

Direct Assister-to-Consumer Outreach Pilot and New Outreach Letter for Open Enrollment 2023

October 26, 2022

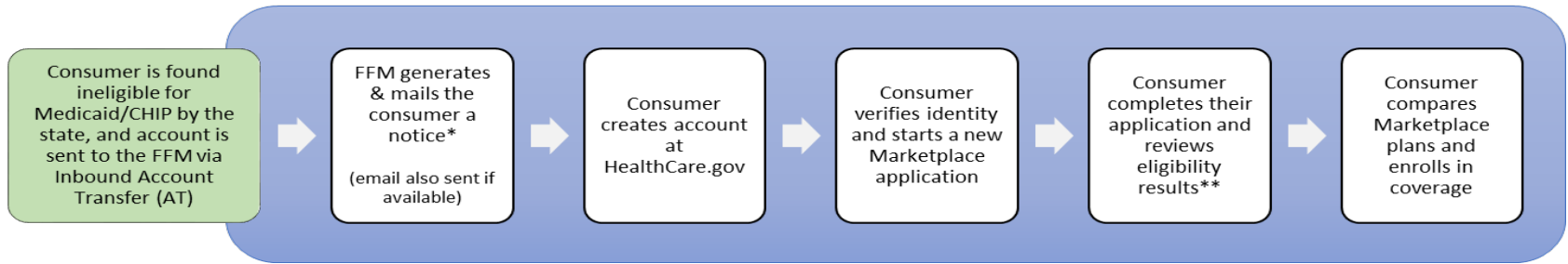


Assisting Consumers Ineligible for Medicaid/CHIP Coverage

- CMS's goal is to ensure that eligible consumers retain enrollment in Medicaid or the Children's Health Insurance Program (CHIP) coverage and consumers who are ineligible for Medicaid/CHIP gain timely access to the most appropriate health coverage during the COVID-19 public health emergency (PHE) unwinding period, including Marketplace coverage
- To improve strategies used to assist consumers who are ineligible for Medicaid/CHIP coverage in retaining health coverage once the PHE ends, CMS will pilot Direct Assister-to-Consumer Outreach in a few selected federally-facilitated Marketplace (FFM) counties and new outreach letters during the upcoming Marketplace Open Enrollment Period (OEP) beginning November 1, 2022
- The new outreach effort during OEP 2023 will focus on consumers who newly applied for Medicaid/CHIP with their state agency, and were denied and referred to the FFM via inbound account transfer (IB AT)

Medicaid to Marketplace Transitions: Background

- The FFM receives information from the state Medicaid/CHIP agency via a secure electronic file, known as inbound account transfer (IB AT), for the following consumers:
 - Consumers who have newly applied for Medicaid/CHIP at the state agency and are **denied** Medicaid/CHIP, **AND**
 - Consumers who are enrolled in Medicaid/CHIP and **lost** coverage following a redetermination by the state Medicaid/CHIP agency
- IB AT from State to FFM Process Flow Overview – Current State:



*Individuals don't need to wait to receive the Inbound AT notice from the FFM 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 visit [HealthCare.gov](https://www.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

30-day Reminder Letters for Consumers Denied Medicaid/CHIP

- During the upcoming Marketplace OEP 2023, in addition to the consumer notice sent when the FFM receives the IB AT from the state, the FFM will send a 30-day reminder letter to consumers* who:
 - Are not enrolled in Medicaid/CHIP but who apply for Medicaid/CHIP with the state Medicaid or CHIP agency and are denied beginning early September, and
 - Are present in the IB AT from the state, and
 - Are not yet enrolled in Marketplace coverage after approximately 30 days of the FFM receiving the IB AT, and
 - Are in FFM states or in states with State-based Marketplaces operating on the Federal Platform (SBM-FP): Arkansas, Oregon, and Virginia
- The Marketplace intends to change the focus of this outreach to support individuals transitioning from Medicaid to the Marketplace once the PHE unwinding period begins

**In this presentation the term "consumers" refers to the group outlined above, unless otherwise noted.*

Four Types of 30-day Reminder Letters

- Consumers who have not enrolled in Marketplace coverage will receive one of four letter types:

[See Appendix A for the 30-day Reminder Letter Templates]

Four Letter Types: 30-day Reminder Letters		
Letter #1	A letter directing the household to “Find Local Help” if they would like to contact an assister	Sent to majority of consumers in FFM states
Letter #2	A letter including a link to state-specific “Find Local Help” links	Sent to consumers in SBM-FP states only
Letter #3	A letter including an assister organization name to which the household has been matched along with specific contact information for that assister organization	Sent to consumers in a few selected FFM counties piloting the direct assister-to-consumer outreach effort, in FFM states only*
Letter #4	A letter including an assister organization name to which the household has been matched with no specific contact information	Sent to consumers in a few selected FFM counties piloting the direct assister-to-consumer outreach effort, in FFM states only**

*Arizona (Maricopa County); Florida (Miami-Dade, Broward, and Orange Counties); North Carolina (Mecklenburg County)

** Florida (Hillsborough County) and North Carolina (Guilford County)

Who Are Assisters and What Do They Do?

