

We lost Medicaid coverage. Now what?

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covered!

Don't Lose Your
Medicaid Coverage

April 2024

During the COVID-19 pandemic, children and families with Medicaid could keep their coverage without having a review to see if they were still eligible. Now that the public health emergency is over, most people who have Medicaid need to go through redetermination, the process to see if you are still eligible for Medicaid.

Millions of families have lost their Medicaid coverage in the Medicaid redetermination process, which puts children at risk of having gaps in their medical care. It's important to understand the redetermination process and what to do if you no longer qualify for Medicaid.

Why did we lose our Medicaid coverage?

You can lose Medicaid for a few different reasons:

- Filing paperwork incorrectly or missing renewal notices in the mail is the main reason families lose Medicaid coverage.
- Your family's income may be too high now to qualify for Medicaid. However, there are different income eligibility levels for adults and kids, so your child may still be eligible even if you aren't.
- Your child may have aged out of the Medicaid program. In most states, children are no longer eligible for Medicaid once they turn 19.

Medicaid redetermination is the process your state uses to see if you still qualify for Medicaid coverage. Everyone with Medicaid is now required to go through redetermination. Medicaid redetermination is also called **Medicaid unwinding** and **Medicaid renewal**.

Where should I go for more information and help with the redetermination process?

The following resources can provide assistance to you and your family:

- [Family-to-Family Health Information Centers \(F2Fs\)](#) (national)
- [Insure Kids Now](#) (national)
- [The Health Insurance Marketplace: Find Local Help](#) (national)
- [CMS Health Insurance Navigator](#) program (in 29 states)

What options do we have?

1

Request that your coverage be reinstated. If you lose Medicaid coverage and you think it was a mistake, you can ask for your coverage to be reinstated. You usually have 90 days from the date postmarked on the letter from your state Medicaid agency to send all the information they need to decide if your coverage should be reinstated.

2

File an appeal. Everyone has a right to appeal a Medicaid decision. Each state decides how much time a person has to ask for an appeal. If your family misses the deadline to appeal, you might be able to ask for more time with an extension.

Check your state's Medicaid website for information. You can ask for an appeal online, in person, or by mail. Be sure to keep track of the date you ask for the appeal.

If your child has complex medical needs - including children on Medicaid waivers - their health may be in danger with a long appeal process. You can ask for an appeal hearing that happens sooner. This is called an expedited hearing.

The appeals process can be complicated, but you can get help (see information about finding help on the other side of this sheet).

3

Reapply for Medicaid. If you have lost coverage, you can reapply for Medicaid at any time. Help is available if you need it (see information about finding help on the other side of this sheet).

4

Enroll in a low-cost health insurance plan. You may qualify for a high-quality, low-cost plan through the Health Insurance Marketplace®. Visit www.healthcare.gov to get coverage that begins the first of next month. Your child can stay on your Marketplace coverage until age 26.

Can my child get coverage through the Children's Health Insurance Program (CHIP)?

CHIP provides low-cost health coverage to children in families with incomes too high to qualify for Medicaid and who are otherwise uninsured. Some states combine Medicaid and CHIP into a single program. In other states, CHIP is a separate program. If your child no longer qualifies for Medicaid, make sure to ask your Medicaid agency if CHIP is an alternative. More information on CHIP can be found at [Insure Kids Now](#).



Millions are at risk of coverage loss!

What can MCH professionals do now to support families in the Medicaid redetermination process?

Background

During the pandemic, Medicaid once again demonstrated its vital national safety net role. The federally mandated continuous coverage provision ensured that existing and newly enrolled Medicaid beneficiaries could remain on the program throughout the public health emergency. By early 2023, the national uninsured rate reached an all-time low of 7.7 percent, contributing to extraordinary coverage gains.

Throughout the country, the resumption of the Medicaid renewal process has been chaotic and harmful. There has been a net enrollment decline of over ten million people nationwide, including nearly four million children. More than 70% of the people terminated from Medicaid may still have been eligible, but lost coverage for procedural reasons.

