



MEMORANDUM

To: DPGA Health & Long-Term Care Committee, DPGA Disability Committee, Jewish Social Service Agencies & Other Interested Parties

From: Elizabeth A. Cullen, Associate Director, Health Policy, Jewish Federations of North America & Washington Representative, Network of Jewish Human Service Agencies

Re: Understanding the End of the PHE & Medicaid Unwinding

Date: March 8, 2023

Many Flexibilities Adopted During the PHE Will Expire May 11th and the Unwinding of Continuous Coverage Enrollment Protection in Medicaid Has Already Begun

The PHE Will End May 11th

The Biden Administration recently [announced](#) that the federal Public Health Emergency (PHE) will end on May 11th. Many Medicare and Medicaid flexibilities and increased funding made available under the PHE helped Jewish human service agencies meet surging needs during the COVID-19 pandemic. While some of the changes made during the PHE will continue even after it expires, other flexibilities will end (e.g., Medicaid Appendix K waivers that most states used to temporarily expand direct service qualified providers and to pay family caregivers will end 6 months after the PHE's end; HIPAA compliance obligations for telehealth providers relaxed during the PHE will resume). Learn more about which flexibilities will end with the PHE [here](#). In addition, federal funding for enhanced SNAP benefits expired this month.

Telehealth will continue although state Medicaid and private insurance policies may change. Medicare coverage for telemental health will continue past the PHE as Congress already authorized telemental health as a covered Medicare service in the Consolidated Appropriations Act 2021. Moreover, Medicare reimbursement at the in-person rate will continue for two more years due to a broad telehealth extension recently enacted in the Consolidated Appropriations Act 2023. These policies are allowing Jewish family service agencies and others to continue

providing mental health services through telehealth while helping our partner agencies address severe workforce shortages. State laws governing telehealth coverage in private insurance and Medicaid, however, will vary state to state. Find your state's telehealth policies [here](#). Relatedly, many states seem to be ending temporary health professional licensure reciprocity. Read about temporary licensure reciprocity in your state [here](#).

Medicaid Continuous Coverage “Unwinding” Begins April 1

Separate from the PHE's expiration, the recent spending package passed by Congress ended the enhanced federal Medicaid funding adopted during the PHE and continuous Medicaid coverage protections for Medicaid as of March 31. Continuous coverage allowed Medicaid enrollees to remain on Medicaid and paused eligibility redeterminations throughout the PHE. Since the PHE, Medicaid and CHIP grew by 28% to cover more than 91 million people, and children accounted for the majority of that growth.

“Unwinding” is the process by which states will resume Medicaid eligibility reviews after March 31st. Medicaid agencies will complete an automated renewal based on information available to them — some as wage information from state databases or information in Supplemental Nutrition Assistance Program (SNAP) files. If that is not possible, agencies will then send renewal notices and requests for information to enrollees. When enrollees respond, agencies will process the cases, renew coverage for those who remain eligible, and notify those who are no longer eligible that their coverage will end. For example, if enrollees do not respond, because they do not receive the request for information due to address or phone number changes, or they do not understand what they are supposed to do, for example, their coverage will end.

On April 1st, states will be able to resume Medicaid coverage terminations, but some states have already begun the redetermination process. Eight states began their redeterminations in February and in April plan to begin dropping beneficiaries for procedural reasons, like not responding to a renewal form. Sixteen states started their unwinding process in March and the rest will begin in April, according to CMS. States have 12 months to initiate renewals and an additional two months to complete the process. Most states that began reviewing renewals in February are anticipating that their first terminations for procedural reasons will be in April but some will not begin until May.

In addition, the enhanced federal Medicaid funding made available during the PHE will be phased down starting in April and end completely on December 31, 2023. According to the Kaiser Family Foundation, [5 to 14 million beneficiaries](#) are projected to lose Medicaid coverage. People who have moved since the start of the pandemic, those with limited English proficiency (LEP), and people with disabilities, may be at greater risk of losing Medicaid coverage when the continuous enrollment provision ends. Those with limited English proficiency will be at risk because, while a majority of states translate their application materials into Spanish, most do not translate them into other languages. A report from the Georgetown Center for Children

and Families also projects that more than [6 million children](#) will lose coverage. Learn what your state is planning [here](#).

To help individuals who will no longer qualify for Medicaid, the Centers for Medicare and Medicaid Services (CMS) is providing Special Enrollment Periods (SEPs) for both Medicare and Marketplace coverage. These SEPs allow individuals no longer eligible for Medicaid to transition to [Medicare](#) or [Marketplace](#) outside of standard open enrollment periods. Jewish human service agencies will be on the front lines helping their clients maintain Medicaid coverage.

Additional Resources

- [50 State Medicaid Unwinding Tracker](#), recent [Webinar](#), and [Blog](#) explaining the unwinding in detail – including the impact on children and key dates to know -- from the Georgetown University Health Policy Institute: Center for Children and Families
- [Fact Sheet from Justice in Aging](#) on the unwinding and what advocates for older adults need to know
- [Fact Sheet](#) from the National Healthcare for the Homeless Council
- [Road Map](#) on the PHE unwinding from the U.S. Department of Health and Human Services (HHS)
- HHS [webinar](#) discussing the implications for Medicaid and Medicare policies and beneficiaries
- CMS' [Guidance & Resources](#) from CMS about the end of continuous coverage
- CMS' [Toolkit](#) for stakeholders and partners, complete with sample messages for beneficiaries and social media suggestions
- CMS' [Provider Specific Fact Sheets](#) on the ending and continuation of specific flexibilities (including information for providers of home care and long-term care)
- [Guidance](#) issued from the Centers for Medicare and Medicaid Services to state Medicaid programs

For questions, please contact [Elizabeth Cullen](#), Associate Director, Health Policy, Jewish Federations of North America and Washington Representative, Network of Jewish Human Service Agencies, or [Jonathan Westin](#), Senior Director, Strategic Health Resource Center, Jewish Federations of North America.