



THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

May 10, 2022

Dear Governor:

Thank you for your continued partnership in this unprecedented time, as we continue to respond to the Coronavirus Disease 2019 (COVID-19) pandemic. On April 12, 2022, Secretary Becerra renewed the determination that we are in a national public health emergency (PHE). The PHE has been in place for more than two years and our experience has emphasized how critical it is to have comprehensive health care coverage. Since February 2020, enrollment in Medicaid and the Children's Health Insurance Program (CHIP) has grown by over 16 million and has reached a record high – nearly 87 million people as of January 2022. A key reason for this is that states have not terminated enrollment for most individuals enrolled in Medicaid since March of 2020, nor will they do so until after the month in which the PHE concludes, as a condition of receiving enhanced federal Medicaid funding as part of the Families First Coronavirus Response Act of 2020.

The April 12, 2022, PHE extension announcement, which extended the PHE effective April 16, 2022, means the PHE will be in place through at least July 15, 2022. We do not yet know when the PHE will end, but the Biden-Harris Administration is committed to providing you with at least 60-days' notice before any expiration or termination of the PHE. When the PHE ends, many individuals' Medicaid, CHIP, or Basic Health Program (BHP) eligibility will need to be redetermined. Our goal is to ensure that as many individuals retain coverage as possible, whether by renewing their Medicaid or CHIP coverage, smoothly transitioning to Marketplace coverage, or enrolling in a different health coverage option. We know you share our goal – evidenced by the planning your state teams already have completed – but there is much more to do.

Here at the Department of Health and Human Services (HHS), we have taken an “all hands-on-deck” approach to this work. For more than a year, HHS has worked closely with state Medicaid and CHIP agencies to prepare for the return to normal operations through regular workgroups, bi-weekly and individual calls with states, and development of guidance, tools, and resources for use in planning efforts. In March, we released new guidance and planning and communications tools¹ that offer states a roadmap to restore routine eligibility and enrollment operations after the PHE ends, promote continuity of coverage, and facilitate transitions between Medicaid, CHIP, BHP, the Health Insurance Marketplaces, and Medicare. In April, we also released a proposed rule that would smooth transitions between Medicaid and Medicare during the unwinding period by allowing certain Medicaid enrollees to enroll in Medicare without late enrollment penalties.²

¹ Available at [Medicaid.gov/unwinding](https://www.medicicaid.gov/unwinding).

² Additional information available at <https://www.cms.gov/newsroom/fact-sheets/implementing-certain-provisions-consolidated-appropriations-act-2021-and-other-revisions-medicare-1>.

The Centers for Medicare & Medicaid Services' (CMS) guidance announces a 12-month unwinding period, during which time states must initiate all redeterminations and other outstanding eligibility actions. We strongly encourage your state to use the entire 12-month unwinding period to put in place processes that will prevent terminations of coverage for individuals still eligible for Medicaid as your state works through its pending eligibility actions. As explained more fully in the guidance issued on March 3, 2022, taking the full 12 months to initiate all renewals is the best way to gather updated information from people enrolled in Medicaid, facilitate seamless coverage transitions for individuals who are eligible for other coverage programs, and establish a sustainable renewal schedule for your state in future years. In your planning efforts, we hope you also examine your unique state processes and determine which strategies are needed to maintain continuity of coverage and create administrative efficiencies to support your workforce as they process all eligibility work throughout the 12-month unwinding period. This includes considering strategies to streamline enrollment, establishing procedures to update contact information, engaging stakeholders in planning efforts, updating systems, and training eligibility and enrollment staff. We urge you to commit the needed resources to this effort by enhancing and supplementing staffing and outreach resources in your state.

Finally, state Medicaid agencies adopted nearly 1,000 different flexibilities to support providers and ensure continued access to care during the COVID-19 PHE, including suspending beneficiary premiums and cost-sharing, temporarily increasing provider payment rates, and modifying provider enrollment requirements. Many of these flexibilities will expire at the end of the PHE. In your planning efforts, please review these flexibilities and identify those you wish to maintain. Our CMS team is available to assist your staff as you assess the flexibilities your state adopted and determine which ones can be extended.

We have made this work a top priority, and we encourage you to do the same. Please do not hesitate to reach out to the HHS Office of Intergovernmental and External Affairs at (202) 690-6060 with questions or for further assistance.

Sincerely,

Xavier Becerra
Secretary


Chiquita Brooks-LaSure
CMS Administrator

Select Tools and Resources to Support States in Planning for Unwinding and Returning to Regular Operations after the COVID-19 PHE

CMS has created a wide variety of tools to support states as you prepare to resume normal eligibility operations, while ensuring eligible individuals retain coverage and individuals eligible for other sources of coverage successfully transition. Key tools are summarized below and also on a new unwinding-focused page for states available at [Medicaid.gov/unwinding](https://www.medicaid.gov/unwinding). Our team stands ready and willing to provide technical assistance to states as you review the tools and develop your individual state unwinding plans.

