Centers for Medicare & Medicaid Services
Medicaid and CHIP Continuous Enrollment Unwinding:
What to Know and How to Prepare
Wednesday, April 26, 2023
12:00 pm-1:00 pm ET
Webinar recording:
https://cms.zoomgov.com/rec/share/Z4rACuymrtvQBMWvdowPSrwh87Hr7IrUGxvnFWqrOERjs9NsLartZLldXkw4VR2_.l99RnCStooiuW9IA
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Stefanie Costello: Hello, everyone. Thanks for joining. We will allow everyone to have time to join the webinar before we start. Hello and welcome! My name is Stefanie Costello, and I am the Director of the Partner Relations Group in the Office of Communications at CMS. Thank you so much for joining us today for our monthly stakeholder webinar on the Medicaid and Children's Health Insurance Program (CHIP) Continuous Enrollment Unwinding. This is a continuation of HHS and CMS's monthly series of webinars that began in 2022 to keep partners informed and help them prepare for the return to regular operations in Medicaid and CHIP now that the continuous enrollment condition has ended.

I want to remind everyone that the Medicaid continuous enrollment condition is no longer linked to the end of the COVID-19 Public Health Emergency. The Medicaid continuous enrollment condition ended on March 31, 2023, and states are able to terminate Medicaid enrollment for individuals no longer eligible as of April 1, 2023. The Public Health Emergency (PHE) for COVID-19 will end on May 11, 2023. Again, the ending of the Public Health Emergency, which is May 11, 2023, is separate from the ending of Medicaid's continuous enrollment condition we will be talking about today. Everyone should be able to see the agenda on the screen. Today's webinar will focus on Assister outreach for the Health Insurance Marketplace as well as provide some information about employer-sponsored insurance.

First, we will hear from the Center for Consumer Information and Insurance Oversight (CCIIO) about the Assister outreach with the Health Insurance Marketplace. Next, we will hear from the Office of the Assistant Secretary for Planning and Evaluation (ASPE) about an issue brief they recently released on Medicaid enrollees and employment. We will then hear from the Department of Labor about employer-sponsored insurance and employers' role in outreach related to the end of the Medicaid continuous enrollment condition. Lastly, I will walk through some recently released resources before opening it up for Q&A.

Before I pass it over to our speakers, I wanted to share a few housekeeping items. The webinar today is being recorded. The recording and slides will be available on our CMS National Stakeholder Calls webpage at https://www.cms.gov/cms-national-stakeholder-calls. The link for that webpage will also be posted in the chat. Also, while members of the press are welcome to attend the call, please note that all press or media questions should be submitted using our Media Inquiries Form, which may be found at cms.gov/newsroom/media-inquiries. All participants today will be muted Closed captioning is available via the link shared in the chat by our Zoom moderator. We will have time to answer a few questions today. You can submit your questions using the Q&A function from the menu below. Questions that we do not have time to answer

today will be used to help inform topics covered on future calls. With that, I'd now like to turn it over to Sarah Barber with the Center for Consumer Information and Insurance Oversight. Sarah?

Sarah Barber: Thank you so much, I'm so glad to be here today. I am Sarah Barber, the Director of the Division of Consumer Advocacy and Assister support for connect consumer support group. Today I'm going to be presenting some slides on Assister outreach along with my colleague Kaleema Muhammad, and please feel free to put questions you may have in the Q&A checkbox, and we will do our best to address as many as we can. Today we are going to share some updates on the federal marketplace Assister outreach plans to address the end of the continuous enrollment period. We will provide information on how our Assisters will be supporting consumers who are transitioning from Medicaid coverage to marketplace coverage or other insurance coverage. Next slide, please.

