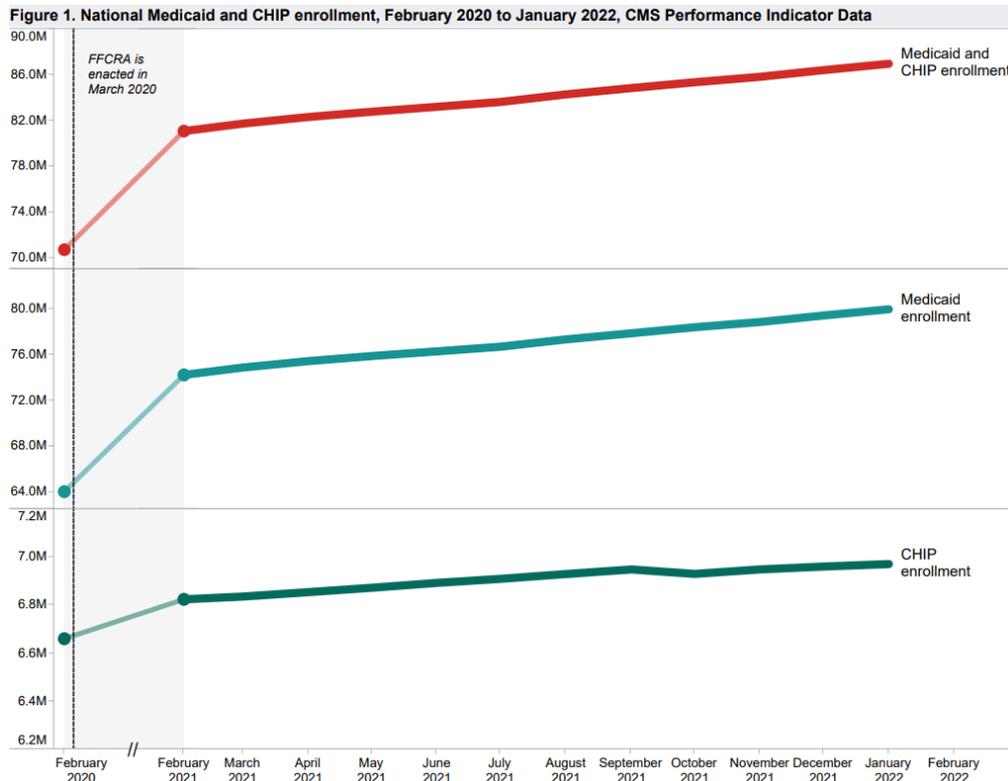


Preparing for the End of the COVID-19 Public Health Emergency: What Partners Need to Know About Medicaid and CHIP Coverage

May 2022

Medicaid & CHIP Enrollment is at an All-Time High

- As a result of COVID-19-related legislation to Medicaid and flexibilities adopted by states, Medicaid and Children's Health Insurance Program (CHIP) enrollment has grown to a record high.
- Nearly **87 million individuals** were enrolled in health coverage through Medicaid and CHIP as of January 2022.
- This represents an **increase of over 16.3 million individuals**, or 23.0%, between February 2020, the month before the federal public health emergency (PHE) was declared, and January 2022.



Impact of the COVID-19 Public Health Emergency on State Medicaid and CHIP Program Eligibility

- In March 2020, federal COVID-19 legislation established the “continuous enrollment condition,” which gave states **extra federal Medicaid funding in exchange for maintaining enrollment for all individuals**, even if they are no longer eligible, through the end of the month that the federal COVID-19 PHE ends.
- While the continuous enrollment condition does not apply to **CHIP**, many states implemented **temporary policy changes that had a similar impact** on CHIP enrollment.
- The continuous enrollment condition and temporary state changes to CHIP policies has prevented beneficiaries—in all 50 states, the District of Columbia, and the five U.S. territories—from **losing health coverage** during the PHE.

Impact of the COVID-19 Public Health Emergency on State Medicaid and CHIP Program Eligibility

- **After the PHE, states will resume normal operations, including restarting full Medicaid and CHIP eligibility renewals and ending coverage of ineligible enrollees – a year-long process known as “unwinding.”**
- States will need to **address a significant volume of pending renewals** and other actions. This is likely to **place a heavy burden** on the state workforce and existing processes and **increase the risk** that individuals lose health coverage.
- According to some estimates, when states resume renewals, **over 15 million people could lose their current Medicaid or CHIP coverage.**¹ Many people will then be **eligible for coverage through the Marketplace or other health coverage** and need to transition.
- The Department of Health and Human Services (HHS) and Centers for Medicare & Medicaid Services (CMS) are **working closely with states now** to ensure that they are ready when the PHE ends; **eligible enrollees retain coverage** by renewing their Medicaid or CHIP; and **enrollees eligible for other sources of coverage**, including through the Marketplace, smoothly transition.

