

# Redeterminations and Returning to “Normal”:

How to Support Individuals with LTSS Before,  
During, & After Their Medicaid Eligibility  
Redetermination



**Angela Lello,  
Regional Policy Director – East**



**United  
Healthcare**  
Community & State

# Redeterminations impacts Medicaid Enrollees who rely on Long-Term Services and Supports

## What is happening?

- Medicaid recertification was waived temporarily due to the public health emergency (PHE).
- For the first time since the beginning of the PHE, the periodic Medicaid eligibility recertification process has resumed across states. Every state runs their own redetermination processes.

## How did we get here?

- Before the pandemic, people who relied on home and community-based services (HCBS) or other long-term services and supports (LTSS) had to regularly recertify their Medicaid eligibility.
- At the start of the pandemic, Congress passed the Families First Coronavirus Response Act keeping people continuously enrolled in Medicaid through the end of the PHE.
- During the PHE, states could not terminate Medicaid for most individuals (there were exceptions).
- The Consolidated Appropriations Act of 2023 delinked continuous enrollment requirement from PHE, authorizing states to end Medicaid coverage for those that are no longer eligible as of April 2023.
- States began Medicaid redeterminations (aka renewal or recertification) a few months ago: this is the annual process through which states redetermine individual eligibility for Medicaid.



### **Medicaid has income and asset (resource) limits.**

Redetermination is the process where state Medicaid agencies verify whether a member is still eligible to receive Medicaid based on several factors, including income, household size, age, and disability.

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### **State redetermination processes varies.**

Timing, priority, method, and execution also varies within and across states.

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### **States must engage all Medicaid enrollees.**

Complex steps must be completed to verify all requirements are met – income, age, medical – across multiple agencies.

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### **Impact on subsets of enrollees will vary.**

Nearly 2/3 of enrollees have not had a change that would make them ineligible including most who rely on LTSS, but all must still be redetermined to remain eligible.

# Variability in State Redetermination Strategies



## Timing

States began disenrollment at different times.

- States were first allowed to terminate Medicaid April 30<sup>th</sup>.
- Arizona, Idaho, New Hampshire, South Dakota began disenrollment in April.
- Other states didn't initiate disenrollment until later.
- First cohorts of disenrollment in California, Minnesota, New York, Wisconsin started July.



## Prioritization

States have chosen the order of which groups of enrollees will have their eligibility determined first.

- CMS recommended states redetermine no more than 1/9th of their enrollees per month.
- Some states have based the timing on an enrollee's historical eligibility date.
- Other states have prioritized based on enrollee group.
- For example, Rhode Island will be determining eligibility for non-TANF groups first.
- Some states take a hybrid approach.



## Methods

States also have selected the methods by which enrollees submit their applications.

- Paper, online, in-person and over-the-phone options exist in many states.
- States also have Certified Application Assistors that are designated organizations that can help enrollees complete eligibility applications.
- States can also partner with MCOs to help assist enrollees to complete application.



# Medicaid Coverage Termination

- A majority of individuals being terminated from Medicaid are due to “procedural” reasons.
  - Reasons like not submitting paperwork, incomplete information, or nonresponse are reasons for procedural terminations.
  - This is an example of how redetermination can impact individuals who rely on HCBS and LTSS.
- Individuals with disabilities and older enrollees may be a small subset of the total number impacted by redeterminations.
  - They have a range of significant needs and may not be receiving the level of coordination or support services they need.
  - HCBS users will not be able to access those type of supports from other sources of coverage outside of Medicaid.

**Between 8 million and 24 million people will lose Medicaid coverage during the unwinding of the continuous enrollment provision**

*– 10 Things to Know about the Unwinding of the Medicaid Continuous Enrollment Provision from Kaiser Family Foundation*

**As many as 15 million will be disenrolled**

*– According to estimates from the U.S. Department of Health and Human Services*



# Example: Individual who qualifies for Medicaid on the basis of disability through Social Security

- The SSI Program qualifies individuals with disabilities based on work and verifies income and assets.
- In most states, people who receive SSI are automatically eligible for Medicaid.
- Other states still require additional documentation with separate applications for Medicaid, including income and asset tests.
- SSI eligibility doesn't mean automatic eligibility into HCBS waivers or LTSS.
- Additional functional assessments may also be required to confirm eligibility for HCBS or LTSS.



