



Marketplace Enhanced Outreach for Consumers Who Lose Medicaid or CHIP Coverage

April 10, 2023

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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 are able to begin 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, assisters 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

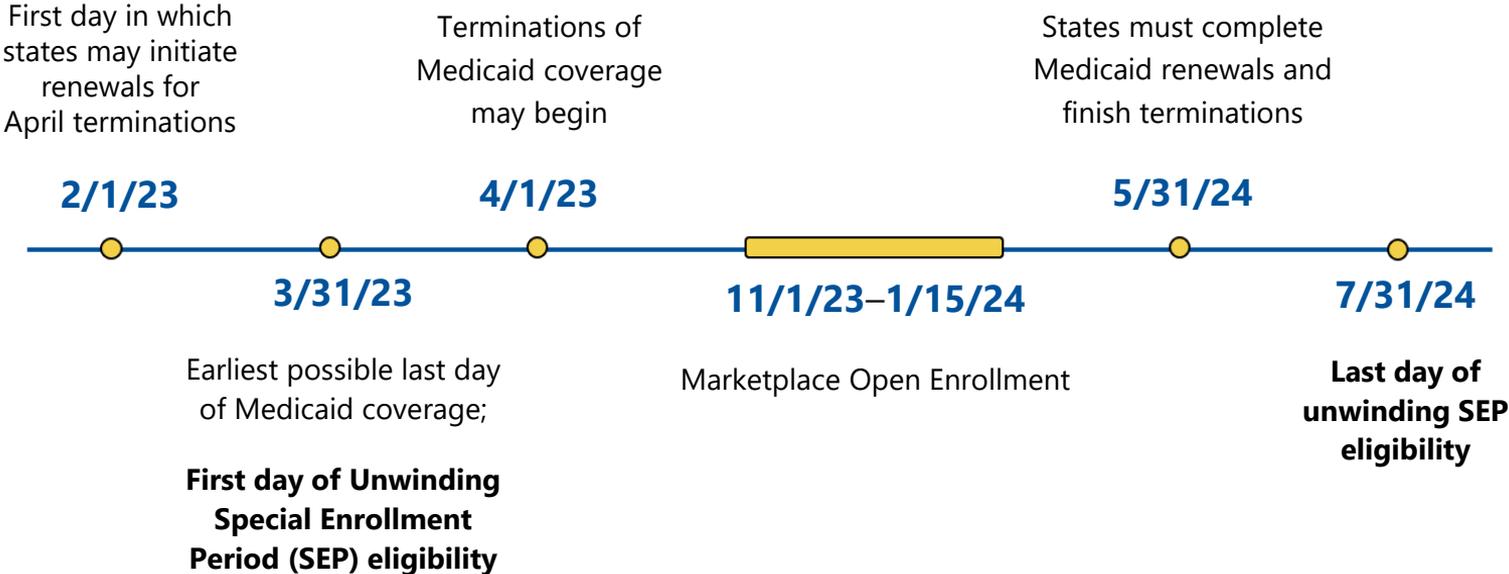


Renewals:

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.



Refresher: Unwinding SEP



- » 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 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**.
- » See table below for examples of coverage start dates:

