



Presented by Mike Smith, President of The Brokerage, Inc.



# “Medicaid Redetermination”

Medicaid and Children’s Health Insurance  
Program (CHIP) Continuous Unwinding

# Medicaid is *unwinding*. Are you prepared?

Get the knowledge and resources you need to make the most of this unique **opportunity!**

[START NOW](#)



# Let's Start with a Quick Review...



## American Rescue Plan Act

- New SEP for people making less than 150% of FPL
- Relaxed the Medicaid and CHIP qualifications

## Inflation Reduction Act

- 3-year extension of Advance Premium Tax Credit (APTC) that were granted under the American Rescue Plan Act



# 2024 Notice of Benefit Payments Parameters (NBPP, April 20, 2023)

The Centers for Medicare & Medicaid Services (CMS) issued the final rule for the [2024 Notice of Benefit and Payment Parameters](#), which finalizes standards for issuers and marketplaces, as well as requirements for agents and brokers who use the federal platform.



# Newsroom

- Press Kit
- Data
- Contact
- Blog
- Podcast

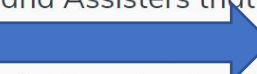
Search

Fact sheet

## HHS Notice of Benefit and Payment Parameters for 2024 Final Rule

Apr 17, 2023 | Affordable Care Act, Coverage

Share    

In the HHS Notice of Benefit and Payment Parameters for 2024 final rule released today, the Centers for Medicare & Medicaid Services (CMS) finalized standards for issuers and Marketplaces, as well as requirements for agents, brokers, web-brokers, and Assistants that help consumers with enrollment through Marketplaces that use . These changes further the Biden-Harris Administration's goals of advancing health equity by addressing the health disparities that underlie our health system. The final policies build on the Affordable Care Act's promise to expand access to quality, affordable health coverage and care by increasing access to health care services, simplifying choice and improving the plan selection process, making it easier to enroll in coverage, strengthening markets, and bolstering program integrity.

### Related Releases

HHS Finalizes Policies to Make Coverage More Accessible and Expand Behavioral Health Care Access for Millions of Americans in 2024

Apr 17, 2023

Biden-Harris Administration Celebrates the Affordable Care Act's 13th Anniversary and Highlights Record-Breaking Coverage

Mar 23, 2023

Biden-Harris Administration Continues Unprecedented Efforts to Increase Transparency of

Feedback

# 2024 Notice of Benefits and Payments Parameters (NBPP)

## Increasing Access to Healthcare Services

- “Network Adequacy” and Essential Community Providers (ECPs)
- Impacts all QHPs
- 35% provider participation threshold now to include Mental Health Facilities & Substance Use Disorder Treatment Centers

## Simplifying Choice & Improving Plan Selection Process

- Must offer Standardized QHP at every metal level
  - Except the non-expanded Bronze level
- Intended to reduce the risk of future plan disruption
- Finalizes a limit of non-standardized plan options per metal level to four

# 2024 NBPP - Intentions

## Make It Easier to enroll in coverage

- Introduces a new SEP for Medicaid or CHIP loss of coverage
- Addresses “Income Data Matching Issues”
- Allows door-to-door enrollment by Navigators and Other Assisters

## Strengthen Marketplace

- Reduces “User Fees” for FFM by 2.2% and for SBM-FP by 1.8%
- Refines the Risk Adjustment Data Validation (RADV)

## Bolster Program Integrity

- Requires agents and brokers to document the receipt of consent form for up to 10-years
- Will help to resolve disputes between enrolling entities and consumers

# “Family Glitch”

- Issue: when an Employee is offered “affordable coverage” through a group health plan, the Employee’s dependent become ineligible for ACA subsidies
- “Affordable Coverage” =  $<9.5\%$  of taxpayer’s household income
- Example:
  - Employee makes \$50,000 annually
    - $9.5\%$  of \$50,000 is \$4,750, or \$396 per month
  - Employee is required to pay 25% of total EE premium
  - \$800 monthly premium,  $25\% = \$200$ 
    - \$200 is less than \$396, therefore deemed “affordable”
    - This is what eliminates the dependents from being subsidy eligible



# Family Glitch - Solution

- Solution: change the definition of “affordability” to include dependent group health insurance cost
- Under the new regulations, the entire family group health premium is considered when calculating “affordability”
- This change will make an **estimated 5.1M people eligible for ACA** subsidized premium

[www.kff.org](http://www.kff.org)

# “Medicaid Unwinding” - Discussion Topics

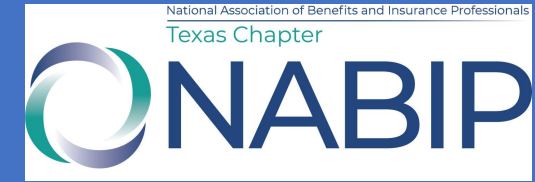
- What is “unwinding”?
- Top 10 Things to Know
- CMS outreach overview
- SEP for unwinding
- Where do I find people to help?
- Bonus updates: 2024 NBPP & Family Glitch

# Families First Coronavirus Act (FFCRA)

- At the start of the pandemic, Congress enacted the FFCRA
- FFCRA included a [requirement](#) that Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 public health emergency (PHE) ends
  - In exchange for enhanced federal funding
- Medicaid enrollment has grown substantially compared to before the pandemic and the [uninsured rate](#) has dropped



# “Medicaid Unwinding” - Overview



- March 2020 - CMS temporarily waived certain Medicaid and Children’s Health Insurance Program (CHIP) requirements and conditions
- Easing of these rules helped prevent people with Medicaid and CHIP from losing their coverage during the pandemic
- As of April 1, 2023, states are required to restart Medicaid and CHIP eligibility reviews
- Up to ~15 million people will be reviewed
- Many could lose their current Medicaid or CHIP coverage through a process called “unwinding”

# Consolidated Appropriations Act (CCA 2023)

- Congress set an end of March 31, 2023, for the continuous enrollment provision
- Phases down the enhanced federal Medicaid matching funds through December 2023
- States that accept the enhanced federal funding can resume disenrollments beginning in April 2023
  - Must meet certain reporting and other requirements during the unwinding process



# What will the outreach and marketing campaigns involve?



## » **Two outreach campaigns**

- **Phase 1:** Get Ready and Awareness – Update your Contact Information with Your State
  - **Timeline:** Ongoing, with push beginning February 1 thru end of state renewals
  - **Who:** Current Medicaid/CHIP enrollees (all states)
  - **Focus:** Build awareness about Unwinding. Keep your contact info up-to-date with your state. Be on the lookout for letters from your state and provide the info requested. Reassurance messages – the process will take about a year, keep your info updated, check with your state if you're unsure.
    - This isn't HealthCare.gov/Marketplace branded - this will mirror the state's program branding and info
  - **Where to go:** Your state Medicaid/CHIP agency
  
- **Phase 2:** Medicaid Redetermination and Retaining Coverage – Get enrolled!
  - **Timeline:** When loss of coverage/terminations begin (April 1) thru end of Unwinding SEP
  - **Who:** Consumers that are losing Medicaid/CHIP in HealthCare.gov states
  - **Focus:** Lost Medicaid/CHIP, go to HealthCare.gov and sign up for Marketplace coverage. There's a Special Enrollment Period. Plans provide affordable, quality health coverage. Coverage can start next month. Help is available.
    - This is the HealthCare.gov branded campaign focused on transitioning consumers to the Marketplace
  - **Where to go:** HealthCare.gov or call the Call Center



adults every year on how they are meeting basic needs such as food and medical care.



The results showed that 64.3% of Medicaid beneficiaries surveyed weren't aware of the looming renewal process, virtually unchanged from a similar analysis back in June that found 62% of adults were not aware.



It found that 16% of adults were only a little aware of the eligibility redeterminations, 13.9% were somewhat aware and 5.1% were very aware.

States, managed care plans and other stakeholders have been bracing for the start of Medicaid eligibility redeterminations since the onset of the COVID-19 pandemic.

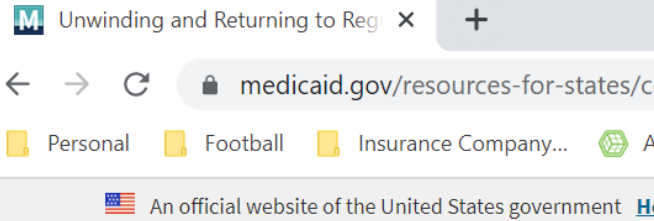
Back in 2020, states agreed to a boosted federal matching rate for Medicaid payments in exchange for not enrolling anyone off Medicaid for the duration of the COVID-19 public health emergency (PHE). After the emergency ends, the states have to redetermine eligibility for every Medicaid beneficiary.

64.3% of Medicaid beneficiaries weren't aware of the looming renewal process.

16% were only "a little aware" of the eligibility redeterminations...

<https://www.Medicaid.gov/unwinding>

Start here for your research. Use these resources to help you market.



**Medicaid.gov**  
Keeping America Healthy

[Federal Policy Guidance](#) [Resources for States](#) [Medicaid](#) [CHIP](#) [Basic Health Program](#) [State Overviews](#) [About Us](#)

[Home](#) [Resources for States](#) [Coronavirus Disease 2019 \(COVID-19\)](#) [Unwinding and Returning to Regular Operations after COVID-19](#)

## Unwinding and Returning to Regular Operations after COVID-19

Renew Your Medicaid or CHIP Coverage

# Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states have been required to maintain enrollment of nearly all Medicaid enrollees. When the continuous coverage requirement expires, states will have up to 12 months to return to normal eligibility and enrollment operations.

