

06/22: Agents and Navigators: What you need to know about Medicaid Unwinding

Welcome Participants!

A few reminders about today's training:



A few reminders about today's training:

- The training is scheduled for 2 hours and is being offered for two (2) CE credits. **Receipt of the CE credit is based on registrant activity and attendance.**
- We'll measure your interaction with the training through **polling questions** during the webinar - make sure you respond to these, as they are required in order to receive credit!
- Additionally, **attendance is monitored and validated** based on personally identifiable information provided during registration – specifically; username, NPN, and email.



You should also know:

- **There will not be a certificate of completion issued for this course.** Credits will be issued and appear on your continuing education transcript once verification of participation is completed.
- **The webinar will be recorded** and posted with Covering WI and OCI, however CE will not be available for the recorded version.



We welcome questions!

- Because this meeting is a webinar, participants will be muted. **If you have a question for the presenter, please type it in the chat.**
- Due to time constraints, we may not be able to answer all questions. **If your question is unanswered at the end of the presentation, we will follow up with you as soon as possible after the training.**





WISCONSIN DEPARTMENT
of HEALTH SERVICES

DHS Unwinding

Wisconsin's Medicaid Programs Return to Routine Operations

June 22, 2023

Introductions

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Agenda

- Unwinding Overview
- Eligibility Policy and Renewals
- Member Communication
- Partner Engagement





Unwinding Overview



“Unwinding” Defined

- The process states will undertake to return to routine operations in Medicaid programs, as temporary policies related to the pandemic start to end.



Driving the Unwinding

- Consolidated Appropriations Act (CAA), 2023
 - Separated Medicaid's health care continuous coverage from the federal public health emergency
 - Set a timeline for states to begin renewals for all members
- Federal public health emergency (PHE)
 - Many program and policy flexibilities linked to or authorized under the PHE
 - Which ended May 11, 2023
 - Some policies end immediately; others have a phase out period





Unwinding Goals

- Implement a successful return to routine operations for Wisconsin's BadgerCare Plus and Medicaid programs
- Help Wisconsinites stay covered for health care, whether through a state program, their employer, or plans available on [HealthCare.gov](https://www.healthcare.gov).





Eligibility Policy and Renewals



Temporary Eligibility Policies

Continuous eligibility for members of BadgerCare Plus and Medicaid programs

Postponed health care renewals

Suspended treatment needs question for BadgerCare Plus childless adults

Suspension of all premiums and Medicaid Purchase Plan (MAPP) work requirements

Presumptive eligibility expanded to the elderly, blind, and disabled population



Unwinding Continuous Coverage

Members enrolled as of March 31, 2023, will maintain continuous coverage until a full eligibility determination occurs or their renewal date passes

Renewal dates have been distributed evenly across 12 months from June 30, 2023, through May 31, 2024

Renewal dates were chosen to have a common due date for each household member, and to try to align with renewals for other programs like FoodShare or Child Care



Renewal Process

- Members were notified in March 2023 of their new renewal month (June 2023 – May 2024). This is also available in ACCESS and in ForwardHealth.
- Members are sent a renewal packet with instructions on the second Saturday of the month before their renewal month.
- The packet will tell members to submit their renewal by a date ~2 weeks before the end of their renewal month.
- If members submit their renewal by this mid-month date, their coverage will be extended if their agency is unable to process their renewal by this date.
- A member can submit a late renewal up to 3 months after the end of the renewal month, but retroactive coverage is not automatic.





Example 1: Renewal is submitted and processed by the date in the letter

- Lisa's renewal month is August 2023.
- She gets her renewal letter on July 12.
- Her renewal letter tells her to act by August 17.
- She submits her renewal on July 30.
- The agency processes her renewal on August 10, and finds she no longer meets program rules.
- She will get a letter around August 15 saying her benefits will end as of September 1.





Example 2: Renewal is submitted but not processed by the date in the letter

- Lisa's renewal month is August 2023.
- She gets her renewal letter on July 12.
- Her renewal letter tells her to act by August 17.
- She submits her renewal on July 30.
- By August 17, the agency has not processed her renewal, so her benefits are extended to September 30.
- The agency processes her renewal on September 1, and finds she no longer meets program rules.
- She will get a letter around September 6 saying her benefits will end as of October 1.





Example 3: Renewal is submitted after the date in the letter

- Lisa's renewal month is August 2023.
- She gets her renewal letter on July 12.
- Her renewal letter tells her to act by August 17.
- She does not act by August 17, so she gets a letter soon after telling her that her benefits are ending as of September 1.
- She submits her renewal on August 25.
- The agency processes her renewal on August 29, and finds she no longer meets program rules.
- Lisa's benefits end as of September 1, as she was notified they would in the letter she received.
- She will get another letter around September 5 telling her why she does not meet the rules for the program.





Example 4: Renewal is submitted after the renewal month (a “late renewal”)

- Lisa’s renewal month is August 2023.
- She gets her renewal letter on July 12.
- Her renewal letter tells her to act by August 17.
- She does not act by August 17, so she gets a letter telling her that her benefits are ending as of September 1.
- Her benefits end as of September 1.
- She submits her renewal on September 15.
- The agency processes her renewal on September 20, and finds she meets program rules.
- She will get a letter around September 25 telling her that she is eligible as of September 1. Her benefits are reinstated back to that date.



Unwinding Premium Suspension

- Premiums have been suspended during the pandemic
- Based on guidance in the CAA, premiums will be reinstated starting January 1, 2024
- This impacts:
 - BadgerCare Plus Children with income over 201% FPL
 - BadgerCare Plus Childless Adults with income over 50% FPL
 - Medicaid Purchase Plan (MAPP) members with income over 100% FPL



Transition Assistance

- If a member is not eligible to keep their state coverage, there are resources and help available:
- WisCovered.com: This website provides information about options for finding health care coverage in our state.
- [Covering Wisconsin](#): Our state's federally certified, state-licensed navigator agency provides free, expert help.
- HealthCare.gov: Wisconsin will refer members to HealthCare.gov. Representatives will do outreach.



Poll Question: 1

- Those applying for BadgerCare Plus or Medicaid as of what date will be subject to normal rules around termination of coverage?
- April 1, 2023
- May 11, 2023
- May 31, 2023
- June 31, 2023



Poll Question: 1

- Those applying for BadgerCare Plus or Medicaid as of what date will be subject to normal rules around termination of coverage?
- April 1, 2023
- May 11, 2023
- May 31, 2023
- June 31, 2023



Poll Question: 2

- Renewals have been distributed evenly over 18 months.
- A) True
- B) False



Poll Question: 2

- Renewals have been distributed evenly over 18 months.
- A) True
- B) False





Member Communications



Member Notification

- Most members received a letter in March 2023 telling them their household's assigned renewal month
- Members will be mailed a renewal packet with instructions two weeks before their renewal month
- The packet will tell members a mid-month date by which to submit their renewal to avoid a delay or gap in their coverage
- If members submit by this mid-month date, they will have the best chance at timely processing of their renewal. If they can't stay in their state program, this will give them time to find new coverage.
- Also, if members submit by the mid-month date, their coverage will be extended if their agency is unable to process their documents by the end of their renewal month.



Unwinding Messaging: Implementation Phase



- Health Care renewals are back. Find your “just right” renewal time to avoid a delay or gap in coverage.
- We expect high call volumes.
 - When calling, members can use our new callback feature so that they can keep living their lives until a worker is free to work with them.
 - We recommend members use ACCESS and MyACCESS to check their renewal status, upload documents, and update contact information.
 - They can complete their renewal at access.wi.gov.



Renew When the Time is “Just Right”

- Enhanced renewal messaging:
- Incorporates additional details to clarify timing
 - Don't go early
 - Don't wait too late
- Encourages procrastinators to act
- Provides members the best experience



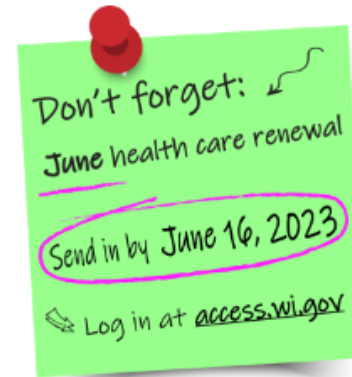
Unwinding Renewal Status

Not too early, not too late — renew at the “just right” time

All members of BadgerCare Plus and other Wisconsin Medicaid programs have been assigned a health care renewal date between June 2023 and May 2024. Double-check the year – no renewals are due before June 2023.