**Providers, managed care organizations, community partners, family and friends can support individuals who rely on Medicaid before, during and after the Redetermination process!**





*Before*

# Understand your state's strategy and leverage available resources

The screenshot shows the Medicaid.gov website with a navigation menu and a main content area. The main heading is "Unwinding and Returning to Regular Operations after COVID-19". Below the heading, there is a sub-heading "Guidance (SHOs, CIBs, FAQs)" and a list of links to various resources, including "Extension of 1315(i) Home and Community-Based Services Waiver Assurances Expiration Dates" and "FMAP Reduction for Failure to Meet Reporting Requirements under Section 1902(e)(1) of the Social Security Act".

[www.Medicaid.gov](http://www.Medicaid.gov)

The screenshot shows the UnitedHealthcare website with a navigation menu and a main content area. The main heading is "Medicaid eligibility renewal and how to stay covered". Below the heading, there is a sub-heading "Have you been asked to renew your Medicaid plan? We're here to help." and a section titled "What is Medicaid redetermination?". There is also a section titled "How do I renew my Medicaid coverage?" with a "Find new coverage for you" button.

[Medicaid renewal and redetermination | UnitedHealthcare \(uhc.com\)](https://www.uhc.com)

The screenshot shows the Georgetown University Center for Children and Families website with a navigation menu and a main content area. The main heading is "Unwinding Continuous Coverage". Below the heading, there is a sub-heading "Resources to help keep eligible children and adults enrolled in Medicaid as the pandemic-era continuous coverage provision has expired." and a section titled "State Unwinding Renewal Data" with a "Subscribe to Updates from our Team" button.

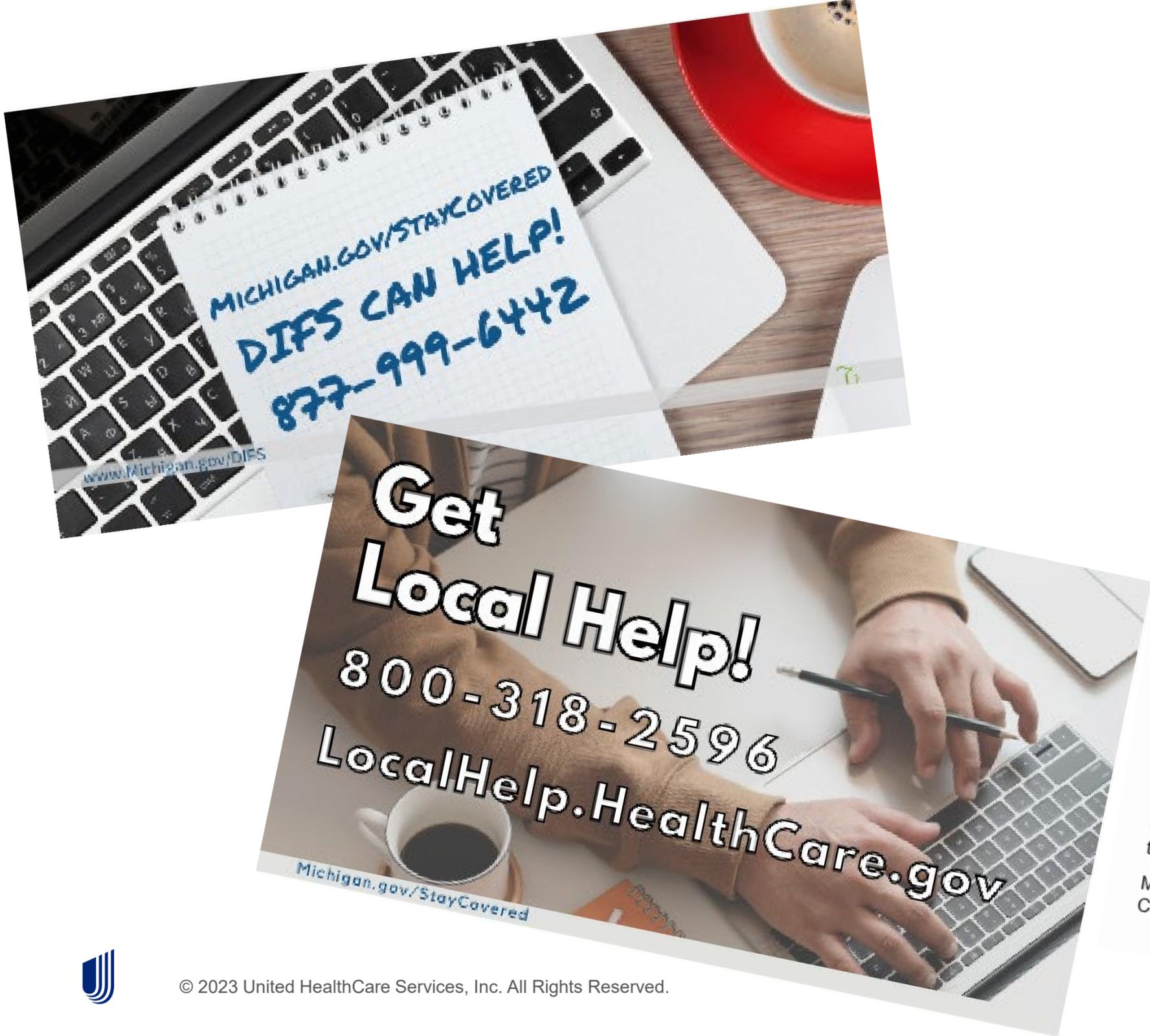
<https://ccf.Georgetown.edu/subtopic/unwinding-phe/>

