

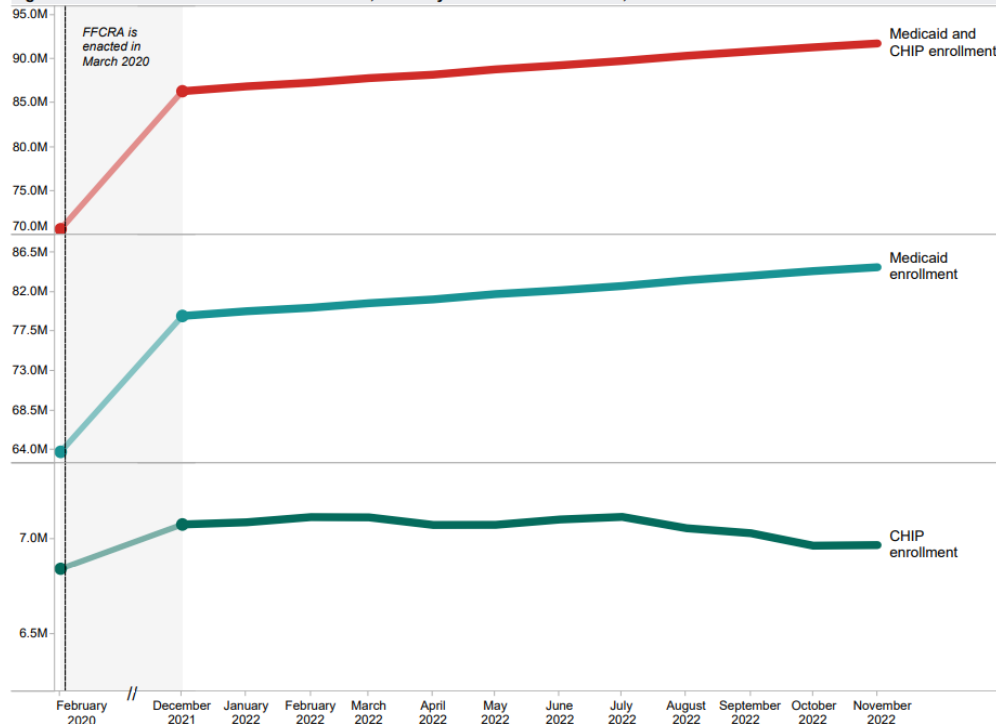
Preparing for the End of the Continuous Enrollment Condition: What Partners Need to Know About Medicaid and CHIP Coverage

March 2023

Medicaid & CHIP Today: Enrollment Is at an All-Time High

- In March 2020, the Families First Coronavirus Response Act (FFCRA) established the continuous enrollment condition, which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for most individuals**.
- As a result of this legislation and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) **enrollment has grown to a record high**.
- Over **91 million individuals** were enrolled in health coverage through Medicaid and CHIP as of November 2022.
- This represents an **increase of over 21 million individuals**, or nearly 30 percent, since February 2020.

Figure 1. National Medicaid and CHIP enrollment, February 2020 to November 2022, CMS Performance Indicator Data



Ending the COVID-19 Continuous Enrollment Condition

- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the FFCRA **Medicaid continuous enrollment condition will end on March 31, 2023.**
- States will soon resume normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible.**
- States will be able to terminate Medicaid enrollment for individuals no longer eligible **beginning on April 1, 2023.**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to place a heavy burden on the state workforce and existing processes.
- When states resume full renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.¹** Many people will then be **eligible for coverage through the Marketplace or other health coverage** and need to transition.
- On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and PHE declarations related to the COVID-19 pandemic on **May 11, 2023.**