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

Assisting Consumers Ineligible for Medicaid/CHIP Coverage



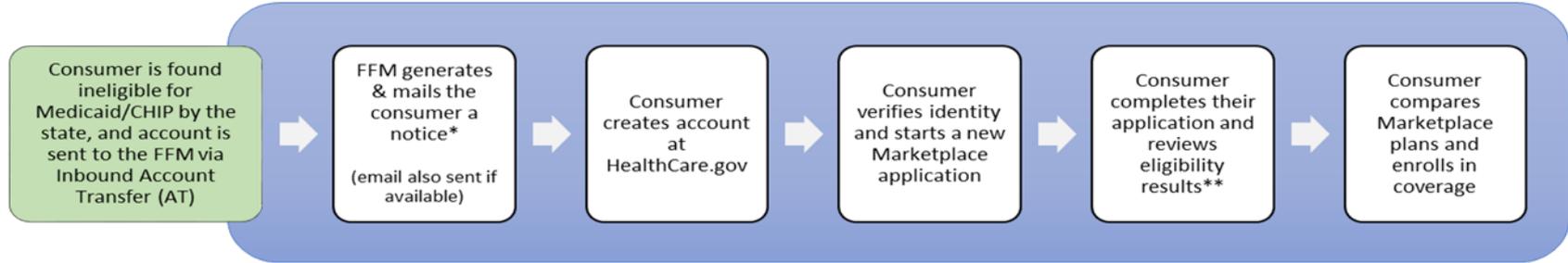
- » CMS' goal is to ensure that eligible consumers retain enrollment in Medicaid or the Children's Health Insurance Program (CHIP) coverage and consumers who are ineligible for Medicaid/CHIP gain timely access to the most appropriate health coverage, including Marketplace coverage.
- » To improve strategies to assist consumers who are losing Medicaid/CHIP coverage in obtaining health coverage, CMS will conduct Direct Assister-to-Consumer Outreach in federally-facilitated Marketplace (FFM) states, send new reminder letters, and ramp up phone and email outreach.
- » The outreach effort will focus on consumers who have lost or will soon lose Medicaid/CHIP coverage with their state agency and are referred to the FFM via inbound account transfer (IB AT).
- » CMS conducted a Direct Assister-to-Consumer Outreach pilot effort in a few selected FFM counties during the 2023 Marketplace Open Enrollment Period (OEP) for consumers who newly applied for Medicaid/CHIP coverage with their state agency and were denied, and has applied findings from the pilot to inform its ongoing strategy.

Medicaid to Marketplace Transitions: Background



- » The FFM receives information from the state Medicaid/CHIP agency via a secure electronic file, known as an IB AT, for the following consumers:
 - Consumers who have newly applied for Medicaid/CHIP at the state agency and are **denied** Medicaid/CHIP, **OR**
 - Consumers who were enrolled in Medicaid/CHIP and **lost or will soon lose** coverage following a redetermination by the state Medicaid/CHIP agency.

- » IB AT from State to FFM Process Flow Overview – Current State:

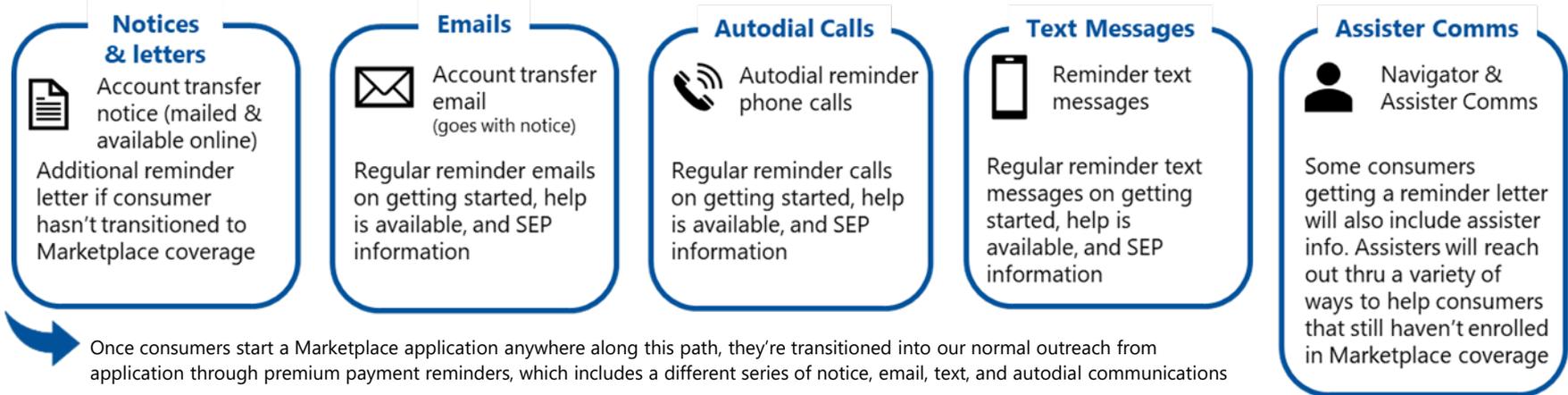


*Individuals don't need to wait to receive the IB AT notice from the FFM to apply for Marketplace coverage. If an individual receives notice from their state Medicaid/CHIP agency that they are ineligible for Medicaid/CHIP coverage, they are encouraged to immediately visit HealthCare.gov to apply for 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

