

*Medicaid Unwinding
Toolkit for Tribal Enrollment Assistants*

National Indian
Health Board



Medicaid Unwinding Table of Contents

Medicaid Unwinding Introduction.....	3
Medicaid Unwinding Toolkit for Tribal Enrollment Assisters Includes:	3
Medicaid Unwinding Basics for Tribes	4
Official Medicaid Unwinding Guidance from the Centers for Medicare and Medicaid Services (CMS).....	4
Prevent the Redetermination Crisis.....	5
CMS Medicaid Unwinding Resources Specific to American Indians and Alaska Natives	5
Other Medicaid Unwinding Guidance from CMS	5
The End of Medicaid Telehealth Flexibilities	7
Background	7
Medicaid.....	7
Additional Resources Include:	8
Public Health Emergency Timeline and Medicaid Specifics	9
Medicaid Unwinding Drop-Off Estimates by State.....	10
Medicaid Unwinding Drop-Off Estimates by State Table 1	11
Medicaid Unwinding Drop-Off Estimates by State Table 2	12
Frequently Asked Questions.....	13
What is the federal public health emergency, and how does it affect Medicaid members?	13
What is “Medicaid Unwinding,” and how will it affect American Indians and Alaska Natives?	13
When will normal Medicaid enrollment requirements resume?	15
Who is at greatest risk of losing their Medicaid coverage during Medicaid Unwinding?	15
How can Tribal enrollment assistors help Medicaid members maintain coverage during Medicaid unwinding?	16
What Key Messages should we focus on in outreach to Medicaid enrollees to prepare for Unwinding?	18
Where can I find social media and communications tools to help with outreach to enrollees during Medicaid Unwinding?.....	19
What if Medicaid members lose their coverage?	20
What can Medicaid members do now?	21
How will states need to coordinate with Tribes during Medicaid Unwinding?.....	21

Medicaid Unwinding Table of Contents

What else should Tribal enrollment assistors and Indian health care providers ask the State Medicaid agency about?	22
Engaging with Tribes and Indian health care providers	22
Outreach to Medicaid members and updating member contact information	22
Plans, policies, and processes	22
Data.....	23
Learn more:.....	23
Tips, Reminders, and Potential Challenges for Tribal Staff.....	24
Resources	25
Tribal-Specific Resources	25
State-Focused Resources.....	26
Three Key Takeaways.....	27
Medicaid Unwinding Messaging	28
Social Media and Outreach Products	28

Medicaid Unwinding Introduction

The Medicaid Unwinding Toolkit for Tribal Enrollment Assisters was created by the National Indian Health Board (NIHB), in collaboration with the Indian Health Service (IHS), to familiarize Tribal health facility staff with the upcoming “Medicaid Unwinding.” The Medicaid Unwinding process could result in millions of individuals across the country losing their health care coverage, and American Indians and Alaska Natives are no exception. NIHB estimates that as many as 236,000 American Indians and Alaska Natives could lose their Medicaid coverage due to the unwinding of the COVID-19 Public Health Emergency (PHE). Tribally operated health care facilities must understand how to prevent as many patients as possible from falling off Medicaid coverage and assist those who need to change health care coverage plans due to changes in their circumstances, financially, or otherwise.

At the onset of the PHE, many flexibilities and changes occurred to Medicaid health care coverage including expanding Medicaid coverage. This expansion allowed many American Indians and Alaska Natives to enroll in Medicaid, and they have since relied on it as their health insurance. Additionally, Tribal health care facilities and hospitals rely heavily on third-party revenue from the Centers for Medicare and Medicaid Services (CMS) to provide the health care and community care services critical to improving the health and well-being of American Indian and Alaska Native people. This Medicaid expansion increased access to health care for American Indians and Alaska Natives and provided much-needed revenue to Tribal health facilities and hospitals.

As the COVID-19 pandemic transitions to an endemic, the PHE will end, resulting in CMS and state Medicaid agencies returning to normal operations--ending the many flexibilities and provisions provided during the PHE. We all must work together to ensure that eligible American Indians and Alaska Natives remain enrolled in their Medicaid healthcare plans.

This toolkit highlights the many consequences of the Medicaid Unwinding process and provides information that is easy to understand and relay to others. Additionally, the toolkit emphasizes ways states and enrollment assisters should work together to identify and solve enrollment issues related to the unwinding.

Medicaid Unwinding Toolkit for Tribal Enrollment Assisters Includes:

- Summary of Medicaid Unwinding guidance
- Recommendations on how to prevent a Medicaid redetermination crisis
- Summary of Medicaid telehealth flexibilities
- Information on the potential impact of Medicaid Unwinding in Tribal communities
- Frequently asked questions and other resources



Medicaid Unwinding Basics for Tribes

Official Medicaid Unwinding Guidance from the Centers for Medicare and Medicaid Services (CMS)

- On March 3, 2022, CMS released a Dear State Health Official (SHO) letter on the continuity of coverage, determining eligibility, and enrollment workload in Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP) for the conclusion of the COVID-19 Public Health Emergency (PHE).
- This SHO letter is part of a series of guidance and tools that outlines how states may address the large volume of pending eligibility and enrollment actions that will need to be addressed when they restore routine operations, including redeterminations of coverage.
- This letter describes how states may distribute eligibility and enrollment work at the end of the PHE, mitigate churn for eligible beneficiaries who lose coverage and later reenroll, and smoothly transition individuals between coverage programs, including coverage through the Marketplace with financial subsidies.
- The PHE has been renewed at least through April 11, 2023. **The U.S. Department of Health and Human Services (HHS) will determine when the PHE will end and has stated it will provide states with a 60-day notice.** CMS will share any communication released by HHS with states.
- **SHO Letter Guidance Includes:**
 - Your state must develop a comprehensive “unwinding operational plan” to restore normal, routine operations in the Medicaid, CHIP, and BHP Programs. States will be able to phase in these changes, so there will likely be step-by-step changes to the processes at your specific facility, resulting in normal operations fully resuming by 12 months after the PHE ends.
 - Over those 12 months, your state will need to initiate a renewal of *every* patient enrolled in Medicaid or CHIP.
 - **States are at risk of inappropriately terminating coverage for eligible individuals if they plan to initiate a high volume of renewals in a given month.**
 - States are required to ensure the transfer of enrollees from Medicaid to the Marketplace for accounts the state determines as eligible for coverage through the Marketplace. Your state should provide its strategy to improve this transition and how you can help enrollees successfully find coverage.
 - States also need to determine which temporary flexibilities they intend to extend temporarily or permanently, as allowable, and make plans to terminate other flexibilities after the PHE eventually ends.

- This letter is beneficial for Tribal health clinics and Tribal hospitals with Certified Application Counselors or Enrollment Assistants/Patient Benefit Coordinators in understanding guidance for changes that will occur regarding CMS programs at the end of the PHE.

