



Center for Consumer Information and Insurance Oversight

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Temporary Special Enrollment Period (SEP) for Consumers Losing Medicaid or Children’s Health Insurance Program (CHIP) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition Operations for Plan Year 2024

The guidance referenced in this document is applicable to all Marketplaces and provides specific operational details for consumers in Marketplaces using the federal eligibility and enrollment platform. This guidance does not replace or revise, but rather extends the policy described in previously issued guidance for plan years 2023 and 2024, which referenced current federal regulations at 45 CFR 155.420(d)(9) and, (d)(1), [Section 5131 of subtitle D of title V of division FF of the Consolidated Appropriations Act of 2023 \(CAA, 2023\)](#), [the Center for Medicaid & CHIP Services \(CMCS\) Informational Bulletin dated January 5, 2023](#), and [the CMCS State Health Official \(SHO\) letter #23-002, published on January 27, 2023](#). Specifically, this guidance extends flexibilities for consumers and Marketplaces with regard to the Medicaid Continuous Enrollment Condition Unwinding SEP through November 30, 2024.

On January 27, 2023, CMS announced a temporary Marketplace Special Enrollment Period (SEP) for qualified individuals and their families losing Medicaid or CHIP coverage due to the end of the Medicaid continuous enrollment condition, also known as “unwinding.” This SEP, hereinafter referred to as the “Unwinding SEP,” allows individuals and families in Marketplaces served by HealthCare.gov to enroll in Marketplace health insurance coverage outside of the annual Open Enrollment period. To implement this, CMS and approved enrollment partners updated eligibility applications and logic used for the Marketplaces served by HealthCare.gov so that Marketplace-eligible consumers who submit a new application or update an existing application between March 31, 2023¹ and July 31, 2024 and attest to a last date of Medicaid or CHIP coverage within the same time period, are eligible for an Unwinding SEP. Consumers eligible for the Unwinding SEP have 60 days after they submit or update their application to select a Marketplace plan with coverage that starts the first day of the month after they select a plan.

While most states initially anticipated completing unwinding-related renewals by mid-2024, many states are expected to extend their unwinding timelines for several additional months, due to adoption of strategies to promote continuity of coverage for eligible individuals, pauses in procedural

¹ March 31, 2023 was the earliest date that a beneficiary can have their last day of Medicaid coverage if coverage is terminated following the end of the continuous enrollment condition.

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disenrollments, or other state-specific situations. In light of this, CMS is announcing that the Unwinding SEP **end date will be extended to November 30, 2024**. This flexibility is optional for State-Based Marketplaces.

Therefore, between **March 31, 2023 and November 30, 2024**, Marketplace-eligible consumers who are disenrolled from Medicaid, CHIP, or, if applicable, the Basic Health Program (BHP) coverage can select a plan under the Unwinding SEP by submitting or updating an application through HealthCare.gov, an approved enrollment partner that supports direct enrollment during SEPs, or the Marketplace Call Center. Consumers who are determined eligible for this Unwinding SEP will have 60 days from the date on which they submit a new or updated HealthCare.gov application, up until November 30, 2024, to make a plan selection under the Unwinding SEP, for coverage that can be effective the first day of the month following plan selection. For plan selections made from December 1, 2024 through January 15, 2025, consumers disenrolled from Medicaid or CHIP coverage may sign up for coverage for the 2025 plan year under the Marketplace annual Open Enrollment period and do not need an SEP to enroll in Marketplace coverage for January 1 or February 1 coverage.

Finally, in the HHS Notice of Benefit and Payment Parameters for 2024 final rule (88 FR 25740), CMS finalized a new special rule at 45 CFR 155.420(c)(6) whereby, at the option of the Exchange, consumers disenrolled from minimum essential coverage (MEC) that is Medicaid or CHIP coverage can have 90 days or longer (instead of 60 days) after the loss of such coverage to select a plan, up to the number of days provided for the state's applicable Medicaid or CHIP reconsideration period per regulation at 42 CFR 435.916 and 457.343. In 2024, CMS and approved enrollment partners will begin making updates to eligibility applications and logic used for the Marketplaces serviced by HealthCare.gov to implement this new rule after plan selection under the Unwinding SEP is no longer available on HealthCare.gov on November 30, 2024.

For more information, please refer to last year's [Temporary Special Enrollment Period \(SEP\) for Consumers Losing Medicaid or the Children's Health Insurance Program \(CHIP\) Coverage Due to Unwinding of the Medicaid Continuous Enrollment Condition – Frequently Asked Questions \(FAQ\)](#).

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