**END OF THE PUBLIC HEALTH EMERGENCY DECLARATION AND MEDICAID CONTINOUS COVERAGE UNWINDING**

**BACKGROUND:**

The Public Health Emergency (PHE), which was first declared in March of 2020, is expected to end in the coming months. The PHE declaration has allowed for many flexibilities that have be beneficial to health centers and their patients, including continuous coverage for Medicaid beneficiaries.

Prior to the PHE, all Medicaid beneficiaries had to go through an annual review process that would determine if a beneficiary was still eligible for the Medicaid program (referred to in this document as “eligibly reviews”). Many Medicaid beneficiaries rise above income thresholds, or have other change in circumstances, that make them ineligible for the Medicaid program. This would result in the beneficiary’s coverage being terminated. Additionally, if a beneficiary did not respond to or complete the review, their coverage would also be terminated.

Although there is no confirmed date for the end of the PHE as of March 2022, it is likely the PHE will end in July 2022. It is estimated that hundreds of thousands of Medicaid beneficiaries in Utah will have to go through the eligibility review process, some for the first time. Due to the large workload awaiting the Utah Department of Workforce Services (DWS), health centers, and other stakeholders, it will be crucial to ensure eligible Medicaid beneficiaries do not erroneously lose coverage.

Please note that this memo was created with the assumption that the PHE will end in July of 2022. It is possible the PHE will be extended past this date. AUCH will communicate with health centers as soon as a confirmed PHE end date is announced by the Biden Administration.

States are required to create an “unwinding plan” to ensure that they comply with the Centers for Medicare and Medicaid Services (CMS) unwinding timeline and requirements. Utah is still finalizing their unwinding plan and full details of that plan will be provided to health centers as soon as it is available.

**TIMELINE:**

CMS laid out a timeline for states to finish their Medicaid eligibility reviews. For the purposes of this document, the “unwinding period” commences the first day of the month after the PHE ends. For example, if the PHE were to end on July 15, 2022, the unwinding period would begin on August 1, 2022 and end on July 31, 2023.

Timeline for new Medicaid applications:

* **2 months after the last month of the PHE:** states must complete eligibility determinations for all pending, non-disability related applications received during the PHE
* **3 months after the last month of the PHE:** states must complete eligibility determination for all disability-related applications received during the PHE
* **4 months after the last month of the PHE:** resume timely processing of all applications
	+ Timely processing is considered 90 days for disability-related applications and 45 days for all other applications

Timeline for Medicaid eligibility reviews:

* **12 months after the last month of the PHE:** All Medicaid eligibility reviews must be *initiated*. Initiated means that the beneficiary is notified and prompted to complete the review process.
* **14 months after the last month of the PHE**: All Medicaid eligibility reviews must be *complete*. Complete means eligibility redetermination/outstanding actions are done and an eligibility determination on a beneficiary has been made.

**Details on the unwinding period and eligibility review guidelines:**

* States may begin conducting eligibility reviews up to two months prior to the end of the month the PHE ends if the state does not terminate coverage prior to the month following the end of the PHE. Utah has not yet specified if they will choose this route.
	+ For example, if the PHE ends on July 15, 2022, eligibility reviews could begin as early as June 1, 2022. Terminations could go into effect on August 1, 2022 for those determined ineligible or for those that did not complete the redetermination process during that two-month period.
* Most states, including Utah, have continued to conduct eligibility reviews and redeterminations in some capacity, but have not removed individuals deemed ineligible.
	+ Individuals deemed *eligible* during an eligibility review completed during the PHE may not undergo another review until 12 months after that review.
	+ Individuals deemed *ineligible* during an eligibility review completed during the PHE must undergo another review at any point during the unwinding period before they are deemed ineligible and their coverage is terminated. States do not have to wait 12 months from the date of the last review for individuals in this instance.
* States cannot assume a change in circumstance notification was received since the beginning of the PHE automatically makes an individual ineligible. States must conduct a full review on these individuals.

**NEXT STEPS:**

As more information from CMS and the state unwinding plan become available, AUCH will provide information and resources to aide health centers and their patients through the Medicaid eligibility redetermination process.

For questions regarding the end of the PHE and the Medicaid continuous coverage unwinding process, please contact Rachel Craig, Legislative Coordinator (rcraig@auch.org).