Coverage loss is falling disproportionately on communities that historically have experienced barriers to maintaining coverage (for example, communities of color, people with limited English proficiency, and families impacted by having a child with special health care needs), deepening already severe health inequities.

There is an urgent need for MCH staff and their community partners to take an active role in supporting families in the Medicaid renewal process and mitigating further harm.

The following pages contain actions that state MCH programs can take now.

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Ensure that all MCH staff understand, at a basic level, the options for families who lose Medicaid coverage through redetermination.

Most families have the following options:

- 1 Request that coverage be reinstated.** If a family member loses coverage for an incomplete renewal (i.e, a procedural reason), they can request that coverage be reinstated. Families typically have 90 days from the date postmarked on the Medicaid agency letter to submit all the necessary information the state needs in order to decide if coverage should be reinstated. The state treats this as a new application.
- 2 File an appeal.** All Medicaid beneficiaries have the right to appeal a Medicaid termination decision. Each state determines its own appeals process and timeline. If a family misses the appeal deadline, they may be able to request an extension.

Once an appeal is filed, the Medicaid office will try to resolve the appeal informally. This typically involves collecting more data and may include an interview. If the family is not satisfied with the informal resolution, they have the right to request a hearing.

Families of children with complex medical needs (including those on Medicaid waivers) whose health may be jeopardized by a lengthy appeals process, can request an expedited appeal hearing.
- 3 Reapply for Medicaid.** If reinstatement or appeal are no longer options, a family might consider reapplying for Medicaid. This can be done at any time. It's important to note that different individuals within a family - such as infants, children, children with special health care needs, and parents - may have different Medicaid eligibility criteria. CHIP may also be an option, and parents should ask about it if they reapply for Medicaid for their children.
- 4 Enroll in a low-cost health insurance plan.** Families losing Medicaid coverage can look into enrolling in a low-cost plan through the Health Insurance Marketplace. Children can stay on their parents' Marketplace coverage until age 26. The Marketplace offers family and child-only policies. There is a Marketplace Special Enrollment Period (SEP) for those who have lost Medicaid coverage due to redetermination. Marketplace-eligible consumers who apply for coverage between March 31, 2023, and July 31, 2024 and can attest that they have lost Medicaid between the same time period will be eligible for the SEP. Consumers then have 60 days after they submit their application to select a plan.

Connect with and refer families to Medicaid redetermination experts in your state.

MCH programs can serve as a bridge between families and community-based experts who can provide assistance with the redetermination process. MCH programs should connect with the following **three** key partners, who are actively involved in efforts to support individuals and families in the Medicaid renewal process at the state and community levels.



Family-to-Family Information Centers

F2Fs, located in every state, are federally-funded programs that provide technical assistance and peer support to families of children and youth with special health care needs. F2Fs are working closely with families who have been negatively impacted by the redetermination process.

Why are F2Fs an important resource for MCH programs on redetermination?

F2Fs are community-based and can provide state MCH programs with a direct referral link for families needing assistance with the renewal process. F2Fs are also a trusted source for community-level information, which state health departments can consult when assessing the unwinding's impact on families.

Federal navigator grantees

Navigators grantees are state organizations that connect people to Marketplace coverage, including those from communities that historically have experienced lower access to health coverage and greater disparities in health outcomes. The 29 states that use the federally facilitated Marketplace have at least one navigator grantee. States with their own Marketplaces host their own navigator programs.

Why are navigator grantees an important resource for MCH programs on redetermination?

Navigator grantees have specialized training to assess adults and children for Marketplace coverage, as well as Medicaid and CHIP. They serve as the central source of information regarding Marketplace enrollment in all states.

State public interest/advocacy organizations

Most states have at least one such organization, and their work often includes protecting the rights of Medicaid enrollees who have lost coverage. In addition, the national Legal Services Corporation operates a nationwide database of local legal aid organizations that may be able to provide direct assistance to people who have lost or are at risk of losing Medicaid.

