

Centers for Medicare & Medicaid Services

Medicaid and CHIP Continuous Enrollment Unwinding:

What to Know and How to Prepare, A Partner Education Monthly Series

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Beth Lynk: Hello and welcome, my name is Beth Lynk, and I lead Strategic Communications and External Affairs in the Office of Administrator here at CMS. We want to thank you all for joining us today for the stakeholder call on Medicaid and CHIP Continuous Enrollment Unwinding. That's a lot of words, and you're going to learn a lot more about what that means, and how you can help us in efforts to make sure we are connecting people to healthcare coverage on today's call. We're excited that today's call kicks off a series of monthly calls that HHS and CMS will be hosting to keep you, our partners informed and prepared for the eventual return of normal operations in Medicaid in CHIP whenever the Covid-19 public health emergency eventually ends. Each month we're going to bring different topics and have different discussions that really help you all plan and to have active conversations about this important topic. I am going to walk through the agenda for today's call and then turn it over to our first speakers. We have a number of really exciting speakers on this first call to kick us off. But before I do, I wanted to note a few housekeeping items. This webinar is being recorded. I do want to note that while members of the press are welcome to attend, media questions should be submitted using our media inquiries form which may be found at [CMS.gov/newsroom/media-inquiries](https://cms.gov/newsroom/media-inquiries). All participants are going to be muted for the duration of the call, and closed captioning is available via a link shared in the chat by our zoom moderator. We will have time for a few questions and we are encouraging folks to use the Q&A feature at the bottom of your zoom screen. We are really delighted that we have over 3,000 people on the line today and it is likely we will not get to all of your questions, and the questions we do not have time to answer will be help to you to inform topics covered in our future monthly calls. So now, you should be able to see today's agenda on our screen. We will start after you hear a bit from our co-moderator and facilitator, Rachel Pryor from the Offices of the Secretary and Councilor of the Secretary. We will hear remarks from the HHS Deputy Secretary, Andrea Palm followed by CMS Administrator Chiquita Brooks-LaSure. We will then hear from a series of presenters out of the CMS Center for Medicaid and CHIP Services and Office of Communications. And lastly, we will hear from the Office of Intergovernmental and External Affairs at HHS before the Q&A portion. With that, I am delighted to turn it over to my partner, Rachel Pryor, who is Councilor of Health Policy in the Office of the Secretary at HHS.

Rachel Pryor: Thank you. I apologize for my voice. It is leaving me this week. I'm very excited to be here. Very excited to see. It looks like we are at 3700 people for this incredibly important initiative. As Beth mentioned, you will hear more about our continuous coverage unwinding and why it's so important. I will say at the top of the call, that coverage and making sure that folks have access to coverage, whatever coverage that may be is the top priority of the Department of Health and Human Services, the top priority of our Secretary, our Deputy Secretary, and our leadership all the way down the chain. We are really excited to kick off these calls with you and to engage in your leadership, and your partnership to ensure that as we move forward in what is an incredibly complex operation, and we prepare for that eventual time that we are leveraging all of our resources, all of your great resources to make sure that we are there for the people that we serve. I am very excited to be able to introduce our next speaker who is Deputy Secretary of our department. She is our fearless leader over all 11 of our operating divisions. This is a whole of government approach. She is a longtime public servant and has state-level experience and knows what our states will be undertaking. To boot, is a social worker. I am also a social worker. I like to give a shout out to that as someone who is committed to the people we serve from day 1. I want to turn it over to our Deputy Secretary Andrea Palm to give us a few remarks and set us up here. Thank you so much for the participation and I see that we are at 3900 people, which is very exciting. Thank you so much for joining us for today. We look forward to working with you in the months ahead. Deputy Secretary Palm, I'll turn it over to you.

Andrea Palm: Thank you so much Rachel, I appreciate the update as the numbers take up. It is really exciting to see such strong participation in what will be a series of really important opportunities for us to make sure we are working together to maintain coverage for folks across the country. As somebody who did have the privilege of serving previously in helping to draft and implement the Affordable Care Act, the opportunity now to make sure those coverage gains are sustained is really a privilege for me, and I am really pleased to be a part of this effort. Thanks, Beth, for kicking us off today, for moderating this, for leaning in on all of this really important work for CMS and for our collective mission. Obviously, we are on the -- we are moving through the most significant public health emergency that we have seen in over 100 years. I am not telling you all anything that you do not know and have not heard many times before. But I think what Medicaid and CHIP have done during this time in growing to cover 78 million Americans is a really important thing to put an exclamation point on. It is the largest single increase in these two programs' history and it really is an important point of how we have helped support families during this pandemic. Again, the quality and the kind of insurance that folks have received through the Medicaid and CHIP program is critical. It has become the fabric of the American healthcare system, and our goal here and today and through the work we will do here together is to sustain as many of those families in some form of coverage as we can. Beth noted that the PHE will eventually end. We will need to restart regular Medicaid and CHIP eligibility renewals upon the expiration of the public health emergency. According to some estimates, 15 million people or more could lose their Medicaid or CHIP coverage through a process you have heard the term a number of times at the department, we lovingly call unwinding at the department. We have done, as a group, a lot of work to begin to be prepared for this with states, with stakeholders, with others and are really excited to engage with all of you in

