

Medicaid Unwinding FAQs for Community Partners and Consumers

Q: What is the Public Health Emergency?

A: The Public Health Emergency (PHE) was declared on January 31, 2020 by the Secretary of the U.S. Department of Health and Human Services in response to the COVID-19 pandemic.

Q: What is the Medicaid Continuous Coverage Requirement?

A: The Medicaid Continuous Coverage Requirement means that individuals on Medicaid will not lose their eligibility for Medicaid through the New Mexico Human Services Department (HSD) during the PHE.

Q: Why is the Medicaid Unwinding happening?

A: The Medicaid Unwinding is happening because Congress passed a spending bill in December of 2022 that set an end date for the Medicaid Continuous Coverage Requirement and separated it from the PHE.

Q: What is the Medicaid Unwinding?

A: The Medicaid Unwinding is when the state of New Mexico will again require individuals to renew their Medicaid coverage. Individuals with incomes above the Medicaid eligibility thresholds will likely lose their Medicaid coverage. For people who enrolled in Medicaid during the COVID-19 pandemic, this may be their first renewal process. Approximately 110,000 New Mexicans may no longer be financially eligible for Medicaid.

Q: How many New Mexicans will be impacted by Medicaid Unwinding?

A: Approximately 900,000 people in New Mexico will need to recertify their eligibility for Medicaid when they get a notice from HSD.

Q: When will New Mexicans receive notification about renewing their Medicaid coverage?

A: HSD began the process of notifying people who need to renew their Medicaid coverage on March 15th. HSD will send letters in a turquoise envelope to people telling them when they need to renew their eligibility for Medicaid coverage. Those who opted for electronic communications will receive a renewal notification via text or email.

Q: What happens after the Medicaid Unwinding?

A: After the Medicaid Unwinding, HSD has up to 12 months to complete the Unwinding, but they will prioritize redeterminations in the first three months for enrollees who they believe are no longer financially eligible. As many as 30,000 individuals may be terminated per month in the first three months of the transition.

Q: Where will people go if they lose their Medicaid coverage?

A: People who lose their Medicaid coverage may still be eligible for other forms of health coverage, such as employer-sponsored coverage or affordable health plans through beWellnm.

Q: What actions will be taken by HSD and beWellnm during the Medicaid Unwinding?

A: HSD will provide information to beWellnm for individuals who have been determined ineligible for Medicaid upon recertification through an account transfer (AT) file.

Q: How will Medicaid recipients know they may be eligible for coverage through beWellnm?

A: Medicaid recipients will receive a Notice of Case Action from HSD that contains information that they may be eligible to enroll in coverage through beWellnm. BeWellnm will send a notice to assist individuals with applying for coverage at beWellnm.

Q: Will beWellnm request consumers to prove loss of Medicaid in order to receive a Special Enrollment Period (SEP) for the Medicaid Unwinding?

A: Sometimes. Most of the time beWellnm will not require consumers to provide a document to prove they lost their Medicaid coverage. There may be circumstances where a document is required if beWellnm has not received information from HSD.

Q: Does the consumer only have 60 days from the date they lose their Medicaid coverage to enroll in coverage through beWellnm, as is true for regular SEPs?

A: No, the 60-day window starts from the day the person applies and is eligible for health coverage through beWellnm, provided they were part of the Medicaid Unwinding.

Q: What is Medicaid Transition Premium Relief?

A: Medicaid Transition Premium Relief is a program under the Health Care Affordability Fund (HCAF) that provides one month of premium for individuals and families who no longer qualify for Medicaid after the Medicaid Unwinding, qualify for the federal Premium Tax Credit (PTC) through beWellnm, and are at or under 400% of the Federal Poverty Level (FPL).

Q: Do consumers already enrolled in a beWellnm program qualify for Medicaid Transition Premium Relief?

A: Sometimes. For tax household members of those who recently lost Medicaid to take advantage of Medicaid Transition Premium Relief, they must be in the same beWellnm shopping group.

Q: What if an individual loses their Medicaid coverage and did not receive a notice regarding applying for coverage through beWellnm?

A: They can reach out to the beWellnm Customer Engagement Center at 1-833-862-3935. They can also schedule a free appointment with a friendly and knowledgeable Certified Assister in-person or virtually by visiting beWellnm.com/staycovered.