

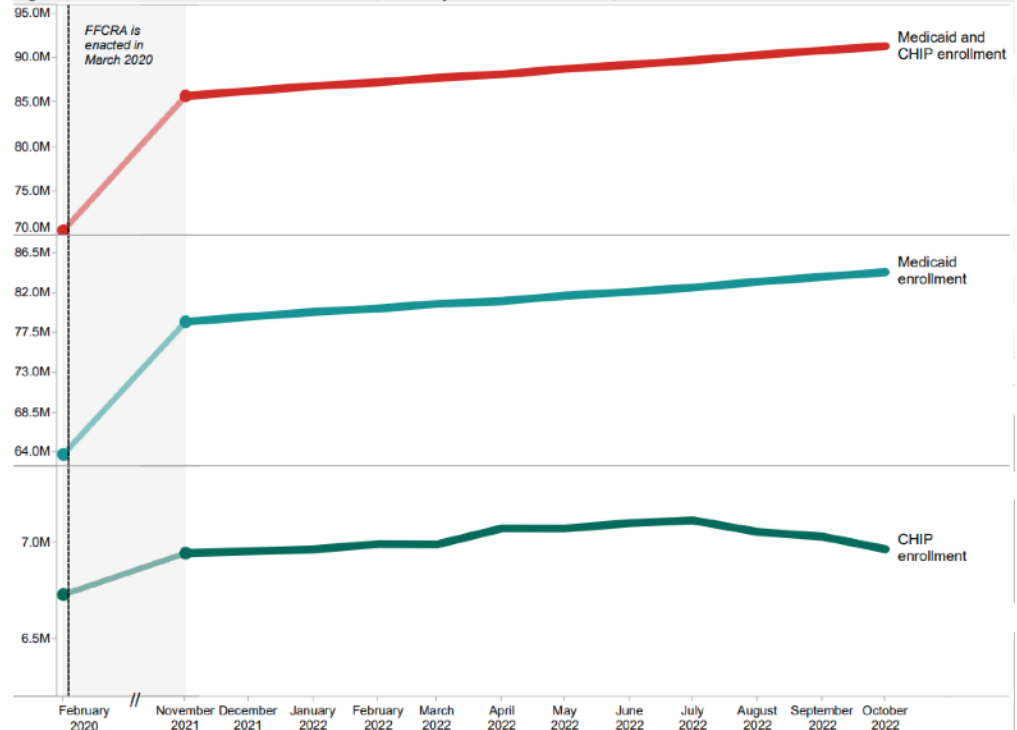
# Preparing for the End of the Continuous Enrollment Condition: What Partners Need to Know About Medicaid and CHIP Coverage

February 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 October 2022.
- This represents an **increase of nearly 21 million individuals**, or over 29 percent, since February 2020.

