
CMCS Informational Bulletin

DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children’s Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.¹ Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will 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—this process has commonly been referred to as “unwinding”.² The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA’s temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

¹ Sec. 2, Division FF, Title V, Subtitle D, Sec. 5131, “Transitioning from Medicaid FMAP increase requirements” of the Consolidated Appropriations Act, 2023”, available at: <https://www.congress.gov/117/bills/hr2617/BILLS-117hr2617enr.pdf>.

² While the requirements of section 6008 of the FFCRA do not apply to separate CHIPs or the Basic Health Program (BHP), CMS recognizes some states elected to apply certain provisions of section 6008 to their separate CHIP program or BHP. In those circumstances, subject to exceptions noted and other federal requirements, guidance related to unwinding from the Medicaid continuous enrollment condition also applies to CHIP and BHP.

will provide additional guidance on this change in the future). Additionally, the CAA, 2023 creates a new subsection 6008(f) of the FFCRA that establishes new, additional conditions for receiving the FMAP increase, beginning April 1, 2023.

Separately, the CAA, 2023, also establishes a new subsection (tt) of section 1902 of the Social Security Act, to require all states to adhere to certain reporting requirements beginning April 1, 2023, and states that fail to do so may be subject to a reduction in FMAP. Additional guidance on these requirements is forthcoming.

This Center for Medicaid and CHIP Services (CMCS) Informational Bulletin (CIB) is the first in a series of guidance for states on the changes to FFCRA section 6008 and other amendments related to the unwinding period in the CAA, 2023. This initial bulletin updates and revises key due dates for certain state unwinding deliverables and activities, in light of the enactment of the CAA, 2023 (see Appendix A). CMS will provide additional information related to implementation in the coming weeks, and is available to provide states with technical assistance as they begin to implement these changes and prepare for the end of the continuous enrollment condition.

Key Dates and Activities for States

Expiration of the Continuous Enrollment Condition and Unwinding Timeline

Sec. 2, Division FF, Title V, Subtitle D, Sec. 5131 of the CAA, 2023 (hereinafter referred to as “section 5131”) amends section 6008(b)(3) of the FFCRA such that the continuous enrollment condition will end on March 31, 2023. With its expiration, beginning April 1, 2023, states claiming the temporary FMAP increase under the FFCRA will be able to terminate enrollment for ineligible individuals enrolled in Medicaid, following a redetermination. Consistent with the guidance in CMS’ March 3, 2022 State Health Official Letter #22-001 *RE: 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*,³ the new March 31, 2023 statutory end date of the continuous enrollment condition means that states could begin their 12-month unwinding period and initiate the first Medicaid renewals that may result in disenrollment as early as February 1, 2023. As explained in SHO Letter #22-001, states should begin renewals in the month before, of, or after the month in which the continuous enrollment condition ends (i.e., in light of the CAA’s amendment, February, March, or April 2023), must *initiate* renewals for all individuals enrolled as of the last day of the continuous enrollment condition within 12 months (i.e., in light of the CAA’s amendment, March 31, 2024), and must *complete* renewals for individuals enrolled as of the last day of the continuous enrollment condition within 14 months (i.e., in light of the CAA’s amendment, May 31, 2024) (see Appendix B). The CAA, 2023 does not modify the duration of the unwinding period.

Redeterminations must be conducted in accordance with all applicable federal requirements, which could include using strategies approved under section 1902(e)(14)(A) of the Social Security Act or other alternative processes and procedures approved by CMS. Section 5131(a)(4) of the CAA establishes section 6008(f) of the FFCRA, which makes following these

³ <https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>

requirements a condition of receiving the FMAP increase from April 1, 2023 through December 31, 2023. It also requires states claiming the FMAP increase during this time period to meet new, additional conditions related to conducting eligibility redeterminations, including using certain specified sources to attempt to ensure that the state has up-to-date contact information for each individual for whom it conducts a redetermination, and undertaking a good faith effort to contact using more than one modality any individual who is determined ineligible on the basis of returned mail prior to disenrolling that person. These and other provisions will be addressed in forthcoming guidance.

