

# Unwinding Continuous Medicaid Eligibility

talking points and general information for customer service

**Use this script to help Medicaid members prepare for the upcoming eligibility redetermination process.**

## Read:

- If you or a family member have health insurance through Medicaid, you may soon need to take steps to find out if your coverage will continue.
- The Department of Workforce Services (DWS) will start Medicaid eligibility reviews on March 1, 2023. This means you or a family member could be disenrolled from Medicaid.
  - State staff will thoroughly review all cases, including yours, over the next year (12 months) to determine eligibility.
  - You will be contacted when your case is ready to review.
  - To know when to expect your review, you can ask DWS or check [myCase](#) to find out which month your case will be reviewed, after February 11, 2023.

## Why is this happening now?

- At the beginning of the COVID-19 pandemic, the federal government declared a public health emergency or PHE.
- During the PHE, state Medicaid agencies have been 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.
- On December 23, 2022, Congress passed the FY 2023 Consolidated Appropriations Act. One part of this bill separated the federal PHE and Medicaid's continuous enrollment policy.
- **This Act establishes April 1, 2023, as the end of the continuous enrollment requirement for Medicaid.**
- The federal PHE will end on May 11, 2023, which will also end the [COVID-19 Uninsured Coverage Medicaid program](#).

## When is this happening and what do I need to do?

- **On March 1, 2023 the Department of Workforce Services (DWS) will begin to review all Medicaid cases over the next 12 months. You will be assigned a review month.**

- Your case will stay open until your scheduled review month. You can continue to use your benefits as normal until DWS completes your review.
- Here are some things you can do to prepare.
  - If you moved recently or if any of your contact information like your phone number or email address has changed:
    - I can update your account to make sure you get important information about your Medicaid coverage.
    - Call your health plan, DWS (1-866-435-7414) or a Health Program Representative (1-866-608-9422) to update your information.
  - Pay close attention to your mail/email. After DWS reviews your Medicaid eligibility, they'll send you one of the following in the mail or in [myCase](#):
    - A letter telling you your Medicaid coverage is renewed, or
    - A letter telling you that your Medicaid coverage is ending, or
    - A Medicaid review form asking you for more information to see if you or a family member still qualify for Medicaid.

#### **How can I find my review date?**

- After February 11, 2023, you can see your review date in [myCase](#).
- You can also contact DWS Eligibility to find out your review date.

#### **What do I need to do once I receive my Medicaid review?**

- Your Medicaid review will have instructions on completing the information that is needed to review your case.
- Complete the review forms and submit them to DWS as soon as possible to help avoid gaps in your coverage.
- DWS eligibility may also require some supporting documentation in order to complete your review.

#### **Can I complete my Medicaid review early?**

- Since DWS eligibility will need to review all Medicaid cases in the next year, we are asking members to wait until they receive their review before taking action.
- Medicaid cases will remain open until the scheduled review date for each member.
- You (or your family member) will continue to be covered by Medicaid until after DWS completes your review. You can continue to use your benefits as normal until then.

#### **Is there anything I can do to get my review completed faster?**

- Sending in your supporting documents will help eligibility workers complete the review faster. If DWS eligibility needs more documentation, they will reach out to you.

### **I no longer live in Utah. What should I do?**

- If you have moved out of state, please contact DWS to report that you no longer live in Utah.

### **I would like to close my Medicaid case. Who do I contact?**

- If you would like to close your case, contact DWS and request that your case be closed.

### **What if I lose my Medicaid coverage?**

- We want all eligible Utahns to get covered and stay covered. If you are no longer eligible for Medicaid, you will receive:
  - Advanced notice of when your 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.

**For more information, check the [Medicaid website](#) frequently.**

### **Helpful contact information:**

**Department of Workforce Services:** 1-866-435-7414 or [jobs.utah.gov/mycase](#)

**DHHS Health Program Representative (HPR):** 1-866-608-9422

**Federal Health Insurance Marketplace:** 1-800-318-2596 (TTY: 1-855-889-4325) or [HealthCare.gov](#)

**Take Care Utah:** 211 or [takecareutah.org](#)