this effort today. Because some of these folks will no longer be eligible and will need to move to other coverage, we have a bunch of work to do to minimize the number of folks we lose in that process. It is really an outcome that none of us want to see and minimizing that loss of coverage, as Rachel has mentioned, is a real top priority for this administration, for the Secretary, for all of us at HHS, for Chiquita, for the work that we know needs to happen to help support families stay healthy and well. We want to minimize coverage losses overall, but the place where we see the most opportunities in some of these procedural areas where, through no fault of their own, are out of the control of folks, we see coverage losses in places where they do not need to happen. We are focused on minimizing those opportunities as much as possible with our states and with our other partners who are already busy looking at the work they need to do for this unwinding exercise that we are going to need to undertake. We have promised 60 days advance notice for the termination of the public health emergency. We know that once we trigger that, we will have those two months to continue the sprint towards the work that will need to get started by the states. Once the public health emergency ends, states will have up to 12 months to initiate eligibility renewals for everyone enrolled in Medicaid and CHIP. Obviously, that will result for those who are eligible in the renewal of that coverage. We want to make sure we are connecting others who are no longer eligible for Medicaid and CHIP to other coverage, again, minimizing the people that we lose in this process. At HHS, we really want to make sure that we have information and resources to help people through the steps to renew their coverage or acquire coverage through other sources. As Rachel mentioned, it is a whole of HHS stream of work. HRSA, SAMSA, ACF all of our agencies are looking for the ways in which they can leverage their communications channels and their work with families to make sure people understand what is coming and minimize the disruption that we are at risk of seeing. We will use these opportunities, these monthly opportunities really to work with you all, to make sure we are developing guidance, tools, resources, other things that you all will need to do the work that you are going to do in partnership with us and with the states to get us across the finish line. You really are uniquely positioned to share this information with people who need it most, and I really want to express my gratitude to all of you for the work that you are going to do to help millions and millions of people stay covered or get connected to alternate sources of high-quality health insurance. At HHS, at CMS, across government, we are very focused on this. All hands-on deck, a really all of HHS priority to make sure that we do the work we need to do with you and the states, and by taking the preparatory steps now, by doing as much on the front end as we can. Things like reminding people to update their contact information so that when those renewal notices are coming, they are properly in the system to get the notice that they need to take the action to maintain or acquire alternate coverage. We really do appreciate this work with you. We look forward to your feedback, your good ideas, things that we can and should be doing to make sure we are minimizing the maximum extent possible coverage losses in our unwinding process. Again, many thanks to you all. Thanks, Rachel and Beth for moderating and coordinating this work today and moving forward. Of course, many thanks to our fearless leader at CMS, Chiquita Brooks-LaSure, who I would like to turn this over to now for her comments. Thank you, Chiquita, for your leadership in this space.

Chiquita Brooks LaSure: Thank you, Deputy Secretary Palm. It is indeed, a great privilege to