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



# Ending the COVID-19 Continuous Enrollment Condition

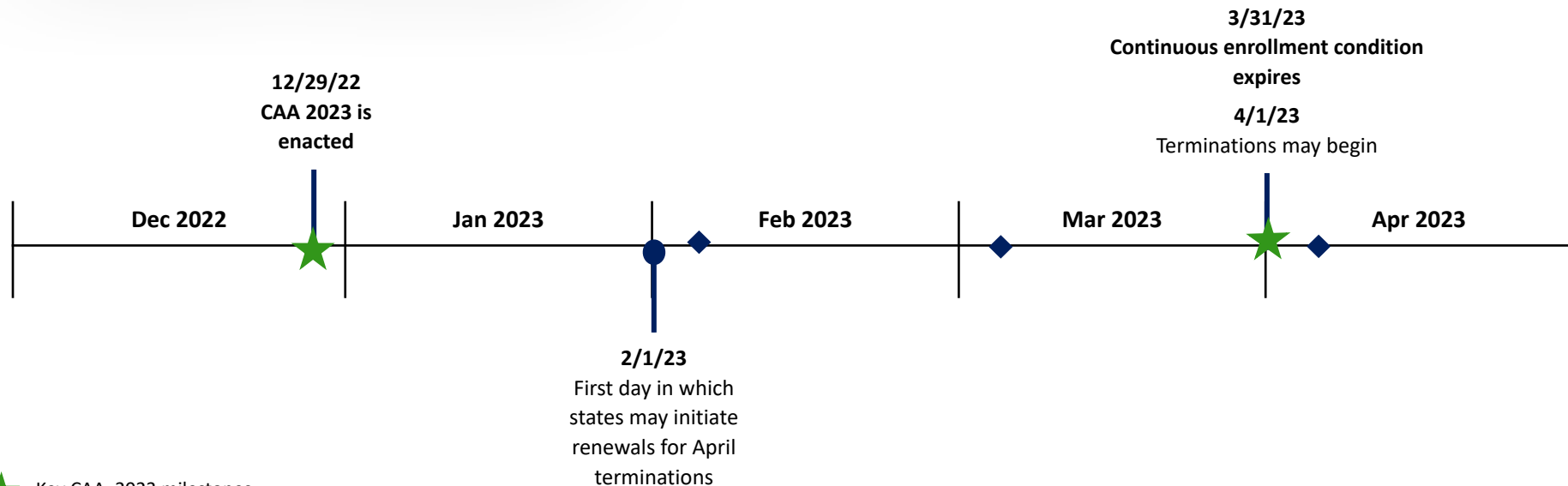
- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the FFCRA **Medicaid continuous enrollment condition will end on March 31, 2023.**
- States will soon resume normal operations, including **restarting** full Medicaid and CHIP eligibility renewals and **terminations 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.**<sup>1</sup> 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.**

<sup>1</sup>Available at: <https://aspe.hhs.gov/reports/unwinding-medicare-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.

# Timeline of Key Dates



# 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.**

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

The screenshot shows the Medicaid.gov website with the following content:

- Header: Medicaid.gov Keeping America Healthy. Search, Archiver, Site Map, FAQs.
- Navigation: Federal Policy Guidance, Resources for States, Medicaid, CHIP, Basic Health Program, State Overview, About Us.
- Breadcrumbs: Home > Resources for States > Coronavirus Disease 2019 (COVID-19) > Unwinding and Returning to Regular Operations after COVID-19.
- Section Header: Unwinding and Returning to Regular Operations after COVID-19.
- Text: 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 1965. As a condition of receiving a temporary 6.2 percentage point Federal rate increase, states have been required to maintain enrollment of new coverage requirement expires, states will have up to 12 months to transition to normal eligibility and enrollment operations. 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 additional tools and resources are released.
- Section: Unwinding Guidance
  - Promoting Continuity of Coverage and Distributing Eligibility at Health Insurance Program (CHIP), and Basic Health Program in Emergency (PDF, 815.14 KB) (Posted 3/3/2022)

The screenshot shows the following information:

- DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Mail Stop 50-20-02  
Baltimore, Maryland 21244-1809
- CMS 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 Continuum Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023
- Text: 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 18 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.
- Text: 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

The screenshot shows the following content:

- Header: CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
- Section Header: Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations
- Text: JANUARY 2023 UPDATE
- Image: A collage of diverse people, including a woman holding a child, a man and woman smiling, and a group of people.
- Text: Information was prepared, published, or produced and disseminated at U.S. taxpayer expense. The information provided in this document is intended only for general purposes of educational legal character. It is not intended to constitute the advice of the authors, regulators, or federal policy guidance that it is based on. It summarizes current policy and operations as of the date it was prepared. We encourage readers to refer to the applicable statutes, regulations, and all materials for complete and current information.

The screenshot shows the following content:

- Header: Centers for Medicare & Medicaid Services
- Section Header: Medicaid and CHIP Continuous Enrollment Unwinding:
- Text: A Communications Toolkit
- Text: This toolkit has important information to help inform people with Medicaid or CHIP about steps they need to take to renew their coverage.
- Image: A woman smiling and holding a young girl on her shoulders.



