FLORIDA HEALTH JUSTICE PROJECT

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 and provide a date certain for the end of the continuous Medicaid coverage requirement: **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 eligibility limit ($ 914/mo) but 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.

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. QMB is critical consumer protection for low income individuals on Medicare

What has already happened to people in the MEDS-AD coverage category during the continuous Medicaid coverage requirement?
Like all Medicaid enrollees, people covered through MEDS AD have maintained full Medicaid coverage, even though they have become enrolled in Medicare since March 2020, and are thus no longer "technically eligible" for Medicaid. DCF maintained their Medicaid coverage by enrolling them in the Medically Needy program with zero share of cost. The Medically Needy program is described here. "Share of cost" is like a deductible. Thus, as a practical matter, these individuals remained on full Medicaid. DCF also enrolled these individuals into the QMB program.

What will happen to people in the MEDS-AD coverage category after the continuous Medicaid coverage requirement ends?
As noted above, DCF will be redetermining eligibility for everyone on Medicaid between March 2023 and April 2024. This includes those who had MEDS AD and became eligible for Medicare. As described above, most of these individuals have been enrolled in Medically Needy with a zero share of cost and enrolled in the QMB program. During the unwind, DCF will send a notice informing the person that their "share of cost" is no longer zero. For example, if the individual's income is
$ 1000/month, the share of cost would be $ 711. (An explanation of how to determine the share of cost can be found on this video.)

If I am (or was) a MEDS-AD recipient, and I am now also eligible for Medicare, what can I do to prepare for the unwind?

- 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, or need help with QMB, 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, and contact Bryan Ortiz, ortiz@floridahealthjustice.org if you would like to speak with one of our staff.

For questions, please contact Miriam Harmatz. Last update March 13, 2023