



**Federally Facilitated Marketplace Eligibility and Enrollment Learning Collaborative
Marketplace/Medicaid Renewal Intersections – Meeting Notes**

September 10, 2014

2:00-3:00pm ET

PARTICIPANTS

- *CMS Presenters:* Anne Marie Costello (CMCS) and Spencer Manasse (CCIIO)
- *Manatt Presenters:* Patricia Boozang and Liz Osius
- *Other Manatt Participants:* Melinda Dutton, Alice Lam and Chris Cantrell

PRESENTATION

Manatt presenters provided an overview of federal guidance on Alternative Renewal Procedures, which specify how QHP enrollment for individuals who were determined eligible for Marketplace coverage and/or Advanced Premium Tax Credits (APTC) by the Federally Facilitated Marketplace (FFM) in the previous year is renewed in 2015. In addition, presenters provided an overview of the renewal notices provided by the FFM to all qualified individuals and reviewed scenarios in which consumers may interact with State Medicaid/CHIP Agencies during the redetermination process.

STATE QUESTIONS & ANSWER

States asked questions regarding the renewal processes, notices that are sent to consumers, and the scenarios in which consumers may interact with State Medicaid/CHIP Agencies.

Questions Regarding the Re-Enrollment Process

Question: Will the FFM provide guidance to issuers who offer Medicaid plans and Qualified Health Plans (QHPs) on how to advise consumers that are enrolled in both Medicaid and QHPs?

Answer: Issuers may advise consumers who are enrolled in multiple plans that the consumer may be liable for paying back their APTCs to the Internal Revenue Service (IRS). However, issuers are prohibited from terminating an individual's enrollment. The FFM intends to provide further guidance on how individuals can terminate QHP coverage when they are determined Medicaid-eligible.

Question: Will the FFM provide states with estimates on the number of individuals who are potentially Medicaid/CHIP-eligible?

Answer: The FFM is not able to predict the number of individuals who are potentially Medicaid/CHIP-eligible, but will continue to explore ways to provide this type of information to states if and when it becomes available.

Question: Do states transmit all Medicaid/CHIP enrollment data to the FFM?

Answer: No, when an individual submits an application on Healthcare.gov, the FFM verifies whether an individual is already enrolled in Medicaid/CHIP through the Federal Data Services Hub.

Questions Regarding Renewal Notices

Question: Will enrollees that receive the income-based notice also receive the standard notice?

Answer: Individuals will only receive one type of notice from the FFM. However, all notices include the basic information contained within the standard notice.

Question: What is the basis for the income-based notice and what happens if the individual does not return to the FFM to update their information?

Answer: The FFM provides income-based notices to individuals who currently receive financial assistance and authorized the Marketplace to request tax data who also either: (1) have a stable income between 350-500% FPL based on 2013 tax information provided by the IRS; or, (2) appear to have experienced significant income fluctuations; or, (3) had no updated tax information at the IRS. If an individual who receives the income-based notice does not return to the FFM to update their information, he/she will be auto-enrolled into a same/similar plan (if available) and will receive the same level of financial assistance received in the previous year. This individual may be at risk for owing the IRS at the end of the tax year if the level of financial assistance is later concluded to have been too high.

Question: Are samples of the three renewal notices available to states?

Answer: Sample notices are not available at this time.

Question: When will the FFM and issuers send renewal notices to consumers?

Answer: The FFM will send notices to consumers sometime between October 1st and November 15th. Issuers are required to issue renewal notices to consumers before November 15th.

Question: Some individuals were found eligible for a QHP during open enrollment, did not enroll, and subsequently enrolled in Medicaid directly. Will these individuals receive a notice from the FFM?

Answer: The FFM will send redetermination notices to individuals who were determined QHP-eligible in the previous year, including individuals who did not enroll in QHPs and subsequently enrolled in Medicaid through their State Medicaid Agency. Individuals that were determined Medicaid-eligible by the FFM in the previous year will not receive a redetermination notice.

Questions Regarding Scenario #1: No Response to Renewal Notice

Question: Will enrollees receive an eligibility re-determination if they do not return to the FFM?

Answer: If an individual does not return to the FFM, the FFM will use application information from the previous year to auto-enroll individuals into a 2015 plan that is equivalent to a 2014 plan provided by the issuer (if available). If the individual was receiving financial assistance in 2014, he/she will also receive the same level of financial assistance received in the previous year (unless the person has not authorized the Marketplace to request tax data or the individual's 2013 tax return information indicates an income >500% FPL). An individual's eligibility is **not** re-determined unless the individual returns to the healthcare.gov.

Questions Regarding Scenario #2: Assessed/Determined Medicaid/CHIP-Eligible by FFM

Question: How would Scenario #2 be impacted if the individual's account had been transferred to the state at some other time prior to the redetermination?

Answer: The FFM would send another Account Transfer to the state upon receiving new information from the individual.

Question: If an individual is found eligible for Medicaid on December 31, 2014, but already enrolled in a QHP, will the individual be transitioned to Medicaid coverage on January 1, 2015?

Answer: CMS will confirm the timing of the coverage transition and provide an update to states.

Question: When is the effective date for Medicaid/CHIP coverage for an individual who is transferred from the FFM during the renewal process?

Answer: The effective date for coverage is based on the Account Transfer date.

Question: If an individual updates their application at the FFM and is determined eligible for Medicaid/CHIP, how soon is their application transferred to the state?

Answer: If an individual updates their application at the FFM and is determined eligible for Medicaid/CHIP, the FFM will initiate an Account Transfer in near real-time to the state.