# Medicaid.gov/Renewals: Resources for Medicaid and CHIP Enrollees

Medicaid.gov  
Keeping America Healthy

Search | Archived | Site Map | FAQs

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

## Renew your Medicaid or CHIP coverage

PREPARE NOW

### 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<sup>1</sup>, 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<sup>2</sup>](#)

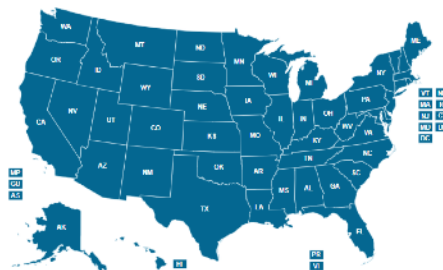
### Medicaid or CHIP State Map

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

#### Alaska

- [Enrollment](#)
- 📞 Alaska Recipient Helpline toll free 800.780.9977
- 📞 Eligibility Helpline: 800.478.7778

#### American Samoa

- 📞 Medicaid Office 684-699-1777
- 📞 Department of Public Health 684-633-7976 / 684-633-1606

# 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 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:**
  - Overview
  - 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
  - Emails
  - SMS/text messages
  - Call Center scripts
  - CMS Partner Tip Sheet
- **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

### 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<sup>®</sup>, 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, 2025, states resume Medicaid and CHIP eligibility reviews that they temporarily stopped during the pandemic. When states resume these reviews, someone might be asked to use their current Medicaid or CHIP coverage.

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

- 1. Know your state's rules about Medicaid or CHIP coverage.**  
They check contact their state or health plan to update their contact information like address, phone number, and email address.  
Make sure the phone number and website for their state's Medicaid Agency.
- 2. Ask if they get a letter about their coverage status from their state or health plan.**  
If so, read the letter carefully for:
  - Information about their Medicaid or CHIP coverage status.
  - A renewal form they might need to fill out and send back to keep 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: They may not receive a renewal form if they are not eligible for Medicaid or CHIP. If they do not receive a renewal form, they should check their state's Medicaid Agency website for more information.
- 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.
  - They can qualify to receive an advance premium tax credit to help pay when they get their coverage through their state's Marketplace.
  - If Marketplace plan cover things like prescription drugs, doctor visits, mental 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](#) or call the Marketplace Call Center at 1-800-368-5678 to help with their Marketplace enrollment details about Marketplace coverage.
- Visit [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.

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Approved:  
This document is published in OIG's eAccess system.  
For more information, visit [www.cms.gov](#) or call 1-800-455-9768.

# Medicaid Unwinding Toolkit Supporting Materials

## Rack Card

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE. GET READY TO RENEW NOW.**



**Have you heard the news?**

\_\_\_\_\_

will restart eligibility reviews.

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

**Medicaid Alert**

Inform your patients that state agencies will restart full eligibility reviews.

**DON'T RISK A GAP IN YOUR PATIENTS' MEDICAID OR CHIP COVERAGE. HELP THEM TO TAKE ACTION.**

Your patients can follow these steps to help determine if they still qualify:



Visit [www.Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) for an up-to-date Renewal Guide. | Make sure that your contact information is up to date. | Check your mail for a letter. | Complete your renewal form (if you get one).



## Postcard



**Have Medicaid or CHIP?**



SCAN THE QR CODE TO LEARN MORE, OR VISIT: [MEDICAID.GOV/RENEWALS](https://www.MEDICAID.GOV/RENEWALS)

## Fillable Flyer


**Have you heard the news?**

\_\_\_\_\_


will restart eligibility reviews.

**DON'T RISK A GAP IN YOUR MEDICAID OR CHIP COVERAGE. GET READY TO RENEW NOW.**


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.

# 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 upcoming 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.
- Additional messaging will be shared in the future for Phase II, which focuses on ensuring 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 once Unwinding begins.