be able to work within an agency at HHS that is so firmly unified in wanting to make sure that we hold onto coverage. I really want to start by thanking everyone who has joined us today on this call for just the amazing hard work over the past two plus years. I feel like I have probably spoke to many of you a year ago to say thank you for all of your hard work at the beginning, and it has really been just a constant sprint through, this is as Deputy Secretary Palm said, just the worse pandemic we have seen in generations. It is because of the people on this call, it is because of your hard work that millions of people were able to see healthcare providers, were able to get vaccinated, get boosted, and most important to know that coverage was available to them as their family members needed it. It is our mission at CMS to make sure that all people who are eligible for our programs can have meaningful, equitable healthcare. I like to say that we do not care what "M" you qualify for, whether it is Medicare, market place coverage, or Medicaid and CHIP, that we want to make sure that you get enrolled in that coverage and that coverage is meaningful, that you actually get the care that you need. We really appreciate the partnership of so many of the people on this call to make sure that that is meaningful. As Deputy Secretary Palm went through just some of the areas of focus, it is critical as we begin the unwinding of the public health emergency and really build -- take our healthcare system into the next -- into the future, from everything we have learned from the pandemic, it is going to be critical that we continue to work together to ensure that this healthcare coverage is meaningful. We are at record levels in our healthcare programs. At CMS we are responsible for overseeing across the programs over 150 million people. Medicaid and CHIP, above 80 million. Marketplace coverage, 14.5 million. Thanks to so many of the people that are on this call. And it is our goal at CMS and my goal personally to make sure that we do not see those numbers erode as we move forward in the future. That is really our goal to make sure that as we do the unwinding, that we really make sure that people either retain coverage if that is what they are eligible for, or move into marketplace or Medicare coverage, if that is what is most important. As you have heard, this is an all hands on deck responsibility. It is something that at CMS, also across agencies. You will hear from our strong team at CMCS, our Medicaid team to talk in more depth. I want to emphasize how much this is across all of the centers at CMS, all of the offices. We are really focused on making sure we are using all of the levers we have available to us to help states as we go through this process as well as the other stakeholders that are key in making sure that we hold onto coverage. I am really just going to say that really, we are committed and you have heard that we want to have monthly meetings. We are committed to sharing information in a timely way. You will hear more from our team about our preparations for unwinding the Medicaid continuous enrollment requirements as well as ensuring how we ensure that people stay covered as we transition. I just have two asks, and that is that you really continue to make sure that we are hearing from you. You are the boots on the ground. You are closer to the action than we are, and we want to make sure that we are incorporating your feedback and input so that we are designing a better system in every way we can and just ask you to continue to reach out to the people who are enrolled in Medicaid and CHIP. You are the trusted voices in your communities and we are absolutely going to need your help in making sure we reach everyone. We are hoping that you will go to our website, [Medicaid.gov/unwinding](https://www.medicaid.gov/unwinding) to check out the resources that are available and have much more state-specific information that will help as we try to make sure that people update their contact information so that we slash the states can find them as appropriate. Just a

final thank you for all of the hard work that you do and thank you so much for joining us today and I think I'm going to turn the mic, the virtual mic over to Anne Marie Costello who has been leading so much of our work in CMS about the unwinding.

Jessica Stephens: Thanks, I will take it from here. Jessica Stephens with CMCS. If we could pull up the slides, please. Next slide. As I think you have already heard from all of those who spoke before me, Medicaid and CHIP has really been a lifeline for health coverage for millions of people during the pandemic and this is partly why we as an agency, as a department, are really committed to working with you on everything that we are about to talk about. Due in part to legislation at the beginning of the pandemic that incentivized coverage continuity and flexibilities that states adopted, enrollment in Medicaid and CHIP is at an all-time high. As we just heard, 87 million people as of January and that is an increase of over 16 million people, a roughly 23% since the beginning of the pandemic. Next slide please. As I noted, a lot of this has to do with COVID-related legislation. In March 2020 Congress enacted a bill that established the continuous enrollment condition. We will talk about that several times in the next few slides because it is critical to some of the next steps that states and others will need to take once the public health emergency ends. Through that legislation, states received extra funding for Medicaid in exchange for keeping individuals enrolled through the end of the Covid-19 public health emergency, which is still in effect. The continuous enrollment condition did not apply to CHIP, the children's health insurance program, but many states implemented policy changes that also led to continuous enrollment in the CHIP program. Important to note that every state, DC, and all territories took the additional federal funding for Medicaid, and that prevented individuals from losing coverage during the public health emergency. Next slide, please. What happens when the public health emergency ends? The continuous enrollment condition will also end, and states will need to return to normal operations. That includes renewals, redetermination's, and terminations of coverage for ineligible individuals, individuals who have been found ineligible once they go through this renewal redetermination progress -- process. It is that process that we refer to we talk about unwinding. It is returning to normal operations, which will take roughly a year for states to complete and includes all of the work to do renewals for everyone in the population and the ending of some of -- some, but not all of the flexibilities that states have adopted. Our work together, the engagement of partners, community organizations, advocates, etc. is really critical in this process in part because of the volume of work including renewals and redeterminations that states will need to undertake, and the work will be substantial in all states, especially given some of the increases in enrollment we have talked about. It will be challenging for states and there are workforce burdens that are associated with this, and that increases the risk that people lose coverage. It is estimated that roughly 15 million people are so, may lose Medicaid or CHIP coverage, however it is essential to note that when we talk about these numbers, it is not that 15 million people become uninsured. As we mentioned, many of these individuals will become newly eligible for other forms of coverage. Some may be able to get back into Medicaid or CHIP. Others will be eligible for coverage through the marketplace, often with substantial financial support, and then there are others who may have coverage through other sources such as Medicare or through employer-sponsored coverage. And we are working very closely with states now to talk about what that will all mean. Next slide, please. Let's talk a

