

AGENDA

WELCOME

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Office of the Administrator, Centers for Medicare & Medicaid Services

OVERVIEW OF HEALTH INSURANCE MARKETPLACE

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CONSUMER EXPERIENCE TIMELINE

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MARKETPLACE'S ROLE IN UNWINDING

Dr. Ellen Montz

Center for Consumer Information and Insurance Oversight, Centers for Medicare & Medicaid Services

MARKETPLACE RESOURCES

Megan Reilly

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Q & A

Jonathan Blonar

Office of Communications, Centers for Medicare & Medicaid Services

RESOURCES AND CLOSING REMARKS

Beth Lynk

Office of the Administrator, Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services

Medicaid and CHIP Continuous Enrollment Unwinding: What to Know and How to Prepare

August 24, 2022

12:00 p.m. to 1:00 p.m. ET

Overview of the Health Insurance Marketplace

Megan Reilly

Office of Communications

Centers for Medicare & Medicaid Services

What's the Marketplace?

- The Health Insurance Marketplace® provides health plan shopping and enrollment services for individuals and families (the individual market), online, over the phone, and with the help of local assistance (assisters and agents/brokers).
- The Marketplace will determine eligibility for:
 - Coverage in Marketplace plans
 - Premium tax credits that help reduce the cost of monthly premiums
 - Cost-sharing reductions (CSRs) to lower what consumers pay for out-of-pocket costs, like deductibles, copayments, and coinsurance
 - Medicaid and the Children's Health Insurance Program (CHIP)

Operation of the Marketplaces

- A marketplace can be operated by a state or the Federal Government.
- There are key differences between Marketplace types including:
 1. State-based Marketplace (SBM)
 2. Federally-facilitated Marketplace (FFM)

How Consumers use the Marketplace

- Consumers can use the Marketplace to find and apply for health and dental coverage that fits their budgets and specific needs.
 - Consumers in states where the federal government runs the Marketplace can find coverage through HealthCare.gov.
 - Consumers in state-based Marketplaces can find coverage through the state's Marketplace website (HealthCare.gov also links to each SBM's website).
- Applying and enrolling in coverage:
 - Consumers can apply either online, by phone, or by mail, and may be able to get help from a Marketplace enrollment assister, agent, or broker in their area.
 - Consumers submit a Marketplace application to find out what they're eligible for
 - Consumers then compare plans and enroll in a Marketplace plan, if eligible

Who's Eligible for Coverage through the Marketplace

- To be eligible for coverage through a Marketplace, individuals and households must:
 1. Live in the United States (U.S.) in a state served by the Marketplace where they're applying;
 2. Be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage; and
 3. Not be incarcerated (unless pending disposition of charges).

Affordability Program: Premium Tax Credits

- Consumers with certain household incomes who aren't eligible for other qualifying coverage, like through a job, Medicare, most Medicaid coverage, or CHIP, may be eligible for savings through the Marketplace.
- In general, individuals and families may be eligible for tax credits for their Marketplace coverage if their household income for the year is at least 100 percent but no more than 400 percent of the federal poverty level for their household size.
- These tax credits are only available to consumers who enroll in a Marketplace plan through the Marketplace.
- Eligible consumers can use all, some, or none of their tax credits in advance to lower their monthly premiums—these are called advance payments of the premium tax credit (APTC).
- If a consumer is ineligible for Medicaid based on immigration status, they may be eligible to enroll in a Marketplace plan with tax credits even if they're under 100 percent of the federal poverty level, if otherwise eligible.
- The American Rescue Plan (ARP) expanded eligibility for tax credits for 2021 and 2022, and the Inflation Reduction Act (IRA) extended these extra savings through 2025. Through these laws, tax credits are now also available to consumers with expected household income above 400 percent of the federal poverty level.

