

Helping Consumers No Longer Eligible for Medicaid: What Marketplace Agents and Brokers Need to Know

Centers for Medicare & Medicaid Services (CMS)
Center for Consumer Information & Insurance Oversight (CCIIO)

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The information provided in this presentation is intended only as a general, informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>) and Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to “Marketplace” in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

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What is the Unwinding Period?



- » To keep people in coverage under what is known as the “continuous enrollment condition,” states paused terminations for Medicaid (and in some cases, the Children's Health Insurance Program (CHIP) and Basic Health Plan (BHP))* coverage, starting in March 2020.
- » Because the continuous enrollment condition ended on March 31, 2023, states are required to resume regular eligibility and enrollment operations, including renewals and coverage terminations. This process is referred to as “**unwinding.**”
- » States began to terminate Medicaid on **April 1, 2023**, for consumers found ineligible.
 - States will have up to **14 months** to complete an eligibility renewal for all individuals in their programs.
 - In some states, renewals began as early as **February 1**, with the first terminations effective on **April 1**.
 - Consumers who receive notice of a termination may start applying and enrolling immediately in other coverage, such as on the Marketplace, to ensure continuity of coverage.

Remember: Consumers are not familiar with the term ‘unwinding’, and it is a **best practice to avoid jargon**. Instead, agents and brokers can use ‘transitions from Medicaid to Marketplace’ or ‘Medicaid transitions in coverage’ when educating consumers.

* Under section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA), 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 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.

Unwinding Definitions and Timeline

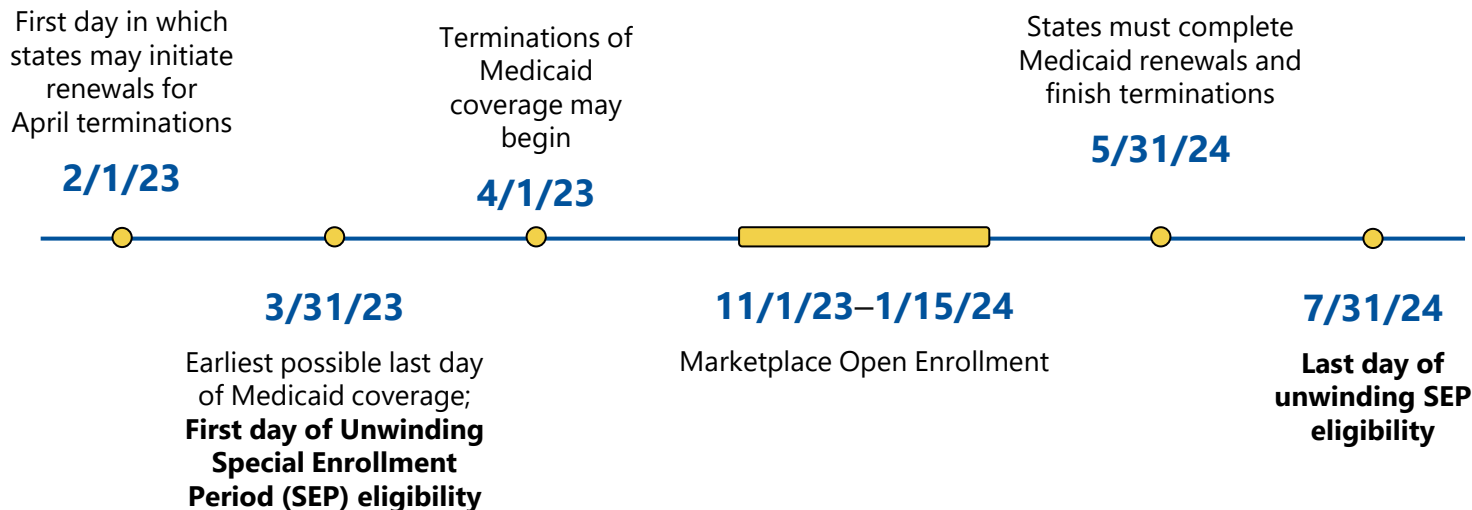


Renewals:

Every consumer with Medicaid will receive an eligibility renewal between 4/1/2023 and 5/31/2024.

