Determining Who Is Covered by Medicaid Expansion

To prepare for more frequent redeterminations and community engagement requirements associated with H.R.1, behavioral health organizations need to first identify which, and how many, of the individuals they serve are impacted. In some states, the Medicaid Expansion plan name makes coverage easy to identify. In others, organizations must take additional steps.

Medicaid Expansion Defined

In every state, people can qualify for Medicaid based on income, household size, disability, family status, and other factors. Although eligibility rules differ between states, this is referred to as traditional Medicaid, in contrast with Medicaid Expansion.

In states that have expanded Medicaid coverage adults ages 19-64 can qualify based on income alone.

Strategies to Identify Covered Individuals

If your organization operates in an expansion state but cannot readily identify which of your clients are covered by Medicaid Expansion, use one or more of the following strategies:

- **Review the Medicaid billing manual.** In some states, Medicaid Expansion may be listed with a specific identifier that can be cross-referenced in paid claims.
- **Ask the State and/or MCOs.** They may be able to share additional information or files to help you identify applicable clients.
- **Use proxy measures to make an educated guess.**
    1. Filter your Medicaid client data* by key indicators that an individual is part of a mandatory Medicaid eligibility group (traditional Medicaid):
        i. < 19 years old
        ii. > 64 years old
        iii. Pregnant or postpartum
        iv. Covered by SSI
    2. Next, filter your Medicaid client data by key indicators that an individual is part of a mandatory exception group (i.e. not subject to community engagement requirements):
        i. Dually covered by Medicare

ii. Covered by SSDI: Individuals who receive SSDI are subject to a 24-month waiting period before they are enrolled in Medicare during which they retain whatever coverage they had at the time of application, including Medicaid Expansion; however, given that they were approved for SSDI, there is a strong likelihood that they will qualify for an exclusion under medical frailty. Montana and Iowa have explicitly established provisions that automatically classify individuals in this waiting period as medically frail and thereby excluded.

* If internal data is not available, apply state-level data to approximate the impacted population.