Income Limits

For residents of one of the 48 contiguous states or Washington D.C., the following illustrates when household income would be at least 100 percent of the FPL for purposes of calculating consumers' tax credits for 2022:

Household Size	Household income at 100% of FPL
One individual	\$12,880
Family of two	\$17,420
Family of four	\$26,500

What It Means to “Reconcile”

- If a consumer had a Marketplace plan and chose to have premium tax credits paid to their plan to lower the consumer’s monthly payment, the consumer must “reconcile” when they file their federal taxes. This means they’ll compare two figures:
 - The amount of tax credits paid in advance on behalf of the consumer or any other member of the consumer’s tax family for the year of coverage. This was paid directly to their health plan issuer to lower the consumer’s monthly payment.
 - The final premium tax credit the consumer actually qualifies for based on the consumer’s actual household income, household size, and other items that determine an individual’s premium tax credit for the year.
- Any difference between the two figures may affect a consumer’s federal income tax refund or the amount of federal income tax owed.

Affordability Programs: Cost-Sharing Reductions

- Some consumers who apply for coverage through the Marketplace and qualify for tax credits might also qualify for extra savings called cost-sharing reductions (CSRs).
- Cost-sharing reductions are discounts that lower the amount a consumer has to pay for deductibles, copayments, and coinsurance. If a consumer qualifies based on their household income, they must enroll in a plan in the Silver category to get these extra savings.
- Typically, individuals and families with household incomes up to 250 percent of the federal poverty level may be eligible to receive extra savings through CSRs.
- There are also non-income-based CSRs available to members of federally recognized tribes.

Medicaid and the Marketplace

- Medicaid and CHIP provide free or low-cost health coverage to millions of Americans, including some low-income people, families and children, pregnant women, the elderly, and people with disabilities.
- Some states have expanded their Medicaid programs to cover all people at or below 133 percent of the federal poverty level.
- Consumers who are eligible for Medicaid or CHIP coverage are generally not eligible for financial assistance through the Marketplace.
- Consumers can also apply through the Marketplace to see if they may be eligible for coverage through Medicaid or CHIP.

When to Apply & Enroll

- Eligible consumers can enroll in or change Marketplace plans during the annual Open Enrollment Period (OEP) or during a Special Enrollment Period (SEP).
 - Members of federally recognized tribes can enroll in the Marketplace or change plans throughout the year.
- Open Enrollment starts on November 1 and ends on January 15 on HealthCare.gov.
 - Coverage can begin as soon as January 1 for consumers who enroll by December 15.

How to Apply for Coverage

- Consumers can apply for Marketplace coverage through:
 1. HealthCare.gov ([English](#)) and CuidadoDeSalud.gov ([Spanish](#))
 2. The Marketplace Call Center
 3. Marketplace enrollment assisters
 4. Marketplace-registered agents and brokers
 5. Certified enrollment partners such as web-brokers websites and insurance company websites
 6. Paper Application
- Language assistance is available through Call Center support, print, and web resources:
 - Help is available to complete an application.
 - Job aids in 33 languages can be found at: [Marketplace.CMS.gov/applications-and-forms/individuals-and-families-forms.html](https://www.Marketplace.CMS.gov/applications-and-forms/individuals-and-families-forms.html).

Marketplace Plan Requirements

- Marketplace plans must:
 - Provide qualifying health coverage, including a minimum set of comprehensive benefits called “Essential Health Benefits”
 - Follow established limits on cost sharing, such as deductibles, copayments, and out-of-pocket maximum amounts
 - Meet nondiscrimination requirements, network adequacy requirements, and applicable state-specific requirements



Essential Health Benefits

- Marketplace plans must provide coverage for the following items and services in the 10 essential health benefit categories:
 1. Ambulatory patient services (like doctor and clinic visits)
 2. Emergency services (like ambulance, first aid, and rescue squad)
 3. Hospitalization
 4. Maternity and newborn care
 5. Mental health and substance use disorder services, including behavioral health treatment
 6. Prescription drugs
 7. Rehabilitative and habilitative services and devices (like, therapy sessions, wheelchairs, and oxygen)
 8. Laboratory services
 9. Preventive and wellness services and chronic disease management (like blood pressure screening, and immunizations).
Learn more about all of the preventive services: <https://www.healthcare.gov/coverage/preventive-care-benefits/>
 10. Pediatric services, including dental and vision care