Submission of Required Documentation

Prior to beginning their unwinding period, we expect states to submit certain documents to CMS. As indicated in SHO Letter #22-001, these reporting activities are designed to ensure that renewals of eligibility occur in an orderly process that minimizes beneficiary burden and promotes continuity of coverage, including for individuals eligible for other insurance affordability programs, and maximizes state effectiveness. The reporting metrics are designed to demonstrate states’ progress towards restoring timely application processing and initiating and completing renewals of eligibility for all Medicaid and CHIP enrollees, consistent with CMS guidance.

Below are revised and updated due dates for certain state deliverables:

- **Renewal Redistribution Plan** is due no later than February 1, 2023, for states that intend to begin renewals in February, or February 15, 2023, for all other states.
- **System Readiness Artifacts** (Configuration plan, testing plan, and test results) are due no later than February 1, 2023, for states that intend to begin renewals in February, or February 15, 2023 for all other states.
- **Baseline Unwinding Data** is due the 8th day of the month in which a state begins renewals.

Submission	Submit by:
Renewal Redistribution Plan	<ul style="list-style-type: none"> ● February 1, 2023, for states initiating renewals in February ● February 15, 2023, for all other states
Systems Readiness Artifacts (Testing and Configuration Plans)	<ul style="list-style-type: none"> ● February 1, 2023, for states initiating renewals in February ● February 15, 2023, for all other states
Baseline Unwinding Data	Varies depending on when state begins renewals (February 8, 2023, March 8, 2023, or April 8, 2023)

Note: Where a submission due date falls on a weekend or public holiday, states may submit the required document(s) (e.g., unwinding data) on the following business day.

In addition to submission of baseline unwinding data on February 8, March 8, or April 8, we want to remind states of requirements to report data timely throughout the unwinding period. As outlined in the Unwinding Data Reporting Specifications⁴ and COVID-19 PHE Unwinding

⁴ <https://www.medicaid.gov/resources-for-states/downloads/unwinding-data-specifications.pdf>.

FAQs⁵ on the 8th of each calendar month during the unwinding period, states will report on specific metrics to demonstrate progress towards initiating and completing renewals of eligibility for all Medicaid and CHIP enrollees. Additionally, CMS expects that states will continue to submit timely data submissions through the Medicaid and CHIP Eligibility and Enrollment Performance Indicator dataset on the 8th of each calendar month, and data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset before the end of the subsequent calendar month. The CAA, 2023 established additional reporting requirements related to states' eligibility redeterminations and renewals during the period from April 1, 2023 to June 30, 2024. These requirements are established under section 1902(tt) of the Social Security Act. CMS expects to issue guidance soon about those new reporting requirements and how they intersect with the requirements described in CMS's previous unwinding guidance, including the Unwinding Data Report template and specifications.

