

Centers for Medicare & Medicaid Services  
Medicaid and CHIP Continuous Enrollment Unwinding:  
What to Know and How to Prepare

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*Webinar recording:*

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**Stefanie Costello:** Hello, and welcome to today's webinar. My name is Stefanie Costello, and I am the Group Director of the Partner Relations Group in the Office of Communications at CMS. Thank you so much for joining us today for our monthly stakeholder webinar on the Medicaid and Children's Health Insurance Program (CHIP) Continuous Enrollment Unwinding. This is a continuation of HHS and CMS's monthly series of webinars that began in 2022 to keep partners, like you, informed and help them prepare for the eventual return to normal operations in Medicaid and CHIP after the end of the continuous enrollment condition.

Last month's webinar reviewed the provisions to the Medicaid continuous enrollment condition set out in the Consolidated Appropriations Act of 2023. With that, I want to remind everyone that the Medicaid continuous enrollment condition is no longer linked to the end of the COVID-19 Public Health Emergency. The Medicaid continuous enrollment condition will now end on March 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible.

Since the last webinar, we also have a date for the ending of the Public Health Emergency. As I just stated, the Consolidated Appropriations Act separated the Medicaid continuous enrollment condition from the Public Health Emergency. On January 30, 2023, the Biden Administration announced its intent to end the national emergency and public health emergency declarations on May 11, 2023, related to the COVID-19 pandemic. Please note that as of right now, the Public Health Emergency is still in effect, and the ending of the Public Health Emergency will be May 11, 2023. Again, this is separate from the ending of Medicaid's continuous enrollment condition that we will be talking about today.

Today's webinar will focus on what the process looks like for individuals that may be moving to the Health Insurance Marketplace if they are no longer eligible for Medicaid. I wanted to share a few housekeeping items before we get started. The webinar today is being recorded, and the recording and slides will be available on our CMS National Stakeholder Calls webpage at <https://www.cms.gov/cms-national-stakeholder-calls>. The link for that webpage will also be posted in the chat. Also, while members of the press are welcome to attend the call, please note that all press and media questions should be submitted using our Media Inquiries Form, which may be found at [cms.gov/newsroom/media-inquiries](https://www.cms.gov/newsroom/media-inquiries). All participants will be muted today. Closed captioning is available via the link shared in the chat by our Zoom moderator. We will have time for a couple of questions, so please use the Q&A function from the menu below to

submit questions. Questions that we do not have time to answer today will be used to help inform topics covered on future calls.

Everyone should be able to see today's agenda on the screen. As I mentioned, today's webinar will cover information about the Health Insurance Marketplace and Medicaid to Marketplace transitions. We will first hear from our CMS Office of Communications about the consumer experience moving from Medicaid to Marketplace. Next, we will hear from the Center for Consumer Information and Insurance Oversight (CIIO) with a review of the Medicaid to Marketplace Transition Process and some information about the Unwinding Special Enrollment. Lastly, we will review some resources that our partners can utilize to reach out to people enrolled in Medicaid and CHIP. Finally, we will hear from our partners at USDA about the end of the Emergency Allotments for the Supplemental Nutrition Assistance Program, or SNAP. With that, I would like to turn it over to Megan Reilly with the CMS Office of Communications to talk more about the consumer experience. Megan?

**Megan Reilly:** Thanks so much, Stefanie, and welcome, everyone. If we can go the next slide, we are going to provide a bit of a foundation for how we are helping to reach out to consumers and make sure they are informed before they get started with the Marketplace, which will provide a bit more of a foundation on later information in our presentation today on what the Marketplace experience looks like.

At a high level, we wanted to make sure everyone understood the process that is happening at the states, which is underway. We have been working with our state Medicaid and CHIP partners for many, many months to undertake consumer education and engagement strategies, to get them to update their information with their state so they can be on the lookout and the state has recent information in order to connect with the consumer when they need to take action for the redetermination process.

So, at a very high level, once this actually starts, this will happen on a rolling basis in individual states. The state will review information and request information from consumers in order to make an updated determination about whether they are still eligible for Medicaid or CHIP. If they are, the coverage with the state program will continue. If they are no longer eligible, for example, if their income has changed since the last time they went through a redetermination with the state, the state would transfer the person to the Marketplace. We will be covering more details about that in a little bit later today. And then, of course, there are some people who might not respond, in which case, they will potentially lose coverage. We will be engaging in a broad outreach strategy to make sure those consumers aren't lost in the process and that we are helping them get started and transition to where they need to be to be able to get coverage.

