

Transitions in Coverage Guide for Marketplace Assisters

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Overview & Timeline

In all states and territories, Medicaid and CHIP offers health coverage to some low-income people, families and children, pregnant individuals, older adults, and people with disabilities. For an overview of Medicaid and CHIP, see more on our [assister technical resources page](#).

Generally, eligibility for Medicaid coverage must be renewed each year. However, as a result of the Medicaid continuous enrollment condition enacted under the Families First Coronavirus Response Act (FFCRA), most Medicaid coverage terminations were paused starting in March 2020, which limited coverage loss during most of the COVID-19 pandemic. The Medicaid continuous enrollment condition expired on March 31, 2023, under amendments made by the Consolidated Appropriations Act, 2023.

Across the country, state agencies are currently in the process of resuming regular eligibility and enrollment operations, including restarting full Medicaid and CHIP eligibility renewals and terminations of coverage for individuals who are no longer eligible. As a result, individuals may transition between coverage programs if states find they are eligible for other sources of coverage. This process ends the continuous coverage period.

As states restore routine eligibility and enrollment operations through 2024, the Center for Consumer Information & Insurance Oversight (CCIIO) offers this guide to provide resources and best practices for assisters including Navigators, Enrollment Assistance Personnel (EAPs), Certified Application Counselors (CACs), and their Certified Application Counselor Designated Organizations (CDOs), who are supporting consumers transitioning coverage. This guide is meant to emphasize the resources and techniques that will amplify your organization's current practices for assisting consumers with coverage transitions.

Assister Readiness Checklist

Assisters should take the below actions to ensure they continue to be well-equipped to support consumers.



Step 1: Create or Update Your REGTAP Account to Register for the Marketplace Assister 2024 Webinar Event Series

The Registration for Technical Assistance Portal (REGTAP) is the CCIIO Consumer Support Group (CSG) central hub for technical assistance. [REGTAP](#) is your source for the Marketplace Assister 2024 Webinar Event Series, webinar recordings, job aids, and other helpful materials and resources.

To create a REGTAP account, go to <https://regtap.cms.gov> and click “Create an Account.” Complete the form and select "Submit." You will receive an email to complete the process. For new accounts and existing REGTAP users, please be sure to select your applicable Organization Type. We have noticed that many assisters have selected the incorrect Organization Type in REGTAP. For the Federally-Facilitated Assisters Group, there are six (6) unique organization types.

Please select the organization type that most closely represents your organization:

- Certified Application Counselors (CAC) Designated Organizations (CDO);
- Federally-Certified Navigators and Navigator Grantee Organizations;
- Primary Care Associations (PCA);
- Indian Health Care Program Assisters (Tribal);
- Enrollment Assistance Personnel (EAPs); or
- State-Based Marketplace – Federal Platform (SBM-FP) Marketplace Assisters.

Selecting the appropriate organization type helps ensure you receive communication relevant to your organization and appropriate event access. Please do not select “issuer” as part of your organization type. Issuers are insurance companies such as Aetna, Blue Cross Blue Shield, etc. Issuers are not invited to attend our webinar series.

To register for the Marketplace Assister 2024 Webinar Event Series:

- 1 Log into your REGTAP account and select the "[Training Events](#)" icon.
- 2 Next, select the event.
- 3 Lastly, select "Register Me." You will receive notification of registration status within thirty (30) minutes of registering for a training event.

You will only need to register once to be confirmed for all event dates within the [Marketplace Assister 2024 Webinar Event Series](#). When you register for the entire series, you will automatically be registered for EACH webinar. You will receive an Eflyer invitation for each webinar date describing the topics, dates and time.

Individualized access information* will be sent to confirmed registrants one (1) business day prior to the event and again one (1) hour before the event. The email will be sent from *REGTAP Registration Support*: no-reply@zoomgov.com.

Finally, to access the Marketplace Assister 2024 Webinar Event Series from the REGTAP reminder and access information email or reminder email, select the link "**Click Here to Join**" to open Zoom for Government. Please note each attendee link is unique and should not be shared.

Note: If you were a confirmed registrant for the 2023 Marketplace Assister Webinar Series and selected the option to opt-in for 'Future Automatic Confirmation,' you will not need to register for the 2024 series, as your registration for the prior Marketplace Assister Webinar Series **will rollover** to this series.

