

NACHC Open Enrollment 11 Webinar

Don't Fall Back From Coverage

November 8, 2023

[Access Recording Here](#)

Please contact federalpolicy@nachc.org for more information

Question and Answer Summary

Q1: What is Open Enrollment 11?

A1: Between November 1, 2023, and January 15, 2024, individuals who live in states that utilize the federally facilitated health insurance marketplace can select health coverage for 2024. During this open enrollment period, individuals can enroll in, re-enroll, or change health plans through the federally facilitated marketplace. Coverage can start as soon as January 1, 2024, for plans selected prior to December 15, 2023. For plans selected after December 15, 2023, coverage will begin on February 1, 2024.ⁱ

States have the option to run their own state-based health insurance marketplaces. In state-based marketplaces, the period for open enrollment may vary from the federally facilitated marketplace. For instance, residents in California, New Jersey, New York, Rhode Island and Washington, D.C., have until January 31, 2024, to sign up for coverage. In Idaho, open enrollment is from October 15, 2023, to December 15, 2023.ⁱⁱ

Q2: What are the greatest challenges to enrolling health center patients during open enrollment 11?

A2: Connecting patients to coverage during the 11th Annual Open Enrollment period presents greater challenges than in prior years. Throughout the past three years, many Americans were covered through the Medicaid and CHIP programs because of continuous coverage requirements during the COVID-19 pandemic. As states are returning to their “normal” eligibility renewal processes, they are having to remove Medicaid beneficiaries from their rosters who are no longer eligible. This is leaving many individuals unsure of whether they still qualify for Medicaid and the next steps to being connected to other levels of coverage through the federally facilitated or state-based marketplaces.

Creating even more confusion for consumers; a special enrollment period is running parallel to the 11th Annual Open Enrollment. Between March 31, 2023, and July 31, 2024, Marketplace-eligible consumers who are losing Medicaid and/or CHIP coverage due to the unwinding can report their loss of coverage up to 60 days before their last day of Medicaid or CHIP coverage. Beneficiaries losing coverage have 60 days from the date on which they submit a new or updated HealthCare.gov application to decide on a plan

selection. Marketplace coverage will start the first day of the month following plan selection under this Unwinding Special Enrollment Period.ⁱⁱⁱ

Q3: If found ineligible for Medicaid is there a linkage or some type of referral process to the marketplace? Or does it fall on the consumer to self-refer and find other coverage options?

A3: State Medicaid agencies should inform beneficiaries who are losing Medicaid coverage of the next steps to connecting to coverage on the federally facilitated marketplace or state-based marketplace. This guidance should arrive in the form of a letter informing the beneficiary that they are no longer eligible for the Medicaid or CHIP program.

Issues have arisen throughout the Medicaid unwinding period where patients have not received their disenrollment letters, or these letters have not been clear in next steps needed in obtaining coverage on the federally facilitated marketplace. Health Center outreach workers should work directly with their patients to ensure they understand whether they have retained their Medicaid coverage; and if not ensure patients understand how to connect to other coverage options. Medicaid and Marketplace coordination resources can be found on [Medicaid.gov](https://www.medicaid.gov) and data reporting on individuals leaving Medicaid and transitioned to Marketplace coverage can be [found here](#).

States can ease the transition from Medicaid to marketplace coverage through automatically enrolling individuals who lose Medicaid into the lowest cost silver health plan. Examples of this flexibility have been seen in states that operate their own state-based marketplace ([California](#), [Rhode Island](#)). This reduces the administrative burden and room for error that could leave individuals uninsured.

Q4: Who should outreach workers contact if a Medicaid question arises for a patient?

A4: Outreach workers at community health centers should contact their local Medicaid office if enrollment questions arise for a patient. State Medicaid enrollment information can be [found here](#).

Often the state Medicaid office will be the best contact to gain information into a patient's Medicaid coverage/solving problems that arise with eligibility. The outreach worker must be deemed an "Authorized Representative" to speak on the patient's behalf. If health centers are experiencing challenges in reaching their state Medicaid officials, they should contact their state's Primary Care Association.

Q5: Where can health centers get direct information on state Medicaid enrollment issues?

A5: NACHC recommends that all health centers work with their Medicaid agencies and primary care associations in tracking state specific Medicaid enrollment issues. For high-level details surrounding the Medicaid redetermination process, the [Georgetown University Center for Children and Families](#), as well as [KFF](#) (formerly Kaiser Family Foundation) frequently update their websites on key unwinding/enrollment issues taking place across the country.

Q6: How do health centers ensure that Medicaid eligible patient populations enroll in coverage?

A6: The Health Resources and Services Administration (HRSA) requires health centers to engage in outreach and enrollment services. These services are tracked/assessed through annual Uniform Data Systems Reporting.

Health Centers are key resources for providing Medicaid eligible patient populations with enrollment services through nearly 7,500 outreach workers and enrollment eligibility assisters. These professionals are available to guide patients through the open enrollment period.^{iv} According to HRSA data, in 2022, health centers provided 4 million enrollment assists to patients during that same year.^v This workforce can proactively reach out to individuals before they have to renew their coverage to make sure their contact information is up-to-date in order to avoid procedural disenrollments and ensure they are eligible for coverage.

Q7: What is the best avenue to assist non-English speaking clients with open enrollment?

A7: One of the best avenues to assist non-English speaking clients with open enrollment is to utilize bilingual outreach and enrollment health center staff to provide clear explanations of health coverage options to non-English speaking clients. Health centers can reference CMS assister outreach [tools](#) developed in multiple languages and the federal Marketplace’s [guidance](#) on receiving enrollment assistance in other languages than English. Partnering with community organizations such as migrant support groups, local free legal aid, and state health departments can be helpful as these organizations are often trusted by non-English speaking clients. Additionally, offering flexible hours for interpreter services to accommodate client work schedules and supporting transportation needs can assist non-English speaking patients in connecting to coverage during the open enrollment period.

Q8: Do health centers perform all assists in-person or are some completed virtual?

A8: Health Centers can provide outreach and enrollment assists in person, over the phone, or through email. The quantity of virtual versus in-person outreach assists will vary from each organization. If the health center employee is providing an outreach assist within the boundaries of the [definition](#) to health center patients and their families; their encounter must be reported via UDS reporting.

ⁱ <https://www.healthcare.gov/quick-guide/dates-and-deadlines/>

ⁱⁱ <https://www.aarp.org/health/health-insurance/info-2023/aca-open-enrollment-2024.html#:~:text=The%2011th%20annual%20open%20enrollment,Join>

ⁱⁱⁱ <https://www.cms.gov/technical-assistance-resources/temp-sep-unwinding-faq.pdf>

^{iv} <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=5&year=2022>

^v <https://data.hrsa.gov/tools/data-reporting/program-data/national/table?tableName=ODE&year=2022>