Can we go to the next slide? So, really, what this starts off in terms of helping people understand what they need to do. When the state has said, "Great, thank you for your information. It looks like you actually may be eligible for the Marketplace instead of Medicaid or CHIP at this time." And they send that information over to the Marketplace. This is the process just in the current 33 states that use the [HealthCare.gov](https://www.healthcare.gov) platform. This may look a little bit different in some of the state-based Marketplaces that run their own Marketplace program. By in large, this is what we

are doing when we are engaging folks that need to enroll in Marketplace coverage after having gone through the redetermination process with their state.

To make sure that consumers know where to go and what to do, we will be sending them an initial letter when we get their information from their state that welcomes them and lets them know how to get started with the Marketplace. It provides information about [HealthCare.gov](https://www.healthcare.gov). It provides information about our call center. It also provides information on where they can get additional help from a professional if they want to ask questions before getting started.

We will also be sending an additional reminder letter to some consumers if, after a bit of time, we haven't seen them start the process. We will send another communication in the mail to make sure they understand what they need to do and where they can get help transitioning to the Marketplace.

This engagement strategy is going to use multiple methods to reach consumers to really get them in the door and get them started. That also includes e-mail reminders on a regular basis, autodial calls, and letting them know what the Marketplace phone number is so they can give us a call to get started and get help. And where to go for more information on [HealthCare.gov](https://www.healthcare.gov). We will also be sending them reminder text messages as well, letting them know where to get started and how to get help if they need to in order to transition to Marketplace coverage. One of the additional strategies that we will be leveraging to help make sure consumers have all the resources available that they may need to transition, we will be engaging our navigator and assister community to do direct contact outreach to consumers where after a period of time, if we haven't seen them start with the Marketplace process yet. So, we don't see an account or application yet, it doesn't appear they have started the steps, we are engaging in our relationships with our Navigator and Assister community to do some direct outreach with those consumers and offer personalized assistance to help them with the Marketplace application and enrollment process.

Once consumers actually start that engagement with the Marketplace, we move them into what we consider sort of an in-progress segment strategy to make sure that we can help them get through. So, this first batch of communications is really about bringing them in the door and getting them to start the process. Once they are in the flow, we send them a separate set of reminder communications to help them finish, whether they have started the application and still need to submit it or perhaps they submitted their application but haven't chosen a plan yet and to help them get over that enrollment finish line. All in all, this is a comprehensive strategy we will be using to help people understand what they need to do and where they can get help if they need it. Next slide, please.

How are we going to communicate a little bit more broadly about this continuous coverage period ending? We are going to be using a big effort across different communication and outreach strategies in partnership with the states. We have been working with them for quite a long time as we've gotten ready for this, and also how we are engaging stakeholders to engage people that currently have Medicaid and CHIP to make them aware of the steps they are going to need to take and what the process might look like for them and want to be on the lookout for. Some of those tactics we are leveraging are include leveraging national and local stakeholder education. We have our partnership call, which we were on today. We also have communications across a broad set of other stakeholders as well that we are trying to make sure we ramp up in

advance of when most states will be starting their Unwinding processes. We are also going to have some paid advertising campaigns, which I will cover in the next slide. We have a variety of materials and toolkits we have made available, both for the phase where someone is still in the process with their state Medicaid or CHIP agency and is waiting to find out what their updated eligibility is, as well as resources that we will have available for those that might be helping consumers that have already received that decision and need to transition to Marketplace coverage.

We also have the direct-to-consumer communications. We have a media and engagement strategy that will be leveraged on a national and local level to help spread the word and make sure that over the course of this period, we can keep people aware of what's going on, what to be on the lookout, and where to get help if they have questions.

We also have a series of trainings that we are working through with all of our direct consumer assistance channels. That includes the call center, that includes a broader stakeholder community. It includes the health plans, the providers, the navigators, the assisters, agents and brokers, multiple different departments at a state level between Medicaid and CHIP agencies, state-based Marketplaces, departments of insurance, and many others to make sure we are providing as much information as we can in a variety of places where people may be looking for assistance. Next slide, please.

As I mentioned, we have two advertising and outreach campaigns that kind of run simultaneously, but they are targeted toward different audiences and for different purposes. The first one of these, which is like a Phase 1, is really get ready and awareness building campaign. This is focused on making sure that current Medicaid and CHIP enrollees are aware that this redetermination process might start and that their state will be sending them information that tells them what that process is and what information they need back. That's really focused on making sure that at the Medicaid CHIP level, folks are on the lookout and that their information is up-to-date with the state. One of the big calls to action, and this is going on currently, but we are in the process of ramping it up now, is to make sure that people have their information updated with their state. So, if you have moved recently, if your phone number has changed your e-mail has changed, make sure you are updating that information with your state Medicaid or CHIP agency, so if they try to contact you, they will be able to reach you, and you will be able to respond.