Additionally, many other temporary authorities adopted by states during the COVID-19 public health emergency (PHE), including Section 1135 waivers and disaster relief state plan amendments (SPAs), will expire at the end of the PHE, and

Feedback



- [Risk Assessment Template - Excel Version](#)
- [Risk Assessment Tool Webinar](#)

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### Communications Tools and Speaking Requests

- Medicaid and CHIP Continuous Enrollment Unwinding – Toolkit



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

- Medicaid and CHIP Continuous Enrollment Unwinding Toolkit Materials

- [Medicaid Unwinding Toolkit Supporting Materials](#) (Available in English, Spanish, Chinese, Hindi, Korean, Tagalog, and Vietnamese)
- Graphics for Providers - [Full Page](#) and [Half Page](#)

Feedback

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 or CHIP about steps they need to take





**TEXAS**  
Health and Human  
Services



**Medicaid**

# 10 Things to Know About the Unwinding of the Medicaid Continuous Enrollment Provision

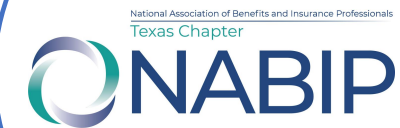
<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

<https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-the-unwinding-of-the-medicaid-continuous-enrollment-provision/>

# 1. Medicaid enrollment has increased since the start of the pandemic, primarily due to the continuous enrollment provision

- Total Medicaid/CHIP enrollment grew to 91.3 million in October 2022, an increase of 20.2 million or more than 28.5% from enrollment in February 2020

<https://www.kff.org/coronavirus-covid-19/issue-brief/analysis-of-recent-national-trends-in-medicaid-and-chip-enrollment/>



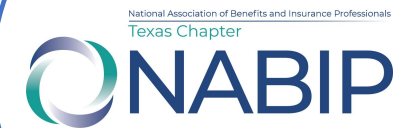
## 2. KFF and DHHS estimate that up to 15M people may lose Medicaid coverage once the continuous enrollment provision end

Good news for Agents and Brokers:

~6.8 million will likely be eligible for an ACA plan

[https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage\\_IB.pdf](https://aspe.hhs.gov/sites/default/files/documents/404a7572048090ec1259d216f3fd617e/aspe-end-mcaid-continuous-coverage_IB.pdf)

<https://www.kff.org/medicaid/issue-brief/fiscal-and-enrollment-implications-of-medicaid-continuous-coverage-requirement-during-and-after-the-phe-ends/>



# Who will be impacted? How to connect?

- Current Medicaid beneficiaries
  - Current ACA clients
  - D-SNP clients
  - Children
- 
- Those who are no longer eligible can transition to other sources of coverage – like an ACA plan

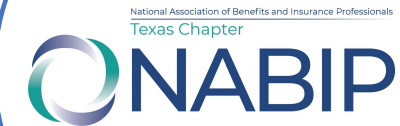


### 3. The Medicaid continuous enrollment provision has reduced “churn” among Medicaid enrollees

- Enrollees may experience short-term changes in income or circumstances that make them temporarily ineligible
- Churn can result in access barriers as well as additional administrative costs

<https://www.kff.org/medicaid/issue-brief/medicaid-enrollment-churn-and-implications-for-continuous-coverage-policies/>

<https://ccf.georgetown.edu/wp-content/uploads/2021/07/Continuous-Coverage-Medicaid-CHIP-final.pdf>



## 4. States are required to develop plans for how they will resume routine operations when the continuous enrollment provision ends

### State's Plans must describe:

- How the state will prioritize renewals
- How long the state plans to take to complete the renewals
- The processes and strategies the state is considering or has adopted to reduce inappropriate coverage loss during the unwinding period

<https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/>

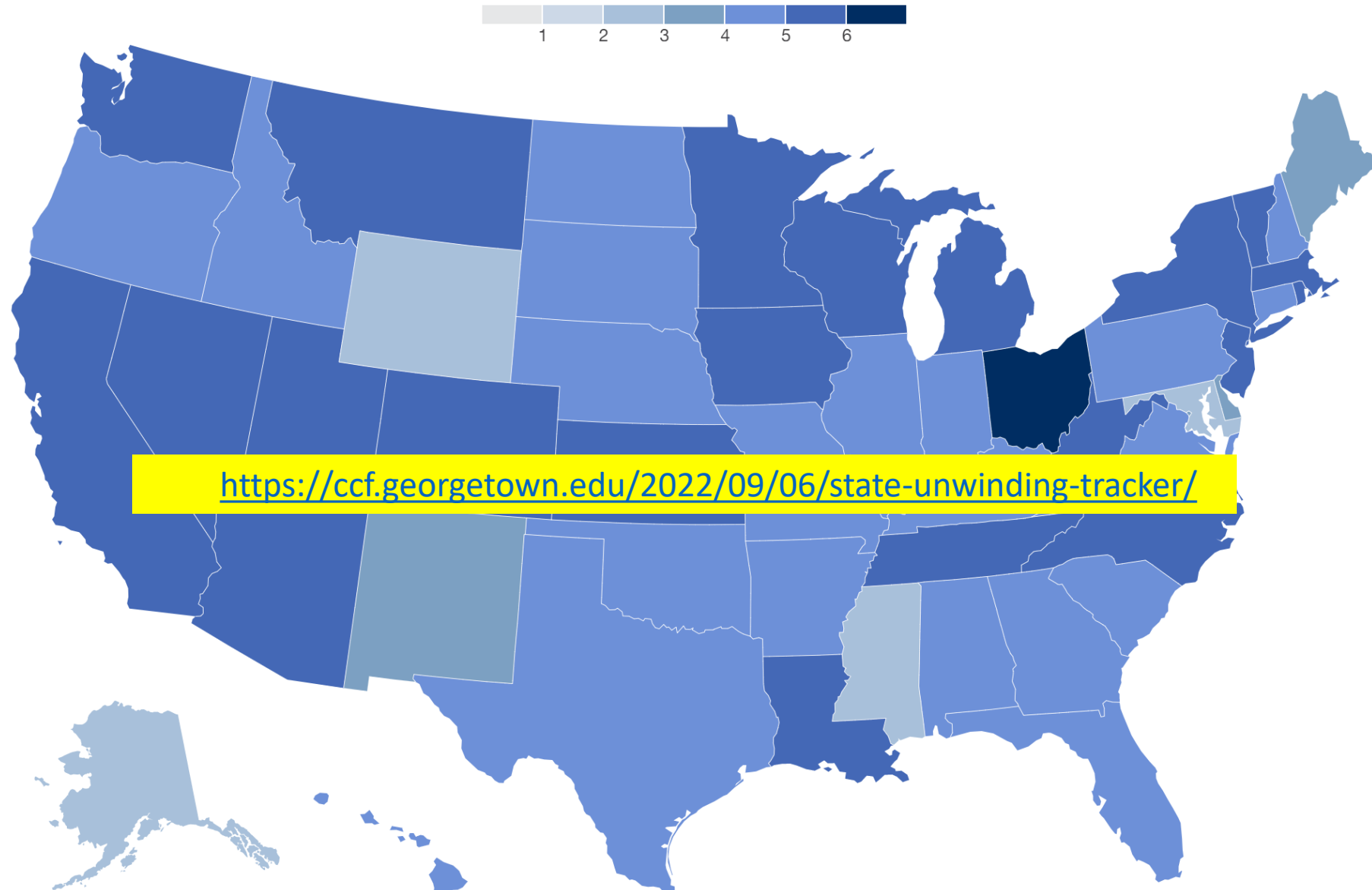




**Download a copy of the unwinding tracker with links to documents and/or webpages [HERE](#).**

## 50-State Unwinding Tracker (Map)

Hover over the map to see which of the six key documents or information your state has posted as they prepare for the unwinding of the Medicaid continuous coverage protection at the end of the public health emergency.



## 5. Streamlining renewal processes can promote continuity of coverage when the continuous enrollment provision ends

- Under the ACA, states must seek to complete administrative (or “ex parte”) renewals by verifying ongoing eligibility through available data sources before sending a renewal form or requesting documentation from an enrollee

**“Ex Parte”** *In civil procedure, ex parte is used to refer to motions for orders that can be granted without waiting for a response from the other side. Generally, these are orders that are only in place until further hearings can be held, such as a temporary restraining order.*

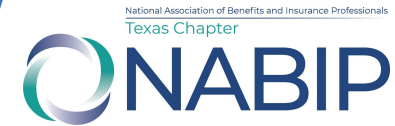


## 6. States can obtain temporary waivers to pursue strategies to support their unwinding plans

- Enable states to facilitate the renewal process for certain enrollees with the goal minimizing procedural terminations
- Available on a time-limited basis

1902 (e) (14) (A) Waivers explained here:

- <https://www.medicaid.gov/covid-19-phe-unwinding-section-1902e14a-waiver-approvals/index.html>



## 7. Those at greatest risk for losing Medicaid coverage:

People who have moved since the start of the pandemic

Those with limited English proficiency (LEP)

People with disabilities

- Churn rates is highest among children of all racial and ethnic groups
  - Largest churn: Hispanic children



# Suggestions and Guidance

## Brokers could assist with preventing coverage losses by :

- Ensuring accessibility of information, forms, and assistance
  - *This will be key for preventing coverage losses and gaps among these individuals*
- Reviewing communications strategies to ensure accessibility of information



## 8. Brokers can partner with Managed Care Organizations (MCOs), community health centers, & other partners to conduct outreach

### Brokers should reach out to work with:

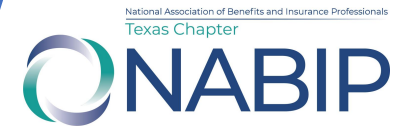
- Navigators and assister programs
- Community-Based Organizations

### Brokers should:

- Provide information to enrollees
- ***Assist them with updating contact information before the continuous enrollment period ends***
- Help complete the Medicaid renewal process
- And transitioning to other coverage if they are no longer eligible

[Click here guidance on how to maximize your outreach, education, and enrollment opportunities:](https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf)

<https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf>



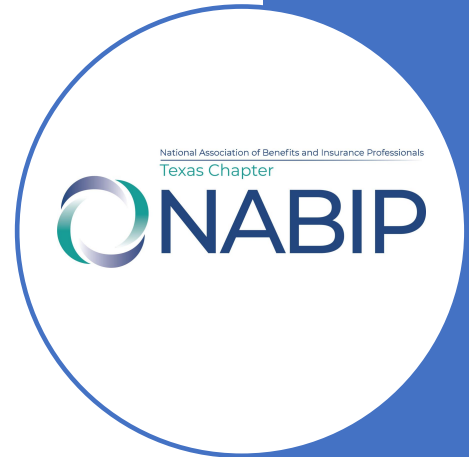
# Need for Assistance is High

- Assister Programs (76%) and brokers (69%) said nearly all the consumers they helped during this 9th ACA-OEP lacked confidence to apply on their own
- 64% of Assister Programs and 66% of Brokers said nearly all the people they helped had limited understanding of ACA requirements and benefits
- Consumers also needed help answering questions about
  - Their household income
  - And help comparing many plan choices



