

Medicaid Unwinding: Implications for Patients

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Background

Medicaid is the nation's public health insurance for individuals with low income that is administered by individual states. This program covers one in five Americans. Medicaid and the Children's Health Insurance Program (CHIP) provide free or low-cost health coverage to millions of Americans. This coverage includes some low-income people, families, children, pregnant women, elderly, and people with disabilities.⁴ Some states have expanded their Medicaid programs to cover all people with household incomes below a certain percentage of the Federal Poverty Level (FPL). In all states, one can qualify for Medicaid based on their income, household size, disability, family status and other factors, but qualification varies state to state. To date, 40 states have adopted Medicaid expansion and individuals can qualify if their household income is below 133% of the FPL with a few exceptions.⁴

Public Health Emergency

When the COVID-19 pandemic began, Congress initiated the Families First Coronavirus Response Act (FFCRA). In exchange for enhanced federal funding, this act required Medicaid programs to have continuous enrollment until the public health emergency (PHE) ended. FFCRA was enacted in anticipation of the widespread job and income losses resulting in potential lack of health coverage. During the continuous enrollment, the Consolidated Appropriations Act 2023 was signed into law on December 29, 2022 stating that continuous enrollment will end on May 11, 2023. If this legislation expires without additional legislation or state-led initiatives, millions of Americans may be left without health insurance.. Since the start of the pandemic, Medicaid and CHIP have grown by 91.3 million enrollees.³ Once the continuous enrollment ends, it is estimated between 5 -14 million individuals will be affected.³

Post-PHE

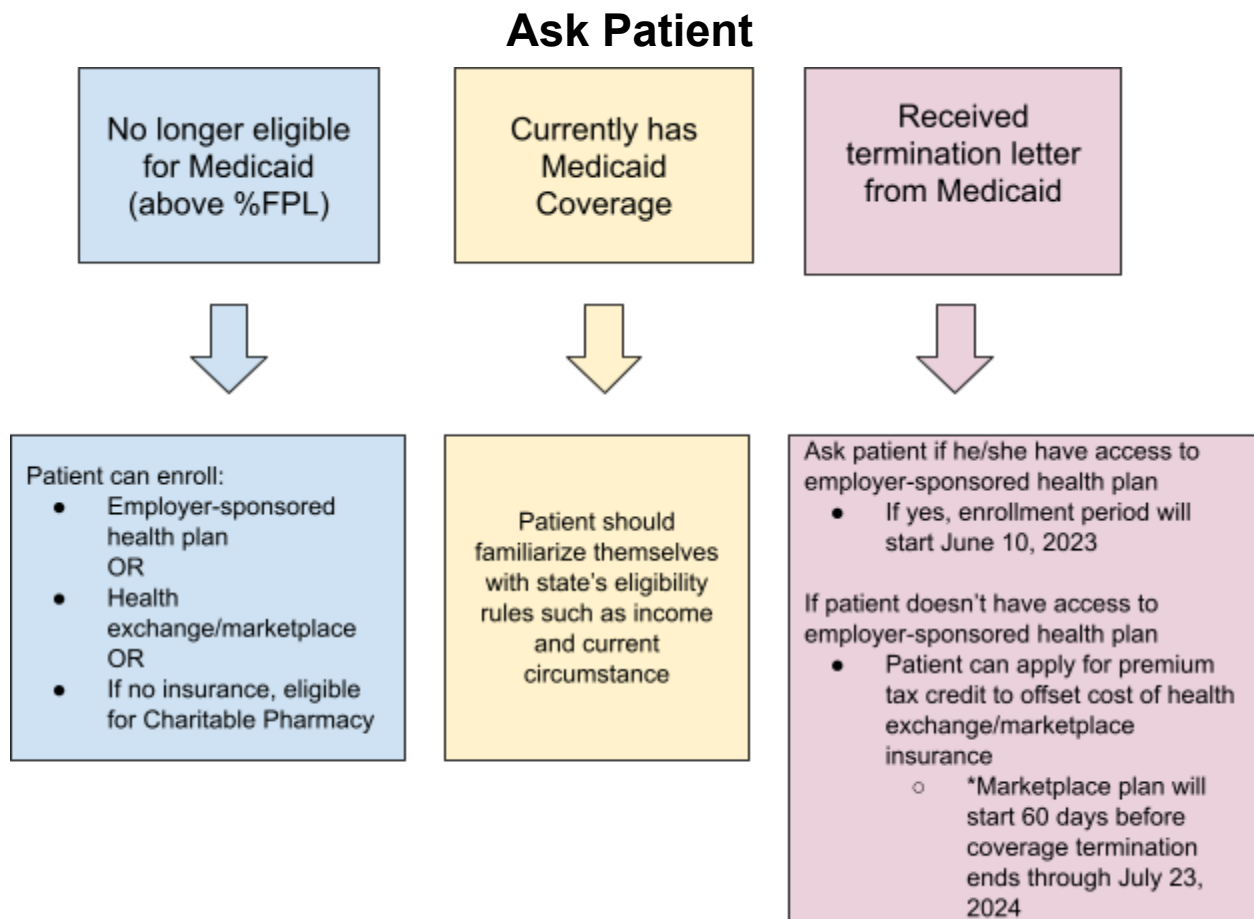
As of December 2022, Medicaid eligibility renewal/redeterminations started as early as February 1, 2023 and disenrollments can be effective as early as April 1, 2023. The disenrollment of Medicaid could affect approximately 5-14 million people.³ The Human and Health Service has provided basic guidelines on how to handle the unwinding of the continuous coverage protocols. For example, Texas will handle it based upon population.³ Texas will prioritize who they believe are most likely no longer eligible for Medicaid such as someone who may have enrolled but recently turned 65 years old. Virginia on the other hand will handle it based upon time.³ For example, they will either prioritize enrollees whose renewals have been pending for the longest during the PHE period or keep each enrollee's existing renewal month.