The second phase of this campaign is the Marketplace-focused one. This is in [HealthCare.gov](https://www.healthcare.gov) states that we operate in, and that is targeted for consumers that have lost Medicaid or CHIP and need to transition to Marketplace coverage. The call to action is getting started with the Marketplace, including where to go on [HealthCare.gov](https://www.healthcare.gov), where our call center information is, and also some of the other professional resources that are available for consumers that need more help. The difference between these two is really at what phase the consumer is in and where they should go in response. The first one is for people who have not gone through the redetermination process with their state yet. So, it is focused on sending people to their state Medicaid and CHIP agency and will provide that local brand name for their state programs because it's not always referred to as Medicaid and CHIP in different states. The second one is the Marketplace-focused one. These are both really geared to make sure that consumers take action in the different stages that they're at.

On the next slide, we have a couple of resources that we will actually cover again. I am happy to put them in the chat later if we need to, about some of the consumer information that will be available on [HealthCare.gov](https://www.healthcare.gov) for consumers that live in a state-based Marketplace. We do have a resource to find those links if they are unsure of where their state program is. And then additionally, we have some resources for partners and stakeholders. All our efforts here in terms of communications and outreach on the Marketplace-side are designed to help consumers get in the door. Next, I'm going to pass it off to my colleague, Jessica, who is going to talk about what that Marketplace process looks like once they are in.

**Jessica Brill Ortiz:** Thanks, Megan. So, yes. We wanted to share a bit with you now as far as a reminder related to the FFM (Federally Facilitated Marketplace) processes around consumers who are transitioning for Medicaid or CHIP coverage to QHP (Qualified Health Plan) coverage at the FFM and also provide an overview for the Special Enrollment Period for Unwinding. Next slide, thanks.

As far as those transitions, the Medicaid to Marketplace transitions, for consumers who are losing, or are ineligible for Medicaid or CHIP and need to apply for coverage with the Marketplace. As I think many folks are aware, application or account information for consumers who are starting at the state Medicaid or CHIP agency are sent via an electronic file to the FFM, and that secure transaction is known as an Inbound Account Transfer (AT). There are a couple of scenarios in which the state Medicaid or CHIP agency would send that application information to the FFM. One scenario is for consumers who newly apply for Medicaid or CHIP at the state agency and are found by the state to be ineligible for Medicaid or CHIP. And then the other scenario is consumers who are current Medicaid or CHIP beneficiaries. They are enrolled in Medicaid or CHIP, but they are found ineligible by the state following a redetermination. If consumers fall into either of those buckets, we expect that states will send them to us at the FFM via inbound account transfer. When we receive that inbound AT, we put a paper notice in the mail to the consumer, and that notice has information. It indicates that we recently learned that they are not eligible for Medicaid or CHIP, and it recommends that they come to the Marketplace to see if they are eligible for Marketplace coverage. That includes instructions on how to do that, how they should apply for Marketplace coverage. There is a link her to the sample Inbound AT notice and there is a little screenshot of it on the side. If you click on that link, of course, you can see the full notice and take a closer look.

We do want to flag that CMS continues to refine and work to improve all of our notices and communications, and so, we may refresh the sample notices that are available periodically. If you do see some changes, that is probably why. It's really important to flag that with regard to this transition process from Medicaid or CHIP to Marketplace coverage, consumers do not need to wait to receive the FFM inbound AT notice in order to apply for coverage with us. If a consumer receives notice from their state Medicaid or CHIP agency that they have either been denied Medicaid or CHIP or are being terminated from Medicaid or CHIP coverage, they are absolutely encouraged to immediately come to [HealthCare.gov](https://www.healthcare.gov) or call the call center, et cetera. But to come to the Marketplace in one way or another to apply for coverage. Next slide, please.

So, this depicts a little bit more detail as far as the flow of consumer information and processes as their information is transferred from the state Medicaid agency to the Marketplace for, hopefully, enrollment in Marketplace coverage. Starting in the green box on the left here, you can see we are talking about a scenario, like I referenced earlier, where a consumer is one way or another found ineligible for Medicaid or CHIP by the state agency, and so the state agency sends their account information to the FFM via inbound AT. Upon receipt of that AT, as I mentioned, we generate and send the paper notice of the inbound AT – sorry send a paper inbound AT notice – to the consumer. There is also a note that if we have access to the consumer's e-mail, we will also send a little trigger to them there. Either once the consumer receives that notice, or as I mentioned, even before, they can come to [HealthCare.gov](https://www.healthcare.gov). They will need to create an account. They will need to verify their identity. And from there, they can start a new Marketplace application. They will walk through the application, of course, complete the questions. They will review their eligibility results. Those eligibility results, of course, let the consumer know whether they are eligible to enroll in Marketplace plans, and those results also include any information as far as financial help that the consumer might be eligible for and to help them lower the cost of their coverage. So, once they review their eligibility results and all of the things they are eligible for, the consumer is able to compare Marketplace plans and select the one that is the best fit for them and then enroll in coverage—next slide.