The screenshot shows the KFF website with a navigation menu and a main content area. The main heading is "Medicaid". Below the heading, there is a sub-heading "Tracking State Medicaid Disenrollment" and a large graphic showing "4.8 Million" people disenrolled from Medicaid since April 1, 2023. There is also a section titled "Behavioral Health Crisis Response: Findings from a Survey of State Medicaid Programs" and a section titled "Behavioral Health Core Crisis Services".

[Medicaid | KFF](https://www.kff.org)



# State-specific Toolkits where available



## #StayCovered: Sample Newsletter Articles

The articles below are intended to help you communicate with your stakeholders. Please feel free to use or customize any of these, as appropriate for your audiences.

### Article #1:

#### If you're on Medicaid, keep an eye on your mailbox so you don't lose coverage!

Starting in June 2023, for those who participate in Medicaid or MIChild, the next time you renew your coverage, you will once again have to prove you are eligible for benefits even if you have qualified before. Renewals were paused because of the COVID-19 public health emergency and are restarting due to recent changes in federal legislation.

Here are the steps that Medicaid beneficiaries should take, according to the Michigan Department of Health and Human Services (MDHHS):

1. Make sure your address, phone number and email address are up to date at [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges). You can also call your [local MDHHS office](#). If you do not have an online account for MI Bridges to access your Medicaid case or report changes, visit [Michigan.gov/MIbridges](https://Michigan.gov/MIbridges) to sign up for an account. You can also locate organizations that can help you by [searching for community partners](#). Report any changes to your household or income. You can report changes [online on MIbridges](#) or by calling your [local MDHHS office](#).

**Purchasing a plan on the Health Insurance Marketplace.** Thanks to savings recently put in place by the federal government, many Michiganders are eligible to buy a Marketplace plan for less than \$10 per month. Free local enrollment help is available in-person, over the phone, or by email to help you choose the plan that meets your needs and budget.

