



Marketplace Special Enrollment Period for Medicaid Continuous Enrollment Condition Unwinding

Centers for Medicare & Medicaid Services (CMS)

Marketplace Special Enrollment Period (SEP)



- » The Centers for Medicare & Medicaid Services (CMS) has announced a **Marketplace Special Enrollment Period (SEP)** on HealthCare.gov for qualified individuals and their families who are losing Medicaid coverage due to the end of the “continuous enrollment condition,” a process known as “unwinding.”
- » A set of FAQs describing flexibilities for consumers and Marketplaces regarding the Medicaid Continuous Enrollment Condition Unwinding SEP for plan years 2023 and 2024 can be found here: <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>

What is the Unwinding Period?



- » To keep people in coverage during the COVID-19 Public Health Emergency (PHE), under what is known as the “continuous enrollment condition,” the Federal Government offered additional funding to states that paused terminations for Medicaid coverage beginning in March 2020.
- » When the continuous enrollment condition ends, states will be required to resume regular eligibility and enrollment operations, including renewals and coverage terminations. This process is referred to as “**unwinding**”.
 - While the continuous enrollment condition does not apply to separate Children’s Health Insurance Programs (CHIPs) or the Basic Health Program (BHP), CMS recognizes some states elected to apply the condition to their separate CHIP program or BHP. In those circumstances, subject to exceptions noted and other federal requirements, guidance related to unwinding from the Medicaid continuous enrollment condition also applies to CHIP and BHP.

What is the Unwinding Period? (cont.)



- » A recent law provides a date for unwinding to begin. The continuous enrollment condition will end on **March 31, 2023**, with states able to begin to terminate Medicaid enrollment for individuals no longer eligible for Medicaid as early as **April 1, 2023**.
 - States will have up to **12 months** (i.e., March 31, 2024) to initiate renewals for all individuals enrolled as of the last day of the continuous enrollment condition.
 - States will have up to **14 months** (i.e., May 31, 2024) to complete an eligibility renewal for all individuals in their programs.
 - Renewals may begin as early as **February 1**, with the first terminations effective as of **April 1**.
 - Consumers who receive advance notice that their Medicaid is ending on March 31 may start enrolling immediately in other coverage, such as on the Marketplace, to ensure continuity of coverage.
- » Due to the unprecedented nature of unwinding, during which consumers may need additional time to transition to Marketplace coverage, **HealthCare.gov will offer a temporary Special Enrollment Period (SEP)**.
- » State-based Marketplaces (SBMs) that operate their own eligibility and enrollment platforms **have the option to offer this SEP**.
 - Consumers can find information about their respective State Marketplace by visiting <https://www.healthcare.gov/marketplace-in-your-state/>.

Unwinding SEP



- » Consumers who lose Medicaid or CHIP coverage **between March 31, 2023, and July 31, 2024**, will be eligible for a **60-day SEP** beginning the day they submit or update a Marketplace application. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.
- » For consumers who attest to a loss of Medicaid or CHIP coverage in the past, Marketplace coverage will start the **first of the month following plan selection**. For example, if a consumer selects a plan on August 25, coverage will start September 1.
- » For consumers who attest to a future loss of Medicaid or CHIP coverage, Marketplace coverage will **start the first day of the month after their last day of Medicaid coverage**.

Medicaid/CHIP Coverage End Date	Date of Marketplace Plan Selection	Marketplace Plan Effective Date
July 31, 2023	July 25, 2023 (before Medicaid coverage ends)	August 1, 2023
July 31, 2023	August 5, 2023 (after Medicaid coverage ends)	September 1, 2023

The Unwinding Period Timeline



First day in which states
may initiate renewals for
April terminations

2/1/23

Terminations
may begin

4/1/23

Last day of SEP
eligibility

7/31/24

3/31/23

Continuous enrollment
condition expires;
First day of SEP eligibility

5/31/24

Every state must complete
renewals for every consumer
enrolled as of the last day of
the continuous enrollment
condition

SEP Actions for Consumers and CMS



- » To ensure continuity of coverage, consumers should complete a Marketplace application as soon as they receive a determination of ineligibility from their state Medicaid agency.
- » To receive the SEP, consumers must:
 1. Submit a new application or update an existing application 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 soon end, **and**
 2. Attest to a Medicaid or CHIP coverage loss between March 31, 2023, and July 31, 2024. Consumers will then have 60 days to select a new plan for Marketplace coverage.
- » To help consumers learn about their opportunity to enroll in health coverage through this Unwinding SEP, CMS will:
 - Notify partners and stakeholders who regularly interact with or on behalf of potentially qualified consumers;
 - Provide technical assistance and training to enrollment assisters, such as agents, brokers, and Navigators;
 - Provide information to news media; **and**
 - Advertise directly to consumers using tactics such as social media, email, search, and digital video.



Application Questions



How should a consumer answer the Medicaid or CHIP coverage questions on the Marketplace application?