Before I go too much further, I would like to provide you all with an overview of our marketplace assistors who operate in the facilitated marketplace. Next slide, our assistors are federally certified and trained to provide education and outreach on marketplace health insurance and other health insurance options. Free of charge. They are community organizations that are trusted resources for unbiased and impartial application assistance. They focus on serving underinsured and underserved communities and they provide information on eligibility and enrollment in marketplace plans as well as enrollment and eligibility for Medicaid and CHIP. Assistors are available year-round and once a consumer is enrolled, they can assist the consumer with making the initial premium payment, ensuring their coverage is effectuated as well as assisting with updating their applications throughout the year to reflect income changes or household size changes. In addition to being a required annual certification training that they undergo they are also receiving guidance and resources and information throughout the year to ensure that they can provide the best possible support to the consumers that they are assisting.

Next slide. So, this slide provides an overview of different types of federally facilitated marketplace Assisters. The first column shows Navigators, so each year Navigator organizations are provided Federal funding to support consumers in FFM states and recently they were provided with additional funds that were awarded to Navigator organizations to help consumers through the transition from Medicaid during the unwinding period as states began redetermination process and start assessing consumers Medicaid eligibility. If you would like to see a list of current Navigator organizations, you can go to the CMS.gov link on this slide. You will see in the second column we have Certified Designated Organizations otherwise known as CDOs who oversee Certified Application Counselors, commonly called CACs. Unlike Navigators CDOs do not receive federal funding but they are a central component of our Assister community. Typically, CACs serve in different settings most commonly in hospitals, public health centers, or social service agencies. Every two years our CDO organizations are required to renew their agreement with CMS.

Every year we hold an open season and encourage organizations who are interested to come in and apply become a CDO. This year's open season for CDO applications will begin on June 1st. In the third column you will see the enrollment assistance personnel. We are deploying Enrollment Assister Personnel, otherwise known as EAPs, in certain states to supplement our Navigators, CACs, during the largest coverage transition since the implementation of the ACA.

To meet this need CMS is reestablishing the enrollment assistance program through a contract with Cognosante, LLC. CMS requires extensive training for EAPs, ensuring they have the same level of capabilities and consumer protection training as all of our other Assisters.

A list of the states where EAPs will be providing support is in Appendix A. Next slide. So, one way of reaching out to an assistant is through a tool known as find local help. It allows consumers to find available Assisters and their general geographic area and provides the opportunity to utilize certain filters so that consumers can narrow those search results by a number of different factors, including type of coverage, selecting the type of local health, such as the type of Assister and language preferences, you can also see the years of service that a particular organization has led CMS. You can also search for specific organizations or Assisters by name. Now I will turn the virtual microphone over to our colleague, Kaleema Muhammad to provide an overview of the enhanced consumer engagement.

Stefanie Costello: You are on mute.

Kaleema Muhammed: Thank you. Thank you, Sarah. Hello, my name is Kaleema Mohamed and I work in the division of the workplace eligibility and enrollment group. I would like to spend some time talking about marketplace-enhanced community engagement unwinding that will target consumers received by the marketplace via an invalid account transfer. During open enrollment in 2023, CMS implemented a similar pilot process that included sending reminder letters to consumers who were denied Medicaid. CMS is now looking to implement this enhanced consumer engagement for the unwinding period that will target consumers who lost or will soon lose Medicaid and CHIP coverage and are referred to the FFM via a secure inbound account transfer. The lessons learned from the open enrollment pilot have been applied to the unwinding outreach efforts.

To be responsive to the Medicaid unwinding period, CMS will leverage the multipronged outreach approach to ensure that eligible consumers retain enrollment in Medicaid, or the CHIP program and consumers who are ineligible for Medicaid or CHIP, gain timely access to the most appropriate health coverage, including marketplace coverage. The unwinding outreach efforts target consumers who have lost or will soon lose Medicaid and chip coverage with their state Medicaid agencies and are referred to the FFM inbound account transfer using a variety of communications to encourage them to sign up for the most appropriate health coverage, including marketplace coverage.

The outreach will start when the marketplace receives inbound account transfers to help transition the consumers who lost coverage to the marketplace for Medicaid or CHIP. The multipronged approach will include conducting direct Assister to consumer outreach and FFM states sending reminder letters and ramping up phone and e-mail outreach. Next slide, please. Not all consumers will receive the new reminder letter from the FFM. The new outreach is targeted towards consumers who are enrolled in Medicaid or CHIP and have lost or will soon lose Medicaid or CHIP coverage, they are present in the account transfer from the state, do not appear to be enrolled in other coverage, and are in states using Healthcare.gov for marketplace coverage.

