Medicaid Transition (Unwind)
Return to Regular Eligibility Operations

Small Stakeholder Group
March 31, 2023
Presenters

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Agenda

Welcome

Review of Yellow Letters

Review of Pathways to Coverage

Feedback, Concerns, Questions
### Monthly Distribution of Transitions Among General Groups of Protected Individuals

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Note: The above visual represents the primary distribution groupings, several individuals may overlap across groups, e.g. a lost contact case may also be a case with children. For illustrative purposes only.
Unwind Yellow Letters

Heads Up JAN

PIN FEB

Pending Ineligible FEB

SpendDown and Medicare SEP MARCH

All Notices of Decision Will Be On White Paper.

Renewal letters for March

Renewal Letters for April

Renewal Letters for May
“Heads Up” End of Continuous Coverage Letters

If you have questions or need help with reading or understanding this letter, please contact the Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3444) and select option #8 or (603) 271-6700, (TDD: 1-603-736-2364), Monday-Friday, 9:00 a.m. to 4:00 p.m., ET.

Continuous Medicaid Coverage is Ending

You are a member of your household if you have been receiving continuous Medicaid coverage due to the COVID-19 federal public health emergency, even if you did not complete a redetermination when it was due. We will provide you with the required documents. This continuous coverage is ending on March 31, 2023. You must complete a redetermination or respond to Department requests for information to keep your Medicaid coverage.

What do I need to do?

DHHS will be sending requests for redeterminations to people who are currently covered by Medicaid. To keep your coverage, you must either complete a redetermination or provide information requested by DHHS. These requests will be on yellow paper or posted to your NH EASY account, highlighted in yellow.

When you get a yellow notice, please follow the instructions included in the notice and complete a redetermination and/or provide the requested verifications. We are asking you to do this so we can determine if you are still eligible for, and will be able to keep, your Medicaid coverage.

If you receive a “Spending Limit” Medicaid Coverage, you will get a letter explaining when you will need to start sending us unpaid medical bills that you still owe to your doctor and open your Medicaid.

What is complete your redetermination or provide requested information:

1. Online: Through your NH EASY account at https://nheasy.gov. If you do not have an NH EASY account, you can create one today using the same link.
2. By email: Centralized Scanning Unit, PO Box 151, Concord, NH 03302.
3. In person: Visit one of our District Offices, locations can be found at https://www.dhhs.nh.gov/about-dhss/locations-facilities/facilities.

Once you complete your redetermination and/or all requested information is provided, you will receive a notice of decision informing you of the status of your Medicaid eligibility.

What should I do if I no longer need Medicaid coverage?

If you no longer need Medicaid coverage, you can voluntarily request to end your coverage by using one of the three options above or by calling the Customer Service Center at one of the numbers listed at the top and bottom of this letter.

Options for those who are no longer eligible for Medicaid:

If you are no longer eligible for Medicaid and still need insurance, you can contact the New Hampshire Navigators to explore other health insurance options. New Hampshire has two Health Insurance Navigators that provide health insurance enrollment assistance in person, virtually, and by phone, at no cost to you.

New Hampshire’s Navigators are:
• First Choice Services: 1-877-211-NHIV or (603) 941-3868; https://www.firstchoiceservicesnh.com
• Health Market Connect: 1-800-205-0104; https://myhmc.com

You can also call the Federal Health Insurance Marketplace at https://www.healthcare.gov, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-859-4325).

Need Help?

Visit one of our District Offices in person or contact the DHHS Customer Service Center toll-free at 1-844-ASK-DHHS (1-844-275-3444) and select option #8 or (603) 271-6700, (TDD: 1-800-735-2564), Monday-Friday, 9:00 a.m. to 4:00 p.m., ET.
Alerted all overdue renewals in the protected population about their re-assigned renewal month and provided a PIN to activate an online account if desired.
Alerts pending ineligibles in the protected population that DHHS considers them financially ineligible and requests engagement if they think this is incorrect.
Pending Ineligible - Financially Ineligible #2

NH DEPARTMENT OF HEALTH AND HUMAN SERVICES

**IMPORTANT** **IMPORTANT** **IMPORTANT**

We reviewed your case and your previously reported wages do not match our new income records as we need more information.

You must give the Department proof of your gross wages by 5/26/2023, so we can determine if you are eligible for Medicaid. If you do not give the proof, your Medicaid benefits may be terminated.

Gross wages means your wages before deductions. It must include all your tips, bonuses, commissions, overtime, and any other cash or in-kind benefits you get from your employer or through self-employment.