¹Available at: <https://www.urban.org/research/publication/what-will-happen-medicaid-enrollees-health-coverage-after-public-health-emergency>

Resuming Normal Eligibility and Enrollment Operations After the Public Health Emergency Ends

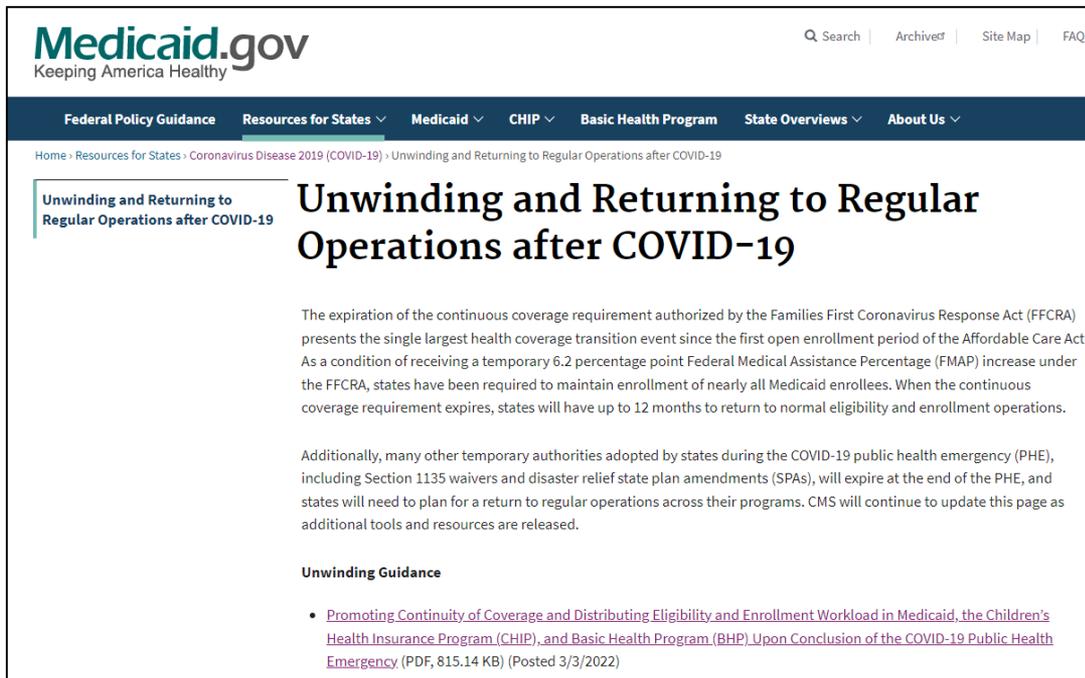
- Unwinding processes will vary by state, but states will have **up to 12 months** to start an eligibility renewal for every individual enrolled their entire Medicaid, CHIP, and Basic Health Program (only in NY and MN) population.
- Medicaid and CHIP enrollees normally have their eligibility renewed at least once each year. During the twelve-month unwinding period, state agencies will need to **renew the eligibility of every individual** enrolled in their program.
- This will present a challenge for many reasons, including:
 - The **large volume of renewals** that need to be completed,
 - The long **length of time** since many enrollees' last renewal,
 - The **likelihood of outdated mailing addresses and other contact information** for enrollees who moved or updated their information since the beginning of the COVID-19 PHE, and
 - **Workforce challenges and staffing shortages** experienced by state Medicaid and CHIP agencies.
- States may begin their 12-month unwinding period **at different times** (the month before, during, or after the PHE ends). Terminations may begin the month after the PHE ends.

State Actions to Prepare for the End of the PHE

- CMS has encouraged states to take several key steps to prepare for the end of the PHE, including to:
 - **Develop an unwinding plan** to prioritize and distribute renewals when the PHE ends.
 - **Obtain updated contact information**, including addresses, emails, and phone numbers to ensure that individuals receive information on renewals.
 - **Launch a robust outreach and communication plan** for beneficiaries and stakeholders.
 - **Engage community partners, health plans, and the provider community** to encourage individuals to update their contact information and to provide assistance with renewals.
- Most states **plan to spread renewals over 12 months** after the PHE concludes, but some plan to take less time, e.g. 3-6 months.
- Almost all states have **continued to renew coverage for some eligible enrollees** during the PHE. States are actively **planning to restart full renewals and, subsequently, terminations of ineligible enrollees**.
- Most states are implementing strategies to **collect and verify updated enrollee contact information, and at least half are working with health plans**.
- **States have begun to launch outreach and social media campaigns** to raise awareness about unwinding.

Resource Page for States and Partners

- In March, CMS launched a new webpage that serves as a **one-stop-shop for resources and tools as states and partners** prepare for unwinding.
- All resources and tools can be found at: [Medicaid.gov/unwinding](https://www.Medicaid.gov/unwinding).
- The page will be updated with new tools as they are released.



