Today’s Agenda

• Welcome
• Gaye Humphrey and Angela Cain, CMS
  I. Medicare
  II. Medicare & Programs for People with Disabilities
  III. Health Insurance Marketplace Updates
  IV. Preparing for End of Continuous Enrollment Condition with Medicaid and CCHP Coverage
  V. Federally Facilitated Marketplace Overview
• Jeness Sherrell, Change Happens
• Thank you!
Medicare Overview
Disclaimer

- This training module was developed and approved by the Centers for Medicare & Medicaid Services (CMS), the federal agency that administers Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace®.

- The information in this module was correct as of January 2023. To check for an updated version, email training@cms.hhs.gov. The CMS National Training Program provides this information as a resource for our partners. This presentation is not a substitute for review of the controlling relevant statutes, regulations and rulings, it’s not a legal document or intended for press purposes. The press can contact the CMS Press Office at press@cms.hhs.gov. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

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VOLUNTARY SURVEY EVALUATION

R6 CMS Dallas – Medicare, Medicaid Unwinding & Marketplace

https://cmsgov.force.com/act/Evaluation
Medicare

Health insurance for people:

- 65 and older
- Under 65 with certain disabilities, like ALS (Amyotrophic Lateral Sclerosis, also called Lou Gehrig’s disease) without a waiting period
- Any age with End-Stage Renal Disease (ESRD)

**NOTE:** To get Medicare you must be a U.S. citizen or lawfully present in the U.S. Must reside in the U.S. for 5 continuous years.
What Are the Parts of Medicare?

Part A
(Hospital Insurance)

Part B
(Medical Insurance)

Part D
(Drug coverage)
Decision: Do I Need to Sign Up for Part A?

Consider:

- It's free for most people
- You can pay for it if your work history isn't sufficient (there may be a penalty if you delay)
- Talk to your benefits administrator if you (or your spouse) are actively working and covered by an employer plan

**NOTE:** To avoid Internal Revenue Service (IRS) tax penalties, stop contributions to your Health Savings Account (HSA) before Medicare starts.
<table>
<thead>
<tr>
<th>Special Enrollment Period</th>
<th>Occurs From</th>
<th>Ends</th>
<th>Coverage Starts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan or Employer Error</td>
<td>The day the individual notifies Social Security that the health plan or employer misrepresented or provided incorrect information</td>
<td>6 months after individual notifies Social Security</td>
<td>The month after enrollment</td>
</tr>
<tr>
<td>Formerly Incarcerated Individuals</td>
<td>The day the individual is released from incarceration</td>
<td>The last day of the 12th month after the month the individual is released</td>
<td>The month after enrollment or, the individual can choose retroactive back to their release date (not to exceed 6 months)</td>
</tr>
<tr>
<td>Termination of Medicaid Coverage</td>
<td>The day the individual is notified that Medicaid coverage is ending</td>
<td>6 months after Medicaid coverage ends</td>
<td>The month after enrollment unless the individual elects a start date of the first day of the month they lost Medicaid and agrees to pay all prior premiums</td>
</tr>
<tr>
<td>Other exceptional conditions</td>
<td>Once Social Security decides whether the individual qualifies for a SEP</td>
<td>Minimum 6-month duration</td>
<td>The month after enrollment</td>
</tr>
</tbody>
</table>
Medicare Part B (Medical Insurance) Covers

- Doctors’ services
- Outpatient medical and surgical services and supplies
- Clinical lab tests
- Durable medical equipment (DME) (like walkers and wheelchairs)
- Diabetic testing equipment and supplies
- Preventive services (like flu shots and a yearly wellness visit)
- Home health care
- Medically necessary outpatient physical and occupational therapy, and speech-language pathology services
- Outpatient mental health care services
What You Pay in 2023: Part B Monthly Premiums

Standard premium is $164.90

- Some people who get Social Security benefits pay less due to the statutory hold harmless provision.
- Your premium may be higher if you didn’t choose Part B when you first became eligible or if your income exceeds a certain threshold.
Medicare Savings Programs: This program provides help from your state paying Medicare costs, including Medicare premiums, deductibles, coinsurance, and copayments. It often has higher income and resource guidelines than full Medicaid. Visit Medicare.gov/talk-to-someone to see your state’s program.
Background: Medicare Enrollment

- An individual who misses their initial enrollment period (the 7-month period starting 3 months before their Medicare eligibility) and is not covered by the state buy-in agreement may face a gap in coverage.

