

Medicaid Renewals and Transitions in Coverage Webinar

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

April 4, 2024

Disclaimer



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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Agenda



- 1** Medicaid Renewals and the Unwinding Period
- 2** Medicaid to Marketplace Transitions
- 3** Medicaid/Children's Health Insurance Program (CHIP) Marketplace Application Questions
- 4** Key Takeaways
- 5** Resources & Reminders

Opening Remarks

Reminder: Documenting Consumer Consent Requirement



Consent Documentation Requirements

- » Agents, brokers, and web-brokers are required to document the receipt of consent from the consumer or their authorized representative.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - A description of the scope, purpose, and duration of the consent provided by the consumer or their authorized representative;
 - The date the consent was given;
 - The name of the consumer or their authorized representative;
 - The name of the agent, broker, web-broker, or agency being granted consent;
 - A process through which the consumer or their authorized representative may rescind the consent.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these FAQs here: <https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Reminder: Documenting Application Review Requirement



Review Documentation Requirements

- » Agents, brokers, and web-brokers are required to document that eligibility application information has been reviewed by and confirmed to be accurate by the consumer or their authorized representative prior to application submission.
 - The consumer or their authorized representative must take an action to produce the documentation;
 - The documentation must contain, at a minimum, the following information:
 - The date the information was reviewed;
 - The name of the consumer or their authorized representative;
 - An explanation of the attestations at the end of the eligibility application; and
 - The name of the assisting agent, broker, or web-broker.
 - The agent, broker, or web-broker must maintain the documentation for **a minimum of 10 years.**

For more information on these requirements, view these FAQs here: <https://www.cms.gov/files/document/2024-pn-ab-faq-9823.pdf> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Reminder: Changing NPNs on Marketplace Applications



Review Requirements for Changing National Producer Numbers (NPNs) on a Consumer's Application

- » Documented consent must be obtained from the consumer when an NPN on a Marketplace application is being changed from one agent or broker to another.
- » Consent must be documented prior to assisting the consumer with applying for or enrolling in coverage.
- » If a consumer has granted agency-wide consent, the agency will not be required to obtain new consent when the NPN on the consumer's application changes, provided:
 - The consumer's consent has not expired or been rescinded; and
 - The new NPN belongs to an agent or broker of the agency to whom the consumer granted consent.



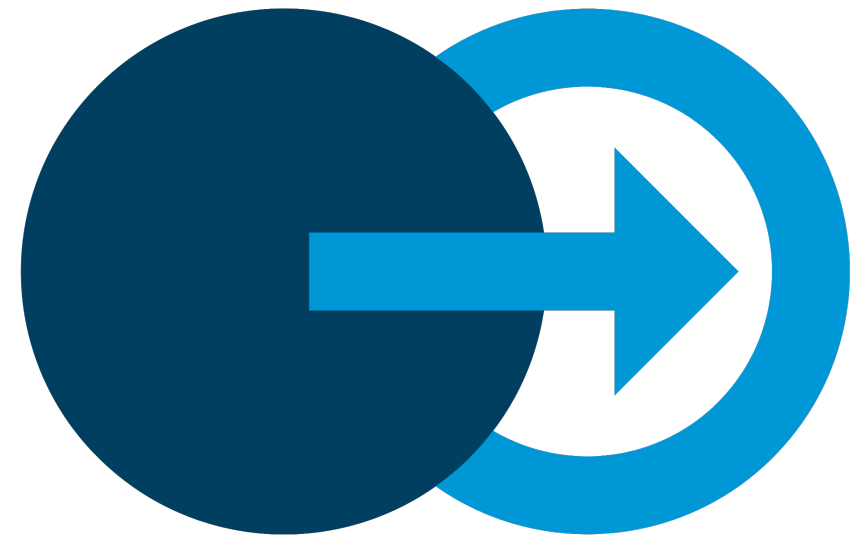
Agents, brokers, and web-brokers may never make any changes to a consumer's eligibility application **without obtaining and documenting that the consumer has consented to this change and reviewed and confirmed this new eligibility application information.**

For more information on these requirements, view these FAQs here: <https://www.agentbrokerfaq.cms.gov/s/article/How-do-the-consent-requirements-adopted-in-the-2024-Payment-Notice-relate-to-NPNs-being-changed-on-Marketplace-applications> **and webinar slides here:** <https://www.cms.gov/files/document/marketplace-compliance-2024-payment-notice-updates-webinar-slides.pdf>.