¹Available at: <https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision>

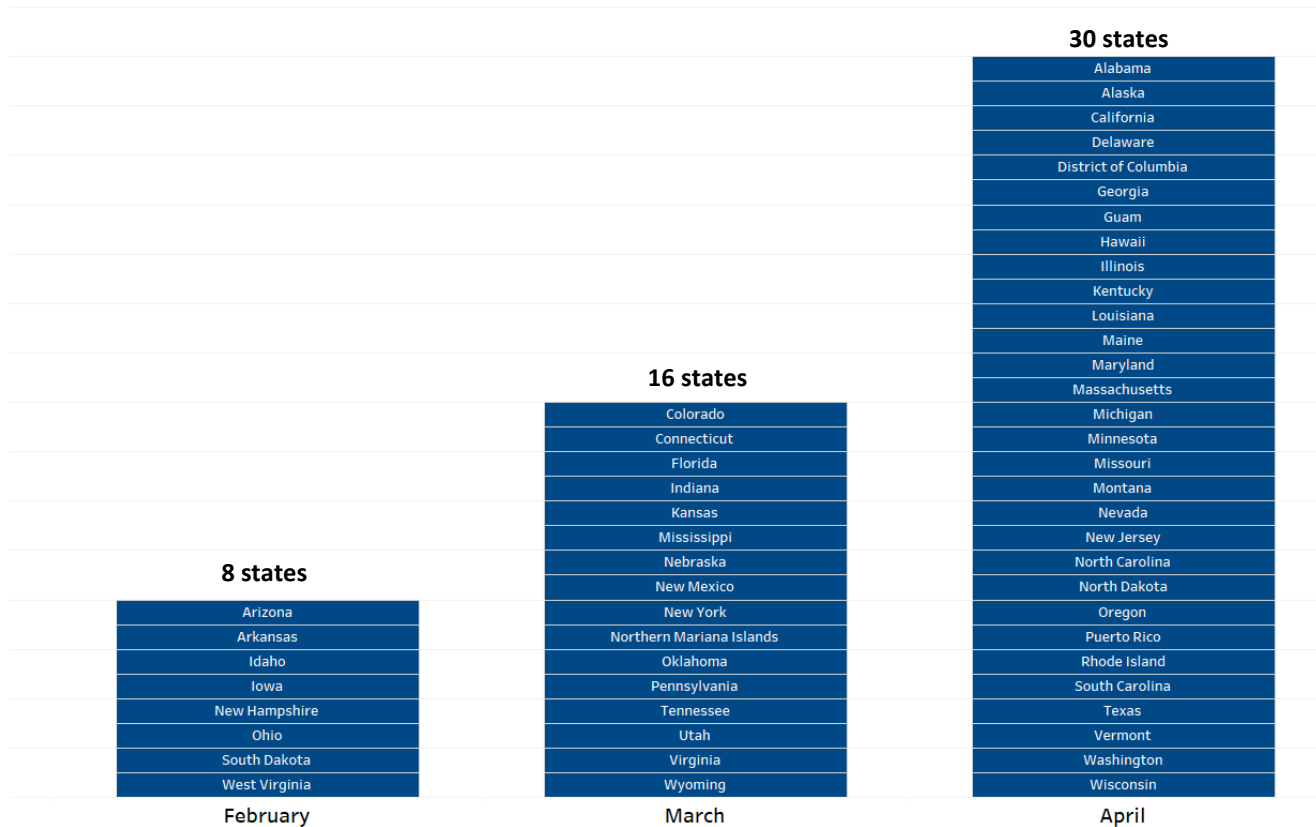
Resuming Normal Eligibility and Enrollment Operations: Expectations of States

- When the continuous enrollment condition ends, states must **initiate** eligibility renewals for the state's entire Medicaid and CHIP population within **12 months** and **complete** renewals within **14 months**.
 - States may **begin this process in February, March, or April 2023** but may not terminate eligibility for most individuals in Medicaid prior to April 1, 2023
- States have **4 months** to resume timely processing of all applications, including those received after April 1, 2023.
- The Centers for Medicare & Medicaid Services (CMS) has **been working closely with states for over a year** to ensure that they are ready; that **eligible enrollees retain coverage** by renewing their Medicaid or CHIP; and that **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transition.
- CMS has also issued an array of guidance and tools to support state processing of eligibility and enrollment actions, including new flexibilities and requirements for states.