What Will Marketplace Consumer Communications Look Like?

- » When the Marketplace receives an IB AT, that kicks off consumer communications and outreach to bring them into the Marketplace and help with their transition from Medicaid/CHIP.
- » Consumer communications strategy will leverage a multi-pronged approach to reach consumers through a variety of communications, remind them of the steps they need to take, where to get help, availability of the Special Enrollment Period (SEP), and will drive consumers to deadlines to help get them over the finish line.



Reminder Letters for Consumers Who Have Lost or Will Soon Lose Medicaid/CHIP Coverage



- » As Medicaid redeterminations are completed, in addition to the consumer notice sent when the FFM receives the IB AT from the state, the FFM will send a reminder letter to consumers who:
 - Are enrolled in Medicaid/CHIP with the state Medicaid or CHIP agency and have lost or will soon lose Medicaid/CHIP coverage,
 - Are present in the IB AT from the state,
 - Do not appear to be enrolled in other coverage,
 - Are in FFM states or in states with State-based Marketplaces operating on the Federal Platform (SBM-FP)

Types of Reminder Letters



» Consumers who have not enrolled in Marketplace coverage will receive one of three letter types:

Reminder Letter Types		
FFM Assister Information	A letter including an assister organization name and contact information to which the consumers have been matched in their community; also informs consumers that this organization may reach out to them directly	Sent to consumers in FFM states who lost Medicaid/CHIP and have not secured another form of coverage after several weeks
"Find Local Help"	A letter directing the household to the "Find Local Help" webpage if they would like to contact an assister or other individuals who may be able help with health coverage	Sent to consumers in FFM states who lost Medicaid/CHIP and have not secured another form of coverage after several weeks, but whose information could not be matched to an assister organization
SBM-FP States	A letter including a link to state-specific "Find Local Help" links. State-based Marketplaces who utilize the Healthcare.gov platform (SBM-FPs) run their own "Find Local Help" websites	Sent to consumers in SBM-FP states only (Arkansas, Oregon, Virginia)

[See Appendix A for the Reminder Letter Templates]

Estimated Timeframes for Outreach to Begin by HealthCare.gov State



State	Projected Date of First Reminder Letter Receipt*
AR, AZ, IA, NH, OH, SD, WV	5/11/2023
FL, IN, KS, NE, OK, TN, UT, VA, WY	5/16/2023
AK, AL, DE, GA, HI, IL, LA, MI, MO, MS, MT, NC, ND, OR, SC, TX, WI	6/20/2023

*Assister Direct-to-Consumer Outreach will begin approximately 2 weeks after the projected date of first letter receipt in each state.

Direct Assister-to-Consumer Outreach to Assist Consumers who Lost Medicaid/CHIP



- » In FFM states, consumers who lost Medicaid/CHIP and have not secured another form of coverage after several weeks may receive direct outreach from an assister organization in their community after receiving their Reminder Letter in the mail.
- » The Marketplace will make Direct Assister-to-Consumer assignments for assisters to contact and provide education and assistance.
- » The Marketplace will assign consumers to an assister organization for outreach based on the consumers' proximity to the organization, and availability and capacity of the organization to provide assistance.
- » Assisters in FFM states will leverage a secure platform to access consumer assignments. Assisters will conduct outreach to the assigned consumer, including other members of the household as applicable, and document the outcome of the interaction in the secure platform, including if a consumer opts out of future communications.
- » Only assister organizations who are *directly contracted with the FFM* will receive outreach assignments (i.e., Navigator grantees and Enrollment Assistance Personnel (EAPs)).