Medicaid Renewals and the Unwinding Period

What is the Unwinding Period?

- » The continuous enrollment condition kept consumers enrolled in Medicaid/CHIP during the COVID-19 public health emergency.
- » Due to the end of this condition on March 31, 2023, states were required to resume regular eligibility and enrollment operations, including renewals and coverage terminations.
- » This process is referred to as “**unwinding.**”
- » While most states initially anticipated completing unwinding-related renewals by mid-2024, **many states are expected to extend their unwinding timelines** for several additional months.
 - This is due to adoption of strategies to promote continuity of coverage for eligible individuals, pauses in procedural disenrollments, or other state-specific situations.



Transitions in Coverage to Date



2.9
million

From March through December 2023, over **2.9 million individuals** with previous Medicaid/CHIP enrollment made HealthCare.gov plan selections.*



484
thousand

State-based Marketplaces reported to CMS that over **484,000 individuals** identified as losing Medicaid/CHIP coverage made plan selections during the same time period.**

*More information can be found here: <https://data.medicaid.gov/dataset/9a83ba5e-05f5-47f5-82de-f3a59233a912>

**More information can be found here: <https://data.medicaid.gov/dataset/5670e72c-e44e-4282-ab67-4ebebaba3cbd>

Consumers Transitioning Out of Medicaid/CHIP



As an agent or broker, there is an **important opportunity to assist consumers** transitioning out of Medicaid/CHIP as a result of unwinding and **connect them with other forms of coverage.**

Consumers Transitioning Out of Medicaid/CHIP (continued)

NOTICE!

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.

How Agents and Brokers Help Consumers Losing Medicaid/CHIP Coverage



- » Medicaid/CHIP coverage is typically renewed on an annual basis.
- » These transitions are a **great opportunity for agents and brokers to use referrals and connections to help connect more people** to high-quality health care coverage.



Consumers may experience various transitions in coverage throughout their lifetime. **Agents and brokers play a critical role in connecting consumers with health insurance coverage during these coverage transitions, including those involving consumers transitioning from Medicaid/CHIP coverage to other forms of coverage.**

How Agents and Brokers Help Consumers Losing Medicaid/CHIP Coverage (continued)



- » It is important for consumers to apply for Marketplace coverage quickly to try to avoid a lapse in coverage.
 - Agents and brokers should assist consumers with **a new Marketplace application** unless the consumer has an existing Marketplace application found through person search when using an approved Direct Enrollment (DE) or Enhanced Direct Enrollment (EDE) platform.
- » Consumers may be eligible for Marketplace financial assistance, such as Advance Payments of the Premium Tax Credit (APTC) and Cost-sharing Reductions (CSRs), if:



they are **no longer eligible** for Medicaid/CHIP; or



they **recently applied** for Medicaid/CHIP and were **found ineligible**.

How Agents and Brokers Help Consumers Losing Medicaid/CHIP Coverage (continued)



» Agents and brokers can review this checklist to prepare to assist impacted clients:



Register and complete the annual **agent and broker training**.



Review **CMS guidance** and your state's **Medicaid/CHIP eligibility requirements**.



Create a **client support plan**.

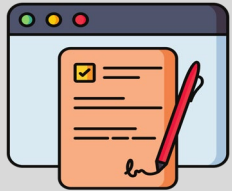
- » Review the most-spoken languages in their community.
- » Develop an outreach and marketing strategy; consider which parts of their community will be impacted and how to reach those consumers.