Terminations:

Only consumers found ineligible for Medicaid, or those who have not submitted the requested information, will have their coverage terminated.



What Happens When a Consumer is Ineligible for Medicaid or CHIP Coverage?

- » When at least one household member is found by a consumer's state Medicaid agency to be ineligible for Medicaid or CHIP (either when submitting a new application or during a redetermination of eligibility for current enrollees), their state will send the consumer's account information to the Marketplace via a secure electronic transaction.



- » The Marketplace then sends a letter to that consumer encouraging them to apply for Marketplace coverage and offers help with paying for coverage right away. An email is also sent if available.
 - These letters include information on resources like Find Local Help.
 - Here is a sample letter: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf>.
- » It is important for consumers to apply for Marketplace coverage quickly to try to avoid a lapse in coverage.
 - Consumers should **begin a new Marketplace application** unless they have an existing application found through person search when using an approved Direct Enrollment (DE) or Enhanced Direct Enrollment (EDE) platform.

What Happens When a Consumer is Ineligible for Medicaid or CHIP Coverage? (Cont.)

- » Consumers who were recently enrolled in Medicaid or CHIP coverage but are no longer eligible, or who recently applied for Medicaid or CHIP and were found ineligible, may instead be eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs). Agents and brokers should be familiar with the Marketplace application for requesting financial assistance.
 - Review this [tip sheet](#) to understand consumer eligibility for financial assistance.
 - Review these [FAQs](#) regarding the recent change to employer-sponsored coverage (ESC) affordability determinations.
 - Watch [this video](#) for a financial assistance application walkthrough.



Agents and Brokers' Roles in Helping Consumers Losing Medicaid or CHIP Coverage



- » Agents and brokers play an important role in the Marketplace. They will be integral in ensuring smooth transitions of coverage for people previously covered by Medicaid or CHIP and **can use this opportunity to grow their book of business or gain referrals and connections.**
- » Agents and brokers should ensure they have sufficient staff to assist the increased number of consumers over the next several months.
- » Agents and brokers can review this checklist to prepare to assist impacted clients:
 - Register and complete the annual agent and broker training.
 - Check their registration and access tips for training [here](#).
 - Review CMS guidance and their state's Medicaid and CHIP eligibility requirements.
 - Create a client support plan.
 - Review the most spoken languages in their community.
 - Develop an outreach and marketing strategy; consider which parts of their community will be impacted and how to reach those consumers.
 - Make sure their information on [Find Local Help](#) and [Help On Demand](#) is up to date and that they have opted to make the information public to consumers seeking their assistance.



Agent and Broker Enrollment Bonuses



- » CMS recently clarified guidance regarding agent and broker compensation and bonuses.
 - Issuers are permitted to offer bonuses and other incentives to agents and brokers who enroll consumers transitioning from Medicaid/CHIP coverage into Marketplace coverage.
 - Bonuses that encourage an agent or broker to market to and enroll eligible consumers into coverage at the same or at a greater level than in the absence of the bonus and do not discourage or limit enrollment opportunities would not violate the guaranteed availability provisions of the Affordable Care Act (ACA), subject to the relevant facts and circumstances of each case.
- » For further clarification or questions, view the recent guidance [here](#).
- » Check with the issuers you work with to determine if they are offering bonuses or other incentives to enroll someone transitioning from Medicaid or CHIP coverage.



How Issuers Can Leverage Agents and Brokers to Assist with Medicaid/CHIP Transitions



- » 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 transitioning from Medicaid/CHIP coverage.
 - 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>. Scenario 5 in this deck includes guidance on how QHPs can leverage agents and brokers.
- » **Scenario 5:** Kevin is losing Medicaid coverage and would like help enrolling into the Marketplace QHP that is associated with his Medicaid MCO. While the Marketplace QHP does not have any available captive agents or brokers (agents or brokers directly employed by the QHP), the QHP has appointments with several "non-captive" agents or brokers (agents or brokers who are not directly employed by the QHP) who are registered Marketplace assisters.
- » **Permissible Actions:** Subject to applicable state and federal regulations and contractual agreements, the Marketplace QHP may be permitted to:
 - Obtain Kevin's consent to share his information with an agent or broker not directly employed by the QHP (a non-captive agent or broker) to help him enroll, being mindful to explain the agent(s) or broker(s) do not work directly for the QHP but are registered Marketplace assisters who have appointments with the QHP. As best practice, Marketplace QHPs should maintain a written record of such consent.

