



Don't Lose Your
Medicaid Coverage

I've Lost Coverage. Now What?

I've Lost Coverage, Now What?

FAM



Don't Lose Your
Medicaid Coverage

PRESENTERS

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**Please share your name, state and the organization you represent by
typing it into the chat**

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Session	Date	Topic
Session I	11/30/2023	PHE Unwinding: Understanding the Impact on Families
Session II	12/14/2023	I've Lost Services. Now What?
Focus Group	1/24/2024	How's It Going?
Session III	2/8/2024	Navigating Redetermination with Special Populations
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Session V	3/7/2024	Creating Effective Outreach Campaigns
Session VI	3/21/2024	Ask the Experts: Responding to the Challenges of the PHE Unwinding



Register for the entire series by visiting:

<https://us02web.zoom.us/meeting/register/tZwrceCrqDwuGdSM32dKYLfTs2HwBru6dRr0>

All Sessions will be recorded and available for viewing at
<https://familyvoices.org/unwinding>



Don't Lose Your
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Our Goal



To help families understand the end of the Public Health Emergency (PHE) and the impact on the Medicaid renewal process

The Family Voices network of F2Fs/AOs along with other partners will create, customize, and distribute informative and educational materials to guide and support families during the redetermination process.



Learning Objectives



- Explore best practices for family communication, including how to improve access for families with limited English proficiency
- Learn strategies for facilitating navigation of the system for families who have lost Medicaid coverage
- Discuss alternatives to Medicaid for families whose appeal is not successful

Pre-Session Questions



<https://www.surveymonkey.com/r/6J9YXK8>





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Communicating the Loss of Coverage

How will a family know if their child has been denied Medicaid?

They might:

- Receive a letter in the mail that details the denial, disenrollment or cancellation.
- Try to use Medicaid at the doctor, pharmacy, hospital, etc. and learn that their card is no longer active.
- Log into the state Medicaid, Managed Care Organization or other state Medicaid agency portal and check eligibility status.



Letter from HHS



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[Home](#) > [About](#) > [News](#) > [HHS Reminds States of Legal Obligations to Federal Civil Rights Protections as States Transition from Medicaid Continuous Coverage...](#)

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Blog
HHS Live
Podcasts
Media Guidelines for HHS Employees



FOR IMMEDIATE RELEASE
April 5, 2023

Contact: HHS Press Office
202-690-6343
media@hhs.gov

HHS Reminds States of Legal Obligations to Federal Civil Rights Protections as States Transition from Medicaid Continuous Coverage Changes as the Public Health Emergency Ends



Letter from HHS



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“Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title II of the Americans with Disabilities Act (Title II), and Section 1557 of the Affordable Care Act (Section 1557) prohibit entities receiving federal financial assistance from discrimination on the basis of, among other things, race, color, national origin, and disability. This means covered entities must provide an equal opportunity to participate in and benefit from programs; communications with individuals with disabilities must be as effective as with others; and reasonable steps must be taken to provide meaningful access to people with LEP. States must ensure their communications during the unwinding period comply with these laws.”

Source: U.S. Department of Health and Human Services via <https://hhs.gov>



Language Access



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Under federal civil rights laws, states have obligations to ensure that individuals have meaningful access to federally funded programs, including Medicaid. This includes “meaningful language access.”