Thanks. So, I am going to hand this off to my colleague, Marisa.

**Marisa Beatley:** Thanks, Jessica. Here we are providing an overview of the various different ways that someone can enroll in Marketplace coverage. Just has a reminder, anyone can apply for Marketplace coverage during our open enrollment period, and that occurs every year from November 1st and lasts through January 15th. Individuals can enroll in Medicaid and CHIP at any time during the year as well. When we are outside of the open enrollment period, individuals may qualify for a Special Enrollment Period, or SEP, to enroll in Marketplace coverage if they experience a qualifying life event, like a move for example. Individuals who lose Medicare or CHIP coverage are also eligible for a Special Enrollment Period to enroll in Marketplace coverage. Those consumers qualify for a SEP if they attest to their loss of Medicaid or CHIP up to 60 days before or 60 days after their Medicaid or CHIP coverage ends.

However, due to the unprecedented nature of the Unwinding period, during which consumers may need additional time to transition into Marketplace coverage, [HealthCare.gov](https://www.healthcare.gov) will offer a temporary Special Enrollment Period referred to as the Unwinding SEP. We recently released guidance on January 27<sup>th</sup> that provides a lot of detail regarding this particular Special Enrollment Period. Through this Unwinding SEP, consumers who reside in FFM states and who have lost Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, can submit a new application or update an existing application and receive a 60-day Special Enrollment Period to enroll in coverage. It will supply more detail there. From the date that someone either submits a new application at [HealthCare.gov](https://www.healthcare.gov) or updates an existing application, they will then have 60 days from that date in which they submitted the application or updated it to then select a plan to enroll in coverage.

As mentioned earlier, but I will mention it again, state-based Marketplaces that operate their own Marketplaces have the option to offer this Unwinding SEP and consumers really should be

directed to their respective state Marketplaces to find more information on whether their state is offering the Unwinding SEP or something similar. We have a link here below if consumers are not sure where the state Marketplace information is, they can refer back to. Also, CMS strongly recommends and reminds that Medicaid and CHIP enrollees do not need to wait until their Medicaid or CHIP coverage ends before they can come to the Marketplace and apply for coverage. They can come as soon as they know what their Medicaid or CHIP coverage end date, because our Federal regulations and rules allow consumers to always report the loss of coverage up to 60 days before that loss of coverage date. So, really important for consumers to know that. Next slide, please.

Here, we will talk a little more in-depth about the Unwinding SEP. To reiterate, consumers who are losing their Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, will be eligible for a 60-day Special Enrollment Period beginning the day they submit or update a Marketplace application. They will then receive the Unwinding SEP automatically based on their answers to application questions that we'll see later in the presentation. Consumers who attest to a loss of Medicaid or CHIP coverage in the past, so after their Medicaid or CHIP coverage has already ended, Marketplace coverage will start the first of the month following the selection. For example, if someone selects a plan on August 25, their coverage will start on September 1. For consumers who attest to a future loss of Medicaid or CHIP coverage, they are coming 60 days before the Medicaid or CHIP coverage will end, Marketplace coverage will start the first day of the month after their last day of prior coverage. A little bit confusing, but basically, if someone's coverage ends on the 31st of the month, coverage starts the first day after their last day of prior coverage. In our example of July 31, coverage would start on August 1. Next slide, please.

So, SEP actions like what consumers need to do to access this Unwinding SEP. To really ensure continuity of coverage so that consumers don't experience gaps in coverage, consumers should complete or update a Marketplace application as soon as they receive that determination of their Medicaid or CHIP ineligibility from their state Medicaid agency. To receive the Unwinding SEP, consumers must submit a new application or update an existing one between March 31, 2023, and July 31, 2024, and answer "yes" to the application question asking if their Medicaid or CHIP coverage recently ended or will end soon, and they have to attest to a Medicaid or CHIP coverage loss between those dates, March 31, 2023, and July 31, 2024. And then, consumers will receive a 60-day SEP to then select a plan and enroll in Marketplace coverage. Next slide.