- Assisters are certified and trusted community partners. They conduct outreach and education to raise awareness about the Marketplace and other coverage options
- Their mission focuses on assisting the uninsured and other underserved communities to prepare applications, establish eligibility for and enroll in coverage through the Marketplaces, among many other things
- Assisters provide free and impartial enrollment assistance in FFM states as Navigators, Certified Application Counselor Designated Organizations (CDOs), and other Non-Navigator Assistance Personnel

Direct Assister-to-Consumer Outreach Pilot

- The Marketplace intends to pilot Direct Assister-to-Consumer Outreach during the OEP beginning November 1, 2022
- In a few selected FFM counties, consumers may receive a reminder letter that further includes information for a Navigator serving their community
 - In these select FFM counties, the Navigator may directly contact the consumer to provide enrollment assistance to them, and members of their household
- The Marketplace will continue to provide periodic updates regarding the Assister Strategy to support the PHE unwinding period

Direct Assister-to-Consumer Outreach Pilot, continued

- FFM counties that will pilot Direct Assister-to-Consumer Outreach during Marketplace OEP include:
 - Maricopa County (Arizona)
 - Miami-Dade County, Broward County, Hillsborough County, Orange County (Florida)
 - Mecklenburg County, Guilford County (North Carolina)
- FFM consumers in the above counties will receive a 30-day reminder letter that includes contact information for a Navigator serving their community during the OEP, and informs consumers that this organization may reach out to them directly
- FFM consumers who do NOT reside in a pilot county will still receive a 30-day reminder letter that provides information on how to apply for and enroll in Marketplace coverage, including how to access enrollment assistance

Direct Assister-to-Consumer Assignments

- In pilot counties, the Marketplace will make Direct Assister-to-Consumer assignments for Navigators to contact and provide enrollment assistance
- The Marketplace will assign consumers to a Navigator for outreach and enrollment assistance based on the consumers' proximity to the Navigator, and availability of Navigator Organizations to provide enrollment assistance
- During the OEP, Navigators in pilot counties will leverage a secure platform to access consumer assignments. Navigators will conduct outreach to the assigned consumer, including other members of the household, and document the outcome of the interaction in the secure platform

Direct Outreach Methods

- Navigators will conduct outreach according to the duties outlined in 45 CFR § 155.210(e)
- Navigators will provide enrollment assistance and conduct outreach in a manner that is culturally and linguistically appropriate to the needs of communities served by the FFM, including individuals with limited English proficiency, and ensure accessibility and usability for individuals with disabilities
- Navigators may use a host of communication and engagement methods to reach their assigned consumers, and will honor communication preferences noted on existing Marketplace accounts, when available
- Once contacted, consumers may opt out of further Assister engagement by communicating that preference to the Navigator, and the consumer will not receive direct Navigator outreach moving forward

Scope of the Pilot

- Only Navigators serving the selected FFM counties in Arizona, Florida and North Carolina will participate in the pilot, receive Marketplace Assignments, and conduct the Direct Assister-to-Consumer Outreach during the OEP
- The Marketplace intends to broaden the scope of Direct Assister-to-Consumer Outreach once the PHE unwinding period begins

What should Navigators and other Assisters do if they're not participating in the Direct Assister-to-Consumer Outreach Pilot, during the OEP?

- During Marketplace OEP, consumers in states with Marketplaces that use the Federal platform will receive a reminder letter that provides information on how to apply for and enroll in Marketplace coverage, including how to access enrollment assistance from an Assister
- Navigators and other Assisters that are not participating in the Direct Assister-to-Consumer Outreach pilot should continue to operate as they otherwise would, remaining responsive to consumers' inquiries, staying engaged with the Marketplace, and conducting outreach as well as enrollment activities

What's Next?

- The Marketplace intends to share periodic updates about the Assister Strategy to Support Medicaid Unwinding. Assisters are encouraged to subscribe to the Assister Listserv and participate in Assister Webinars throughout the OEP for the latest updates, guidance and resources:
 - **Keep in Touch:** Sign up for the Assister Listserv to get updates directly from the Marketplace. Access the [Subscribers Preferences Page](#) receive FFM Assister - Navigator Grantee Updates, or FFM Assister - Certified Application Counselor (CAC) Updates.
 - <https://public.govdelivery.com/accounts/USCMS/subscriber/new?preferences=true#tab1>
 - **Bookmark the Marketplace Assister Website:** The [Marketplace Assister Website](#) posts key technical assistance resources, outreach and education resources, trainings and more.
 - <https://marketplace.cms.gov/>
 - **Connect with your State Medicaid Agency:** Each state will be conducting its own Medicaid Unwinding process when the PHE ends. Assisters should work to establish relationships with respective Medicaid stakeholders to get updates directly from the State on its Unwinding plans. Assisters should continue to review guidance posted the [Unwinding and Returning to Regular Operations after COVID-19](#).
 - <https://medicaid.gov/unwinding/>

Appendix A:

30-day Reminder Letter Templates

30-day Reminder Letters: Letter #1

FFM No Assister Information

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

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

What should I do next?