Consumers losing Medicaid or CHIP coverage will receive one of three reminder letters that will serve as both a reminder to enroll in coverage and to provide enrollment assistance and resources, such as finding local help. The first of the letters will include an Assister organization name and contact information to which consumers have been matched in their community. This letter will go to consumers and FFM states who lost or are losing coverage and have not secured another form of coverage after a month or so. The second of the letters will direct the household to the find local help webpage to get help access and coverage. This letter will go to the FFM consumers whose information cannot be matched to an Assister organization. The third letter includes a link to state-specific find local health links and will go to consumers in state-based marketplace states operating on the federal platform.

The marketplace-enhanced consumer outreach for unwinding is based on the unwinding activities implemented by the states. The reminder letters are scheduled to arrive in consumer mailboxes as early as May 11 for the first seven states to begin their reassessments. Letters will go out on a weekly basis. The Assister direct-to-consumer outreach will begin approximately two weeks after the projected date of the first letter received in each state.
To further discuss the Assister direct to consumer outreach I will turn it back over to Sarah Barber.

Sarah Barber: Thank you. Now I will outline in more detail the direct Assister to consumer outreach for consumers who have lost Medicaid and have not secured other coverage. As Kaleema noted they may receive direct outreach from an Assister organization in their community after receiving a reminder letter in the mail. The marketplace will make direct Assister to consumer assignments and will assign consumers to an Assister organization or outreach based on the consumer's proximity to the organization and the availability and capacity of the organization to provide the Assister. States are going to be leveraging a secure platform to access the consumer assignment. Assisters will conduct research to be assigned consumers including other members of the household, as appropriate. Assisters will be documenting the outcome of these interactions within the secure platform, including if the consumer opts out of receiving further communication from the Assister organization.

Only Assister organizations who are directly contracted with the FFM will receive the outreach assignments to conduct this outreach to consumers. So, in this instance, it is Navigator grantees and enrollment assistance personnel or EAPs that will be under contract to conduct this work.
I am going to take a moment to highlight how Assisters will provide this outreach to consumers that they are assigned in the secure platform. They will be providing education, outreach, and enrollment services in a manner that is culturally and linguistically appropriate to the needs of communities served by the FFM, and this may include individuals with limited English proficiency, and they are also required to ensure accessibility and usability of their services for individuals with disabilities.

Assisters are going to be using a variety of means to communicate with consumers and to engage consumers, including phone calls, e-mails, and texts. They will be honoring the communication preferences noted on existing marketplace accounts where available. Once contacted, consumers may opt out of further Assister engagement by communicating that preference to the Assister and the Assister organization. That will be noted in the secure platform and that consumers will not

receive any further direct Assister outreach moving forward. That concludes our presentation on Assister outreach, and I'm going to hand off the microphone to Aiden Lee who is going to talk about Medicaid enrollees.

Aiden Lee: Hello, my colleague Joel Ruhter and I are analysts at ASPE will be presenting an overview ASPE's new issue brief and its's accompanying dataset that looks at demographics of Medicaid enrollees that are employed. A quick disclaimer, the findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the US Department of Health and Human Services. For quick context, states are required to maintain continuous enrollment for Medicaid enrollees during the public health emergency as a condition for receiving temporary increases in federal Medicaid match rate, which resulted in Medicaid's role as a safety net being bolstered for many Americans.