The access email provides an **individualized link for attendees to join the webinar. This link is **not** sharable. If forwarded to another person, only the **first person** to utilize the link will be able to access the webinar.*





Step 2: Review Basics for Successful Outreach on Coverage Transitions

- Familiarize yourself with certain policy updates and resources to assist you with helping consumers during transitions in coverage, such as:
 - [Affordability of Employer Coverage for Family Members of Employees: “Fixing the Family Glitch.”](#)
 - [This video](#) on the Special Enrollment Period (SEP) process and how to resolve an SEP verification issue (SVI).
 - The [Marketplace Unwinding SEP](#), which allows Marketplace-eligible consumers who lose Medicaid or CHIP coverage to come to HealthCare.gov any time between March 31, 2023 and November 30, 2024.
- States will establish schedules for the length of their transition periods based on federal requirements and guidance from CMS. You can review guidance for states [here](#) and visit your state’s website to learn more at [Medicaid.gov/renewals](#).
- Make sure your organization’s listing in [Find Local Help](#) is accurate. Assisters can also refer consumers to [Help On Demand](#), a real-time referral system that connects consumers with Marketplace-registered, licensed agents and brokers in their area who can assist them with plan selection and enrollment in individual health insurance coverage through the Marketplace.



Step 3: Work with Those in Your Community

Understanding your role in reaching out to those you work closely with will help you to better assist your clients.

Agents and Brokers

- You should know how you can collaborate and engage with agents and brokers without violating assister legal requirements.
- You may provide referrals to a general listing of agents and brokers if the consumer asks to work with an agent or broker, but assisters should not refer consumers to a specific agent or broker. Assisters may help a consumer with contacting a specific agent or broker after the consumer looks at a general listing of agents and brokers and selects a specific agent or broker to contact.
- You may inform the consumers that agents and brokers as well as Navigators and CACs are also listed on Find Local Help at Localhelp.HealthCare.gov.

Outside Organizations

- Assisters are generally permitted to collaborate with, make referrals to, and recommend the services of specific outside organizations, such as State Health Insurance Programs (SHIPs), state Medicaid agencies, community health clinics, Supplemental Nutrition Assistance Programs (SNAPs), local housing authorities, the Volunteer Income Tax Assistance (VITA) program, and more.
- Assisters should clearly inform consumers:
 - Whether an outside organization is likely to be bound by the same legal requirements and prohibitions that apply to you and your organization, such as privacy and security requirements; and
 - That the referral to an outside organization does not imply an endorsement of that organization by CMS.



Step 4: Help Consumers Assess Eligibility Status

As states restore routine eligibility and enrollment operations, some consumers who lost Medicaid or CHIP coverage might still be eligible, while others will need to transition to other forms of coverage, such as Marketplace coverage or employer-sponsored insurance. These coverage transitions can be complex, which is why assisters are such critical partners in ensuring individuals and families remain connected to coverage and care.

Talking Points for Effective Engagement with Consumers

CMS developed the following talking points for assisters to use when assisting consumers with transitions in coverage to help address common consumer questions and scenarios.

“Why am I losing Medicaid or CHIP coverage?”

- ✓ Generally, each year, Medicaid and CHIP coverage must be renewed. However, during most of the COVID-19 pandemic, most consumers enrolled in these coverage types did not have to worry about coverage transitions and many may not have reviewed their coverage because their states paused disenrollments in exchange for additional federal funding and support continued coverage during the COVID-19 pandemic. This pause ended on March 31, 2023, meaning Medicaid renewals are being conducted again, and individuals enrolled in Medicaid may lose coverage if they are no longer eligible.
- ✓ It is important to make sure your state Medicaid or CHIP agency has your most up-to-date contact information, even if you think you are no longer eligible for Medicaid or CHIP. To update your contact information, you can visit [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals). On this webpage, an interactive map provides the website and phone number for state Medicaid agencies.
- ✓ If you are unsure why you lost Medicaid or CHIP coverage, contact your state Medicaid or CHIP agency. Contact information for each state Medicaid agency is available at [Medicaid.gov/renewals](https://www.Medicaid.gov/renewals).

“How can I get coverage through the Marketplace?”

- ✓ There are a variety of options that help make health care more affordable, even if you are no longer eligible for Medicaid or CHIP. The Marketplace offers quality, low-cost coverage to millions of people.
- ✓ You can apply and enroll in a Marketplace plan as early as 60 days before your Medicaid or CHIP coverage ends to avoid a gap in coverage. Between March 31, 2023, and November 30, 2024, you can also apply for a Marketplace plan any time after your Medicaid or CHIP coverage ends. You will then have 60 days after submitting your application to choose a plan that will start at the beginning of the next month after you complete your enrollment.
- ✓ Financial assistance can come in the form of advance premium tax credits (APTCs) to lower monthly insurance payments, or cost sharing reductions (CSRs) that lower the amount a consumer has to pay for deductibles, copayments, and coinsurance. If eligible, you can use APTC to lower your monthly insurance payments when you enroll in a qualified health plan (QHP) through the Marketplace. APTC is based on the estimated annual household income and household size that you report on your Marketplace application.

“How should I answer the Medicaid or CHIP coverage questions on the Marketplace application?”