The Renewal Process

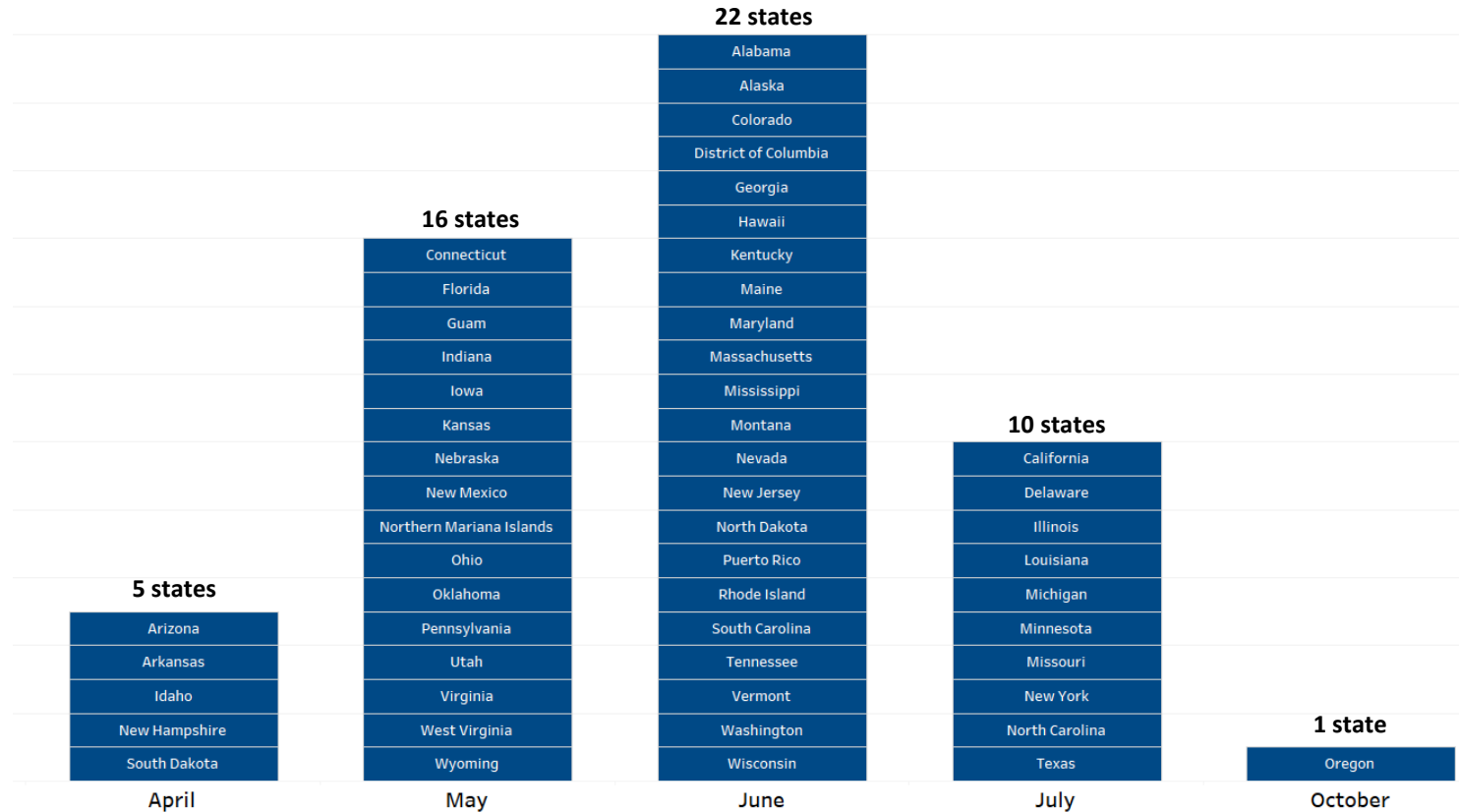
- States must **begin the renewal process** by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (**ex parte renewal**, also known as auto renewal, passive renewal, or administrative renewal).
 - If available information is sufficient to determine continued eligibility, the state renews eligibility and sends a notice.
 - If available information is insufficient to determine continued eligibility, state sends a **renewal form** and requests additional information from the beneficiary.
 - For MAGI Medicaid, CHIP, and BHP, states must provide the individual at least 30 days to return the form. For Non-MAGI coverage, states must provide a reasonable time frame
- If the Medicaid agency determines that an individual is ineligible for Medicaid, the state determines potential eligibility for other coverage like the Marketplace, and transfers the individual's account information to the Marketplace for a determination.

First Unwinding-Related Renewals Initiated, by Month



Based on state assessment calls conducted or deliverables submitted (55) as of 2/24/23; data and visuals in these slides are preliminary.
Data regarding USVI not included.

Effective Date of First Anticipated Terminations, by Month



Based on state assessment calls conducted or deliverables submitted (55) as of 2/24/23; data and visuals in these slides are preliminary.
Data regarding USVI not included.