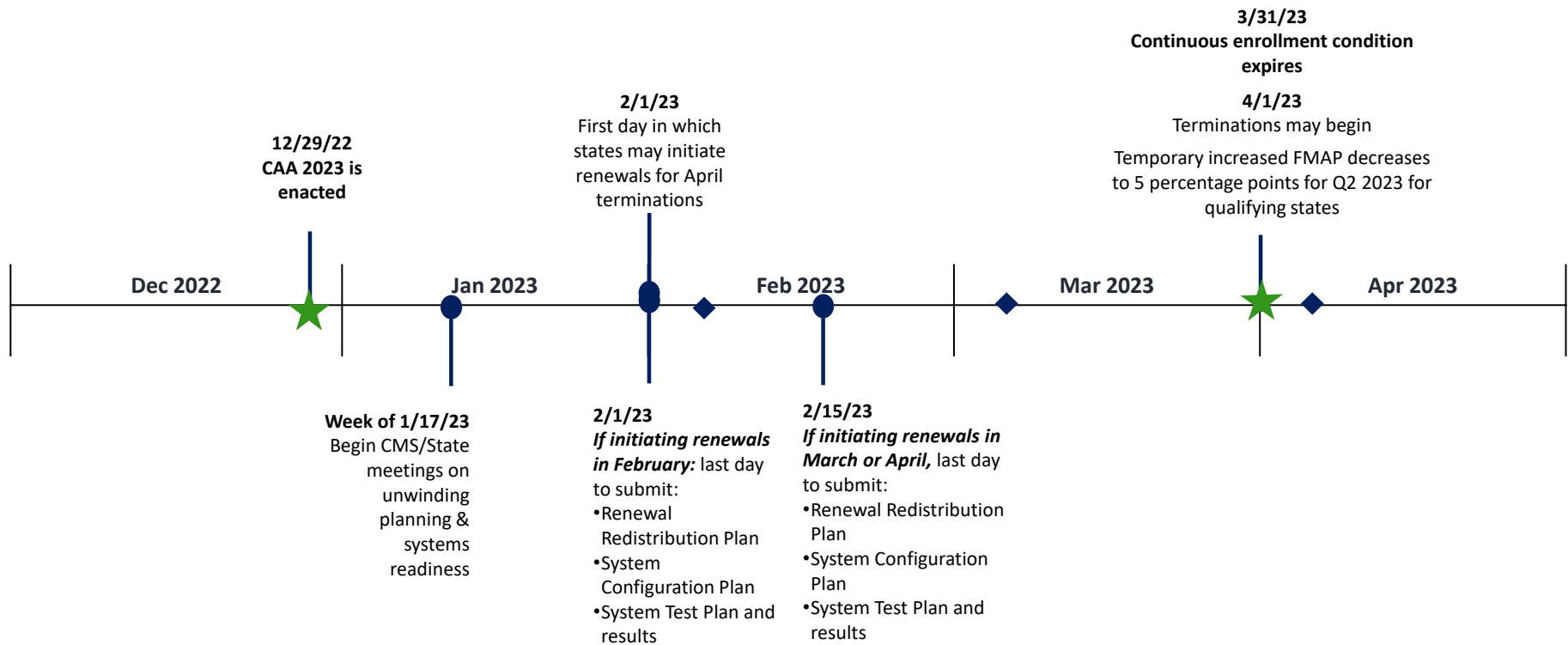
Upcoming Activities:

In January 2023, CMCS will contact State Medicaid Directors to schedule individual meetings with each state to discuss final unwinding plans and state questions. CMCS will also contact state Systems Leads to schedule individual meetings to discuss systems readiness, testing, and any planned mitigations. CMS also expects to provide additional guidance on other aspects of section 5131 of the CAA, 2023, including the new reporting requirements. For additional information in the interim, states are encouraged to review guidance and other information posted to [Medicaid.gov/Unwinding](https://www.medicaid.gov/unwinding). States may also submit technical assistance questions directly to CMSUnwindingSupport@cms.hhs.gov.

⁵ <https://www.medicaid.gov/federal-policy-guidance/downloads/covid-19-unwinding-faqs-oct-2022.pdf>.

