

Key Facts on the Expiration of the Medicaid Continuous Coverage Requirement

Part one of “Key Facts on the Expiration of the Medicaid Continuous Coverage Requirement” provides a general description of the Medicaid continuous coverage condition and associated federal legislation, as well as state requirements during the unwinding process.

[Medicaid](#) is a vital health insurance program that provides coverage to millions of low-income individuals as well as long-term services and supports to older adults and individuals with disabilities. Each state and territory administers their Medicaid program according to federal requirements, and Medicaid is funded jointly by states and the federal government. States have seen an increase in their Medicaid enrollment since early 2020 as a result of the COVID-19 pandemic and related federal legislation. According to the [Centers for Medicare & Medicaid Services](#) (CMS), as of October 2022 about 84.4 million individuals were enrolled in Medicaid in the 50 states and the District of Columbia – an increase of about 20.5 million or 32.2 percent since February 2020.

The COVID-19 pandemic and the resulting public health and economic crisis left many individuals unemployed, uninsured, and facing financial insecurity. In response, the federal government implemented many legislative and regulatory provisions to help states meet the demand for increased Medicaid services. Specifically, section 6008 of the 2020 federal legislation [Families First Coronavirus Response Act](#) (FFCRA) authorized a temporary 6.2 percentage point increase in

Medicaid’s federal medical assistance percentage (FMAP), or federal funding, for Medicaid expenditures. As a requirement for the increase in FMAP, states and territories must maintain Medicaid coverage (i.e., not terminate coverage) for most Medicaid enrollees, not make their eligibility rules more restrictive, and not raise premiums throughout the duration of the public health emergency (PHE) (section 6008(b)(1),(2), and (3) of the FFCRA). All states and territories elected to receive the temporary FMAP and therefore have maintained Medicaid eligibility coverage for most enrollees. While states could conduct renewals or redeterminations of eligibility for the aged, blind, and disabled Medicaid populations at least once per year prior to this requirement, as a result of the FFCRA requirements to receive the temporary federal funding increase, most Medicaid enrollees have sustained their Medicaid enrollment despite changes in financial or other circumstances.¹

Up until recently, this provision of the FFCRA, commonly referred to as “Maintenance of Effort” or “continuous coverage” was tied to the PHE. The recent passage of the [Consolidated Appropriations Act, 2023](#) (CAA, 2023), Section 5131(a) of the federal spending bill, uncouples the Medicaid continuous coverage condition from the end of the PHE and gradually reduces the temporary FMAP increase until December 31, 2023 as long as states meet certain requirements. Under the CAA, 2023 the continuous enrollment condition will end March 31, 2023.

¹The terms “renewal” and “redetermination” are used interchangeably throughout this document and describe the process of reviewing a Medicaid enrollee’s eligibility for services and benefits.



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This means that states are returning to normal Medicaid eligibility and enrollment operations. States and territories may begin conducting Medicaid renewals of their current enrollees starting February 1, 2023. They must initiate renewals for all individuals enrolled in Medicaid by March 31, 2024, and must complete all renewals for individuals by May 31, 2024. Beginning April 1, 2023, states can terminate Medicaid enrollment for individuals who no longer meet the state's eligibility criteria after a full renewal evaluation. During this timeframe, often referred to as "unwinding," states will conduct Medicaid renewals for tens of millions of Medicaid beneficiaries, including those that are dually eligible for Medicare and Medicaid. Note that after the passage of the CAA, 2023, the Biden Administration announced that the PHE will end on May 11, 2023.

State Requirements and Key Dates

In preparation for when states resume normal operations, CMS has provided ongoing [guidance](#), tools, and resources, including monthly public [stakeholder calls](#). [CMS policy guidance](#) stipulates that states are required to abide by certain timelines for renewals, complete operational plans, and meet certain federal requirements, including state reporting requirements mandated in the CAA, 2023. The main three provisions of the CMS state guidance are listed as follows:

States can begin Medicaid beneficiary redeterminations starting February 1, 2023 and must complete renewals by May 31, 2024.

The January 5, 2023 [CMS Informational Bulletin](#) describes the Medicaid eligibility provisions in the CAA, 2023.

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States can begin renewals in the month before, the month of, or after the month in which the

continuous enrollment ends. The continuous enrollment condition will end March 31, 2023. States can begin their unwinding period as early as February 1, 2023 by initiating renewals that may result in eligibility terminations on or after April 1, 2023. States must begin their unwinding period by initiating renewals no later than April 2023.