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.

Medicaid to Marketplace Transitions

Transitioning Between Medicaid and the Marketplace



Consumers who lose Medicaid/CHIP coverage **between March 31, 2023, and November 30, 2024*** (recently updated from July 31, 2024), will be eligible for a special enrollment period (SEP), referred to as the "**Unwinding SEP.**"



Consumers who lose Medicaid/CHIP coverage during this timeframe can submit or update a Marketplace application anytime on HealthCare.gov or through an approved DE/EDE partner and **will have 60 days after submitting their application to pick a plan.**



Consumers will receive the Unwinding SEP automatically based on their answers to application questions and can apply for Marketplace coverage any time after receiving their eligibility determination from their state Medicaid agency.

*For more information on this recent guidance, see this link: <https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsrms-lsg-chip-cvrg-adndm-faq.pdf>

Transitioning Between Medicaid and the Marketplace (continued)



- » For consumers who attest to a future loss of Medicaid/CHIP coverage, Marketplace coverage will **start the first day of the month after their last day of Medicaid coverage.**
- » For consumers who attest to a loss of Medicaid/CHIP coverage in the past, Marketplace coverage will start the **first of the month following plan selection.**
- » See the table below for examples of coverage start dates.

Medicaid/CHIP Coverage End Date	Date of Marketplace Plan Selection	Marketplace Plan Effective Date
July 31, 2024	June 25, 2024 (before Medicaid coverage ends)	August 1, 2024
July 31, 2024	October 5, 2024 (after Medicaid coverage ends)	November 1, 2024

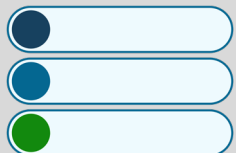
Transitioning Between Medicaid and the Marketplace (continued)



Consumers currently enrolled in Marketplace coverage and who have applied for Medicaid/CHIP **should not end their Marketplace plan before they receive a final decision** of their Medicaid/CHIP eligibility.



If the consumer does end their Marketplace plan before they receive a final decision, and then are found to be ineligible for Medicaid/CHIP, they can't re-enroll in a Marketplace plan **unless they qualify for an SEP**. Otherwise, consumers must wait for the next Open Enrollment Period (OEP) and may have a gap in coverage.



Examples of coverage transition scenarios regarding transitioning from Medicaid to the Marketplace can be found here: <https://www.cms.gov/files/document/ab-summit-2023-navigating-medical-unwinding-period.pdf> (this deck was published on May 24, 2023).

Transitioning Between Medicaid and the Marketplace (continued)



- » **Reminder:** It is critical for consumers, agents, and brokers to answer the Marketplace application questions regarding Medicaid/CHIP accurately to help ensure consumers are evaluated for the appropriate coverage and SEPs, as applicable.



If the consumer has not received a coverage termination notice from the state Medicaid/CHIP agency, **they should not attest that they have lost Medicaid/CHIP coverage.**

Consumer Actions for the Unwinding SEP



- » 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 **November 30, 2024***; and

2

Attest to a Medicaid/CHIP coverage loss date between **March 31, 2023**, and **November 30, 2024*** by answering "Yes" to the application question asking if Medicaid/CHIP coverage recently ended or will end soon. Consumers will then have 60 days to select a new plan for Marketplace coverage.

*For more information on this recent guidance, see this link: <https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsMrs-lsg-chip-cvrg-adndm-faq.pdf>

SEP Actions for Consumers for the Unwinding SEP (continued)



3

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.

4

Consumers who are unsure of whether their Medicaid was terminated should contact their state Medicaid agency as soon as possible.