The screenshot shows the Medicaid.gov website. The header includes the Medicaid.gov logo with the tagline "Keeping America Healthy" and navigation links for Search, Archived, Site Map, and FAQs. A dark blue navigation bar contains links for Federal Policy Guidance, Resources for States (selected), Medicaid, CHIP, Basic Health Program, State Overviews, and About Us. The breadcrumb trail reads: Home > Resources for States > Coronavirus Disease 2019 (COVID-19) > Unwinding and Returning to Regular Operations after COVID-19. The main content area features a sub-header "Unwinding and Returning to Regular Operations after COVID-19" and a large heading "Unwinding and Returning to Regular Operations after COVID-19". The text explains that the expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act. It notes that as a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states have been required to maintain enrollment of nearly all Medicaid enrollees. When the continuous coverage requirement expires, states will have up to 12 months to return to normal eligibility and enrollment operations. Additionally, many other temporary authorities adopted by states during the COVID-19 public health emergency (PHE), including Section 1135 waivers and disaster relief state plan amendments (SPAs), will expire at the end of the PHE, and states will need to plan for a return to regular operations across their programs. CMS will continue to update this page as additional tools and resources are released. A section titled "Unwinding Guidance" contains a bullet point linking to a PDF document: "Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency" (PDF, 815.14 KB) (Posted 3/3/2022).

Resource Page for Medicaid and CHIP Enrollees

- In May, CMS made unwinding-related updates to the Medicaid.gov homepage and launched a new website that serves as a **one-stop-shop for Medicaid and CHIP enrollees to learn about unwinding, get connected to their state agency, and find help.**
- The enrollee resource page is available at: [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).



Communications Strategy

▪ Campaign Goal

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

▪ Strategic Approach

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

▪ Timeline

Phase 1: Get Ready and Awareness

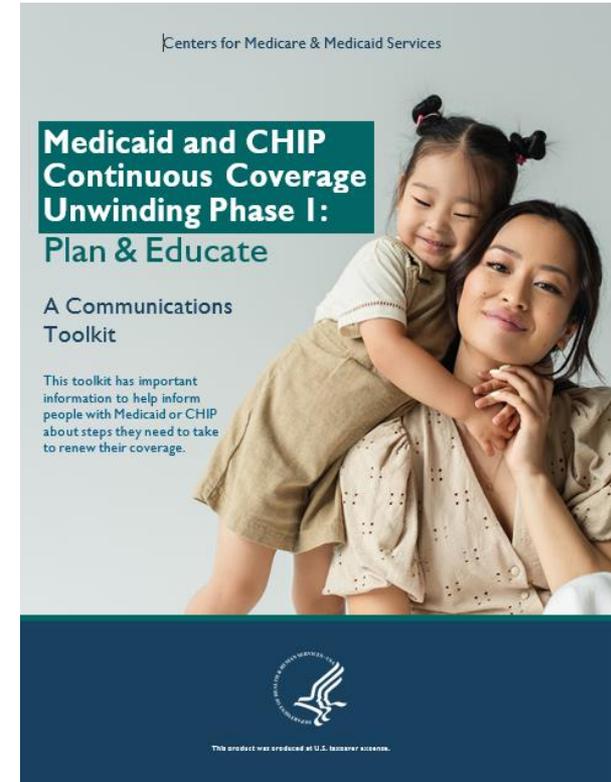
- **Timeline:** Underway and Refreshed at 60 Day Notice

Phase 2: Medicaid Re-determination and Retaining Coverage

- **Timeline:** When PHE Ends

The Unwinding Phase I: Plan & Educate Toolkit – Posted & Distributed Early March

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



Sample Communications Tools

Text Messages

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

Social Media Graphics

#Medicaid renewals are coming! Be sure you get your renewal letter by making sure your state Medicaid office has your current mailing address NOW: URL



Drop-in Article

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

By the Centers for Medicare & Medicaid Services

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

Here are some things you can do to prepare.

Make sure your address is up to date

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

Check your mail

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

Digital Flyers

Have you heard the news?

will restart eligibility reviews.

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

Following these steps will help determine if you still qualify:

- Make sure your contact information is up to date.**
- Check your mail for a letter.**
- Complete your renewal form (if you get one).**

Have Questions?

Visit or call

for help or to update your contact information today.

Call to Action and Key Messages for Partners

- **CMS Needs Your Help!**
- **What Partners Can Do NOW**
 - Right now, partners can help **prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes**. This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.
- **Key Messages for Partners to Share**
 - There are three main messages that partners should focus on now when communicating with people that are enrolled in Medicaid and CHIP.
 - **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.
 - **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
 - **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.
- Sample social media posts, graphics, and drop-in articles that focus on these key messages can be found in the [Communications Toolkit](#). The [Unwinding homepage](#) will continue to be updated as new resources and tools are released.
- Additional messaging will be shared in the future for phase 2, which focuses on ensuring Medicaid and CHIP beneficiaries take the necessary steps to renew coverage, and transition to other coverage if they're no longer eligible for Medicaid or CHIP once unwinding begins.