little bit about what the unwinding process will actually look like in states. As I said, everyone enrolled in Medicaid, the children's health insurance program, basic health program, will need to go to an eligibility renewal after the public health emergency ends. States will have 12 months to initiate renewals for their full population. One thing to note because it affects what different states may do at different times that they will -- states may begin that 12 month unwinding period at different times. That includes the month before, the month during, or the month after the public health emergency ends, which we still do not know exactly when that will be. Determinations may occur beginning the month after the public health emergency ends. Medicaid and CHIP enrollees normally have their eligibility renewed at least once a year. That is not necessarily different but what is unique in this circumstance is that while many states have actually continued to do renewals during the public of emergency, states because of the continuous enrollment condition have been unable to terminate coverage for individuals who they find to be ineligible. Additionally, there will have been many more people enrolled in coverage and more people to go through this renewal process once the public health emergency ends. That said, it is important to note that there are a few other challenges that states are preparing to confront. It has been a really long time for some since some individuals have gone through the renewal process. Some states have continued this process and where people have been found ineligible, they have continued to find individuals eligible and renew their coverage. For others, it may have been a few years since the state has reached out to them or they have been able to complete this renewal process. As a result, there is an increased likelihood that individuals who are enrolled in Medicaid, CHIP, and the basic health program, which is only in New York and Minnesota, may have outdated mailing addresses or other contact information which will be needed for states to communicate with them in order to ensure that they complete the renewal process. As you will hear in a moment, one of the big pushes that we are doing collaboration with states and that a lot of states are doing is working with consumers to get updated contact information, whether that is mailing, phone numbers, email addresses, other contact information, to ensure that even as individuals continue to move, that the Medicaid agency is able to contact them and help them complete that renewal process and that if they get transferred over to the marketplace, that the marketplace too has the contact information needed to assist individuals. We have also heard about the great resignation. That is not unique to other sectors. Medicaid and CHIP agencies are also dealing with workforce challenges and staffing challenges which some of you were very aware of. States are really being creative in a number of ways in thinking about how to overcome some of these workforce and staffing challenges in light of the work that will be needed once the public health emergency ends. With the increased volume of work that many states will need to do, that is one area where systems of partners like you all to help individuals complete the process will be extra critical. Next slide please. So, we have talked about a couple of challenges, but really important also to highlight that state really are doing a lot. CMS and HHS are working closely with states on a number of actions end to prepare for the end of the public health emergency. States are being creative. We have encouraged states to take a number of concrete steps. The first is to develop an unwinding plan, and that includes, for all of these eligibility and enrollment related actions, to think how they prioritize and distribute renewals when the public emergency ends. As I noted, states have 12 months to initiate the renewals and for all individuals who are enrolled in the program. And

