



January 31, 2023

FAQs on SEP for Consumers Losing Medicaid Coverage due to Medicaid Unwinding

The Centers for Medicare & Medicaid Services (CMS) has announced a **Marketplace Special Enrollment Period (SEP)** for qualified individuals and their families who are losing Medicaid coverage due to the end of the “continuous enrollment condition” – also known as “unwinding.”*

This SEP, referred to as the “Unwinding SEP,” will allow individuals and families in states served by HealthCare.gov and who are impacted by unwinding, to enroll in Marketplace coverage. CMS will update Marketplace enrollment platforms (HealthCare.gov and Direct Enrollment/Enhanced Direct Enrollment pathways) so that Marketplace-eligible consumers who submit a new application or update an existing application **between March 31, 2023 and July 31, 2024** and attest that they have lost Medicaid or CHIP coverage at any point during this time period are eligible for this Unwinding SEP. Consumers who are eligible for the Unwinding SEP will have 60 days after they submit or update their application to select a plan with coverage that starts the first day of the month after they select a plan. For example, if someone selects a plan on August 20, their coverage will start on September 1.

To read the FAQs about this new SEP, click the link. [Medicaid Unwinding SEP FAQs](#)

As a reminder, millions of consumers may soon be eligible for Marketplace coverage, and you should be ready to assist them! Many consumers who lose Medicaid coverage will be directed to apply for coverage through the Marketplace. **Redeterminations can begin as early as February 1 with the first terminations effective April 1. People who receive advance notice of an April 1 termination may start enrolling in Marketplace coverage immediately to ensure continuity of coverage.**

The Marketplace will continue to share updates and information for assisters throughout the coming months regarding the Unwinding Period. To learn more, see this [CMS Informational Bulletin](#).

** Under section 6008(b)(3) of the Families First Coronavirus Response Act, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. While the requirements of section 6008 of the FFCRA do not apply to separate CHIPs or the Basic Health Program (BHP), CMS recognizes some states elected to apply certain provisions of section 6008 to their separate CHIP program or BHP. In those circumstances, subject to exceptions noted and other federal requirements, guidance related to unwinding from the Medicaid continuous enrollment condition also applies to CHIP and BHP.*