Prevent the Redetermination Crisis

- Ask Medicaid Enrollees to **bring the following** when they come in to speak with you about their coverage:
 - Proof of age such as a birth certificate or Tribal enrollment documentation
 - Proof of citizenship
 - Proof of income
 - **Verification of new/current employment** – Paystub for four weeks
 - **Unearned income** – Award letter from resources such as Social Security, Supplemental Security Income, retirement, Unemployment Insurance Benefits, Child Support, or Pension
 - **Self-Employed** – Profit or loss for the past year or income tax 1040 form from the previous year
 - Verification of terminated employment
 - Proof of residence such as a current utility bill, letter from the landlord, mortgage statement, or a recent letter
 - Other medical insurance
- **The earlier Medicaid programs can get this information from enrollees, the better they can handle the surge in redeterminations when the PHE finally ends.** *Check with your state Medicaid office to see if additional or different documentation is required.*

CMS Medicaid Unwinding Resources Specific to American Indian and Alaska Natives

- [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)
Tribal graphics are on pages eight and nine.
- [CMCS Informational Bulletin: Strategies to Enroll American Indian and Alaska Native Families and Children in Medicaid and CHIP.](#)
- [Strengthening Tribal and State Partnerships to Prepare for Unwinding.](#)

Other Medicaid Unwinding Guidance from CMS

- Check your state's resources, as they might have specific resources for renewal, like a toolkit or postcards that can be ordered.
- [Medicaid and Children's Health Insurance Program \(CHIP\) Return to Normal Operations.](#)



- [General Transition Planning Tool for Restoring Regular Medicaid and CHIP Operations after Conclusion of the Coronavirus Disease 2019 Public Health Emergency.](#)
- [COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies](#) (October 2022).
- [Ending Coverage in the Optional COVID-19 Group: Preparing States for the End of the Public Health Emergency](#) (October 2022).
- [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](#) (March 2022).
- [Updated Guidance Related to 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](#) (August 2021).
- [State Health Office Letter: 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](#) (December 2020).



The End of Medicaid Telehealth Flexibilities

Background

Telemedicine is viewed as an alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). Upon the declaration of the COVID-19 Public Health Emergency (PHE), the Centers for Medicare and Medicaid Services (CMS) temporarily expanded telehealth reimbursement to facilitate social distancing and ensure continuity of care. These special flexibility waivers provided for the expansion of services under the Medicare and Medicaid programs, allowing patients to receive care for an increased number of services through an increased number of technologies and models. For the purposes of this overview, we will focus solely on Medicaid flexibilities.

Medicaid

Medicaid is a state-federal partnership where the states have wide latitude in how they set up their Medicaid programs within some set federal guidelines. States have discretion in whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is covered; what types of telemedicine providers may be covered; and how much to reimburse for telemedicine services (if such payments adhere to federal guidelines).

Several pathways exist for states to expand or modify the use of telehealth in their Medicaid programs during the PHE. These include 1135 Emergency waivers; disaster relief Medicaid State Plan Amendments (SPAs); and “Appendix Ks” for 1915(c) waiver home and community-based services (HCBS) and “Attachment Ks” for HCBS in 1115 demonstrations. Because states have wide discretion over which telehealth services will qualify for reimbursement, the availability and use of telehealth services through Medicaid varies and will continue to vary even when the PHE ends. For example, a state could opt to reimburse or not reimburse for telehealth care provided where the patient is in their home.

Many states applied for Medicaid Section 1135 waivers, which allowed them to waive prior approval requirements and in-state licensure requirements to expand telehealth services more easily. These waivers would also normally end at the end of the PHE. However, states will still be allowed to reimburse for most services that are provided through telehealth. The decision regarding how to proceed after the PHE will be made on a state-by-state basis. The road ahead for Medicaid will depend greatly upon the actions of the state in which the patient lives.

In addition, the U.S. Department of Health and Human Services (HHS) has allowed for special flexibility in certain Health Insurance Portability and Accountability Act (HIPAA) privacy protections, allowing for more leeway in which telehealth platforms and technologies are considered acceptable, as long as providers make a good faith effort to maintain patient privacy. Under this flexibility, covered health care providers may use popular non-public facing applications that allow for video chats – including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype – to provide telehealth services without the risk

that HHS might seek to impose a penalty for non-compliance with the HIPAA privacy rules.¹ When the PHE ends, this flexibility will end, and providers will have to switch to using HIPAA-compliant technology platforms. This may cause some disruption in care, as patients and providers must learn to use new, unfamiliar applications to continue telehealth services.

The end of the PHE will mean a shift in allowable services under state Medicaid programs. However, each of these programs functions in significantly different ways when it comes to telehealth. Medicaid rules are flexible and will vary greatly depending on the state.

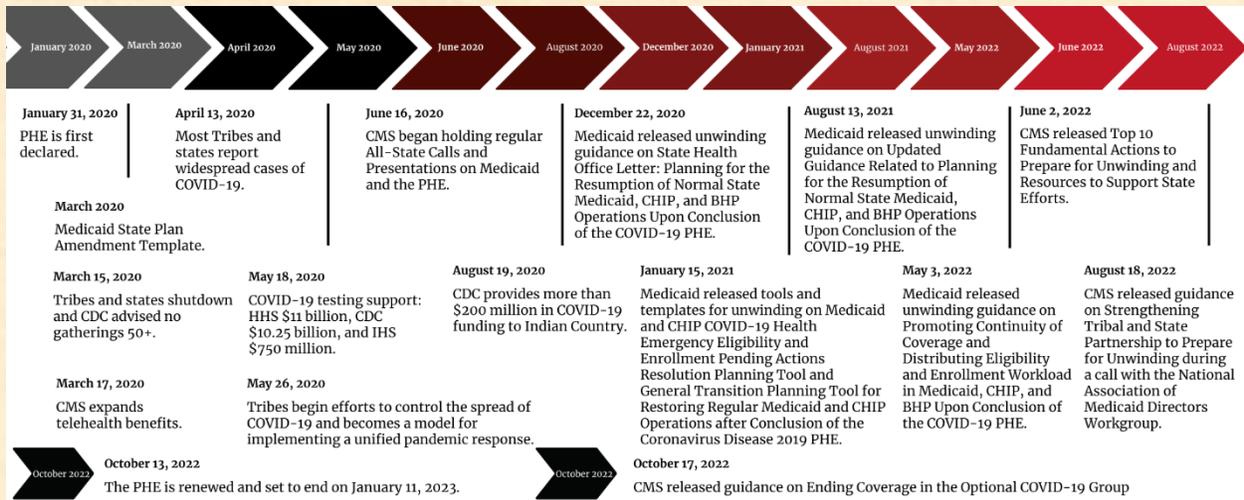
Additional Resources Include:

- HHS, Assistant Secretary for Planning and Evaluation, Office of Health Policy: “[State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency](#)” (July 2021).
- Medicaid.gov: “[Telemedicine](#).”
- Kaiser Family Foundation: “[State Efforts to Expand Medicaid Coverage & Access to Telehealth in Response to COVID-19](#)” (June 2020).
- Bloomberg Law: “[Medicaid, Telehealth Future: Ending Covid Emergency Explained](#)” (October 2022).