SEP Actions for Consumers for the Unwinding SEP (continued)



After the Unwinding SEP ends, on an ongoing basis, individuals and families losing Medicaid or CHIP coverage will have up to 90 days, instead of 60 days, to select a health plan on HealthCare.gov.*

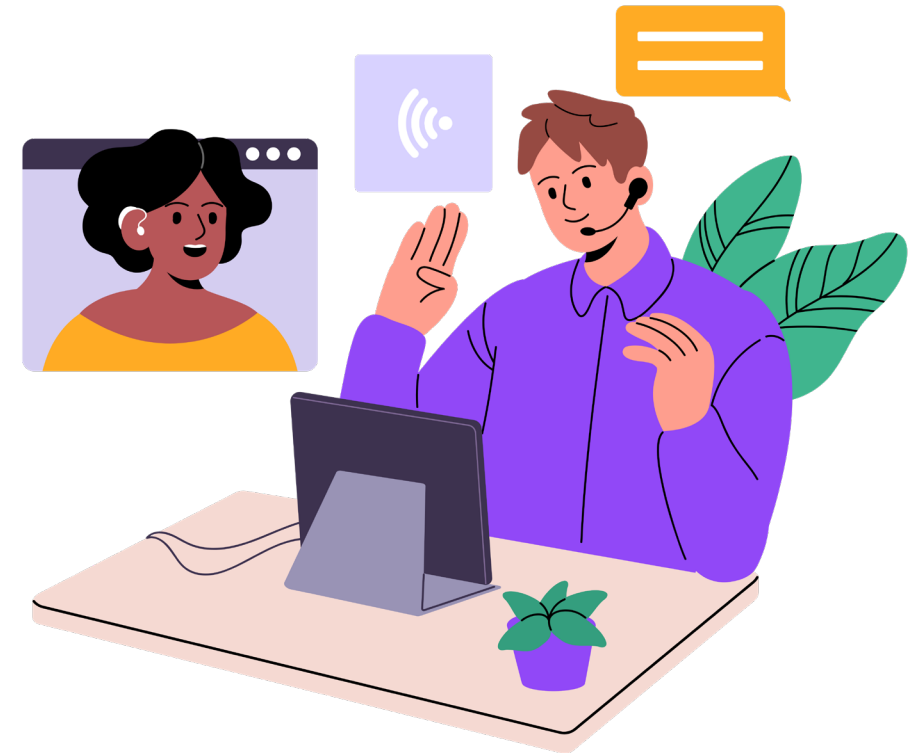
*This change aligns the Medicaid or CHIP SEP period with the 90-day Medicaid or CHIP reconsideration period, which allows consumers the opportunity to have their eligibility for Medicaid or CHIP coverage reconsidered without having to resubmit a new application with their state Medicaid agency. See <https://www.cms.gov/newsroom/fact-sheets/hhs-notice-benefit-and-payment-parameters-2024-final-rule>.

Medicaid/CHIP Marketplace Application Questions

Medicaid/CHIP Marketplace Application Questions



- » Consumers may experience various transitions in coverage throughout their lifetime.
- » Agents and brokers play a critical role in connecting consumers with health insurance coverage during these coverage transitions, including those involving consumers transitioning from Medicaid/CHIP coverage to other forms of coverage.
- » Informing consumers how to accurately complete the Medicaid/CHIP coverage questions on the Marketplace application will help ensure they transition smoothly and get the coverage they need.



Medicaid/CHIP Marketplace Application Questions Reminders



- » Understanding the difference between whether a consumer is about to **lose or has recently lost** Medicaid/CHIP coverage versus a consumer who was **denied** Medicaid/CHIP coverage is important to helping consumers correctly fill out the Medicaid/CHIP questions on the Marketplace application.



It is critical for consumers, agents, and brokers to answer these questions accurately to help ensure consumers are evaluated for the appropriate coverage and SEPs, as applicable.