thinking but how states will do that not only to ensure have a plan that works for the year following the public health emergency, but on a continuing basis will be important to ensure continuity of coverage for eligible individuals in the long term. Secondly, as I also mentioned, we are strongly encouraging states and partners to work to obtain updated contact information from individuals enrolled in these programs. That includes addresses, emails, phone numbers, to ensure that people who receive the information on renewals, but even beyond that, there are lots of states and other partners who are doing a lot of outreach to make sure people are prepared for the work that is coming and ensuring that contact information is up to date will be important to ensure that happens that individuals don't lose coverage just because they did not get a piece of mail, for example. Next, is to launch a robust outreach and communication plan for beneficiaries and stakeholders, and I'll be passing over to my colleagues in the Office of Communication sat CMS in a moment to talk about some of the concrete things we have recommended. Last, but not least, is to engage community partners, health plans, provider community, others like you to encourage individuals to do all the things we have just talked about, which include updating contact information and also provide support when the time comes to help with the renewal process. Most states actually do plan to spread the renewals over the full 12 month process after the PHE ends. As I said, states have up to 12 months to initiate renewals for their full population. There are a few that plan to take less time, and in those cases as there may be an increased risk of coverage lost potentially but we are working closely with those states to ensure they, too, are prepared. As I also noted, almost all states have continued to renew coverage for some enrollees during the public health emergency, which may put them in a position to have had more recent contact with individuals, but states that are actively planning, even those that have not been doing this process over the last couple of years, planning to restart the full renewal process and subsequently terminations of ineligible individuals. Part of that process includes some of the things we just talked about including contact information, updates, technology changes, and outreach of communications. To that end, most states, I think the vast majority of states or implement strategies to do exactly that which is to update contact information, work with health plans, providers, and others to get information to individuals enrolled in Medicaid and CHIP to be aware of what is coming, including outreach and social media campaigns as well. Next slide, please. We at CMS are also doing a lot -- I think there's a reference to this page by Administrator Brooks-LaSure just before I spoke. On our website, [medicaid.gov/unwinding](https://www.medicaid.gov/unwinding), a page that we launched in March, we have a new webpage that serves as a one-stop shop for resources, tools, guidance for states and partners as we all prepare for the unwinding, including overall guidance, it includes some of the materials Office of Communications is about to share with you, along with ongoing updates and tools, and we will continue to update this page with information that is available as it is produced. Just this week, we also launched a new resource page that is specifically for Medicaid and CHIP enrollees. This is a page you can find it at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals), it is a page compose of unwinding related updates, that is similar to the one-stop shop for states and partners -- it's a one-stop shop for individuals in a Medicaid and CHIP to learn about unwinding, what is coming, to get connected to their state agency, and also to find help. This is another page that will continue to be updated. Importantly, it links individuals who may come to this page looking for information to a state specific resources, which will also provide more tailored information for what it is they might be looking for as they

prepare to go through the renewal process, [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). With that, I will turn it over to my colleague Erin Pressley in our Office of Communications to talk a little more about what we're doing on that front.

Erin Pressley: That's great, thank you, Jessica. I am Erin Pressley. I work in the Office of Communications at the Centers for Medicare and Medicaid Services. Happy to be here with you today to talk a little bit more about the kinds of resources that we are making available to help you help the states and all of us as we take this journey forward together. Can we move to the next slide? As you have heard from many of the speaker so far today, I don't think any of this will be a surprise. Our communications strategy really centers around making sure that individuals, either they maintain enrollment, or that they become enrolled in the sorts of coverage where they are eligible for once the PHE ends. For many people, that will be continuing their coverage that they currently have. For those who have to make a transition, we want to make sure they understand what is happening, and that we are available to help them make that transition and make that as smoothly as possible. You have heard many of us say this is a really whole of government approach, and that is absolutely how we are approaching this. We want to make sure we have integrated communications, that we are consistent in our messaging, and overall that we are building our campaign and outreach in a way that really layered on top of the efforts the states are making. Each individual state will have their own way of going about this and communicating with the beneficiaries in their area and we want to make sure we are supporting those efforts in making resources available that can really be used by all of you and by all of the states that share this messaging. My colleagues in HHS will talk a little more about the timeline later, but it is important to know there are really two phases in our approach to this. One is the phase we are in right now. It is really about making sure people are aware, and that they know something is going to happen, that they need to pay attention to it. We are trying to build this awareness and really break this into two steps. One right now where they are updating information and sort of getting in touch with their states and understanding that something may happen that impacts them. And that they are keeping that contact information up-to-date with their states if they have moved or, things have changed, that they're getting in touch with their state and making sure somebody knows that and their records are up-to-date. Phase two of this will really come when the PHE ends, and all of the redetermination's start. We really shift into making sure that people are able to find the coverage they are eligible for. Next slide. But I really wanted to focus on today is talking about the education toolkit we have made available. We launched this in March. This is a living resource. We expect what is posted now online will continue to grow. But there are number of resources now available in this toolkit you can start to use today to help us spread the message and really learn about unwinding and the kind of messaging that we are suggesting for the first phase of this outreach. We were careful to include not only the resources themselves, but some context. So, if this is something that is new for you or you are working with people who need a basic understanding of what unwinding is, that is also included in this toolkit. We also included some of the research we have done with beneficiaries who are likely to be impacted. So, you have some context for why we are suggesting the kind of messaging and the kind of tools that we are, so you can go to the toolkit and see a summary of the types of research that we have done