CMS recommends that state Medicaid agencies conduct renewals on no more than 1/9th of their total caseload in each month of the unwinding period to reduce the risk of not meeting federal renewal requirements and to create a sustainable workload for future years.

States must initiate renewals for current Medicaid enrollees by March 31, 2024.

A renewal is considered initiated when the state begins the renewal process by attempting to renew eligibility on an [ex parte](#) basis without requiring information from the individual. Ex parte renewals, also referred to as automated, passive or administrative renewals, are renewals that do not require the Medicaid enrollee to submit paperwork.

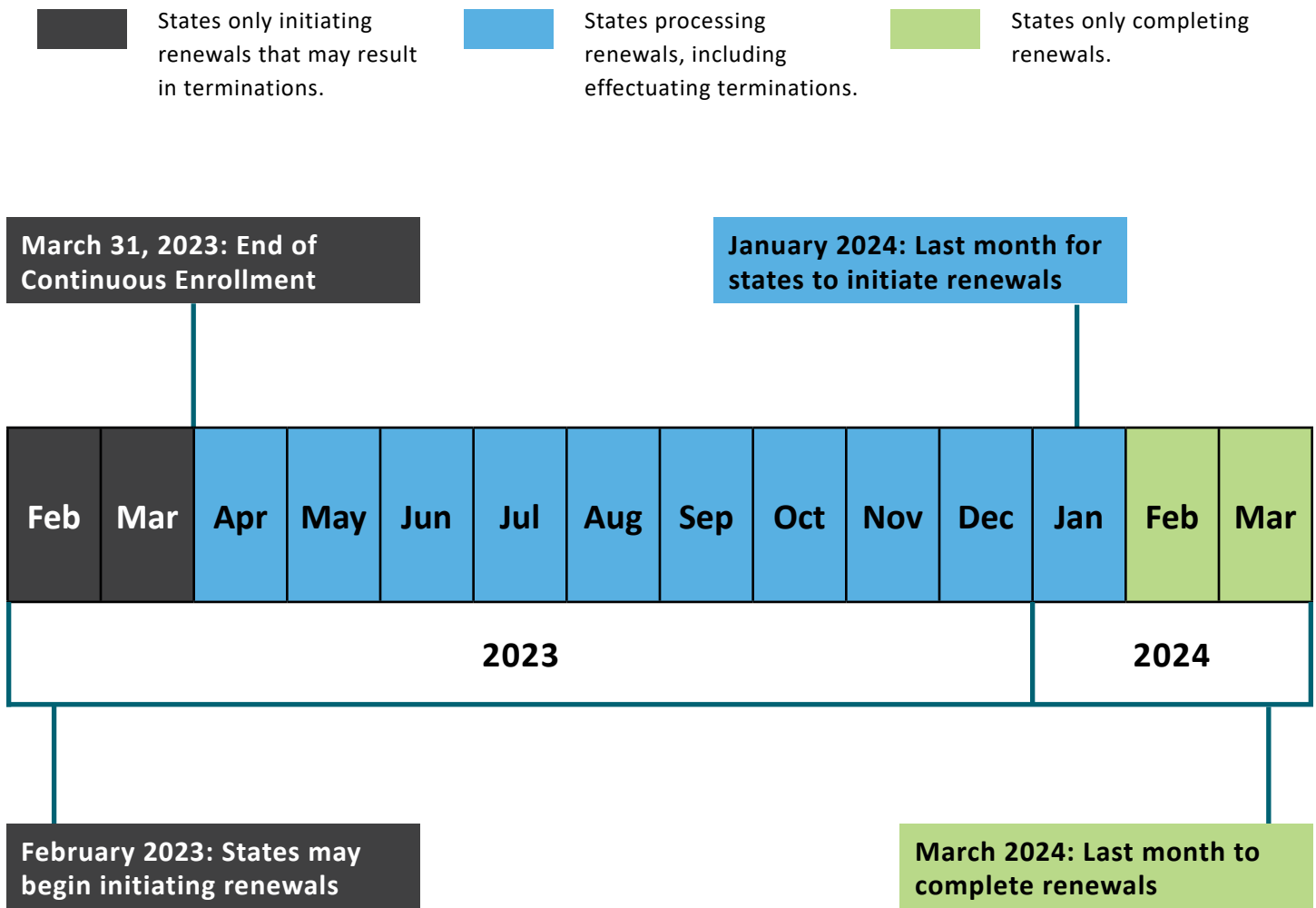
States must complete renewals for individuals enrolled as of the last day of the continuous enrollment condition by May 31, 2024, and return to normal operations.

