



# Medicaid Unwinding & the Federally-Facilitated Marketplace: **Consumer Communications & Outreach**

*February 22, 2023*

# The consumer experience: State Medicaid/CHIP Redeterminations

## Update Address & Contact Info

## States Start Renewals

## State Renewal Forms

## Eligibility Decision

## Transfers to Marketplace

State & CMS  
campaigns to update  
contact information  
(email, text, mailings, local  
outreach)

States start  
processing eligibility  
behind the scenes  
(some states in Feb &  
March)

State sends renewal  
forms to consumers

Still Medicaid/CHIP  
eligible: coverage  
continues

State sends  
consumer eligibility  
letter with end date  
& about transfer to  
Marketplace



Happening now,  
ongoing thru Unwinding

Consumers send  
back forms and  
information

Not Medicaid/CHIP  
eligible: application is  
transferred to  
Marketplace

Marketplace receives  
transfers and begins  
communicating with  
consumers



### First set of renewal processing

- Some states may start renewals in Feb & March
- First group of consumers could lose Medicaid/CHIP coverage effective 3/31/23

No response:  
coverage ends  
(procedurally terminated)



### Ongoing renewals & transfers

After first segment, renewals, eligibility decisions, and Marketplace transfers continue on a flow basis during Unwinding

# What will Marketplace consumer communications look like?

- » When the Marketplace receives an inbound account transfer, 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.

## Notices & letters



Account transfer notice (mailed & available online)

Additional reminder letter if consumer hasn't transitioned to Marketplace coverage

## Emails



Account transfer email (goes with notice)

Regular reminder emails on getting started, help is available, and SEP information

## Autodial Calls



Autodial reminder phone calls

Regular reminder calls on getting started, help is available, and SEP information

## Text Messages



Reminder text messages

Regular reminder text messages on getting started, help is available, and SEP information

## Assister Comms



Navigator & Assister Comms

Some consumers getting a reminder letter will also include assister info. Assisters will reach out thru a variety of ways to help consumers that still haven't enrolled in Marketplace coverage



Once consumers start a Marketplace application anywhere along the Unwinding communications, they're transitioned into our normal outreach from application through premium payment reminders, which includes a different series of notice, email, text and autodial communications.

# How will CMS communicate about unwinding more generally?



- » Goal: Multi-pronged, whole of Government communications and outreach approach, in partnership with States and stakeholders, to ensure Medicaid enrollees are aware of the steps they need to take to maintain or transition coverage
- » Builds on state's efforts and includes a variety of tactics:
  - National and local stakeholder education through webinars, listservs, and individual engagement
  - Paid advertising
  - Development of materials and toolkits
  - Direct-to-consumer communications
  - Media engagement
- » CMS is working in close collaboration with state Medicaid agencies and state-based Marketplaces, consumer advocates, health plans, providers, navigators and assisters, agents and brokers, departments of insurance, and many others to preserve connections to coverage
  - Special training and resource sharing is underway for groups that support consumers directly, including Marketplace assisters, agents, and brokers.

# What will the outreach and marketing campaigns involve?



## » Two outreach campaigns

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

## For Consumers:

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

## For Partners & Stakeholders:

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



# **Federally-Facilitated Marketplace (FFM) Reminder on Transition Processes & Overview of Special Enrollment Period for Unwinding**

February 2023

# Medicaid to Marketplace Transitions: Overview



- » Application information for the following individuals is sent via secure electronic file, known as Inbound Account Transfer (AT), from the state Medicaid/CHIP agency to the Federally-Facilitated Marketplace (FFM):
  - Those who newly apply for Medicaid/CHIP at the state agency and are found ineligible for Medicaid/CHIP, AND
  - Those who are enrolled in Medicaid/CHIP and found ineligible following a redetermination by the state agency
- » When the FFM receives the Inbound AT, a paper notice is mailed to the consumer with instructions on how to apply for Marketplace coverage.
  - Sample notices are available on [marketplace.cms.gov](https://marketplace.cms.gov). The latest is available for download here: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf>
- » CMS continues to refine and improve notices and communications and may refresh the sample notices periodically.
- » **Individuals don't need to wait to receive this notice to apply for Marketplace coverage.** If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to [HealthCare.gov](https://www.healthcare.gov) to apply for coverage.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40750-0001

Susan Griffith  
34 Elmore Road  
Wilmington, DE 19805

Feb 23, 2022

**Act now to create or update your 2022 application for Marketplace coverage**

Your state recently told us that the following household member(s) aren't eligible for coverage through Delaware Medicaid or Delaware Healthy Children Program (CHIP):

Susan Griffith  
Sam Griffith

However, people in your household, including those listed above, may now be able to buy a health plan through the Health Insurance Marketplace\*, and get help paying for it.

