

## Medicaid Redetermination Group Leader FAQs

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### What is Medicaid Redetermination?

Medicaid redetermination is the process through which states assess the ongoing eligibility of Medicaid enrollees. This evaluation is required by federal law for certain groups, such as low-income families, qualified pregnant women and children, and individuals receiving SSI.

### What is the unwinding Period?

The Unwinding Period refers to the process of resuming regular eligibility and enrollment operations for Medicaid and Children's Health Insurance Program (CHIP) coverage after the continuous enrollment condition, which was implemented to keep people in coverage during the COVID-19 Public Health Emergency (PHE), ends on March 31, 2023.

States will be able to begin terminating Medicaid coverage on April 1, 2023, for consumers found ineligible for that coverage after the continuous enrollment condition ends on March 31, 2023.

### What should consumers do if they receive notice of termination?

Consumers who receive notice of termination may start applying and enrolling immediately in other coverage, such as on the Marketplace or employer-sponsored coverage, to ensure continuity of coverage.

### How long do consumers losing Medicaid coverage have to enroll in new coverage?

Consumers have until July 31, 2024, to enroll in an individual ACA plan (60 days from when they start their application). For employer-sponsored health plans, employers must offer at least 30 days from the date they lose coverage to enroll.

### What can I do to support employees during this process?

You will want to make sure to communicate the redetermination process to employees and let them know how long they have to apply for the employer-sponsored plan. Ensure they have access to your plan documents to review the benefits available to them.

### When will coverage begin for those enrolling in ACA coverage?

If a member chooses to enroll in an ACA plan, their coverage will begin the first of the month following the completion of their enrollment. For example, if someone enrolls and selects a plan on June 15, their coverage would be effective as of Aug. 1. If the applicant isn't fully subsidized, meaning they need to pay all or a portion of their premium, the first payment must be made to effectuate their coverage.