

Agent and Broker Toolkit: Transitions in Coverage



From March 2020 through March 2023, the Families First Coronavirus Response Act (FFCRA) caused states to pause coverage terminations for most consumers with Medicaid and minimized coverage loss during the pandemic. This continuous enrollment condition ended on March 31, 2023, and states are now resuming regular eligibility and enrollment operations for Medicaid and the Children’s Health Insurance Program (CHIP), including renewals and coverage terminations. As an agent or broker, you play an important role in connecting consumers with Health Insurance Marketplace®* coverage during these transitions for consumers who are no longer eligible for Medicaid and CHIP. You can also use this opportunity to connect with your community and help more Marketplace consumers maintain continuous enrollment in health coverage. This toolkit was designed to help you navigate transitions in coverage with your clients.

*Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

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Overview & Timeline

Generally, eligibility for Medicaid coverage must be renewed each year. However, as a result of the COVID-19 pandemic, most Medicaid coverage terminations were paused, which had the effect of minimizing coverage loss during the pandemic. This continuous enrollment condition expired on March 31, 2023, under the terms of the Consolidated Appropriations Act, 2023.

Across the country, state Medicaid agencies are currently in the process of resuming regular eligibility and enrollment operations, which includes renewing coverage for all individuals enrolled in Medicaid and CHIP and terminating coverage for individuals who are no longer eligible, a process that will continue over the next many months.

To learn more about key dates and activities for states, see the [state timelines for renewals](#).



If a consumer is determined ineligible for Medicaid or CHIP, the state Medicaid agency will send their application information to the Marketplace via a secure electronic file. This process is known as an inbound account transfer. The Marketplace will mail a notice to the consumer informing them that their state referred them to the Marketplace and encouraging them to apply for Marketplace coverage. The Marketplace may also try to reach the consumer through additional communication methods.

Agents and brokers are great resources to assist consumers who are no longer eligible for Medicaid or CHIP with transitioning to Marketplace coverage.

This is a great opportunity to connect with your community and assist more consumers!

How Can You Reach and Assist Consumers?



Use the [Medicaid and CHIP Continuous Enrollment Unwinding: A Communications Toolkit](#) and [graphics](#) to reach and assist consumers affected by the loss of Medicaid/CHIP coverage. This toolkit is also available in:

- [Spanish](#)
- [Chinese](#)
- [Hindi](#)
- [Korean](#)
- [Tagalog](#)
- [Vietnamese](#)

You can share [this leave behind](#) with local providers, pharmacies, stores, libraries, etc. Fill in your information so consumers can contact you!

For more guidance on marketing best practices for Medicaid redeterminations, see [Consumer Research to Inform Unwinding Outreach](#).

In addition, if you would like to request a Centers for Medicare & Medicaid Services (CMS) representative to speak at an upcoming event, complete [this form](#).

Insert your name and contact information into [this drop-in article](#) for marketing materials to conduct outreach to consumers who have or will soon lose Medicaid or CHIP.

Checklist for Transitions in Coverage

Remember: Before you can assist consumers with enrollment in plans offered on the Marketplace, you must complete [Plan Year 2024 Agent and Broker Training and Registration](#), execute the applicable Marketplace Agreement(s), and have a valid license in each state in which you assist Marketplace consumers.



Review Applicable Guidance

States will establish schedules based on federal requirements and guidance from CMS. You can review guidance for states [here](#) and visit your state's website to learn more at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).



Create a Client Support Plan

Individuals who lose their Medicaid or CHIP coverage during the redetermination process may be less familiar with the Marketplace. While preparing your client support plan, you can:

- Review the most commonly spoken languages in your community and make sure your agency can serve consumers in those languages.
- Connect with your local Navigator and assister organizations so if a client needs assistance reapplying for Medicaid or CHIP, you can smooth their transition by connecting them with such organizations as needed.
- Ensure your agency is properly staffed to assist the number of potentially impacted consumers in your area.
- Develop a marketing and outreach strategy now; strategies should consider which parts of your community may be impacted and how to reach those consumers.