A previous ASPE report estimates 15 million individuals enrolled in Medicaid or CHIP will leave the program and 8.2 million will leave due to eligibility, and 6.8 billion will leave due to administrative churning where people lose coverage despite being eligible for Medicaid. With a large number of individuals that could experience lapses in coverage, ensuring transition to alternative sources of coverage, such as employer-sponsored insurance, or ESI is a key priority. Next slide. To assist with outreach efforts, ASPE has published a table with salable data that provides demographic characteristics of Medicaid enrollees, and the tables use data from the American Community Survey, which is a survey program conducted by the US Census Bureau. Next slide. Overall, 42% of Medicaid beneficiaries ages 19 through 64 are employed. 23% or 7.3 million do not work due to disability. 35% of those who do not work nor have a disability are parents of dependent children.
This is equivalent to about 11.2 million individuals. We found that Medicaid enrollees who are employed and have ESI have increased 80% in 2021 with 89% of working Medicaid enrollees reporting full-time employment averaging 34 hours per week. Our issue brief also reports employment industries that working Medicaid enrollees were most likely to be in, healthcare and social assistance, retail trade, were the two biggest categories, both at 16%. Followed by accommodation and food services, manufacturing, and construction. The accompanying dataset has more details at the state level.

When looking at the ages of working Medicaid enrollees, young adults ages 19 through 34 are most likely to be working, and they made up 47% of the working enrollee population. Female Medicaid enrollees made up a greater portion of the population as well, but the percentage point difference between male and female enrollees decreased for the older age groups. We note that the higher percentage of federal -- female Medicaid enrollees may be partially attributed to more individuals being eligible for Medicaid due to pregnancy as having a higher income threshold than other eligibility pathways.

ASPE support also looked at the working Medicaid population by race and ethnicity and found 44% of population were Latino, non-Latino, white, 50% was non-Latino black, 6% Asian American, native Hawaiian, Pacific Islander, 5% multiracial, 1% American Indian or Alaska native. Transitioning Medicaid enrollees that are no longer eligible to alternative sources of coverage is crucial. ESI is the largest source of health coverage in the country, and it covers more than half of the population. ASPE's issue brief finds that 2 million Medicaid beneficiaries

already have ESI coverage, with an additional 2.5 million spouses and child dependents potentially being eligible for ESI. Employers played a critical role in ensuring their employees, particularly those who are lower income, are aware of and have access to available health coverage. This outreach could help reduce the risk of coverage loss if Medicaid redeterminations occur. That was an overview of the issue brief, and I will hand it over to Joel who has highlights of the state level.

Joel Ruhter: Thank you. In addition to the issue brief that Aiden Lee just walked through, ASPE posted an Excel file showing national state estimates of the number of US residents enrolled in Medicaid who are currently working, along with the demographic characteristics of that population using the most recent census data available from the 2021 survey.
This includes information on industry employment, self-employment, recent childbirth, income, age, sex, education, marital status, and race/ethnicity. These tables allow for a more granular understanding of this population and for comparisons of demographic differences between states and the population of Medicaid enrollees who are currently working; I'll walk through a few examples of comparisons that can be done with that file. Next slide, please.

First is the big picture observation that the population of those with Medicaid were currently working is overwhelmingly in Medicaid expansion states. Next slide. Apologies here on the error on bullet points, but if you open up the file, you can sort the states by race/ethnicity and find that in two states, New Mexico and California, the majority on Medicaid currently working are Latino, and in Texas and Arizona, a sizable plurality are Latino. Similarly, you can find that in the District of Columbia and Mississippi, the majority are black and in Louisiana and Alabama, a significant portion of the population are Black.

Rounding out this exploration of race and ethnic differences in this population, you see that in most states, the majority of this population of Medicaid enrollees currently working are white. Next slide. This last example is their age differences. Five states, South Dakota, Nebraska, North Carolina, Kansas, and Oklahoma, have a majority of those on Medicaid currently working aged 19 to 34, and a small proportion are aged 50 to 64 and in three states, Vermont, District of Columbia, New York, over one-quarter of those working on Medicaid are 50 to 64.
You can walk through the national picture, and within states, you see sizable variation. Next slide. That was a quick walk-through of some of what is available, and on the data table the issue brief talks about this in aggregate and the data table gets more granular. This slide has links to the issue brief and the tables I just discussed and an earlier data brief talks about the estimated impacts of the coverage unwinding. I would like to turn it over to Amber Rivers with the Department of Labor to share more information about employer sponsored insurance.