- Eligible individuals can generally enroll in premium Part A, Part B, or both only during a Medicare enrollment period.

- States enroll individuals eligible for the MSPs and certain other Medicaid groups in Medicare at any time of the year through the state buy-in process.
Starting January 1, 2023, the Consolidated Appropriations Act, 2021 (CAA) allows the Secretary of the Department of Health and Human Services to adopt Medicare SEPs for exceptional conditions.

- CMS finalized regulations that create 5 new SEPs under this authority.

This includes an SEP for certain individuals who:

- Lose Medicaid (e.g., due to aging out of adult group) after normal operations resume following the end of the PHE and
- Did not sign up for Medicare on time.

This new SEP helps promote seamless transitions from Medicaid to Medicare coverage and removes Medicare late enrollment penalties.
SEP Following Termination of Medicaid Coverage

Starting 1/1/2023. If the individual loses Medicaid coverage on or after January 1, 2023:

• The SEP starts upon notice of upcoming termination of Medicaid eligibility and ends six months after the Medicaid termination.

• Medicare benefits start the month after Medicare enrollment unless the individual elects a start date back to the first day of the month the individual lost Medicaid and agrees to pay all prior premiums.

Individuals apply for the SEP by completing an SEP form and returning it to their local Social Security field (SSA) office. The form is available at https://www.cms.gov/medicare/cms-forms/cms-forms/cms-forms-list/application-medicare-part-b-special-enrollment-period-exceptional-conditions
Additional Resources

- SSA Program Operations Manual System (POMS) for the 5 new SEPs at
  - Available at [http://policy.ssa.gov/poms.nsf/lnx/0600805382](http://policy.ssa.gov/poms.nsf/lnx/0600805382)
- SSA POMS for the SEP following the loss of Medicaid.
  - Available at [http://policy.ssa.gov/poms.nsf/lnx/0600805385](http://policy.ssa.gov/poms.nsf/lnx/0600805385)
Medicare & Other Programs for People with Disabilities
Under the Social Security Act, you’re disabled if:

- You can’t do the work that you did before due to your medical condition
- You can’t adjust to other work due to your medical condition
- Your disability has lasted or is expected to last for at least one year or result in death
Social Security pays disability benefits through 2 programs:
  • Social Security Disability Insurance (SSDI)
  • Supplemental Security Income (SSI)

These programs:
  • Pay benefits to people who meet the strict definition of disability
  • Don’t provide monthly cash benefits for people with partial or short-term disabilities

You may qualify for both SSDI and SSI if you meet the eligibility requirements for both

Certain family members of disabled workers can also get monthly cash benefits

★ NOTE: You may qualify for both SSI and SSDI payments
Social Security Disability Insurance (SSDI)

- Pays monthly cash benefits to you and certain members of your family if you’re insured
- Calculates your monthly cash benefit based on your average lifetime earnings
- Continues as long as your medical condition hasn’t improved and you can’t work
How to Apply for Disability Benefits

Online
Visit SSA.gov

By Phone
Call 1-800-772-1213; TTY: 1-800-325-0778, to make an appointment to file your claim by phone

In Person
Call to schedule an appointment before visiting your local Social Security office
Medicare covers 2 groups of people under 65:

People with a disability who have been entitled to Social Security benefits for 24 months

People with End-Stage Renal Disease (ESRD) who have earned at least 6 work credits in a period of 13 calendar quarters ending with the quarter of ESRD onset
You get Medicare in the 30th month after you become disabled, but there are 2 exceptions:

- Waiting period doesn’t apply to people who get childhood disability benefits, or to some people who were previously entitled to disability benefits (5-month)
- Medicare waiting period doesn’t apply to people disabled by ALS (Amyotrophic lateral sclerosis, also known as Lou Gehrig’s disease) (24-month)
You may qualify for Medicare based on a disability

• You must be entitled to Social Security Disability Insurance (SSDI) benefits for 24 months

• On the 25th month, you’re automatically enrolled in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance)

If you’re getting SSDI, you can get other health care coverage during your 24-month waiting period

You may qualify for Medicaid or a Marketplace plan with premium tax credit and cost-sharing reductions that lower your out-of-pocket costs
Retroactive Determination

You’ll get this information with your determination:

- Your Part A coverage effective date (the 25th month of disability benefit entitlement)
- Your Part B coverage start date (Part B coverage begins the first month of your Part A coverage)
Medicare & Other Programs for People with Disabilities: Resources