¹ U.S. Department of Health and Human Services: “[Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency](#).”

Public Health Emergency Timeline and Medicaid Specifics

The COVID-19 Public Health Emergency (PHE) has been continuously renewed over the past three years. During this time, American Indians and Alaska Natives have endured great hardships through loss of life, continued long-COVID symptoms, loss of employment, and other personal barriers associated with the unknown character of the PHE. During this time Centers for Medicare and Medicaid Services (CMS) instilled several Medicaid flexibilities specific to each state. In December 2020, Medicaid released the first of several “Medicaid Unwinding” guidance documents to help healthcare facilities plan for and continue enrollment into Medicaid for the future end of the PHE. It is critical to explain to Tribal citizens the importance of staying enrolled in Medicaid. This timeline will help to guide and provide a broad overview of a sequence of events occurring during PHE. It is a visual tool that will enable Tribal enrollment assisters to explain the timeline of the PHE.



Medicaid Unwinding Drop-Off Estimates by State

In 2020, approximately 1.83 million American Indians and Alaska Natives enrolled in Medicaid in the U.S.² In addition, about 870,000 American Indians and Alaska Natives were uninsured in the U.S. Together, which represents roughly 47 percent of the American Indian and Alaska Native population. **The following tables provide estimates for states on how many American Indian and Alaska Native enrollees may be dropped from their Medicaid programs as eligibility reviews begin again when the Public Health Emergency (PHE) ends, and the special Medicaid rules "unwind".** While it is difficult to predict the exact impact of unwinding, the Kaiser Family Foundation used 2018 Medicaid claims data and a simulation method to estimate the impact of a continuous enrollment policy.³

The following estimates incorporate some of the findings from that report but apply them to the 2020 American Community Survey (ACS) five-year estimates data for the American Indian and Alaska Native population. **Please note that these are only estimates to help with planning the impact of the end of the PHE.** For Medicaid expansion states, the estimated disenrollment due to unwinding is between 12.1 percent and 12.9 percent of 2020 American Indian and Alaska Native Medicaid enrollment. For states who have not adopted Medicaid expansion, the range of estimated disenrollment due to unwinding is from 7.9 percent to 12.9 percent of 2020 American Indian and Alaska Native Medicaid enrollment.

² American Community Survey, Census Bureau, <https://data.census.gov/mdat/#/>

³ <https://www.kff.org/medicaid/issue-brief/unwinding-the-phe-what-we-can-learn-from-pre-pandemic-enrollment-patterns/>

Medicaid Unwinding Drop-Off Estimates by State Table 1

State	2020 Estimated AI/AN Population		Estimated Range of AI/AN Medicaid Drop-Off due to Unwinding	Estimated AI/AN Medicaid Drop-Off of Children (0-18)	Estimated AI/AN Medicaid Drop-Off of Adults (19-64)
Alabama	61,528	12,746	1,003 to 1,644	707	296
Alaska	145,289	58,478	7,091 to 7,544	3,244	3,847
Arizona	407,585	160,920	19,513 to 20,759	8,926	10,587
Arkansas	60,520	18,049	2,189 to 2,328	1,001	1,187
California	799,301	266,060	32,262 to 34,322	14,758	17,504
Colorado	126,630	42,705	5,178 to 5,509	2,369	2,810
Connecticut	36,186	13,771	1,670 to 1,776	764	906
Delaware	10,199	3,506	425 to 452	194	231
District of Columbia	6,811	2,513	305 to 324	139	165
Florida	178,004	38,342	3,017 to 4,946	2,127	890
Georgia	104,348	24,556	1,932 to 3,168	1,362	570
Hawaii	32,174	8,553	1,037 to 1,103	474	563
Idaho	43,709	13,158	1,596 to 1,697	730	866
Illinois	100,635	27,185	3,296 to 3,507	1,508	1,789
Indiana	53,966	15,296	1,855 to 1,973	848	1,006
Iowa	29,222	11,742	1,424 to 1,515	651	773
Kansas	62,466	14,881	1,171 to 1,920	825	346
Kentucky	32,363	12,279	1,489 to 1,584	681	808
Louisiana	59,940	21,756	2,638 to 2,807	1,207	1,431
Maine	22,882	9,188	1,114 to 1,185	510	604
Maryland	62,927	16,134	1,956 to 2,081	895	1,061
Massachusetts	51,371	19,518	2,367 to 2,518	1,083	1,284
Michigan	148,000	51,377	6,230 to 6,628	2,850	3,380
Minnesota	112,995	48,541	5,886 to 6,262	2,693	3,194
Mississippi	23,907	6,417	505 to 828	356	149

Medicaid Unwinding Drop-Off Estimates by State Table 2

State	2020 Estimated AI/AN Population	2020 AI/AN Estimated Medicaid Enrollment	Estimated Range of AI/AN Medicaid Drop- Off due to Unwinding	Estimated AI/AN Medicaid Drop-Off of Children (0-18)	Estimated AI/AN Medicaid Drop-Off of Adults (19-64)
Missouri	81,122	19,405	2,353 to 2,503	1,076	1,277
Montana	87,819	38,857	4,712 to 5,013	2,155	2,556
Nebraska	33,375	9,900	1,200 to 1,277	549	651
Nevada	68,770	18,555	2,250 to 2,394	1,029	1,221
New Hampshire	11,196	3,686	447 to 475	204	243
New Jersey	61,507	15,015	1,821 to 1,937	833	988
New Mexico	229,850	113,743	13,792 to 14,673	6,309	7,483
New York	204,330	77,714	9,424 to 10,025	4,311	5,113
North Carolina	208,135	64,712	5,092 to 8,348	3,590	1,503
North Dakota	51,208	17,435	2,114 to 2,249	967	1,147
Ohio	98,507	35,359	4,288 to 4,561	1,961	2,326
Oklahoma	539,166	123,643	14,993 to 15,950	6,858	8,134
Oregon	128,866	48,353	5,863 to 6,238	2,682	3,181
Pennsylvania	95,264	35,010	4,245 to 4,516	1,942	2,303
Rhode Island	14,833	6,221	754 to 803	345	409
South Carolina	48,706	12,863	1,012 to 1,659	714	299
South Dakota	91,885	40,266	3,169 to 5,194	2,234	935
Tennessee	62,072	16,749	1,318 to 2,161	929	389
Texas	365,486	65,823	5,180 to 8,491	3,651	1,528
Utah	57,599	11,640	1,411 to 1,502	646	766
Vermont	8,127	3,386	411 to 437	188	223
Virginia	87,480	16,425	1,992 to 2,119	911	1,081
Washington	222,647	79,365	9,624 to 10,238	4,402	5,221
West Virginia	13,245	5,213	632 to 672	289	343
Wisconsin	92,160	29,654	2,333 to 3,825	1,645	689
Wyoming	21,279	5,212	410 to 672	289	121
United States	5,757,592	1,831,875	207,991 to 236,312	101,614	106,376



Frequently Asked Questions

What is the federal public health emergency, and how does it affect Medicaid members?