- » The application will first ask applicants if they had Medicaid or CHIP coverage that recently ended or will soon end:
 - 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 already have Medicaid or CHIP and were denied** upon application should respond "no" to this question.
- » If anyone answers "Yes," they will be asked to input the last day of coverage:
 - Consumers should input their last date of Medicaid or CHIP coverage as listed in their termination letter from their state agency.
 - Consumers unsure of their last day of coverage should provide their best estimate.

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Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did Anton have Badger Care Plus (Medicaid) or BadgerCare Plus (CHIP) that recently ended or will end soon?

Select Yes if one applies:

- Anton's coverage ended between March 31, 2023 and today
- Anton's coverage is going to end between today and {60 days from today}

Yes

No

Enter the last day of Anton's coverage.
If you don't have it, give your best estimate.
For example: 1/31/2023

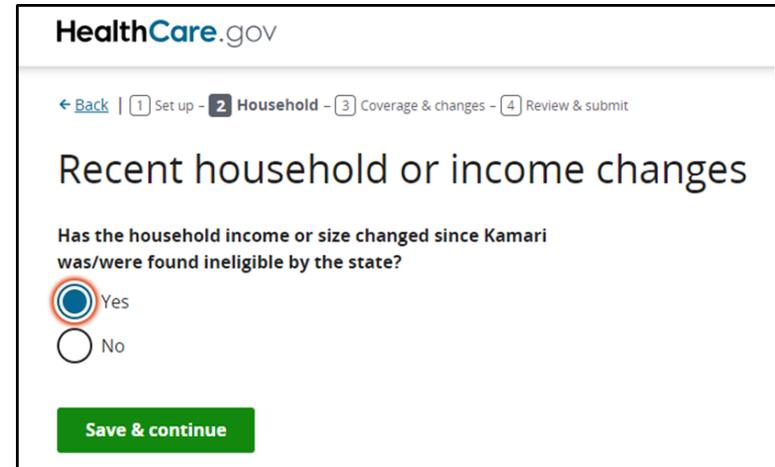
Month Day Year

/ /

Application Questions (2/3)

If an applicant **has lost Medicaid or CHIP coverage**, the application will ask if the applicant's household income or size has changed since they received their coverage termination notice.

- » The application uses this information to evaluate whether the applicant should be sent back to the state Medicaid agency for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead only be evaluated for Marketplace coverage eligibility, including advance payments of the premium tax credit (APTC).



The screenshot shows the HealthCare.gov application interface. At the top, the logo "HealthCare.gov" is displayed. Below it, a progress bar indicates the current step: "1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit". The main heading is "Recent household or income changes". The question is "Has the household income or size changed since Kamari was/were found ineligible by the state?". There are two radio button options: "Yes" (which is selected) and "No". At the bottom, there is a green button labeled "Save & continue".

Application Questions (3/3)



For consumers who answered "no" to having Medicaid or CHIP coverage that recently ended or will end soon, the application will ask if they recently applied for and **were denied Medicaid or CHIP coverage.**

- » Consumers who **were told in the preceding 90 days by the state that they don't qualify for Medicaid or CHIP coverage** should answer "yes" to this question.

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Recent Medicaid or CHIP denial

Was Kamari found not eligible for Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) since 11/1/2022?

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Yes

No

Enter the date on Kamari's denial letter.
If you don't have it, give your best estimate.
For example: 1/30/2023

Month / Day / Year

/ /

[Save & continue](#)

Complex Consumer Scenarios

- » Consumers who qualify for the Unwinding SEP as well as an additional SEP will **be given the coverage effective date associated with the Unwinding SEP**, unless the other SEP has a retroactive effective date.
- » If a consumer does not want their coverage to start on the date of their triggering event, such as a date of birth or adoption date, they can contact the Marketplace Call Center.
- » Consumers who are unsure of whether their Medicaid or CHIP was terminated should contact their state agency as soon as possible.
 - Consumers can access their state agency's contact information at this link:
<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/renew-your-medicaid-or-chip-coverage/index.html>
- » Consumers in states with SBMs should check with their SBM to find out if they're offering this Unwinding SEP.
 - CMS provides information for consumers regarding SBMs at this link:
<https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/state-marketplaces>



Redeterminations



- » As a reminder, millions of consumers may soon be eligible for Marketplace coverage, and you should be ready to assist them! Many consumers who lose Medicaid coverage will be directed to apply for coverage through the Marketplace. **Redeterminations can begin as early as February 1 with the first terminations effective April 1. People who receive advance notice of an April 1 termination may start enrolling in Marketplace coverage immediately to ensure continuity of coverage.**
- » Additionally, many Medicaid and CHIP beneficiaries may have moved or changed addresses since last receiving communications from their state Medicaid or CHIP agency. As a result, they may not receive termination notices from their Medicaid or CHIP agency timely or at all. CMS anticipates that many former Medicaid and CHIP beneficiaries would qualify for the SEP available for individuals who did not receive timely notice of triggering events.