<table>
<thead>
<tr>
<th>Agency</th>
<th>Contacts</th>
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| Centers for Medicare & Medicaid Services    | - Call 1-800-633-4227; TTY: 1-877-486-2048  
- Medicare.gov  
- CMS.gov  
- Medicaid.gov |
| Social Security                             | - Call 1-800-772-1213; TTY: 1-800-325-0778  
- SSA.gov  
- SSA.gov/redbook |
| Railroad Retirement Board                   | - Call 1-877-772-5772; TTY: 1-312-751-4701  
- RRB.gov |
| U. S. Department of Labor                   | - dol.gov/odep/topics/disability.htm |
| Health Insurance Marketplace®               | - Call 1-800-318-2596; TTY: 1-855-889-4325  
- HealthCare.gov  
- Marketplace.cms.gov |
<p>| State Health Insurance Assistance Programs  | - shiphelp.org |
| (SHIPs)                                     |                                                                                             |
| State Insurance Department                  | - content.naic.org/state-insurance-departments                                             |</p>
<table>
<thead>
<tr>
<th>Programs</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medicaid</strong></td>
<td>Pays for medical assistance for certain individuals and families with limited income and resources</td>
</tr>
<tr>
<td><strong>Medicare Savings Programs</strong></td>
<td>May pay Medicare Part A (Hospital Insurance) and Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments</td>
</tr>
<tr>
<td><strong>Extra Help</strong></td>
<td>May help with the costs of Medicare drug coverage, like the drug plan’s monthly premiums, annual deductible, coinsurance, and copayments</td>
</tr>
<tr>
<td>Title</td>
<td>URL</td>
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<tr>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>“Your Right to Question the Decision Made On Your Claim”</td>
<td>SSA.gov/pubs/EN-05-10058.pdf</td>
</tr>
<tr>
<td>“Extra Help with Medicare Prescription Drug Plan Costs” application</td>
<td>secure.SSA.gov/i1020/start</td>
</tr>
</tbody>
</table>

For more disability publications, visit SSA.gov/pubs.
Health Insurance Marketplace Updates
Marketplace Benefit & Payment Parameters for 2023

- Advancing standardized plan options
- Implementing new network adequacy requirements
- Increasing access for consumers and removing barriers to coverage
- Expanding access to essential community providers
- Further streamlining HealthCare.gov operations
Advancing Standardized Plan Options

- Simplify the consumer shopping experience by establishing standardized plan options for issuers offering Qualified Health Plans (QHPs) on HealthCare.gov.
- Establishes standardized maximum out-of-pocket limitations, deductibles, and cost-sharing features.
- Issuers will be required to offer standardized plan options at every network type, metal level, and throughout every service area where non-standardized options are offered, starting in 2023.
- These plans will be differentially displayed on HealthCare.gov to help consumers make more informed choices about their coverage.
Implementing New Network Adequacy Requirements

- Requires QHPs on a Federally-facilitated Marketplace (FFM) to ensure that certain classes of providers are available within required time and distance parameters provided in guidance (for example, provider network includes a primary care provider within 10 minutes and 5 miles for enrollees in a large metro county)

- Requiring QHPs to ensure that providers meet minimum appointment wait time standards provided in guidance
  - For example, ensure that routine primary care appointments are available within 15 business days of an enrollee’s request
  - Starting in the 2024 plan year

- The U.S. Department of Health & Human Services (HHS) will review additional specialties for time
New Special Enrollment Period (SEP)

- Consumers eligible for advance premium tax credit (APTC) and whose household income doesn’t exceed 150% of the federal poverty level (FPL)
- Available through December 2025 during which time consumers eligible for APTC whose household income doesn’t exceed 150% of the FPL are not required pay toward the premium for a benchmark plan before APTC covers the premium
- Consumers with income below 150% FPL, but who don’t qualify for APTC are not eligible for the SEP (consumers aren’t generally eligible for APTC if their projected household income is below 100% FPL)
Affordable Care Act Subsidies Under Inflation Reduction Act (IRA)

Improve Affordability and Reduce Premium Costs of Health Insurance for Consumers

- The American Rescue Plan Act (ARP)
  - Removed the percent of household income you’re expected to contribute to your monthly premium for a benchmark plan for consumers with household income below 150% FPL
  - Extended eligibility to consumers with incomes above 400% FPL
  - Limits how much of a family’s household income they’ll pay towards the premiums for a benchmark plan at 8.5%

- IRA extends the ARP premium tax credit modifications for an additional 3 years, through 2025

- Effective Date: January 1, 2023
Preparing for the End of the Continuous Enrollment Condition: What Partners Need to Know About Medicaid and CHIP Coverage
Medicaid & CHIP Today: Enrollment Is at an All-Time High

• In March 2020, the Families First Coronavirus Response Act (FFCRA) established the continuous enrollment condition, which gave states extra federal Medicaid funding in exchange for maintaining enrollment for most individuals.