Health Plan Categories

- **Bronze** level – a health plan that has an Actuarial Value (AV) of 60 percent (Consumers pay 40 percent of costs on average)
- **Silver** level – a health plan that has an AV of 70 percent (Consumers pay 30 percent on average)
- **Gold** level – a health plan that has an AV of 80 percent (Consumers pay 20 percent on average)
- **Platinum** level – a health plan that has an AV of 90 percent (Consumers pay 10 percent on average)

Some consumers may also qualify to enroll in a **Catastrophic** plan. Catastrophic plans:

- Generally only available to young adults under 30 at the time they enroll or those who qualify for a hardship or affordability exemption.
- Have high deductibles and generally lower premiums.
- Consumers pay all medical costs for covered care up to the annual limit on cost sharing for the plan year.
- Includes at least three primary care visits per year and certain recommended preventive services with no out-of-pocket costs before the plan's deductible is met.
- Protects consumers from high out-of-pocket costs.

Premium Payment

- For coverage to become effective, consumers generally must pay the first month's premium directly to their insurance company by the insurer's deadline.
- Consumers must pay the premium each month or they could lose coverage.
- Issuers of individual and family Marketplace plans must accept at least these payment methods:
 - Paper check
 - Cashier's check
 - Money order
 - Electronic fund transfer (EFT)
 - General-purpose pre-paid debit card
- Some issuers may also accept online, credit card, or debit card payments (check with the plan).

From Coverage to Care (C2C)

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Coverage
- Manage Your Health Care Costs
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partnership Toolkit
- Community Presentation

Materials are available online at go.cms.gov/c2c for print or download.

Consumer Experience Timeline

Medicaid Unwinding: Consumer Timeline

Update Address & Contact Info

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



Happening now

60 Day Announcement of PHE Ending

States start processing eligibility behind the scenes



First set of renewal processing

- Renewals may start as soon as announcement
- Eligibility decisions and transfers to Marketplace may start the 1st day the PHE ends
- First group of consumers that are no longer eligible for Medicaid, coverage ends the last day of the month the PHE ends

State Renewal Forms

State sends renewal forms

Consumers send back forms and information

Eligibility Decision

Still Medicaid/CHIP eligible: coverage continues



Not Medicaid/CHIP: application is transferred to Marketplace

No response: coverage ends (procedurally terminated)



Transfers to Marketplace

State sends consumer an eligibility letter about transfer to Marketplace

Marketplace receives transfers and begins communicating with consumers



Ongoing renewals & transfers

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

Federally-Facilitated Marketplace (FFM): Overview of Key FFM Processes and Updates on Plans for COVID-19 Public Health Emergency (PHE) Unwinding



Medicaid to Marketplace Transitions: Overview

- Application information for the following individuals is sent via secure electronic file (known as Inbound Account Transfer) 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*
- There are rules about what data states must securely send via Inbound AT vs. what is optional; data population and quality varies greatly by state.
- Receiving accurate, current, and complete consumer **contact information** (mailing address, email, phone number, etc.) via Inbound AT is key for an effective consumer outreach strategy.
- CMS is working with state Medicaid/CHIP agencies to improve key consumer contact information in Inbound ATs to boost the effectiveness of enhanced outreach efforts during the COVID-19 Public Health Emergency (PHE) unwinding period.

**Currently, states only send Inbound Account Transfers (ATs) for individuals who have been determined to be ineligible for Medicaid or CHIP and who appear to be eligible for Marketplace coverage. The FFM doesn't expect to receive Inbound ATs for individuals whose Medicaid or CHIP coverage ended for procedural reasons (e.g., the individual does not respond to requests for additional information at renewal).*

