

FFM Inbound Account Transfer Matching Functionality

Using State Data to Support Coverage Transitions During the COVID-19 Public Health Emergency Unwinding

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Ensuring Continuity of Coverage after the PHE

- During the COVID-19 Public Health Emergency (PHE), states seeking a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the continuous enrollment condition of the Families First Coronavirus Response Act (FFCRA) have maintained enrollment for most individuals enrolled in Medicaid
- Many states adopted other flexibilities to facilitate enrollment and retention of coverage in their Children's Health Insurance Program (CHIP)
- After the PHE, when Medicaid and CHIP programs resume regular eligibility and enrollment practices during the unwinding process, some beneficiaries will lose their current Medicaid or CHIP coverage and will need to transition to other health insurance, such as coverage through the Health Insurance Marketplace
- CMS's goal is to ensure that eligible consumers retain enrollment in Medicaid or CHIP and ineligible consumers gain timely access to the most appropriate coverage during PHE unwinding

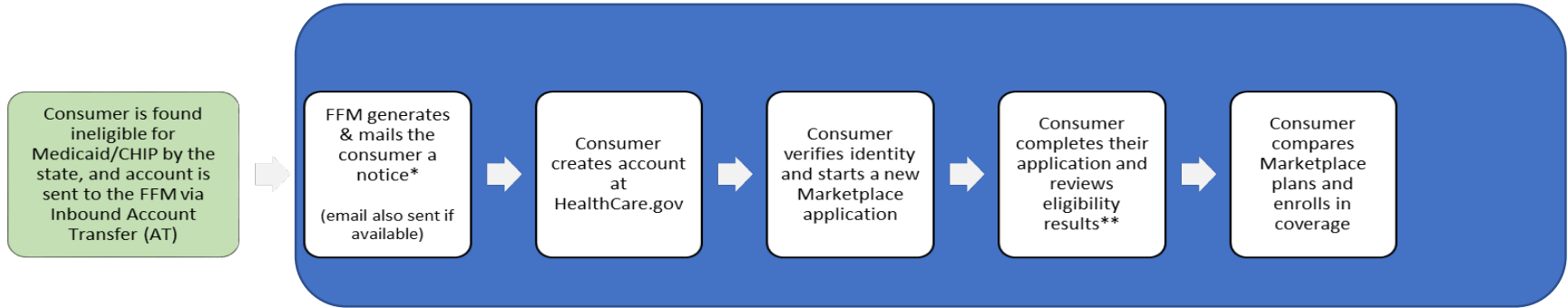
Sending Inbound Account Transfers

- State Medicaid and CHIP agencies securely send account information to the FFM for individuals found to be ineligible for Medicaid and CHIP at application, renewal, or following a change in circumstances via a process known as inbound account transfer (IB AT). Below are examples of the types of IB ATs that must be sent:
 - Applicants determined ineligible for MAGI-based Medicaid even if they are being evaluated for coverage on a non-MAGI bases (i.e., consumers who newly applied and were denied)
 - Medicaid and CHIP beneficiaries found ineligible at renewal (i.e., consumers who are losing Medicaid/CHIP coverage)
 - Children determined ineligible for CHIP during a “waiting period”
 - Applicants who are lawfully present but ineligible for Medicaid/CHIP based on immigration status (e.g., applicants within 5-year waiting period)
 - Individuals only eligible for coverage that is not Minimum Essential Coverage (MEC), such as coverage limited to family planning services or other limited-benefit programs
- Consistent with federal regulations at 42 CFR 435.1200(e)(1) and 457.350(i) states must send IB ATs **promptly and without undue delay**
- To further minimize gaps in coverage, CMS also encourages states to send IB ATs for individuals determined ineligible for Medicaid/CHIP with or as soon as possible after providing the individual with advance notice of termination, as described at 435.917(c) and 457.350(e).

Procedural Denials & Terminations

- Medicaid and CHIP agencies in states that rely on the FFM for Marketplace eligibility determinations **should not send account transfers to the FFM** for:
 - Applicants who do not attest to citizenship or lawful presence in the US
 - Procedural denials & procedural terminations
- "Procedural denials" and "procedural terminations" refer to consumers who are denied or lose Medicaid/CHIP coverage due to their failure to respond to state agency requests for information to determine their eligibility for coverage
- It's expected that some enrollees will lose coverage for procedural or administrative reasons during unwinding
 - Many of these individuals may still be eligible for Medicaid and CHIP and will need to reenroll
 - Some will no longer be eligible for Medicaid or CHIP and will need to transition to the Marketplace
- CMS is enhancing functionality at the FFM to direct consumers to the appropriate coverage
- **State agencies should not send IB ATs to the FFM for individuals terminated from Medicaid/CHIP for procedural reasons; doing so may delay or prevent timely access to the most appropriate coverage**

