What is the PHE and extended Medicaid coverage?
During the national COVID-19 Public Health Emergency (PHE), which is still going on, virtually no one enrolled in Medicaid as of March 2020 or later can be terminated from coverage. Thus, people who are no longer eligible for Medicaid have stayed covered and will remain covered until the PHE ends.

Are there any exceptions that would cause someone to lose Medicaid during the PHE?
The only exceptions are if you move out of Florida or ask to be disenrolled.

What are some examples of people who are still on Medicaid because of the PHE?

Low-income parents who no longer have a child under 18
Under normal Medicaid rules, if you are on Medicaid because you are a low-income parent, your Medicaid eligibility ends when you no longer have a(ny) minor child(ren). Thus, if you were on Medicaid in March 2020 and your youngest child turned 18 in April 2020, you are no longer “technically eligible” for Medicaid coverage as a low-income parent. However, due to the emergency PHE rules, you still have Medicaid coverage.

Families no longer eligible for Medicaid due to increased income
Under normal Medicaid rules, the income limits are higher for children than parents and highest for infants than children between 1 and 18. Here is an income chart. Under normal rules, if the family’s income increases above the income limit(s) for various family members, that family member’s Medicaid eligibility ends.

For example, Jane, a single parent with a 3-year-old and a 10-year-old lost her job in April 2020 and enrolled the entire family in Medicaid. Even though Jane got another job in June 2020 with a monthly income of $1800, or about 100% of the federal poverty level, everyone remained on Medicaid due to the emergency PHE rules. Under Florida’s normal rules, Jane would no longer be eligible since the income limit for parents is at about 32% of FPL, or $577 for a family of 3. (Under the normal Florida rules, the children would still be eligible because the family income is under the limit of 138% of the FPL.)

Individuals eligible for disability related Medicaid whose Medicare has started
Under Florida’s normal Medicaid rules, individuals found disabled and whose income is less than 88% of the FPL (or $945/mo), are enrolled in Medicaid. However, they lose their full Medicaid coverage when they are enrolled in Medicare. Typically, there is a 2-year waiting period before Medicare begins after a person is found disabled.
For example, John, who was found eligible for disability-related Medicaid in May 2018 began receiving Medicare in May 2020. Under normal Medicaid rules, when he enrolled in Medicare, he would have been terminated from full Medicaid. Depending on income, he would be transferred to a Medicare Savings Program that covers certain costs that come with Medicare. However, due to the PHE, John is still on full Medicaid, along with Medicare.

**What will happen when the public health emergency ends?**

The Department of Children and Families (DCF) will look at your case to see if you are eligible for a different type of Medicaid. There are different groups of people who may be eligible including children, parents and caretakers of minor children, pregnant women, new mothers, individuals 65 and older and people determined disabled by the Social Security Administration.

DCF may ask you for additional information while it goes through this process to see if you are still eligible, and you must respond promptly. If DCF thinks that you are not eligible for Medicaid under any category, your Medicaid will end, and you will be sent a notice with your appeal rights.

**What are some things you can do before the PHE ends?**

- If you get a letter from DCF telling you that you must complete your annual eligibility review, follow the instructions in the letter. This will help make sure your coverage is correct once the PHE ends.
- If there are changes to your household (loss of income, new income changes in who is living in your home) report them to DCF immediately. This will help make sure your coverage is correct once the PHE ends.
- If you are receiving family-related Medicaid, and you are disabled: you should apply for benefits with the Social Security Administration as soon as possible. [Here](#) is information on applying.
- If you have not done so, create an online account if possible [here](#), and make sure all your information, including your address is updated.
- If you get a letter from DCF saying that your Medicaid eligibility has been reviewed and even though you are no longer eligible DCF is keeping you on Medicaid to “make sure you have coverage during the PHE” ([Notice](#)). If you think you might still be eligible, you should contact DCF and provide any updated information that might make you eligible.
- Medicaid is complicated! The Florida Health Justice Project will be providing updated information about what happens regarding Medicaid eligibility after the PHE ends. In the meantime, if you were on Medicaid as of March 2020 and it was terminated, contact DCF to correct your case, and if you still have questions or issues, contact FHJP by emailing [info1@floridahealthjustice.org](mailto:info1@floridahealthjustice.org).

*FHJP is grateful to DCF for their help in creating this document. However, please note that this is not an official statement. Also, the situation discussed here may change in coming months. Enrollees can reach out to DCF as well as FHJP if they have questions.*

*For additional information, contact Miriam Harmatz, harmatz@floridahealthjustice.org. 10/21/21*