and the findings and recommendations from the research. We also included some key messages we are focusing on in our materials. Those messages derived directly from the recommendations in our consumer research, and these are the things that we think are most likely to resonate with people, to be understandable, and to help them really take action in a way that they need to. And then we get into a number of different resources. We really want to make sure we are meeting people where they are and we have some options for all of you to be able to use in a way that you would normally communicate with these kinds of audiences. So, in addition to just general key messages, you will find some billable flyers where their options to fill in individual state or local resources on top of the general messaging. We have included some drop in articles, social media types of posts, as well as sample text messages or email content, and some call-center script. So, if you're taking live calls from beneficiaries, so messaging you may want to use for people who answer the phones. So far, this toolkit is available in English and Spanish. We do intend to make many of these resources available in other languages as well. So, you will see that continue to expand. As we said, because we consider this a living document, the toolkit will continue to add new resources as we go along in this program. Next slide. These are just some examples of the kinds of things I mentioned so you'll see these kinds of text messages. The digital flyers are available for you to sort of add contact information. These are fillable PDFs that will allow you to personalize and localize some of the information. Drop in articles we will continue to produce new ones. So, if you do have some sort of a newsletter, and you're looking for general content, just pull those messages or the entire article and insert it into communications you would be doing regularly, as well as some social media graphics that you can pull and use on your own channel. Next slide. So again, I won't go into this too much because you have heard some of this already, but we really are excited about having all of you join us in this endeavor and share these materials and share these messages that Jessica and others have said this will be a huge undertaking. We are excited about supporting and helping the states as they take on the operational activities related to this. We look forward to working with all of you as well to share some of these key messages and to share our material. At this point, I will turn it over to my colleague Jesse Cross-Call who is with the HHS Intergovernmental and External Affairs office to talk a little bit more about the phases of the program. Thank you.

Jesse Cross-Call: Great, thank you Erin. And thank you all for joining us today, and for your interest in being engaged in this work. So as the speakers today made very clear, the stakes are high around the unwinding of the public health emergency. And while we have noted this is a truly Herculean task for states and for all of us who are committed to maintaining the high levels of health care coverage we have today, we also really want to emphasize that there is a strong commitment from this administration, from the states, and from you all that we believe exist. So, it is not inevitable that large numbers of people both lose their coverage. We have many months ahead of us to prepare -- at least five months. And so, we really need to use that time wisely to again make sure that large numbers of people don't use their health care coverage when the PHE ends. So, I'm going to just circle back to what Erin laid out around the two phases of this work that we are thinking about. The first one, again is phase one. This is the phase we're in right now, the phase we have been in, and again, will be for a few more months. This is really a time for preparation. We have said there is some amount of beneficiary education that needs to

happen, and Erin gave some suggestions about what we should be asking the beneficiaries right now. We also went to make sure we are striking the right tone, and we don't make it sound like people with Medicaid are in imminent danger of losing their health care coverage. This is also a time for you to prepare yourself and for your organizations for the work ahead to learn more about the renewal process and to make a plan for how your organization will engage in this work and how you can play a role in educating people with Medicaid and CHIP about the upcoming changes. Phase two, which will happen, once the public health emergency does end, is really the go time. And that's where we will all be working together to ensure that Medicaid and CHIP beneficiaries take the right steps to renew their coverage and then transition to other coverage if they are no longer eligible for Medicaid or CHIP. So, I am going to give you four things that you and your organization can do in the weeks and months ahead to really commit yourself to this work. The first thing is to commit to making work around the unwinding a priority for your organization, as well as the coalitions and other people you work with. We want you to think about how your organization can be helpful in this work and what your organizations particular strengths are. For example, you work closely with beneficiaries. You have strong relationships with state officials or other elected officials, your strong relationships with other organizations or people with influence, thinking specifically about faith communities, fire associations, and the like. Second thing, connect with other organizations in your state, your region, or your community that you work around Medicaid and CHIP, but also think of organizations who might not consider themselves Medicaid and CHIP experts, -- for example, food banks work closely with lots of people who likely have Medicaid and CHIP coverage, and they can be important allies in this work. Third, attending the webinar series that we're putting together to further educate yourself, and then also invite your partners to join those webinars. As I said, the topics- series that we're putting together, and we want to make sure that we are putting together information that is going to be most helpful to all. And then fourth, incorporate information about the unwinding and materials, presentations, and work plans you have developed. The communications materials at CMS has already put together are extremely helpful in this, but also familiarize yourself with what your state has already done and are planning to do. There are lots of good examples of outreach from across the country that you can't incorporate into your work. So, I will stop there, and turn it over to Stefanie Costello who is going to lead us through the Q&A section.