See figure 1 for an example of a state unwinding timeline.



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Figure 1: Example of State Unwinding Timeline



Source: “[Medicaid Continuous Enrollment Requirement Provisions in Consolidated Appropriations Act, 2023](#)”, CMCS (Centers for Medicare & Medicaid Services) Informational Bulletin, January 5, 2023. Note this is an example of a timeline for states with a 60-day renewal process starting in February 2023. Examples of 60-day renewal timelines beginning in March 2023 and April 2023 and timelines for states with a 90-day renewal process are included in the guidance.

States must develop and report operational plans describing how they will resume normal operations. [CMS guidance](#) specifies states must submit certain documents demonstrating their progress in conducting Medicaid renewals and ensuring coverage for eligible individuals. See Figure 2. Recent [CMS guidance](#) outlines revised timelines for state reports to CMS about their redetermination activities.

States must submit a “[Renewal Redistribution Plan](#)” that describes how they intend to prioritize

redeterminations, such as using a risk-based approach, as well as the processes and strategies the state will use to mitigate against coverage loss.

States must provide testing and configuration plans or “[Systems Readiness Artifacts](#)” if the state made changes to their systems in response to the Medicaid continuous enrollment provision. States are required to submit certain documents to CMS to demonstrate system readiness to resume the state’s full renewal processes.

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States must submit [Baseline Unwinding Data](#), or data that describes a state’s progress in completing redeterminations.

Figure 2: Timeline for State Reports on Redistribution Activities

Submission	Submit by:
Renewal Redistribution Plan	February 1, 2023, for state initiating renewals in February February 15, 2023, for all other states
Systems Readiness Artifacts (Testing and Configuration Plans)	February 1, 2023, for state initiating renewals in February February 15, 2023, for all other states
Baseline Unwinding Data	Varies depending on when state begins renewals (February 1, 2023; March 8, 2023; April 8, 2023) Due the 8th day of the month in which a state begins renewals

Note: Where submission due date falls on a weekend or public holiday, states may submit the required document(s) (e.g. unwinding data) on the following business day. **Source:** “[Medicaid Continuous Enrollment Requirement Provisions in Consolidated Appropriations Act, 2023](#)”, Centers for Medicare & Medicaid Services Informational Bulletin, January 5, 2023.

To claim the temporary FMAP increase, states must comply with all federal requirements, including new conditions, through the end of the year.² These include:

Compliance with federal renewal requirements.

To claim the temporary FMAP increase after March 31, 2023, states must conduct Medicaid eligibility determinations in compliance with federal regulations, including requiring states to attempt to renew Medicaid enrollee’s eligibility through an ex parte process using all available data sources to confirm ongoing eligibility. If the state is unable to establish eligibility on an ex parte basis, the state is required to send reenrollment paperwork to the individual beneficiary. When individuals are eligible for non-MAGI Medicaid or in the aged, blind, or disabled Medicaid eligibility category, states must allow them a reasonable amount of time to provide information or documentation to determine eligibility. (Note: An individual’s MAGI or modified

adjusted gross income is used to determine eligibility for Medicaid categories other than those eligible for the aged, blind, or disabled category.)

Up-to-date contact information. As a condition of claiming the temporary FMAP increase, under section 6008(f)(2)(B) of the FFCRA, a state must attempt to ensure that it has up-to-date contact information for each individual for whom it conducts a renewal. This condition requires the state to use the United States Postal Service National Change of Address database, information maintained by state health and human agencies, and other reliable sources of contact information.

Contact beneficiaries using more than one modality prior to terminating enrollment on the basis of returned mail. States cannot disenroll someone for returned mail unless the state has made a good faith effort to contact the individual using more than one communication mode, such as mail, phone, or email. A “good faith” effort means that the state has a process in place to obtain the up-to-date mailing addresses of enrollees and additional contact information, and the state attempts to reach individual through at least two modalities using up-to date information.

Assess eligibility for other insurance affordability programs. For those individuals who the state has determined ineligible, Medicaid agencies



² Section 5031 of the CAA, 2023 amends section 6008 of the FFCRA and creates three new conditions states must satisfy to claim the temporary FMAP from April 1, 2023 through December 31, 2023. See [CMS SHO#23-002](#).

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must assess individuals for potential eligibility for other insurance affordability programs, such as the Marketplace. Additionally, Medicaid agencies cannot terminate an individual's coverage until they are found ineligible for all Medicaid-covered groups or if the individual does not provide requested information within a requested time.