How do I find my renewal month?

- Refer to the letter you received from the Wisconsin Department of Health Services in late March or early April.
- Log in at access.wi.gov. If you don't have an ACCESS account, you can create one for access to your state benefits information anywhere, anytime. Look for your Benefits Renewal Overview.
- Use the [MyACCESS smartphone app](#). Log in with the same user ID and password you use for access.wi.gov. You can also create an account via the app.
 1. From the menu, tap “Check your benefits.”
 2. Tap the name of your program, like BadgerCare Plus.
 3. Look for the message “Your next renewal is due” and the date. Be sure to check the year – some renewals aren't until 2024.



When is my “just right” time to renew?

Once you know your renewal month, renew at the “just right” time to avoid delays or a gap in coverage.

Renewal month	“Just right” renewal window	Status
June 2023	May 15, 2023 – June 16, 2023	→ RENEW NOW!
July 2023	June 12, 2023 – July 18, 2023	Sign up for a renewal reminder
August 2023	July 10, 2023 – August 17, 2023	Sign up for a renewal reminder
September 2023	August 14, 2023 – September 15, 2023	Sign up for a renewal reminder



Watch, Read, Act

Watch your mailbox.
Read letters from us.
Act by the deadline.

BadgerCare Plus and
Medicaid renewals are back!





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Medicaid renewals are back!



Important information about renewals for BadgerCare Plus and Wisconsin Medicaid programs is **coming soon!**



Watch your mailbox
Read letters from the state
Act by your deadline

STOP READ ACT

It's renewal time!

You must complete a renew process each year to keep your benefits. Here's what to do:

1. Read the enclosed letter to find out your next steps.
2. Note the due date and respond on time.
3. Don't wait — follow the instructions right away.

NRES NYEEM NQIS TES

Nws Yog Lub Sij Hawm Rov Txuas Sij Hawm Dua Lawm!

Koj yuav tsum ua kom tiav cov txheej txheem txuas sij hawm tshiab txhua xyoo txhawm rau khaws koj cov txiaj ntsig cia.

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2. Sau tseg lub sij hawm tag thiab teb kom ncv sij hawm.
3. Tsis txhob tos — ua raws li cov lus qhia tam sim ntawd.


PARE LEA PROCEDA

¡Es época de renovación!


Debe completar cada año una solicitud de renovación para conservar sus beneficios.

Le indicamos qué debe hacer:

1. Lea la carta adjunta para conocer los pasos siguientes.
2. Tenga en cuenta la fecha de vencimiento y responda a tiempo.
3. No espere, siga las instrucciones de inmediato.

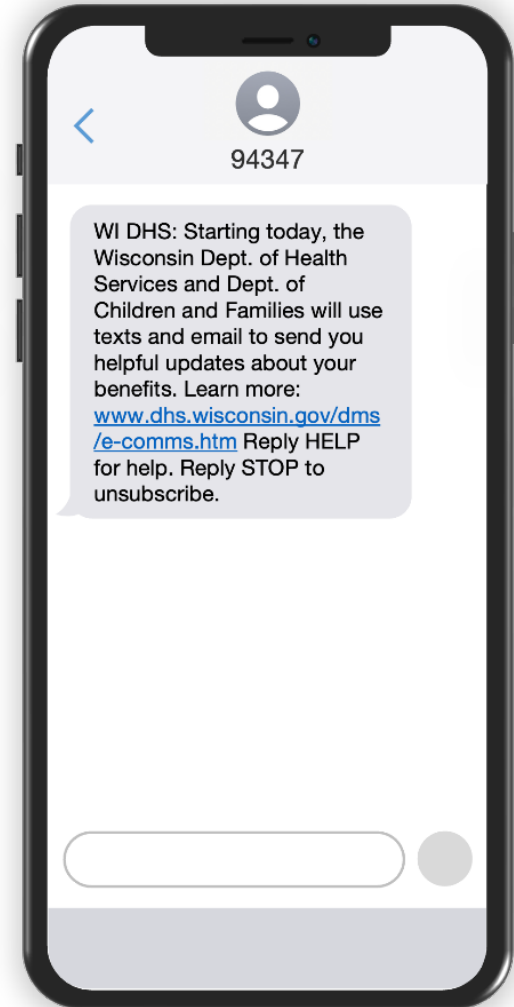
 WISCONSIN DEPARTMENT of HEALTH SERVICES

dhs.wi.gov/forwardhealth/renewals.htm
P-03277 (02/2023)



New! Texts and Emails from DHS

- In October 2022, DHS began using these channels to communicate:
 - Important benefit updates
 - Critical, time-sensitive information
 - Renewal reminders



2023-2024 Renewal Questions and Answers

What is a renewal?

When you first applied for benefits, you gave the state details about things like your household, income, and insurance. We'll update that information every year.

When do I renew?

Your renewal due date is set

- Check the letter you receive from the Wisconsin Department of Health Services.
- Log in to your ACCESS MyACCESS app. If you don't have one, create one at access.wisconsin.gov anytime, anywhere.

What happens next?

About 45 days before your due date, a digital version of the renewal packet will be sent to you. It will tell you what information to



Don't renew if you don't follow the guidelines, you may be penalized too soon could

What if I miss my due date?

In some situations, you may miss your due date. Check with your local agency at [WisCovered.com](https://www.wisconsin.gov/covered) to get help.

What else do I need to know?

Don't delay medical care! When you have a prescription, you can get a refill. For example, if you have BadgerCare Plus, you can get a prescription refill. You can use

Wisconsin Medicaid Members Keep Your Health Benefits



If you get Wisconsin health care benefits (such as BadgerCare Plus, Medicaid, or MAPP), you must **renew your enrollment once a year.**

What to Expect at Renewal Time



1 We'll send you a letter about one month before your renewal is due. For example, if your renewal is due in October, you will get a notice in September.



2 You may need to update the information we have on file. This may include your household details, income, and assets. You may be asked to submit proof later.



3 Your local agency will review your renewal and follow up if they need more information. Then, you will get a letter that tells you if your benefits are changing.

Completing your renewal

The easiest way to renew is online through your ACCESS account. Log in or set up an account at access.wi.gov.

To renew by mail, complete and return your renewal packet.

You can renew by phone or in person through your local agency. Find your agency at dhs.wisconsin.gov/forwardhealth/imagency/index.htm.

Visit dhs.wisconsin.gov/forwardhealth/renewals.htm for more information.



If you do not complete your renewal by the due date, your benefits will end. Free, expert help for completing your renewal or getting other benefits is available at [WisCovered.com](https://www.wisconsin.gov/covered). Or, call 211 to find a local navigator.

P-10049 (01/2023)

Renewal Webpage

- What to expect
- How to complete a renewal
- Link to renew online
- Enrollment renewal fact sheet (English, Hmong, and Spanish)

www.dhs.wi.gov/renew



Poll Question: 3

Where can members go to renew their benefits at the appropriate time?

- A. Online through their ACCESS account at access.wi.gov
- B. By mail by completing and returning the member's renewal packet
- C. By phone or in person at their local agency
- D. All of the above



Poll Question: 3

Where can members go to renew their benefits at the appropriate time?

