



Health Care Reform in Indian Country

Self-Governance Communication & Education

Self-Governance Tribes Striving Towards Excellence in Health Care

Overview of Federal Guidance on Medicaid and CHIP Eligibility and Enrollment Procedures After COVID-19 Public Health Emergency Ends¹

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This Tribal Self-Governance Advisory Committee (TSGAC) brief provides Tribes and Tribal organizations with an overview of federal guidance on Medicaid and Children’s Health Insurance Program (CHIP) eligibility and enrollment procedures as states prepare to resume routine operations, including eligibility terminations, when the COVID-19 public health emergency (PHE) ends (“unwinding” period). During the PHE, which began on January 31, 2020, states have made a number of Medicaid policy and systems changes to respond to COVID-19, including providing continuous coverage to almost all enrollees as a condition of receiving a temporary increase in federal funding.

BACKGROUND

The Families First Coronavirus Response Act (Families First Act), enacted on March 18, 2020, contains several Medicaid coverage provisions that will continue to apply for the duration of the PHE, including a 6.2 percentage point increase in the standard federal medical assistance percentage (FMAP) for Medicaid services.² To receive this increased FMAP, **a state cannot terminate enrollees from Medicaid if these individuals were enrolled in the program as of March 18, 2020, or become enrolled subsequent to that date during the PHE, unless these individuals voluntarily terminate eligibility or leave the state, through the last day of the month in which the PHE ends.**³

In large part due to this continuous coverage requirement, Medicaid and CHIP enrollment has increased by 16.3 million since the start of the PHE, rising to about 87 million as of January 2022. This enrollment growth will result in significantly higher work volume for states during the Medicaid eligibility redetermination and renewal process after the PHE ends (*i.e.*, during the “unwinding” period). In addition, as many as 15 million Medicaid and CHIP enrollees could lose eligibility during the “unwinding” period. In response, CMS has released a series of guidance documents and other materials designed to help states navigate the “unwinding” process and to ensure enrollees remain in Medicaid or CHIP coverage or transition to other coverage (*e.g.*, Marketplace coverage), as appropriate.

¹ This brief is for informational purposes only and is not intended as legal advice.

² The Families First Act also included (1) a requirement that states provide Medicaid coverage with no cost-sharing to currently eligible Medicaid populations for COVID-19 testing, including administration of this testing and any associated (*i.e.*, testing-related) medical visit “for which payment may be made under the State plan” and (2) an option for states to extend to uninsured individuals Medicaid coverage for COVID-19 testing, with the federal government covering 100% of the cost.

³ A state also must (1) maintain eligibility standards, methodologies, or procedures no more restrictive than those in place as of January 1, 2020; (2) not charge premiums that exceed those in place as of January 1, 2020; and (3) provide Medicaid coverage with no cost-sharing for any COVID-19 testing and treatment, including vaccines, specialized equipment, and therapies.

CMS GUIDANCE

CMS has issued the following State Health Official letters regarding the Medicaid and CHIP “unwinding” process after the PHE ends:

- **SHO #20-004**, “Planning for the Resumption of Normal State Medicaid, Children’s Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations upon Conclusion of the COVID-19 Public Health Emergency,” dated December 23, 2020: This guidance provides states with information on returning to routine Medicaid and CHIP operations, including requirements for making temporary changes made during the PHE permanent and ending temporary authorities, as well as operational and managed care considerations for returning to routine operations.
- **SHO #21-002**, “Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, CHIP, and BHP Operations upon Conclusion of the COVID-19 Public Health Emergency,” dated August 13, 2021: This guidance updates SHO #20-004 by (1) extending the time in which states have to conduct Medicaid and CHIP eligibility redeterminations and renewals for enrollees during the “unwinding” period to 12 months and (2) requiring states to conduct eligibility redeterminations for all enrollees during the “unwinding” period, even if an enrollee previously was determined otherwise ineligible during the PHE.
- **SHO #22-001**, “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,” dated March 3, 2022: This guidance expands on SHO #21-002 by describing how states can (1) distribute Medicaid and CHIP eligibility and enrollment work when they restore routine operations, (2) mitigate churn for eligible enrollees, and (3) transition individuals to other coverage, including Marketplace coverage.

For Tribal programs, having enough staff will be critical to (1) assist Active Users with the Medicaid redetermination process and (2) for those determined no longer eligible for Medicaid, consider enrollment in other insurance programs, such as through Marketplace coverage under a Tribal Sponsorship program.

Links to these guidance documents, as well as to other resources related to the Medicaid and CHIP “unwinding” period, are available on the Medicaid.gov “Unwinding and Returning to Regular Operations after COVID-19” page at <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html>.