Submit a new or updated Marketplace application now to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. **It only takes a few steps to see if you can get covered.** Go to [HealthCare.gov](https://www.healthcare.gov) to get started.

For more help

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

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

You can find local help to assist you and other household members enroll in coverage. Local Marketplace Assisters provide free and impartial enrollment assistance. You can get more information about help in your local area at [LocalHelp.HealthCare.gov](https://www.healthcare.gov/localhelp).

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

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

30-day Reminder Letters: Letter #2

SBM-FP

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

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

What should I do next?

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

You can find local help to assist you and other household members enroll in coverage. Local Marketplace Assistors provide free and impartial enrollment assistance. You can get more information about help in your local area at: [(State Health Care: <https://healthcare.state.gov/Pages/find-help.aspx>)].

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30-day Reminder Letters: Letter #3

FFM Assister Information*

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

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

What should I do next?

Submit a new or updated Marketplace application now to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. **It only takes a few steps to see if you can get covered.** Go to [HealthCare.gov](https://www.healthcare.gov) to get started.

For more help

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

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

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

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30-day Reminder Letters: Letter #4

FFM Partial Assister Information**

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

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

What should I do next?

Submit a new or updated Marketplace application now to see if you (or other members of your household) are eligible to buy a Marketplace plan and get help with costs. **It only takes a few steps to see if you can get covered.** Go to [HealthCare.gov](https://www.healthcare.gov) to get started.

For more help

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

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

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** Florida (Hillsborough County) and North Carolina (Guilford County)

Appendix B:

Enrollment Periods and Marketplace
Application Questions for Consumers
Denied Medicaid/CHIP

Enrollment Periods for Consumers Denied Medicaid/CHIP

- Consumers who receive these letters will be eligible to enroll through the OEP, running from November 1 through January 15
- Those consumers who receive the letters and apply for coverage after the OEP ends, may qualify for a Special Enrollment Period (SEP) to enroll in Marketplace coverage
 - Consumers who are ineligible for Medicaid/CHIP do not have to wait to receive a letter from the FFM to see if they qualify for an SEP
- The Medicaid/CHIP denial SEP is granted automatically through the HealthCare.gov application if the consumer:
 - Applied for Medicaid/CHIP coverage directly at their State Medicaid or CHIP agency during the Marketplace OEP, but didn't find out they were ineligible for Medicaid or CHIP coverage until after OEP ended, OR
 - Applied for Marketplace coverage during OEP or with a different SEP (e.g., moving to a new state, getting married, etc.) and were told that they might be eligible for Medicaid/CHIP, however they did not find out that the State Medicaid/CHIP Agency determined them ineligible for Medicaid/CHIP until after OEP or their other SEP 60-day window ended

Marketplace Application Questions on Medicaid/CHIP

HealthCare.gov

[← Back](#) | **1** Set up - **2** Household - **3** Coverage & changes - **4** Review & submit

Recent Medicaid or CHIP denial

Was Kamari found not eligible for Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) since 1/14/2022?

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Yes

No

Save & continue

HealthCare.gov

[← Back](#) | **1** Set up - **2** Household - **3** Coverage & changes - **4** Review & submit

Recent Medicaid or CHIP denial

Was Kamari found not eligible for Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) since 1/14/2022?

[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: 4/14/2022

Month Day Year

/ /

Save & continue

Marketplace Application Questions on Medicaid/CHIP, continued

HealthCare.gov

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Applied during Open Enrollment

Did Kamari apply for health coverage between 11/01/2021 - 01/15/2022?

Yes
 No

Save & continue

HealthCare.gov

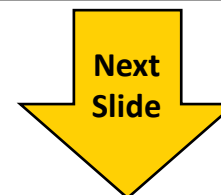
← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Applied during Open Enrollment

Did Kamari apply for health coverage between 11/01/2021 - 01/15/2022?

Yes
 No

Save & continue



	Medicaid Block*	SEP?
If denied within last 60 days	Yes	Yes
If denied within >60, <= 90 days	Yes	No

*"Medicaid Block" occurs when the FFM prevents a consumer from being found eligible for Medicaid or CHIP based on application attestations about a recent loss or denial of Medicaid and CHIP by the state agency.

Marketplace Application Questions on Medicaid/CHIP, continued

HealthCare.gov

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Applied after a life event

Did Kamari apply through the Health Insurance Marketplace after a qualifying life event?
 Qualifying life changes include moving, marriage, birth, adoption, and loss of coverage.
[Learn more about qualifying life events.](#)

Yes
 No

Save & continue

HealthCare.gov

← Back | 1 Set up - 2 Household - 3 Coverage & changes - 4 Review & submit

Applied after a life event

Did Kamari apply through the Health Insurance Marketplace after a qualifying life event?
 Qualifying life changes include moving, marriage, birth, adoption, and loss of coverage.
[Learn more about qualifying life events.](#)

Yes
 No

Save & continue

	Medicaid Block	SEP?
If denied within last 60 days	Yes	Yes
If denied within >60, <= 90 days	Yes	No

	Medicaid Block	SEP?
If denied within last 90 days	Yes	No