- A. Online through their ACCESS account at access.wi.gov
- B. By mail by completing and returning the member's renewal packet
- C. By phone or in person at their local agency
- D. All of the above





Partner Engagement



Collaboration Goals

- Inform and educate members on upcoming changes
- Help members update their contact information
- Assist with renewals
- Help those who no longer qualify for Medicaid or BadgerCare Plus transition to [HealthCare.gov](https://www.healthcare.gov) or other quality coverage



How You Can Help



- Direct members to make sure they have an account at access.wi.gov
- Emphasize to members the importance of knowing their renewal date
- Encourage members not to renew until they get their renewal packet in the mail about two weeks prior to their renewal month or when their renewal window opens in their ACCESS account.
- Use other messaging campaigns in the toolkit as available



Stay Informed

- Attend our biweekly policy stakeholder calls, which feature policy updates and changes to programs like FoodShare and Medicaid: dhs.wisconsin.gov/forwardhealth/partners.htm
- Join our Unwinding Update listserv to get email updates with Unwinding news: public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_668



Partner Resource Guide



- Topics include:
 - Working with local Agencies
 - Verifying information (providing proof)
 - Backdating health care coverage
 - Translation services
 - Resolving issues before a fair hearing
 - Completing health care renewals
 - Key contacts

dhs.wisconsin.gov/medicaid/partner-resourceguidefinal-v4.pdf



Unwinding members covered

Unwinding is the term used by our federal partners to describe the steps for state Medicaid agencies to replace temporary policies established during the COVID-19 emergency with regular eligibility, enrollment, and benefits management processes. Wisconsin's Unwinding goals include:

- Implementing a successful return to routine operations for our programs
- Keeping Wisconsinites covered, whether through a state program, insurance from an employer, or a plan from [HealthCare.gov](https://www.healthcare.gov)

This partner toolkit is designed to give you communication tools to help members navigate the Unwinding process successfully. We encourage you to download and customize the materials and share our social media posts to help spread key messages.

Member communication campaigns

We currently have three primary messaging themes:

- **Update your address.** Member messaging continues to focus on making sure the state has updated contact information for everyone enrolled in a benefits program.
- **Watch. Read. Act.** This social media campaign will encourage members to watch for mail coming their way with benefits information, read it carefully and note their next steps, and act by their due date.
- **Renewals are back.** Members will be referred to our updated [health care renewal webpage](#) for information. They can also download a renewal fact sheet in [English](#), [Hmong](#), and [Spanish](#).

Using the toolkit

- Explore our partner toolkit for resources available in either a DHS version, a customizable version, or both. If you have challenges with customization or have other questions about toolkit materials, email DHSDMCommunications@wi.gov.
- Follow DHS on social media and share our posts. Within each theme below, current social media posts are linked for your convenience.
- Sign up for our [Unwinding email list](#) to stay informed about updates to the toolkit.



Partner Toolkit

- Communication resource developed with our partners, for our partners
- Updated with new materials as needed

dhs.wisconsin.gov/covid-19/unwindingtoolkit.htm



Provider Toolkit

- A communication resource for providers to supply them with renewal messaging they can share with their patients.

forwardhealth.wi.gov/WIPortal/content/html/Provider%20Toolkit.htm.spage

ForwardHealth
Wisconsin serving you

COVID-19 Unwinding Resources for Providers

COVID-19 Unwinding Resources for Providers

This toolkit equips providers with resources to support their Medicaid patients as Wisconsin prepares to return to routine operations (including Medicaid renewals), also known as unwinding. As the Wisconsin Department of Health Services (DHS) waits for notification from the federal government to begin unwinding, we have three goals:

1. **Encourage members to stay healthy by accessing their healthcare benefits.**
2. **Ensure we have members' current contact information so we can reach them before the changes begin.**
3. **Alert members to watch for updates from us so they can prepare to renew when needed.**

Providers may use these communication resources to engage members immediately. We recommend the text remain the same to ensure message consistency. As new federal guidance and additional insights are available, we'll share new resources for providers to assist members through renewal. The resources include messaging and templates to conduct various forms of outreach, including print, telephonic communications, and digital media.

Communications to Use with Members

If we can reach you, we can help you

Help Us Help Members-Updated Contact Info is Important!
Campaign to encourage members to update their address, mobile phone number, and email address so that DHS is able to contact them with important information about their benefits. Access files [here](#).

Members can do a lot with ACCESS and MyACCESS!
Campaign to help members get signed up and familiar with ACCESS and MyACCESS now to help during the upcoming unwinding when call centers may be busy. These tools make managing benefits easier and more convenient than ever before. Learn more about this campaign [here](#).

Members Still Have Coverage
We've heard from partners that some members are concerned that they may have lost their state coverage. Members need to know that they still have coverage and that they shouldn't delay needed medical care. Download the flyer to share [here](#).

Changes Coming in How Members get Their Prescriptions
During COVID-19, BadgerCare Plus and Wisconsin Medicaid created temporary policies to make it easier for members to get their prescriptions. Those policies are ending on December 1, 2022. These materials explain the changes. Get the poster and customer flyer file [here](#).



Data Sharing

- Member-level reports with renewal information
 - HMOs
 - Managed care organizations and IRIS consultant agencies
 - Fee-for-service providers
- Aggregate data via the outreach dashboard: will provide actionable information to guide community-level messaging and outreach.



Questions?

Email us: DHSForwardHealthPartners@dhs.wisconsin.gov





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www.youtube.com/user/dhswi



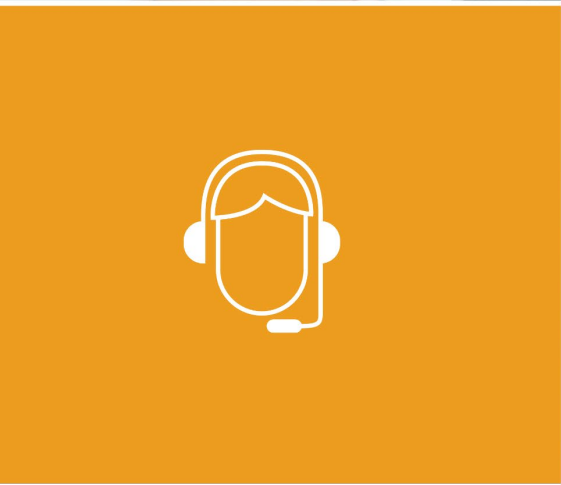


Thank you!

Protecting and promoting the health and safety of the people of Wisconsin.



WISCONSIN DEPARTMENT
of **HEALTH SERVICES**



Covering Wisconsin

This presentation is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,901,875 with 69% funded by CMS/HHS and \$117,825 amount and 4% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.

What We Do

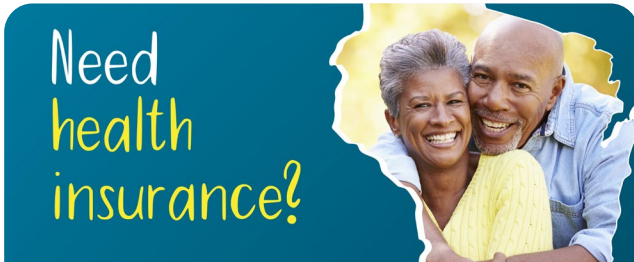


Covering Wisconsin:

Covering Wisconsin (CWI) is a grant funded program of UW-Extension that helps people in Wisconsin **find and use health insurance**.

Health Insurance Navigators:

We are Wisconsin's federally-certified Navigator agency. Our expert Navigators are licensed to provide free help statewide.



Education, Outreach and Promotions

Our team creates consumer-tested materials and offers training for professionals and partners on health insurance topics.

Get free, local help!

covering
Wisconsin
Connect to Care, Engage in Health

covering
Wisconsin
Connect to Care, Engage in Health

Covering Wisconsin Health Insurance Navigators

Health Insurance Navigators provide free help so that consumers can:

- Know their options for plans and financial help.
- Sign up for HealthCare.gov, BadgerCare Plus or Medicaid.
- Understand how to use their plan to get the health care they need.
- Get help with billing or coverage problems.
- Find community programs to help pay for insurance or medical care.



Medicaid Eligibility: Determination and Next Steps

Medicaid Renewals

You can help consumers:

- Understand their letters and renewal dates (i.e.: April 2024)
- Check their renewal dates in the MyACCESS app or online at access.wi.gov
- Create an ACCESS or MyACCESS account
- Renew benefits for their specific renewal period
- Fill out renewal paperwork or online forms
- Understand it's best to act before they lose coverage
- Connect with organizations who can help with the renewal process

BadgerCare Plus

Worried about losing BadgerCare Plus or Medicaid?

Find your renewal date:

Go to the MyACCESS app. If you don't have it, download it from the app store in your phone. 

To sign in the first time, you will need one of these numbers:

- Case number
- ForwardHealth card number 
- Quest card number

Get free expert help!

Health insurance experts can help you understand your options and sign up.

