

**End of Federal Public Health Emergency (PHE)
Impact on Medicaid
Frequently Asked Questions (FAQs)**

October 20, 2021 update from July 23 FAQs

Q. If a beneficiary is overdue for their redetermination, and they complete it and continue to meet eligibility requirements, will their next redetermination date be counted from the new redetermination application date, the new redetermination approval date, or from when the original overdue redetermination was due?

A. For the PHE, the redetermination date will be the new redetermination approval date. For example, if a Medicaid beneficiary's original redetermination was due March 25, 2021 and the redetermination was approved in July 2021, the next redetermination date would be July 2022.

Q. Will beneficiaries receive a second pink letter regarding overdue redeterminations or pending ineligibility? If so, when?

A. Yes. For beneficiaries who have not completed their redeterminations or submitted the requested documentation to DHHS to determine eligibility during the PHE, at the end of the PHE the current CMS guidance requires DHHS to redetermine eligibility prior to terminating Medicaid coverage. This means consistent with federal regulations, for those beneficiaries who cannot be renewed based on information known to the department, DHHS will send a second pink letter that includes a pre-populated renewal form at least 30 days prior to their renewal. If DHHS does not receive the required paperwork by the date specified in the second letter, the Department will send out the 10-day Advanced Notice informing the beneficiary of when their coverage will terminate.

Q. Is there a phone app for NH Easy or is it only available online?

A. You can use your phone to access and use NH EASY. It is not an actual 'app'; NH EASY has 'responsive design' which means it sizes itself to the device. You can use e.g. a laptop, tablet or phone the pages render the layout slightly different based on the device. (Updated October 20, 2021)

July 2020 Frequently Asked Questions

Q. Will the social media messaging be updated monthly so that providers can share fresh social media messaging?

A. Social media messaging will be updated as we get additional guidance from CMS.

Q. Do stimulus payments count as income for Medicaid?

A. No. Per CMS FAQs issued January 6, 2021, [CMS FAQs issued January 6, 2021](#) 26 U.S.C. § 6409 prohibits the counting of federal tax rebates or advance payments with respect to a refundable tax credit as income in the eligibility determination of any federal needs-based program.

This also means that the stimulus payments may not be included in determining beneficiary cost of care for nursing facility services or other LTSS.



Q. Do stimulus checks payments count as a resource for Medicaid?

A. No. Per [CMS FAQs issued January 6, 2021](#), 26 U.S.C. § 6409 prohibits the counting of federal tax rebates or advance payments with respect to a refundable tax credit as a resource for 12 months following receipt, in the eligibility determination of any federal needs-based program.

Q. Do the child tax credit payments count as income for Medicaid?

A. No. Similar to the stimulus checks, 26 U.S.C. § 6409 prohibits the counting of federal tax rebates or advance payments with respect to a refundable tax credit as income in the eligibility determination of any federal needs-based program.

Q. Do the child tax credit payments count as a resource for Medicaid?

A. No. Similar to the stimulus checks, 26 U.S.C. § 6409 prohibits the counting of federal tax rebates or advance payments with respect to a refundable tax credit as a resource for 12 months following receipt, in the eligibility determination of any federal needs-based program.

Q. Are the \$600/week (and \$300/week) Federal Pandemic Unemployment Compensation (FPUC) payments counted as income for Medicaid eligibility?

A. No. The [CMS FAQs issued January 6, 2021](#), states: “The monthly equivalent of any Federal pandemic unemployment compensation paid to an individual under this section shall be disregarded when determining income for any purpose under the programs established under titles XIX [the Medicaid program] and title XXI [the CHIP program] of the Social Security Act.”

As a result, the Department must disregard the \$600 and \$300 weekly FPUC when determining income eligibility, and the cost of care for both Medicaid and CHIP.

Q. Are the \$600/week (and \$300/week) Federal Pandemic Unemployment Compensation (FPUC) payments counted as a resource for Medicaid eligibility in the month following the month of receipt?

A. Yes. [CMS FAQs issued January 6, 2021 states, in part](#), “any portion of a FPUC payment that is not spent in the month of receipt is countable as a resource in subsequent months for applicants and beneficiaries who are subject to a resource test.” Medicaid categories subject to a resource test, including but not limited to, Aid to the Permanently and Totally Disabled (APTD), Old Age Assistance (OAA), Aid to the Needy Blind (ANB), Medicaid for Employed Adults with Disabilities (MEAD) and Medicaid for Older Employed Adults with Disabilities (MOAD).

Q. Will all 200,000+ members need to be redetermined this year?

A. No. The Department has continued to process redeterminations during the COVID-19 PHE. For individuals whose eligibility could be renewed based on information known to the Department, eligibility has been extended into 2022. Medicaid beneficiaries who failed to complete a redetermination during the PHE will need to do so before the end of the PHE in order to prevent their Medicaid coverage from closing.

Q. Is the color of the notice visible from the envelope?

A. Yes



Q. How can members get text alerts?

A. Members can sign up to get text alerts by logging into their [NH EASY](#) account.

Q. How can members get notices by email?

A. The Department does not email notices. The Department sends email notifications to members who signed up to “Go Green”. The email notification alerts members that they have a new notice and need to log into their [NH EASY](#) account to see it. Members can sign up to “Go Green” by choosing this option in their [NH EASY](#) account.

Q. Does the traditional 10-day advance notice period that happens when someone’s Medicaid is being terminated mean business days or calendar days? If it is business days, can it be switched to calendar days?

A. The 10-day advance notice period are calendar days before the date of action to discontinue, terminate, suspend, or reduce assistance.

Q. Who can I contact if I have questions?

A. You can contact the Client Services Center at (603) 271-9700 or email continuedcoverage@dhhs.nh.gov.

