



Medicaid Unwinding Toolkit

Note to customer service and service providers:

The following phone script and frequently asked questions (FAQs) were created to help Medicaid members know what to do when their case is reviewed. We recommend you try to use the verbiage provided in the script and FAQ sections as much as possible when you talk about these changes.

The changes to Medicaid— and the steps someone needs to take— are very hard to both explain and understand. We want to make this as easy as possible for you **and** the people you serve. The verbiage in this document has been through an extensive plain language review to help make this important information easier to understand and use.

Script:

During the COVID-19 pandemic, people who had Medicaid stayed enrolled, even if they were no longer eligible. COVID-19 is no longer a public health emergency. This means we need to review all Medicaid cases to find out who still qualifies.

The Department of Workforce Services (DWS) started Medicaid eligibility reviews on March 1, 2023. **This means you or a family member could lose your Medicaid health insurance if you don't qualify for Medicaid anymore.** We will review your case sometime before April 2024 to find out if you still qualify for Medicaid.

You will be contacted by mail or email when your case is ready to review. You can call the DWS or check [myCase](#) if you want to find out which month your case will be reviewed.

You don't need to do anything until your case is reviewed. You can use your benefits like normal until DWS completes your review. All you need to do is make sure the information DWS has for you is correct.

- **Make sure your information is up-to-date.**
- You can check to make sure your information is correct in your [myCase](#) account.

You will need to update your information if you moved recently or if any of your contact information has changed (like your phone number or email address). DWS will send you a letter that says **one** of the following:

- You still **qualify** for Medicaid health insurance.
- You **don't qualify** for Medicaid anymore. This letter will have steps you can take to get different health insurance.



- They need **more information** to see if you still qualify for Medicaid. This letter will include forms for you to fill out and may ask for supporting documents (like paystubs, bank statements, etc.).

Pay attention to the deadlines.

You can lose your Medicaid benefits if you don't return forms or miss deadlines.

Would you like me to check to make sure your information is up-to-date? I can update that information for you now if you'd like, or you can call any of the following to update your information:

- Your health plan
- The Department of Workforce Services at 1-866-435-7414
- A health program representative at 1-866-608-9422

Do you have any questions?



FAQ

Why are there changes to Medicaid?

During the COVID-19 pandemic, people who had Medicaid stayed enrolled, even if they were no longer eligible. COVID-19 is no longer a public health emergency. This means Department of Workforce Services (DWS) needs to review all Medicaid cases to find out who still qualifies.

DWS started Medicaid eligibility reviews on March 1, 2023. **This means you or a family member could lose your Medicaid health insurance if you don't qualify for Medicaid anymore.** We will review your case sometime before April 2024 to find out if you still qualify for Medicaid.

What do I need to do?

You don't need to do anything until your case is reviewed. You can use your benefits like normal until DWS completes your review. Make sure DWS has the correct contact information for you. You can check to make sure your information is up-to-date in your [myCase](#) account.

- Update your information if you moved recently or if any of your contact information has changed (like your phone number or email address).

You can also call any of the following to update your information:

- Your health plan
- The Department of Workforce Services at 1-866-435-7414
- A health program representative at 1-866-608-9422

How do I know if I'm still eligible for Medicaid?

Pay close attention to your mail, email, and [myCase](#) account. DWS will update your myCase account and send you a letter or email after they review your case.

DWS will send you a letter that says **one** of the following:

- You **still qualify** for Medicaid health insurance.
- You **don't qualify** for Medicaid anymore. This letter will have steps you can take to get different health insurance.



- They need **more information** to see if you still qualify for Medicaid. This letter will include forms for you to fill out and may ask for supporting documents (like paystubs, bank statements, etc.).

How can I find my review date?

You can check your [myCase](#) account or call any of the following if you want to find out which month your case will be reviewed:

- Your health plan
- The Department of Workforce Services at 1-866-435-7414
- A health program representative at 1-866-608-9422

What do I need to do after my case is reviewed?

Follow the instructions on the letter you get from DWS. Complete **all** the review forms and send them by mail or email to DWS as soon as possible to help avoid gaps in your medical coverage.

