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**DPHSS TO BEGIN FEDERALLY MANDATED MEDICAID UNWINDING**

The Department of Public Health and Social Services (DPHSS) will begin Guam Medicaid's "Unwinding Period" to make eligibility redeterminations for all existing Medicaid participants, and this will start during the month of May 2023. Medicaid participants were continuously enrolled throughout the COVID-19 Public Health Emergency (PHE), and this "protected group" were allowed to remain on Medicaid regardless of any changes to their eligibility status.

**BACKGROUND:** During the COVID-19 Public Health Emergency (PHE), the Federal government provided States and territories with an increased Federal Medical Assistance Percentage (FMAP) for Medicaid services as long as they met certain conditions, to include continuing to provide Medicaid coverage for all persons that were enrolled in Medicaid beginning March 18, 2020, and all participants that were enrolled after that date and throughout the PHE. This was noted in the Families First Coronavirus Response Act (FFCRA), P.L. 116-127 Sec. 6008, which is also known as the "continuous coverage condition." This condition contributed to a substantial increase in Medicaid enrollment. The continuous enrollment requirement ended on March 31, 2023, and the Guam Medicaid Program will have 12 months to initiate their work on renewals, all redeterminations based on changes in circumstances, and post-enrollment verifications, and the program will be required to complete this work within 14 months from the start of this unwinding period.

**What does this mean for Guam Medicaid?**

1. Guam Medicaid will begin this unwinding process during the month of May 2023 and is required to complete this process no later than July 2024. This will allow sufficient time for re-determining eligibility by assigned groups and to ensure that medical coverage for Medicaid clients is not disrupted.
2. Guam Medicaid will conduct these redeterminations based on groups and plans to conduct this process whereby the highest utilizers of Medicaid will be re-determined toward the end of the 12-month unwinding period.
3. Guam Medicaid clients who are also recipients of the cash assistance and/or the Supplemental Nutrition Assistance Program (SNAP) who have submitted their Simplified Renewal Forms (SRF) **do not need** to resubmit another SRF strictly **for Medicaid**.

4. New or reopen applications are considered separate from the protected group and will follow the normal enrollment and eligibility requirements. For example, if a new applicant did not meet the income eligibility requirement, that applicant would be denied.

This unwinding process is being conducted in order to follow the mandates from the Centers for Medicare & Medicaid Services (CMS) which requires that when the PHE eventually ends and Guam Medicaid resume routine operations, including terminations of eligibility, that these activities are done in an orderly process that minimizes beneficiary burden and promotes continuity of coverage.

The DPHSS Bureau of Economic Security will begin the process of re-determining or reviewing the eligibility status of an estimated 48,000 Medicaid clients to determine whether they are eligible for Medicaid under the normal pre-pandemic enrollment process.

In an effort to minimize potential problems and to expedite the process, DPHSS is asking all of its Medicaid participants to ensure that their contact information such as working phone contact numbers, mailing addresses and email (if applicable) that were provided to DPHSS are up-to-date in order to effectively communicate with Medicaid participants. Those participants who received SRFs should plan on collecting the required documents for re-determination for Medicaid services. This will be a collaborative process between Medicaid participants and DPHSS to ensure success.

This information is being provided to assure our Medicaid participants that DPHSS intends to keep qualified recipients on the Medicaid program and provide access to high quality healthcare from the providers within our network.

  
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