



**Ending the COVID-19 Related Continuous Medicaid Coverage Requirement:
*Impact on those receiving Medicaid based on age or disability***

Background: In the face of the COVID-19 pandemic, 2020 legislation provided states with significant federal funding to ensure continuous Medicaid coverage of individuals enrolled in the program, **even those who are no longer technically eligible**. States were required to maintain this moratorium on terminations until the end of the Public Health Emergency (also referred to as the PHE). In late December 2022, the law was changed to “de-link” the requirement of continuous Medicaid from the end of the PHE. Although the PHE is still in effect, the continuous Medicaid coverage requirement **ends March 31, 2023**.

Under [Florida’s plan](#), the Department of Children and Families (DCF) will begin reviewing the eligibility of approximately 4.9 million Floridians currently on the Medicaid program in March 2023. The reviews, which will be spread throughout a 12 month period, will be completed by April 2024. The Centers for Medicare and Medicaid Services (CMS) has instituted a Medicare Special Enrollment Period (SEP) for Medicaid recipients who may qualify for Medicare after their continuous enrollment ends.

Medicaid based on age and disability: Some Floridians who qualify for Medicaid based on age or disability, are also eligible for Medicare. But while Medicaid coverage begins immediately for those who qualify, there is generally a 2-year waiting period before Medicare coverage begins after an individual under 65 is determined disabled. During that 2-year waiting period, Florida provides Medicaid for low-income aged and disabled individuals whose income is more than the SSI monthly award of \$914 and is below 88% of the federal poverty level (\$1,069/month). This coverage group is called “MEDS-AD.”

What happens to those on MEDS-AD once Medicare “kicks in” after 2 years? After an individual on MEDS-AD becomes eligible for Medicare, the person loses full Medicaid eligibility. Assuming the person’s income is still less than 100% of the poverty level, the person is eligible for the Qualified Medicare Beneficiary program (QMB). QMB is a type of Medicare Savings Program, also called “MSPs.” (More information on all of the MSPs can be found [here](#), and Florida’s income limits for all SSI-related Medicaid programs, including MEDS-AD, QMB and other MSP programs can be found [here](#)).

QMB covers Part A & B premiums, as well as deductibles, coinsurance, and copayments for services and items Medicare covers. For those on QMB, Medicare providers are not allowed to bill for services and items Medicare covers, except outpatient drugs. Pharmacists may only charge a limited amount for prescription drugs covered by Medicare Part D.

What will happen to people in the MEDS-AD coverage category after the PHE ends? As noted above, DCF will be redetermining eligibility for everyone on Medicaid between March 2023 and April 2024. This includes those on MEDS-AD. If the individual's Medicare began after March 2020, their Medicaid eligibility under MEDS-AD will be terminated. DCF will send a notice informing the person that their full Medicaid has ended and that they have been enrolled in the QMB program. It should also inform them of their enrollment in the “**Medically Needy**” program and specify their “share of cost” (which is like a deductible). For more information on the Medically Needy program, click [here](#).

If I am a MEDS-AD recipient, and I am now also eligible for Medicare, what can I do?

- If you need assistance with daily activities of living, such as bathing, dressing, or managing your medications, you may be eligible for the Medicaid Long-Term Care (LTC) Program. This program includes both nursing home care and home and community based services (HCBS). [Here](#) is information on how to apply and a [consumer video](#) on HCBS services.
- If possible, create an online account with DCF [here](#), and report all your information, including if you now need significant assistance with the activities of daily living and want to apply for the LTC program.
- You should make sure your address on file with DCF is up-to-date.
- If you need help understanding your Medicare options, including for Medicare Part D which covers prescription drugs, you can contact your local SHINE program, which is part of the local Area Agency on Aging. You can find out more about that program [here](#).
- Medicaid is complicated! The Florida Health Justice Project provides updated information about what happens regarding Medicaid eligibility with the end of the continuous coverage requirement. Please check our [web page](#) for updates.

For questions, please contact [Miriam Harmatz](#) or [Katy DeBriere](#). Last update January 2023