Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts

When the COVID-19 Public Health Emergency (PHE) and the Families First Coronavirus Response Act (FFCRA) continuous enrollment condition end, states must return to normal eligibility and enrollment operations. States will have up to 12 months to initiate a full renewal for all individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP). This volume of work will present significant challenges and necessitates state action now to plan to resume normal operations, ensure eligible beneficiaries maintain coverage and facilitate seamless transitions for individuals eligible for other forms of coverage (e.g., Marketplace, Medicare or CHIP coverage).

This tool highlights 10 fundamental actions states should complete to prepare for unwinding and provides links to the relevant existing CMS guidance and other resources to support state planning efforts. This tool does not announce any new policies or guidance, but merely compiles existing tools and guidance into a more accessible format, including hyperlinks and page/slide citations to help states quickly find helpful resources.

1. Create your state's unwinding operational plan

Develop a comprehensive unwinding operational plan to restore routine operations in Medicaid, CHIP, and BHP, as described in CMS State Health Official letters issued in March 2022 and December 2020 (SHOs #22-001 and #20-004). The plan should describe how the state will complete outstanding work, ensure continuity of coverage for eligible individuals, and facilitate seamless transitions for individuals who become eligible for other forms of coverage.

- **Medicaid and CHIP COVID-19 Health Emergency Eligibility and Enrollment Pending Actions Resolution Planning Tool (issued March 2022):** Guides states through eligibility and enrollment issues to address in their planning efforts and key state planning domains and strategies. States may use this tool to assess their readiness and the comprehensiveness of their unwinding plans.

- **General Transition Planning Tool for Restoring Regular Medicaid and Children's Health Insurance Program Operations After Conclusion of the Coronavirus Disease 2019 Public Health Emergency (issued January 2021):** Guides states through an assessment of actions needed to ensure a smooth transition as federal approval for each PHE-related authority/flexibility/waiver expires at the end of the PHE or another specified date.

- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides a policy and operational strategy "punchlist" states can use to sustain coverage for eligible beneficiaries, promote seamless coverage transitions, and enhance eligibility operations during unwinding.

2. Coordinate with government partners, including the Marketplace

Coordinate with state, Tribal, and federal government partners to promote a "whole of government approach" as states develop a plan, create and communicate consumer messaging, and establish processes that promote continuity of coverage. States should engage and leverage program information from sister state agencies, including human services, information technology, public health, child welfare, justice, and education agencies. States with Tribal populations should also consult with Tribes to support strategic planning and partnerships with Tribes and Indian health care providers (IHCPs). Government agencies, such as state or local health departments, Indian health care providers, and social services agencies that contact beneficiaries can amplify messaging around renewing coverage.

States should also coordinate with the federally facilitated marketplace (FFM) or engage their state-based marketplace (SBM) to facilitate coverage transitions. States that operate SBMs may have additional opportunities to share resources for outreach and messaging to promote continuity of coverage. For example, Medicaid agencies can share information about individuals losing coverage due to a procedural reason with SBMs (including via account transfers) as a way to sustain coverage.

- **Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit (issued March 2022):** Describes various touchpoints, including other government entities, to leverage when trying to reach people with Medicaid and CHIP (see p. 3).
- **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 (State Health Official Letter #22-001, issued March 2022):** Provides guidance to states on facilitating coverage transitions for individuals who become eligible for Marketplace coverage (see pp. 27–28). Provides strategies to leverage SNAP data and processes to support streamlined eligibility and enrollment (see pp. 20, 24, and 35).
- **Strategic Approaches to Support State Fair Hearings as States Resume Normal Eligibility and Enrollment Operations After the COVID-19 PHE (issued April 2022):** Describes how regular engagement with internal stakeholders such as sister state agencies and ombudsman offices, can support the state's fair hearing process (see slide 12).
- **Coordination of Eligibility and Enrollment between Medicaid, CHIP and the Federally Facilitated Marketplace (issued July 2016):** Outlines federal requirements related to coordination of eligibility and enrollment among insurance affordability programs.
- **Sample Account Transfer Notice:** Updated sample account transfer notice language to account for February 2022 FFM update directing all consumers to start a new Marketplace coverage application.
- **Strategies for SBMs to Improve Medicaid to Marketplace Coordination and Maximize Enrollee Transitions at the End of the Continuous Enrollment Requirement (issued March 2022):** Outlines how SBM's can engage with Medicaid and CHIP agencies to facilitate seamless coverage transitions.