## 9. Timely data on disenrollments and other metrics will be useful for monitoring how the unwinding is proceeding

- The recently enacted [Consolidated Appropriations Act](#) includes:
  - Additional reporting requirements for states
  - Imposes penalties in the form of reduced federal matching payments for states that do not comply
- States that fail to comply with these reporting requirements face a reduction in federal medical assistance percentage (FMAP) of up to 1% for the quarter in which the requirements are not met

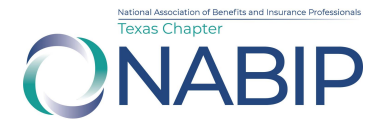




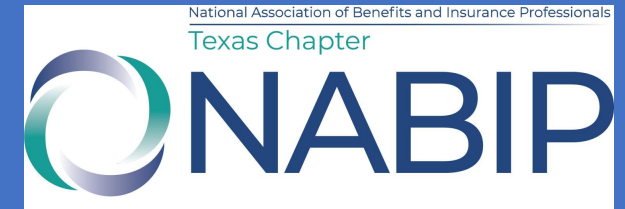
## 10. The number of people without health insurance could increase if people who lose Medicaid coverage are unable to transition to other coverage

MACPAC analysis discovered that very few adults or children transitioned to federal Marketplace coverage

- Only 21% of children transitioned from Medicaid to S-CHIP
- 47% of children transitioned from S-CHIP to Medicaid



# CMS Outreach overview



- Initial letter sent to Medicaid beneficiary
- Reminder letter sent if they have not contacted CMS
- Email reminders
- Auto-dial calls
- Where to get more info
- Reminder text messages
- Will engage “assister” and “navigator” community to help with outreach to offer personal assistance

Ft Worth NABIP Chapter, 2022 TAHU Convention



National Association of Benefits and Insurance Professionals  
Texas Chapter



National Association of Benefits and Insurance Professionals

Texas Chapter



# New Special Enrollment Period

“Unwinding SEP”

# Unwinding SEP

To receive the Unwinding SEP, a consumer 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 CHIP or Medicaid coverage recently ended or will soon end
2. Attest to a Medicaid or CHIP coverage loss between **March 31, 2023, and July 31, 2024**
3. Consumers will then have 60 days to select a new plan for Marketplace coverage



# Application Questions (1 of 3)



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

- » The application will first ask applicants if they had Medicaid or CHIP coverage that recently ended or will soon end:
  - Applicants should answer "Yes" if their Medicaid or CHIP coverage is ending due to unwinding or due to any other reason.
  - Consumers who **did not already have Medicaid or CHIP and were denied** upon application should respond "no" to this question.
- » If anyone answers "Yes," they will be asked to input the last day of coverage:
  - Consumers should input their last date of Medicaid or CHIP coverage as listed in their termination letter from their state agency.
  - Consumers unsure of their last day of coverage should provide their best estimate.

HealthCare.gov

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

### 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  
 /  /

14

Marisa

# Application Questions (2 of 3)



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 Medicaid agency for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead only be evaluated for Marketplace coverage eligibility, including advance payments of the premium tax credit (APTC).

The screenshot shows a web form on HealthCare.gov. At the top, it says 'HealthCare.gov'. Below that is a progress bar with four steps: '1 Set up', '2 Household', '3 Coverage & changes', and '4 Review & submit'. The current step is '2 Household'. The main heading is 'Recent household or income changes'. The question is 'Has the household income or size changed since Kamari was/were found ineligible by the state?'. There are two radio button options: 'Yes' (which is selected) and 'No'. At the bottom of the form is a green button labeled 'Save & continue'.

Marisa Be

# Application Questions (3 of 3)



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 **recently applied for and 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.

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  
[ ] / [ ] / [ ]

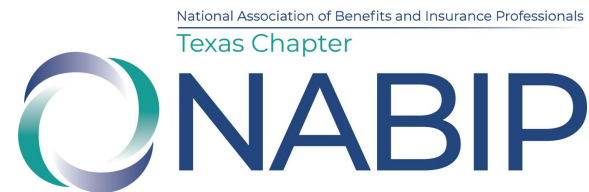
[Save & continue](#)



# Community Engagement

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Where can I find people to assist?



# Grass Roots – “Sweat Equity”

- Community events
- Health Fairs
- Local partners to align with
- Senior Living Communities (age 55+)
- Faith Based Organization
  - Outreach day at the church
  - Serve pastors a lunch to educate them about your services
- Retail Pharmacies
- Providers



[← Back to help options](#)

## Find Local Help

Search our online directory and set up a time to talk in-person, over the phone, or by email.

An agent, broker, or assister near you can help you with your application and more.



Enter city & state or ZIP code

**Search**

 **Use your current location**

# Find someone nearby to help you apply.

**Agents/brokers and assisters** are trained and certified by the Marketplace to provide application help.

[Learn about the differences between agents/brokers and assisters.](#)

**Want an agent/broker to help you?** You can [have an agent or broker contact you](#) if you're ready to get started.

## Filters

Coverage type: **Individual or Family** ▾

Type of local help: **All in my area** ▲

Years of service +

Days available +

Times available +

Lang

Showing **10 of 2,403** results near

## Local help

### [XINXIN FENG](#)

3 years of service

Agent/Broker

### [Belynda Diciaccio](#)

10 years of service

## Type of local help

**All in my area** (2,403)  
Agent/broker and assisters

**Agent or broker** (2,389)  
Generally paid by insurance companies whose plans they sell.

Licensed in multiple states

**Assister** (14)  
Trained and certified, and required to provide fair, impartial, and accurate information.

**Assister services**



Give feedback

[Change location](#)

## Local help

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### [Dallas Medical Center, LLC](#)

4 years of service

Assister

[\(855\) 796 - 6760](tel:(855)796-6760)

[marketplaceassistance@hcfsinc.com](mailto:marketplaceassistance@hcfsinc.com)

<http://www.dallasmedcenter.com/>

[More details](#)

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### [Community Council of Greater Dallas](#)

2 years of service

Assister

[\(214\) 871 - 5065](tel:(214)871-5065) (Main)

[\(844\) 831 - 9600](tel:(844)831-9600) (Toll-free)

<https://www.ccadvance.org/healthcare-enrollment>

[More details](#)

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### [Parkland Health & Hospital System](#)

6 years of service

Assister

[\(214\) 590 - 8000](tel:(214)590-8000)

<https://www.parklandhospital.com/phhs/home.aspx>

[More details](#)

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### [Health Services Of North Texas](#)

9 years of service

Assister

[\(940\) 381 - 1501, ext: 2002](tel:(940)381-1501)

[tjohnson@healthntx.org](mailto:tjohnson@healthntx.org)

<http://www.healthntx.org>

Give feedback

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## [Los Barrios Unidos Community Clinic, Inc](#)

9 years of service

Assister

[\(214\) 540 - 0300](tel:(214)540-0300)

[eligibility@lbucc.org](mailto:eligibility@lbucc.org)

<http://www.losbarriosunidos.org>

[More details](#)

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## [United Way Metropolitan of Dallas](#)

2 years of service

Assister

[\(214\) 978 - 0000](tel:(214)978-0000)

[info@unitedwaydallas.org](mailto:info@unitedwaydallas.org)

<http://unitedwaydallas.org/enroll>

[More details](#)

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## [Mission East Dallas Family Health Center](#)

9 years of service

Assister

[\(972\) 682 - 8917](tel:(972)682-8917)

[info@missioneastdallas.org](mailto:info@missioneastdallas.org)

<https://www.facebook.com/MissionEastDallas>

[More details](#)

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## [Northside Community Health Center](#)

9 years of service

Assister

[\(817\) 625 - 4254, ext: 1005](tel:(817)625-4254,ext:1005)

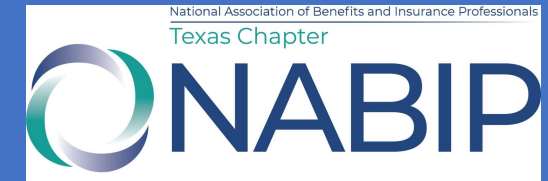
[mlmartinez@ntachc.org](mailto:mlmartinez@ntachc.org)

<https://www.ntachc.org>

[More details](#)

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# Community Based Marketing



Community-Based Organizations (CBOs) are public or private not-for-profit resource hubs that provide specific services to the community or targeted population within the community

- Aging and Disability Networks, Community Health Centers
- Childcare Providers, Home Visiting Programs
- State Domestic Violence Coalitions
- Local Domestic Violence Shelters and Programs
- Adult Protective Services, Homeless Services Providers
- Food Banks
- Organizations that address the health and social needs of populations

STAY STRONGER THAN YOUR COMPETITION >>

## PUBLIC PAYERS NEWS

# Personalized Outreach Impacts ACA Enrollment Among Low Income Households

Targeted low-income households that received personalized emails and letters urging them to sign up for the lowest-cost ACA plans were more likely to enroll.

<https://healthpayerintelligence.com/news/personalized-outreach-impacts-aca-enrollment-among-low-income-households>



### Newsletter Signup

- Payers, Policy and Employee Wellness
- Bio and Pharma News
- RevCycle, Value Based Care and Finance
- Pharma/BioMed
- Life Sciences



<https://www.yourtexasbenefits.com/Learn/Home>

For information on winter storm assistance, click [HERE](#).

Action Required envelopes: You might receive an envelope that says to return the form inside. There might not be a form included, but you should review the contents and take any action required.

SNAP recipients will get the maximum amount for their household size, if they don't already, for February. (Click [HERE](#) to see the maximum SNAP amounts.)

Due to federal guidelines, temporary SNAP increases from the public health emergency will end in March and recipients will no longer receive additional benefits. For more information, click [HERE](#).

Learn how to protect yourself against common kinds of fraud [HERE](#). Check for tampering on card readers. Do not respond to calls or texts that ask for your Lone Star Card number or PIN.

Summer P-EBT (June-August 2022) is a one-time benefit of \$391 for each eligible child. For more information, including who is eligible, click [HERE](#). It could take several weeks for your P-EBT card to arrive after claiming benefits.

Medicaid Members: **Continuous Medicaid coverage will end on March 31, 2023.** To ensure coverage continues if you're eligible, report changes in your status (contact information, pregnancy, etc.) as soon as possible. Log into your account or call 2-1-1 and select Option 2.





