be eligible for Medicare but have not yet enrolled. To assist Medicare-eligible individuals who no longer qualify for Medicaid benefits, SHIPs may consider the following information.

SHIPs can consider establishing mutual contacts or partnerships with Medicaid agencies to facilitate information sharing and communication. SHIPs may be able to learn about their state Medicaid agency's plans for resuming routine operations, including the state's plan for prioritizing redeterminations and the timeline to complete redeterminations. Keep in mind that

every state will have its own plan and timeline for completing Medicaid renewals. (See [Georgetown University Health Policy Institute Center for Children and Families' 50-State Unwinding Tracker](#).) Contacts within state Medicaid agencies or local eligibility offices may assist SHIP counselors in certain cases by sharing limited information, such as a client's Medicaid eligibility status, to help Medicare-eligible individuals make informed decisions about coverage options.

Individuals who do not qualify for full Medicaid may be eligible for a Medicare Savings Program (MSP). If the individual is Medicare-eligible, the Medicaid eligibility worker should assess the individual for the aged, blind, or disabled (ABD) Medicaid category as well as for an MSP, if they have Part A. If the individual qualifies for an MSP the state will pay their monthly Part B premium and possibly other Medicare out-of-pocket costs. Additionally, a person who does not have Part B may be able to enroll in Part B if they qualify for an MSP. See [NCOA's "Medicare Buy-In Programs"](#) for information.

If the person you counsel has Part A or Part B and no longer qualifies for Medicaid, they will have a Special Enrollment Period (SEP) to enroll in a Part D prescription drug plan, or, if they are currently enrolled in a Part D plan, they can switch plans. The Medicare SEP allows the individual to make changes to their coverage within three (3) months in a Part D plan from either the date they are no longer eligible for Medicaid or are notified, whichever is later. See [Medicare's website](#) for more information.

- If the individual has both Part A and Part



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B, they can enroll in a Medicare Advantage (MA) plan or if they are currently enrolled in a MA plan, they can switch to another MA plan or drop the MA plan and return to Original Medicare. Those who are no longer eligible for Medicaid will also have a SEP to join a MA plan or change plans within 3 months of losing Medicaid. See Medicare's website for more information.

- **Note** that if a person receives help with their Part D costs through the Low-Income Subsidy (LIS) program and no longer qualifies for Medicaid, they should continue to receive this benefit for the rest of the year. However, this benefit can end on January 1, 2024. The Social Security Administration should send a letter to the individual in the fall requesting that they reapply for LIS. See [Medicare Rights Centers' Medicare Interactive](#) for more information.

If the individual does not have Medicare Part A (because they must pay the monthly premium) or Part B, they will have a SEP to enroll in premium-Part A or Part B. (Individuals eligible for premium-free Part A can enroll in Part A anytime.) As described in the SHIP Technical Assistance Center article "What's New in 2023" ([Medicare Messenger, December 2022](#)), individuals who missed enrolling in Medicare premium-Part A or Part B because of exceptional circumstances may have a SEP. CMS authorized a SEP for those individuals who lost Medicaid coverage on or after January 1, 2023, and do not have Medicare Part B or premium-Part A. The SEP starts at the time the individual receives notice of termination of their Medicaid eligibility and ends six months after the individual's Medicaid eligibility ends. A late enrollment penalty will not apply.

- Keep in mind that if someone is starting Medicare they have an "Initial Coverage Election Period" or ICEP to enroll in a MA plan. The ICEP ends the last day of the month prior to the month their Part A and/or Part B begins. For additional information, see [NCOA's "Medicare Advantage Enrollment and Disenrollment Rules"](#).

Someone who loses Medicaid coverage as a result of the continuous enrollment condition ending may be eligible for a Marketplace plan. CMS created a temporary Marketplace SEP for individuals losing Medicaid because of the continuous enrollment condition ending. Applications will be accepted between March 31, 2023 and July 31, 2024. See [HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/) to find your state's Marketplace website or an assister.

Programs that provide financial assistance with everyday needs, such as housing, nutrition, or energy assistance, may help someone offset their health care expenses and maximize their resources. Check with your state or local aging and disability agency or community-based organization, such as an Area Agencies on Aging (AAAs), Aging and Disability Resource Centers (ADRCs), 211s, Benefit Enrollment Centers, or other community-based organizations for available programs.

