

Q&A Medicaid Do's and Don'ts: How
plans can prepare for the unwinding
of continuous enrollment and the
reentrance of redetermination

How can plans provide a warm transition to ACA coverage for members disenrolling?

Individuals who lose minimum essential coverage (MEC) such as Medicaid, qualify for 60-day special enrollment period (SEP) that begins the day coverage was lost. Plans can help individuals understand coverage and costs, how and where to enroll. For most states and markets, the best way to seek seamless coverage is directing individuals to the marketplace at [healthcare.gov](https://www.healthcare.gov) where they can determine their level of coverage - ACA, Medicaid, CHIP etc.

Would redetermination happen for all members at the same time, or would it be in phases?

This will depend on plans at the state level. Some states have shared plans to process the backlog of reenrollment in the first 90 days after the PHE ends while others plan to phase it out across the 12+ months allowed by CMS.

What will be the communication between states & plans?

At this time, most of the direct member communications have been managed at the state level. CMS has created an unwinding toolkit that states and individual plans have been following in order to deliver clear and consistent messaging to all individuals. [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)

Additional links:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL-22-004.pdf>

https://www.kff.org/medicaid/report/medicaid-and-chip-eligibility-and-enrollment-policies-as-of-january-2022-findings-from-a-50-state-survey/?utm_campaign=KFF-2022-Medicaid&utm_medium=email&_hsmi=2&_hsenc=p2ANqtz-8heDb53Xc3JiFJCXsFjpinXELvkpRzEmJL6pEyuqooGYfkDoZky4TupQFhXQqvqMKsOyHAKgbEmGy3DbBZ1t7FW8FKyw&utm_content=2&utm_source=hs_email