<https://www.hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-information-people-receiving-services/end-continuous-medicaid-coverage>

[Home](#) > [Search Services](#) > [Health](#) > [Coronavirus \(COVID-19\)](#) > [Coronavirus \(COVID-19\) Information for People Receiving Services](#) > [End of Continuous Medicaid Coverage](#)

# End of Continuous Medicaid Coverage

English

Español

In response to the COVID-19 pandemic, the federal government declared a public health emergency (PHE) and passed a law that allowed you to keep your Medicaid coverage (continuous Medicaid). Based on the new federal law, continuous Medicaid eligibility will end on March 31, 2020. Renew your benefits when it's time to ensure your coverage will continue if you are eligible.

**If you don't respond to renewal or information requests from HHS, you could lose your coverage.**

# Resources



## For Consumers:

- HealthCare.gov general SEP resource: [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period/](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/)
  - As we get closer to the start of Unwinding, HealthCare.gov will include additional educational content and resources for consumers transitioning from Medicaid/CHIP to the Marketplace
- Consumers in State-based Marketplaces (SBMs) should check with their SBMs for more information on available SEPs, and can find information about their respective SBM by visiting [HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/)

## For Partners & Stakeholders:

- Resources for partners and stakeholders (assisters, agents/brokers), focused on phase 2 / Marketplace transition materials can be found at [marketplace.cms.gov](https://www.marketplace.cms.gov)
- Resources on unwinding and returning to regular operations: [Medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html](https://www.medicare.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/index.html)



[Unwinding Medicaid Continuous Coverage](#)

## 50-State Unwinding Tracker

<https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/>

September 6, 2022 · CCFadmin

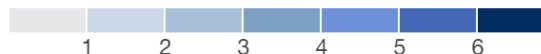


This tracker examines whether the following information can be found on the state Medicaid or state Marketplace website or in public documents: 1) the state's unwinding plan or a summary; 2) an alert to update contact information; 3) communications materials/toolkits for partners; 4) an unwinding FAQ; 5) whether the state plans to launch an unwinding data dashboard or publicly post key unwinding data; and 6) the state's renewal report submitted to CMS.

**Download a copy of the unwinding tracker with links to documents and/or webpages [HERE](#).**

### 50-State Unwinding Tracker (Map)

Hover over the map to see which of the six key documents or information your state has posted as they prepare for the unwinding of the Medicaid continuous coverage protection at the end of the public health emergency.



# FAQs at Healthcare.gov

The screenshot shows a web browser window with several tabs open: "Search Individuals | AgencyBloc", "Humana", "Post Attendee - Zoom", and "Transitions In Coverage". The address bar shows the URL: [agentbrokerfaq.cms.gov/s/topic/0TO3d0000000ISdGAM/transitions-in-coverage?utm\\_campaign=hcgov\\_ab&utm\\_content=english&utm\\_medium=email&...](https://agentbrokerfaq.cms.gov/s/topic/0TO3d0000000ISdGAM/transitions-in-coverage?utm_campaign=hcgov_ab&utm_content=english&utm_medium=email&...)

The page content includes:

- Navigation buttons: **FAQS HOME**, **RESOURCES FOR AGENTS & BROKERS**, and **AGENT & BROKER HELP DESKS**.
- A search bar with the placeholder text "Search..." and a blue **SEARCH** button.
- A breadcrumb trail: **FAQ CATEGORIES** with a dropdown arrow.
- The main heading: **TRANSITIONS IN COVERAGE**.
- A featured article snippet: **Does this announcement of the temporary Unwinding SEP also apply to State-based Marketplaces (SBMs) that operate their own eligibility and**
- A notification bubble in the bottom right corner: **5 ARTICLES** with a dropdown arrow and a refresh icon.

The Windows taskbar at the bottom shows the search bar with "Type here to search", several application icons (File Explorer, Edge, Word, PowerPoint, Zoom), and the system tray with the date and time: **11:06 AM 2/22/2023**.

Thank you to  
the host  
chapter,  
Houston  
NABIP

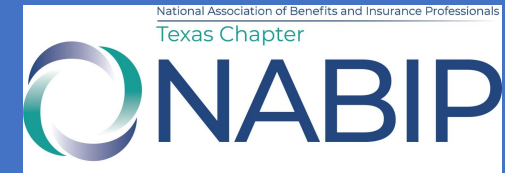


National Association of Benefits and Insurance Professionals

Texas Chapter

**NABIP**

# Thank you!



We are sure you have questions. We want to assist your marketing efforts!

- Connect with us at 469-635-6771
  - Belynda DiCiaccio  
[Belynda@TheBrokerageInc.com](mailto:Belynda@TheBrokerageInc.com)
  - Chandor Barrientos  
[Chandor@TheBrokerageInc.com](mailto:Chandor@TheBrokerageInc.com)
  - John Ross Hopkin  
[JohnRoss@TheBrokerageInc.com](mailto:JohnRoss@TheBrokerageInc.com)



Resources – all  
available at  
[www.TheBrokerageInc.com](http://www.TheBrokerageInc.com)

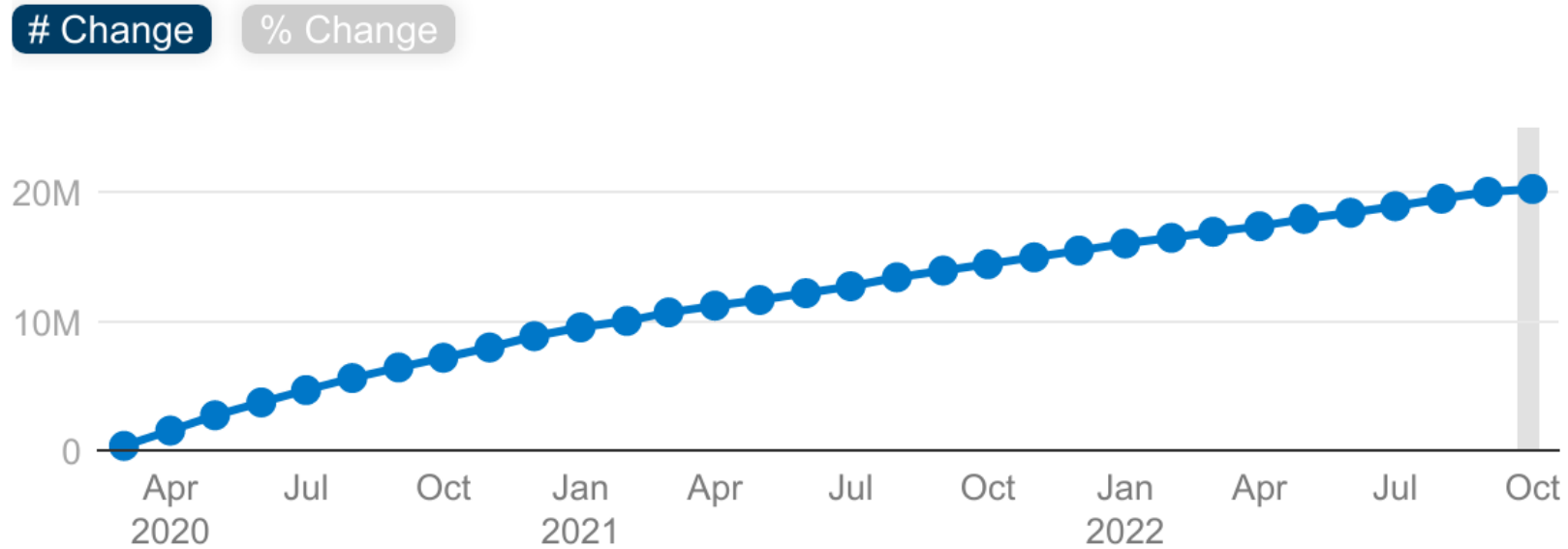
- [www.medicaid.gov/unwinding](http://www.medicaid.gov/unwinding)
- <https://ccf.georgetown.edu/2022/09/06/state-unwinding-tracker/>
- State timelines for unwinding
  - <https://www.medicaid.gov/resources-for-states/downloads/ant-2023-time-init-unwin-reltd-ren-02242023.pdf>
- [www.HealthCare.gov](http://www.HealthCare.gov)
- Search for “Community Outreach”
- MACPAC – Transitions Between Medicaid, CHIP, and Exchange
  - <https://www.macpac.gov/wp-content/uploads/2022/07/Coverage-transitions-issue-brief.pdf>



Figure 1

# Medicaid/CHIP Enrollment, February 2020-October 2022

Cumulative Change In Medicaid/CHIP Enrollment Since February 2020



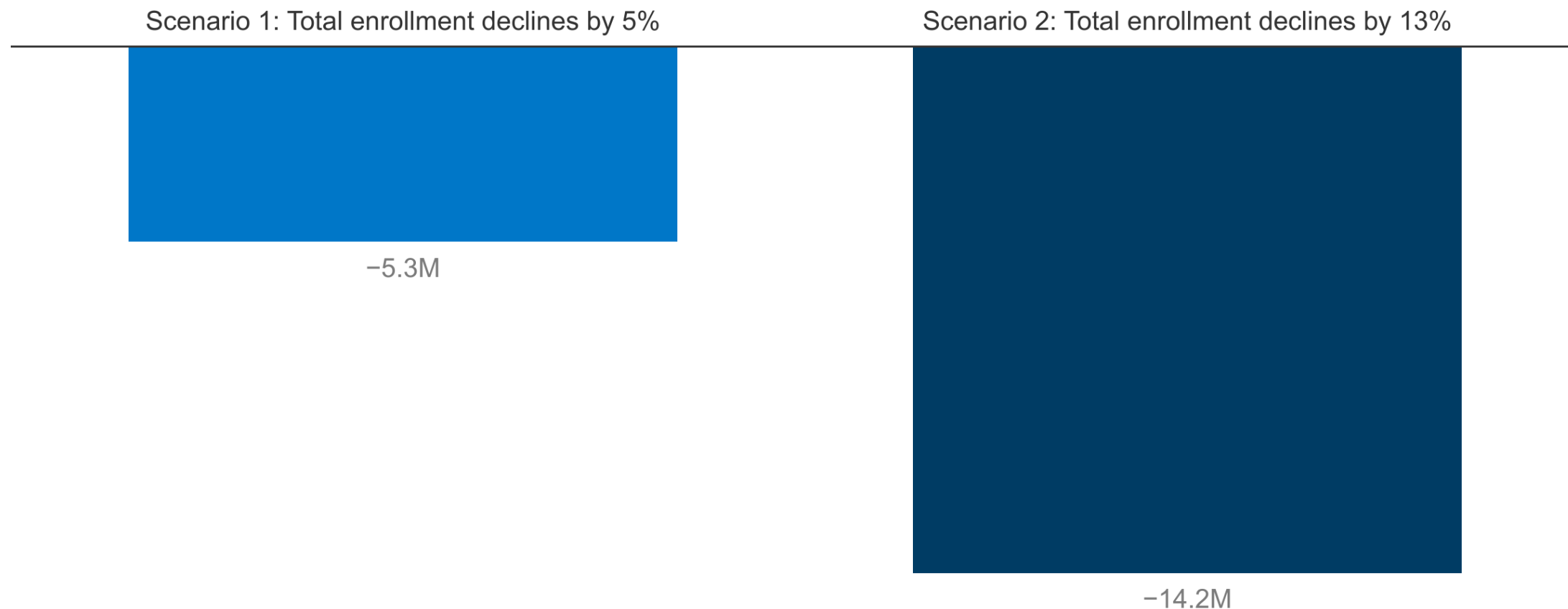
NOTE: M = Millions. The shaded area represents preliminary data for October 2022, which are subject to change in subsequent enrollment reports; all other months are based on updated enrollment reports. These data differ from those reported in monthly “Medicaid & CHIP Enrollment Snapshots” published by CMS, which report preliminary data for all months. Medicaid/CHIP enrollment reports are submitted monthly by state Medicaid agencies, reflecting enrollment on the last day of the month. With each update, states often revise data for the previous month(s) to better align with reporting criteria, such as including retroactive enrollment or other criteria. February 2020 (baseline) enrollment was 71,097,415 in the updated enrollment report.

