

Medicaid Continuous Enrollment Condition Unwinding Marketplace Frequently Asked Questions (FAQ) Companion Resource

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

Updated May 23, 2023

Background to the Medicaid Continuous Enrollment Condition Unwinding Marketplace FAQ



- » The Medicaid continuous enrollment condition ended on March 31, 2023.
- » State programs are returning to normal eligibility and enrollment operations, including processing Medicaid terminations for individuals who are determined no longer eligible; this return to normal operations is known as unwinding.
- » Beginning **April 1, 2023**, states claiming the temporary FMAP increase under the FFCRA were able to terminate enrollment for ineligible individuals enrolled in Medicaid, following a redetermination.
- » States have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition.
- » During unwinding, some individuals will lose their current Medicaid or CHIP coverage and will need to transition to other health insurance, such as coverage through a Health Insurance Marketplace®.
- » CMS has released two FAQ resources that outline policy and operational changes the federal Marketplace has made to smooth coverage transitions, and provide answers to common questions on coverage transitions:
 - » Marketplace Unwinding FAQ (released May 16, 2023): <https://www.cms.gov/files/document/faqs-marketplace-unwinding.pdf>
 - » Unwinding SEP FAQ (released January 27, 2023): <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>

How should an individual answer the Medicaid or CHIP coverage questions on the Marketplace application on HealthCare.gov?

Question 1- Medicaid or CHIP Ending

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Medicaid or CHIP coverage ending

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

Did Susan have Delaware Medicaid or Delaware Healthy Children Program (CHIP) that recently ended or will end soon?

Select Yes if one applies:

- Susan's coverage ended between 2/11/2023 and today
- Susan's coverage is going to end between today and 7/11/2023

Yes

No



- » The application will first ask if anyone applying had Medicaid or CHIP coverage that recently ended or will end soon.
- » Individuals who have recently lost or are about to lose Medicaid or CHIP coverage should respond **“Yes”** to this question.
- » Individuals who **did not already** have Medicaid or CHIP coverage and recently applied for Medicaid or CHIP (either directly through their state Medicaid or CHIP agency or indirectly through a referral to their state when they applied for Marketplace coverage) but were **denied**, should respond **“No”** to this loss of coverage question.
 - Individuals who did not have Medicaid or CHIP coverage but were denied coverage should answer a separate question (included on slide 11).

Question 2- Medicaid or CHIP Ending



Enter the last day of Susan's coverage.

If you don't know it, enter the last day of the month that you know Susan had, or will have, coverage, for example: 5/31/2023. Most coverage ends on the last day of the month.

Month	Day	Year
<input type="text" value="06"/>	<input type="text" value="29"/>	<input type="text" value="2023"/>

Save & continue

- » Consumers should input their last date of Medicaid or CHIP coverage as listed in their termination letter from their state Medicaid agency.
- » Consumers unsure of their last day of coverage should provide their best estimate.

Question 3 – Medicaid or CHIP Ending



Recent household or income changes

Has the household income or size changed since Susan was/were found ineligible by the state?

Yes

No

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Application ID: 4388524600

- » If an applicant is losing or 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 as part of the evaluation for whether the applicant should be sent back to the state for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead be evaluated for Marketplace coverage eligibility, including APTC.
- » When a consumer answers **"No"** to this question, they are not evaluated for Medicaid/CHIP coverage and are evaluated **only** for Marketplace coverage with advanced payments of the premium tax credit (APTC)/cost-sharing reductions (CSRs).

Question 4 – Current Coverage – Later in the Application

Current coverage

Is Susan currently enrolled in health coverage?

Select "Yes" only if they'll still have the same coverage they have now on or after 7/11/2023.

[Learn more about types of health coverage and how to answer, even if a person is enrolled through the Marketplace.](#)

Yes

No

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- » After collecting income information, a question asks whether applicants are currently enrolled in health coverage. Note that applicants should only answer **"Yes"** if they plan to keep their other health coverage after their Marketplace coverage begins.
- » **If an applicant is losing Medicaid or CHIP coverage and doesn't have other coverage such as employer coverage or Medicare, they should answer "No" here.**
- » The application uses this information as part of the evaluation for whether the applicant is eligible for APTC.
- » When a consumer answers **"Yes"** to this question, **they may be found ineligible for APTC/CSRs** even if they also attested to Medicaid or CHIP coverage ending soon.

Question 5 – Medicaid or CHIP Ending – Later in Application



Recent coverage changes

Did Susan lose qualifying health coverage between 3/13/2023 and 5/12/2023?

[Learn more about recent loss of coverage.](#)

- Yes
- No

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- » If an applicant appears eligible for enrollment in a Marketplace plan, the application has generally always asked whether the applicant lost qualifying health coverage to determine whether the household qualifies for a Special Enrollment Period (SEP).
- » Beginning **May 31, 2023**, when an applicant attested to losing Medicaid or CHIP since March 31, 2023, they will qualify for the Unwinding SEP and won't see this question appear.

Question 6 – Medicaid or CHIP Denial - Later in the Application



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Recent Medicaid or CHIP denial

Was Susan found not eligible for Delaware Medicaid or Delaware Healthy Children Program (CHIP) since 2/11/2023?

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

Yes
 No

Enter the date on Susan's denial letter.
If you don't have it, give your best estimate.
For example: 5/12/2023

Month Day Year

/ /

Save & continue

- » 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.

Takeaways for Individuals



- » To minimize gaps in coverage, CMS recommends that individuals who are losing Medicaid or CHIP coverage submit a new application (or update an existing application) on HealthCare.gov or via the Marketplace Call Center as soon as they receive their Medicaid or CHIP coverage termination notice from their state agency.
- » These individuals do not have to wait for their Medicaid or CHIP coverage to end, or to receive a notice from the Marketplace, before they can apply for Marketplace coverage. On their Marketplace application, they can attest to a last day of Medicaid or CHIP anytime since March 31, 2023.
- » If an individual lost or will lose Medicaid or CHIP coverage because they didn't submit the renewal form or provide requested information **to their state Medicaid/CHIP agency, they should return the completed form or supply the requested information now.** They may still be eligible for Medicaid or CHIP.
- » If an individual lost Medicaid or CHIP coverage in the last 90 days, returning the form or supplying the requested information means that they won't need to submit a new application to be considered for Medicaid/CHIP.