3. Implement and strengthen automated processes

Assess current operations to identify opportunities to increase automation and reduce manual processes, including through strategies like *ex parte* renewals, increasing methods for no touch case processing, and automated beneficiary communications like IVR messaging. States with high rates of *ex parte* renewals are more likely to maintain coverage for eligible individuals and reduce staff workload. States should also be able to accept applications and renewals online and via phone and should promote submission of information through electronic modalities that facilitate beneficiary response and ease workload for the eligibility workforce.

- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides policy and operational strategies states can implement to strengthen renewal processes and support unwinding activities (see pp. 3–5).

- **State Health Official Letter #22-001 (issued March 2022):** Provides new flexibilities for states under section 1902(e)(14)(A) waivers to facilitate *ex parte* renewals (see pp. 23–25) and highlights strategies to mitigate churn through greater automation (see pp. 33–36).
- **Connecting Kids to Coverage: State Outreach, Enrollment and Retention Strategies (issued November 2021):** Shares information, including state spotlights, on how to use technology to make enrollment and renewal easier for families and states (see p. 7).
- **Achieving Real Time Eligibility Determinations (issued June 2015):** Provides guidance and information to states on the regulatory framework and system/technology investments that allow for real time eligibility determinations.

4. Engage system vendors to identify changes, start planning, and perform robust testing

Work closely with eligibility system vendors as you plan for unwinding. States should engage with vendors as early as possible to identify, document, and prioritize systems changes needed to support the state's unwinding plan. States and vendors should also plan to conduct end-to-end testing of any new application or renewal functionality prior to implementation and provide training to staff as needed.

- **Updated Medicaid Information Technology Systems Guidance (issued April 2022):** Describes new Streamlined Modular Certification (SMC) process for Medicaid IT systems projects, including conditions for enhanced federal match for eligibility system design, build and operation, targeted outcomes, metrics, and acceptable documentation needed to confirm production-ready status. States and vendors should refer to and incorporate the SMC elements as they plan, test, and implement unwinding-related system changes.

5. Establish a renewal redistribution plan

Determine how renewals and other eligibility actions will be distributed across the 12-month unwinding period in a manner that mitigates churn, accounts for workforce and systems capacity limitations, and establishes a sustainable renewal schedule for future years. CMS recommends states initiate no more than 1/9 of their total caseload of Medicaid and CHIP renewals in a given month during the unwinding period.

- **State Renewal Distribution Reporting Form (issued March 2022):** Reporting form for states to submit renewal distribution plans to CMS in advance of unwinding, including: the proposed plan for prioritizing renewals over the unwinding period; strategies the state is considering or has adopted to mitigate against inappropriate coverage loss; and plans to mitigate the volume of fair hearings during the unwinding period. States should submit this form to CMS no later than the 45th day before the end of the month in which the PHE ends.
- **State Health Official Letter #22-001 (issued March 2022):** Provides guidelines for states' prioritization of renewals during the 12-month unwinding period (see p. 12) and expands on prior guidance to offer strategies states should take to restore routine operations when the PHE ends (see pp. 14–18).
- **Medicaid and CHIP Unwinding Planning Efforts Summary of Best & Promising State Practices from CMS/State Discussions (issued April 2022):** Summarizes state best practices to prioritize and distribute renewals from a series of CMS calls with state Medicaid agency leadership to discuss state plans for unwinding.

6. Engage community partners, health plans, and the provider community

Engage and coordinate with community partners, health plans/managed care organizations (MCOs), and providers including Indian health care providers to develop and implement beneficiary outreach and communication strategies for unwinding. States can engage these partners in planning for unwinding and by providing updates on program changes, sharing key messages, and requesting feedback and updates from those with direct beneficiary contact.