- ✓ The application will first ask ***if anyone applying for coverage had Medicaid or CHIP coverage that recently ended or will soon end.***
 - If you did not already have Medicaid or CHIP and were denied upon application, you should respond “No” to this question.
 - If you answered “No” to having Medicaid or CHIP coverage that recently ended or will end soon, the application will then ask if you recently applied for and were denied Medicaid or CHIP coverage. If you were told in the preceding 90 days by the state that you don’t qualify for Medicaid or CHIP coverage, you should answer “Yes” to this question.

- If you recently lost Medicaid or CHIP coverage, you should respond “Yes” to this question. If anyone applying for coverage answers “Yes,” they will be asked to input the last day of coverage that ended or is ending. You should input your last day of Medicaid or CHIP coverage as listed in your termination letter from your state Medicaid agency.
 - If you are unsure of your last day of coverage, you should provide your best estimate.

If anyone on your application has lost Medicaid or CHIP coverage, the application will ask ***if the household income or size has changed since they received their coverage termination notice.***

- The application uses this information to evaluate whether your application should be sent back to the state for a redetermination of Medicaid or CHIP eligibility, or if the applicant should instead be evaluated for Marketplace coverage eligibility, including APTC.
- When you answer “No” to this question, you will not be evaluated for Medicaid/CHIP coverage and are evaluated only for Marketplace coverage with financial assistance.



Please see [this resource](#) for screenshots of the above questions and more information on how to answer them.

“How do I know if I’ve lost Medicaid or CHIP coverage?”



You will receive a letter from your state Medicaid or CHIP agency notifying you that you’ve lost Medicaid or CHIP coverage. If you’ve received a letter, check it carefully for information about your Medicaid or CHIP coverage status and a renewal form that you might need to fill out and send back to renew your coverage. If you receive a renewal form, it’s important that you send it back to your state by the deadline in the letter to avoid gaps in your coverage. If you haven’t received a letter, contact your state or plan to find out if a letter is coming.



When you lose Medicaid or CHIP coverage, your state securely sends your contact information to the Marketplace. The Marketplace will then mail you a letter with additional information about enrolling in Marketplace coverage. The Marketplace may also follow up with you by phone, text, or email, if you gave that contact information to your state, but you don't have to wait to sign up for coverage until a Marketplace representative contacts you.

Best Practices for Navigating Conversations with Consumers

This section includes recommendations for improving the quality of your conversations with consumers. It is important that you're open and willing to understand the needs that consumers have in order to remain covered. Much of this may be familiar to you, or it may include tips you already follow! **When assisting consumers, be sure to:**



Be friendly and calm

Consumers respond to how you make them feel just as much as what you say. Being warm, calm, open, and inviting can put a consumer at ease and enable a more open conversation.



Listen actively

Active listening means approaching each consumer conversation with the goal of learning more, asking any clarifying questions along the way, and finishing up with a quick summary so everyone is on the same page.



Let the consumer respond

It's typical for some consumers to want to talk. While you may have a certain number of calls or appointments to handle in a given day, it's important to listen to the consumer. Giving the consumer a chance to respond can help them feel heard and gives them time to address any confusion or issues they may still have.

Acknowledge issues



Calmly acknowledging the frustration or irritation a consumer is feeling helps them feel heard and understood. If they tell you they're frustrated with something that's happening, it can be very effective to acknowledge that frustration. They will know that you understand what's happening to them and why it's a problem, and that helps them trust you enough to fix it.

End the conversation clearly



At the end of a conversation, your consumer should know what's been done, why it happened, what is going to happen next, and what they need to do (if anything).



See below for more resources to help you engage with consumers:

- You can share this assister outreach flyer with local providers, pharmacies, stores, libraries, etc. Fill in your information so consumers can contact you!
- Consult the [Medicaid and CHIP Eligibility Renewals Communications Toolkit](#), which includes important messages and sample materials (like drop-in articles, social media messages, and flyers).
- For more guidance on marketing best practices for Medicaid redeterminations, see [Consumer Research to Inform Unwinding Outreach](#).

Meet consumers' language needs

In your direct outreach, you will likely encounter consumers with varying accessibility and language needs, if the consumer doesn't speak or understand English very well. As a reminder, your organization is required to have plans and policies in place to provide consumers with oral interpretation or translation services as needed. Auxiliary aids and services such as information in braille or large print American Sign Language (ASL) interpretation should be provided as need as well.