Appendix A: Timeline of Key State Activities

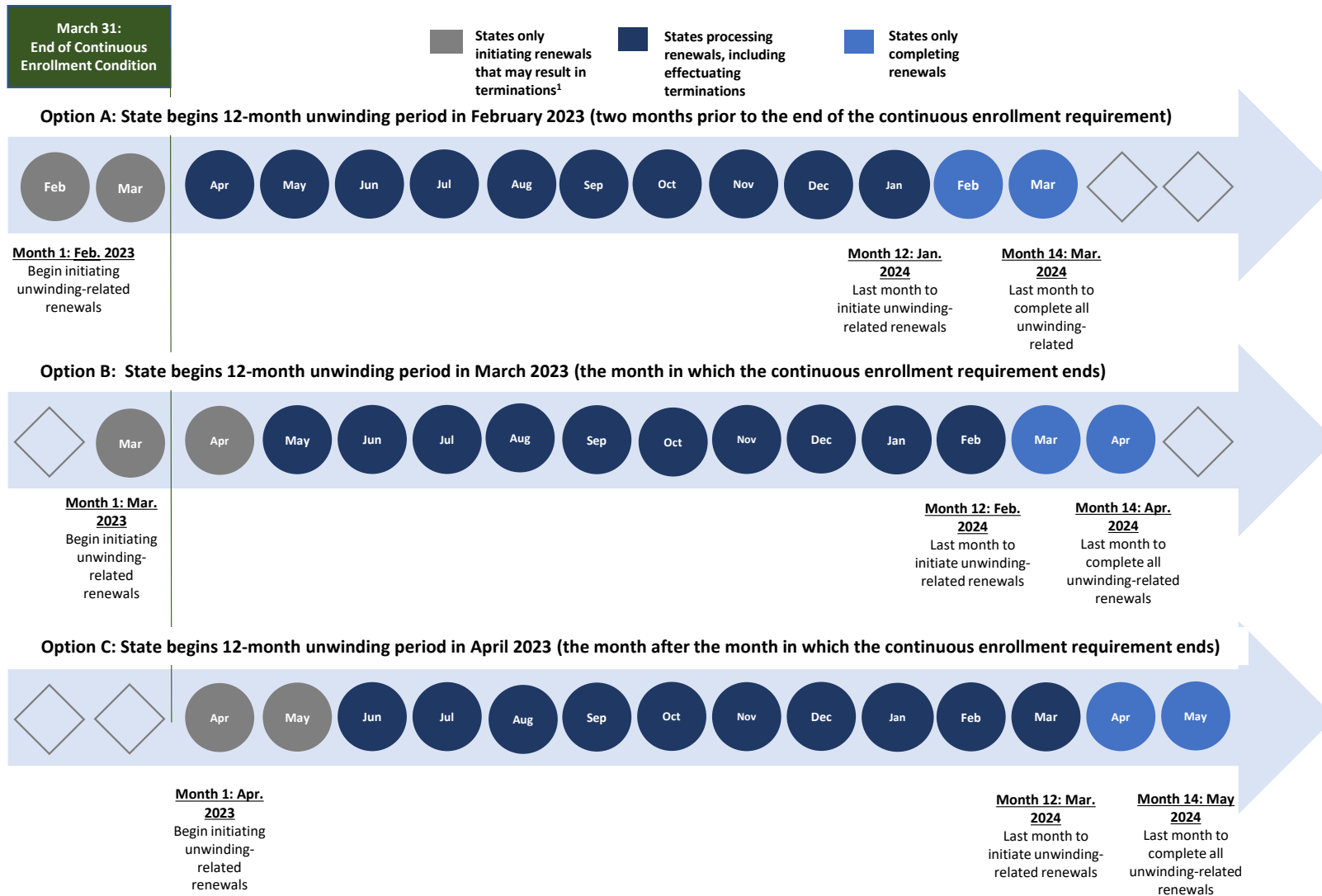
Consolidated Appropriations Act (CAA), 2023. Enacted December 29, 2022
Continuous Enrollment Requirement Expires March 31, 2023