Other conditions. In addition, states claiming the increased FMAP for any quarter beginning April 1, 2023 through the end of the year must continue to meet three of the conditions originally listed in FFCRA: 1) “maintenance of effort” protections prohibiting states from imposing new Medicaid eligibility restrictions; 2) maintenance of premium levels; and 3) coverage without cost-sharing for COVID-19 testing, vaccines, and treatment.

Guidance and Resources on the Medicaid Continuous Enrollment Unwinding

Federal:

[Families First Coronavirus Response Act](#), 2020, Pub. L. No. 116-127.

[Consolidated Appropriations Act](#), 2023, Pub. L. No. 117-328.

CMS' Medicaid.gov website, “[Unwinding and Returning to Regular Operations after COVID-19](#)” includes links to federal guidance on unwinding, state reporting information, communication toolkits, tools and templates, and other information.

[Federal Policy Guidance](#), including State Health Official Letters.

Other federal guidance:

Medicaid and CHIP Coverage Learning Collaborative, “[Medicaid and CHIP Renewals and Redeterminations](#)”, January 13, 2021.

“[Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches](#)”, Issue Brief (HP-2022-20), Office of Health Policy, Assistant Secretary for Planning and Evaluation, August 19, 2022.

Recordings and transcripts for CMS national calls on Medicaid and the unwinding process:

“[CMS Medicaid and CHIP All State Calls – 2023](#)”
[CMS National Stakeholder Calls](#), including

“Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare, A Partner Education Monthly Series”.

Medicaid.gov features information on each state's Medicaid and CHIP profile:

[State Medicaid Profiles](#)

Other Organizations:

Corallo, Bradley and Sophia Moreno, “[Analysis of Recent National Trends in Medicaid and CHIP Enrollment](#)”, KFF, February 6, 2023.

Musumeci, MaryBeth, Molly O'Malley Watts, Meghana Ammula, and Alice Burns. “[Medicaid Public Health Emergency Unwinding Policies Affecting Seniors & People with Disabilities: Findings from a 50-State Survey](#)”, KFF, July 11, 2022.

“[Public Health Emergency \(PHE\) and Continuous Coverage Unwinding Resources](#)”, National Health Law Program.

“[Resources for Advocates: COVID-19 and Public Health Emergency \(PHE\) Unwinding Resources](#)”, Justice in Aging.

Tolbert, Jennifer and Meghana Ammula, “[10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision](#)”, KFF, January 11, 2023.

“[Unwinding Medicaid Continuous Coverage](#)”, Georgetown University Health Policy Institute, Center for Children and Families. The [50-State Unwinding Tracker](#) features certain information on each state's unwinding process.

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Referral Resources for Benefits Counseling

[SHIP](#). The State Health Insurance Assistance Program (SHIP) is a national program that offers one-on-one assistance, counseling, and education to Medicare beneficiaries, their families, and caregivers to help them make informed decisions about their care and benefits. SHIP provides free, in-depth, unbiased, health insurance assistance through objective outreach, counseling, and training. The SHIP vision is to be the known and trusted community resource for Medicare information. To find a SHIP, go to shiphelp.org or call 877-839-2675.

[Benefit Enrollment Centers](#). Benefit Enrollment Centers or BECs help low-income individuals with Medicare enroll in benefit programs, such as MSPs, LIS, SNAP, and LIHEAP. The National Council on Aging (NCOA) manages the BECs. NCOA's BenefitsCheckUp online tool is another resource to help connect older adults and people with disabilities to benefits.

[Disability Information And Access Line or DIAL](#). DIAL helps people with disabilities obtain COVID-19 vaccinations, as well as community services and supports. DIAL is located within USAging and is funded by the U.S. Administration for Community Living and the Centers for Disease Control and Prevention.

[Eldercare Locator](#). Eldercare Locator is a public service of the U.S. Administration on Aging helping to connect older adults, their families and caregivers to benefits and services. Eldercare Locator is operated by USAging.

Ochieng, Nancy, Juliette Cubanski, and Tricia Newman, "[Four Key Changes in the Biden Administration's Final Rule on Medicare Enrollment and Eligibility](#)", KFF, December 15, 2022.

[State Aging and Disability Agency Online Resources](#). ADvancing States maintains a list of states' online consumer access points to help individuals learn about service options, find programs and services, and connect to local agencies that offer Information and Referral/Assistance.

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