Ways to get local help:

- Call (877) 942-6837 
- www.coveringwi.org/enroll
- Chat online (scan QR code) 

1. Tap "Check your benefits" 

2. Tap "BadgerCare Plus" and check your renewal date 

3. Double check the year! 

Renew your benefits:

Renew your benefits within 45 days of your renewal date. **Do not renew too soon!** If you renew too soon, you could lose your benefits early if you no longer qualify.

To renew your benefits:

- Go to access.wi.gov and sign in with the same user name and password you use for the MyACCESS app.
- Make sure you don't need to send more information.
- Check for next steps on the MyACCESS app or look for a letter from the CDPU (Central Document Processing Unit)

Where can I find my case number?

Check your last letter from the state. It will be in the top right corner. 

www.coveringwi.org/learn

Eligibility Determination

- After a member completes their renewal, the agency has up to 30 days to process it
- The member will receive a notice of decision, either approving or denying health care benefits
- Members will have at least 10 days notice before losing benefits
- If they are approved, they may not receive notice until after their end date has passed.

People Who Are No Longer Eligible

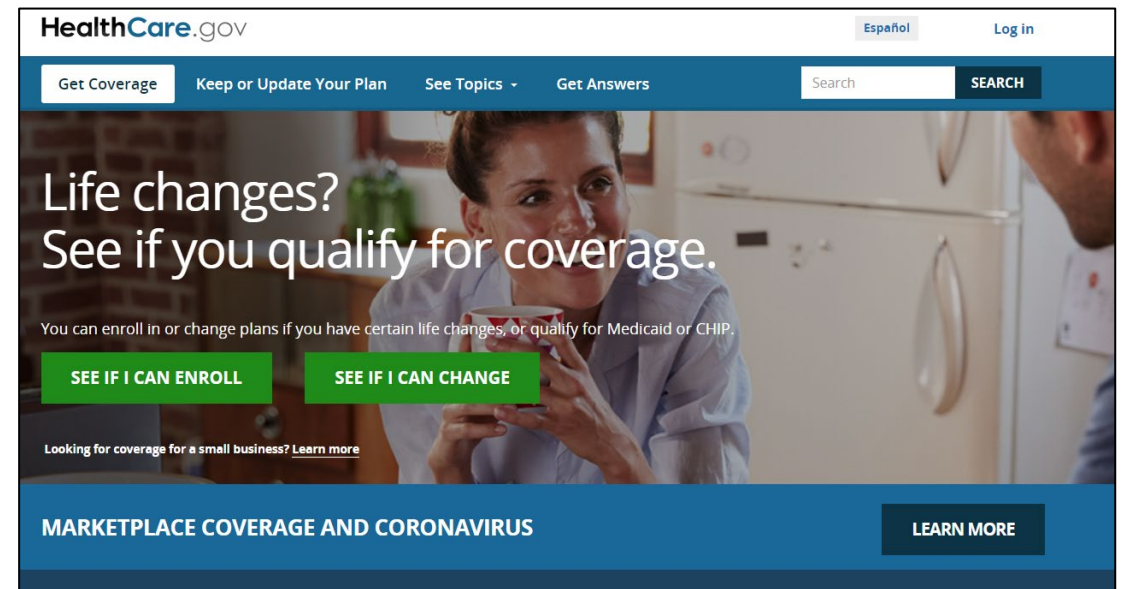
Robert Wood Johnson Foundation and Urban Institute estimate about 385,600 Wisconsin members may lose Medicaid/BadgerCare Plus; these folks will need to transition to other health insurance coverage.

- Many of them may be eligible for employer sponsored coverage
- Employers must give a 60-day SEP for their plans when employees lose Medicaid, but they may be unaware of this policy ([under HIPAA Act](#)).
- Many households will have mixed eligibility due to income, citizenship status, employer sponsored health coverage and age.

Health Insurance Marketplace (HealthCare.gov)

- HealthCare.gov is available to people who do not have access to affordable health insurance from their employer
- Financial help is based on income
- Open Enrollment Period to sign up is **November 1 – January 15***
- Special enrollment periods are available in different circumstances

*Sign up by December 15 for coverage to start January 1.



Special Enrollment Periods on HealthCare.gov

Did you miss the deadline for Healthcare.gov?

Sign up or change plans within 60 days of these Special Life Events:

- **Loss of insurance** - Lost health coverage from a job, COBRA, BadgerCare Plus, Medicaid, student health plan, or lost parent's insurance.

If you lose BadgerCare Plus or Medicaid, you can sign up at any time until July 2024.

- **Changes in income or household size** - Major changes in income, birth, adoption, marriage, divorce, or death.

- **Moving** - Moved to a new county.



- **Immigration** - Got citizenship or lawful presence in U.S.

- **Release from incarceration or jail.**

Can sign up any time of year:

- Tribal members & families
- People with low-income
- Lost BadgerCare Plus or Medicaid: Sign up anytime until July 31st, 2024.

Work with an expert for these situations:

- Financial Hardship
- Mistake from a professional on your application
- Victim of scam
- Victim of domestic violence

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Connect to Care, Engage in Health
www.coveringwi.org

Special Enrollment Period How-to Sheet: [English](#)/[Spanish](#)

New Special Enrollment Period for HealthCare.gov

Anyone who loses Medicaid coverage from March 31, 2023, to May 31, 2024, can sign up on HealthCare.gov anytime before July 31, 2024.

- They will need to attest to a loss of Medicaid, but don't need to submit any verification.
- Once they start the application, they have 60 days to complete it.
- **To avoid gaps in coverage**, consumers should complete their HealthCare.gov application before the last day of Medicaid coverage.

Consumers Who Need Additional Options (Due to Eligibility or Citizenship status)

- Connect with Community Health Centers (FQHCs), which have sliding scale fees based on income
- Connect them with local free clinics
- Give resources for prescription discounts
- Inform them about available financial aid or charity care through their local hospitals and physician clinics
- For immigrants (both undocumented and those who don't meet the 5-year Medicaid requirement): [Emergency Services and Prenatal Service](#)

Consumers Denied Medicaid But Have Low Income

If a consumer is too low income to get financial help from the Marketplace, but denied Medicaid they may need to apply via another process call gap filling.

This can happen when:

- Consumers work a seasonal job
- They didn't work for part of the year
- They made too much money during 1 month

Gap Filling: If consumers qualify for Medicaid with yearly income, but not with monthly

What to do? Call the number on the denial letter from BadgerCare Plus or refer consumer to CWI
CWI How-to Sheet on Gap Filling

Denied Coverage? BadgerCare Plus



If you were denied BadgerCare Plus, you may still be able to get it if:

- You qualify for BadgerCare Plus with your **yearly income**, but not your monthly income.
- Your income is too low to get financial help from the Marketplace (HealthCare.gov).

This is called **gap filling**. With gap filling you can get BadgerCare Plus until December 31st.


If you were denied follow these steps:


1. Review your letter or online notice from BadgerCare Plus to make sure you were denied. It will look like this:
Example: Alex


Who is not enrolled?		
When?	Which Plan?	Who and Why?
As of Nov. 1 2018	BadgerCare Plus	ALEX: Your monthly income is over the program limit. See the part of this letter that shows how we counted your income. You could still get health care based on your household's annual income.
2. Apply for health insurance on the Marketplace (HealthCare.gov) 
3. Review your Marketplace eligibility notice to see if you qualify for financial help.
4. If you were denied, call the number on your letter or online notice from BadgerCare Plus. 
5. Say that you:
 - Made too much money for the month.
 - May qualify for BadgerCare Plus with your yearly income.

Gap filling is common when:

- You work a seasonal job
- You made too much for 1 month
- You didn't work for part of the year



Already went to the doctor?
Ask if you can be covered for the last 3 months.


If you have problems with the IM Agency:
Call: 608-266-7709 
Mail: Division of Hearing & Appeals
PO Box 7875
Madison, WI 53707

Mixed Medicaid Eligibility Households After Renewal

How To Help Consumers:

Ineligible based on age:

Basic overview of Medicare and when to sign up ([link to Medicare how-to sheet](#))

Refer to [your local Aging and Disability Resource Center](#) or the Medigap Helpline (1-800-242-1060)

Special SEP (special enrollment period) for Medicare:

- Medicare Part A and/or B: 6 months SEP
- Medicare Advantage Plan and/or Part D: 3 months SEP

Medicare:
What you need to know when turning 65

Medicare is federal health insurance that saves you money on health care. Most people need to sign up for Medicare just before they turn 65 to avoid paying more for the rest of their life and make sure the insurance starts on time.