• As a result of this legislation and flexibilities adopted by states, Medicaid and Children’s Health Insurance Program (CHIP) enrollment has grown to a record high.

• Over 92 million individuals were enrolled in health coverage through Medicaid and CHIP as of December 2022.

• This represents an increase of over 21 million individuals, or nearly 31 percent, since February 2020.

Ending the COVID-19 Continuous Enrollment Condition

- Under the Consolidated Appropriations Act 2023 (CAA, 2023), enacted in December 2022, the FFCRA Medicaid continuous enrollment condition will end on March 31, 2023.
- States will soon resume normal operations, including restarting full Medicaid and CHIP eligibility renewals and terminations of coverage for individuals who are no longer eligible.
- States will be able to terminate Medicaid enrollment for individuals no longer eligible beginning on April 1, 2023.
- States will need to address a significant volume of pending renewals and other actions. This is likely to place a heavy burden on the state workforce and existing processes.
- When states resume full renewals, over 15 million people could lose their current Medicaid or CHIP coverage.¹ Many people will then be eligible for coverage through the Marketplace or other health coverage and need to transition.
- On January 30, 2023, the Biden-Harris Administration announced its intent to end the national emergency and PHE declarations related to the COVID-19 pandemic on May 11, 2023.

¹Available at: https://aspe.hhs.gov/reports/unwinding-medicaid-continuous-enrollment-provision
Resuming Normal Eligibility and Enrollment Operations: Expectations of States

- When the continuous enrollment condition ends, states must initiate eligibility renewals for the state’s entire Medicaid and CHIP population within 12 months and complete renewals within 14 months.
  - States may begin this process in February, March, or April 2023 but may not terminate eligibility for most individuals in Medicaid prior to April 1, 2023

- States have 4 months to resume timely processing of all applications, including those received after April 1, 2023.

- The Centers for Medicare & Medicaid Services (CMS) has been working closely with states for over a year to ensure that they are ready; that eligible enrollees retain coverage by renewing their Medicaid or CHIP; and that enrollees eligible for other sources of coverage, including through the Marketplace, smoothly transition.

- CMS has also issued an array of guidance and tools to support state processing of eligibility and enrollment actions, including new flexibilities and requirements for states.
Key CAA, 2023 milestones

- 12/29/22: CAA 2023 is enacted
- 2/1/23: First day in which states may initiate renewals for April terminations
- 3/31/23: Continuous enrollment condition expires
- 4/1/23: Terminations may begin

State data reporting: Baseline unwinding data submission dates will vary by state and will be due on either 2/8/2023, 3/8/2023, or 4/8/2023. Thereafter, monthly unwinding data submissions will be due on the 8th of the month. Additionally, state data submissions through the Medicaid and CHIP Performance Indicator dataset are also due on the 8th each month, and state data submissions through the Transformed Medicaid Statistical Information System (T-MSIS) dataset are due before the end of the subsequent calendar month.
The Renewal Process

• States must renew eligibility only once every 12 months for MAGI beneficiaries (most kids, adults, pregnant individuals, etc.) and at least once every 12 months for non-MAGI beneficiaries (e.g. aged, blind, disabled individuals).

• States must **begin the renewal process** by first attempting to redetermine eligibility based on reliable information available to the agency without requiring information from the individual (ex *parte* renewal, also known as auto renewal, passive renewal, or administrative renewal).
  - If available information is sufficient to determine continued eligibility, the state renews eligibility and sends a notice.
  - If available information is insufficient to determine continued eligibility, state sends a **renewal form** and requests additional information from the beneficiary.
    - For MAGI Medicaid, CHIP, and BHP, states must provide the individual at least 30 days to return the form. For Non-MAGI coverage, states must provide a reasonable time frame.

