



Connecticut Medical Assistance Program
Policy Transmittal 2023-20

Provider Bulletin 2023-34
April 2023

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Effective Date: March 31, 2023
Contact: See Responsible Unit below

TO: All Providers

RE: Public Health Emergency Eligibility Unwinding

The Families First Coronavirus Response Act (FFCRA) mandated continuous Medicaid enrollment throughout the federally-declared COVID-19 public health emergency (PHE) period for nearly all of those enrolled in Medicaid on or after the date of enactment on March 18, 2020, through the end of the month in which the PHE declaration ends. The continuous enrollment provision changed Medicaid's regular eligibility renewal and redetermination process by prohibiting termination of ineligible individuals except for those who do not have a qualifying immigration status, voluntarily disenroll, are deceased, or are no longer a state resident.

[The Consolidated Appropriations Act of 2023](#) decoupled the continuous enrollment provision from the PHE declaration and ends the continuous enrollment provision on **March 31, 2023**, triggering a period of "unwinding" from the pandemic rules. States have 12 months to initiate redeterminations for most Medicaid and Children's Health Insurance Program (CHIP) members with two additional months (14 months total) to complete all pending actions.

Connecticut began initiating renewals for the extension population in March 2023, with the first renewals due by the end of April 2023.

A renewal is considered "initiated" when the state begins the *ex parte* renewal process. The *ex parte* process begins by accessing electronic data sources and other information available to the state to determine if a member's eligibility can be successfully renewed without the member needing to take

action. This process begins about 60 days in advance of a member's coverage end date.

States are distributing these renewals over the course of the unwinding period to mitigate the risk of inappropriate terminations and churn, and to balance renewal volumes more evenly into the future. Connecticut will use the full 12 months to evenly distribute the number of PHE extension renewals due each month. The Department of Social Services (DSS) is primarily using an "age" or "time" based approach, first initiating renewals for those who have been on a PHE extension the longest.

According to guidance from the Centers for Medicare & Medicaid Services (CMS), there are some populations who are not entitled to redetermination and whose coverage will end when the continuous enrollment provision ends, e.g., those who did not verify identity, citizenship or immigration status during their reasonable opportunity period, thereby never establishing full eligibility.

The *Medicaid COVID-19 for the Uninsured and Emergency Medicaid COVID-19* limited benefit groups are also not entitled to redetermination, and these coverage groups will end the day the PHE declaration ends (expected to be **May 11, 2023**).

Right now, providers can help prepare for the renewal process and educate HUSKY Health members about the upcoming changes. This includes making sure that members have updated their HUSKY Health contact information and creating awareness about the importance to act when they receive a letter

from DSS or Access Health CT about completing a renewal form.

Communications Planning

Under the current CMS guidance, DSS is conducting a communications campaign to encourage members to update contact information ahead of the PHE unwinding.

HUSKY Health members can be directed to [Update Us \(ct.gov\)](https://www.ct.gov/UpdateUsDSS) (ct.gov/UpdateUsDSS) to find out the best way to update their contact information based on what program they receive.

Provider Resources

For more information on the PHE unwinding, please visit:

- www.ct.gov/phe
- [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)
- [COVID-19 Public Health Emergency Unwinding FAQs \(medicaid.gov\)](#)
- [The Consolidated Appropriations Act of 2023](#)

Posting Instructions:

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Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

For questions related to eligibility: DSS Medical Eligibility Policy at EligPolicy.DSS@ct.gov.

Date Issued: April 2023