Medicare options:

Choose

Option 1
Original Medicare
Part A and Part B

Part A is hospital insurance
It covers stays at a hospital or skilled nursing facility.

Part B is medical insurance
It covers medical care such as doctor and emergency room visits.

With original Medicare you can use any doctor or hospital in the U.S. or its territories that take Medicare.

Medigap is a Medicare Supplement Plan for Original Medicare.
It helps pay for out-of-pocket costs like deductibles, co-pays and co-insurance.

add Part D

Part D covers prescription drugs.
This is also called Medicare Prescription Drug Plan.
Another option in Wisconsin is **SeniorCare** Prescription Drug Assistance Program.

Option 2
Medicare Advantage
Part C

With Part C, you:

- Get Original Medicare benefits from a private Medicare Advantage Plan.
- Must use doctors or hospitals in the plan's network.
- Usually get Part D prescription drug benefits.

To get Medicare Advantage, you must first sign up for Original Medicare.

Do you have low or no income?
Call the 2-1-1 helpline to find your local ADRC (Aging and Disability Resource Center) to learn about programs that can help you pay for Medicare.

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Covering Wisconsin Educational Resources

BadgerCare Plus

I'm Sick or Hurt, Where do I go for care?

If you are sick and need care that day:

- Call your Doctor's Office**
Many clinics have appointments for same day care. Doctors are also on-call at night.
This is the best place to get care if it is not an emergency.
- Call a 24-Hour Nurse Hotline**
Many insurance companies have their own hotline.
Ask what to do for treatment.
- Go to an Urgent Care Clinic**
It usually takes less time than the emergency room and costs less. You don't need an appointment.
Call your insurance company to find a clinic near you.
Make sure the clinic takes your insurance before you get care.

Don't have a way to get to the clinic when you're sick?
You can get a free ride to go to urgent care and same day doctor appointments.
Call Veyo at 1-866-907-1493.
You will be picked up in 3 hours or less.

If you have a medical emergency, call 911.

Your doctor or urgent care can help with these:

- Earaches
- Back pain
- Fevers
- Rashes
- Minor cuts, burns, or injuries
- Cough
- Sore throat
- Flu or cold symptoms
- Sprains
- Migraines
- Headaches

BadgerCare Plus

How to Start Using Health Care

You will get a letter and a ForwardHealth ID card

Use this card at the doctor's office, pharmacy, dentist, eye doctor, clinic, urgent care, or hospital.

If you DO NOT get your card in 30 days, or need a new card call: 800-362-3002

Choose your HMO - This is your insurance company

- Look at the letter from BadgerCare Plus to see what insurance company or HMO you can pick.
- Call the HMO Enrollment Broker to pick your insurance company. Or, you can mail it in on the sheet that came with the letter.

HMO = Insurance Company

Insurance Company Network
Use the doctors, clinics, and hospitals that are in this group.

Choose an insurance company that lets you use the doctor, clinic, or hospital you like.

Not sure who to choose? The HMO Enrollment Broker can help.

HMO Enrollment Broker
Phone: 800-291-2002
Hours: 7am to 6pm Monday - Friday

If you need care before you choose your insurance company, you can see any doctor that accepts BadgerCare Plus.

If you don't pick an HMO by the deadline in the letter, one will be picked for you. You can change your HMO during the first 3 months by calling 800-291-2002.

What can I do? I Can't Pay my Medical Bill

Do not ignore your bills! If your bill is less than 30 days late, most medical offices will discuss payment plans. Do not be afraid to ask for help.

- Call the office that sent you the bill and confirm the charges.**
This could be a hospital, doctor's office, clinic, or other medical office.
- Ask to talk to a financial counselor.**
Can I speak to a financial counselor?
- Ask to apply for coverage programs or financial help to lower your bill.**
Can I get financial assistance?

If you have health insurance, call your insurance company and ask if you were charged the correct amount.
Was I billed the right amount?

Do you need health insurance?
Call 2-1-1 to find free, local insurance help.

Do not ignore your bills! If your payment will be more than 30 days late, call the office and let them know. Keep in mind: late payments affect your credit score and may go to collections.

Additional FREE help?
Get help to make a plan to pay your bills. Get counseling agency to learn more.

National Council on Aging:
571-527-3900
Call 2-1-1 and ask to speak to a financial counselor.

covering Wisconsin
Connect to Care, Engage in Health
www.coveringwi.org

How-to Sheets: coveringwi.org/learn (English and Spanish)

Remember: We're Here to Help



Find & Schedule Online:

www.CoveringWI.org/enroll (Spanish:
www.CoveringWI.org/enrollspanish)



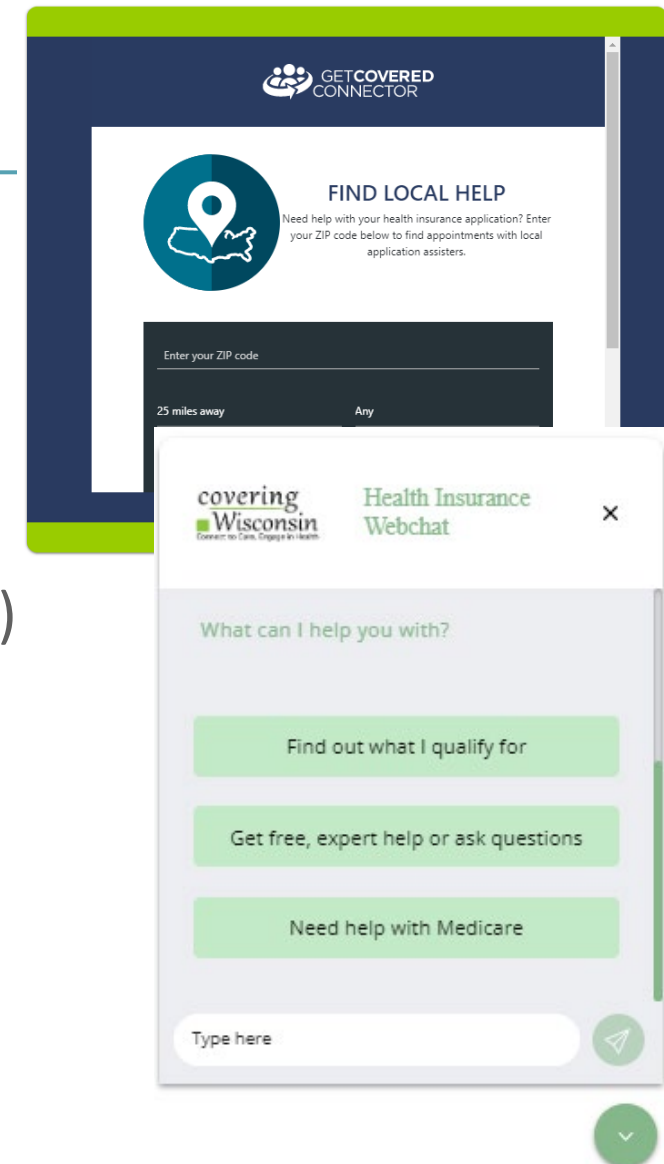
Call

- Covering Wisconsin (608-261-1455 or 414-400-9489)
- 211 Helpline or 877-947-2211 to find a local enrollment assister



NEW! Chat

- Online at www.CoveringWI.org (Spanish:
www.CoveringWI.org/enrollspanish)
- Text COVER to 920-507-5295 (Spanish: Text “SEGURO”)

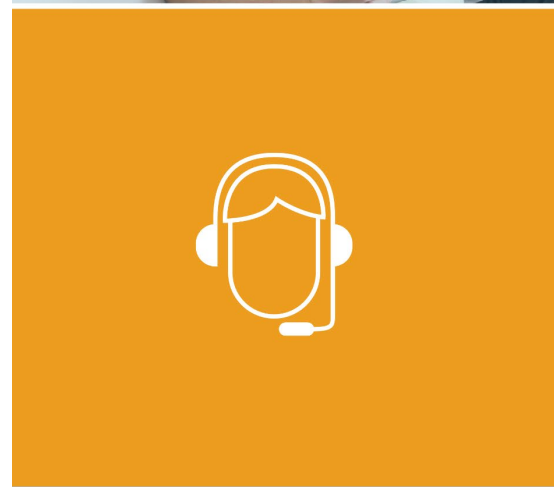




Questions?