# Federally-Facilitated Marketplace (FFM): Overview of Key FFM Processes and Updates on Plans for Medicaid Unwinding

Updates on Plans for Medicaid Unwinding



# Medicaid to Marketplace Transitions: Overview

- Application information for the following individuals is sent via secure electronic file, known as Inbound Account Transfer (AT), from the state Medicaid/CHIP agency to the Federally-Facilitated Marketplace (FFM):
  - Those who newly apply for Medicaid/CHIP at the state agency and are found ineligible for Medicaid/CHIP, AND
  - Those who are enrolled in Medicaid/CHIP and found ineligible following a redetermination by the state agency
- When the FFM receives the Inbound AT, a paper notice is mailed to the consumer with instructions on how to apply for Marketplace coverage.
  - Sample notices are available on marketplace.cms.gov. The latest is available for download here: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf>
- CMS continues to refine and improve notices and communications and may refresh the sample notices periodically.
- **Individuals don't need to wait to receive this notice to apply for Marketplace coverage.** If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to HealthCare.gov to apply for coverage.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40755-0001

---

Susan Griffith  
34 Elmwood Road  
Wilmington, DE 19805

Feb 23, 2022

**Act now to create or update your 2022 application for Marketplace coverage**

Your state recently told us that the following household member(s) aren't eligible for coverage through Delaware Medicaid or Delaware Healthy Children Program (CHIP):

Susan Griffith  
Sam Griffith

However, people in your household, including those listed above, may now be able to buy a health plan through the Health Insurance Marketplace®, and get help paying for it.

**What should I do next?**

Submit a new or updated Marketplace application right away to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. For help with these steps, visit [HealthCare.gov/medicaid-chip/transfer-to-marketplace](https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace).

1. Visit [HealthCare.gov](https://www.healthcare.gov) and select "Log In." If you don't already have a Marketplace account, you can create one.
2. Start a new application, or update your existing one.
3. Be sure to include current information about your household income, and your state's recent decision about Medicaid and CHIP.
4. Submit your completed application.
5. Review your results, then enroll in a Marketplace plan if eligible.

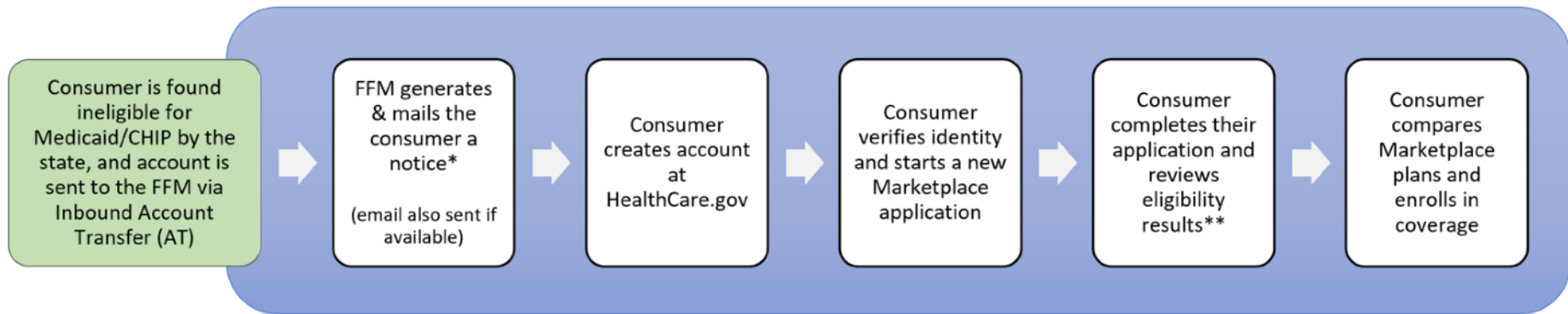
You'll get eligibility results right away. Your results will let you know if you can get help lowering the costs of your monthly premiums. After reviewing your results, if you're eligible for Marketplace coverage, you can compare options and enroll in a Marketplace plan that best meets your needs.

You can also call the Marketplace Call Center to complete and submit a Marketplace application at 1-800-318-2595 (TTY: 1-855-889-4325).

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# Process Flow: From State Transfer to Marketplace Enrollment



**\*Individuals don't need to wait to receive the Inbound AT notice to apply for Marketplace coverage.** If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to HealthCare.gov to apply for coverage.