- The federal government declared a Public Health Emergency (PHE) when the COVID-19 pandemic began in March 2020. Since then, state Medicaid agencies have continued health care coverage for all medical assistance programs, even if an individual's eligibility changed.
 - View this [50-State Unwinding Tracker](#) (Updated September 6, 2022) created by the [Georgetown University Health Policy Institute Center for Children and Families](#) to see what steps each state has taken as they prepare for the unwinding of the Medicaid continuous coverage protection, which ends on March 31, 2023.
- During the PHE, state Medicaid programs had special rules in place to ensure "continuous enrollment" or "continuous coverage" – meaning the Medicaid programs would not conduct their standard annual reviews of whether enrollees are still qualified for Medicaid and would not drop any enrollees from their rolls for the duration of the PHE (unless the enrollee moved out of state or asked to be disenrolled).
- The PHE continuous enrollment rules ensured people did not lose access to health insurance during this critical time. Largely due to these special rules, Medicaid enrollment grew substantially across the country during the PHE and uninsured rates remained low. However, CMS issued an Informational Bulletin (CIB) on January 5, 2023 that de-links Medicaid Unwinding and the continuous enrollment provision from the PHE. The continuous enrollment provision ends March 31, 2023 and ineligible Medicaid enrollees can be dropped from Medicaid coverage as early as April 1, 2023.

What is “Medicaid Unwinding,” and how will it affect American Indians and Alaska Natives?

- Medicaid enrollment benefits Tribes and American Indians and Alaska Natives by expanding healthcare options for individuals and ensuring additional vital resources flow into the Indian healthcare system. If states do not proceed cautiously and American Indians and Alaska Natives enrollees do not receive enough support for navigating these administrative processes, many American Indians and Alaska Natives individuals may be dropped from Medicaid even though they are still eligible. This is why it is so important to plan ahead and begin engaging with enrollees now.
- On March 31, 2023, the special rules for continuous enrollment will expire and states will resume their regular operations, including regular eligibility reviews for enrollees. This process of returning to regular operations is known as “Medicaid Unwinding.”
- It is expected that millions of Medicaid enrollees will be dropped from state Medicaid programs when eligibility reviews resume. While some disenrollment determinations will be due to the enrollee moving out of state or other disqualifying changes, eligible enrollees are also at risk of losing coverage due to procedural barriers in the review process.

- The PHE has impacted state eligibility, enrollment operations, and enrollee communications, and the resulting economic recession has amplified housing instability and homelessness. States may have had limited contact with enrollees over the past two years, particularly in states that have not conducted renewals. As a result, enrollee contact information on file with states may be outdated. Without updated contact information (e.g., address, email, phone number), renewals and notices may not reach individuals who have moved, leading to inappropriate coverage loss among eligible individuals. There is an increased risk that states will inappropriately terminate eligible enrollees as states restore routine operations.
- The number of people without health insurance could increase if people who lose Medicaid coverage are unable to transition to other coverage. **Widespread loss of coverage would create barriers to care and limit options for individuals**, in addition to putting additional strain on the Indian healthcare system.
- To minimize the number of people that lose Medicaid or CHIP coverage, CMS is working with states, Indian Health Care Providers, Tribes, and other stakeholders to inform people about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP. CMS views Medicaid and CHIP continuous enrollment unwinding as two phases:
 - **Phase 1:** Prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes.
 - **Phase 2:** Ensure Medicaid and CHIP enrollees take the necessary steps to renew coverage and transition to other coverage if they're no longer eligible for Medicaid or CHIP.
- **Learn more:**
 - **National Indian Health Board. Medicaid Unwinding Drop-Off Estimates by State.** (October 2022). These tables provide estimates for states on how many American Indian and Alaska Native enrollees may be dropped from their Medicaid programs as eligibility reviews begin again when the PHE ends and the special Medicaid rules “unwind”.
 - **Kaiser Family Foundation: [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement.](#)** (October 2022).
 - **Center on Budget and Policy Priorities: [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions.](#)** (March 2022).
 - **CMS: [Medicaid and CHIP Unwinding Planning Efforts Summary of Best & Promising State Practices from CMS/State Discussions](#)** (April 2022).
 - **CMS: [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)** (August 2022).
 - **CMS: [Medicaid and CHIP Coverage Learning Collaborative: Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Enrollees: Part 2](#)** (August 2021).



When will normal Medicaid enrollment requirements resume?

- The continuous enrollment requirement will end on March 31, 2023 and states may resume normal enrollment and redetermination operations beginning as early as February 1, 2023.
- Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals who are no longer eligible.
- States may begin redeterminations and renewals in either February, March, or April. States must initiate renewals for all individuals enrolled as of March 31, 2023 by March 31, 2024. This process must be complete for those individuals by May 31, 2024.

Who is at greatest risk of losing their Medicaid coverage during Medicaid Unwinding?

- Groups at high risk of losing Medicaid coverage include:
 - People who have moved since the start of the pandemic
 - People with limited English proficiency (LEP)
 - People with disabilities
 - Those who receive renewal information from the state but do not return it in time, perhaps because they are not familiar with the process after not completing a renewal in the past two years
 - **See more from Kaiser Family Foundation: [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement](#).** (October 2022)
 - **See more from Center on Budget and Policy Priorities: [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions](#).** (March 2022).
- **American Indians and Alaska Natives can face additional barriers to maintaining coverage.**
 - Postal delivery is limited on Indian reservations, with post offices at times over 100 miles away with little or no home delivery.
 - Many Native people travel to the post office only when they go into town for groceries, a health care visit, or for other reasons.
 - Many Native families share post office boxes—mail can get lost or not received.
 - Broadband services are also limited on Indian reservations. According to Federal Communications Commission (FCC) data, broadband services reach 95.6 percent of the nation as a whole, but just 79.1 percent of people on Tribal lands – and only 46.5 percent of Tribal households.
 - Due to postal delivery and broadband limitations, Indian Health Care Providers can provide essential assistance with the eligibility and renewal processes.
 - **See more from National Association of Medicaid Directors Unwinding Workgroup: [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#).** (August 2022).

- With monthly renewal data, Indian Health Care Providers can target enrollees at risk for lapse in coverage due to unwinding, before the lapse occurs. CMS encourages states to share monthly enrollment and renewal data with Indian Health Care Providers consistent with Health Insurance Portability and Accountability Act (HIPAA) and Medicaid confidentiality safeguards. This data is usually shared via a spreadsheet or database.
 - *See more from National Association of Medicaid Directors Unwinding Workgroup: [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#). (August 2022).*

How can Tribal enrollment assistors help Medicaid members maintain coverage during Medicaid unwinding?