Source: U.S. Department of Health and Human Services via <https://hhs.gov>



Call Center Best Practices



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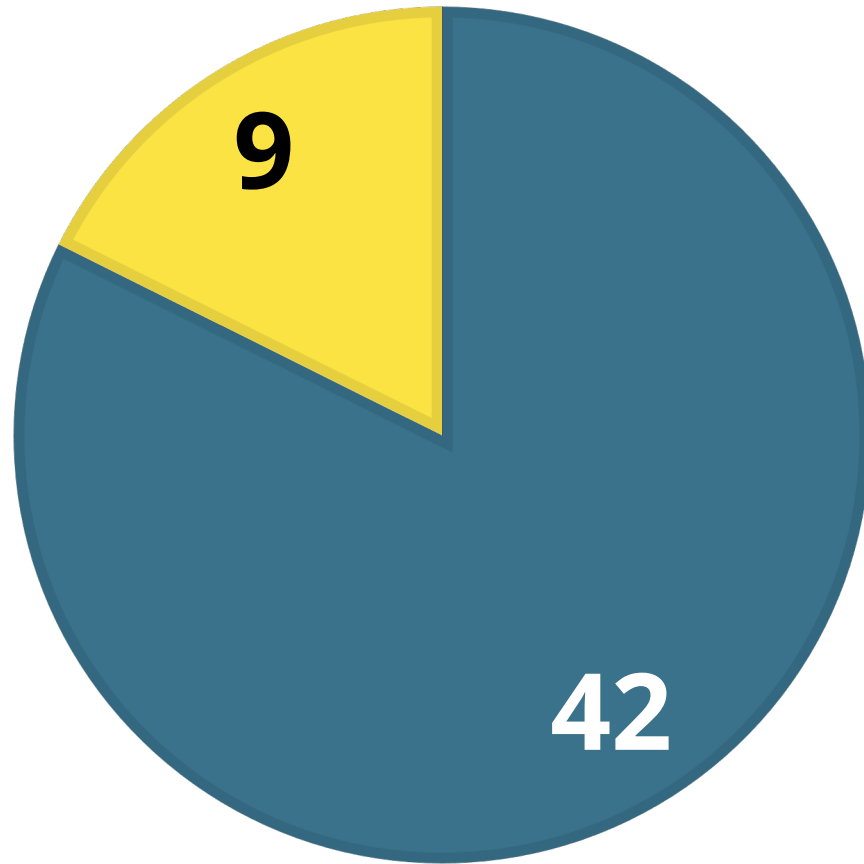
A screenshot of the Covered California website's 'Contact Us' page. The page has a dark blue header with the Covered California logo and navigation links for 'Get Started' and 'Health'. Below the header, the text 'Contact Us' and the phone number '(800) 300-1506' are displayed. A section titled 'Other Languages' with an upward arrow contains a list of languages and their corresponding phone numbers.

Other Languages ^		
Arabic	العربية	(800) 826-6317
Cantonese	粵語	(800) 339-8938
Mandarin	普通话	(800) 300-1533
Hmong	Hmoob	(800) 771-2156
Korean	한국어	(800) 738-9116
Russian	русский	(800) 778-7695
Filipino	Tagalog	(800) 983-8816
Armenian	հայերեն	(800) 996-1009
Farsi	فارسی	(800) 921-8879
Khmer	Khmer	(800) 906-8528
Lao	Lao	(800) 357-7976
Spanish	Español	(800) 300-0213
Vietnamese	Tiếng Việt	(800) 652-9528

- Provide unique phone numbers for speakers of different languages
- Immediately ask callers for language preferences using in-language terminology
- Remove lengthy English prompts prior to asking a caller's language



Language Access – Call Centers

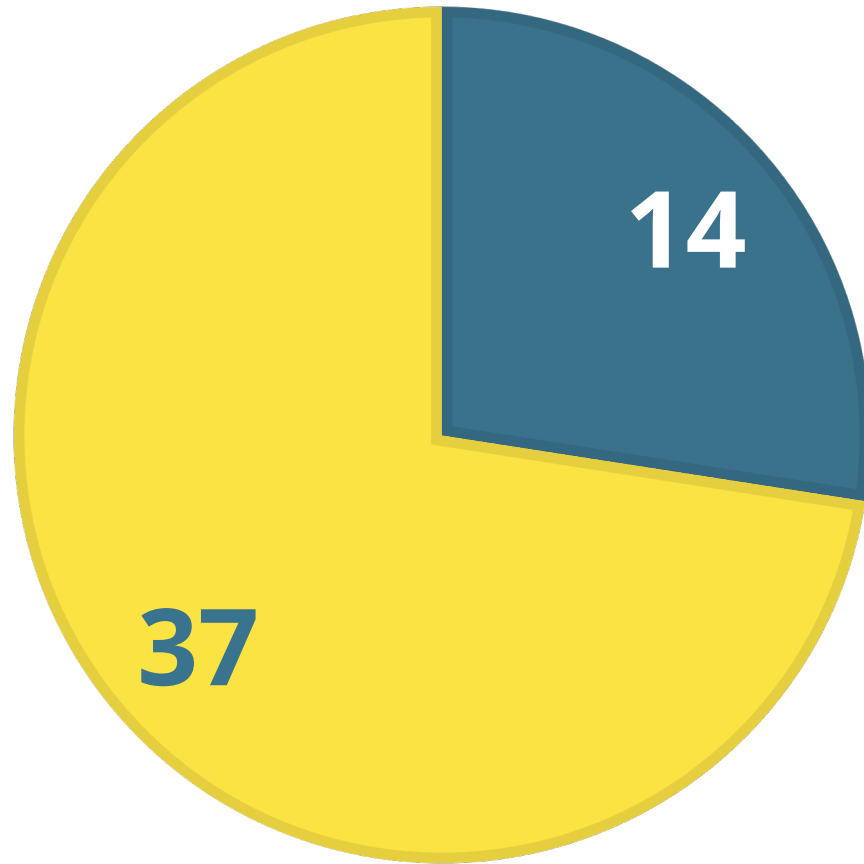


42 states provide immediate languages options on their Medicaid Call Center phone lines