**What should I do next?**

Submit a new or updated Marketplace application right away to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. For help with these steps, visit [HealthCare.gov/marketplace-chip/transfer-to-marketplace](https://www.healthcare.gov/marketplace-chip/transfer-to-marketplace).

1. Visit [HealthCare.gov](https://www.healthcare.gov) and select "Log in." If you don't already have a Marketplace account, you can create one.
2. Start a new application, or update your existing one.
3. Be sure to include current information about your household income, and your state's recent decision about Medicaid and CHIP.
4. Submit your completed application.
5. Review your results, then enroll in a Marketplace plan if eligible.

You'll get eligibility results right away. Your results will let you know if you can get help lowering the costs of your monthly premiums. After reviewing your results, if you're eligible for Marketplace coverage, you can compare options and enroll in a Marketplace plan that best meets your needs.

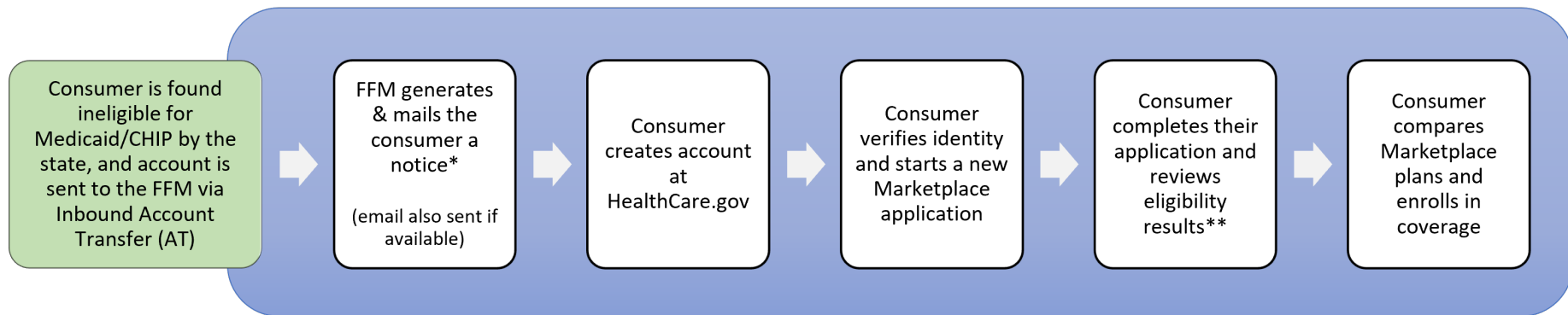
You can also call the Marketplace Call Center to complete and submit a Marketplace application at 1-800-318-2596 (TTY: 1-855-889-4325).

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# Process Flow: From State Transfer to Marketplace Enrollment



**\*Individuals don't need to wait to receive the Inbound AT notice to apply for Marketplace coverage.** If an individual receives notice from their state Medicaid/CHIP agency that they have been denied or terminated from Medicaid/CHIP, they are encouraged to immediately come to HealthCare.gov to apply for coverage

**\*\*Eligibility results** let the consumer know if they're eligible to enroll in Marketplace plans and include information on any financial help they may be able to use to lower the cost of coverage

# Overview: Marketplace Enrollment Periods



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

# Unwinding SEP



- » Consumers who lose Medicaid or CHIP coverage **between March 31, 2023, and July 31, 2024**, will be eligible for a **60-day SEP** beginning the day they submit or update a Marketplace application. Consumers will receive the Unwinding SEP automatically based on their answers to application questions.
- » For consumers who attest to a loss of Medicaid or CHIP coverage in the past, Marketplace coverage will start the **first of the month following plan selection**. For example, if a consumer selects a plan on August 25, coverage will start September 1.
- » For consumers who attest to a future loss of Medicaid or CHIP coverage, Marketplace coverage will **start the first day of the month after their last day of Medicaid coverage**.

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

- » 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.

# Application Questions (1 of 3)

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

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



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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 (2 of 3)



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

- » The application uses this information to evaluate whether the applicant should be sent back to the state Medicaid agency for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead only be evaluated for Marketplace coverage eligibility, including advance payments of the premium tax credit (APTC).

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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