Process Flow: From State Medicaid/CHIP Transfer to Marketplace Enrollment



*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

Medicaid Block Questions: Purpose

- The Medicaid block questions are a multi-purpose set of questions on the Healthcare.gov application and certified partner websites
 - Collect information from applicants about recent/upcoming loss or denial of Medicaid or CHIP coverage and recent findings of Medicaid or CHIP ineligibility
 - Included in the application to prevent “looping” or delays in consumers’ ability to access coverage due to the FFM finding an applicant Medicaid or CHIP eligible when the state agency already determined that they were ineligible
- The questions also help identify consumers who may be eligible for a Special Enrollment Period (SEP) based on their loss or denial of Medicaid or CHIP coverage

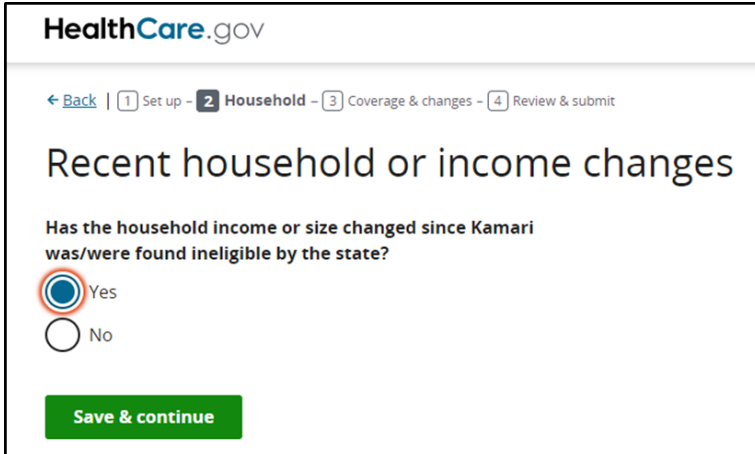
Medicaid Block Questions: Today

The screenshot shows a web form on HealthCare.gov. At the top, it says "HealthCare.gov" and has a progress bar with four steps: "1 Set up", "2 Household", "3 Coverage & changes", and "4 Review & submit". The current step is "2 Household". The main heading is "Medicaid or CHIP coverage ending". Below this is a question: "Did Kamari have Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) that recently ended or will end soon because they're no longer eligible?". There are two radio button options: "Yes" (which is selected) and "No". Below the question is a section titled "Enter the last day of Kamari's coverage." with the instruction "If you don't have it, give your best estimate. For example: 4/14/2022". There are three input fields for "Month", "Day", and "Year" separated by slashes. At the bottom of the form is a green button labeled "Save & continue".

- When a consumer attests "yes" to having recently lost Medicaid or CHIP coverage or having coverage that will end soon, they are asked to enter the last date of coverage
- If they answer "no", they are evaluated for Medicaid/CHIP coverage along with eligibility for Marketplace coverage with advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs)
- If the consumer ends up being found eligible for Marketplace coverage, the date they enter will be used to determine their eligibility for a SEP

Medicaid Block Questions: Today

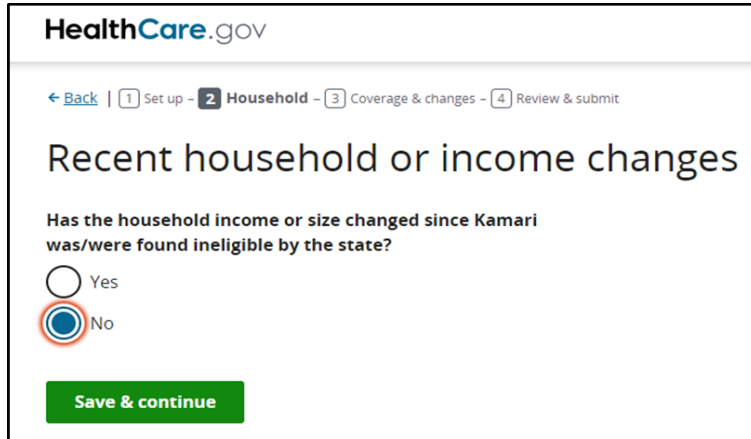
When a consumer answers "yes" to the question on the prior slide, they are asked whether they had any recent household or income changes.



The screenshot shows a HealthCare.gov form titled "Recent household or income changes". At the top, it says "HealthCare.gov" and has a progress bar with four steps: "1 Set up", "2 Household", "3 Coverage & changes", and "4 Review & submit". The current step is "2 Household". The question is "Has the household income or size changed since Kamari was/were found ineligible by the state?". There are two radio button options: "Yes" (which is selected) and "No". At the bottom, there is a green button labeled "Save & continue".