Preparing for the Work Ahead

Most states have been actively preparing for the end of the continuous enrollment condition for over a year. CMS has encouraged all states to:

- Develop an unwinding plan to prioritize and distribute renewals
- Obtain updated contact information to ensure that individuals receive information on redeterminations.
- Launch a robust outreach and communication plan for beneficiaries and stakeholders
- Engage community partners, health plans, and the provider community to amplify key messages and to provide assistance with renewals

However, there are anticipated challenges to overcome:

- Large volume of renewals for states to complete
- Workforce challenges and staffing shortages experienced by state Medicaid and CHIP agencies
- The long length of time since many enrollees have had to complete a renewal
- The likelihood of outdated mailing addresses and other contact information for enrollees

Multiple resources are available to support both states and partners in this effort.

Medicaid.gov/Unwinding: Resource Page for States and Partners

Medicaid.gov
Keeping America Healthy

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Federal Policy Guidance | Resources for States | Medicaid | CHIP | Basic Health Program | State Overviews | About Us

Home > Resources for States > Coronavirus Disease 2019 (COVID-19) > Unwinding and Returning to Regular Operations after COVID-19

Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the passage of the Affordable Care Act. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, states have been required to maintain enrollment of new enrollees while the FFCRA increase is in effect. When the FFCRA increase expires, states will have up to 12 months to return to regular operations across the Medicaid and CHIP programs.

Additionally, many other temporary authorities adopted by states including Section 1135 waivers and disaster relief state plan amendments will need to plan for a return to regular operations across the Medicaid and CHIP programs. CMS has released additional tools and resources to assist states in this process.

Unwinding Guidance

- [Promoting Continuity of Coverage and Distributing Eligibility at Health Insurance Program \(CHIP\), and Basic Health Program \(BHP\) Emergency](#) (PDF, 815.14 KB) (Posted 3/3/2022)

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

CMCS Informational Bulletin

DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(1) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023. Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding.” The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

CMS
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Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE



Information was printed, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this document is intended only for informational purposes and is not intended to take the place of the statutes, regulations, or formal policy guidance that it is based on. It is based on summaries of current policy and operations as of the date it was presented. We encourage readers to refer to the applicable statutes, regulations, and other materials for complete and current information.

Centers for Medicare & Medicaid Services

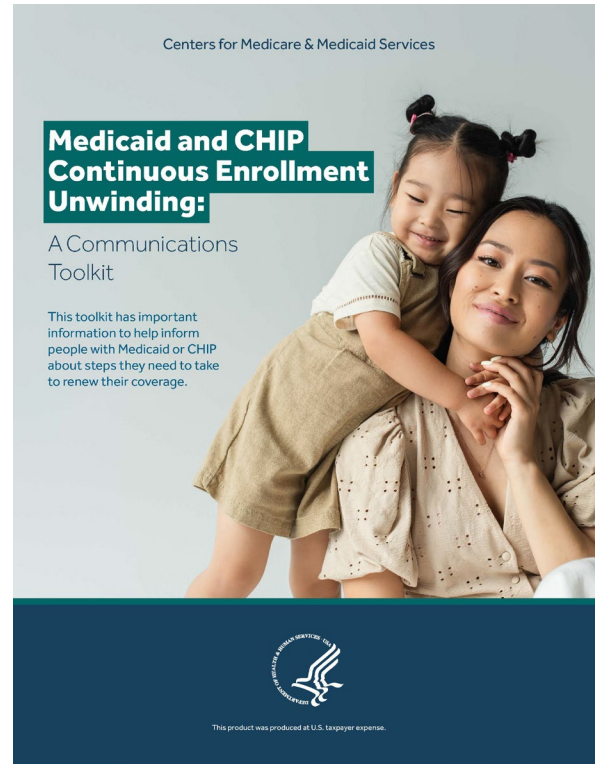
Medicaid and CHIP Continuous Enrollment Unwinding:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid or CHIP about steps they need to take to renew their coverage.

Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit

- A **living resource** where products will be added/updated as we learn more about what states, partners and consumers need to respond to
- Contains **important information** to help inform people with Medicaid or CHIP about **steps they need to take to renew their coverage**
- **Contents include:**
 - Summary of research with key insights
 - Key messages
 - Fillable digital flyers: “Have you heard the news? Your state Medicaid office is restarting eligibility reviews”
 - Drop in articles
 - Social media and outreach products
 - SMS/text messages
 - Call Center scripts
- **Available in English and Spanish.** Select resources available in Chinese, Hindi, Korean, Tagalog, and Vietnamese.