Here are some screenshots of the application questions that consumers will need to answer during this time. How should a consumer answer the Medicaid or CHIP coverage questions on the Marketplace application? Our application on [HealthCare.gov](https://www.healthcare.gov) first asks consumers if they had Medicaid or CHIP coverage that recently ended or will end soon. Applicants should answer "yes" if their Medicaid or CHIP coverage is ending due to Unwinding or due to any other reason. Consumers who did not have Medicaid or CHIP and were denied the applicants should respond "no" to the question. If someone answers "yes" to this question, they will be asked to input the last day of their Medicaid or CHIP coverage. Consumers should input that date that is listed in their termination letter from their state Medicaid Agency or if they aren't sure, they can provide their best estimate. If the screenshot is small, I will quickly read it out for everyone. So, this question says, "did Anton have Badger Care Plus Medicaid or Badger Care Plus CHIP that recently ended or will end soon? Select yes if one applies. Anton's coverage ended between

March 21, 2023, and today. Anton's coverage will end between today and 60 days from today." Next slide, please.

If someone has lost Medicaid or CHIP coverage, the application also asks if the applicants' household income or size has changed since they received their coverage termination notice. The application is using this information to evaluate whether that person should be sent back to their state Medicaid agency for redetermination of Medicaid or CHIP eligibility or if the applicant should instead only be evaluated for Marketplace coverage eligibility, including eligibility for advanced payments of the premium tax credit or APTC. This question here, "has a household income or size changed since Kamari was/were found ineligible by the state? Yes or No." Next slide, please.

The last question that some consumers may have to answer is about a recent Medicaid or CHIP denial. So, for a consumer who answered "No" to having Medicaid or CHIP coverage that has recently ended or will end soon, so that question we saw two slides ago, the application then asks if they were recently applied for and were denied Medicaid or CHIP coverage. Consumers who recently applied for it and were told in the preceding 90 days by their state that they don't qualify for Medicaid or CHIP coverage should answer "yes" to this question. The question asks, "Was Kamari found not eligible for Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS)(CHIP) since November 1, 2022? Yes/No." Consumers will have to provide the date on their denial letter or best estimate if they don't know.

There may be more complex consumer situations that may also be happening during the Unwinding period. I want to provide some guidance here. Consumers who are qualifying for the Unwinding SEP as well as an additional SEP. Let's say someone is eligible for the Unwinding SEP but has also moved, for example. They will be given the coverage effective date associated with the Unwinding SEP unless the other SEP they are attesting to on the [HealthCare.gov](https://www.healthcare.gov) application has a retroactive coverage effective date. If someone doesn't want their coverage to start on the date of their triggering event, such as a birth or an adoption date, they can always contact the Marketplace call center to request that coverage start on a different date. Consumers who aren't sure whether their Medicaid or CHIP coverage was terminated should contact their state Medicaid agency as soon as possible. We have a link here that provides where consumers can go to find their state Medicaid or CHIP agency contact information. Again, just to reiterate, consumers that reside in states that operate their own Marketplaces or a state-based Marketplaces, or SBMs, should check with their state-based Marketplace to find out if they are offering this Unwinding SEP. And again, the link below of where the consumer can find the contact information for their respective state-based Marketplace.

I think I am turning over now to Stefanie for Q&A. Thank you.

**Stefanie Costello:** Great, thank you. Keep the questions coming, and we will do our best to get to a number of them. Bear with me as I am organizing all of the questions that are coming in. The first I want to address is, yes, these slides will be posted, and the recording will be posted. We normally get those up within a week. Hailey can put in the chat the place where all the other recordings and slides are located, and that's where we will be posting these once they are available. We will send an e-mail out letting you all know when they are posted, along with

some of the resources, links to resources that we talked about today. Again, you will get those in about a week, the slides and the recording.

So, the first question I have is for Jessica Stephens. Do we have a list of dates for when each state will start Unwinding?

**Jessica Stephens:** We will be posting that information soon. We are waiting to confirm the dates that we have. We will have that soon.

**Stefanie Costello:** Great. Thank you. This question is for our CIIOO colleagues. Will you offer an opportunity for new organizations to sign up as CDOs? Maybe if you can talk a little bit about CDOs when answering the question too, that would be great.

**Jessica Brill Ortiz:** Hi Stefanie. This is Jessica. I am not sure we have the right CCIIO people on to answer that. I'm sorry if we do not.

**Stefanie Costello:** Ok, so what we can do is take that question, and if there is a link to CDO's we can include that in our e-mail out to you all, so you can receive more information about that program. A question for Megan. The question that came in is, Am I understanding that Medicaid offices will auto-send an electronic notice to Health Insurance Marketplace about a person no longer being eligible, or is Medicaid only giving the number to call once they are determined no longer eligible? If you could clarify that please.