- **Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit (issued March 2022):** Provides social media and key messages states may use to help inform people with Medicaid and CHIP about steps they need to take to renew coverage.
    - *Spanish toolkit*
    - *Toolkit graphics*
- **State Health Official Letter #22-001 (issued March 2022):** Provides a new strategy states can use under a temporary section 1902(e)(14)(A) waiver to partner with MCOs to update beneficiary contact information during unwinding (see p. 25). Also outlines strategies to partner with MCOs and other stakeholders on outreach activities (see pp. 36–40).
- **Medicaid and CHIP Unwinding Planning Efforts: Summary of Best & Promising State Practices from CMS/State Discussions (issued April 2022):** Provides examples of outreach and beneficiary communication strategies for unwinding (see slides 12–15).
- **Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (updated March 2022):** Offers guidance on four strategies to work with MCOs to obtain updated contact information and support renewals and transitions to Marketplace coverage.
- **Medicaid and CHIP Coverage Learning Collaborative: Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries: Part 2 (issued August 2021):** Includes examples of how states have partnered with MCOs and enrollment assisters to prevent inappropriate terminations (see slides 10–12).
- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides policy and operational strategies states can use to minimize returned mail and maintain continuous coverage, including working with MCOs (see pp. 5–6).
- **Connecting Kids to Coverage: State Outreach, Enrollment and Retention Strategies (issued November 2021):** Shares information on how states can form strategic partnerships to support outreach, enrollment, and retention efforts (see pp. 2–4).
- **Strategic Approaches to Support State Fair Hearings as States Resume Normal Eligibility and Enrollment Operations After the COVID-19 PHE (issued April 2022):** Describes how regular engagement with external stakeholders such as legal services providers, health care providers, and social and community service organizations, can support the state's fair hearing process (see slide 12).
- **Partner with Connecting Kids to Coverage (CKC) Grantees, including AI/AN Grantees:** Provides list of all CKC grantees, who are trained and experienced in assisting families with applications and renewals.

7. Obtain updated contact information

Use multiple strategies to obtain updated beneficiary contact information to mitigate coverage losses at renewals. Key strategies include managing returned mail, partnering with health plans, providers (including Indian health care providers), using multiple modalities to reach individuals (e.g., mail, email, text), and maintaining beneficiary contact, including through trusted stakeholders. States should also review processes and update systems to ensure the account transfer to the Marketplace includes all available contact information (mailing address, phone number, and email address). This will enhance SBM's and the FFM's ability to conduct outreach and assist individuals whose accounts are transferred.

- **State Health Official Letter #22-001 (issued March 2022):** Provides a new strategy states can use under a temporary section 1902(e)(14)(A) waiver to partner with MCOs to update beneficiary contact information during unwinding (see p. 25). Outlines high level guidance for updating beneficiary contact information, using multiple modalities to reach beneficiaries, updating notices and other consumer-facing messages and partnering with MCOs and other stakeholders on outreach activities (see pp. 36–40).

- **Medicaid and CHIP Unwinding Planning Efforts: Summary of Best & Promising State Practices from CMS/State Discussions (issued April 2022):** Provides outreach and beneficiary communication strategies for state unwinding efforts (see slides 12–15).

- **Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations (updated March 2022):** Offers guidance on partnering with plans to obtain and update beneficiary contact information (see slides 5–8).

- **Medicaid and CHIP Coverage Learning Collaborative: Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Beneficiaries: Part 2 (issued August 2021):** Provides examples for states to maintain regular contact with beneficiaries and update mailing addresses, including through partners (see slides 7–9 and 10–12). Also provides information on state requirements and examples for responding to returned mail and leveraging available data for mailing address updates (see slides 14–21).

- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides policy and operational strategies states can use to minimize returned mail and maintain continuous coverage, including working with MCOs (see pp. 5-6).