Stefanie Costello: Thank you. Just as a reminder, thank you to everyone who submitted questions through the Q&A function on zoom. We only have time to answer a few questions during our call today. The questions that we do not have time to answer will be used to inform topics that are discussed on future monthly calls. So, with that, I will start questions. The one that has come in the most is, will this webinar be recorded and posted? The answer is yes. We are recording today's webinar and we will be posting it shortly, and that is going to be on the CMS website <https://www.cms.gov/outreach-education/partner-resources/cms-national-stakeholder-calls>. We will have that in the chat because it is quite lengthily, and we will also send out that link after it's recorded that have RSVPed today. Our next question goes to Jessica. Will CMS announce the end of the public health emergency, or will each state make the determination? As we are past the 60 day mark until the end of the current PHE

extension, can states safely assume the PHE will be extended again?

Jessica Stephens: Sure, that is a good question. So, the decision about the public of emergency is made by the HHS Secretary. The secretary has committed to providing states with 60 days, a minimum of 60 days advanced notice of the end of the public health emergency. We are less than 60 days until the next potential end, which would have been in mid-July. So, for that reason, I think it is safe to assume the public health emergency will continue past mid-July. Each state may have their own public health emergency, but it is the federal public health emergency set by the secretary that will determine the end of the continuous enrollment condition and many of the other actions that we have talked about during this call.

Stefanie Costello: Great, thank you Jessica. The next question is for Beth. What is being done for a family who make too much to qualify for Medicaid, but due to the high cost of rent can't afford medical care for their children?

Beth Lynk: Yes, thank you, Stefanie. I saw a couple of questions similar to this as well, asking about, will this be considered a qualifying life event for the marketplace, for [healthcare.gov](https://www.healthcare.gov), and the related state based exchanges. I want to kind answer both of that together. The bottom line is that we are really committed to ensuring people are connected to the best health coverage that they are eligible for at the time that they go to this process. So that may mean Medicaid and CHIP. That may mean the [healthcare.gov](https://www.healthcare.gov), marketplace, or their state based exchange. It may mean employer-based insurance if their circumstances change. The bottom line is, we want to make sure folks retain coverage, and we get with the Deputy Secretary Palm mentioned that estimated 15 million, we want to get that is close to zero as possible, and that will be by connecting people to the best coverage that they are eligible for. I will note, as the administrator mentioned, we are working across CMS to ensure we are deploying all of our levers here. So, from a functional and operational standpoint, that means [healthcare.gov](https://www.healthcare.gov) and the marketplace and the state-based marketplaces are actively engaged in planning here as well. There were some suggestions in the chat about education and pieces on [healthcare.gov](https://www.healthcare.gov) which will take and follow-up, but I do want to just let folks know we are actively working to ensure people are connected to the best coverage there eligible for, and the marketplace and the CCIO team is a key part of that. And so, thoughts like special enrollment periods and things like that, there will be more information as it is available, but that is certainly on our list.

Stefanie Costello: Thank you, Beth. Our next questions going to go back to Jessica. Where can we find our states unwinding plan, and have these been submitted to CMS and are they subject to regular updates available to the public?

Jessica Stephens: Great question. I think it's important to note many states are continuing to finalize, but also update their unwinding plans, especially as the timeline for the end of the public of emergency is extended. States are not required to submit their place to CMS, although we encourage states to post them publicly and certainly share them with partners. It may vary by state. There are, I know there are a few states that have at least posted at least initial

plans online, on their websites. I think as states continue to finalize their plans and make updates, which is going to be likely, they will be made more available to partners and others.

Stefanie Costello: Great, thank you. You can stay on camera because the next question is for you as well. To clarify what you said on your presentation, is the reference to states continuing to do eligibility determinations but not disenrolling imply states are able to perform re-determinations but not act on them without losing EFMAP and would this be a reasonable strategy to get ahead of the end of the PHE?

Jessica Stephens: Yes, yes, yes. In short, most states in fact have been continuing to conduct Medicaid -- some form of Medicaid eligibility renewals or re-determinations during the public health emergency. What that means is many have either initiated what we refer to as the ex parte or automated renewal process where a state uses available information to see if an individual might continue to be eligible. And if done, then the state can complete the eligibility renewal. States can't terminate coverage from individuals who they might find to be an in-eligible. Let's say their income is above the standard for Medicaid. Some states have taken one step further, to also send forms to individuals who cannot be renewed based on available information, and where people have returned that information, they have been able to have their coverage officially extended since no one's coverage is being terminated. But if not, their coverage remains the same. We are encouraging states, to the extent they're able, to continue doing this process because as the questioner suggested, it is one way to get ahead of some of the work that will need to be done even if it just means ensuring contact with an individual, especially since an individual will not have their coverage terminated if they are found ineligible. And certainly, one of the things partners can do is help consumers as they complete the renewal or redetermination process even before the public health emergency ends because that will ensure that information is up-to-date when the state does the renewal or redetermination at the end of the public health emergency.