Aiding Patients for the Unwind

One way you can assist patients during this transition is to create a plan to educate patients either face to face or over the phone about the changes that will occur and how redetermination will happen. Pharmacists often see patients more frequently than other healthcare professionals and can provide resources for patients and the Medicaid re-enrollment process.

Figure 1. Displays how to navigate when trying to determine if a patient has been unenrolled. Ask and see if your patient is no longer eligible for Medicaid, currently has Medicaid coverage, or received a coverage termination letter. Once a patient has identified one category, a solution may be presented to them.

Figure 1



Know that some people who will be unenrolled will not have the means to pay for their monthly medication. Dispensary of Hope medications are available for free to eligible patients when Marketplace insurance is not an option. When possible, guide patients transitioning to employment or marketplace insurance, in what medications are covered and therapeutic interchanges that may be necessary. Another change to be aware of is COVID-19 testing, vaccination and treatment—explained below.

Testing	Vaccination	Treatment
<ul style="list-style-type: none"> • At-home and in-office tests will NO longer be free • For those on Medicaid, tests are covered at no cost through September 2024 • All tests are subject to cost-sharing for those with Medicare or private insurance • As of now, free tests to UNINSURED will NOT be federally funded 	<ul style="list-style-type: none"> • As of now, free tests to UNINSURED will NOT be federally funded • Providers of federally purchased vaccines CANNOT charge patients • Vaccine supply remains plentiful at this time 	<ul style="list-style-type: none"> • Any doses of treatments (i.e., Paxlovid) purchased by the federal government are still free until federal supply is depleted • Medicaid will cover COVID-19 Treatment through September 30, 2024 • Uninsured patients can still access treatment at no cost at this time but will be subject to market rate prices once the federal supply is depleted

More information can be accessed through [healthinsurance.org](https://www.healthinsurance.org) which can assist a patient in finding and purchasing health insurance based upon their zip code, income, etc. Patients who do not have access to the internet may call an agent at 619.367.6947.³ An Anticipated Unwind and Renewal timeline for all states can be found at the link below.¹

<https://www.medicaid.gov/resources-for-states/downloads/ant-2023-time-init-unwin-reltd-ren-02242023.pdf>

Start NOW to educate patients and community partners and build a plan for the potential influx of millions of uninsured on the near horizon.

References

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