• If the Medicaid agency determines that an individual is ineligible for Medicaid, the state determines potential eligibility for other coverage like the Marketplace, and transfers the individual’s account information **to the Marketplace** for a determination.
Preparing for the Work Ahead

Most states have been actively preparing for the end of the continuous enrollment condition for over a year. CMS has encouraged all states to:

- Develop an unwinding plan to prioritize and distribute renewals
- Obtain updated contact information to ensure that individuals receive information on redeterminations.
- Launch a robust outreach and communication plan for beneficiaries and stakeholders
- Engage community partners, health plans, and the provider community to amplify key messages and to provide assistance with renewals

However, there are anticipated challenges to overcome:

- Large volume of renewals for states to complete
- Workforce challenges and staffing shortages experienced by state Medicaid and CHIP agencies
- The long length of time since many enrollees have had to complete a renewal
- The likelihood of outdated mailing addresses and other contact information for enrollees

Multiple resources are available to support both states and partners in this effort.
Medicaid.gov/Unwinding: Resource Page for States and Partners

Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous coverage requirement authorized by the Family First Coronavirus Response Act (FFCRA)

As a condition of receiving temporary 8.2 percent point match for the FFCRA, states have been required to maintain enrollment of the coverage requirement, states will have up to 12 months to

Additionally, many other temporary authority adopted by states, including Section 1115 waivers and disaster relief state plans, will not be extended to states for a return to regular operations across the additional tasks and resources are released.

Unwinding Guidance

• Preventive Care, Coverage and Distribution of Influenza Vaccine
• Medical Assistance Programs (CHIP) and Basic Health Programs
• Pandemic Response (PFE, 815, 1448B) (Final 3/3/2022)

Center for Medicaid and CHIP Services

Singular and Continuous Enrollment Unwinding:

Continuous Enrollment Unwinding:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid and CHIP

Medicaid and CHIP Continuous Enrollment Unwinding:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid and CHIP

Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE

Centers for Medicare & Medicaid Services

Medicaid and CHIP Continuous Enrollment Unwinding:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid and CHIP

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Medicaid.gov/Renewals: Resources for Medicaid and CHIP Enrollees

Renew your Medicaid or CHIP coverage

Get ready to renew now

Here are some things you can do to prepare for the renewal process:

1. Update your contact information - Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they'll be able to contact you about your Medicaid or CHIP coverage.

2. Check your mail - Your state will mail you a letter about your coverage. This letter will let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.

3. Complete your renewal form (if you get one) - Fill out the form and return it to your state right away to help avoid a gap in your coverage.

If you no longer qualify for Medicaid or CHIP

You may be able to buy a health plan through the Health Insurance Marketplace®, and get help paying for it. Marketplace plans are:

- 4 out of 5 enrollees can find plans that cost less than $10 a month.
- Plans cover things like prescription drugs, doctor visits, urgent care, hospital visits, and more.

Explore Marketplace plans and savings®

Medicaid or CHIP State Map

Select your state to get Medicaid enrollment information. You can also scroll down to find your state’s contact information.

Select State

Select State

Alabama

- Eligibility:
- General Questions: 205-251-8000

Alaska

- Eligibility:
- Alaska Recipient Helpline: 1-800-356-4927
- Eligibility Helpdesk: 907-786-5522

American Samoa

- Medicaid Office: 680-699-4777
- Department of Public Health: 680-533-2000 / 680-534-4583
Communications Strategy

- **Campaign Goal**
  - Ensure individuals maintain coverage through renewal, or become enrolled, in the source of coverage for which they are eligible, whether through Medicaid, CHIP, Basic Health Program or the Marketplace

- **Strategic Approach**
  - Multi-pronged, whole of government communications approach, in partnership with the states and stakeholders, to ensure people with Medicaid are aware of the steps they need to take to maintain coverage
  - Create a national outreach campaign that builds on states’ efforts and engages deeply with partners and stakeholders

- **Timeline**
  - **Phase I**: Get Ready and Awareness
    - **Timeline**: Underway and refreshed on February 1, 2023
  - **Phase II**: Medicaid Re-determination and Retaining Coverage
    - **Timeline**: April 1, 2023 until the end of the Unwinding period
A living resource where products will be added/updated as we learn more about what states, partners and consumers need to respond to.

Contains important information to help inform people with Medicaid or CHIP about steps they need to take to renew their coverage.