Contact Covering WI:

(608) 261-1455; info@coveringwi.org



Medicaid Unwinding and Medicare

Presenter: Vicki Buchholz

Medigap Helpline Services Supervisor
A Part of the Wisconsin SHIP Program



The **Medigap Helpline Services** are at the **State of Wisconsin Board on Aging & Long Term Care.**

There is no connection with nor any endorsement of
any insurance company.

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Covid-19 Public Health Emergency (PHE)

- Continuous Enrollment for most members began March 18, 2020.
- Consolidated Appropriations Act 2023 ends this protection starting the “unwinding” process for all Medicaid members to go through a renewal process over a 14-month period.
- Letters have gone out to all members identifying when their scheduled renewal date would be.
- Renewal packets will be sent out 45 days ahead of scheduled date, so all members should have already confirmed their current address.
- Medicaid members who have started Medicare during the PHE may no longer be eligible for a Medicaid Program.

Medicaid Members Impacted

- All Medicaid members will complete a renewal however their eligibility for continued Medicaid coverage may have changed.
- Medicare beneficiaries will no longer be able to continue in the BadgerCare Plus Program for Childless Adults, however in completion of the renewal process, their eligibility for continued coverage will be determined under an Elderly, Blind, or Disabled (EBD) Medicaid Program.
- If the member is deemed to continue to be eligible for a Medicaid program, they may stay on Medicaid with Medicare as the primary coverage.
(Prescription Coverage would have been switched to a Part D plan when Medicare began)
- May enroll into a Dual - Special Needs Plan if on Medicaid and have Medicare A & B for added benefits, caution: not all LIS/Medicaid members may have full Medicaid, thus a D-SNP may not be a suitable option.

Medicare Enrollment

- Assess a Medicaid member's Medicare Coverage, do they have Medicare Parts A & B?
- For most, Part A would be automatic if eligible for Social Security Retirement or Disability Benefits. Part B would have a premium deducted from SSA benefits. (If not getting money benefits yet, then self-pay Part B quarterly or Medicare Savings program if eligible)
- If member withdrew from Part B and they are no longer eligible for a Medicaid program on or after January 1, 2023, there is a NEW Special Enrollment Period (SEP) to enroll into Medicare Part B. The SEP begins when they receive notice of upcoming termination of Medicaid eligibility and ends six months after termination. Part B will begin the first of the following month.
- There will also be NO "Late Enrollment Penalty" assessed for those who waived Part B prior when using this SEP to now enroll into Medicare Part B.

Medicare Enrollment (cont.)

- Beneficiary should already have a Medicare Part D prescription drug plan with “extra help” (Low Income Subsidy - LIS) which they were automatically enrolled into when first starting Medicare.
- The LIS will continue thru all of 2023 and possibly thru 2024 depending upon when the member’s Medicaid was terminated AND also depending on the member’s income/asset eligibility for LIS.
- Members not eligible for Premium-free Part A may elect to remain with Medicaid if eligible or use the Health Insurance Marketplace for coverage and forgo enrolling into Medicare.

POLLING QUESTION #1

A non-working Beneficiary who is enrolled in Medicare Part A only and whose Medicaid is terminating will have which of the following occur?

(Select One)

- A. Will be assessed Late Enrollment Penalties of 10% per 12 months they were without Medicare Part B.
- B. Can enroll into Medicare Part B within 6 months after receiving notice of loss of Medicaid eligibility using a Special Enrollment Period after 1/1/2023.
- C. Will have to wait until the next General Enrollment Period (GEP) to enroll into Medicare Part B.



POLLING QUESTION #1

A non-working Beneficiary who is enrolled in Medicare Part A only and whose Medicaid is terminating will have which of the following occur?

(Select One)

- A. Will be assessed Late Enrollment Penalties of 10% per 12 months they were without Medicare Part B.
- B. Can enroll into Medicare Part B within 6 months after receiving notice of loss of Medicaid eligibility using a Special Enrollment Period after 1/1/2023.
- C. Will have to wait until the next General Enrollment Period (GEP) to enroll into Medicare Part B.



Options with Medicare Coverage if Medicaid Ends

- Member may elect to stay with Medicare Parts A & B ONLY with their Part D Prescription plan. However, the risks are the out-of-pocket deductibles and coinsurance after Medicare Parts A & B with no maximum out of pocket limits.
- Medicare Supplement Policies (Medigap) – members who are losing Medicaid eligibility will have Guaranteed Issue to purchase a Medigap policy from the date of the notice of termination to 63 days after the loss. Wisconsin Administrative Code: [Ins 3.39\(34\)\(b\)8.](#)
- Medicare Advantage Plans (Part C) – members who are losing Medicaid eligibility will have a Special Enrollment Period (SEP), 30.4.4 #12. SEP for Individuals who Gain, Lose, or Have a Change in their Dual or LIS-Eligible Status—42 CFR 423.38(c)(9) to enroll into a Medicare Advantage plan within 3 months after notification or loss of coverage; <https://www.cms.gov/files/document/cy2021-ma-enrollment-and-disenrollment-guidance.pdf>

Medigap Policies vs Medicare Advantage Plans

- Covers after Medicare Parts A & B
 - Higher monthly premium which may increase each year and has low or no copays with policy and riders
 - Coverage as purchased is guaranteed for life as long as paying premiums
 - Freedom of choice of providers with Traditional policies
 - Each supplement base policy and riders cover same services
- Replaces Original Medicare with Medicare paying a monthly amount to the plan to cover Medicare services
 - Lower premiums with higher copays up to that plan's Maximum out-of-pocket (range up to \$8,300 in-network in 2023);
 - Costs can change each year; extra benefits can change
 - Provider network restrictions for coverage with HMO and PPO plans (Out-of-network providers can refuse to accept)

Medigap Helpline Services

- Provides counseling services statewide for Medicare Beneficiaries of all ages.
- Provides Medicare Part D prescription coverage counseling for persons aged 60 and over.
- Consists of 7 counselors who have been certified by the State Health Insurance Assistance Program (SHIP) with the U.S. Administration for Community Living and are licensed health insurance agents with the Office of the Commissioner of Insurance.
- A counselor's goal is to provide education and information to help beneficiaries understand Medicare and surrounding options. Suitability of choices are discussed to help determine which choices would cover their individual healthcare needs, the costs of coverage, and their provider choices. They guide in enrollment questions. Counselors also aide in fixing erroneous enrollments.

POLLING QUESTION #2

Helping a beneficiary understand their options with Medicare is very important. Which of the following is true?

- A. There is a program which can assist a beneficiary in understanding options which are available to them.
- B. Suitability of coverage options is an important factor in deciding which type of coverage to select: Medigap or Medicare Advantage plan.
- C. Medigap Helpline Counselors may provide information and education to all Wisconsin Residents, including beneficiaries, their families, and Wi Licensed Agents who may have questions about Medicare and other health insurance questions.
- D. All of the Above



POLLING QUESTION #2

Helping a beneficiary understand their options with Medicare is very important. Which of the following is true?

- A. There is a program which can assist a beneficiary in understanding options which are available to them.
- B. Suitability of coverage options is an important factor in deciding which type of coverage to select: Medigap or Medicare Advantage plan.
- C. Medigap Helpline Counselors may provide information and education to all Wisconsin Residents, including beneficiaries, their families, and Wi Licensed Agents who may have questions about Medicare and other health insurance questions.