Medicaid to Marketplace Transitions: Consumer Notice

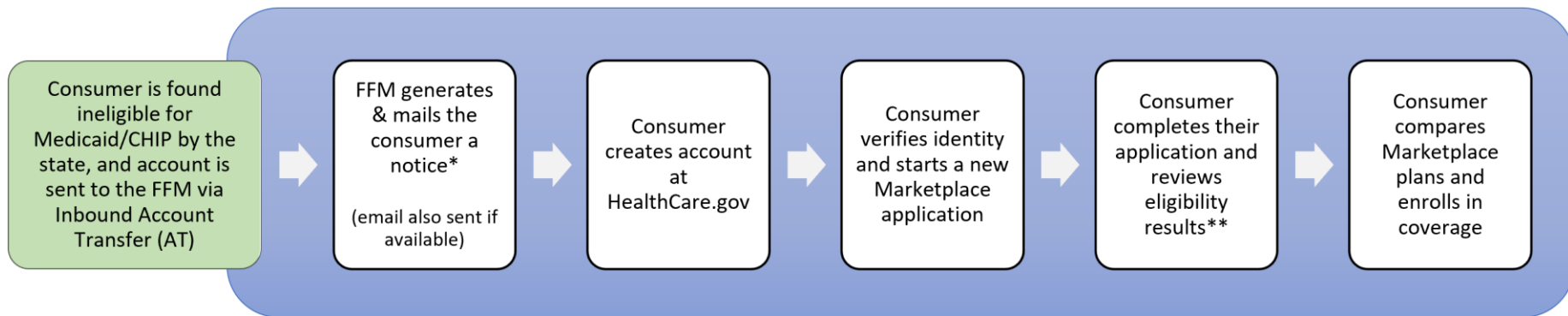
- When the FFM receives the Inbound AT, a paper notice is mailed to the consumer with instructions on how to apply for Marketplace coverage.
 - Sample notices are available on [marketplace.cms.gov](https://marketplace.cms.gov/technical-assistance-resources/training-materials/inbound-account-transfer.pdf). 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 as we get ready for unwinding 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/medicaid-chip/transfer-to-marketplace .	
<ol style="list-style-type: none">1. Visit 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.

Medicaid to Marketplace Transitions: Updates for Unwinding

CMS is working on a multifaceted effort to help facilitate continuity of coverage for impacted consumers as they transition from Medicaid/CHIP to the Marketplace during the PHE unwinding:

- In addition to working with states to improve the completeness and accuracy of contact information received on account transfers, the FFM is:
 - Updating verification **logic to minimize the amount of required additional paper documentation** after application submission,
 - **Updating and streamlining notices and emails** for account transfers and eligibility results, and
 - Examining other policy flexibilities and operational updates that will **streamline the consumer experience** in transitioning from Medicaid/CHIP to the Marketplace.
- CMS is also partnering with states, consumer advocates, health plans, Navigators and assisters, agents and brokers, departments of insurance, and many others as part of a robust stakeholder engagement strategy to leverage the reach and impact of national, state, and local partners in our collective efforts to ensure individuals remain connected to coverage.
- Additionally, CMS is developing a comprehensive consumer engagement strategy, to include a multi-modal “chase” campaign to reach individuals who are sent to the Marketplace but haven’t enrolled in coverage yet.

Overview: Marketplace Enrollment Periods

- **Anyone can apply for Marketplace coverage during Open Enrollment, which occurs annually from November 1st – January 15th.**
 - Individuals can enroll in Medicaid/CHIP any time of the year.
- Outside of Open Enrollment, 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.
- 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.
 - More information can be found at: <https://www.healthcare.gov/medicaid-chip/transfer-to-marketplace/>
- CMS is also considering additional flexibilities to allow more time for consumers transitioning off Medicaid/CHIP coverage to enroll in Marketplace coverage during the PHE unwinding period.