SOURCE: CMS, Medicaid & CHIP: Monthly Application and Eligibility Reports, last updated January 31, 2023.



Figure 2

# Change in Number of Medicaid Enrollees from FY 2022 to FY 2023, by Enrollment Scenario



NOTE: FY refers to the federal fiscal year.

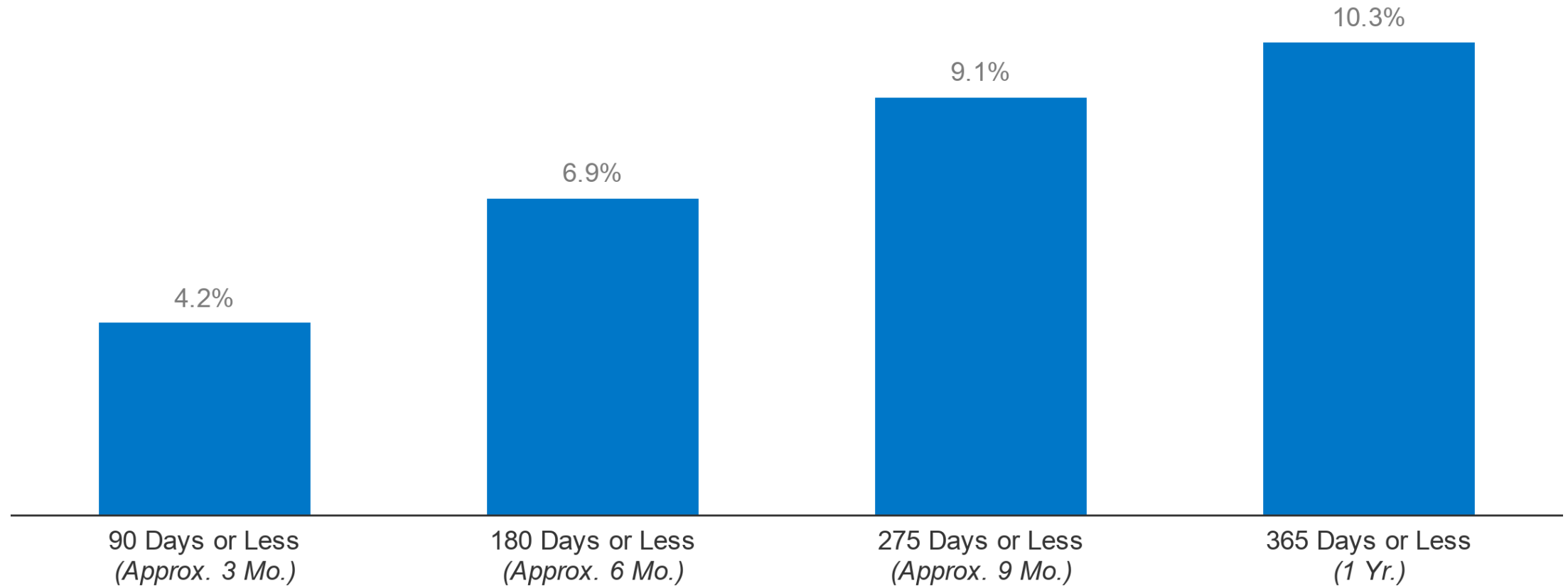
SOURCE: KFF estimates based on analysis of enrollment and spending data from the Preliminary CY 2019 Transformed Medicaid Statistical Information System (T-MSIS) inflated for pandemic enrollment growth and compared to a baseline model. See methods of KFF's "Fiscal and Enrollment Implications of Medicaid Continuous Coverage Requirement During and After the PHE Ends" for more information



Figure 3

# Share of Medicaid Enrollees Who Disenrolled Then Re-Enrolled In Less Than One Year

*Percent of full-benefit Medicaid/CHIP enrollees who disenrolled and then re-enrolled within varying time periods, 2018*



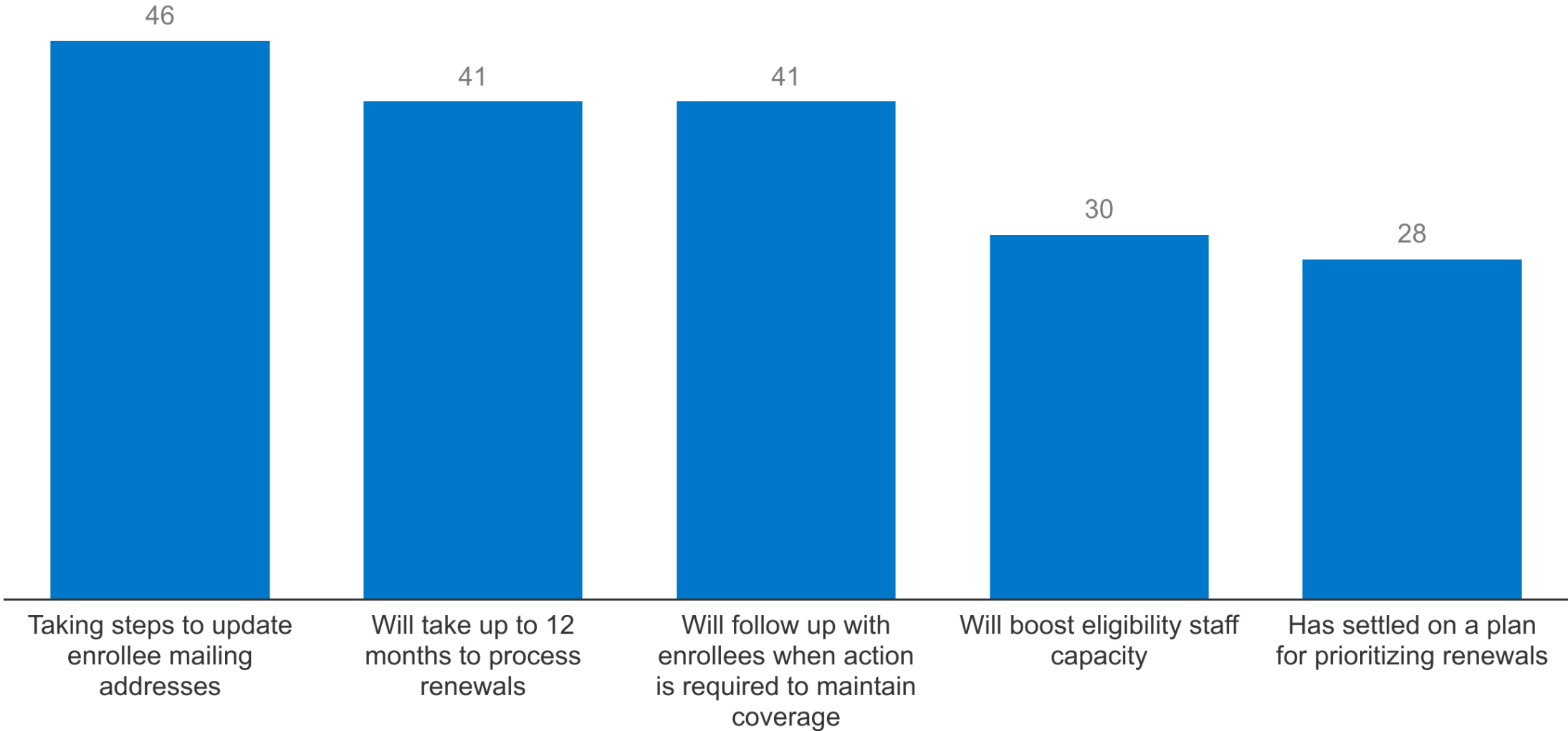
NOTE: Based on 41 states; FL, KY, ME, MS, NE, IN, OK, OR, UT, and WY were excluded due to missing or inconsistent data.

SOURCE: KFF analysis of the Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF) Research Identifiable Files (RIF).