★ Key CAA 2023 milestones

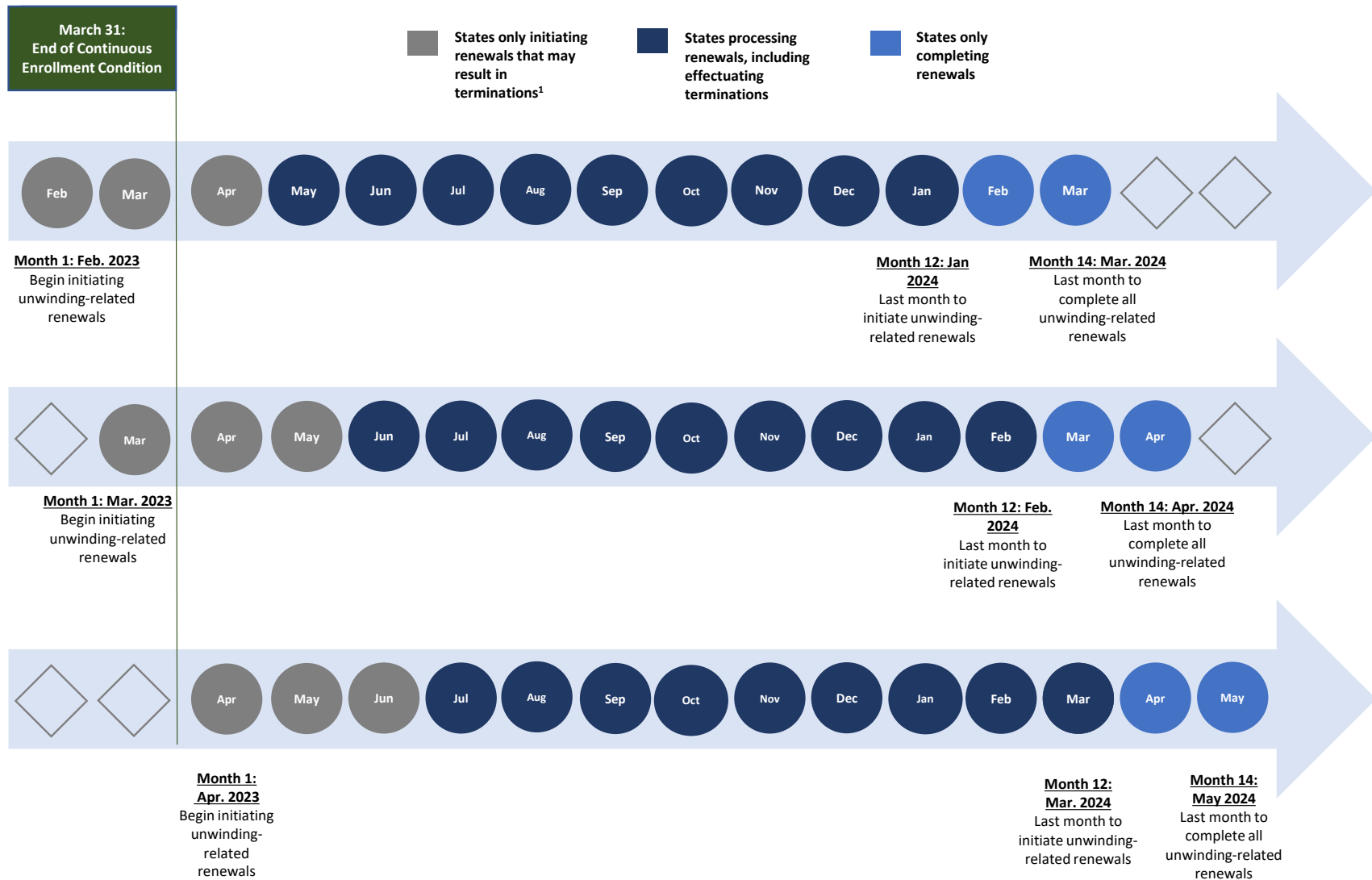
- State actions related to renewals and key timelines for submission of deliverables to CMS
- ◆ Data reporting: Baseline unwinding data submission dates will vary by state and will be due on either 2/8/2023, 3/8/2023, or 4/8/2023. Thereafter, monthly unwinding data submissions will be due on the 8th of the month. State data submissions through the Medicaid and CHIP Performance Indicator dataset are also due on the 8th each month, and state data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset are due before the end of the subsequent calendar month.

Appendix B1 – Example 1: Unwinding Timeline for States with a 60-day Renewal Process



- For Options B and C above, states that begin their unwinding period in March or April 2023 are not prohibited from completing renewals after March 31, 2023, provided that the renewals are conducted in accordance with federal requirements at 42 C.F.R. §§ 435.916 and 457.343, including requirements to provide beneficiaries sufficient time to return a renewal form and needed documentation.

Appendix B2 – Example – Unwinding Timeline for State with a 90-Day Renewal Process



1. States are not prohibited from completing renewals after March 31, 2023, provided that the renewals are conducted in accordance with federal requirements at 42 C.F.R. §§ 435.916 and 457.343, including requirements to provide beneficiaries sufficient time to return a renewal form and needed documentation.