Why are public interest/ advocacy organizations an important resource for MCH programs on redetermination?

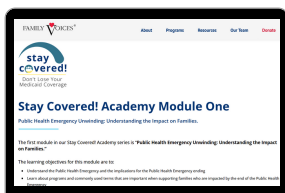
With the rapid pace of terminations, MCH programs need advocacy support and referral sources for families. These organizations are also a key source for stories of families experiencing coverage loss.

Promote public and professional education opportunities on the redetermination process, using available national resources

Staff Training Resources



Center on Budget and Policy Priorities/National Health Law Program: **Medicaid Eligibility Appeals Process webinar**



Family Voices: **Stay Covered Academy learning modules**

Public Education Resources

AMCHP/Family Voices/Catalyst Center parent fact sheet: **We lost Medicaid coverage. Now what?**



American Academy of Pediatrics: **"Has your family lost Medicaid health insurance?" Customizable, state-specific flyers**



AMCHP podcast on **Medicaid Redetermination: Stories from Families to Inspire Action**



Two recent national policies may affect the redetermination process for certain populations.

One-year Medicaid continuous coverage for kids

Beginning January 1, 2024, all states are required to provide one year of continuous Medicaid coverage to enrolled children up to age 19. From the time a child's Medicaid coverage is renewed or started, enrolled children are guaranteed coverage for 12 months, regardless of changes in family income.

One-year Medicaid postpartum coverage for women

Most states have adopted the 12-month Medicaid postpartum coverage option. In these states, pregnant people are guaranteed Medicaid coverage for 12 months postpartum, regardless of changes in income. These individuals will undergo the renewal process at the end of the 12-month postpartum period.

Children on waivers

It is important for MCH programs to connect directly with families whose children are enrolled in Medicaid through a home- and community-based waiver or other pathway based on disability.

These families may need additional education and support to maintain their children's critically important Medicaid coverage.



Has your child lost their Medicaid or CHIP benefits?

Here's where to start:

- 1** Contact your state Medicaid agency or your health plan to **update your address, phone number, and email address.** You can do this by phone or on your state's Medicaid website.
- 2** Contact your state Medicaid agency or your health plan to **find out about your child's coverage.**

If you did not get a letter about your child's coverage ending, **ask them to send a letter.**

If you got a letter that says your child's Medicaid or CHIP benefits are ending, check to see if there is a **renewal form** you can send back to keep your child's benefits, and make sure to send it back **before the deadline** date.
- 3** Find **other health insurance options** if your child doesn't qualify for Medicaid or CHIP anymore.

Some people may qualify for more affordable health plans through the Health Insurance Marketplace®.

How much you can save is based on your household income and how many people are in your household.

All Marketplace plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

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Has your child lost their Medicaid or CHIP benefits?

You have a right to appeal.

1

If your state's Medicaid agency denies your application for benefits, they have to explain why in writing; this is called a Notice of Action. **You have the right to appeal the decision.**

An **appeal hearing** is a meeting where you can explain why Medicaid should change their decision and let your child keep their Medicaid benefits. Your Notice of Action letter will tell you how to ask for an appeal hearing.

2

Your Notice of Action may come with a form you can fill out to appeal the denial. If you don't receive an appeal form, you can write a letter to your state's Medicaid agency that says, "I want an appeal hearing." Include your child's name and date of birth, and a case number if one is listed on your Notice of Action.

Fill out the form or write the letter and **send it back before the deadline** in your Notice of Action letter.

Each state has different deadlines for when you have to send back your appeal. It will not be more than 90 days from when the Notice of Action was mailed to you.

3

Send or take your appeal form or letter to your state's Medicaid agency. They have to receive the form or letter before the deadline on your Notice of Action.

Your state's Medicaid agency will contact you to schedule the appeal hearing. It might be in person or over the phone.

You have the right to hire an attorney or bring someone else to speak for you.

If you need help understanding your Notice of Action or sending a letter of appeal, contact your state's Family-to-Family Health Information Center of Family Voices Affiliate Organization.

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