Amber Rivers: I am the director of the Office of Security Administration and the Department of Labor is committed to partnering with HHS to help ensure that individuals who may lose eligibility for Medicaid or CHIP during the enrollment make a seamless transition into coverage, and in that vein our primary role is to focus on three key areas of support. One will be educating employers on what their responsibilities are with respect to individuals who lose eligibility for Medicaid and CHIP. Also, encouraging employers to take the necessary actions even where not compelled by law to help ensure a smooth transition for impacted individuals, and lastly, providing resources to promote education of both employers and employees. Back in March of

this year, the Department of Labor, along with the Department of Health and Human Services and the Department of Treasury issued guidance in the form of frequently asked questions that in part addressed employer's obligations with respect to impacted individuals. We also issued additional resources which I will touch on in a moment. With respect to the frequently asked questions, as background, for employer-sponsored coverage, employers are required to allow individuals to enroll into their health coverage outside of open enrollment if the individual was otherwise eligible to enroll in the plan the individual was enrolled in Medicaid or CHIP coverage, and the individual loses Medicaid or CHIP coverage due to a loss of eligibility.

In general, an individual would have 60 days after the termination of that coverage to request special enrollment into the employer-sponsored coverage. However, the normal deadline with respect to loss of Medicaid or CHIP eligibility is typically 60 days, these FAQs also highlight certain flexibilities at the Department of Labor that exercises as part of its response to the COVID-19 public health emergency, which generally affords more time for impacted individuals to make special enrollment elections while that flexibility is in place. Just to say a little bit more about that, under the statute of the Department of Labor administered in the Internal Revenue Code, the DOL and the Department of Treasury have the authority to postpone certain deadlines that are required under the statute in cases where there is a presidentially declared disaster, and this authority generally allows those departments to postpone deadlines up to one year.
One of the relevant deadlines is the period to elect special enrollment that I mentioned previously. So we did exercise this authority back in May of 2020 and the next year in 2021 we provided additional guidance to confirm that this flexibility generally applies to each deadline individually, and this was important because if that weren't the case, this flexibility would've lapsed in 2021, so in order to provide maximum flexibility for making deadlines, including the 60-day special enrollment deadline, we stated in guidance that applicable periods should be disregarded until the earlier of either one year from the date the individual was first eligible for the release or the end of this period be specified in guidance.

For example, if someone lost eligibility last year in February 2022, they would have 30 days which is their normal window. Outside of this flexibility, they would have one year to make that election. So, the FAQs confirm that this flexibility will last 60 days until the end of the national emergency, which will be July 10th. So just to give a takeaway here of how that flexibility interacts with the deadlines for special enrollment, if an individual loses eligibility for Medicaid or CHIP before July 10th, there is a 60-day clock to make a special enrollment election trun until July 10th. So that individual would have until September 8th to make their elections. If an individual loses eligibility for Medicaid or CHIP after July 10th, they will have their normal 60-day window to make an election. To repeat very quickly, if you lose eligibility for Medicaid or CHIP before July 10th, you have until September 8th to make your elections. After July 10th, you have your normal 60-day window.

In addition to this flexibility, the Department of Labor is also calling on employers to take a number of actions to help ensure that impacted individuals do not experience a gap in coverage. We are calling on employers to provide even longer period's impacted individuals to make special enrollment elections so that way we can ensure there are minimal gaps in coverage for these individuals. We are also encouraging employers to ensure their HR and benefit staff are aware of both the resumption of the Medicaid and CHIP eligibility redetermination as well as the

extension of timeframe flexibility that I previously mentioned, as we are aware that many employees interact with the HR benefits staff to understand their benefits options and to ask questions. So, we want to make sure these individuals are well informed of what is happening and is available for these individuals.