Medicaid Unwinding Toolkit Supporting Materials

Rack Card



Following these steps will help determine if you still qualify:



Make sure your contact information is up to date.



Check your mail for a letter.



Complete your renewal form (if you get one).

Have Questions?

Visit

or call

for help or to update your contact information today.

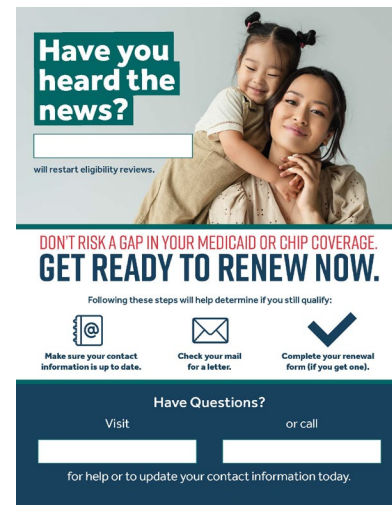
Graphics for Health Providers



Postcard



Fillable Flyer



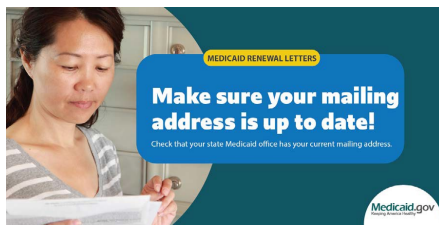
Sample Communications Toolkit Materials

Text Messages

- Make sure you get your Medicaid renewal letter – update your contact information if it changed recently: [\[Link\]](#)
- Don't miss your Medicaid renewal letter! Update your contact information if it changed recently: [\[Link\]](#)
- Have coverage through [State Medicaid or CHIP program name]? Make sure your address is up to date so you get your renewal letter: [\[Link\]](#)
- Medicaid/CHIP renewals are coming! Make sure your address is up to date: [\[Link\]](#)
- Changed your address in last 3 years? Update your address with us [or "your state"] so you get your Medicaid renewal letter: [\[Link\]](#)

Social Media Graphics

Now that things are getting back to normal, your #Medicaid renewal will be too. Ensure your state knows where to send your letter. Update your address today: URL



Drop-in Article

Drop-in Article

Important Changes Coming to [Name of State Medicaid or CHIP program] Eligibility

By the Centers for Medicare & Medicaid Services

Do you or a family member currently have health coverage through Medicaid or the Children's Health Insurance Program (CHIP)? If so, you may soon need to take steps to find out if you can continue your coverage. Soon, states will resume Medicaid and CHIP eligibility reviews. This means some people with Medicaid or CHIP could be disenrolled from those programs. However, they may be eligible to buy a health plan through the Health Insurance Marketplace®, and get help paying for it.

Here are some things you can do to prepare.

Make sure your address is up to date

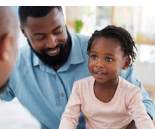
Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.

Check your mail

Your state will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP. If you get a renewal form, fill it out and return it to your state right away. This may help you avoid a gap in your coverage.

Partner Tip Sheet

3 Tips to help someone who lost Medicaid or CHIP coverage



Starting February 1, 2023, states can resume Medicaid and CHIP eligibility reviews that they temporarily stopped during the pandemic. When states resume these reviews, millions of people could lose their current Medicaid or CHIP coverage.

If someone loses their Medicaid or CHIP coverage, here are 3 things you can do to help:

- 1. Encourage them to update their contact information so they don't miss important information or deadlines.**
They should contact their state or health plan to update their contact information like address, phone number, and email address.
Make sure they have the phone number and website for their state Medicaid agency.
- 2. Ask if they get a letter about their coverage status from their state or health plan.**
If not, have them contact their state or plan to find out if a letter is coming.
If they did get a letter, tell them to check it carefully for:
 - Information about their Medicaid or CHIP coverage status.
 - Renewal forms they might need to fill out and send back to renew their coverage. If they get a renewal form, it's important they send it back by the deadline in the letter to avoid gaps in their coverage.**Note:** If someone loses coverage because they didn't return their renewal form, they may still be eligible to buy a health insurance plan to restore their coverage. Tell them to send back the renewal form or other information the state needs right away.
- 3. Tell them about their other health coverage options if they no longer qualify for Medicaid or CHIP.**
People who lose Medicaid or CHIP coverage may be able to get health coverage through the Health Insurance Marketplace®.
 - Most people qualify for savings on a health plan to lower their monthly premium and what they pay when they get care. 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.

