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

May 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 93 million individuals were enrolled in health coverage through Medicaid and CHIP as of January 2023.

• This represents an increase of over 22 million individuals, or nearly 32 percent, since February 2020.

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 ended on March 31, 2023**.

• States will resume normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations of coverage for individuals who are no longer eligible**.

• States are able to terminate Medicaid enrollment for individuals no longer eligible **as of 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.

• As 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

• Now that the continuous enrollment condition has ended, states must initiate eligibility renewals for the state’s entire Medicaid and CHIP population within 12 months and complete renewals within 14 months.
  • States could begin this process in February, March, or April 2023 but could 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.
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.
The Renewal Process

- States must renew eligibility only once every 12 months for MAGI beneficiaries (most kids, adults, pregnant individuals, etc.) and at least once every 12 months for non-MAGI beneficiaries (e.g. aged, blind, disabled individuals).

- 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.
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.
Unwinding and Returning to Regular Operations after COVID-19

The explanation of the continuous enrollment condition authorized by the FFY 2020/21 AMA presents the single largest health coverage transition event since the FFS. As a condition of receiving a temporary 5.2 percentage point Federal Medical Assistance Percentage (FMAP) increase in the federal Medical Assistance Percentage (FMAP) rates under the Medicaid and CHIP Programs (CHIP) for the FY 2020/21, states were required to maintain enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency. As a result, the Medicaid and CHIP programs must continue to enroll individuals who are no longer eligible for Medicaid or CHIP. This means that states will have to unwind their enrollment operations.

CMS Informational Bulletin

FROM: Jan 1, 2023

TO: Daniel Y. Tilly, Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Conditions

On Thursday, December 30, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes revisions to Medicaid and CHIP’s Health Coverage Program (HCP) provisions, including significant changes to the continuous enrollment condition in section 9602(a) of the Families First Coronavirus Response Act (FFCRA) that took effect April 1, 2020, and section 5101 of the American Rescue Plan Act of 2021 (ARPA), which took effect January 1, 2022. These revisions update and clarify the requirements for states to maintain continuous enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency. The CAA, 2023, also includes a provision to maintain the temporary 5.2% FMAP increase for the Medicaid and CHIP programs for the FY 2020/21, which took effect April 1, 2020, and which was extended through March 31, 2022, as a condition of receiving the temporary FMAP increase.

Under the CAA, 2023, exceptions of the continuous enrollment condition and consent of the temporary FMAP increase will no longer be required for the end of the COVID-19 Public Health Emergency. The continuous enrollment condition will end on March 31, 2023, and the temporary FMAP increase will end on September 30, 2023. States must ensure that individuals who have been enrolled continuously since the beginning of the COVID-19 Public Health Emergency are continually enrolled through the end of the transition period. States have been required to maintain enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency. The temporary FMAP increase will expire on September 30, 2023. Under ARPA, states must submit relevant information on or before September 30, 2023, to continue to receive the temporary FMAP increase. Under section 5101 of the ARPA, states must show that they continue to maintain enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency.

For states that are not ready to unwind their enrollment operations prior to the end of the transition period, CMS has provided additional flexibility to extend the enrollment of those individuals who were enrolled continuously since the beginning of the COVID-19 Public Health Emergency. States have been required to maintain enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency. The temporary FMAP increase will expire on September 30, 2023. Under ARPA, states must submit relevant information on or before September 30, 2023, to continue to receive the temporary FMAP increase. Under section 5101 of the ARPA, states must show that they continue to maintain enrollment of nearly all individuals at the end of the COVID-19 Public Health Emergency.