We are also encouraging employers to talk directly with their employees to make sure they have their contact information up to date with their respective state Medicaid or CHIP agency if they are enrolled in Medicaid or CHIP coverage, and to encourage them to respond properly to any communication from the state. In addition to the FAQs, we did issue some additional resources, and we have on our website a one-page flyer that employers can disseminate to their employees and their workforce that really spells out what is happening right now and what are the options for individuals who may be impacted by the unwinding. There are a couple of blog posts that are geared to employers. One is geared toward individuals and employees to reduce and explain in plain language what is happening and what the options are. A last resource I will highlight is the Department of Labor has regional offices that are staffed with what we call benefits advisors, in other words, customer service representatives, that are always available to answer questions about special enrollment and to help individuals interfaced with their plan or potential plan to get the information they need with respect to their options.

With that, I will turn it over to Stefanie. Thank you.

Stefanie Costello: Thank you so much for all of that great information. If you have any questions about that, please put them into the chat and we will be getting to those shortly. For now, I would like to take a few minutes and go over some of our new updated resources. I will share my screen with you all. I think that is the best way to share what we have. The first item I want to show is the Medicaid.gov website had a little bit of a facelift, and we reorganized it. So hopefully you can all see this new layout, but it is really great, and we have on the left-hand side a drop-down menu are links to the different resources that you would need to get more questions, so we grouped those. And I want to call out a few things that might be helpful to those on the call, so we have communications, resources, and speaking requests. We also have information for the Medicaid marketplace coordination resources, and we have the partner education webinar.

The first one I will go to is the communications resource and speaking requests, so this should look familiar. It has its own page. It has all the toolkits that we had before right at the top in English and the 6 additional languages. Inside we have a zipped file which is where the PDFs of our materials are, as well as some of the other materials. What I will do is open up one. If you open this toolkit, it will provide you with a zipped file, and we have also reorganized the zip file for those of you who haven't been here in a while. We have two files within here. We have the flyers, cards, and other materials as one section, and then we have our social media graphics as another section for those were looking for graphics or social media can be easily found. The flyers, cards, and other materials, if you open that one up it will bring you to phase one and phase two. Phase one is focused on updating your address, and Phase two focuses on those who are going to be receiving information and what to do.
In here, with all of our phase two messaging that we shared with you all on the last call, so we have postcards, Medicare SEP, Spanish fact sheets, and updated fact sheets. We also separated

out the easily found other languages. If you open these, they are brand-new since the last call. We have each of these languages. Chinese, Hindi, Korean, Tagalog, Vietnamese. For each of those, we have a postcard and fact sheet for each one. Those are new materials we translated for a lot of the stakeholder's requests. Those are now available in the zipped file. We have also updated the toolkit itself. If you go to the toolkit section and click on it in English and scroll down, we have the phase two drop-in article right here. It has been updated and posted in the toolkit, so you can use this to share and copy and paste into your list serves, or if you have a monthly newsletter or anything, we have this drop-in article that you can share, which has information right there. That is new and updated.

We also have a few more pieces. We have this information which complements our presentation today. If you have an employee who is losing Medicaid coverage, this helps them explore other healthcare options. This is a one pager that is available, and Haley will put this in the chat. It kind of goes through four steps. Here are things to tell someone on Medicaid who now has health insurance through their employer and what to do. This has been posted. For those who have an employee who is losing coverage, we have it available in English and Spanish. All of that has been posted. We also have one more. For those of you who are providers or work with providers, we have the MLN, which is a list that goes out to our providers. We have an article about states who are restarting Medicaid and CHIP eligibility and reviews, and there are some resources for us specifically for providers that came out in the MLN, so I want to make sure to share that.

Lastly, I wanted to let you all know that we are also in the process of updating some additional materials, which should be available shortly, and those materials will be related to fraud and scams. We don't have them uploaded today but I wanted to give you all the heads up. First knowledge that we will have those materials posted in the toolkit shortly, so check back at the end of the week or beginning of next week, and you should be able to see some materials and resources for that.

With that, I want to remind everybody that we're going to transition to the question and answers. Thank you to everyone who is already submitted questions. If you have a question that you have not submitted, please do so now. With that, we are going to dive right into our questions.