**Megan Reilly:** Sure, thanks, Stefanie. So, the states are doing two things. One, they are communicating with the actual person in a letter that will include the decision as well as the information for their Marketplace program. So, in the 33 states that use [HealthCare.gov](https://www.healthcare.gov), which we are primarily focused on here today, for what we call the Federally Facilitated Marketplace, those letters will include the information about the Marketplace as a whole that they are coming to. It's information about [HealthCare.gov](https://www.healthcare.gov). It will also let them know where to go. The other thing that we do is that the state is sending us that electronic information in the back end to the Marketplace. So, we receive that on our side, and then we follow up with another letter to the person from the Marketplace that includes all of the help, resources, and information. So, includes a link to [HealthCare.gov](https://www.healthcare.gov), it includes the call center phone number for the Marketplace, it includes resources if the person is looking for additional help in their local area and they want to find a professional to assist them. So, the person is actually getting two notices with that information related to the Marketplace. Then on the back end, we are also getting that information from the state in order to enable the Marketplace communications that we have.

**Stefanie Costello:** Thank you so much. One more question for you. Is CMS communicating in states that the state-based exchange? I am in Pennsylvania and wondering if CMS will be communicating in addition to the Department of Human Services and Pennie?

**Megan Reilly:** It is a little bit of a hybrid. For state-based Marketplaces, they are going to run their own Marketplace education and outreach in their state. For what we kind of term Phase 1, which is really the awareness building to current Medicaid and CHIP and enrollees, that is something that we are doing nationally. CMS is running national campaigns with the local

Medicaid and CHIP program branding in each state to build that awareness with current Medicaid and CHIP enrollees to be on the lookout for this process starting to make sure that the information is up to date with their state Medicaid and CHIP agencies. That is something that is happening in every state that we are conducting. In terms of Marketplace-specific outreach and advertising, that is [HealthCare.gov](https://www.healthcare.gov) focused. We are primarily running that in the states where we run the Marketplace. But sometimes those resources expand a little bit more beyond the state borders there. For example, we cover a couple of states that surround Pennsylvania. So, sometimes, our advertising might get picked up for [HealthCare.gov](https://www.healthcare.gov) there, but we also make sure that if somebody comes to [HealthCare.gov](https://www.healthcare.gov) but is in a state-based Marketplace, at the very beginning of that process, we say, “Hey, it looks like your Marketplace runs its own program. Here is a link to your state’s website so you can contact them for more information about what you may need to do.”

**Stefanie Costello:** Thank you, Megan. If you can, talk a little bit about the call center. We will also put the call center phone number in the chat as well for you all so you have that.

**Megan Reilly:** I saw a number of questions about what the call center phone number is. I did want to clarify one point, which is if it is about their current Medicaid and CHIP coverage and the process that their state agency or program is going to use, the person needs to contact their state. Unfortunately, our call center would not be able to answer specific Medicaid or CHIP questions about their coverage. But at the point in time somebody has been informed by their state that they aren't eligible for Medicaid or CHIP anymore and are being transferred to the Marketplace to look at getting Marketplace eligibility; again, in a [HealthCare.gov](https://www.healthcare.gov)-specific state, that is where our Marketplace call center comes in. If they are in that phase of needing to transition to the Marketplace, that is when folks can call our Marketplace call center, and we can assist them with that process. Again, we will put the phone number in the chat for you. It is also on the picture of [HealthCare.gov](https://www.healthcare.gov) if you are looking for it.

**Stephanie Costello:** Great, thank you. And we did get a couple of questions in around the SEP. One more time, if we could address these two questions. Do those who are losing Medicaid coverage have to enroll in Marketplace coverage within the 60-day SEP requirement? Or will there be an extended enrollment timeframe for them? So, how long will a SEP last for a consumer after they lose coverage?

**Marisa Beatley:** So, for the Unwinding SEP, as long as they are attesting and have lost their Medicaid or CHIP coverage during between March 31, 2023, and July 31, 2024, they can come to [HealthCare.gov](https://www.healthcare.gov), submit an application or update an existing application. From that date that they take that action of either submitting a new application or updating an existing one, they will then be granted a 60-day special period to select a plan – a Marketplace plan for coverage.

**Stefanie Costello:** Thank you. With that, so how long does the SEP end for people after they lose coverage if they have not started selecting a plan?

**Marisa Beatley:** It’s 60 days. That's it.

**Stefanie Costello:** All right. The next question is for Jessica Stephens. So, two questions that kind of go hand in hand, so I'm going to put them together for you. If you could re-explain a little bit about the March 31st deadline and the expiration for Medicaid coverage. And if states have already started sending notices to people's homes?

**Jessica Stephens:** As many of you may know, individuals in Medicaid have kept their coverage for the most part if they were enrolled on or after March 2020. That is due to the continuous enrollment condition, which was legislation passed by Congress that provided the opportunity for states to continue to provide ongoing coverage for individuals in exchange for increased federal funds. That continuous enrollment condition ends on March 31 of 2023, which means that after March 31, individuals who go through a full renewal or redetermination by the state may have their coverage terminated if they are found to no longer be eligible for Medicaid.

