

Unwinding Frequently Asked Questions

Has Medicaid tried to contact the member?

Yes. If a member is no longer eligible Medicaid will send the following:

- Advanced notice of when their enrollment ends
- Information on how to appeal
- Information about options for purchasing other health care coverage
- A direct transfer to the Federal Health Insurance Marketplace

What does the review date mean?

The review date is the date the member's Medicaid will expire if not recertified. All information for the review must be submitted 10 days prior to the review date to be considered timely.

What happens if the member has already lost their eligibility?

If the person lost coverage because they didn't return their review form, they may still be within the 90-day reconsideration period to restore their coverage. Tell them to send back the review form or other information the State needs right away.

Members who are no longer eligible with a known closure reason will be directly transferred to the federal Health Insurance Marketplace ([healthcare.gov](https://www.healthcare.gov)). There is currently an automatic process for this transfer to take place as long as a determination is made. The transfer will not occur if a case is closed for failing to complete or return paperwork for the eligibility review.

If the member needs help applying for health insurance, [Take Care Utah](#)'s application assistants may be able to help. Members can call 211 to schedule a free appointment.

If the member signs a release for [Take Care Utah](#) to share their information, you can be a contact to assist with the application/review process.

The person I am treating is homeless or doesn't have an address, how do they complete the application with no permanent address?

If a member moved during the pandemic or if any of their contact information like their phone number or email address has changed, please call their health plan, DWS (1-866-435-7414 or jobs.utah.gov/mycase), or an HPR (1-866-608-9422) to update this information.

How can I help someone besides letting them know their eligibility is under review?

Ask the member if they got a letter about their coverage status from DWS or a form to complete from their medical plan. You may be able to assist them in completing the requested review documentation.

If they did not receive their letter, they can check online (jobs.utah.gov/mycase) to find out their review date and when to expect a letter from DWS. You may be able to assist with this.

The member can sign a release with [Take Care Utah](#) for you to be a contact and to assist with the application/review process. Some members may not have a stable address and/or phone to

communicate timely with an assistor. With a release, providers can help facilitate contact so the member may be able to retain or reinstate their Medicaid coverage.

Connect them to [Take Care Utah](#) who can tell them about their other health coverage options if they no longer qualify for Medicaid.

People who lose Medicaid coverage may be able to get health coverage through the Health Insurance Marketplace ([healthcare.gov](https://www.healthcare.gov)). Most people qualify for savings on a health plan to lower their monthly premium and co-pays. Savings are based on their household income and size. All Marketplace plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.