If someone loses Medicaid or CHIP coverage, they have a limited time to apply and enroll in a Marketplace health plan. Tell them to:

- Visit [HealthCare.gov/marketplace-transfer-to-marketplace](#), or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-800-468-4352) to get more details about Marketplace coverage.
- Visit [LocalHealthHelpCare.gov](#) to get help from someone in their area. This service is free and can help the person better understand their health care options.

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January 2023
This product was produced at U.S. HHS region 9
Health Care and Medicaid Services



3 Tips to help someone who lost Medicaid or CHIP coverage

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If someone loses their Medicaid or CHIP coverage, here are 3 things you can do to help:



1. **Encourage them to update their contact information so they don't miss important information or deadlines.**

They should contact their state or health plan to update their contact information (like address, phone number, and email address).

Make sure they have the phone number and website for their state's Medicaid agency.



2. **Ask if they got a letter about their coverage status from their state or health plan.**

If not, have them contact their state or plan to find out if a letter is coming.

If they did get a letter, tell them to check it carefully for:

- Information about their Medicaid or CHIP coverage status.
- A renewal form they might need to fill out and send back to renew their coverage. If they get a renewal form, it's important they send it back by the deadline in the letter to avoid gaps in their coverage.

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



3. **Tell them about their other health coverage options if they no longer qualify for Medicaid or CHIP.**

People who lose Medicaid or CHIP coverage may be able to get health coverage through the Health Insurance Marketplace®.

- Most people qualify for savings on a health plan to lower their monthly premium and what they pay when they get care. 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.



If someone loses Medicaid or CHIP coverage, they have a limited time to apply and enroll in a Marketplace health plan. Tell them to:

- Visit [HealthCare.gov/medicaid-chip/transfer-to-marketplace](https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace), or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get more details about Marketplace coverage.

- Visit [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov) to get help from someone in their area. This service is free and can help the person better understand their health care options.



Medicaid.gov/Renewals:

Resources for Medicaid and CHIP Enrollees



Get ready to renew now

Here are some things you can do to prepare for the renewal process:

1. **Update your contact information** - Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
2. **Check your mail** - Your state will mail you a letter about your coverage. This letter will let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
3. **Complete your renewal form (if you get one)** - Fill out the form and return it to your state right away to help avoid a gap in your coverage.

If you no longer qualify for Medicaid or CHIP

You may be able to buy a health plan through the Health Insurance Marketplace[®], and get help paying for it. Marketplace plans are:

- 4 out of 5 enrollees can find plans that cost less than \$10 a month.
- Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

[Explore Marketplace plans and savings[®]](#)

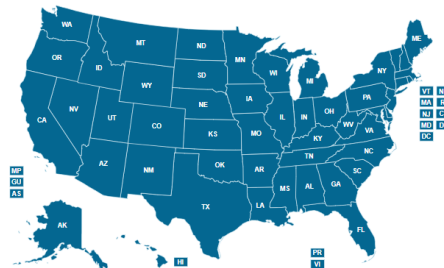
Medicaid or CHIP State Map

Select your state to get Medicaid enrollment information. You can also scroll down to find your state's contact information.

Select State

Select state

Select a State



★ STATE MEDICAID ENROLLMENT LINKS ★

Alabama

- [Enrollment](#)
- 📞 General Questions: [334-242-5000](tel:334-242-5000)

Alaska

- [Enrollment](#)
- 📞 Alaska Recipient Helpline toll free [800-780-9977](tel:800-780-9977)
- 📞 Eligibility helpline: [800-478-7778](tel:800-478-7778)

American Samoa

- 📞 Medicaid Office: [684-699-4777](tel:684-699-4777)
- 📞 Department of Public Health: [684-633-7676](tel:684-633-7676) / [684-633-4606](tel:684-633-4606)

Call to Action and Key Messages for Partners

- **CMS Needs Your Help!** Right now, partners can help **prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes.**
- **Key Messages for Partners to Share:** There are three main messages that partners should focus on now when communicating with people that are enrolled in Medicaid and CHIP.
 1. **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
 2. **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
 3. **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.

Sample social media posts, graphics, and drop-in articles that focus on these key messages can be found in the [Communications Toolkit](#). The [Unwinding resource page](#) will continue to be updated.

Thank you!

Perrie Briskin

Center for Medicaid and CHIP Services

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