Medicaid/CHIP Marketplace Application Questions Reminders (continued)



- » As states restore routine eligibility and enrollment operations, **some consumers who lost Medicaid/CHIP coverage might still be eligible.**
- » For example: Consumers may still be eligible if they didn't submit the renewal form or provide requested information to their state Medicaid/CHIP agency.
 - If the consumer lost coverage because they didn't return their renewal form, **they may still be within the 90-day reconsideration period** to restore their coverage without needing to submit a new application.
- » If consumers need additional assistance with reinstating or applying for Medicaid or CHIP, you can also help **connect them with their state Medicaid/CHIP agency** or a local navigator or assister organization.



You can assist the consumer with **sending back the renewal form or other information** the state Medicaid/CHIP agency needs right away to restore their coverage.



Medicaid/CHIP Marketplace Application Questions Reminders (continued)



- » These coverage transitions can be complex, which is why agents and brokers are such critical partners in ensuring consumers remain connected to coverage.
- » Agents and brokers should **help consumers understand their coverage termination notices** from the state Medicaid/CHIP agency, including information such as:
 - The date that their coverage will end; and
 - The reason for losing Medicaid/CHIP coverage.
- » The consumer **may also receive a notice and other outreach** from HealthCare.gov once their account is transferred after their coverage is terminated by their state Medicaid/CHIP agency



A copy of the notice HealthCare.gov sends to consumers after their accounts are transferred to the Marketplace can be found here:
<https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/inbound-account-transfer.pdf>



Medicaid/CHIP Marketplace Application Questions (continued)



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

- » The application will first ask applicants if anyone applying had Medicaid/CHIP coverage that recently ended or will soon end.
 - Consumers who did not already have Medicaid/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/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.

The screenshot shows a web form on HealthCare.gov. At the top, it says "HealthCare.gov" and "Carol" with a menu icon. 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 "Medicaid or CHIP coverage ending". There is a link: "Learn more about Medicaid and Children's Health Insurance (CHIP) programs." The main question is: "Did Carol have North Carolina Medicaid (Medicaid) or North Carolina Medicaid (CHIP) that recently ended or will end soon?" Below this is the instruction: "Select Yes if one applies:" followed by two bullet points: "Carol's coverage ended between 3/31/2023 and today" and "Carol's coverage is going to end between today and 4/30/2024". There are two radio buttons: "Yes" (selected) and "No". Below that is the instruction: "Enter the last day of Carol's coverage." followed by a note: "If you don't know it, enter the last day of the month that you know Carol had, or will have, coverage, for example: 3/31/2024. Most coverage ends on the last day of the month." There are three input fields for "Month", "Day", and "Year" separated by slashes. At the bottom is a green "Save & continue" button.

This example shows screenshots from HealthCare.gov, but EDE partners will offer a similar experience. EDE platforms use the same questions as HealthCare.gov.

Medicaid/CHIP Marketplace Application Questions (continued)



- » If an applicant has lost Medicaid/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/CHIP eligibility, or if the applicant should instead be evaluated for Marketplace coverage eligibility, including financial assistance such as APTC and CSRs.

The screenshot shows the HealthCare.gov interface. At the top, the logo 'HealthCare.gov' is visible. Below it 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'.

This example shows screenshots from HealthCare.gov, but EDE partners will offer a similar experience. EDE platforms use the same questions as HealthCare.gov.

Medicaid/CHIP Marketplace Application Questions (continued)



- » For consumers who answered “No” to having Medicaid/CHIP coverage that recently ended or will end soon, the application will ask if they recently applied for and were denied Medicaid/CHIP coverage.
 - Consumers who were told in the preceding 90 days by the state that they don’t qualify for Medicaid/CHIP coverage should answer “Yes” to this question.
 - Consumers should answer “No” if they have not received official denial of Medicaid/CHIP coverage from their state agency.