8. Launch effective communication strategies, including consumer outreach and revised notices

Invest in communication strategies to launch outreach campaigns and revise beneficiary communication materials and messaging, including notices, so beneficiaries know what to expect and what is needed to maintain coverage during unwinding. States can use social media, email campaigns, text messaging, and purchased radio, TV and print advertisements. States must also make beneficiary notices under 42 C.F.R. 435.917, 457.340(e), 600.330(e) available in plain language and in a manner accessible to individuals with limited English proficiency and individuals with disabilities.

- **Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit (issued March 2022):** Provides social media, key messages, and strategies states can use to help inform people with Medicaid and CHIP about steps they need to take to renew coverage.
  - *Spanish toolkit*
  - *Toolkit graphics*

- **All State Medicaid and CHIP Call Slide Deck (issued March 15th, 2022):** Provides communication strategies to reach enrollees (see slides 15–16).

- **Connecting Kids to Coverage: State Outreach, Enrollment and Retention Strategies (issued November 2021):** Shares information, including state spotlights, on how states can invest in communications to include messaging to encourage enrollment and renewals and modalities for outreach (see pp. 5–6).

- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides a checklist states can use to improve eligibility notices, conduct intensive outreach, provide robust consumer assistance, and communicate effectively with individuals who have Limited English proficiency or who are living with a disability (see pp. 7–9).

- **Consumer Research on Unwinding Phase I: Preventing Churn:** Provides consumer research and message testing findings from Medicaid/CHIP beneficiaries' experiences with enrollment and renewal.

- **Model Notices:** Shares model notice language states can use in different eligibility scenarios.

9. Assess workforce capacity and conduct training

Assess eligibility, enrollment and fair hearings workforce capacity and implement strategies to ensure adequate staffing and sufficient training. To increase workforce capacity, states may consider targeting hiring, redistributing staff, training staff on changing policies, and automating processes to alleviate workforce burden, among other strategies.

- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides states with a checklist of policy and operational strategies to address potential strains on the state's eligibility and enrollment workforce (see pp. 13–14).
- **Medicaid and CHIP Unwinding Planning Efforts: Summary of Best & Promising State Practices from CMS/State Discussions (issued April 2022):** Provides examples of promising practices states are taking to address workforce challenges during unwinding from a series of CMS calls with state Medicaid agency leadership (see slide 11).
- **State Medicaid and CHIP Telework Playbook (issued June 2020):** Provides information for states regarding accelerating the adoption and improvement of telework practices.
- **Strategic Approaches to Support State Fair Hearings as States Resume Normal Eligibility and Enrollment Operations After the COVID-19 PHE (issued April 2022):** Provides states with a process to assess fair hearing process and capacity and strategies for strategic redeployment of state resources to address capacity issues (see slides 6–8).

10. Implement a robust monitoring strategy, including timely reporting to CMS

Develop a comprehensive monitoring strategy and put in place state level monitoring infrastructure, and procedures to extract and submit timely data to CMS, as outlined in CMS State Health Official Letter issued in March, 2022 (SHO #22-001). States should establish a centralized infrastructure to prevent inappropriate loss of coverage. States will also be required to submit data to CMS on the progress of their eligibility and enrollment actions and disposition of renewals, and are encouraged to leverage to support state monitoring strategies as well.

- **Unwinding Data Report:** Excel workbook to be used as a planning tool for states' reporting.
- **Unwinding Data Specifications:** Provides an explanation of reporting requirements, including detailed definitions of each metric.
- **Medicaid and CHIP Learning Collaborative Webinar: Medicaid and Children's Health Insurance Program (CHIP) Eligibility and Enrollment Data Reporting & Submission (webinar) and (presentation):** Outlines the eligibility and enrollment unwinding data submission requirements, process and high-level summary of report requirements.
- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations (issued November 2021):** Provides a checklist of operational strategies states can implement to identify processing backlogs, diagnose workforce issues, and gather critical data to inform corrective actions (see p. 15).

For additional information and resources including up to date guidance on state requirements and flexibilities for the unwinding period, go to CMS' Medicaid Unwinding page at www.Medicaid.gov/unwinding.