You have several options to meet consumers' language needs:

- ✓ You should first offer to conduct the conversation with the consumer with an oral interpreter, using an interpretation service offered by your organization, trained and qualified bilingual staff, or by partnering with a local community organization who has qualified interpreters.
- ✓ The consumer may prefer to have a friend or household member interpret for them. If the individual specifically requests this, allow the friend or household member to provide interpretation for them. You may not use a minor child to interpret, unless there is an emergency.
- ✓ If you know of another assister in your area who speaks the consumer's language, and the consumer would prefer to speak directly with someone in their preferred language, rather than communicate via an interpreter, you may provide a warm handoff and request that assister provide assistance to the consumer.
- ✓ If the consumer states that none of the options above is acceptable, you may direct the consumer to Find Local Help at localhelp.healthcare.gov. Find Local Help allows the consumer to search for assisters by languages that they speak. You should offer to help the consumer use this function.

For more information on fostering better communication with consumers and meeting language needs, see the [National Culturally and Linguistically Appropriate Services \(CLAS\) Standards](#). For more information on Medicaid and CHIP accessibility requirements, see the [Accessibility Requirements in Medicaid and CHIP February 2023 Slide Deck](#).

Help consumers assess eligibility status

If a consumer isn't sure of their coverage status, you can help them contact their Medicaid/CHIP agency for more information. If an individual lost or will lose Medicaid or CHIP coverage because they didn't submit the renewal form or provide requested information to their state Medicaid/CHIP agency, they should return the completed form or supply the requested information as soon as possible. They may still be eligible for Medicaid or CHIP.

If the consumer lost coverage because they didn't return their renewal form, they may still be within the 90-day reconsideration period to restore their coverage without needing to submit a full new application. You can assist them with sending back the renewal form or other information the state needs right away.

To minimize gaps in coverage, CMS recommends that individuals who are losing Medicaid or CHIP coverage submit a new application (or update an existing application) on HealthCare.gov or via the Marketplace Call Center as soon as they receive their Medicaid or CHIP coverage termination notice from their state agency. These individuals do not have to wait for their Medicaid or CHIP coverage to end, or to receive a notice from the Marketplace, before they can apply for Marketplace coverage. The Marketplace application will also evaluate whether they may still be eligible for Medicaid or CHIP, in addition to Marketplace coverage with financial assistance. Information on how to answer the Marketplace questions around Medicaid denials/coverage loss is included in Section 3 above. If a consumer is assessed eligible for Medicaid, they can expect to hear from the state agency; you can also direct consumer questions about Medicaid eligibility to the state agency.

Protect consumers' personal identifiable information (PII)

- In person, over the phone, or online, remember that you must always obtain consumers' consent prior to accessing their PII.
- Make sure consumers are informed of an assister's functions and responsibilities before providing assistance.
- Obtain consumers' consent, or "authorization," from the consumer or the consumer's authorized representative before discussing or accessing their PII.
- Maintain a record of this authorization.
- Inform consumers how their PII will be secured.
- Protect emails that contain PII (e.g., encryption). Lock up portable devices (e.g., laptops, cell phones).
- Make sure that all devices have a password-protected login screen.
- Clear your web browser history and disable auto-fill settings on your web browser to avoid other users accessing PII.
- Report any PII breaches and security incidents within one hour after discovery of the breach or incident to the CMS IT Service Desk at CMS.IT.Service.Desk@cms.hhs.gov or 410-786-2580 or 1-800-562-1963 (available 24 hours a day, 7 days a week).

Additional Resources



Use the following resources to learn more about Medicaid and CHIP and your role in supporting consumers in all coverage transitions.

General information

- [Unwinding and Returning to Regular Operations after COVID-19 | Medicaid](#)
- [Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023](#)
- [FAQ on Special Enrollment Period for Consumers Affected by Unwinding](#)
- [Marketplace Special Enrollment Period for Medicaid Continuous Enrollment Condition Unwinding](#)
- [Extension of Marketplace Special Enrollment Period for Medicaid Continuous Enrollment Condition Unwinding](#)

Eligibility & Applying for Medicaid or CHIP

- [Medicaid State Profiles](#)
- [Renew Your Medicaid or CHIP Coverage webpage](#)

Other

- [CMS Medicaid Unwinding Partner Toolkit](#)
- [Medicaid and CHIP Renewals Outreach and Educational Resources](#)
- [Medicaid and CHIP Renewals: Patient-Centered Messaging for Clinical Offices and Health Care Settings](#)
- [Obtaining Consumer Authorization and Handling Consumers' Personally Identifiable Information \(PII\) in the Federally-facilitated Marketplace \(FFM\)](#)
- [Tips for Assisters on Working with Outside Organizations](#)

Stay Connected to CMS

If you have any questions about the end of the continuous coverage period or assisting consumers who have lost or will lose Medicaid or CHIP coverage, contact the CAC mailbox at CACQuestions@cms.hhs.gov or reach out to your Project Officer.

If you are unable to assist a consumer who reaches out to you, you may refer them to another assister in your area, a list of local agents and brokers, [Find Local Help](#), and/or the Marketplace Call Center.

Thank you for your continued support in helping consumers remain covered!