How will assisters be reaching out to consumers?



- » Assisters will provide education, outreach, and enrollment services in a manner that is culturally and linguistically appropriate to the needs of communities served by the FFM, including individuals with limited English proficiency. They must also ensure accessibility and usability of services for individuals with disabilities.
- » Assisters may use a host of communication and engagement methods to reach their assigned consumers, including (but not limited to) phone calls, emails and texts. They will honor communication preferences noted on existing Marketplace accounts, when available.
- » Once contacted, consumers may opt out of further assister engagement by communicating that preference to the assister, and the consumer will not receive direct assister outreach moving forward.

What should assisters do if they're not participating in the Direct Assister-to-Consumer Outreach?



- » Assisters that are not participating in the Direct Assister-to-Consumer Outreach should continue to operate as they otherwise would, remaining responsive to consumers' inquiries, staying engaged with the Marketplace, and conducting outreach as well as enrollment activities.

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](#).

What's Next for Assisters?



The Marketplace intends to share periodic updates about Direct Assister-to-Consumer Outreach. Assisters are encouraged to subscribe to the Assister Listserv and participate in Assister Webinars for the latest updates, guidance and resources:

- » **Keep in Touch:** Sign up for the Assister Listserv to get updates directly from the Marketplace. Access the [Subscribers Preferences Page](#) to receive FFM Assister - Navigator Grantee Updates, or FFM Assister - Certified Application Counselor (CAC) Updates.
 - [<https://public.govdelivery.com/accounts/USCMS/subscriber/new?preferences=true#tab1>]
- » **Don't miss a webinar invitation - Create a RegTap account:**
 - Go to https://regtap.cms.gov/reg_events_view.php?class=567 and log into your REGTAP account and select Register Me.
 - If you do not have a REGTAP account, please visit <https://regtap.cms.gov> and select "Create an Account" before registering for the series.
- » **Bookmark the Marketplace Assister Website:**
 - The [Marketplace Assister Website](#) posts key technical assistance resources, outreach and education resources, trainings and more.
[<https://marketplace.cms.gov/>]
- » **Connect with your State Medicaid Agency:**
 - Each state will be conducting its own Medicaid redetermination and renewal process. Assisters should work to establish relationships with respective Medicaid stakeholders to get updates directly from the State on its Unwinding plans. Assisters should continue to review guidance and resources posted to [Medicaid.gov/unwinding](https://www.medicaid.gov/unwinding).

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/).
 - HealthCare.gov will continue to be updated with 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/unwinding](https://www.medicaid.gov/unwinding).

Appendix A:

Reminder Letter Templates

Reminder Letters: FFM Assister Information



Need health insurance? You may be able to get help paying for a plan through the Health Insurance Marketplace®

Our records show that you recently lost or may soon lose health coverage through [state Medicaid program name] [(Medicaid)] or [state CHIP Name] [(Children’s Health Insurance Program (CHIP))]. If you or others in your household need health coverage, you can find a plan through the Health Insurance Marketplace®, and you may also be able to get help with costs. These are quality health plans that cover prescription drugs, doctor’s visits, hospitalizations and more. Act soon!

What should I do next?

If you’re not sure if you have lost or will be losing coverage, contact [state Medicaid program name] [(Medicaid)] or [state CHIP Name] [(Children’s Health Insurance Program (CHIP))].

If you need health coverage, submit a new or updated Marketplace application right away to see if you (or other members of your household) can buy a Marketplace plan and get help with costs. **It only takes a few steps to see if you can get covered.** Visit [HealthCare.gov](https://www.healthcare.gov) to get started.