Update Your Public Information

- Sign up for or update your [Find Local Help](#) information within your Marketplace Learning Management System (MLMS) profile and, if applicable, ensure your contact information and training on [Help On Demand](#)¹ is up to date so new consumers can reach you. In addition, encourage your current and potential clients to update their contact information with the Marketplace or their state Medicaid agency, if applicable.

Checklist for Transitions in Coverage



Get Prepared

Familiarize yourself with certain policy updates and resources to assist you with helping consumers during transitions in coverage, such as:

- [The Affordability for Employer Coverage of Family Members of Employees IRS rule finalization.](#)
- [This video](#) on the Special Enrollment Period (SEP) process and how to resolve an SEP verification issue (SVI).
- [The new Marketplace Unwinding SEP](#), which allows Marketplace-eligible consumers who lose Medicaid or CHIP coverage to come to HealthCare.gov any time between March 31, 2023 and November 30, 2024 and select a plan.
- [This video playlist](#) with a list of videos relevant to assisting consumers in transitions in coverage.



Reach Out

Contact the issuers you work with to understand their preparation strategy, which will help you understand how to best assist your clients.

¹*Help On Demand is a consumer assistance referral system that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments. Help On Demand is a CMS-contracted service developed and hosted by Help On Demand (formerly known as BigWave Systems).*



Talking Points

Background

CMS developed the following talking points for agents and brokers to use when assisting consumers with transitions in coverage to help address common consumer questions and scenarios.

? What is unwinding?

- Each year, Medicaid coverage must be renewed. However, as a result of the COVID-19 pandemic, from March 2020 through March 2023, most consumers enrolled in Medicaid did not have to worry about renewing their coverage because their states paused renewals to obtain additional federal funding.
- This pause ended on March 31, 2023, meaning Medicaid renewals are being conducted again, and individuals enrolled in Medicaid may lose coverage if they are no longer eligible.
- It is important to make sure your state Medicaid agency has your most up-to-date contact information, even if you think you are no longer eligible for Medicaid or CHIP. To update contact information, you can visit [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). On this webpage, an interactive map provides the website and phone number for state Medicaid agencies.
- If you are unsure why you lost Medicaid or CHIP coverage, contact your state Medicaid agency. Contact information for each state Medicaid agency is available at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).

? How can I get coverage through the Health Insurance Marketplace?

- There are a variety of options that help make health care more affordable, even if you are no longer eligible for Medicaid or CHIP. The Health Insurance Marketplace® offers quality, low-cost coverage to millions of people.
- You can apply and enroll in a Marketplace plan as early as 60 days before your Medicaid or CHIP coverage ends to avoid a gap in coverage. Between March 31, 2023 and November 30, 2024, you can also apply for a Marketplace plan anytime after your Medicaid or CHIP coverage ends and you will have 60 days after submitting your application to enroll in a plan that will start at the beginning of the next month after you complete your enrollment.
- Financial assistance can come in the form of advance premium tax credits (APTCs) to lower monthly insurance payments, or cost sharing reductions (CSRs) that lower the amount a consumer has to pay for deductibles, copayments, and coinsurance. If eligible, you can use APTC to lower your monthly insurance payments when you enroll in a qualified health plan (QHP) through the Marketplace. APTC is based on the estimated annual household income and household size that you report on your Marketplace application.

Talking Points

- CSRs are discounts that lower the amount you pay for deductibles, copayments, and coinsurance. Health insurance issuers offer plans with a reduced cost-sharing structure. To qualify for CSRs based on your household income, you must enroll in a QHP in the Silver category through the Marketplace to get these extra savings.
- There are also income-based CSRs and non-income-based CSRs available to members of federally recognized tribes or Alaska Native Corporations. These members can get extra savings when enrolled in any QHP through the Marketplace, not just Silver category.



How should I answer the Medicaid or CHIP coverage questions on the Marketplace application?

Note: These talking points refer to applications through the Federally Facilitated Marketplace (FFM), State-based Marketplaces on the Federal platform (SBM-FP), Classic Direct Enrollment (Classic DE) Entities, and Enhanced Direct Enrollment (EDE) Entities.