Figure 4

# Planned State Actions for End of the Public Health Emergency



SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University for Children and Families, 2022

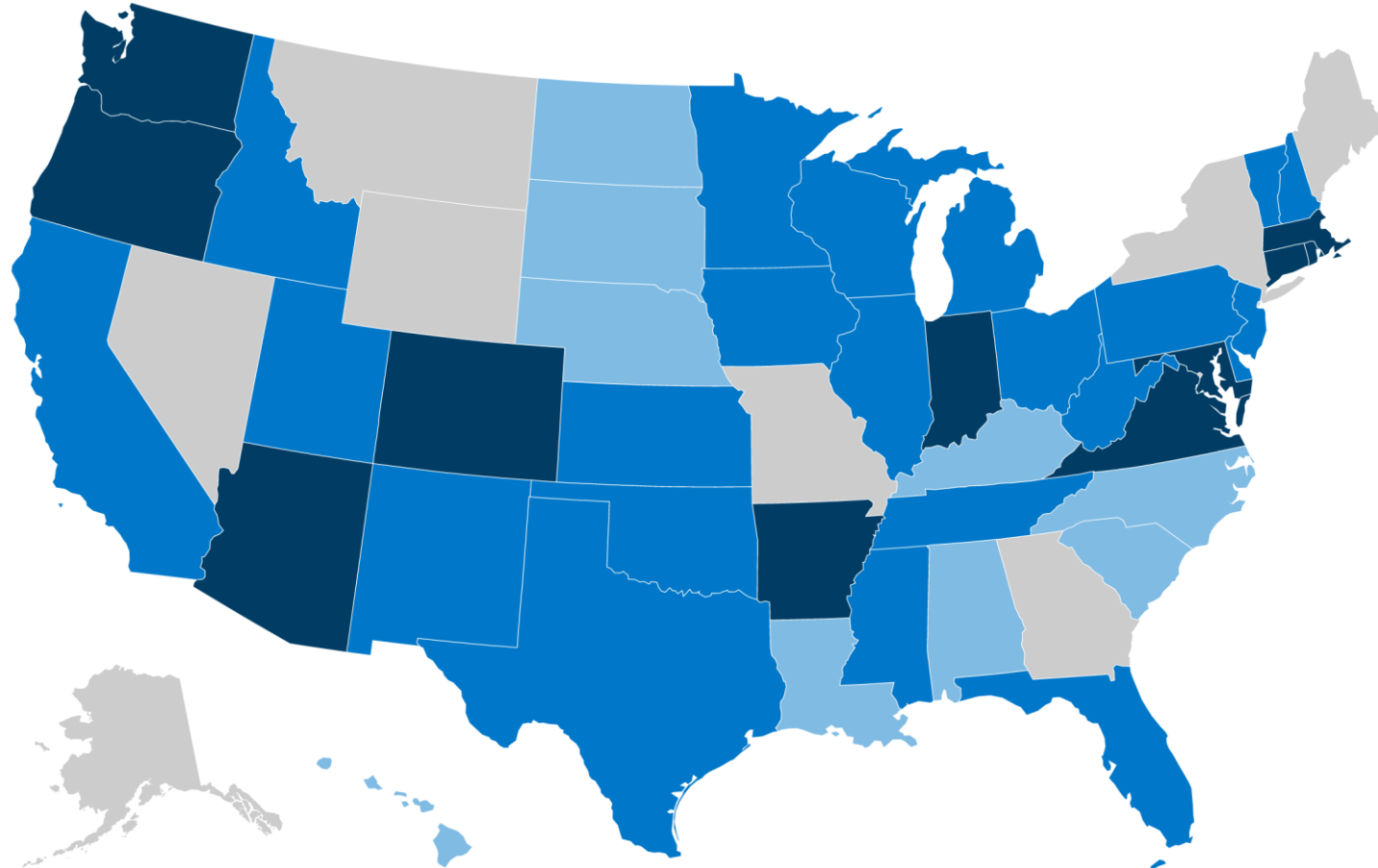


Figure 5

## Share Of MAGI Medicaid Renewals Completed Using Ex Parte Processes, January 2022

MAGI Renewals Non-MAGI Renewals

- >50% Completed Using Ex Parte (11 states)
- <50% Completed Using Ex Parte (22 states)
- Completed Ex Parte Renewals, But Share Not Reported (9 states)
- Not Completing Ex Parte Renewals (9 states)



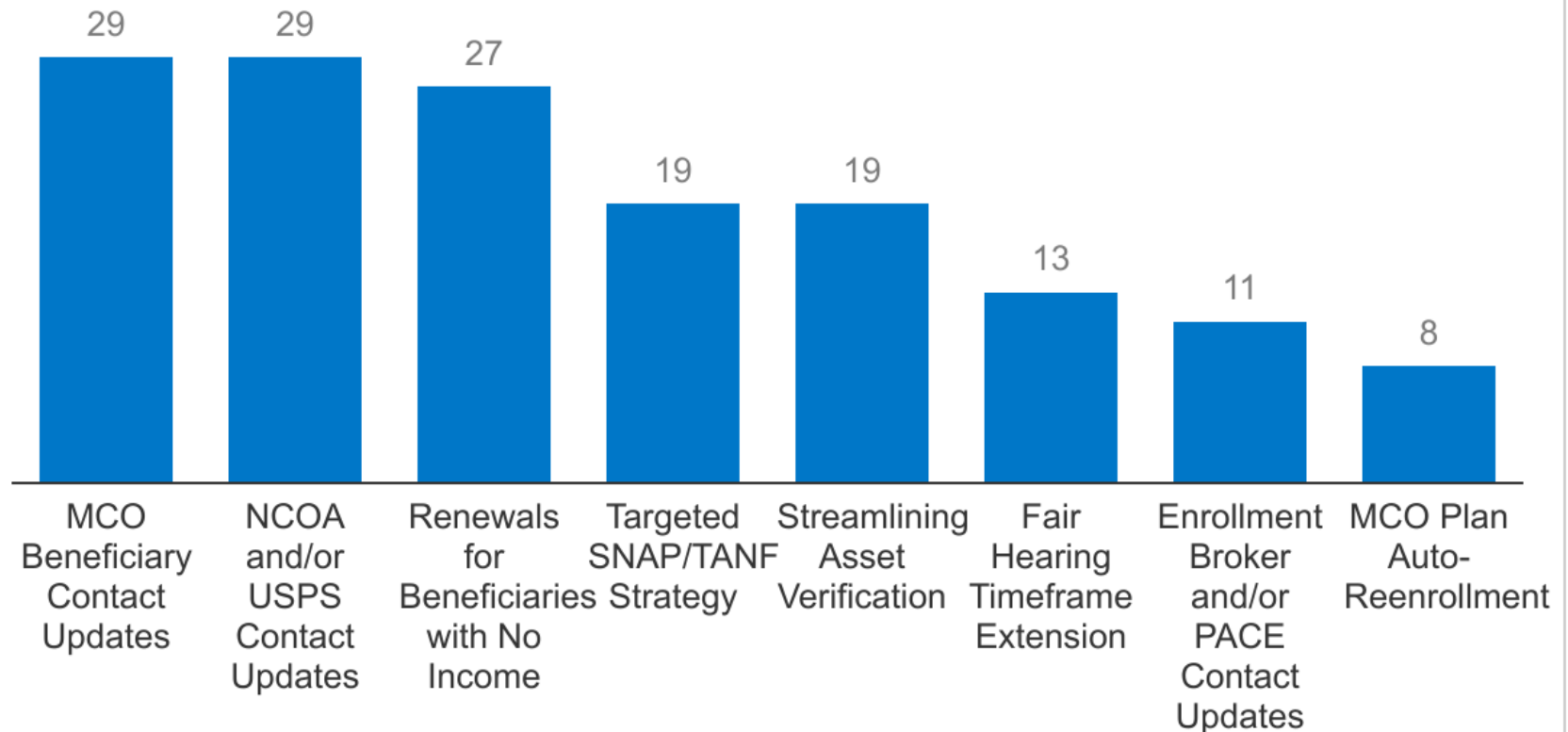
NOTE: MAGI = Modified Adjusted Gross Income

SOURCE: Based on results from a national survey conducted by KFF and the Georgetown University Center for Children and Families, 2022.

Figure 6

## CMS PHE Unwinding Section 1902(e)(14)(A) Waiver Approvals

*A total of 158 waivers among 41 states have been approved as of January 10, 2023.*



NOTE: CMS = Center for Medicare and Medicaid Services; PHE = Public Health Emergency. 3 states received waivers for "other" proposals.

SOURCE: Center for Medicare and Medicaid Services (CMS), "COVID-19 PHE Unwinding Section 1902(e)(14)(A) Waiver Approvals"

**KFF**

**SNAP** – Supplemental Nutrition Assistance Program

**TANF** – Temporary Assistance for Needy Families

Figure 7

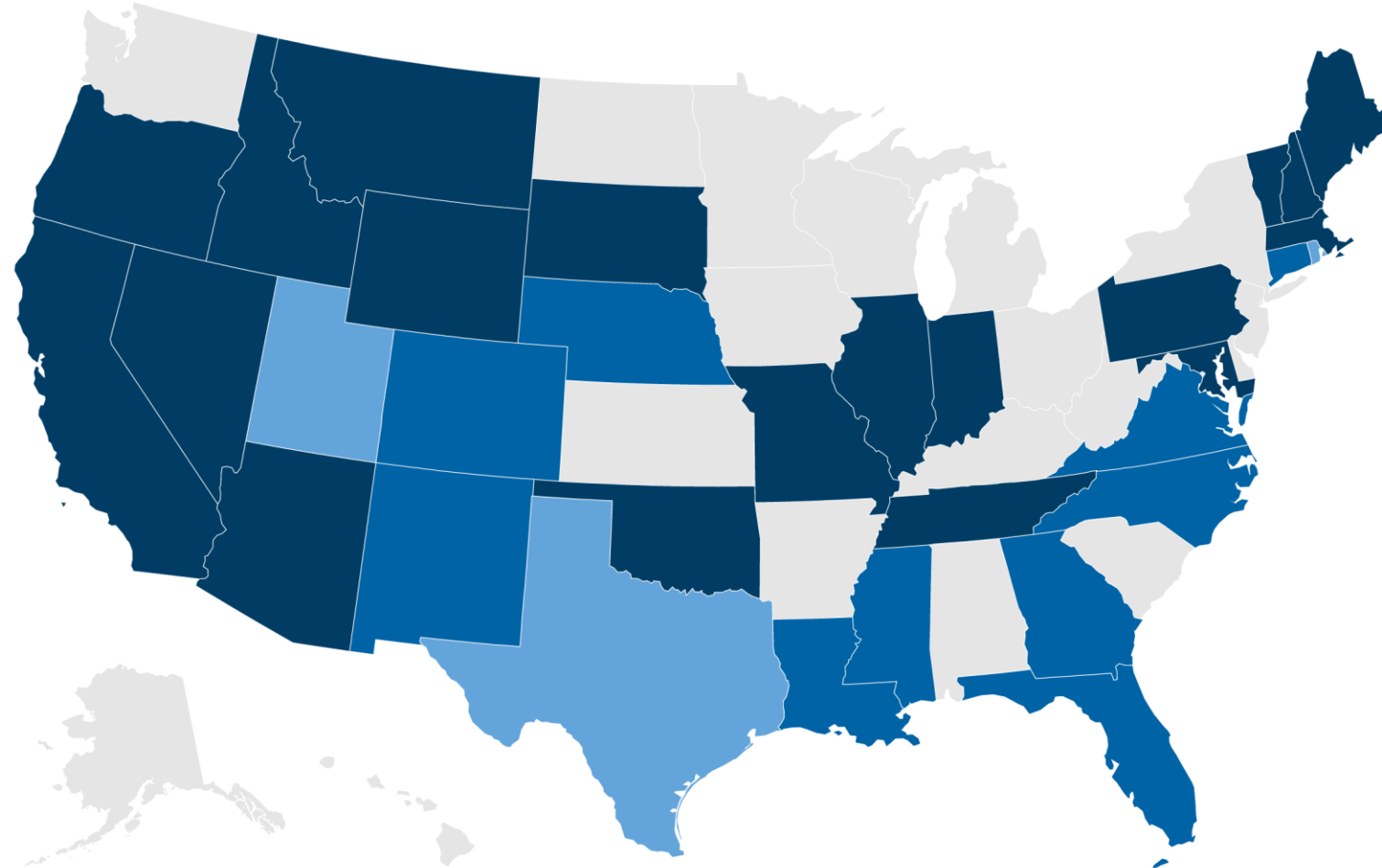
## Homepage Available in Languages Other than English

Click on the buttons below to see data for different formats:

[Homepage](#) [Online Application](#) [PDF Application](#) [Call Centers](#)

### Number of Languages Other than English

English only (19 states) 1 (3 states) 2-32 (10 states) 33+ (19 states)



NOTE: Some states use automated translation software such as Google Translate to provide information in other languages, which may be subject to quality issues.