Contents include:
- Overview
- Summary of research with key insights
- Key messages
- Fillable digital flyers: “Have you heard the news? Your state Medicaid office is restarting eligibility reviews”
- Drop in articles
- Social media and outreach products
- Emails
- SMS/text messages
- Call Center scripts
- CMS Partner Tip Sheet

Available in English and Spanish. Select resources available in Chinese, Hindi, Korean, Tagalog, and Vietnamese.
Social Media Graphics

Now that things are getting back to normal, your #Medicaid renewal will be too. Ensure your state knows where to send your letter. Update your address today: URL

Drop-in Article

Important Changes Coming to [Name of State Medicaid or CHIP program] Eligibility

By the Centers for Medicare & Medicaid Services

Do you or a family member currently have health coverage through Medicaid or the Children’s Health Insurance Program (CHIP)? If so, you may soon need to take steps to find out if you can continue your coverage. Soon, status will resume Medicaid and CHIP eligibility reviews. This means some people with Medicaid or CHIP could be disenrolled from those programs. However, they may be eligible to buy a health plan through the Health Insurance Marketplace, and get help paying for it.

Here are some things you can do to prepare.

Make sure your address is up to date

Make sure your state has your current mailing address, phone number, email, or other contact information. This way, they’ll be able to contact you about your Medicaid or CHIP coverage.

Check your mail

Your state will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP. If you get a renewal form, fill it out and return it to your state right away. This may help you avoid a gap in your coverage.

Text Messages

- Make sure you get your Medicaid renewal letter—update your contact information if it changed recently: [Link]
- Don’t miss your Medicaid renewal letter! Update your contact information if it changed recently: [Link]
- Have coverage through [State Medicaid or CHIP program name]? Make sure your address is up to date so you get your renewal letter: [Link]
- Medicaid/CHIP renewals are coming! Make sure your address is up to date: [Link]
- Changed your address in last 3 years? Update your address with us [or “your state”] so you get your Medicaid renewal letter: [Link]

Partner Tip Sheet

3 Tips to Help Someone Who Lost Medicaid or CHIP Coverage

Starting February 1, 2021, states can no longer use Medicaid and CHIP eligibility review processes to revoke coverage for reasons that are unrelated to income or resources. This is a big change in the law. It’s important to understand what it means and what you can do to help.

1. If someone loses their Medicaid or CHIP coverage, here are 3 things you can do to help:
   - Check if they still qualify: Review the state’s rules and see if there are any changes to Medicaid or CHIP that might affect their eligibility.
   - Help them get help: If someone doesn’t qualify for Medicaid or CHIP, they may still be eligible for other programs that can help with their health care costs. You can help them find information and resources.
   - Direct them to the state’s website: The state’s website has information about the changes and how to contact them if they have questions.

2. If someone loses their Medicaid or CHIP coverage, the state may have a list of resources they can use:
   - Exchange or marketplace:
   - Health care navigators:
   - Community health centers:
   - Free or low-cost clinics:

3. If someone loses their Medicaid or CHIP coverage, they can contact their state Medicaid or CHIP agency for help:
   - Call the state’s Medicaid or CHIP agency: They can help you find information and resources.
   - Visit the state’s website:
   - Contact your state’s Department of Health or Human Services:

Tips from the Centers for Medicare & Medicaid Services (CMS)
Medicaid Unwinding Toolkit Supporting Materials

**Rack Card**

Don't risk a gap in your Medicaid or CHIP coverage. Get ready to renew now.

*Have you heard the news?*

Following these steps will help determine if you still qualify:

- Make sure your contact information is up-to-date.
- Check your mail for a letter.
- Complete your renewal form if you get one.

Have Questions?

Visit [CMS](https://medicaid.gov) or call [your number] for help or to update your contact information today.

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**Postcard**

Don't risk a gap in your patients' Medicaid or CHIP coverage. Help them to take action.

*Your patients can follow these steps to help determine if they still qualify:*

- Make sure your contact information is up-to-date.
- Check your mail for a letter.
- Complete your renewal form if you get one.

Have Questions?

Visit [CMS](https://medicaid.gov) or call [your number] for help or to update your contact information today.

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**Graphics for Health Providers**

*Medicaid Alert*

Alerts your patients that state agencies will restart full eligibility reviews.

*Don't risk a gap in your patients' Medicaid or CHIP coverage. Help them to take action.*

Your patients can follow these steps to help determine if they still qualify:

- Make sure your contact information is up-to-date.
- Check your mail for a letter.
- Complete your renewal form if you get one.

Have Questions?

Visit [CMS](https://medicaid.gov) or call [your number] for help or to update your contact information today.

