Children can lose coverage even when eligible

Every year, children lose Medicaid coverage even though they remain eligible because of enrollment errors or lapses.

- Despite State outreach to families for renewing coverage, a child can lose coverage if the family cannot be reached at renewal time due to relocation, access to email, or have changed phone numbers.
- Coverage can be lost during an administrative transition if the child moves between Medicaid and Child Health Plus (CHP) because of changes in family income.

Medicaid rules during the pandemic demonstrate the effectiveness of continuous eligibility.

- The emergency rules require states to keep all Medicaid beneficiaries enrolled until the end of the declared public health emergency.
- Medicaid and CHP coverage for children has remained stable during the public health emergency.
- Nationally, 3 out of 4 children projected to lose Medicaid after the continuous coverage protection ends will still be eligible.

Continuous eligibility is an administrative process that keeps a child enrolled in Medicaid.

- State enrollment systems would mark a child as enrolled in Medicaid until age 6.
- The burden of reenrolling a child in those years would be lifted from parents.
- Renewal processing for managed care organizations and state systems would be reduced.

Continuous eligibility would help families keep children up to date on preventive services and medical care during the critical early years of growth and development.

- The first years of life are crucial for a child’s development including pivotal brain growth and lifelong improvement in physical and mental health.
- Continuous health insurance prevents harmful gaps in coverage, increases access to care including mental health services, checkups and vaccinations, and reduces expensive ER visits.

Other states have already asked for permission to implement continuous eligibility

- Oregon received waiver approval in September 2022
- New Mexico and Washington have submitted waiver applications
- California and Colorado are preparing waiver applications

What would New York need to do?

New York Medicaid would need to submit a waiver application to the federal agency that administers Medicaid (CMS) for approval.