**\*\*Eligibility results let the consumer know if they're eligible to enroll in Marketplace plans and include information on any financial help they may be able to use to lower the cost of coverage.**

# Medicaid to Marketplace Transitions: Updates for Unwinding

CMS is working on a multifaceted effort to help facilitate continuity of coverage for impacted consumers as they transition from Medicaid/CHIP to the Marketplace during the unwinding period:

- Updating verification **logic to minimize the amount of required additional paper documentation** after application submission,
- **Updating and streamlining notices and emails** for account transfers and eligibility results
- Examining other policy flexibilities and operational updates that will **streamline the consumer experience** in transitioning from Medicaid/CHIP to the Marketplace
- Partnering with states, consumer advocates, health plans, Navigators and assisters, agents and brokers, departments of insurance, and many others as part of a **robust stakeholder engagement strategy** to leverage the reach and impact of national, state, and local partners in our collective efforts to ensure individuals remain connected to coverage
- Developing a **comprehensive consumer engagement strategy**, to include a multi-modal “chase” campaign to reach individuals who are sent to the Marketplace but haven’t enrolled in coverage yet

# 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/>

# Overview: FFM Navigator and Other Assistance Personnel

- Federally-Facilitated Marketplace Assisters (including Navigators and certified application counselors) **provide free, unbiased enrollment assistance and play a vital role helping consumers prepare applications to determine eligibility for and enroll in coverage** through the Marketplace and insurance affordability programs.
- Assisters operate year-round—increasing awareness among the uninsured about the coverage options available to them, helping consumers find affordable coverage that meets their needs, and assisting consumers to ensure they're equipped with the tools and resources needed to utilize and maintain their health coverage all year.
- Right now, assisters in FFM states are helping their communities prepare for the unwinding period by encouraging consumers to to:
  1. Update their contact information with their state Medicaid or CHIP agency and
  2. Look out for a letter from their state about completing a renewal form.
- **The FFM has provided additional funding** for Navigator grantees to facilitate direct consumer outreach, education, and enrollment activities necessary to ensure seamless transitions into Marketplace coverage.
- Assisters in FFM states will also receive **unwinding-specific training, guidance and resources, in addition to other programmatic supports** geared towards fortifying consumer assistance best practices for Medicaid and Marketplace populations.
- Consumers can find assistance from Navigators and other assistance personnel in their area on Find Local Help at <https://localhelp.healthcare.gov/>

# Overview: Health Plans and Agents & Brokers

- **CMS is partnering with health insurance plans, providing guidance and promoting key strategies for states Medicaid managed care organizations (MCOs) and Marketplace qualified health plans (QHPs) on how to assist consumers during the unwinding period.**
  - Guidance on how MCOs and QHPs can assist consumers can be found at <https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf>
- Licensed agents and brokers also play a key role by providing consumers with expert guidance on applying for Marketplace coverage and insurance affordability programs and helping consumers compare plan options. Additionally, agents and brokers assist consumers with maintaining their coverage year round, extending beyond initial application and enrollment.
- Unlike other assisters, agents and brokers earn a commission from their enrollments of consumers in Marketplace plans, and state regulations allow them to make specific plan recommendations.
- **Marketplace-registered agents and brokers may be well-positioned to assist consumers during the unwinding period, and are receiving regular updates and resources on how to best assist these consumers.**
- Consumers can find assistance from agents and brokers in their area through <https://www.healthcare.gov/find-assistance/>

# Overview: State-Based Marketplaces and Unwinding

- There are currently 18 state-based Marketplaces (SBMs) using their own platforms, and a full list of these SBMs can be found at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/state-marketplaces>
- CMS is working in lockstep with SBMs as they prepare for the unwinding period:
  - **All SBMs have undertaken extensive planning in coordination with their state Medicaid/CHIP agencies, have reviewed current system and business processes to identify updates, and are engaging with stakeholders.**
  - SBMs are relying on key capabilities to facilitate coverage transitions during unwinding, including automated Marketplace coverage and advanced payments of the premium tax credit (APTC) determinations, various consumer-support and eligibility and enrollment flexibilities, streamlined processes to select or effectuate enrollment, and extensive consumer outreach and education networks.
- CMS has published an unwinding “punchlist”: *Strategies for SBMs to Improve Medicaid to Marketplace Coordination and Maximize Enrollee Transitions at the End of the Continuous Enrollment Requirement*: <https://www.medicaid.gov/resources-for-states/downloads/sbm-strategies-03162022.pdf>

# 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