Overview: FFM Navigator and Other Assistance Personnel

- Federally-Facilitated Marketplace Assistors (including Navigators and certified application counselors) **provide free, unbiased enrollment assistance and play a vital role helping consumers prepare applications to determine eligibility for and enroll in coverage** through the Marketplace and insurance affordability programs.
- Assistors operate year-round—increasing awareness among the uninsured about the coverage options available to them, helping consumers find affordable coverage that meets their needs, and assisting consumers to ensure they're equipped with the tools and resources needed to utilize and maintain their health coverage all year.
- Right now, assistors in FFM states are helping their communities prepare for the PHE unwinding by encouraging consumers to:
 1. Update their contact information with their state Medicaid or CHIP agency and
 2. Look out for a letter from their state about completing a renewal form.
- **The FFM has provided additional funding** for Navigator grantees to facilitate direct consumer outreach, education, and enrollment activities necessary to ensure seamless transitions into Marketplace coverage.
- Assistors in FFM states will also receive **unwinding-specific training, guidance and resources, in addition to other programmatic supports** geared towards fortifying consumer assistance best practices for Medicaid and Marketplace populations.
- Consumers can find assistance from Navigators and other assistance personnel in their area on Find Local Help at <https://localhelp.healthcare.gov/>

Overview: Health Plans and Agents & Brokers

- **CMS is partnering with health insurance plans, providing guidance and promoting key strategies for both Medicaid managed care organizations (MCOs) and Marketplace qualified health plans (QHPs) to ensure they take the necessary steps and have the tools to assist consumers during unwinding.**
 - More information can be found at <https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy.pdf>
- Licensed agents and brokers also play a key role by providing consumers with expert guidance on applying for Marketplace coverage and insurance affordability programs and helping consumers compare plan options. Additionally, agents and brokers assist consumers with maintaining their coverage year round, extending beyond initial application and enrollment.
- Unlike other assisters, agents and brokers earn a commission from their enrollments of consumers in Marketplace plans, and state regulations allow them to make specific plan recommendations.
- **Marketplace-registered agents and brokers may be well-positioned to assist consumers during unwinding, and are receiving regular updates and resources on how to best assist these consumers.**
- Consumers can find assistance from agents and brokers in their area through <https://www.healthcare.gov/find-assistance/>

Overview: State-Based Marketplaces and Unwinding

- There are currently 18 state-based Marketplaces (SBMs) using their own platforms, and a full list of these SBMs can be found at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/state-marketplaces>
- CMS is working in lockstep with SBMs as they prepare for unwinding:
 - **All SBMs have undertaken extensive planning in coordination with their state Medicaid/CHIP agencies, have reviewed current system and business processes to identify updates, and are engaging with stakeholders.**
 - SBMs are relying on key capabilities to facilitate coverage transitions during unwinding, including automated Marketplace coverage and advanced payments of the premium tax credit (APTC) determinations, various consumer-support and eligibility and enrollment flexibilities, streamlined processes to select or effectuate enrollment, and extensive consumer outreach and education networks.
- CMS has published an unwinding “punchlist”: *Strategies for SBMs to Improve Medicaid to Marketplace Coordination and Maximize Enrollee Transitions at the End of the Continuous Enrollment Requirement*: <https://www.medicaid.gov/resources-for-states/downloads/sbm-strategies-03162022.pdf>

Review of Marketplace Resources

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Centers for Medicare & Medicaid Services

Marketplace Call Center

- Assists consumers in states using HealthCare.gov:
 - 1-800-318-2596 (TTY: 1-855-889-4325)
- Customer service representatives are available 24/7
- Help with eligibility, enrollment, and referrals
- Assistance in English and Spanish
- Oral interpretations in 240+ additional languages
- State Based Marketplaces have their own call centers

Local Assistance

- Local or in-person assisters may provide face-to-face, one-on-one assistance to applicants and enrollees submitting Marketplace eligibility applications in their Marketplace service area.
- Marketplace-approved local help is available through several programs to help consumers with the process of applying for enrolling in health insurance coverage, including:
 1. Navigators
 2. Certified Application Counselors
 3. Agents and Brokers
- Consumers can use the [Find Local Help \(LocalHelp.HealthCare.gov\)](https://www.LocalHelp.HealthCare.gov) to search for a list of local people and organizations who can help them apply, pick a plan, and enroll in Marketplace coverage.