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Centers for Medicare & Medicaid Services

Medicaid and CHIP Eligibility Renewals: A Communications Toolkit

This toolkit has important information to help providers with Medicaid or CHIP about ideas to help renew their coverage or find new health care options.
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*
Communications Strategy

- **Campaign Goal**
  - Ensure individuals maintain coverage through renewal, or become enrolled in the source of coverage for which they are eligible, whether through Medicaid, CHIP, Basic Health Program or the Marketplace

- **Strategic Approach**
  - Multi-pronged, whole of government communications approach, in partnership with the states and stakeholders, to ensure people with Medicaid are aware of the steps they need to take to maintain coverage
  - Create a national outreach campaign that builds on states’ efforts and engages deeply with partners and stakeholders

- **Timeline**
  - **Phase I:** Get Ready and Awareness
    - **Timeline:** Underway and refreshed on February 1, 2023
  - **Phase II:** Medicaid Re-determination and Retaining Coverage
    - **Timeline:** April 1, 2023 until the end of the Unwinding period
Medicaid and CHIP Continuous Eligibility Renewals: 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 or transition to another health coverage option if no longer eligible for Medicaid or CHIP.

Contents include:
- Overview
- Summary of research with key insights
- Key messages
- Fillable digital flyers:
- Drop in articles
- Social media and outreach products
- Emails
- SMS/text messages
- Call Center scripts
- CMS Partner Tip Sheet
- Factsheets

Available in English and Spanish. Select resources available in Chinese, Hindi, Korean, Tagalog, and Vietnamese.
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

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 disqualified from those programs. However, they may be eligible to buy a health plan through the Health Insurance Marketplace 4, 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’s 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

1. Encourage them to contact Medicaid or CHIP to confirm their eligibility. They should contact their state’s Medicaid or CHIP office to confirm their eligibility and to update their contact information if it has changed.
2. If they have a new health insurance plan, be sure to let them know about their new coverage. They should contact their new insurance plan to confirm their eligibility and to update their contact information if it has changed.
3. If they have a new health insurance plan, be sure to let them know about their new coverage. They should contact their new insurance plan to confirm their eligibility and to update their contact information if it has changed.

A common mistake they might make is not reaching out to their insurance provider to update their information. It’s important that they do so in order to avoid any gaps in their coverage.

1. Medicaid: Help heal, health.medicinenow.com
2. CHIP: Help heal, health.medicinenow.com
3. CMS: 1-800-638-9899
Call to Action and Key Messages for Partners

• CMS Needs Your Help!

• What Partners Can Do NOW
  • Right now, partners can help prepare for the renewal process and educate Medicaid and CHIP enrollees about the recent changes. This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.

• 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.
    • 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.
    • 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.
    • 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 as new resources and tools are released.
• Resources for Phase II have been added to the toolkit and include messages to help ensure Medicaid and CHIP enrollees take the necessary steps to renew coverage, or transition to other coverage if they’re no longer eligible for Medicaid or CHIP.
Medicaid Unwinding Special Enrollment Period (SEP)

• To ensure individuals have sufficient time to enroll in Marketplace coverage during the unwinding period, consumers who lose Medicaid/CHIP coverage between March 31, 2023 and July 31, 2024 will be eligible for a 60-day SEP beginning the day they submit or update a Marketplace application.
  • Consumers can access this Unwinding SEP by submitting or updating an application through HealthCare.gov, a certified partner that supports SEPs, or the Marketplace Call Center.
  • CMS has published Marketplace guidance on the unwinding SEP: https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf
  • CMS recommends that Medicaid/CHIP enrollees submit or update an application on HealthCare.gov as soon as they receive their Medicaid/CHIP termination letter from their state.
  • More information can be found at: https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/
How to Get Help Applying for Marketplace Coverage

If individuals need help completing a Marketplace application, they can:

• Visit HealthCare.gov
  • HealthCare.gov will direct individuals to their state-based Marketplace, as applicable

• Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)

• Visit https://localhelp.healthcare.gov/ to make an appointment with someone in their area who can help
Georgia Statewide Navigator

Georgia Primary Care Association

Assister - 9th year of service on the Marketplace

Phone: (404) 270 - 2178(Main)

(844) 442 - 7421(Toll-free)

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