The first question we have today is for Sarah. Are the Assisters trained in Medicaid waivers for children and adults who are medically fragile and/or those with developmental disabilities? Are they versed in the letter HCBS children's waiver and OPWDD waiver?

Sarah Barber: We do provide annual training and that training is a general overall training to make sure that the Assisters who have consumers who walk in understand what questions to ask to generally assess them for Medicaid eligibility and we also provide training on common scenarios so if the consumer were to come in and speak to an Assister or perhaps parents are eligible with HCBS, but the children are eligible for CHIP we walk through those types of scenarios so Assisters are prepared to deal with a variety of different situations that consumers might have. We do not address those specifically in our training, but I will note that many of our Assisters received training from their state Medicaid agencies on their state waivers and are well-versed in some of those waivers. We strongly encourage our Assisters to work very closely with

their state Medicaid agencies to make sure they understand the rules and options for consumers who are looking to obtain Medicaid coverage.

Stefanie Costello: We received one question asking if there was a version of the Department of Labor flyer that can be edited to reflect to state specific information such as our Medicaid program and I will let the Department of Labor answer that but I do want to point out that Hailey has put the link to the department of labor flyer in the chat so you should have that as well as a blog from the department of labor. There are two blogs they have issued. You can pull the flyer and the two blogs, but I will let the Department of Labor answer if it can be edited to add Medicaid programming.

Amber Rivers: That is a great idea. Send an e-mail to the webpage so we will have a Word document posted that can be edited with state-specific information. Hopefully, that will be up shortly. Thank you for that suggestion.

Stefanie Costello: Thank you so much. We will throw this question to Sarah. Do you have a list of the Assisters you will be matching for the enhanced communications to those losing Medicaid, or are you informing the Assisters or providing them these members?

Sarah Barber: Specifically, the best way to understand who the Assisters will be, is to understand who will be providing this very direct Assister to consumer support. All of our Navigator organizations will be providing that kind of support, and as I noted before, you can go to CMS.gov and you can see the current list of Navigator organizations. The lists include which states they are operating in, and it also outlines the communities that they focus on serving, particularly underserved and uninsured. I cannot provide you a list of every individual Navigator who will be participating. That would be well over 1000. I currently don't have a list of individual EAPs, but as we are conducting training for the Assisters that will be doing direct outreach, we are also making sure the Assisters were not contracted, who are not Navigators, and who are not EAP providing them with support as well because they will be doing a great deal of support to consumers as well. There are millions of consumers who will need this support. I hope that answers the question.

Stefanie Costello: Thank you. I also want to draw your attention to an update as we are talking about the marketplace, and I will share my screen one more time read. Just to let everyone know that Healthcare.gov has been updated, and when you go to Healthcare.gov will see right at the very front that you can enroll or change plans if you have certain life events or income or qualify for Medicaid or CHIP. Then there is this blue bar down here that says lost Medicaid or CHIP? Get marketplace coverage. If you click on learn more, it will take you to a page that will describe the SEP, and this is the English page, but the Spanish version you can get to by clicking up here. That same information about the SEP will be available in Spanish for you to click there. I want to make sure you all saw that, as it was recently updated. Again, that is on Healthcare.gov. We still have some time for some more questions. We did have a request, Hailey, and Sarah, if we could pull up the slide deck again someone had asked for the slide of who is likely to enroll in marketplace coverage.

We will do our best to pull that up, but in the meantime, we have answered a couple of our questions through the chat but just in case those who are attending have not had a chance to look at it, I will read a couple. There are good questions that others might have. One is, if a former Medicaid and CHIP and enrollee who lost coverage to the unwinding does enroll in one of our marketplace plans, can the new enrollee go back to Healthcare.gov and make a change to their new qualified health plan enrollment if there is time remaining in their 90-day SEP window? The answer to that is yes, the consumer can change plans during any valid enrollment period, but the correction is the SEP may only last for 60 days, so thank you for answering that. There was also another question about the difference between an Assister and a Navigator and there was a link put into the chat that linked you to the different types of in-person Assisters that they have on their webpage. So, you can go in and have that listed.