D. All of the Above



Contact Info:

- Call: **1-800-242-1060** (Medigap Helpline)
- Call: **1-855-677-2783** (Prescription Helpline
- serving 60 and over)
- Call: **1-800-926-4862** (Prescription Helpline –
- serving aged 59 and under)
- Email: BOALTCMedigap@wisconsin.gov
- Email: BOALTCRXHelpline@wisconsin.gov
- Write: **Board on Aging & Long Term Care**
1402 Pankratz St Suite 111
Madison, WI 53704-4001
- Website: <http://longtermcare.wi.gov/>





Wisconsin Office of the
COMMISSIONER
OF INSURANCE

Division of Market Regulation & Enforcement (DMR)

OCI Presenters

**Christina
Keeley**

**Amy
Sather**

**Mary Kay
Rodriguez**



The purpose of Wisconsin's Insurance Laws as defined in s. 601.02 Wis. Stat

- To ensure the **solvency** of all insurers doing business in this state;
- To ensure that policyholders, claimants and insurers are **treated fairly and equitably**;
- To ensure that the state has an **adequate and healthy insurance market**, characterized by **competitive conditions** and the exercise of initiative;
- To provide for an office that is an **expert** in the field of insurance and able to **enforce** chs. 600 to 655, Wis. Stat.;
- To encourage full cooperation of the office with other regulatory bodies, both of this and other states and of the federal government;
- To improve and thereby preserve state regulation of insurance;
- To maintain **freedom of contract and freedom of enterprise** so far as consistent with the other purposes of the law;
- To encourage **self-regulation** of the insurance enterprise;
- To encourage **loss prevention** as an aspect of the operation of the insurance enterprise;
- To **keep the public informed** on insurance matters; and
- To achieve the other purposes stated in chs. 600 to 655, Wis. Stat.



Our Mission

The mission of the Office of the Commissioner of Insurance is to **protect and educate Wisconsin consumers by maintaining and promoting a strong insurance industry.**



DMR is responsible for monitoring the market activities of insurance companies, agents, and other entities doing business in Wisconsin. DMR has 5 sections, each of which plays a specific role.

- Agent Licensing
- Systems Support
- Rates and Forms
- Market Analysis
- Consumer Affairs



OCI's Role in Unwinding

OCI is a regulatory agency with specific authority

- **Enforce** Wisconsin insurance statutes and Code
- **Provide** resources and referrals

OCI areas of authority regarding Medicaid unwinding

- Private/commercial insurance
- Affordable Care Act (ACA) – excluding enrollment, eligibility, APTCs
- Individual and small group insurance
- Agent activity

No authority or limited authority

- Medicare, Medicare Advantage, or Medicaid - except company and agent marketing activities of Med Adv
- Most Large groups
- Self-funded, ERISA plans



Serve as a resource for consumers, insurers, and agents.

Monitor market activity for any untruthful, misleading, or deceptive marketing practices targeted toward individuals losing Medicaid coverage.

Respond to consumer inquiries regarding what resources are available for help selecting a commercial insurance plan.

Investigate consumer complaints to ensure that any substantiated complaints are referred to our legal unit for possible administrative action.



Coverage Options after Medicaid

- Medicare/Medicare Advantage plans
- Medicare supplement plans
- Employer sponsored plans
- The Medicaid insurer's Qualified Health Plan (QHP)
- Another insurer's QHP
- Non-QHPs*



NORC Project

Medicaid Redetermination Coverage Transitions



This project was funded by AHIP

Select State

Wisconsin

Estimate of Total Medicaid Coverage Loss during Redetermination (Urban Institute):

333,000

Percentage of total Medicaid and CHIP population (Urban Institute):

24.1%

Proportion individuals in new coverage sources for those losing Medicaid coverage during retermination:

Number of individuals in each new coverage source:

	ESI	Uninsured	CHIP	Direct Purchase	Subsidized Marketplace	Unsubsidized Marketplace	IHS	Military based coverage	Medicare	Other means tested coverage
Proportion individuals in new coverage sources for those losing Medicaid coverage during retermination:	57.0%	21.7%	13.8%	2.6%	2.8%	0.0%	0.0%	0.0%	2.2%	0.0%
Number of individuals in each new coverage source:	189,722	72,106	45,799	8,690	9,199	-	-	-	7,483	-

*Please refer to separate methodology document for more details on data sources and modeling.
For questions on this tool, please contact: Sarah Rayel at NORC - rayel-sarah@norc.org



OCI Polling Question #1

Which type of coverage is estimated to receive the highest level of enrollment as a result of the Medicaid Redetermination/Unwinding?

- A. Medicare
- B. Subsidized Marketplace
- C. Employer Sponsored Insurance
- D. CHIP



OCI Polling Question #1

Which type of coverage is estimated to receive the highest level of enrollment as a result of the Medicaid Redetermination/Unwinding?

- A. Medicare
- B. Subsidized Marketplace
- C. Employer Sponsored Insurance**
- D. CHIP



Employer Sponsored Insurance

If someone has an affordable Employer Sponsored Insurance (ESI) offer, they are not eligible for financial help under the ACA.

The Family Glitch

- Starting with the 2023 plan year, a family coverage offer will be measured by its own affordability, independent of the employee's cost of coverage.
- An unaffordable offer of family coverage (one that costs more than 9.12% of household income) will allow the employee's family members to receive a premium tax credit.



Transition Considerations

People may be unfamiliar with commercial insurance products

Transition means change: provider networks, formularies, cost-sharing, who/how to contact for questions

People may have fluctuating income

People may be unaware they are losing/lost Medicaid coverage



Transition Considerations

Open enrollment vs SEP

Special Enrollment Period (SEP)

- CMS announced in January 2023
- Consumers are eligible for a SEP **if all 3 apply**:
 - Submit a new application or update an existing application between March 31, 2023, and July 31, 2024, and
 - Answer “Yes” to the application question asking if their Medicaid or CHIP coverage ended recently or will end soon, and
 - Attest to a last date of Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024.
- Consumers who are eligible for the SEP have 60 days after applying to select a Marketplace plan
- Coverage starts the first day of the month after a plan is selected
- After July 31, 2024, if a consumer didn’t receive timely notice of Medicaid or CHIP coverage termination, they can contact the Marketplace call center to request a SEP. These will be granted on a case-by-case basis
- Consumers can report loss of Medicaid or CHIP coverage up to 60 days before the last day of that coverage



Coverage Selection Considerations

Enrollee's current coverage and needs

- Doctors and networks
- Prescriptions
- Specific health needs/issues
 - Pre-existing conditions
- Continuity of Care laws in Wisconsin
 - Wis. Stat. s. 609.24
 - INS s. 9.35, Wis. Adm. Code
- Existing prior authorization or formulary exceptions
- Annual deductibles in Marketplace plans



Marketing Considerations

OCI monitors marketing practices and will continue to do so

- Filed forms
- Marketing materials (insurer and agent)
- Websites (insurer and agent)
- Complaint process



Marketing Considerations

Unfair marketing practices for agents, insurers, lead generators, HSMs, STLDI, associations and other entities are governed by s. 628.34 Wis. Stat.

- Misrepresentation
- Unfair Inducement
- Unfair Discrimination
- Restraint of Competition
- Free Choice of Insurer

Home solicitation and sales (INS 20)



OCI Polling Question #2

True or False: Under s. 628.34, Wisconsin Statutes, it is considered a misrepresentation to provide information to a consumer about an insurance contract which is misleading because of incompleteness.

- A. True
- B. False



OCI Polling Question #2

True or False: Under s. 628.34, Wisconsin Statutes, it is considered a misrepresentation to provide information to a consumer about an insurance contract that is misleading because of incompleteness.

A. True

B. False



Advertising Rules

Section INS 3.27, Wis. Adm. Code

- Clear, unambiguous statements/explanations
- Advertisements must be truthful and not misleading
- No disparaging statements
- Overall impression created

Insurer/agent responsible for suitability of sale

Lead generators purchased by agents



Agent-specific Marketing

Marketing materials

- Websites
- Media
- Mailings
- Social Media
- Lead Generators

Phone calls and face-to-face conversation

- these can be a “record” (INS s. 6.61(3)(h), Wis. Adm. Code)
- Applications potentially subject to E-delivery requirements
- False, inaccurate, or misleading statements are violations

Steering enrollees to other products for financial gain



Insurer-specific marketing practices

Marketing materials

Stopping or reducing commission in a SEP vs Open Enrollment

CMS FAQs on Agent/Broker Commission during SEPs:

[https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs#Health Market Reforms.](https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs#Health%20Market%20Reforms)

“Cherry picking” enrollees based on health

ACA prohibits insurers from using marketing practices or communicating with enrollees in ways that could discourage the enrollment of people with significant health needs, or based on an individual’s race, color, national origin, disability, age, or sex.