- When a consumer answers "yes" to this question, they **are evaluated for Medicaid/CHIP coverage** along with eligibility for Marketplace coverage with APTC/CSRs
- Consumers with income within Medicaid/CHIP eligibility range will be determined or assessed Medicaid/CHIP eligible and sent to the state Medicaid/CHIP agency via an outbound AT for further processing/enrollment

Medicaid Block Questions: Today (con't)



The screenshot shows the HealthCare.gov interface. At the top, it says 'HealthCare.gov'. Below that is a progress bar with four steps: '1 Set up', '2 Household', '3 Coverage & changes', and '4 Review & submit'. The '2 Household' step is currently active. The main heading is 'Recent household or income changes'. The question is 'Has the household income or size changed since Kamari was/were found ineligible by the state?'. There are two radio button options: 'Yes' (unselected) and 'No' (selected). A green 'Save & continue' button is at the bottom.

- When a consumer answers "no" to this question, they **are not evaluated for Medicaid/CHIP coverage** and are evaluated only for Marketplace coverage with APTC/CSRs

Coming Soon: IB AT Matching

- Prior to Open Enrollment 2023, the FFM plans to turn on a check for a recent IB AT when a consumer attests to a loss of Medicaid or CHIP coverage in the FFM application (or a certified partner website)
 - The FFM will use the consumer's Social Security Number (SSN) provided on the application and the IB AT to match them to the presence of an IB AT
- The FFM will assume that someone who attests to having lost Medicaid/CHIP but for whom there is no IB AT record was procedurally denied and therefore should be evaluated for Medicaid/CHIP coverage

Medicaid Block Questions: Future Functionality

HealthCare.gov

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

Medicaid or CHIP coverage ending

Did Kamari have Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) that recently ended or will end soon because they're no longer eligible?

Yes
 No

Enter the last day of Kamari's coverage.
If you don't have it, give your best estimate. For example:
4/14/2022

Month / Day / Year
 / /

[Save & continue](#)

- Consumers who apply at the FFM and attest to losing Medicaid/CHIP coverage (past or future), and for whom there is **no matching IB AT**, will be inferred as procedurally denied/terminated and therefore, evaluated for Medicaid and CHIP coverage by the FFM
- Consumers with income within Medicaid/CHIP eligibility range will be determined or assessed Medicaid/CHIP eligible and sent to the state via an outbound AT for further processing/enrollment

Medicaid Block Questions: Future Functionality

HealthCare.gov

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

Medicaid or CHIP coverage ending

Did Kamari have Virginia Medicaid or Family Access to Medical Insurance Security (FAMIS) (CHIP) that recently ended or will end soon because they're no longer eligible?

Yes
 No

Enter the last day of Kamari's coverage.
If you don't have it, give your best estimate. For example:
4/14/2022

Month / Day / Year
 / /

[Save & continue](#)

- Consumers who apply at the FFM, who attest to losing Medicaid/CHIP coverage in the past or future, for whom there **is a matching IB AT**, will be considered for Marketplace coverage only and not evaluated for Medicaid or CHIP coverage, unless they attest to having experienced a change in their household income or size since they lost Medicaid or CHIP coverage

New Medicaid Block Functionality: At-a-Glance

Consumer attestation	Changes in income, household, etc.?	IB AT Match	Evaluated for
Lost Medicaid	No	Yes	Marketplace coverage with APTC/CSRs
Lost Medicaid	No	No	Medicaid/CHIP
Lost Medicaid	Yes	Yes or No	Medicaid/CHIP

Note: IB AT Match functionality does not impact consumers who responded that they newly applied and were denied Medicaid coverage.

Takeaways for States

- It is very important that states:
 - **Send IB ATs to the FFM for consumers determined ineligible for Medicaid/CHIP promptly and without undue delay**
 - **NOT send the FFM procedurally terminated consumers via IB AT**
- If a state sends procedurally terminated consumers via IB AT, a successful match between the consumer and the IB AT will result in that consumer not being evaluated for Medicaid or CHIP coverage once the IB AT matching functionality is turned on at the FFM
 - Since many procedurally terminated consumers may remain eligible for Medicaid or CHIP, being blocked from Medicaid or CHIP could be detrimental to consumers
- If a state does not send, or delays, an IB AT for a former Medicaid or CHIP beneficiary, then that consumer will not be matched with an IB AT and will not be blocked from Medicaid and CHIP when they apply at the FFM
 - This may result in ATs being sent to the state for individuals whom the state has already determined ineligible for Medicaid or CHIP, unnecessarily increasing state's application processing workload
 - Ideally, states should send IB ATs no more than 90 days prior to the beneficiary losing coverage