According to [CMS](#), the end of the Medicaid continuous coverage condition "presents the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act." States are faced with the challenge of conducting millions of Medicaid renewals while complying with strict federal requirements. The process of renewals may cause confusion among enrollees and possible gaps in their coverage if they fail to provide necessary



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information or do not meet the eligibility requirements. Individuals at risk, including older adults and individuals with disabilities could lose Medicaid coverage and possibly long-term services and supports. SHIPs can best serve

and assist those eligible for Medicare navigate the change in their health insurance coverage and help them make informed health coverage decisions that best serve their needs.

Guidance and Resources on the Medicaid Continuous Enrollment Unwinding

Federal:

CMS' Medicaid.gov website, "[Unwinding and Returning to Regular Operations after COVID-19](#)" includes links to federal guidance on unwinding, state reporting information, communication toolkits, tools and templates, and other information

[Federal Policy Guidance](#), including State Health Official Letters.

Other federal guidance:

Medicaid and CHIP Coverage Learning Collaborative, "[Medicaid and CHIP Renewals and Redeterminations](#)", January 13, 2021.

"[Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#)", Issue Brief (HP-2022-20), Office of Health Policy, Assistant Secretary for Planning and Evaluation, August 19, 2022.

Recordings and transcripts for CMS national calls on Medicaid and the unwinding process:

"[CMS Medicaid and CHIP All State Calls – 2023](#)" [CMS National Stakeholder Calls](#), including "Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare, A Partner Education Monthly Series".

Medicaid.gov features information on each state's Medicaid and CHIP profile.

[State Medicaid Profiles](#)

Other organizations:

Corallo, Bradley and Sophia Moreno, "[Analysis of Recent National Trends in Medicaid CHIP Enrollment](#)", KFF, February 6, 2023.

Musumeci, MaryBeth, Molly O'Malley Watts, Meghana Ammula, and Alice Burns. "[Medicaid Public Health Emergency Unwinding Policies Affecting Seniors & People with Disabilities: Findings from a 50-State Survey](#)", KFF, July 11, 2022.

"[Public Health Emergency \(PHE\) and Continuous Coverage Unwinding Resources](#)", National Health Law Program.

"[Resources for Advocates: COVID-19 and Public Health Emergency \(PHE\) Unwinding Resources](#)", Justice in Aging.

Tolbert, Jennifer and Meghana Ammula, "[10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision](#)", KFF, February 22, 2023.

"[Unwinding Medicaid Continuous Coverage](#)", Georgetown University Health Policy Institute, Center for Children and Families. [The 50-State Unwinding Tracker](#) features certain information on each state's unwinding process.

Referral Resources for Benefits Counseling

[SHIP](#). The State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits. SHIP provides free, in-depth, unbiased, health insurance assistance through objective outreach, counseling, and training. The SHIP vision is to be the known and trusted community resource for Medicare information. To find a SHIP, go to shiphelp.org or call 877-839-2675.

[Benefit Enrollment Centers](#). Benefit Enrollment Centers or BECs help low-income individuals with Medicare enroll in benefit programs, such as MSPs, LIS, SNAP, and LIHEAP. The National Council on Aging (NCOA) manages the BECs. NCOA's BenefitsCheckUp online tool is another resource to help connect older adults and people with disabilities to benefits.

[Disability Information And Access Line or DIAL](#). DIAL helps people with disabilities obtain COVID-19 vaccinations, as well as community services and supports. DIAL is located within USAging and is funded by the U.S. Administration for Community Living and the Centers for Disease Control and Prevention.

[Eldercare Locator](#). Eldercare Locator is a public service of the U.S. Administration on Aging helping to connect older adults, their families and caregivers to benefits and services. Eldercare Locator is operated by USAging.

Ochieng, Nancy, Juliette Cubanski, and Tricia Newman, "[Four Key Changes in the Biden Administration's Final Rule on Medicare Enrollment and Eligibility](#)", KFF, December 15, 2022.

[State Aging and Disability Agency Online Resources](#). ADvancing States maintains a list of states' online consumer access points to help individuals learn about service options, find programs and services, and connect to local agencies that offer Information and Referral/Assistance.

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