Now, we have provided lots of guidance to states on different options for when they can start this process of going through a full renewal and predetermination for everybody in their programs. And states have the option of starting in February, in March, or in April. It is possible that in states that begin the process in February that they have already started sending individual notices out to people to complete that renewal process for individuals whose coverage may end on April 1. But I think I noted earlier that we will be sharing more detail on the states that are starting in February, March, and April later on. If they didn't start in February, there will be more in March and more after that in April, when more and more consumers will have notices sent to them.

**Stefanie Costello:** Thank you, Jessica. The next question is going to our other colleague, Jessica. Are consumers granted coverage through the Marketplace if they are found ineligible for Medicaid?

**Jessica Brill Ortiz:** Sure. Good question. To clarify, if a consumer learns they are not eligible for Medicaid or CHIP, they do need to take action to apply for Marketplace coverage. The Marketplace isn't going to automatically determine their eligibility for coverage or help paying for it. So again, when the consumer receives notification from the state Medicaid or CHIP agency that they are ineligible for Medicaid or CHIP, they need to come to the Marketplace and create and submit an application for Marketplace coverage in order to see what they are eligible for.

**Stefanie Costello:** Great. Thank you. The next question that we got, a few questions about is related to SEPs for people for Medicare, those 65 and above. There is an SEP for termination of Medicaid coverage for those who would be able to get Medicare. A certain individual who loses Medicaid coverage after the normal operations begin, and they did not sign up for Medicare on time, this SEP will start upon the notice of upcoming termination of Medicaid eligibility and end six-month after termination. And so, the coverage begins the first day of the month following the month of enrollment and unless an individual elects a start date back to the first day of the month the individual lost Medicaid and agrees to pay. So, there is an SEP for Medicare transitions. As an example, if John Smith is enrolled in Medicaid and turns 65 during the COVID health emergency period, and he did not enroll in Medicare, then he is able to enroll in Medicare once he is terminated. So, we did get that question.

I think I have time for one more question maybe. Before we go to our next presenters from USDA, but the one question we have is around FFM states, Federally Facilitated Marketplace states, Medicaid offices set up to send the ATs. This one is for Jessica Ortiz. With that, are state-based Marketplace is going to be doing similar things with ATs – similar process?

**Jessica Brill Ortiz:** As far as states that are using the FFM, yes, though states already have the account transfer process set up between the state agency and the FFM. They will be using the same processes, the same flows, all of the same things to send consumer application information to the FFE. There is nothing new as far as how that information will be sent. And then with regard to the question about the SBM's, I would say what the state will be doing depends on the state. Obviously, if it is a state that has an integrated eligibility system between their state Medicaid agency and their exchange, then they probably wouldn't be expecting them to utilize account transfers, so it's a bit of a different story as far as what they are doing. For a state where it is not integrated and there does need to be a sending back-and-forth of consumer information, then yes, they would be sending account transfers in a similar way specific to how they have it set up. I don't know if anyone from elsewhere has more to add. I think that speaks to it at a higher level.

**Stefanie Costello:** Thank you. We do want to take just a minute to talk about resources. So, we do have a number of resources. That's is our resource page. On our Unwinding homepage on Medicaid, we have the [Medicaid.gov/Unwinding](https://www.Medicaid.gov/Unwinding). This is where all of our materials are kept. We do have the toolkit which we talked about last session, last webinar, that has been updated. We also have a communications toolkit and support materials. This is a zip file. If you open it, this is where all of our easily downloadable and shareable materials are. In this, we have postcards in English and Spanish. We have rack cards, which are the taller, thinner ones. We have flyers in several different languages. We have conference cards, which are smaller cards. All of those you could print off and have it at doctors' offices. That was one of the questions. Or have them laying out at your front desk. If you were going to be working with anybody who you think might need to know about these upcoming changes to their Medicaid, and we want them to update their contact information and to be able to check the mail, you can print these and put these out. We have all of these great resources. We are going to be updating them as the next phase happens, so look out for more updates. As new materials are added, we will be highlighting them every month on the webinar here and sending them out in e-mail. So, the zip file is a great place to bookmark and check. We also have, again, the toolkit which you can use. The recording, transcripts, and slides are available on the webpage here. Hailey is putting all of these in chat. We know you can't copy and paste from the webinar. But she is putting them in the chat so you can get those and can bookmark them.

Finally, we do have a speaking request form if you would like CMS to speak on a webinar or at an upcoming conference. You can use our speaking request form. The link is there as well. Those are our resources. With that, I'm going to turn it over to our colleagues, Alberto Gonzales Jr. with the USDA Food and Nutrition Service. He is going to review some information about the Supplemental Nutrition Assistance Program (SNAP). This information may be very helpful to your networks since many people enrolled in Medicaid and CHIP are also enrolled in SNAP. With that I will turn it over to you, Alberto.

