

Medicaid Continuous Coverage (Protective Medicaid) Unwinding FAQs

Question: What is Protected Medicaid?

Answer: In 2020, during the Coronavirus pandemic, Congress passed the Families First Coronavirus Response Act (FFCRA). This act prohibited states from disenrolling consumers from Medicaid during the Federal Public Health Emergency (PHE). This is called the Medicaid Continuous Coverage requirement and led to consumers being on Protected Medicaid.

Question: What is the Medicaid Continuous Coverage (Protected Medicaid) “unwinding”?

Answer: In December 2022, Congress passed an omnibus spending bill which decoupled the Medicaid Continuous Coverage requirement, also known as Protected Medicaid, from the Public Health Emergency. This requirement is set to end April 1, 2023.

Unwinding is a term used to describe the process of re-evaluating everyone who is on Protected Medicaid and either confirming their Medicaid eligibility or transitioning them off the Medicaid program.

Question: When will the unwinding take place?

Answer: Starting in February 2023, consumers will begin to receive notices about completing their re-evaluations with the Department of Health and Welfare. The Department of Health and Welfare will send 30,000 notices each month until all Idahoans who were covered under Protective Medicaid have been notified.

Question: What happens if someone loses their Medicaid coverage during the unwinding?

Answer: Idahoans who are no longer eligible for Medicaid may be eligible for a tax credit and can enroll in affordable health insurance through Your Health Idaho. We encourage these Idahoans to complete their application and enroll before the end date of their Medicaid program to ensure no gap in their health insurance coverage. Idahoans who do not enroll before the end of their Medicaid coverage will be granted a 60-day Special Enrollment Period during which they may apply for a tax credit and enroll.



Question: What documentation will Your Health Idaho require to confirm the loss of Medicaid during the Protected Medicaid unwinding?

Answer: Your Health Idaho has established an expedited approval process to help consumers quickly enroll in coverage after their Protected Medicaid ends. Consumers can self-attest to the loss of Medicaid during the unwinding period and up to 60 days after, which will be validated against the Department of Health and Welfare's records. Those who can't be validated against the Department of Health and Welfare's records will be required to provide documentation to support that they had a Qualifying Life Event (QLE) after they are enrolled.

Question: How will I know when I am due for my re-evaluations?

Answer: Consumers will receive a notice from the Department of Health and Welfare notifying them that their re-evaluation is due. When you receive this notice, you can log into [Idalink](#) and complete your re-determination online or over the phone by calling the Department of Health and Welfare at 877-456-1233.

Question: Should I report changes in circumstances to the Department of Health and Welfare during the unwinding period or wait for my re-evaluation?

Answer: Yes, if you have a change in circumstances, it should be reported immediately. If you report a change, you will likely need to do your re-evaluation before the change will be processed. For an urgent change, such as adding a newborn, call the Department of Health and Welfare at 877-456-1233 to go through the re-evaluation process right away.

Question: How is Your Health Idaho reaching out to consumers?

Answer: Your Health Idaho will be reaching out to consumers by email, text, and letters.

Question: When should I apply for coverage through Your Health Idaho?

Answer: You can apply at any point during the re-evaluation process, but Your Health Idaho encourages Idahoans to complete their re-evaluation with the Department of Health and Welfare before applying with Your Health Idaho. To ensure there is no gap in coverage, enrolling before your Medicaid end date is recommended. If you do not enroll before your Medicaid end date, you will have a 60-day Special Enrollment Period (SEP) from your end date, to apply and enroll in coverage.



Question: I have received my 30-day notice that my Medicaid coverage is going to end and would like to apply for a Marketplace plan. How do I apply? What steps can I take to ensure the application is filled out correctly?

We recommend completing the re-evaluation process with the Department of Health and Welfare before applying with Your Health Idaho. Once the re-evaluation is complete, you will either receive a notice from Your Health Idaho which will include an access code, or you will receive a notice that your Medicaid has been discontinued by the Department of Health and Welfare. If you receive an access code visit YourHealthIdaho.org and enter the access code to start your application process. If you have not received an access code, go to Login > Create an Account to begin the process. For more detailed information and additional guidance on filling out the application, visit YourHealthIdaho.org/end-of-protected-medicaid/ for step-by-step instructions.

Question: What event date should I use when saying my qualifying event was Loss of Medicaid?

Answer: The event date is the last date of your Medicaid coverage. This is typically the last day of the final month of coverage.

Question: My children are on CHIP protection for a continued 12 months. Will that end as well?

Answer: Your children's continued CHIP protection will depend on the type of CHIP your children are on. In Idaho, CHIP protection rules will remain in place, but they do vary by program. For questions about specific CHIP programs, please contact the Idaho Department of Health and Welfare at 877-456-1233.