Continuity of Care Laws in Wisconsin

Narrower than laws of other states

Provider termination protection (when a provider leaves network)

Statute and Code

- Wis. Stat. s. 609.24
- INS s. 9.35, Wis. Adm. Code



Short-term Limited Duration Plans

STLD is a type of health insurance coverage.

In accordance with Wis. Stat. s. 632.7495 (4), STLD plans must be designed and marketed as short-term coverage that provides a bridge when a person transitions from one plan to another.

- (4)** Except as the commissioner may provide by rule under sub. [\(5\)](#) and notwithstanding subs. [\(1\)](#) and [\(2\)](#) and s. [631.36 \(4\)](#), an insurer is not required to renew individual health benefit plan coverage that complies with all of the following:
- (a)** The coverage is marketed and designed to provide short-term coverage as a bridge between coverages.
 - (b)** The coverage has a term of not more than 12 months.
 - (c)** The coverage term aggregated with all consecutive periods of the insurer's coverage of the insured by individual health benefit plan coverage not required to be renewed under this subsection does not exceed 18 months. For purposes of this paragraph, coverage periods are consecutive if there are no more than 63 days between the coverage periods.
 - (d)** Rules promulgated by the commissioner under sub. [\(5\)](#).
- (5)** The commissioner shall promulgate rules governing disclosures related to, and may promulgate rules setting standards for, the sale of individual health benefit plans that an insurer is not required to renew under sub. [\(4\)](#).



Federal Rule for STLD Policies

Federal rule requires short-term insurance policies to prominently display a specified consumer protection notice in the contract and in any application materials provided in connection with enrollment. The notice is designed to inform individuals of all the following:

- (1) The coverage under the short-term, limited duration plan is not ACA-compliant.
- (2) Individuals should check for exclusions or limitations on coverage for preexisting conditions and health benefits.
- (3) The policy may have lifetime or annual limits on health benefits.
- (4) Individuals may have to wait for the annual open enrollment window in order to obtain other health insurance coverage if the short-term policy coverage period expires.
- (5) The coverage under the short-term policy is not considered "minimum essential coverage," under the ACA.

The precise language and notice requirements that insurers must follow can be found at 83 Fed Reg. 38212 (August 3, 2018).



Characteristics of STLD Plans

- Not Qualified Health Plan under the ACA
- Do not qualify for ACA subsidies
- Loss of a STLD plan does not trigger a SEP on the ACA marketplace

- Application fees when solicited by associations
- Limited authority over out-of-state Association plans



Limitations of STLD plans

Limited Coverage

Can medically underwrite

Can exclude coverage for pre-existing conditions

Waiting periods for sickness

High Deductibles

Caps on Coverage

Lack of Renewability



What those limitations mean for a consumer

- STLD plans don't have to cover all the "essential health benefits" as an ACA compliant plan does
 - Routine Care
 - Mental Health
 - Prescription Drugs
- High Deductibles
- Caps on Coverage
- No subsidies
- No coverage for pre-existing conditions
- Not renewable



Healthcare Sharing Ministries

- By definition, HCSMs are **not insurance**
- There are specific requirements charitable & religious associations must comply with. (Wisconsin Statute § 600.01 (b) 9.)
- Organizations meeting all the requirements are exempt from the requirements set forth in the insurance statutes and regulations.
- States potentially have regulatory authority if it is determined that the organization is not exempt – i.e. if it is doing the business of insurance.



Characteristics of HCSMs

- Membership is limited to people who share a common religious faith, and who agree to a variety of rules.
- Some HCSMs may help to negotiate expenses on behalf of the member like insurance companies, but many do not offer this service to their members.
- Unlike traditional health insurance plans, there is typically no provider network. The HCSM member can often visit the provider of their choice, unless restricted to certain providers by the HCSM



Limitations of HCSM

- Can have annual and lifetime benefit caps
- Not required to
 - cover pre-existing conditions
 - cap out-of-pocket costs, or
 - cover essential health benefits
- No guarantee of reimbursement for anything
- It is reimbursement, often must pay up front
- Reimbursement not claim based
- Not cover mental health/addiction/ not birth control - PTSD



What Limitations Mean for Consumers

Many providers will not accept and will make you pay up front

HCSM can make any decision it wants and cannot get help from State agency

Each HCSM has own statement of beliefs with limits what may be reimbursed

Many common diagnosis and claims are not covered such as mental health treatment or alcohol and substance use treatment



Areas of Concern

Misleading language such as comingling insurance products with HCSM

Terminology on HCSM websites and materials including “premium,” “networks,” “covered and non-covered benefits,” etc. all tend to lead the enrollee into believing it is an insurance product versus something that is intended to solely provide spiritual or financial help after expenses incurred and individual paid the expense.



OCI Polling Slide #3

True or False: by definition, HCSMs are insurance products

- A. True
- B. False



OCI Polling Slide #3

True or False: by definition, HCSMs are insurance products

- A. True
- B. False**



Sale of Supplemental Insurance Products/Discount Programs That Are Not ACA Compliant

Ex: fixed/limited indemnity plans (LIPs), AD&D plans, dental plans, Rx discount cards

LIPs may be bundled with the above products (or other similar products) to mimic comprehensive major medical coverage

It is a violation of Wis. Stat. 628.34 (misrepresentation) to market LIPs or other supplemental products (either alone or in combo) as providing ACA-compliant major medical



Consumer Assister Tips

Provide a refresher on premiums, cost-sharing, differences in benefits and provider networks...individuals who have been enrolled in Medicaid for multiple years may no longer be familiar

Recommend that your client review provider directories or use search tools on the Marketplace to verify that any providers they rely on are in-network

Help your client understand that they can report issues with getting medical appointments (i.e. providers aren't accepting new patients or the client is experiencing long wait times)



Scams Circulating

Fee to continue Medicaid coverage

Gift card for purchasing ACA plan

Other?



Right to File a Complaint with the Commissioner

S. INS 6.85, Wis. Adm. Code

- Notice of right to file a complaint
- Insurers must provide to insureds
- Notice format
- Notice delivery requirements



Right to Appeal a Claim Denial

Insureds have the right to appeal a health plan denial of benefits for covered services that you or your provider believe are medically necessary

Many insureds do not know about the appeal process

- Kaiser Study

Two kinds of appeals

- Internal Appeal
- External Review



Internal Appeal

- Internal appeal vs grievance
- Request for the plan to review its decision
- Expedited appeal
- When to file – time limit
- How to file
- Write a letter to the health plan requesting an internal appeal



External Appeal

- Also called Independent Review/IRO
- Next step in appeal process
- Performed by a neutral independent organization
- When to appeal – 4-month time limit
- How to appeal



OCI Insurance Complaint

- Who can file
- What we can do
- What we cannot do
- How to file
- Marketplace issues – enrollment and eligibility, APTCs, cancellations
- Other non-jurisdiction issues



OCI services/contact information

To contact OCI with questions:

- via email at: OCIComplaints@wisconsin.gov or
- call (608) 266-0103

To Report questionable company or agent activity, you can file an online complaint at: [Filing an Insurance Complaint \(wi.gov\)](https://oci.wi.gov/Pages/Consumers/Filing-a-Complaint.aspx)

<https://oci.wi.gov/Pages/Consumers/Filing-a-Complaint.aspx>

To subscribe to one or more OCI mailing list:

<https://oci.wi.gov/Pages/AboutOCI/ListServe.aspx>



Other Resources

- [CMS Marketplace Call Center 1-800-318-2596](#)
- [State Approaches to the Unwinding Period, January 2023](#) (KFF & Georgetown University)
 - KFF lists the timeframe for each state to begin and complete redeterminations.
- Shopping for coverage: Some consumers may already be aware of the Marketplace; however, there may be some consumers who will need guidance on how to access the Marketplace. Marketplace plans or ACA plans on healthcare.gov are guaranteed issued. Some plans will have \$0 premium after tax credits. Most will have either copays or deductibles.
 - <https://www.healthcare.gov/medicaid-to-marketplace/>
- Tips to offer to consumers [What to ask when Shopping for Health Insurance](#)
- [Connecting to Coverage Coalition](#)
- AHIP has compiled resources on redeterminations, including information on [fraud prevention](#), [guidance on texting consumers](#) from the Federal Communications Commission.



Thank you
for attending our presentation today!

