

Frequently Asked Questions

Utah Medicaid and the Public Health Emergency Unwinding

What is the public health emergency and how does it affect members?

At the beginning of the COVID-19 pandemic, the federal government declared a public health emergency (PHE). During the PHE, state Medicaid agencies are required to continue Medicaid coverage for all members, even if their eligibility changes.

Utah Medicaid members have stayed enrolled during the PHE, which has maintained important access to healthcare services during this challenging time.

How long will the PHE last?

The federal government determines how long the PHE will last, and has committed to inform states 60 days prior to the PHE end date. The state has not yet received this notice. The federal government has already extended the timeframe of the public health emergency many times over the past two years.

What will happen when the PHE ends?

As soon as we know the PHE will end, we will notify our members and partners. Here's what will happen:

- State policy amendments and coverage of [COVID-19 Uninsured Coverage Program](#) will end on the last day of the PHE.
- Eligibility levels and benefits that have been maintained will start to change, including:
 - Eligibility renewals will include a full review of every case over the 12-month unwinding period, which will include eligibility category changes for many members
 - Monthly Medicaid spenddowns will be required at the Medicaid member's next renewal
 - CHIP Premiums will resume at the CHIP member's next renewal
 - Other eligibility components will return to normal (overpayments, employer-sponsored insurance sanctions, Medical Support Enforcement sanctions, etc.)
- The state will lose the 6.2% enhanced federal funding (FMAP) at the end of the quarter the PHE ends

What if a member loses their Medicaid coverage?

We want all eligible Utahns to get covered and stay covered. If a member is no longer eligible for Medicaid, they will receive:

- Advanced notice of when their enrollment ends
- Information on how to appeal

- Information about options for purchasing other health care coverage
- A direct transfer to the [federal Health Insurance Marketplace](#)

Members who are no longer eligible with a known eligibility reason will be directly transferred to the [federal Health Insurance Marketplace](#). There is currently an automatic process for this transfer to take place as long as a determination is made (transfer will not occur when a case is closed for failing to complete or return paperwork).

Losing Medicaid or CHIP coverage is a Qualifying Life Event, which allows you to enroll in a Marketplace plan outside of the Open Enrollment Period. Visit [HealthCare.gov](#) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage.

If you need help applying for health insurance, [Take Care Utah's](#) application assistors may be able to help. Call 211 to schedule a free appointment.

What can members do now?

- Update their contact information (address, phone number and email) by calling a Health Program Representative at 1-866-608-9422
- Follow social media channels for updates:
 - @utahDHHS on Facebook, Instagram and Twitter
- Check their mail/email and respond timely to notices from the Department of Workforce Services
- Check the [Medicaid website](#) frequently for more information, resources and tools

Will member eligibility review dates change?

Some review dates may change as the state prioritizes cases. Members can check [online](#) to see their current review date.