Sarah, I don't know if you want to talk through this one more time. Just so people know the difference between the different types of in-person Assisters.

Sarah Barber: If it would be helpful, I would be happy to. Just a couple of reminders, we are talking about Assisters that are operating in federally facilitated marketplaces only. These Assisters are not in state marketplaces or in-state-based marketplaces that utilize the federal platform, otherwise known as SBM-FP. The first category is our Navigators. Navigators are given grant federally funded grants every year. You can see a list of our current Navigator grantees where they operate, and I think it is worth noting that our Navigators have received additional funding so they can beef up the number of Navigators that will be available to help consumers through Medicaid coverage transitions. Then we have Certified Application Counselors that are a little bit different from the Navigators. Certified Application Counselors are generally overseen by the Certified Designated Organizations, and those organizations are responsible for certifying and also supervising the CACs and CDOs do not receive federal funding. But a typical CDO would be an organization that has folks either in hospital or community health clinic, and these folks are well-trained and help consumers with health insurance coverage questions generally. They take our training and become familiar with how to counsel consumers on eligibility for marketplace plans and how to enroll.

They often typically have a great deal of experience with Medicaid and CHIP because they see a wide variety of consumers connect. The CDO organizations are organizations that come back every two years, and they execute an agreement with CMS to certify and supervise the CACs typically in the community working. The enrollment assistance personnel, these are Assisters who are certified by us just like Navigators and CAC. They are in specific states. As I mentioned before in appendix A, you can see what states they are in. They are in specific states and specific counties within those states and EAPs are being brought to provide additional support for our existing Navigators and CACs. They have the same training, and they are being deployed to help us through this Medicaid enrollment transition where many people are going to be redetermined through the Medicaid state agencies and will need to know what their options are, whether it be a marketplace plan, re-enrollment and Medicaid or employer-sponsored coverage. I hope that is helpful.

Stefanie Costello: Thank you. Yes. Very helpful. One more question and I'll answer it live. If the recording of this meeting is available, yes, it is. I am putting this in the Q&A link where you

will be able to find it. The past webinars are already there and this one will be put up shortly. So, we have that. There was one more question about the SEP that came in.
Marisa, would you be able to answer this one live? The question isn't the SEP from April 2023 to April of the next year, not just 60 days for people who are expected to lose Medicaid?

Marisa Beatley: For the unwinding, the window is someone can come to the marketplace between March 31st, 2023, and July 21st, 2024, and attest to losing Medicaid or CHIP coverage during that same time period. From the date they submit their application they will receive a 60-day special enrollment period to enroll in marketplace coverage. Again, it only lasts for 60 days, so if I were to comment to the marketplace today and attest that I have lost my Medicare or CHIP coverage I would then receive a 60-day special enrollment period from today to enroll in marketplace coverage. I think until June 25th. For example. Thank you.

Stefanie Costello: Thank you very much. That's it for our questions today and for the webinar. We hope that all the information presented here today is helpful as your organization's transition into this next phase for the Medicare continuous enrollment has ended. We encourage you all to review the resources available on Medicaid.gov unwinding and use these materials to share information with your networks. We appreciate your partnership and dedication to making sure that people stay connected to coverage, whether that is remaining in Medicaid or CHIP or transitioning to another coverage option like the marketplace.

I want to thank you all for attending today's call. The recording, transcript, and slides will be posted to our national stakeholder calls website webpage, which is in the chat, and we hope you will join us again for upcoming webinars in this series. They will be held on the fourth Wednesday of every month at 12 clock p.m. Eastern time. The dates through June are listed on the slide, and you can register for these webinars using the same link you used to register for today's webinar.

The next calls will be on May 24th, 2023, at 12 clock p.m. ET and June 28, 2023, at 12:00 p.m. ET. We appreciate your partnership to help ensure people are connected to the best healthcare coverage they are eligible for. We look forward to working alongside all of you and engaging with you all. Thank you, and this concludes our call today.