- Navigators and assisters will be critical to helping people successfully renew their Medicaid coverage. Indian Health Care Providers can assist states in reaching and retaining American Indian and Alaska Native enrollees. Indian Health Care Providers often have access to more recent enrollee contact information and, with the enrollee's permission, can share updated information with the state.
- Navigators and assisters can also:
 - Help Medicaid enrollees update their current mailing address and phone number with the Medicaid agency even before the Public Health Emergency (PHE) ends. Depending on the state, this could be through an online portal or by contacting the call center.
 - Inform Medicaid enrollees that they will have to renew their coverage in 2022 and that they should watch for mail from the Medicaid agency and respond to any requests on a timely basis. Navigators and assisters should consider proactively contacting people they have helped enroll in Medicaid coverage to inform them of this upcoming change. Since Indian Health Care Providers work directly with enrollees, they can help states contact those with limited or no access to postal services or broadband, remind them to renew, and offer assistance with completing the renewal process.

- Assist Medicaid enrollees through their renewal process, such as by helping them complete the renewal form, gather necessary documents, and resolve any issues that arise.
- Help people no longer eligible for Medicaid apply for marketplace coverage. People at all income levels will have 60 days after their loss of coverage to apply for marketplace coverage, even though the annual open enrollment period for 2022 plans has ended. People with income below 150 percent of the poverty line may enroll in marketplace coverage at any time if their state uses [HealthCare.gov](https://www.healthcare.gov) (the federal marketplace). In states with their own exchanges, policies vary.
- Indian Health Care Providers and enrollment assistors can help launch outreach campaigns and improve communication materials and messaging to reach Medicaid enrollees so they know what to expect and what is needed to maintain their coverage during unwinding. Efforts to conduct outreach, education, and provide enrollment assistance can help ensure that those who remain eligible for Medicaid can retain coverage and those who are no longer eligible can transition to other sources of coverage. Outreach can include social media, email campaigns, text messaging, Tribal radio, Tribal newspaper, and print advertisements.
 - Promising practices for outreach in Indian Country include:
 - Use of local radio stations and newspapers.
 - Share unwinding updates at Tribal events.
 - Use of culturally appropriate fact sheets and brochures (include Tribal photos and graphics).
- Engage your Medicaid members and partner networks to read and share messages and resources from your state Medicaid agency about the renewal process.
- Plan your member and partner messaging to coordinate with your state's outreach and communication plan.
- Plan member communications to coincide with coordinated calls to action to:
 - Update contact information (mailing addresses and phone numbers) to ensure members receive important paperwork.
 - Respond to notices/renewals and provide needed eligibility verifications. Inform individuals who lose Medicaid coverage about the 90-day reconsideration period for re-enrollment without a new application if they did not return their administrative renewal form or associated verifications.
 - Use Medicaid coverage to catch up on preventive or delayed care.
- **Learn more:**
 - **National Association of Medicaid Directors Unwinding Workgroup: [Strengthening Tribal and State Partnerships to Prepare for Unwinding.](#)** (August 2022).
 - **Cover Virginia: [Federal Public Health Emergency Unwinding Toolkit: Normal Medicaid Enrollment Processes Will Start Soon.](#)** (February 2022).



- **Center on Budget and Policy Priorities:** [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions.](#) (March 2022).
- **CMS:** [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts.](#) (June 2022). *Compilation of existing tools and guidance on unwinding for States.*
- **Kaiser Family Foundation:** [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement.](#) (October 2022).

What Key Messages should we focus on in outreach to Medicaid enrollees to prepare for Unwinding?

- According to CMS, “messaging should focus on encouraging people to get ready to renew their Medicaid or CHIP coverage and should not focus on why renewal is important right now. It should be simple, direct, and informative.” These are the top three messages:
 1. **Update your contact information** – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they will be able to contact you about your Medicaid or CHIP coverage.
 2. **Check your mail** – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
 3. **Complete your renewal form (if you get one)** – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.
- Other important messages:
 - If you no longer qualify for Medicaid or CHIP, you may be able to get health coverage through the Health Insurance Marketplace®. Visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to get details about Marketplace coverage.
 - If your child no longer qualifies for Medicaid, you may be able to get them health coverage through your state’s CHIP. For more information about Medicaid renewal or CHIP coverage, contact your state Medicaid office or visit [Medicaid.gov](https://www.Medicaid.gov).
 - Where to find help (or how to contact an enrollment assister).
 - Inform those disenrolled about the 90-day reconsideration period for reenrollment without a new application.
 - Use Medicaid coverage to catch up on preventive or delayed care.
- **A few things to consider:**
 - Include specific dates and timeframes wherever possible. For example, “You need to renew your Medicaid coverage by March 31, 2022.”
 - Include specific, relevant information so that people do not need to fill in missing gaps or guess where they fit in.
 - Avoid vague language that could confuse people, like “you may be automatically renewed or “most people must complete a form, but some will not.”

- Reference state-based exchange (SBE) contact information as an alternative to the Health Insurance Marketplace® and HealthCare.gov if your state has an SBE.
 - People who lose Medicaid coverage but have Medicare coverage will not need letters or other communications encouraging them to enroll in a Marketplace plan.
- **See more from CMS: [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#).** (August 2022).

Where can I find social media and communications tools to help with outreach to enrollees during Medicaid Unwinding?

- **National Indian Health Board. [Social Media Toolkit and Graphics to Prepare for Medicaid Unwinding in Indian Country](#).** (October 2022).
- **CMS: [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#)** (August 2022). Provides social media and key messages states and enrollment assistors may use to help inform people with Medicaid and CHIP about steps they need to take to renew coverage.
 - [Spanish toolkit](#)
 - [Toolkit graphics](#)
- **Georgetown University Health Policy Institute: [50-State Unwinding Tracker](#).** (Updated October 21, 2022). This tracker includes links to state-specific communications materials and toolkits for partners. (*download a copy of the unwinding tracker with links to documents and/or web pages [here](#).*)
- **Cover Virginia: [Federal Public Health Emergency Unwinding Toolkit: Normal Medicaid Enrollment Processes Will Start Soon](#).** (February 2022). The outreach resources include messaging and templates that can be used in various forms of outreach, including print, emails, newsletters, text messages, social media, telephonic communications, and other digital media. The goal of the outreach messaging and templates is to encourage members to provide updated contact information.
- **CMS: [All State Medicaid and CHIP Call Slide Deck](#)** (March 15, 2022). Provides communication strategies to reach enrollees (*see slides 15–16*).
- **CMS: [Consumer Research on Unwinding Phase I: Preventing Churn](#).** Provides consumer research and message testing findings from Medicaid/CHIP enrollees' experiences with enrollment and renewal.

What if Medicaid members lose their coverage?

