

NEWS RELEASE

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Media contact:

Kolbi Young

Public Information Officer

kolbiyoung@utah.gov

Phone (801.231.6350)

Utah to restart its review of all Medicaid cases for eligibility

The process, reauthorized by Congress, is known as “unwinding” and will end coverage for those who no longer qualify

Today, Utah Medicaid will begin reviewing all Medicaid cases over the next 12 months. Since 2020, the federal government has required state Medicaid agencies to continue covering all enrolled members even if their eligibility changed, due to the national public health emergency (PHE). In late 2022, Congress established a schedule for ending this continuous eligibility. This reinstated the review process and means that some members will keep Medicaid coverage, while others' Medicaid coverage will end. Those losing Medicaid coverage will need to transfer to HealthCare.gov or purchase insurance in the private market.

Background:

Medicaid provides vital health care to vulnerable and low-income Utahns of all ages statewide.

Since the federal government established the PHE in March 2020, Utah Medicaid enrollment has increased by hundreds of thousands of Utahns who have stayed continuously enrolled so they didn't have to worry about their health coverage during this challenging time. Utah's Medicaid and Children's Health Insurance Program (CHIP) enrollment has grown by 61 percent during the pandemic. As of January 2023, Utah Medicaid and CHIP have more than 507,000 members (enrollment in March 2020 was about 315,000 members).

What is changing:

On Dec. 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. This requires state Medicaid agencies to return to former processes for establishing eligibility. For the 12-month “unwinding” period through March 2024, Medicaid members will be assigned a review month and their case will stay open until their case review is completed by the Department of Workforce Services (DWS).

What Medicaid members need to do:

It is critical that the DWS is able to reach members when it is time to review their eligibility. Utah Medicaid is asking members to:

1. **Keep their contact information current:** Many people moved during the pandemic or changed their contact information. The state is requesting that members update their information with their health plan, DWS (1-866-435-7414 or jobs.utah.gov/mycase), or a health program representative (1-866-608-9422).
2. **Know their review date:** Since DWS’s Eligibility Services 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. Members are encouraged to learn their assigned review month by accessing [myCase](#).
3. **Watch for DWS letters and complete their review:** Members should pay close attention to their mail and/or email for notices and respond timely to reviews. In a member’s assigned review month, DWS will try to complete the review using administrative data without member involvement and send the member a notice saying their review is complete. If DWS does not have enough information, the member will be asked to complete their review.

“This nationwide ‘unwinding’ will affect millions of Americans, including hundreds of thousands of Utahns. It is critical that those who are eligible for Medicaid remain covered and have access to the benefits and services they need,” said Jennifer Strohecker, Utah Medicaid director. “We are relying on Medicaid members to do their part by updating their contact information and responding to review requests. We want all eligible members to keep their coverage.”

Members may continue using their benefits as normal until DWS completes its review. If DWS is able to identify a reason a member is no longer eligible, DWS will automatically transfer the member’s information directly to the federal Health Insurance Marketplace ([HealthCare.gov](https://www.healthcare.gov)).

The transfer will not occur when a case is closed for failing to complete or return paperwork.

Additionally, losing Medicaid or CHIP coverage is a Qualifying Life Event, which allows an individual or family to enroll in a Marketplace plan outside of the open enrollment period.

Utahns can visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace call center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage.

Resources, data, and timelines will be continually updated on the [Medicaid Unwinding webpage](#).

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