Guidance Related to Returning to Routine Operations after the PHE Ends

- **State Health Official Letter (SHO) #22-001**, (“March 2022 SHO”): Provides additional guidance describing how states may distribute eligibility and enrollment work when restoring routine operations, mitigate churn, and smooth transitions between coverage programs, including the FFM or an SBM.
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf>
- **State Health Official Letter (SHO) #21-002**, (“August 2021 SHO”): Updates guidance in the December 2020 SHO to provide states 12 months after the PHE ends to complete pending eligibility and enrollment work and ensures states renew eligibility for all beneficiaries prior to taking any adverse action.
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf>
- **State Health Official Letter (SHO) #20-004**, (“December 2020 SHO”): Provides guidance on ending temporary authorities when the PHE ends, making temporary changes permanent, procedures for ending policies authorized under the FFCRA.
<https://www.medicaid.gov/federal-policy-guidance/downloads/sho20004.pdf>

Planning Tools and Templates

- **Medicaid and CHIP COVID-19 Health Emergency Eligibility and Enrollment Pending Actions Resolution Planning Tool**: Provides a planning template highlighting areas of work states may need to address in their planning efforts, key state planning domains and strategies.
<https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-covid19-health-emergency-eligibility-enrollment-pending-actions-resolution-planning-tool.docx>
- **General Transition Planning Tool for Restoring Regular Medicaid and CHIP Operations after Conclusion of the COVID-19 PHE**: Guides states through an assessment of actions needed to ensure a smooth transition as federal approval for each flexibility/waiver approved during the PHE expires upon the conclusion of the PHE or another specified date.
<https://www.medicaid.gov/resources-for-states/downloads/general-transition-planning-tool-restoring-regular-medicaid-chip-operations-conclusion-covid19-health-emergency.docx>
- **Program Integrity Considerations for Restoring State Medicaid and CHIP Operations Upon Conclusion of the COVID-19 Public Health Emergency**: Provides a risk assessment template and suggested step-by-step approach for identifying, assessing, prioritizing, and addressing program integrity risks as a result of COVID-19 waivers and flexibilities.
<https://www.medicaid.gov/state-resource-center/downloads/risk-assessment-template.docx>

Strategies to Support and Streamline State Unwinding Efforts

- **Strategic Approaches to Support State Fair Hearings as States Resume Normal Eligibility and Enrollment Operations After the COVID-19 PHE:** Provides steps states can take to assess their fair hearing process and capacity in preparation for increased request volume and outlines strategies states can use to address the anticipated fair hearing volume.
<https://www.medicaid.gov/resources-for-states/downloads/strat-apps-state-fair-hearings.pdf>
- **Medicaid and CHIP Unwinding Planning Efforts: Summary of Best & Promising State Practices from CMS/State Discussions:** Provides specific examples of strategies states reported planning and implementing for unwinding during discussions with CMS.
<https://www.medicaid.gov/resources-for-states/downloads/state-unwinding-best-practices.pdf>
- **Strategies for SBMs to Improve Medicaid to Marketplace Coordination and Maximize Enrollee Transitions at the End of the Continuous Enrollment Requirement:** Provides a “punchlist” of policy and operational strategies Marketplaces are using to improve Medicaid/CHIP to Marketplace coordination, maximize enrollee transitions and coverage retention.
<https://www.medicaid.gov/resources-for-states/downloads/sbm-strategies-03162022.pdf>
- **Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations:** Provides states strategies on how to work with health plans to update beneficiary contact information, conduct outreach, support individuals enrolled in Medicaid and CHIP during renewal and assist individuals transitioning to the Marketplace.
<https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf>
- **Strategies States and the U.S. Territories can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operations:** Provides a list of policy and operational strategies states can implement to support unwinding activities, ensure continuous coverage for eligible beneficiaries and facilitate coverage transitions for individuals eligible for other forms of coverage.
<https://www.medicaid.gov/state-resource-center/downloads/strategies-for-covrg-of-indiv.pdf>

Communications Tools

- **Medicaid and CHIP Continuous Coverage Unwinding Phase 1: Plan & Educate (Unwinding Communications Toolkit):** Provides important information to help inform people with Medicaid and CHIP about steps they need to take to renew coverage.
English toolkit: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>
Spanish toolkit: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-esp.pdf>
Toolkit graphics: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-graphics.zip>
- **Consumer Research on Unwinding Phase I: Preventing Churn:** Provides a summary of findings with Medicaid/CHIP beneficiaries on experiences with enrollment, renewal, and message testing.
https://www.medicaid.gov/sites/default/files/2022-03/Consumer%20Research%20on%20Unwinding%20Phase%20I_508.pdf