- If a member no longer qualifies for health coverage from Medicaid, they will get the following:
 - Notice of when their Medicaid coverage will end.
 - Information on how to file an appeal if the member thinks the cancellation decision was incorrect.
 - A referral to the Health Insurance Marketplace and information about buying other healthcare coverage.
- **Many people will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid.** Others will no longer be eligible for Medicaid but will be eligible for premium tax credits through the marketplace. **If someone loses Medicaid coverage, they should:**
 - **Reapply for Medicaid.** If they think they are still eligible. If they did not complete all the steps required for the renewal and contact the state within 90 days of their Medicaid coverage ending, states must accept their renewal paperwork and process it without requiring a new application.
 - **Enroll in health coverage through the marketplace.** Loss of Medicaid allows someone to enroll in marketplace coverage within 60 days after losing it, even if outside of the annual open enrollment period. People who are not eligible for Medicaid and whose income is at least 100 percent of the poverty line can qualify for subsidies to help pay premiums and reduce out-of-pocket costs. People with low incomes are eligible for significant assistance; in most cases, they will be eligible for zero-premium plans.
 - **Apply for CHIP.** Some children whose families may no longer be eligible for Medicaid may be eligible for CHIP. If a child loses Medicaid coverage, their guardians should apply for CHIP, which can be done directly with the state agency, the CHIP program, or through the marketplace. If the child is not eligible for CHIP, they are likely eligible for subsidized coverage through the marketplace.
 - **See more from Center on Budget and Policy Priorities: [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions.](#)** (March 2022).
- Individuals can face barriers moving from Medicaid to other coverage programs, including CHIP. Simplifying those transitions to reduce the barriers people face could help ensure that people who are no longer eligible for Medicaid do not become uninsured. The recent Medicaid [proposed rule](#) aims to smooth transitions between Medicaid and CHIP by requiring the programs to accept eligibility determinations from the other program, to develop procedures for electronically transferring account information, and to provide combined notices. States can also consider sharing information on consumers losing Medicaid who may be eligible for Marketplace coverage with Marketplace assister programs. However, in a recent [survey](#), few assister programs (29 percent) expected states to provide this information although nearly half were unsure of their state's plans.”
 - **See more from Kaiser Family Foundation: [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement.](#)** (October

2022).

What can Medicaid members do now?

- Members can:
 - Update their contact information with their state Medicaid agency.
 - Watch for and respond quickly to notices about their coverage.

How will states need to coordinate with Tribes during Medicaid Unwinding?

- **CMS is encouraging states to engage with Tribes and Indian Health Care Providers to ensure that Tribes can share meaningful input on state unwinding plans and to sustain coverage and assist with seamless coverage transitions.** CMS is urging states to engage with Tribes and Indian health care providers now to:
 - Talk about unwinding activities at Tribal/state meetings.
 - Share implementation plans and seek Tribal input.
 - Collaborate on outreach to patients enrolled in Medicaid or CHIP to remind them to update their contact information and complete their renewals.
 - **See more from the National Association of Medicaid Directors Unwinding Workgroup: [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#).** (August 2022).
- CMS has instructed state Medicaid agencies to “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 with Tribal populations should also consult with Tribes to support strategic planning and partnerships with Tribes and Indian Health Care Providers. Government agencies, such as state or local health departments, Indian Health Care Providers, and social services agencies that contact enrollees 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 should also “engage and coordinate with community partners, health plans/managed care organizations (MCOs), and providers including Indian Health Care Providers to develop and implement enrollee outreach and communication strategies for unwinding. States can engage these partners in planning for unwinding, providing updates on program changes, sharing key messages, and requesting feedback and updates from those with direct enrollee contact.”
- **See more from CMS: [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts](#).** (June 2022). *Compilation of tools and guidance for states.*

What else should Tribal enrollment assistors and Indian health care providers ask the State Medicaid agency about?

Engaging with Tribes and Indian health care providers

- Are you currently engaging Indian Health Care Providers and Tribes in your unwinding activities and communications to American Indian and Alaska Native Medicaid enrollees?
- What other feedback are states hearing from Indian Health Care Providers and Tribes about unwinding?
- How can Tribes and Indian Health Care Providers share input for planning, and identify and address issues that arise as implementation takes place?
- Any other ideas or recommendations for how Tribes collaborate with states on unwinding activities and communicate with American Indian and Alaska Native Medicaid enrollees?

Outreach to Medicaid members and updating member contact information

- Have you developed Tribal specific outreach communication for American Indian and Alaska Native Medicaid enrollees?
- What is the state doing to collect and update new contact information for Medicaid enrollees before the PHE ends?
- What steps will the state Medicaid agency take to reach enrollees who may have outdated contact information, whose mail is returned, or who do not have traditional postal addresses?
- How will the state Medicaid agency coordinate with Indian health care providers to obtain updated enrollee contact information and reach enrollees?
- How will the state use information from other programs (e.g., SNAP) to keep eligible people enrolled?

Plans, policies, and processes

- What is the state's communication plan for informing Indian Health Care Providers and Tribal enrollment assistors about the unwinding process?
- Will the state Medicaid agency create an expedited channel for assistors to get help with difficult cases?
- How will the state Medicaid agency distribute renewals and other eligibility actions across the 12-month unwinding period?
 - Are there certain groups they plan to renew first?
 - Will the state use the full 12 months allowed by CMS to initiate renewals?

- Encourage your state to adopt optional policies to promote enrollment and retention, such as express lane eligibility, 12-month continuous eligibility for children, and SNAP facilitated enrollment.
- What is the agency's staffing plan for handling a large increase in casework, especially processing renewals and taking phone calls?
- How will the state help people connect to other sources of coverage, such as the CHIP and Marketplace plans?

Data

- Does the state Medicaid agency currently share renewal data with Indian Health Care Providers? If so, how?
- Request updates and data reports on loss of coverage for American Indians and Alaska Natives from your state Medicaid agency. States can also share information on individuals losing Medicaid who may be eligible for Marketplace coverage so enrollment assisters can help bridge that transition in coverage.
- What data will the state be tracking during the unwinding process? How will the data be shared with stakeholders?
- What is the state's plan for monitoring how the unwinding is going and submitting data to CMS? CMS instructed states to 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.

Learn more:

- **Center on Budget and Policy Priorities:** [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions](#). (March 2022).
- See more steps states should be taking to prepare for unwinding: **CMS:** [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts](#). (June 2022). *Compilation of existing tools and guidance on unwinding for States.*
- **CMS:** [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts](#).
- **National Association of Medicaid Directors Unwinding Workgroup:** [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#). (August 2022).
- **Georgetown University Health Policy Institute:** [Unwinding the Medicaid Continuous Coverage Protection at the End of the COVID Public Health Emergency: Tips and Best Practices](#). (August 2022).



- **Center on Budget and Policy Priorities:** [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions](#). (March 2022).