SOURCE: KFF review of state Medicaid websites.

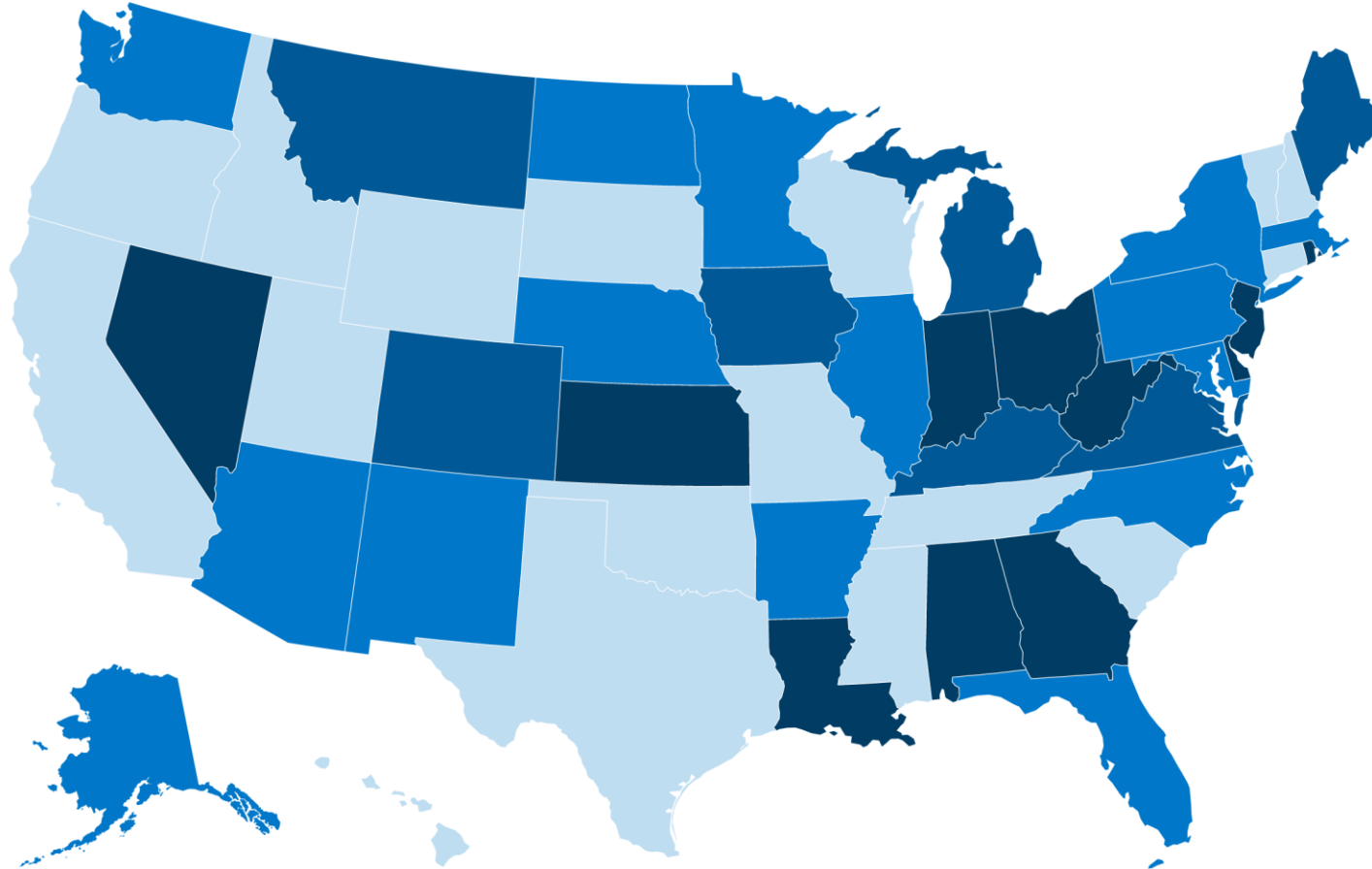
Figure 8

## Statement on Reasonable Modifications for Individuals with Disabilities Available Online

Click on the buttons below to see data for different modifications:

[Reasonable Modification Statement](#) [Large Print Application or Braille Materials](#)

■ PDF application (15 states) ■ Homepage (8 states) ■ Both homepage and PDF application (17 states) ■ Not available (11 states)



NOTE: If a statement regarding reasonable modifications for people with disabilities could not be found on the homepage or within one click from the homepage or on the PDF application, this indicator was coded as "not available" even if the statement was available elsewhere on the website.

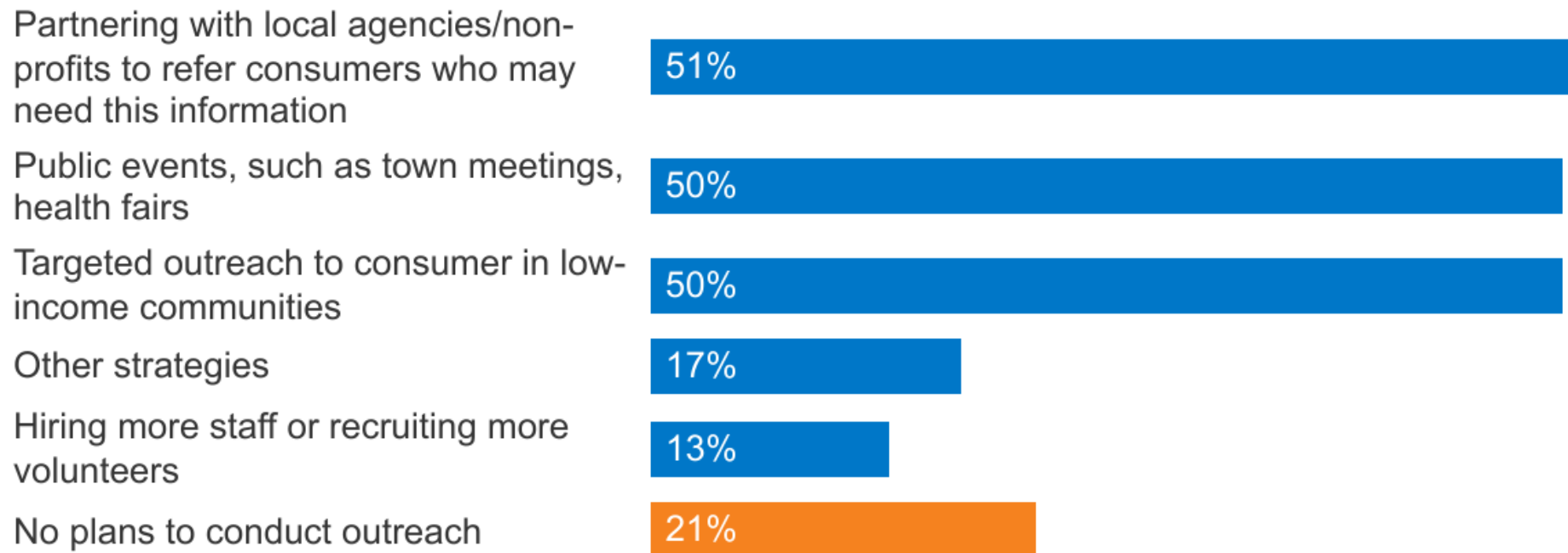
SOURCE: KFF analysis of state Medicaid homepages between April 18, 2022 and June 2, 2022



Figure 9

## Assister Program Outreach Strategies to Inform Consumers of Need to Renew Medicaid Coverage

Question: In addition to outreach to past clients, what other outreach strategies will your program conduct to inform consumers about the PHE unwinding and their need to renew Medicaid coverage?



SOURCE: KFF, 2022 Survey of Marketplace Assister Programs and Brokers, conducted June 17-July 22, 2022.