Source: National Immigration Law Center via <https://www.nilc.org/2023/08/09/states-need-to-improve-language-access-for-medicaid-renewals/>



Language Access – Call Centers



Only 13 states plus Washington, D.C. provide options on their Medicaid call center phone menu other than English and Spanish

Source: National Immigration Law Center via <https://www.nilc.org/2023/08/09/states-need-to-improve-language-access-for-medicaid-renewals/>



Website Best Practices



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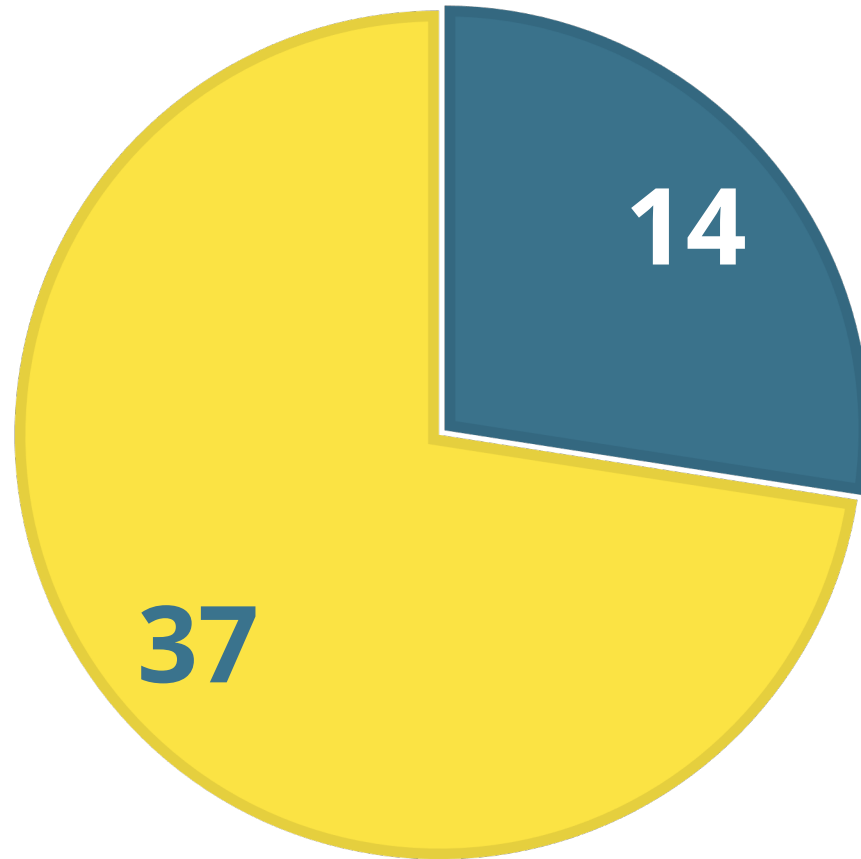
- Provide language access options that use professional translation services.
- Place language translation options in a conspicuous location on the website
- Avoid English language drop down menus



Language Access – Websites



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Only 13 states plus Washington, D.C. provide translated resources and informational flyers regarding Medicaid application and free translation services on their website.

Number of offered translations varied from 2 – 15 languages located through dropdown menus.

In most states, these dropdown menus were available only in English



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Communicating the Loss of Coverage



After the Denial

Three Options after Denial



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- Request Reinstatement
- Appeal the Decision
- Reapply for Medicaid

Request Reinstatement



You can request reinstatement if:

- You lose Medicaid coverage because the state did not receive your redetermination paperwork, and
- It has been less than 90 days since the date of the denial.

Paperwork must be returned within the 90-day period that began on the date of denial.

Appeal the Decision



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If you cannot request reinstatement,
you can file an appeal.

Everyone has a right to appeal a
Medicaid decision, regardless of the
state they live in.



Appeal the Decision



Each state establishes their own appeals process and timeline.

- May require a written request
- Deadline to appeal can be anywhere from 10 – 90 days from the date the notice of denial is mailed
- Appeal request must come from the individual impacted or a designated authorized representative.