The screenshot shows a web form on HealthCare.gov for a user named Carol. The form is titled "Recent Medicaid or CHIP denial" and asks: "Was Carol found not eligible for North Carolina Medicaid (Medicaid) or North Carolina Medicaid (CHIP) since 12/2/2023?". There are two radio button options: "Yes" (selected) and "No". Below this, it asks for the date on Carol's denial letter, with instructions to provide the best estimate if not available. An example date "3/1/2024" is shown. The date is entered in three separate boxes for Month, Day, and Year. A green "Save & continue" button is at the bottom.

This example shows screenshots from HealthCare.gov, but EDE partners will offer a similar experience. EDE platforms use the same questions as HealthCare.gov.

For more information, consult this companion resource: <https://www.cms.gov/files/document/faqs-companion-resource.pdf>.

Key Takeaways



Medicaid/CHIP coverage is typically renewed on an annual basis.



Agents and brokers are essential in assisting consumers transitioning between coverage types, including those that have lost Medicaid/CHIP to obtain Marketplace coverage.



Consumers who lose Medicaid/CHIP coverage through November 30, 2024* are eligible for the Unwinding SEP.



Consumers who are notified that they will lose Medicaid/CHIP coverage should apply for and enroll in coverage as soon as possible to avoid a lapse in coverage.



Consumers should only attest that they have been denied Medicaid/CHIP coverage if they received a denial notice from the state Medicaid/CHIP agency.

*For more information on this recent guidance, see this link: <https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsMrs-lsg-chip-cvrg-adndm-faq.pdf>

Medicaid Renewals Resources



Medicaid.gov Resources



Medicaid/CHIP Renewals Outreach and Educational Resources

<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/medicaid-and-chip-renewals-outreach-and-educational-resources/index.html>

Medicaid/CHIP Renewals: Monthly Data Reporting

<https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-data-reporting/index.html>

Renew Your Medicaid/CHIP Coverage

<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>



Medicaid.gov Resources

Medicaid Eligibility

<https://www.medicaid.gov/medicaid/eligibility/index.html>

Updated Unwinding SEP Guidance
(updated on March 28, 2023)

<https://www.medicaid.gov/resources-for-states/downloads/extn-sep-cnsMrs-lsg-chip-cvrg-adndm-faq.pdf>

Original Unwinding SEP Guidance
(published on January 27, 2023)

<https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>

Medicaid Renewals Resources (continued)



HealthCare.gov Resources



Transferring to the Marketplace

<https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/>

CMS.gov Resources



Navigating the Medicaid Unwinding Period Slides

<https://www.cms.gov/files/document/ab-summit-2023-navigating-medical-unwinding-period.pdf> (published May 24, 2023)

FAQs Companion Resources

<https://www.cms.gov/files/document/faqs-companion-resource.pdf> (published May 23, 2023)

HealthCare.gov Notice Sent to Individuals Transferred to the Marketplace from State Agencies

<https://www.cms.gov/marketplace/technical-assistance-resources/training-materials/inbound-account-transfer.pdf> (published January 2022)

Agents and Brokers Resources



Agent and Broker Toolkit: Transitions in Coverage

<https://www.cms.gov/files/document/agent-and-broker-toolkit-transitions-coverage.pdf> (published September 2023)

Transitions in Coverage FAQs

<https://www.agentbrokerfaq.cms.gov/s/topic/0TO3d0000000ISdGAM/transitions-in-coverage>

What to Know about Medicaid and the Unwinding Period

https://www.youtube.com/watch?v=9lp6v_rvmNM (published May 23, 2023)

Agent and Broker Drop-In Article for Consumers Losing Medicaid/CHIP Coverage

<https://www.cms.gov/files/document/agent-and-broker-drop-article-consumers-losing-medicaid-or-chip-coverage.pdf> (published February 2024)

Marketplace Coverage Start Date FAQ

<https://www.agentbrokerfaq.cms.gov/s/article/When-would-Marketplace-coverage-start-for-consumers-with-a-Medicaid-or-CHIP-denial-SEP-and-can-consumers-request-a-retroactive-start-date> (published August 8, 2023)



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 throughout the year!