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**Fillable Flyer**

Don't risk a gap in your Medicaid or CHIP coverage. Get ready to renew now.

*Have you heard the news?*

Following these steps will help determine if you still qualify:

- Make sure your contact information is up-to-date.
- Check your mail for a letter.
- Complete your renewal form if you get one.

Have Questions?

Visit [CMS](https://medicaid.gov) or call [your number] for help or to update your contact information today.
CMS Needs Your Help!

What Partners Can Do NOW
- Right now, partners can help prepare for the renewal process and educate Medicaid and CHIP enrollees about the upcoming changes. This includes making sure that enrollees have updated their contact information with their State Medicaid or CHIP program and are aware that they need to act when they receive a letter from their state about completing a renewal form.

Key Messages for Partners to Share
- There are three main messages that partners should focus on now when communicating with people that are enrolled in Medicaid and CHIP.
  - Update your contact information – Make sure [Name of State Medicaid or CHIP program] has your current mailing address, phone number, email, or other contact information. This way, they’ll be able to contact you about your Medicaid or CHIP coverage.
  - Check your mail – [Name of State Medicaid or CHIP program] will mail you a letter about your Medicaid or CHIP coverage. This letter will also let you know if you need to complete a renewal form to see if you still qualify for Medicaid or CHIP.
  - Complete your renewal form (if you get one) – Fill out the form and return it to [Name of State Medicaid or CHIP program] right away to help avoid a gap in your Medicaid or CHIP coverage.

Sample social media posts, graphics, and drop-in articles that focus on these key messages can be found in the Communications Toolkit. The Unwinding resource page will continue to be updated as new resources and tools are released.

Additional messaging will be shared in the future for Phase II, which focuses on ensuring Medicaid and CHIP enrollees take the necessary steps to renew coverage, or transition to other coverage if they’re no longer eligible for Medicaid or CHIP once Unwinding begins.
Useful Resources

• Stay Covered Texas! – New website staycoveredtx.org

• Texas’ Public-facing “Ending Continuous Coverage” website: www.hhs.texas.gov/update

• Your Texas Benefits (YTB): www.yourtexasbenefits.com

• HHSC Your Texas Benefits Demo by East Texas Food Bank
Federally-Facilitated Marketplace (FFM): Overview of Key FFM Processes and Updates on Plans for Medicaid Unwinding
Medicaid to Marketplace Transitions: Overview

- Application information for the following individuals is sent via secure electronic file, known as Inbound Account Transfer (AT), from the state Medicaid/CHIP agency to the Federally-Facilitated Marketplace (FFM):
  - Those who newly apply for Medicaid/CHIP at the state agency and are found ineligible for Medicaid/CHIP, AND
  - Those who are enrolled in Medicaid/CHIP and found ineligible following a redetermination by the state agency

- When the FFM receives the Inbound AT, a paper notice is mailed to the consumer with instructions on how to apply for Marketplace coverage.

- CMS continues to refine and improve notices and communications and may refresh the sample notices periodically.

- Individuals don’t need to wait to receive this notice to apply for Marketplace coverage. If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to HealthCare.gov to apply for coverage.
**Individually don’t need to wait to receive the Inbound AT notice to apply for Marketplace coverage.** If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to Healthcare.gov to apply for coverage.

**Eligibility results let the consumer know if they’re eligible to enroll in Marketplace plans and include information on any financial help they may be able to use to lower the cost of coverage.**
CMS is working on a multifaceted effort to help facilitate continuity of coverage for impacted consumers as they transition from Medicaid/CHIP to the Marketplace during the unwinding period:

• Updating verification logic to minimize the amount of required additional paper documentation after application submission,

• Updating and streamlining notices and emails for account transfers and eligibility results

• Examining other policy flexibilities and operational updates that will streamline the consumer experience in transitioning from Medicaid/CHIP to the Marketplace

• Partnering with states, consumer advocates, health plans, Navigators and assisters, agents and brokers, departments of insurance, and many others as part of a robust stakeholder engagement strategy to leverage the reach and impact of national, state, and local partners in our collective efforts to ensure individuals remain connected to coverage

• Developing a comprehensive consumer engagement strategy, to include a multi-modal “chase” campaign to reach individuals who are sent to the Marketplace but haven’t enrolled in coverage yet
Medicaid Unwinding Special Enrollment Period (SEP)

- To ensure individuals have sufficient time to enroll in Marketplace coverage during the unwinding period, consumers who lose Medicaid/CHIP coverage between March 31, 2023, and July 31, 2024, will be eligible for a 60-day SEP beginning the day they submit or update a Marketplace application.
  - Consumers can access this Unwinding SEP by submitting or updating an application through HealthCare.gov, a certified partner that supports SEPs, or the Marketplace Call Center.