Figure 10

## Monthly Enrollment Data Reporting Requirements During the Unwinding Period

### CMS-specified Monthly Reporting Requirements

- Total applications completed and pending
- Total renewals initiated
- Total beneficiaries due for a renewal in the reporting month
- Month in which renewals due in the reporting month were initiated
- Total beneficiaries due for renewal that have not received one
- Total Medicaid fair hearings pending

### Monthly Reporting Requirements Mandated by Consolidated Appropriations Act

- Number of beneficiaries renewed on a total and ex parte basis
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated
- Number of individuals with medical assistance, child health assistance, and pregnancy-related assistance whose coverage was terminated for procedural reasons
- Number of individuals enrolled in separate CHIP
- Number of account transfers to FFM or SBM
- Number of individuals determined eligible for a qualified health plan (QHP)
- Number of individuals who selected a QHP or enrolled in a Basic Health Program
- Total call center volume, average wait time, and average abandonment rate

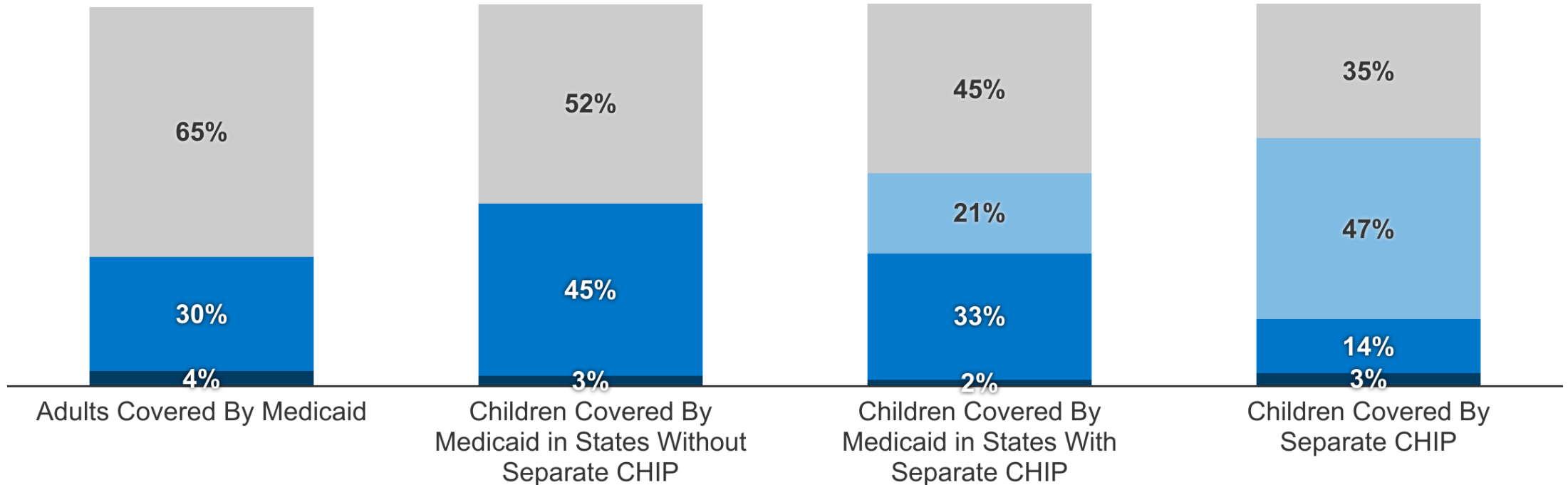
SOURCE: KFF analysis of CMS "Medicaid and Children's Health Insurance Program Eligibility and Enrollment Data Specifications for Reporting During Unwinding" and the Consolidated Appropriations Act, 2023.



Figure 11

# Coverage Transitions For Enrollees Who Were Previously Disenrolled, 2018

■ Moved to Exchange ■ Returned to the Same Program After a Gap In Coverage (Churn)  
■ Moved Between Medicaid and Separate CHIP ■ No Transition to Other Insurance Identified



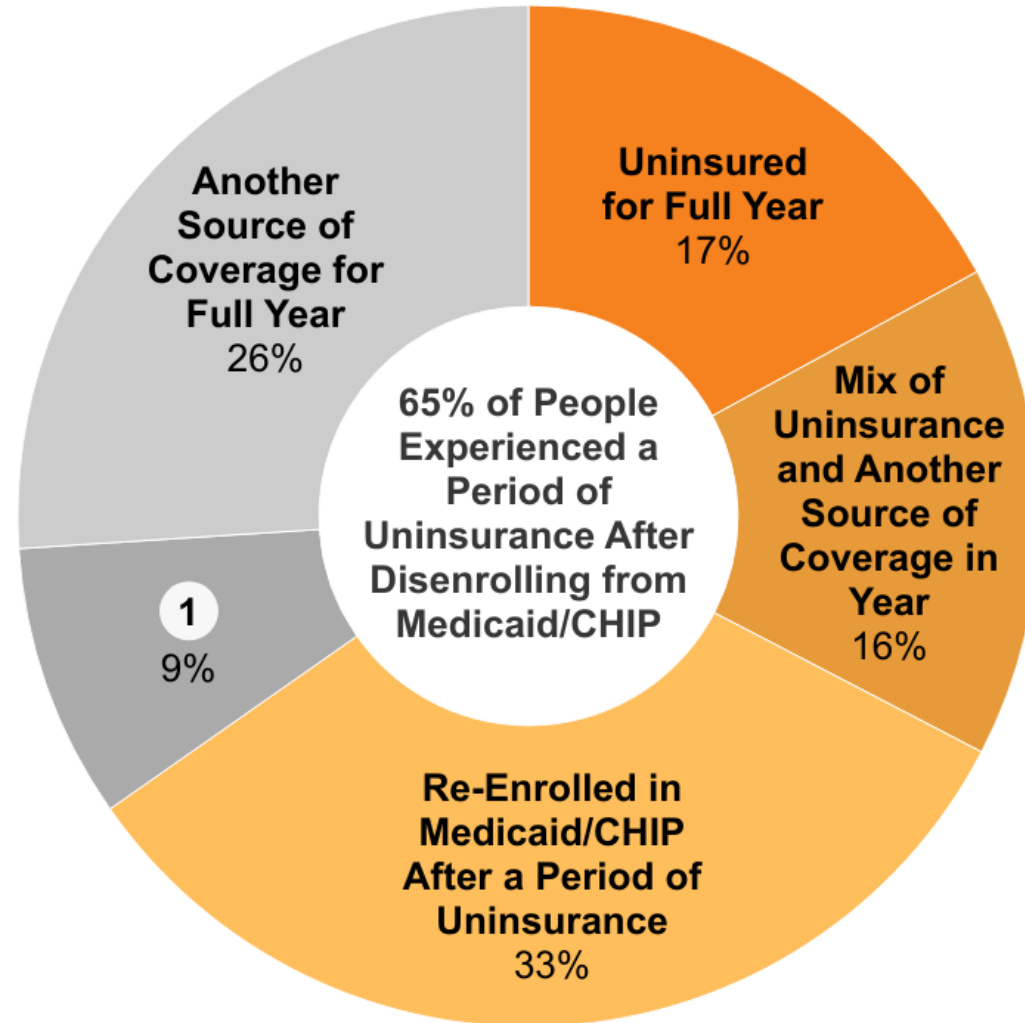
NOTE: Medicaid children include those enrolled in Medicaid expansion CHIP. Analysis excludes partial benefit enrollees, beneficiaries dually eligible for Medicare and Medicaid, and those eligible in a medically needy eligibility category. Analysis also excludes states with a state-based exchange and those with incomplete or unreliable T-MSIS data.

SOURCE: Mathematica, 2022, analysis of T-MSIS and federal exchange data.

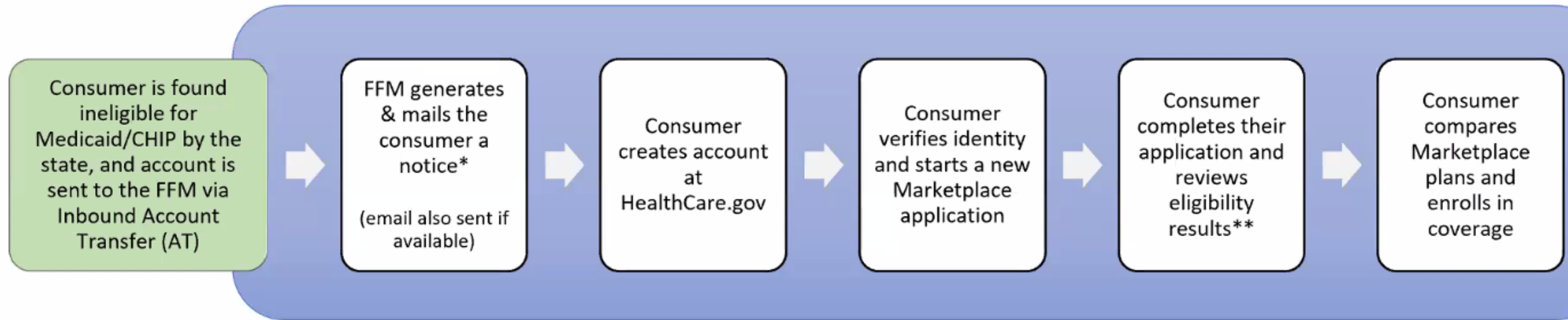


# Health Insurance Coverage in the Year Following a Disenrollment From Medicaid/CHIP

*Health Insurance Changes in the 12 Months Following Disenrollment from Medicaid/CHIP, 2016-2019*



# Process Flow: From State Transfer to Marketplace Enrollment



**\*Individuals 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**

# Overview: Marketplace Enrollment Periods



- » **Anyone can apply for Marketplace coverage during Open Enrollment (OE), which occurs annually from November 1<sup>st</sup> – January 15<sup>th</sup>**
  - Individuals can enroll in Medicaid/CHIP any time of the year
- » Outside of OE, individuals may qualify for a Special Enrollment Period (SEP) to enroll in Marketplace coverage if they experience a qualifying life event
  - **Individuals who lose Medicaid or CHIP coverage are eligible for an SEP to enroll in Marketplace coverage**
    - Consumers will qualify for an SEP if they attest to their loss of Medicaid/CHIP up to 60 days before or 60 days after their Medicaid/CHIP coverage ends
    - Due to the unprecedented nature of unwinding, during which consumers may need additional time to transition to Marketplace coverage, **Healthcare.gov will offer a temporary SEP** referred to as the **“Unwinding SEP”**
      - Through the Unwinding SEP, consumers in FFM states who lose Medicaid or CHIP coverage between March 31, 2023 and July 31, 2024 can submit or update their application and receive a 60-day SEP window to enroll in coverage.
      - State-Based Marketplaces (SBMs) that operate their own eligibility and enrollment platforms **have the option to also offer this Unwinding SEP**
      - Consumers can find information about their respective State Marketplace by visiting <https://www.healthcare.gov/marketplace-in-your-state/>
- » 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, they do not need to wait until their Medicaid or CHIP coverage ends before applying.

# Unwinding SEP



- » Consumers who lose Medicaid or 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 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               |

# Scenario 5: Leveraging Marketplace 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 managed care organization. While the Marketplace QHP does not have any available captive agents or brokers (agents/brokers directly employed by the QHP), the QHP has appointments with several "non-captive" agents or brokers (agents/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:**

1. Obtain Kevin's consent to share his information with an agent or broker not directly employed by the QHP (a non-captive agent/broker) to help him enroll, being mindful to explain the agent/broker(s) do not work directly for the QHP but are registered Marketplace assisters that have appointments with the QHP. As best practice, Marketplace QHPs should maintain a written record of such consent