More Information About the Marketplace

- Sign up to get email and text alerts at HealthCare.gov/subscribe
- CuidadoDeSalud.gov for Spanish
- Updates and resources for organizations are available at Marketplace.cms.gov
- Twitter@HealthCareGov
- Facebook.com/Healthcare.gov?_rdr=p
- YouTube.com/playlist?list=PLaV7m2-zFKpgZDNCz7rZ3Xx7q2cDmpAm7

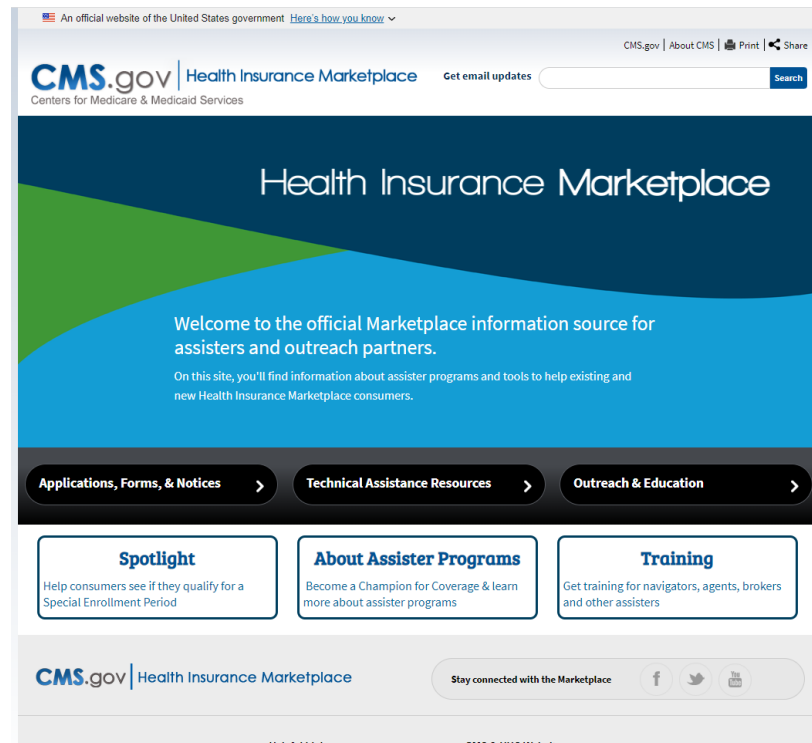
Key Points to Remember

- The Marketplace is a way for qualified individuals and families to find and buy health insurance.
- Open Enrollment generally runs from November 1 to January 15. The enrollment period dates in state-based Marketplaces may differ.
- Consumers may enroll in or change plans during a Special Enrollment Period (SEP) if they qualify. Medicaid & CHIP enrollment is available year-round without a Special Enrollment Period.
- Individuals and households may be eligible for lower costs on their monthly premiums and extra savings on out-of-pocket costs.
- There's help available through the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325), Marketplace enrollment assisters, and agents and brokers.
- If consumers don't agree with a decision made by a Marketplace, they may be able to file an appeal at [HealthCare.gov/marketplace-appeals/](https://www.healthcare.gov/marketplace-appeals/).

Marketplace resources for partners

Marketplace.cms.gov provides a variety of resources for partners & stakeholders

- Outreach & education toolkits, including partner-specific toolkits
- Overviews and training materials for assisters across many topics
- Samples of consumer notices



Question & Answer

Jonathan Blonar

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Centers for Medicare & Medicaid Services

Partner Resources

- **Unwinding Homepage on Medicaid.gov**
www.medicaid.gov/unwinding
- **Medicaid and CHIP Beneficiary Resource Page**
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>
- **Recordings, Transcripts, and Slides from Past Webinars**
www.cms.gov/cms-national-stakeholder-calls
- **Unwinding Speaking Requests Form**
<https://cmsgov.secure.force.com/act/Activityc>
- **Health Insurance Marketplace**
<https://marketplace.cms.gov/>

UPCOMING WEBINAR DATES

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

- Wednesday, September 28 @ 12:00pm ET
- Wednesday, October 26 @ 12:00pm ET
- Wednesday, December 7 @ 12:00pm ET