Appeal the Decision



Whether the appeal is filed online, in person or by mail, be sure to document the date of filing.

- Online or mobile filings should produce a time stamp which you can screenshot or print.
- If submitting by mail, get a receipt of mailing from the post office.
- If submitting in person, request a receipt with the date and time.

Appeal the Decision



Question: What if a family misses the deadline to appeal?

Answer: Individuals can request an extension of time to file if there is a “good cause” why they did not appeal during the required time.

Some states have extended these timeframes because of the public health unwinding.

Appealing the Decision



Once an appeal has been filed, the Medicaid office will try to resolve the appeal informally. This typically involves collecting more data and may include an interview.

If the individual is not satisfied with the informal resolution, they have the right to request a hearing.

Fair Hearing

Medicaid Fair Hearings are required to be:

- Held at a reasonable time, date and place
- Conducted by an impartial hearing officer
- Translated into the preferred language of the person making the appeal



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Appeal the Decision



Question: My child has complex or special health care needs. If we wait for a hearing, their life, health or ability to attain, maintain or regain maximum function would be in jeopardy. What can we do?

Answer: Individuals can request an expedited hearing in these cases. This must be included in the hearing request.

Continuing Benefits



Individuals can also request that their Medicaid benefits continue during the appeals process, until a decision is issued. This request must be made before the date provided by the agency for Medicaid termination.

In most situations, the agency must give at least 10 days notice before the termination of coverage. If proven that this was not provided, they must reinstate benefits.

Continuing Benefits



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If the individual does not go on to win their appeal, the individual may be required to pay back the state for benefits received during the continuation period.

During the “unwinding” period, many states have eliminated the pay back provision, but it is important to know if this applies in your state.

Preparing for a Hearing



You should:

- Review all policies and documents listed in the denial letter
- Request and review your case file from the state Medicaid agency
- Request an interpreter if your preferred language is not English
- Prepare your argument for why you should continue to receive Medicaid coverage

Legal Assistance



Every state has a disability protection and advocacy agency with the responsibility to enforce disability rights statutes.



<http://acl.gov/programs/find-your-pa-agency>



At the Hearing

You will be given the opportunity to bring witnesses, establish pertinent facts, present your arguments without interference, and question any witnesses who support the denial.



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Decision



Decisions come from the hearing officer and must:

- Be based only on legal rules and evidence presented at the hearing
- Be provided in writing within 90 days of the hearing request
- Summarize the facts and regulations that support the decision
- Inform the individual of additional administrative or court review options

Reapply for Medicaid



Once options for reinstatement or appeal have been exhausted, individuals who still believe they should qualify can reapply for Medicaid coverage.

Work with local agencies to find out if there are special application procedures for alternative paths to receiving Medicaid coverage specifically for children, or children with special healthcare needs.



After the Denial



When the Denial is Final

Alternative Forms of Medicaid



- CHIP – Children’s Health Insurance Program
 - Available at higher income limits
 - Requires a small premium payment
- Home and Community Based Services Medicaid Waiver
- Long Term Services
- TEFRA Act or Katie Beckett Waiver
 - Available for children with complex disabilities whose family income is too high to qualify for SSI or traditional Medicaid

Other Health Benefits for Children

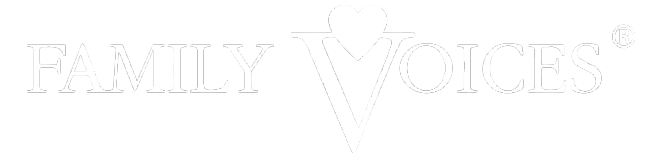


- Employer sponsored coverage
- Affordable Care Act Marketplace coverage
 - Available through state websites or via <https://healthcare.gov>

Review

- There are several ways to learn an individual has lost coverage.
- There are three ways to deal with denials.
- Appeals processes are defined by the states but must meet minimum guidelines.
- Deadlines are important so document everything.
- If you request a hearing, it must be fair and impartial and you have the right to review your case file in preparation.
- There are options to obtain services, access providers and find coverage

Questions and Discussion



THANK YOU!

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Post-Session Questions



<https://www.surveymonkey.com/r/QNMDJXP>



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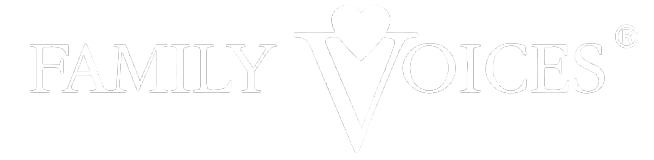
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