- CMS recommends that Medicaid/CHIP enrollees submit or update an application on HealthCare.gov as soon as they receive their Medicaid/CHIP termination letter from their state.
  - More information can be found at: [https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/](https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/)
Overview: FFM Navigator and Other Assistance Personnel

- Federally-Facilitated Marketplace Assisters (including Navigators and certified application counselors) **provide free, unbiased enrollment assistance and play a vital role helping consumers prepare applications to determine eligibility for and enroll in coverage** through the Marketplace and insurance affordability programs.

- Assisters operate year-round—increasing awareness among the uninsured about the coverage options available to them, helping consumers find affordable coverage that meets their needs, and assisting consumers to ensure they’re equipped with the tools and resources needed to utilize and maintain their health coverage all year.

- Right now, assisters in FFM states are helping their communities prepare for the unwinding period by encouraging consumers to:
  1. Update their contact information with their state Medicaid or CHIP agency and
  2. Look out for a letter from their state about completing a renewal form.

- The **FFM has provided additional funding** for Navigator grantees to facilitate direct consumer outreach, education, and enrollment activities necessary to ensure seamless transitions into Marketplace coverage.

- Assisters in FFM states will also receive **unwinding-specific training, guidance and resources, in addition to other programmatic supports** geared towards fortifying consumer assistance best practices for Medicaid and Marketplace populations.

- Consumers can find assistance from Navigators and other assistance personnel in their area on Find Local Help at [https://localhelp.healthcare.gov/](https://localhelp.healthcare.gov/)
Overview: Health Plans and Agents & Brokers

- CMS is partnering with health insurance plans, providing guidance and promoting key strategies for states Medicaid managed care organizations (MCOs) and Marketplace qualified health plans (QHPs) on how to assist consumers during the unwinding period.
  - Guidance on how MCOs and QHPs can assist consumers can be found at [https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf](https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf)

- Licensed agents and brokers also play a key role by providing consumers with expert guidance on applying for Marketplace coverage and insurance affordability programs and helping consumers compare plan options. Additionally, agents and brokers assist consumers with maintaining their coverage year round, extending beyond initial application and enrollment.

- Unlike other assisters, agents and brokers earn a commission from their enrollments of consumers in Marketplace plans, and state regulations allow them to make specific plan recommendations.

- Marketplace-registered agents and brokers may be well-positioned to assist consumers during the unwinding period, and are receiving regular updates and resources on how to best assist these consumers.

- Consumers can find assistance from agents and brokers in their area through [https://www.healthcare.gov/find-assistance/](https://www.healthcare.gov/find-assistance/)
If individuals need help completing a Marketplace application, they can:

- Visit HealthCare.gov
  - HealthCare.gov will direct individuals to their state-based Marketplace, as applicable
- Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)
- Visit https://localhelp.healthcare.gov/ to make an appointment with someone in their area who can help
Stay Connected

To view available training materials, or subscribe to our email list, visit
CMSnationaltrainingprogram.cms.gov.

Contact us at RODALInquiries@cms.hhs.gov
Thank you for attending this session with CMS Dallas

- We appreciate the time you have spent with us. We are always trying to improve our level of service to our partners and stakeholders. You can help us do that by providing your feedback on today’s session.

- Please take a few moments to complete this brief, voluntary post-engagement evaluation. Just click on the link or use the QR code below. Your answers will help us improve our collaboration with you.

- *Please identify the Name of the CMS Activity you are referring to in your answers by entering:

R6 CMS Dallas – Medicare, Medicaid Unwinding & Marketplace

https://cmsgov.force.com/act/Evaluation
Income

Income is a critical part to successfully housing people previously experiencing homelessness. View the information below to see how you can assist with helping our clients gain and maintain employment.

Income & Employment in The Way Home

The Way Home Continuum of Care (CoC) has worked to integrate the homeless service system with income services through assessment, triage, and a referral to ensure all people receiving homeless services can access both housing and income resources.

Use the button below to sign-up for updates, information, and trainings on income and employment within TWH CoC.
Stay in Touch!
CFTH Income Team

Follow up and other inquiries
cfthincome@homelesshouston.org
Thank You for Joining Us!

The Way Home