Connecting Consumers with Coverage



- » The Connecting Consumers with Coverage Program recognizes agents and brokers who assist 20 or more consumers transitioning from Medicaid/CHIP coverage to Marketplace coverage from February 2023 through June 2024. Agents and brokers recognized by the program will receive a certificate and promotional recognition materials to use for marketing.
- » These materials will include a digital toolkit that contains social media posts and a badge for agents and brokers to include in their email signatures and other applicable marketing messages.



Special Enrollment Periods



- » Consumers who lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, will be eligible for a continuous SEP, referred to as the "Unwinding SEP".
- » Consumers who lose Medicaid or CHIP coverage during this timeframe can submit or update a Marketplace application anytime on HealthCare.gov and will have 60 days after that to pick a plan. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.
 - For consumers who attest to a loss of Medicaid or CHIP coverage in the past, Marketplace coverage **will start the first of the month following plan selection**. For example, if a consumer selects a plan on August 25, coverage will start September 1.
 - For consumers who attest to a future loss of Medicaid or CHIP coverage, Marketplace coverage will **start the first day of the month after their last day of Medicaid coverage**.

| Medicaid/CHIP Coverage End Date | Date of Marketplace Plan Selection | Marketplace Plan Effective Date |
|---------------------------------|---|---------------------------------|
| July 31, 2023 | July 25, 2023 (before Medicaid coverage ends) | August 1, 2023 |
| July 31, 2023 | August 5, 2023 (after Medicaid coverage ends) | September 1, 2023 |

Special Enrollment Periods (Cont.)

- » To ensure continuity of coverage, consumers should complete a Marketplace application as soon as they receive a coverage termination notice or a notification of a Medicaid/CHIP denial from their state; current Medicaid/CHIP beneficiaries don't need to wait for their Medicaid or CHIP coverage to end before submitting or updating a Marketplace application.
- » To receive the SEP, consumers must:
 1. Submit a new application or update an existing application between **March 31, 2023, and July 31, 2024**, and answer "Yes" to the application question asking if their Medicaid or CHIP coverage recently ended or will soon end; **and**
 2. Attest to a Medicaid or CHIP coverage loss **between March 31, 2023, and July 31, 2024**. Consumers will then have **60 days from the date they submit or update an application** to select a new plan for Marketplace coverage.
- » Agents and brokers can review [this resource](#) for more information on SEPs.



Complex Consumer Scenarios

- » Consumers who qualify for the Unwinding SEP as well as an additional SEP will **be given the coverage effective date associated with the Unwinding SEP** unless the other SEP has a retroactive coverage effective date.
 - If a consumer does not want their coverage to start on the date of their triggering event, they can contact the Marketplace Call Center to request a different coverage start date.
- » Consumers who are unsure of whether their Medicaid was terminated should contact their state Medicaid agency as soon as possible.
 - Consumers can access their state Medicaid agency's contact information at this link: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/renew-your-medicaid-or-chip-coverage/index.html>.
- » Consumers in states with State-based Marketplaces (SBMs) should check with their SBM to find out if they're offering a similar SEP.
 - CMS provides information for consumers regarding SBMs at this link: <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/state-marketplaces>.



Complex Consumer Scenarios (Cont.)

- » If an individual or a member of a family is found to potentially be eligible for Medicaid or CHIP by the Marketplace, agents and brokers should assist that member in applying for Medicaid or CHIP coverage.
- » To assist these consumers, agents and brokers can:



Help consumers contact their state Medicaid or CHIP agency. Contact information for every state can be found [here](#).



Connect consumers with local assister and Navigator agencies who can help them to fill out a Medicaid or CHIP application.

