

# All-State Medicaid and CHIP Call October 18, 2022



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# Agenda

- COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies
- Ending Coverage in the Optional COVID-19 Group
- Open Mic Q and A

# COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies

## COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies October 17, 2022

The Centers for Medicare & Medicaid Services (CMS) has released numerous guidance documents and tools designed to help states<sup>1</sup> prepare for the eventual end of the COVID-19 public health emergency (PHE), including a State Health Official Letter, [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](#) (SHO #22-001, dated March 3, 2022). CMS is releasing these answers to frequently asked questions (FAQs) regarding SHO #22-001 and related guidance. For more information, including resources, tools to support state unwinding efforts, and information shared during All State Calls, please visit [www.Medicaid.gov/unwinding](http://www.Medicaid.gov/unwinding).

### Unwinding Period

**Q1: When can states begin the 12-month unwinding period described in SHO Letter #22-001?**

**A:** States may choose to begin their unwinding period in one of three months: (1) one month prior to the month in which the PHE ends, (2) the month in which the PHE ends, or (3) the month after the month in which the PHE ends. For example, if the PHE ends in January 2023, states may begin their unwinding period anytime in December 2022, January 2023, or February 2023. A state's unwinding period begins during the month it first initiates renewals for beneficiaries who may be terminated because they no longer meet eligibility requirements or do not provide information needed for the state to renew eligibility.

**Q2: When is a renewal considered initiated for the purposes of beginning the state's unwinding period?**

**A:** A renewal is considered "initiated" when the state begins the *ex parte* renewal process for a cohort of beneficiaries by accessing electronic data sources and other information available to the state in order to determine if a beneficiary's eligibility can be successfully renewed without contacting the beneficiary.

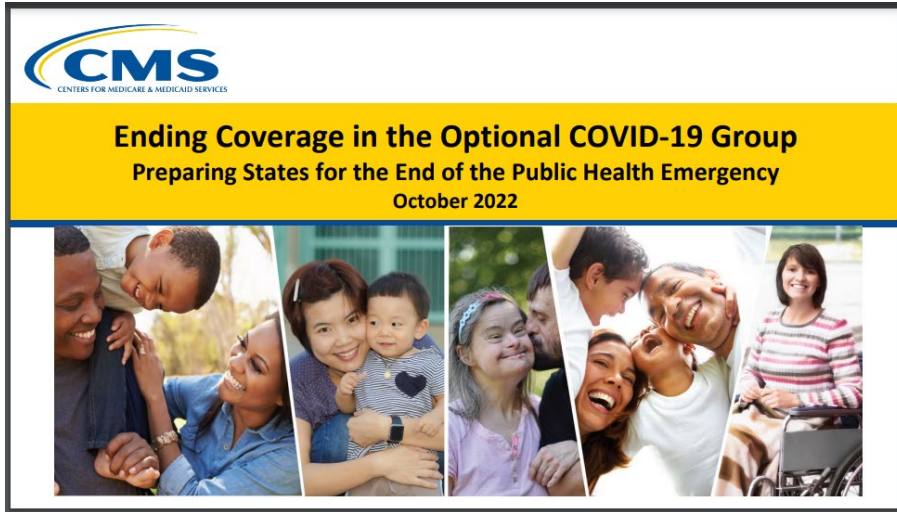
**Q3: If a state has been conducting renewals throughout the PHE, when does the state's 12-month unwinding period begin?**

**A:** States that have been conducting renewals during the PHE are subject to the options outlined in the answer to Q1 regarding the month in which the state may begin its unwinding period. The unwinding period will begin for these states during the month when the state initiates renewals for a cohort of beneficiaries *who may be terminated* because they no longer meet eligibility requirements or do not provide information needed for the state to renew eligibility. Conversely, prior to the initiation of the unwinding period, states claiming the 6.2

<sup>1</sup> Throughout this document, "states" refers to states, the District of Columbia, and the U.S. Territories.

- On October 17th, 2022, CMS released answers to frequently asked questions (FAQs) regarding SHO #22-001 and related unwinding guidance.
- The FAQs are available at: <https://www.medicaid.gov/federal-policy-guidance/downloads/covid-19-unwinding-faqs-oct-2022.pdf>

# Ending Coverage in the Optional COVID-19 Group



- On October 17<sup>th</sup>, 2022, CMS posted a resource that provides additional information for states on ending coverage in the optional COVID-19 group after the PHE ends.
- The resource is available at: <https://www.medicaid.gov/resources-for-states/downloads/ending-covrg-optnl-covid-grp-guidance.pdf>

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# Questions

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