For more help

If you have questions about Marketplace coverage or applying, need help in another language, or want this information in an accessible format (like large print, braille, or audio), help is available:

- Visit [HealthCare.gov](https://www.healthcare.gov)
- Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)

A Marketplace Assister, [Organization Name], may reach out to help you and other household members enroll in coverage. Marketplace Assistors provide free and impartial enrollment assistance. You can contact [Organization Name, Assister ID] at [Phone Number] or visit [Organization Website]. You can also get more information about help in your local area at [LocalHelp.HealthCare.gov](https://www.localhelp.healthcare.gov).

If you’re an American Indian or an Alaska Native who is a member of a federally recognized tribe, visit [HealthCare.gov/american-indians-alaska-natives/coverage](https://www.healthcare.gov/american-indians-alaska-natives/coverage) to learn more about available benefits.

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

Nondiscrimination: The Health Insurance Marketplace doesn’t exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex (including sexual orientation and gender identity), or age.

Reminder Letters: Find Local Help



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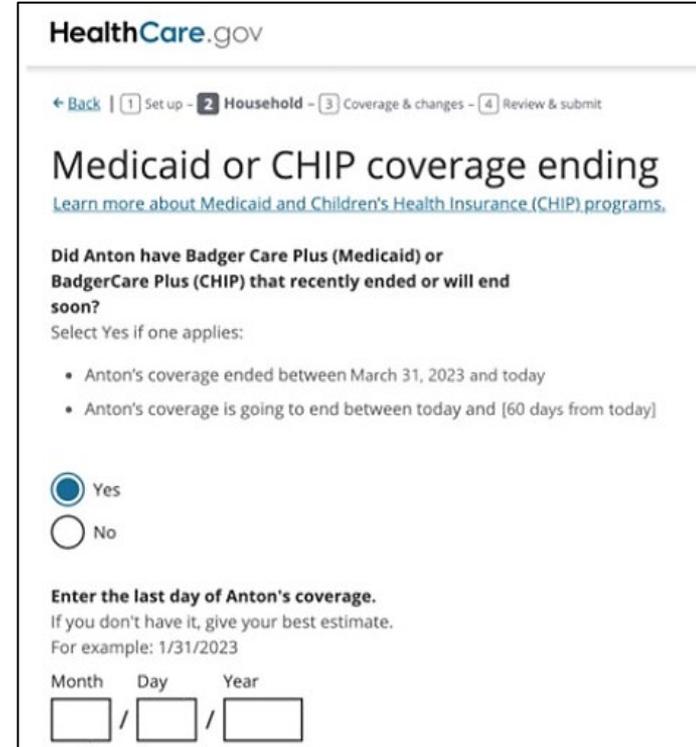
Appendix B:

Unwinding SEP and Marketplace Application
Questions for Consumers Who Have Lost
Medicaid/CHIP

- » To ensure continuity of coverage, consumers should complete or update a Marketplace application as soon as they receive a determination of ineligibility from their state Medicaid agency.
- » To receive the Unwinding 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 to select a new plan for Marketplace coverage.

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 for any 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.



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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

/ /

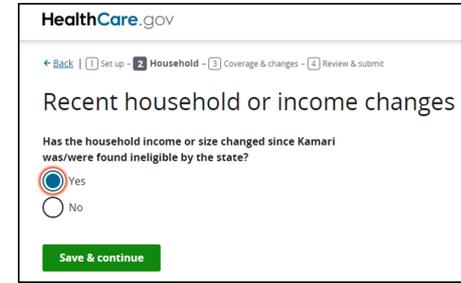
Application Questions (cont.)

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 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).

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.



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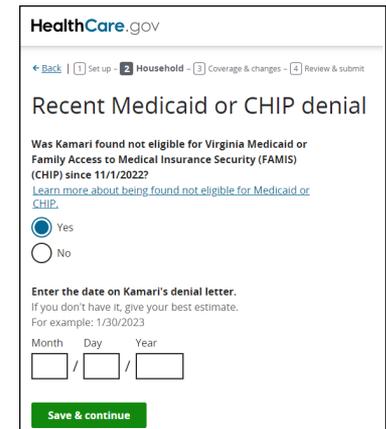
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Recent household or income changes

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

Yes
 No

Save & continue



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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