Tips, Reminders, and Potential Challenges for Tribal Staff

- Make sure you are familiar with your state's **timeline for when renewals** will be happening as the Public Health Emergency (PHE) winds down.
- **Get as much information as possible** on your state's plan for re-evaluating and renewing coverage.
- Get to know your state **Medicaid Tribal liaison** and **CMS Native American Contact**.
- **Make it easy for Tribal citizens to get accurate information and** stay up to date on Medicaid changes during unwinding. Launch a new webpage with Medicaid Unwinding educational resources and use social media to make information accessible.
- In communication with Medicaid members, **highlight the advantages of completing the renewal process on time**. Renewal is usually a quick process, only verifying information or making minor changes to the application. But if members do not renew their Medicaid application on time, they will have to redo the whole application, including submitting previous supporting documents again. Many state Medicaid offices will be short-staffed during the unwinding period, making the process for resubmitting applications longer. Avoid long wait times, potential online portal overload, and burdensome application processes by submitting renewals on time.
- When helping members transition from Medicaid to Marketplace insurance, **be aware of the gap filling rule** when current monthly income exceeds the Medicaid limit but projected annual income is below the marketplace financial assistance threshold.
- Has your state expanded Medicaid? Be familiar with the circumstances that may leave enrollees in a "coverage gap." Unfortunately, some people will lose Medicaid and not have a viable alternative for affordable health insurance because they live in one of 12 states that have not expanded Medicaid. These include young adults who have "aged off" Medicaid and because their state has not adopted the Medicaid expansion, they do not qualify as an adult, parents with extremely low incomes who no longer have dependent children at home (and so no longer qualify for Medicaid under the "parent" category), and people who received Medicaid during their pregnancy but are past their state's postpartum eligibility timeline. People in these situations whose incomes are below the poverty line fall into the Medicaid "coverage gap." (To receive premium tax credits, people must have income above the poverty line.) (**See more from the Center on Budget and Policy Priorities:** [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions](#). (March 2022).
- Create outreach strategies to ensure Medicaid members have the information and resources they need to maintain coverage. **Leverage existing data sources and create broad partnerships** – for example, with Medicaid plans, providers, organizations and other

enrollment assisters, Tribal leaders, navigators/Certified Applications Counselors (CACs), or find ways to work with your local Medicaid office.

- **Stay in touch with your state Medicaid office.** Communicate about issues that arise or barriers your Medicaid members are facing. Help inform state efforts to improve the unwinding effort.
- **Request updates and data reports on loss of coverage** for American Indians and Alaska Natives from your state Medicaid agency. States can also share information on individuals losing Medicaid who may be eligible for Marketplace coverage, so enrollment assisters can help bridge that transition in coverage.

Resources

Tribal-Specific Resources

National Indian Health Board. Medicaid Unwinding Drop-Off Estimates by State. (October 2022). These tables provide estimates for states on how many American Indian and Alaska Native enrollees may be dropped from their Medicaid programs as eligibility reviews begin again when the Public Health Emergency (PHE) ends and the special Medicaid rules “unwind.”

National Association of Medicaid Directors Unwinding Workgroup: [Strengthening Tribal and State Partnerships to Prepare for Unwinding](#). (August 2022).

Overview of special barriers Indian Country may face with Medicaid unwinding and how states can partner with Tribes and Indian Health Care Providers to overcome these barriers.

National Indian Health Board. Social Media Toolkit and Graphics to Prepare for Medicaid Unwinding. (October 2022).

Resources for All Audiences

[CMS Unwinding Landing Page](#).

Georgetown University Health Policy Institute: [50-State Unwinding Tracker](#). (Updated October 21, 2022). This tracker includes links to state-specific unwinding documents, including: (1) the state’s unwinding plan or a summary; (2) specific information about the unwinding; (3) an alert to update contact information; (4) communications materials/toolkits for partners; (5) an unwinding FAQ; and (6) whether the state plans to launch an unwinding data dashboard or publicly post key unwinding data. *Download a copy of the unwinding tracker with links to documents and/or web pages [here](#).*

Center on Budget and Policy Priorities: [Unwinding the Medicaid Continuous Coverage Requirement: Frequently Asked Questions](#). (March 2022).

Kaiser Family Foundation: [10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Requirement](#). (October 2022).

CMS: [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#). (August 2022). Provides social media and key messages states & enrollment assisters may use to help inform people with Medicaid and CHIP about steps they need to take to renew coverage.

- [Spanish toolkit](#)
- [Toolkit graphics](#)

- Cover Virginia: [Federal Public Health Emergency Unwinding Toolkit: Normal Medicaid Enrollment Processes Will Start Soon.](#)** (February 2022). The outreach resources include messaging and templates that can be used in various forms of outreach, including print, emails, newsletters, text messages, social media, telephonic communications, and other digital media. The goal of the outreach messaging and templates is to encourage members to provide updated contact information. *(Note: The timeline in this toolkit is outdated since the PHE has since been renewed; the rest of the toolkit remains relevant, although it is customized for Virginia).*
- Georgetown University Health Policy Institute: [Webinar Series: Unwinding the COVID-19 Medicaid Continuous Eligibility Provision.](#)** (Updated October 2022). A webinar series on what the end of the PHE means for Medicaid eligibility and enrollment and how organizations can contribute to their state's planning process and monitor implementation.
- Georgetown University Health Policy Institute: [Continuous Coverage in Medicaid and CHIP.](#)** (July 2021). This brief explains continuous eligibility, how it supports health equity, and policy routes states can use to use continuous eligibility even after the end of the PHE.
- Center for Budget and Policy Priorities: [Elevating the Medicaid Enrollment Experience.](#)** A collection of resources to promote policies and practices to help eligible individuals enroll and stay enrolled in Medicaid, including during Medicaid unwinding. Resources include fact sheets, reports, and recorded webinars related to administrative advocacy, Medicaid policy, and operational aspects of health and human service programs. These materials support advocates and Medicaid administrators striving to elevate the Medicaid enrollment experience.

State-Focused Resources

- CMS: [COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies.](#)** (October 2022).
- CMS: [Top 10 Fundamental Actions to Prepare for Unwinding and Resources to Support State Efforts](#)** (June 2022). Compilation of tools and guidance for states.
- CMS: [Medicaid and CHIP Unwinding Planning Efforts Summary of Best and Promising State Practices from CMS/State Discussions](#)** (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.
- CMS: [Medicaid and CHIP Coverage Learning Collaborative: Ensuring Continuity of Coverage and Preventing Inappropriate Terminations for Eligible Medicaid and CHIP Enrollees: Part 2](#)** (August 2021). Includes examples of how states have partnered with MCOs and enrollment assisters to prevent inappropriate terminations (*see* slides 10–12).
- CMS: [State Health Official Letter #22-001](#)** (*issued* March 2022). Provides a new strategy that states can use under a temporary section 1902(e)(14)(A) waiver to partner with Managed Care Organizations (MCOs) to update enrollee contact information during unwinding (*see* p. 25). It also outlines strategies to partner with MCOs and other stakeholders on outreach activities (*see* pp. 36–40).
- CMS: [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 for states.