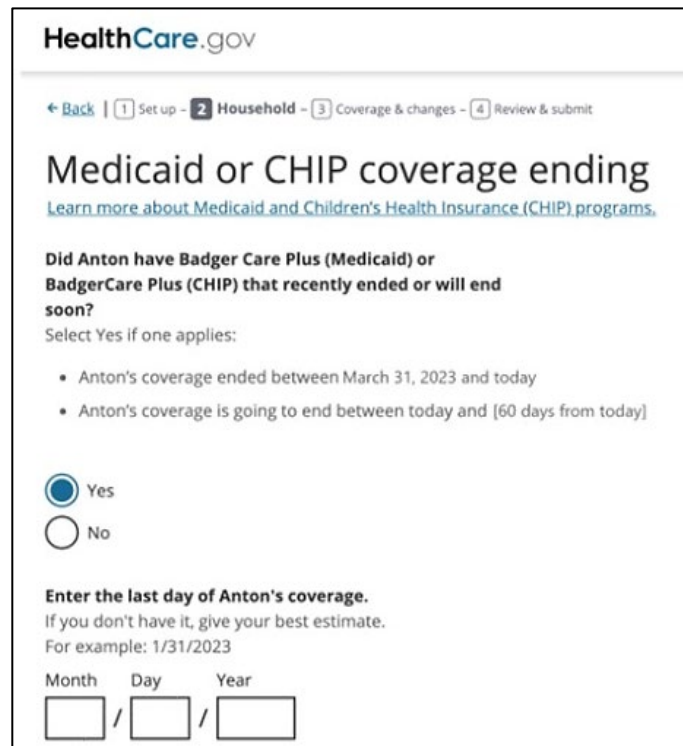


Assist consumers in completing a Medicaid or CHIP application.

Application Questions

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

- » The application will first ask applicants if anyone applying **had Medicaid or CHIP coverage that recently ended or will soon end.**
 - Consumers who **did not already have Medicaid or CHIP and were denied** upon application 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.
 - Consumers should input their last date of Medicaid or CHIP coverage as listed in their termination letter from their state Medicaid agency.
 - Consumers unsure of their last day of coverage should provide their best estimate.



HealthCare.gov

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Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did Anton have Badger Care Plus (Medicaid) or BadgerCare Plus (CHIP) that recently ended or will end soon?

Select Yes if one applies:

- Anton's coverage ended between March 31, 2023 and today
- Anton's coverage is going to end between today and [60 days from today]

Yes
 No

Enter the last day of Anton's coverage.
If you don't have it, give your best estimate.
For example: 1/31/2023

Month Day Year

/ /

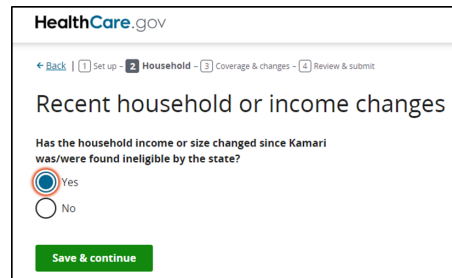
Application Questions (Cont.)

If an applicant **has lost Medicaid or CHIP coverage**, the application will ask if the applicant's household income or size has changed since they received their coverage termination notice.

- » The application uses this information to evaluate whether the applicant 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.

For consumers who answered "No" to having Medicaid or CHIP coverage that recently ended or will end soon, the application will ask if they recently applied for and **were denied Medicaid or CHIP coverage**.

- » Consumers who **were told in the preceding 90 days by the state that they don't qualify for Medicaid or CHIP coverage** should answer "Yes" to this question.



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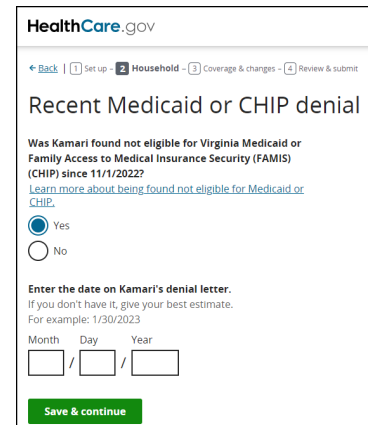
Recent household or income changes

Has the household income or size changed since Kamari was/were found ineligible by the state?

Yes
 No

Save & continue

This example shows screenshots from HealthCare.gov, but EDE partners will offer a similar experience. EDE platforms use the same questions as HealthCare.gov but are not hosted on the federal platform.