They may need more information to see if you still qualify for Medicaid. They'll send you a letter that includes forms for you to fill out and may ask for supporting documents (like paystubs, bank statements, etc.) if they do. Fill out the forms and send them in as quickly as possible to avoid any gaps in your medical coverage.

Send your completed review forms to:

DWS, PO Box 143245, Salt Lake City, UT 84114-3245

What happens if I don't send the paperwork or supporting documents?

You may lose your Medicaid health insurance. Send any forms or supporting documents to DWS as quickly as possible. You have **90 days** to ask them to reconsider your case if you lose your Medicaid benefits because you didn't send the paperwork or supporting documents.

Send your completed review forms to:

DWS, PO Box 143245, Salt Lake City, UT 84114-3245



What can I do if I lose my Medicaid health insurance?

We want all Utahns to get health insurance and stay covered. You will get the following things if you don't qualify for Medicaid anymore:

- A letter that tells you when your Medicaid health insurance will end.
- You'll be automatically transferred to the [federal Health Insurance Marketplace](#) (as long as you send in the required paperwork and supporting documents).
- Information about the [federal Health Insurance Marketplace](#).
- Information about how to appeal. This means you can ask them to review your case again if you think you should qualify, but DWS sent you a letter that says you don't qualify for Medicaid anymore.

Pay attention to the deadlines.

- You must file an appeal within 90 days.
- You **won't** be automatically transferred to the federal health insurance marketplace if you lose your Medicaid benefits because you didn't return the paperwork they asked for.

What does it mean to be automatically transferred to the federal health insurance marketplace?

People who are no longer eligible for Medicaid will be automatically transferred to the federal Health Insurance Marketplace (healthcare.gov). There is currently an automatic process for this transfer to take place as long as a determination is made. The transfer will not happen if they lose Medicaid coverage because they do not complete or return their paperwork.

What other health insurance options are there?

People who do not qualify for Medicaid health insurance can still get coverage through the federal Health Insurance Marketplace or [healthcare.gov](#). Most people qualify for savings on a health plan to lower their monthly premium and co-pays. Savings are based on their household size and income. All Marketplace plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

People who lose Medicaid have 60 days to apply for health insurance on the Marketplace. Health insurance plans usually have an open enrollment period each year when people can sign up for health insurance. They only let someone sign up during open



enrollment, unless they have a “qualifying life event”. It is considered a “qualifying life event” if someone doesn’t qualify for Medicaid anymore. This means people have **60 days after their Medicaid benefits end** to sign up for a new health insurance plan.

You’ll have to wait until the next open enrollment period if you don’t sign up for a new health insurance plan within 60 days of when your Medicaid benefits end. It’s also important to know you **won’t** be transferred to the federal health insurance marketplace if you lose your Medicaid benefits because you didn’t meet the deadlines or return the paperwork or supporting documents DWS asked for.

What is a “qualifying life event?”

- You get married or divorced.
- You have a baby or adopt a child.
- Someone who lives in your home dies (a person you claim on your taxes).
- Household size changes (this is the number of people you claim on your taxes).
- Your household income changes (either an increase or decrease).
- You don’t qualify for Medicaid or CHIP anymore because your income increased.
- You lose the health insurance you had through your employer or work.
- Your health insurance plan cancels your coverage, even though you’ve paid your premiums.
- Your COBRA coverage expires.
- You turn 26 years old and can’t be on your parents’ health insurance anymore.
- Move to a different city, state, or zip code.
- You get out of jail or prison.
- You experience domestic violence.
- An error keeps you from getting health insurance when you are discharged from the Armed Forces.

Call 211 to schedule a free appointment with [Take Care Utah](#) if you need help to sign up for a new health insurance plan.

Will my new health insurance be expensive?

Most people qualify for savings on a health plan to lower their monthly premium and co-pays. Savings are based on household size and income. All Marketplace plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.



How do I file an appeal?