- The application will first ask if anyone applying for coverage had Medicaid or CHIP coverage that recently ended or will soon end.
 - If you did not already have Medicaid or CHIP and were denied upon application, you should respond “No” to this question.
- If anyone applying for coverage answers “Yes,” they will be asked to input the last day of coverage that ended or is ending.
 - You should input your last day of Medicaid or CHIP coverage as listed in your termination letter from your state Medicaid agency.
 - If you are unsure of your last day of coverage, you should provide your best estimate.
- If anyone on your application has lost Medicaid or CHIP coverage, the application will ask if the household income or size has changed since they received their coverage termination notice.
 - The application uses this information to evaluate whether you should be sent back to the state for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead be evaluated for Marketplace coverage eligibility, including APTC.
- If you answered “No” to having Medicaid or CHIP coverage that recently ended or will end soon, the application will ask if you recently applied for and were denied Medicaid or CHIP coverage.
 - If you were told in the preceding 90 days by the state that you don’t qualify for Medicaid or CHIP coverage, you should answer “Yes” to this question.

Talking Points

- ? Am I required to include my Social Security Number on my application?**

 - Yes, every person applying for Marketplace coverage must include their Social Security number if they have one. This information is required by federal regulations, and helps you keep any coverage or financial assistance you may be eligible for. It's best to include your Social Security number when you first submit your application.

- ? Why are the race and ethnicity questions asked and how will that information be used?**

 - The race and ethnicity questions on the Marketplace application are optional. Consumers' responses to these questions will not be shared with parties not authorized to receive them. A consumer's responses may be shared with their insurance company, but insurance companies cannot discriminate based on race or ethnicity. Insurance companies are also generally not allowed to share this information with other parties but may use this information to identify possible coverage barriers and disparities for the communities they serve.
 - A consumer's responses may also be shared with other federal agencies, but primarily for auditing and research purposes, and in a manner that will protect the consumer's personally identifiable information. Consumers' responses are protected information.
 - Consumers do not have to answer these questions, and choosing not to answer will not impact their eligibility for Marketplace coverage or financial assistance. However, CMS encourages consumers to respond to these questions to help the agency identify and improve upon their understanding of healthcare disparities.

- ? What should I do if I lost Medicaid or CHIP coverage because I moved states?**

 - If you lost Medicaid or CHIP coverage because you moved states, you should contact the state Medicaid or CHIP agency in your new state. Found at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals), an interactive map provides the website and phone number for state Medicaid agencies. HealthCare.gov or the Marketplace in your new state will also evaluate you for Medicaid or CHIP eligibility in this state, if you submit an application with financial assistance. If the application identifies that you may be eligible for Medicaid or CHIP, the Eligibility Determination Notice (EDN) will provide instructions on next steps.

- ? How can I avoid scams?**

 - Don't share your personal information or give money to anyone saying you have to pay them to keep Medicaid or CHIP coverage or apply for Marketplace coverage. The Marketplace, assister organizations, and your state will never threaten you or anyone in your household or ask for your credit card information or payment to keep or qualify for health coverage. For more information on how to avoid scams, please visit the [Medicaid to Marketplace webpage](#) on HealthCare.gov, or [this webpage on fraud protection](#).

Additional Resources

Use the following resources to learn more about Medicaid and CHIP redeterminations and how to assist consumers in all coverage transitions.

- To explore key characteristics of Medicaid and CHIP in each state, see [Medicaid State Profiles](#).
- For more details on applying for Medicaid or CHIP, visit the [Medicaid Eligibility page](#).
- For consumers who need to renew Medicaid or CHIP coverage or view their state Medicaid agency's enrollment information, see the [Renew Your Medicaid or CHIP Coverage webpage](#).
- For additional guidance on unwinding, see the [Medicaid Unwinding page](#) and [Transitions in Coverage FAQs](#).
- To learn more about relevant Marketplace changes and key reminders for transitions in coverage, watch the [What You Need to Know About Medicaid and the Unwinding Period video](#).
- Use [this drop-in article](#) to conduct outreach to consumers who have or will soon lose Medicaid/ CHIP. Access [this link for the drop-in article in Spanish](#).



Thank you for your continued support in assisting consumers with health coverage!