**Alberto Gonzalez:** Thank you so much, Stefanie, for setting aside time for us to talk about this important topic. My name is Alberto Gonzalez with the FNS team at USDA, Food Nutrition Service. So, we can change to the next slide, please. For those who may not know FNS administers a suite of more than 15 Federal Nutrition Assistance Programs that reach 1 in 4 Americans over the course of a year. One of our programs includes the Supplemental Nutrition Assistance Program, or SNAP, which is the nation's largest federal nutrition assistance program that reaches more than 41 million income-eligible individuals nationwide. Next slide, please.

With increased resources and expanded authorities under the 2020 Family's First Coronavirus Response Act, FNS quickly took action to temporarily boost SNAP benefits to the maximum benefit amount for individuals and households. These temporary boosts, known as emergency allotments, helps low-income families deal with the food and economic hardships of the COVID-19 pandemic. Specifically, SNAP emergency allotments brought all SNAP households to the maximum amount allowed by household size or provided SNAP households with a supplement of \$95 per month or whichever was greater.

Following the recent passage of the fiscal year 2023 Omnibus Appropriations Bill, these emergency allotments will end nationwide starting next month. Prior to the passage of the Omnibus legislation, federal law required states to have an emergency or disaster declaration in place during an existing federal public health emergency declaration in order to issue SNAP emergency allotments. The passage of the Omnibus legislation essentially detached the end of the SNAP emergency allotments from being triggered by the end of the Public Health Emergency. Currently, 33 states, including DC and Guam are providing SNAP emergency allotments. 18 states no longer have emergency or disaster declarations in place, and therefore, have already stopped issuing emergency allotments. FNS continues to work closely participants, with state agencies, retailers and other federal agencies to ensure awareness about this change and to connect those in need with other available food and nutrition programs, such as WIC and school meals, to help them navigate this change. Next slide, please.

Here's what you can do to help families that would be impacted by this change, to help them navigate during this transition. We will be sure to share the links in the chat to our resources for you all to check out. One thing you can do is, if you or community members have questions about their SNAP Benefits, please have them contact their state or local SNAP agency. They can find the contact information on our website, which is included in the chat. Please check out our website for more information about the end of SNAP emergency allotments. And be sure to promote our social media content and graphics that are available online. We have a website with background information, a Q and A as well, and some social media graphics so you can use to help promote this upcoming change. In addition, we have a blog by FNS Administrator, Sydney Long, on the end of SNAP EA's. Please check that out to share that with your networks. As I mentioned earlier, there are existing programs that we have in place within FNS that can be a resource for families. If you think families in your communities have children, for example, who will be eligible for free or reduced-price school meals, please have them contact their local school districts to sign up for these programs. They can do so at any time. We also have within FNS the Special Supplemental Nutrition Program for Women, Infants, and Children or WIC, which is a public health nutrition program for low-income parents, infants, and children. We have information on our website. If you know families are eligible for these programs, please

have them contact their local WIC offices. Their contact information can be found on our website as well.

Lastly if you know families that are in need of additional supports to put food on the table, there are local programs and partner organizations available to help. There is also a phone number that folks can call. It is 1-866-3-HUNGRY or 1-877-8-HAMBRE for Spanish speakers to be contacted with a representative who will help find resources such as meal sites, food banks, and other social services available near your location. So again, all this information is in the chat and if you have any questions please feel free reach out to the FNS team at USDA. Thank you all for your time and your work. I will turn it back over to Stefanie. Thanks again.

**Stefanie Costello:** Thank you so much, Alberto, for presenting that very important information today. We hope that all the information presented here today is helpful as organizations continue planning and preparing for the end of the Medicaid continuous enrollment condition. We encourage you all to review the resources that were shared today and use these materials to share information with your networks. We appreciate your partnership and dedication to making sure that people stay connected to coverage, whether that is remaining on Medicaid or CHIP or transitioning to another coverage, like the Marketplace.

With that I thank you all for attending today's call. As mentioned, the recording, transcript, and slide from today's webinar will be posted to our National Stakeholder Calls webpage in the next week or so. We hope you are able to join us again in our upcoming webinars in this series. Webinars will be held on the fourth Wednesday of each month at 12:00pm eastern. All those dates are listed here on the slide, and you can register for those webinars using the same link that you used to register for today's webinar. Again, we appreciate your partnership and commitment to help ensure that people are connected to the best health care coverage that they're eligible for. We look forward to continuing to work alongside all of you and continuing to engage with you. Thank you, and this concludes our webinar today.