**Enrolling in employer-sponsored health coverage through your job.** Many employers offer health insurance to their employees, and those plans often offer a special enrollment period, for employees who experience a qualifying life event, such as losing Medicaid coverage.

**Enrolling in Medicare.** Eligible seniors who missed their initial enrollment window and lose their Medicaid coverage can enroll in Medicare Parts A and B, Part C, and/or Medicare Supplement plan. Free help is available to seniors who need assistance enrolling.

Having health insurance is important, not just for when you are sick or hurt, but also to help you stay healthy and avoid big medical bills. It is important to take action as soon as possible to reduce the risks that come from a lapse in coverage.

To learn more about how to get the health insurance you need, visit [Michigan.gov/StayCovered](https://Michigan.gov/StayCovered) or call the Michigan Department of Insurance and Financial Services at 877-999-6442, Monday through Friday from 8 a.m. to 5 p.m.

More information about changes to food assistance and Medicaid benefits connected to the COVID-19 Public Health Emergency can be found at [Michigan.gov/2023BenefitChanges](https://Michigan.gov/2023BenefitChanges).





*During*

# Know Where to Turn

- State eligibility systems vary significantly.
  - No Wrong Door systems interact differently with eligibility and enrollment systems depending on the state.
  - AAAs, CILs and other local entities (e.g., county offices) may play a role – or not.
  - Other non-Medicaid state agencies (e.g., Department of Social Services, Department of Human Services) may be responsible for determining Medicaid eligibility.
- Key to successfully supporting enrollees is understanding who to contact about eligibility and turn to for support.
  - MCOs, providers and other CBOs can assist.
  - Certified Application Counselors, Navigators and facilitated enrollment brokers are also local hands-on resources.
- Updated enrollee contact information with Medicaid agency is key.



# Program Design Considerations



**States can make program design decisions to minimize procedural terminations particularly for people receiving HCBS and LTSS.**

- CMS has provided states with a number of flexibilities.
- These strategies are highlighted for states to use during redetermination process.
- Some are targeted for HCBS population.



## **Asset Verification Waivers**

- Temporary Option
- 21 states to date
- Some “Non-MAGI” eligibility categories (i.e., HCBS consumers) review assets during eligibility determinations.
- This waiver streamlines or forgoes this process, which can be lengthy and labor-intensive.





## Program Design Considerations: Asset Verification Waivers

To-date **21** states have Asset  
Verification Waivers approved by  
CMS

### STATE EXAMPLES:

- Rhode Island
- Maryland
- Both waive asset verification  
altogether for individuals enrolled  
on a non-MAGI basis



# Program Design Considerations



## Ensuring adequate timelines

- Procedural terminations are paused in some states.
- Other states have extended termination deadlines, grace periods and re-enrollment periods.



## State Example: New Jersey

- During the first months of redetermination, the Medicaid agency saw high rates of procedural terminations.
- As a result, the state requested and received approval to extend the termination date by 30 days for people determined procedurally ineligible.





*After*

# After

- Monitor federal and state level data
- 40 states reported having a state data dashboard
- Engage enrollees for process improvement



### Eligibility Redetermination Tracker

The Eligibility Redetermination Tracker displays Virginia Medicaid's overall unwinding status.

#### Unwinding Renewal Dashboard

Coverpage | Overall Monthly Overview Status

#### Monthly Overview Status

Program: [All] | Eligibility Category: [All] | Report Month: August 2023

##### Current Month Overview Status

Closed Members	139,560
Redetermination Completed	522,808

##### Overall Members Overview Status

Report month	Closed Members	Closed Members %	Redetermination Completed	Redetermination Completed %
Aug 2023	139,560	6.44%	522,808	24.13%

Open Data | Datasets | NADAC | API

## Medicaid and CHIP CAA Reporting Metrics

Unwinding

Updated July 28, 2023

State-reported data on Medicaid and CHIP eligibility renewals conducted during the reporting period and call center operations

Download

[CSV Resource](#)

[XLSX Resource](#)

Tags

program

child enr



# Thank you!



## 2023 Home and Community-Based Services Conference