- CMS:** [Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations.](#) (November 2021). Provides a checklist that states can use to improve eligibility notices, conduct intensive outreach, provide robust consumer assistance, and communicate effectively with individuals with Limited English proficiency or who are living with a disability (*see* pp. 7–9). Provides a policy and operational strategy “punchlist” states can use to sustain coverage for eligible enrollees, promote seamless coverage transitions, and enhance eligibility operations during unwinding.
- CMS:** [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.](#) (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.
- CMS:** [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 COVID19 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).
- CMS:** [Connecting Kids to Coverage: State Outreach, Enrollment and Retention Strategies.](#) (November 2021). Shares information on how states can form strategic partnerships to support outreach, enrollment, and retention efforts (*see* pp. 2–4).
- CMS:** [Partner with Connecting Kids to Coverage \(CKC\) Grantees, including AI/AN Grantees.](#) Provides a list of all CKC grantees trained and experienced in assisting families with applications and renewals.

Three Key Takeaways

1. If states do not proceed cautiously and American Indian and Alaska Native enrollees do not receive enough support for navigating these administrative processes, many American Indian and Alaska Native individuals may be dropped from Medicaid even though they are still eligible.
2. Due to postal delivery and broadband limitations, Indian health care providers can provide essential assistance with the eligibility and renewal processes.
3. Many people will lose their coverage because they do not complete the renewal process, though they remain eligible for Medicaid. Others will no longer be eligible for Medicaid but may be eligible for other affordable health coverage.

Medicaid Unwinding Messaging

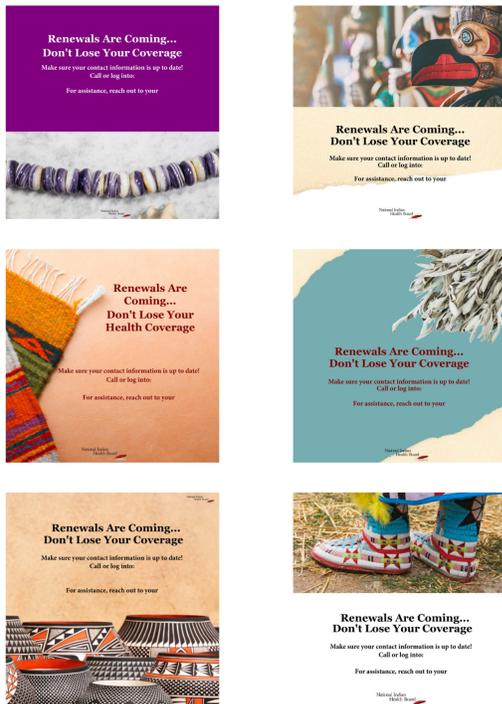
Social Media and Outreach Products

The National Indian Health Board's (NIHB) in collaboration with the Indian Health Service (IHS), are focused on familiarizing Tribal health facility staff with the upcoming "Medicaid Unwinding." To ensure Indian Country is maintaining a source of coverage, whether through Medicaid, CHIP, or the Marketplace, when the Public Health Emergency ends.

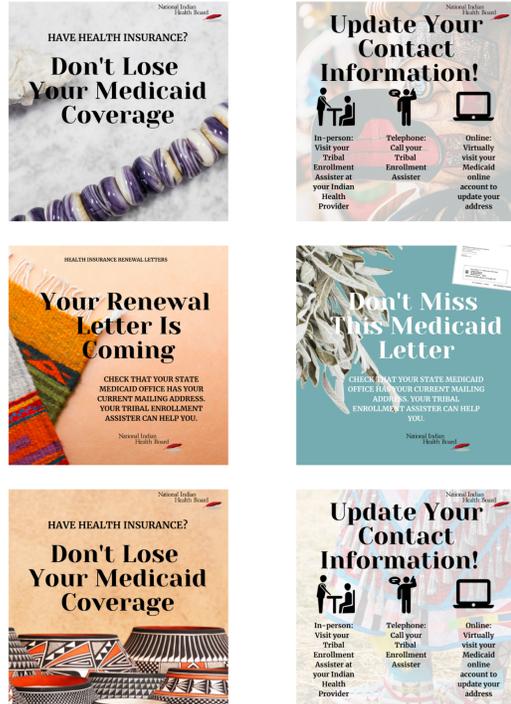
Use the customizable graphics and the social media graphics below to encourage and remind your followers to make sure their state's Medicaid program has their current mailing address. URL for social media posts: <https://www.medicaid.gov/> or [Renew Your Medicaid or CHIP Coverage | Medicaid](#).

To use the graphics, simply fill in the field boxes with what you call Medicaid in your state, your Medicaid portal online information, and your enrollment assister's title and phone number. Text fields will be visible upon downloading.

Medicaid Unwinding Customizable Graphics



Medicaid Unwinding Social Media Posts



Social Media and Outreach Products

Social Media Messages

1. Don't Lose Your Health Insurance!

Make sure you provide a current address, phone number, and email so you do not miss any important changes to your health insurance coverage. Contact your (Patient Benefits Coordinator or title of Enrollment Assister) or log into your (add Medicaid online account link).

2. Update Your Contact Information!

In-person: Visit your (Patient Benefits Coordinator or title of Enrollment Assister) at your Indian Health Care Provider.

Telephone: Call your (Patient Benefits Coordinator or title of Enrollment Assister) at (phone number).

Online: You can go online to your health insurance account to update your address.

3. Don't Miss This Medicaid Letter - Open Your Mail!

Read any letters you receive from (State Medicaid office name) or take your health insurance mail to your (Patient Benefits Coordinator or title of Enrollment Assister) to assist you.

4. Your Renewal Letter is Coming - Look Out for Deadlines for Your Health Insurance Application!

With the end of the COVID-19 Public Health Emergency (PHE) eventually coming, the Centers for Medicare and Medicaid Services (CMS) have announced that Medicaid agencies will begin disenrolling those on

Social Media Graphics

[Northeast Graphic](#)
[Southeast Graphic](#)
[Southwest Graphic](#)
[Northwest Graphic](#)
[Plains Graphic](#)
[Midwest Graphic](#)

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Social Media and Outreach Products

health insurance plans who will no longer qualify.

5. Attention Tribal and Urban Indian Health Insurance Enrollees!

During the COVID-19 pandemic, CMS granted flexibilities to enrollees into health insurance that will no longer be available after the end of the COVID-19 pandemic. Because of this, it is extremely important that you update your mailing address with your state Medicaid agency!

6. Do You Need Assistance with Your Health Insurance?

If you have difficulties or need additional assistance, more information, or additional questions please do not hesitate to contact your Enrollment Assister or Patient Benefits Coordinator (PBC). Please reach out to your local PBC or Enrollment Assister. For contact information, please click here: ([Patient Benefits Coordinator or Enrollment Assisters information](#)).



National Indian
Health Board