Stefanie Costello: Thank you. I think we have time for one final question and this is for Erin. This is a little bit of a loaded question, but we've had a couple of them so these are around the materials. Is the social media that we have provided, can it be altered? Can these materials be used for all organizations not just states? With that, would they potentially be able to be co-branded with an organization or with a state?

Erin Pressley: That is a great question. The materials in the toolkit, while they are what we will use for much of our outreach, again, we're building on State campaigns and layering on top of some of the outreach and education that the individual states and other stakeholders will do. So, I think there will be a lot of information and education out there, in the atmosphere, around these kinds of calls to action, these types of information. It is all good. If it is accurate, it is all good. It doesn't need to all match or be the same. We encourage you to take examples and the information we have provided in the toolkit. If you use that exactly as we have provided it, that is great. If you take it for inspiration and change certain things to make it more relevant to the populations you are serving, whether it be specific audiences within your state or specific

ethnic or language groups, there may be lots of reasons why you want to tailor that to make it more relevant to the people you're trying to reach and message. And we are fine with that. Some of those, I think have a CMS brand. You can remove it that brand, and put your own organization's brand. We are putting those out there to support, especially smaller organizations that just don't have the resources to be able to develop all of these things on their own. Hopefully, they will be a little bit of a shortcut. And because they are based in our consumer research, we feel really confident about the messages that we have included there. But there are really no limitations on how you can use those in ways that you know will make them better for your own individual audiences. I have seen lots of things in the questions and answers as well suggesting additional materials or additional changes. Keep in mind, each individual state will handle their communications to the beneficiaries on their own. The things like form letters or updating address, those kinds of things, will have to come from the state and their own individual processes and what they're asking beneficiaries to do. As much as possible, where we can create materials that are more universal and at a higher level of information and make those available to all of you, we will do that and continue to add those to the toolkit.

Stefanie Costello: Great, thank you so much Erin. I want to remind folks everything in the question and answers we will take back, and we will use that for future calls and other recommendations. I know we are close to the top of the hour so I'm going to turn it back to Beth to close out.

Beth Lynk: Thank you so much Stefanie. Rachel and I are going to tag team this closing here. On the screen you will see the upcoming webinar dates as has been alluded to. This is not the last time you will hear from us. We want to be engaged with you really regularly. And so, this is going to be a regular series. Generally, it will be the final Wednesday of the month with the exception of the December and November dates have been condensed to accommodate the holidays. So, we are going to have a lot more time to engage and really thank everyone for the feedback and the questions that were put in the chat. We will definitely take that to heart as we look to prepare for future calls. As was noted, and I just want to restate, the administration has made a commitment to provide 60 days' notice prior to the public health emergency being unwound. That being said, we have not announced a 60 day notice at this point in the public of emergency is underway. As you've heard, the stakes are high and we are really encouraging you all to work with us and starting to plan now about how we can get these resources out to folks and encourage people to update their contact information now. One key resource folks can utilize is that [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals) page to find information about where they update their contact information with their state. Because again, that trigger when the federal PHE ends, we need to make sure everyone's contact information is up-to-date with their states, and so, that is a key call to action that we really encourage folks to incorporate in regular communication with your partners and the folks you serve. With that I'm going to return to Rachel.

Rachel Pryor: I will just again echo the things that we all have heard today and reiterate questions in the chat, if they didn't get answered, we will be using those to inform our future stakeholder meetings. We want to also want to double down on the resources that we put

out there, encourage folks to really work through those toolkits. A lot of the answers to your questions are there and can be helpful as we think about how to leverage the work we need to do now. As Beth mentioned, the administration is committed to giving notice before for the public health emergency ends. We have not given that notice to date, the public health emergency continues, but all of this time that we are in now is really important to get folks to update their information. We do not want to wait until that 60 day period, when a that 60 day period is announced to start doing this work. We want people to be updating the information now so that we are not in sort of a mad rush and having things fall through the cracks in that last final moment. So just want to really echo the point that while it is a little bit tricky to do so much preparation without really knowing when the end is in sight, it's incredibly critical to do that preparation. So, I hope that folks can take some time, look through the resources, come back to us next month and we can have some really robust conversations moving forward. Thank you so much to everybody that joined today. This is really critically important work and we look forward to working with you, partnering with you to keep all individuals covered.

Beth Lynk: Thank you, and with that, I think we will conclude the call. Thank you for joining us and have a great rest of your day.