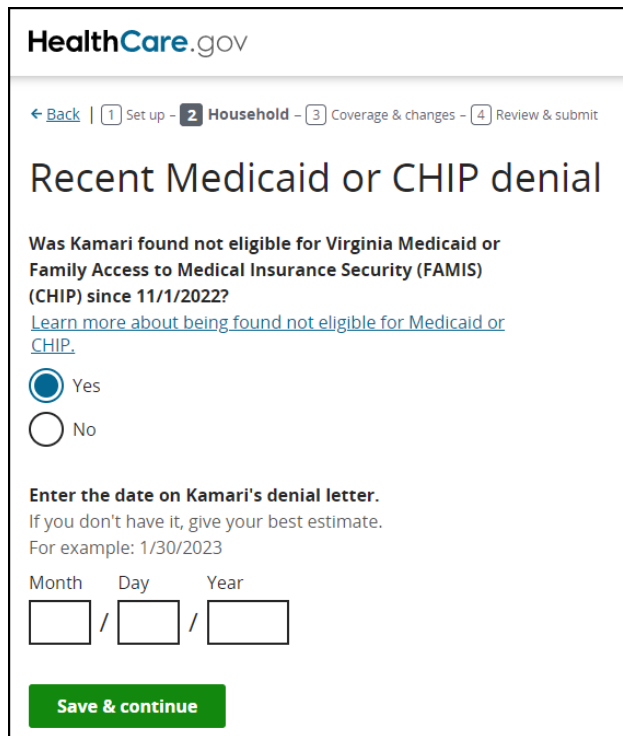
☐ No

[Save & continue](#)

# Application Questions (3 of 3)

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

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



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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](#)

# Complex Consumer Scenarios

- » Consumers who qualify for the Unwinding SEP as well as an additional SEP will **be given the coverage effective date associated with the Unwinding SEP**, unless the other SEP has a retroactive coverage effective date
- » If a consumer does not want their coverage to start on the date of their triggering event, such as a date of birth or adoption date, they can contact the Marketplace Call Center to request a different coverage start date
- » Consumers who are unsure of whether their Medicaid or CHIP was terminated should contact their state agency as soon as possible
  - State Medicaid & CHIP agency contact information: <https://www.medicaid.gov/resources-for-states/coronavirus-disease-2019-covid-19/unwinding-and-returning-regular-operations-after-covid-19/renew-your-medicaid-or-chip-coverage/index.html>
- » Consumers in states with State-Based Marketplaces (SBMs) should check with their SBM to find out if they're offering this Unwinding SEP
  - State-based Marketplace contact information: [HealthCare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/)





# Question & Answer

Centers for Medicare & Medicare Services (CMS)  
Stefanie Costello, Office of Communications

# CMS Partner Resources

Centers for Medicare & Medicare Services (CMS)  
Stefanie Costello, Office of Communications



# Partner Resources

- **Unwinding Homepage on Medicaid.gov**  
[www.medicaid.gov/unwinding](http://www.medicaid.gov/unwinding)
- **Medicaid and CHIP Beneficiary Resource Page**  
[www.medicaid.gov/renewals](http://www.medicaid.gov/renewals)
- **Unwinding Communications Toolkit and Graphics**  
English: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit.pdf>  
Spanish: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-esp.pdf>  
Graphics: <https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-graphics.zip>
- **Communications Toolkit Support Materials (flyers, post cards, conference cards, etc.)**  
<https://www.medicaid.gov/resources-for-states/downloads/unwinding-comms-toolkit-graphics.zip>
- **Recordings, Transcripts, and Slides from Past Webinars**  
[www.cms.gov/cms-national-stakeholder-calls](http://www.cms.gov/cms-national-stakeholder-calls)
- **Unwinding Speaking Requests Form**  
<https://cmsgov.secure.force.com/act/Activityc>



Food and Nutrition Service  
U.S. DEPARTMENT OF AGRICULTURE

# Upcoming Changes to Supplemental Nutrition Assistance Program (SNAP) Benefits

*Alberto A. González, Jr., MPP, Senior Advisor for External Engagement*



# What is SNAP?

- The Supplemental Nutrition Assistance Program (SNAP) is a nutrition assistance program managed by USDA's Food and Nutrition Service (FNS)
- The nation's largest federal nutrition assistance program - over 41 million Americans receive benefits through SNAP
- Many people who are eligible for Medicaid and Medicare are also eligible for SNAP



# Upcoming Changes to SNAP

SNAP benefit amounts may change over the coming months

In March 2020, Congress passed a law that allowed temporary boosts - or emergency allotments (EA)- to all SNAP households

The temporary EAs will end after the February 2023 issuance







# What Can I Do?

- Make sure your contact information is up to date, so your local SNAP office can communicate any upcoming changes.
- For questions, please contact your local SNAP office.
- You may be eligible for additional FNS programs
  - Call 1-866-3-HUNGRY or 1-877-8-HAMBRE to find resources near you.
  - Visit the FNS website to learn more about FNS' 15 nutrition assistance programs
  - Children may be eligible for free or reduced-price school meals - contact your local school district.

# Closing Remarks

Centers for Medicare & Medicare Services (CMS)  
Stefanie Costello, Office of Communications





# UPCOMING WEBINAR DATES

*The fourth Wednesday of every month from 12:00-1:00pm ET.*

- Wednesday, March 22, 2023 @ 12:00pm ET
- Wednesday, April 26, 2023 @ 12:00pm ET
- Wednesday, May 24, 2023 @ 12:00pm ET
- Wednesday, June 28, 2023 @ 12:00pm ET