HealthCare.gov

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Recent Medicaid or CHIP denial

Was Kamari found not eligible for Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) since 11/1/2022?
[Learn more about being found not eligible for Medicaid or CHIP.](#)

Yes
 No

Enter the date on Kamari's denial letter.
If you don't have it, give your best estimate.
For example: 1/30/2023

Month / Day / Year
[] / [] / []

Save & continue

Expanding Access to Health Care



Black individuals comprise **13%** of the U.S. population, but **16%** of the uninsured population.

Hispanic individuals comprise **19%** of the U.S. population, but account for **26%** of the uninsured.

In 2019, **15%** of AI/ANs had **no** health insurance coverage.

» Addressing Health Disparities

- Underserved populations with health disparities include racial and ethnic minorities, LGBTQ+ consumers, consumers with limited English proficiency (LEP), and rural consumers.

» Race and Ethnicity Questions in the Marketplace Application

- Please ask consumers to respond to the optional race and ethnicity questions. This will help CMS **prevent discrimination, promote equity for Marketplace consumers, improve health care coverage**, and highlight the important role that agents and brokers play in assisting underserved communities.
- CMS uses data on who is signing up for coverage and how Marketplace applicants move through the online workflows to **measure Marketplace effectiveness and determine whether there is a need for policy, operational, or outreach updates**.
- Review this [tip sheet](#) for more information regarding consumer concerns about the race and ethnicity questions on the Marketplace application.
- For tips on searching Census tools to target certain demographics, watch [this webinar](#).

Underserved Communities: Common Concerns and Best Practices



» **Lack of Consumer Trust**

- Work with local organizations or municipalities to distribute information and provide enrollment assistance.
- Consumers from the same background or region may differ greatly in their traditions, customs, and opinions about health coverage. Acknowledge and respect cultural differences among consumers.

» **Communication Barriers**

- Utilize the Marketplace Call Center translation services or local translators.
- Speak directly to consumers, not to the person accompanying them or a translator unless requested by the consumer.

» **Low Health Insurance Literacy**

- Share reliable information sources with consumers in their preferred language.
- Educate consumers on important Marketplace elements, such as premiums, CSRs, and the differences in benefits and provider networks.

» **Internet and Technology Limitations**

- Host community enrollment events and offer remote assistance services using an approved DE partner's platform or by facilitating a three-way phone call with the Marketplace at 1-800-318-2596.
 - Reminder: When assisting a consumer using HealthCare.gov, agents and brokers cannot log into an individual's Marketplace account.



Resources

- » CMS has created resources to help agents and brokers both prepare for the Medicaid redetermination period and answer questions agents and brokers may encounter while assisting consumers.



[General Agent and Broker Resources](#)



[Complex Case Scenarios Presentation Slides](#)



[Agent and Broker Frequently Asked Questions Specific to Transitions in Coverage](#)



[State Renewal Timeframes](#)

2023 Agent and Broker Summit: Registration is Now Open



(View Webpage)

2023 Agent and Broker Summit Registration is Now Open!

The 2023 Agent and Broker Summit, hosted by the Centers for Medicare & Medicaid Services (CMS), is a one-day, in-person and virtual event. It will include an opening plenary session from CMS leadership who will address key CMS Marketplace priorities. The Summit will also consist of two (2) agent and broker panel discussions, and six (6) breakout sessions led by CMS subject matter experts (SMEs). Using a hybrid format, the day will provide an opportunity for agents and brokers to interact directly with CMS Marketplace SMEs on key topics of interest.

| Date | Day | Time (ET) |
|--------------|-----------|-----------------------|
| May 24, 2023 | Wednesday | 9:00 a.m. – 4:30 p.m. |

To see the agenda and attend, select 'Register Now' and complete these steps:

Step 1: Log on to REGTAP. You will be directed to the *2023 Agent and Broker Summit REGTAP Resource Page*.

Step 2: Click on the button to indicate if you will attend 'In Person' or 'Virtual'. You will be provided with additional information within 48 business hours.

Register Now

For registration and additional information on future training sessions, log on to <https://www.REGTAP.info>.



Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!