An appeal means you can ask DWS to review your case again if you think you should qualify, but they sent you a letter that says you don't qualify for Medicaid anymore. If you disagree with an eligibility decision and wish to appeal the decision, the hearing request must be sent in within **90 days** from the date of the notice you disagree with.

Fair hearings for Medicaid and CHIP eligibility should be filed with the Department of Workforce Services (DWS), Division of Adjudications. You will need to complete the form and return it to DWS. Visit the [DWS website](#) for the form and more information about fair hearings. If you have questions, you can email fairhearings@utah.gov or call 1-877-837-3247.

Send your completed request for a fair hearing form to:

Department of Workforce Services – Fair Hearings
PO Box 143245, Salt Lake City, UT 84114-3245

Can I complete my Medicaid review early?

No. DWS asks that you to wait until your case is scheduled for review because they have a lot of cases to review. You don't need to do anything until your case is reviewed. You can use your benefits like normal until your review is completed.

- Make sure DWS has the correct contact information for you. You can check to make sure your information is up-to-date in your [myCase](#) account.
- Update your information if you moved recently or if any of your contact information has changed (like your phone number or email address).

How do I get my review done quickly?

You don't need to do anything until your case is reviewed. You can use your benefits like normal until DWS completes your review. However, there are a few things you can do to make the process quick and easy:

- Update your information if you moved recently or if any of your contact information has changed (like your phone number or email address). You can update your information in your [myCase](#) account.
- DWS will tell you if they need any supporting documents to see if you still qualify for Medicaid (like paystubs, bank statements, etc.). **Send these in as soon as you can.** This will help eligibility workers complete your review faster.



What should I do if I don't live in Utah anymore?

Utah Medicaid is only for people who live in the state of Utah. You **must** call the Department of Workforce Services and tell them if you moved to a different state.

How do I close my Medicaid case?

Call the Department of Workforce Services at 1-866-435-7414 and ask them to close your case.



How do I help someone who lost their Medicaid health insurance?

Make sure the person's information is up to date.

They can check online to make sure their information is correct in their [myCase](https://jobs.utah.gov/mycase) account at jobs.utah.gov/mycase or call any of the following to update their information:

- Their health plan
- The Department of Workforce Services at 1-866-435-7414
- A health program representative at 1-866-608-9422

Tell the person to pay close attention to their myCase account, mail, and email.

The Department of Workforce Services will update their myCase account and send them a letter or email after the case is reviewed. This letter will say **one** of the following:

- They still **qualify** for Medicaid health insurance.
- They **don't qualify** for Medicaid anymore. The letter will have steps they can take to get different health insurance.
- **More information is needed** to see if they still qualify for Medicaid. The letter will include forms for them to fill out and may ask for supporting documents (like paystubs, bank statements, etc.). **They need to send these in as soon as they can— so they don't miss deadlines.**

Make sure the person knows they only have **90 days** to ask the Department of Workforce Services to reconsider the case if they lost Medicaid benefits because they didn't send the paperwork or supporting documents. It's also important to tell the person they won't be automatically transferred to the federal Health Insurance Marketplace if they lose Medicaid benefits because they didn't meet the deadlines or return the paperwork or supporting documents.



Help the person sign up for a different health insurance plan.

People who lose their Medicaid health insurance because they didn't return their paperwork, may still have 90 days to restore their coverage. Tell them to send back the review form or other paperwork that DWS needs right away.

People who do not qualify for Medicaid health insurance can still get coverage through the **federal Health Insurance Marketplace or [healthcare.gov](https://www.healthcare.gov)**. Most people qualify for savings on a health plan to lower their monthly premium and co-pays. Savings are based on their household size and income. All Marketplace plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

People who lose Medicaid have 60 days to apply for health insurance on the Marketplace. Health insurance plans usually have an open enrollment period each year when people can sign up for health insurance. They only let someone sign up during open enrollment, unless they have a "qualifying life event". It is considered a "qualifying life event" if someone doesn't qualify for Medicaid anymore. This means people **have 60 days after their Medicaid benefits end** to sign up for a new health insurance plan.

Visit [healthcare.gov/medicaid-chip/transfer-to-marketplace/](https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/) for more information.