If you work for someone:

- Enclose an Employment Verification form. You may have your employer complete this form or have your employer give us a letter, on an official, giving us the hours you worked with your gross wages for the last 4 weeks. OR
- You may use copies of your last 4 weeks of pay stubs. Your pay stubs must show the week dates, the number of hours worked per week, and your gross wages.

If you are no longer working for the employer you previously reported, you must still have the enclosed form completed by your former employer to verify the employment ended and return it to us.

If you are self-employed:

- Provide all pages of your most recently filed income tax return, or
- Profit and loss statements for the past 3 months.

February 23, 2023

John A. Seeley
DHHS Office
725 marble St
Concord, NH 03301

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- Provide all pages of your most recently filed income tax return, or
- Profit and loss statements for the past 3 months.

Concord 2012-44578
3-1-2023
Pending Ineligible - Failure to Verify

Failure to provide the proofs listed in the box below by March 6, 2023 will result in the termination of your medical coverage. If you do not understand what is needed, or need help getting them, please contact us. Our contact information is listed at the top and bottom of this letter.

We did not receive proof of:
- Net profit/loss of self-employment
- Federal tax returns with all supporting documents, business records
- John Doe

You must give us the proofs shown above before the end of the continuous coverage period.

There are four ways to send us the proofs requested or to make updates to the information you told us:
1. Online: Go to https://myself.ps nh.gov and make the updates using your NH EASY account.
   - The majority of individuals use NH EASY because it is a fast and easy way to complete redetermination, upload verifications, and more using your phone, desktop or tablet. If you don’t have an account, you can create one at https://myself.ps nh.gov.
2. By mail: Send a copy to the Central Screening Unit, PO Box 181, Concord, NH 03302.
3. In person: Bring a copy to any Domestic Office that is convenient to you.
4. By phone: Call (603) 371-9200 or 1-844-375-5447 (ASKDHHS) (NH Only).

If you do not want to keep getting medical assistance, please let your Domestic Office know.

Remember, you must report any changes that might affect your medical coverage. You must report the change within 10 calendar days of when the change happens. Please report changes for both you and other people in your household. Use if someone receives or someone’s income changes, or if a change of residency. For example, someone in your household moves or divorces, becomes pregnant, or dies or adopts a child. Delays in reporting and verifying changes may result in your household getting benefits or services in error. You must pay back any benefits or services received in error, regardless of whether you made a mistake in the information you gave, or failed to give, to us.

John Doe

Program
- Granite Advocate
Reason
- You did not give us enough information or proof for us to decide if you are eligible.

Case# 12345678
07- Chelmsford

Alerts pending ineligible in the protected population that DHHS is missing verifications that must be provided to complete the process.
Spenddown

Alerted spenddown enrollees in the protected population that they will continue to be covered until their renewal. Upon renewal, they will be required to send in their medical bills to meet their deductible.
65+ Medicare SEP Outreach

Bureau of Family Assistance
Governor's District Office
17 Water Street
Gerrishet, NH 03344-3296

March 15, 2023

JOAN A. DUE
123 MAIN ST
SOUTHPORT

Dear [Name],

You have been receiving continuous Medicaid coverage during the COVID-19 federal Public Health Emergency (PHE), regardless of your eligibility. As a result of recent federal legislation, this continuous coverage is ending on March 31, 2023.

Our records show that you or someone in your household is 65 or older and receives Medicaid coverage through the Granite Advantage Health Care Program, but individuals aged 65 and older are not eligible for the program. We believe that you may be eligible for Medicare Part A and Medicare Part B coverage. For more information and to see if you qualify, contact a Medicare Specialist at the ServiceLink Resource Center for assistance by visiting https://www.servicelink.nh.gov or by calling 1-888-434-0412.

Please be aware that in most cases, if you do not enroll in Medicare Part A if you have to buy it and Medicare Part B when you are first eligible, your enrollment may be delayed and you may have to pay a monthly late enrollment penalty fee for as long as you have Medicaid.

There is a Medicare Special Enrollment Period

If you lose Medicaid coverage or after January 1, 2023, you may be eligible for a six-month Special Enrollment Period (SEP) to allow you time to enroll in Medicare and avoid a monthly late enrollment penalty fee. Your six-month SEP begins when you are notified of your Medicaid termination and is only available for a limited time.

Take advantage of the SEP to avoid a gap in your health care coverage, which could lead to unplanned medical expenses. If you don’t sign up during your SEP, you may have to wait for the next General Enrollment Period and could face a monthly late enrollment penalty fee.

For more information, please contact ServiceLink at 1-888-434-0412 or visit https://www.servicelink.nh.gov for a free consultation.

CaseID: 12345678
ID: CN0998

Alerted enrollees who are 65+ (without Medicare) in the protected population about the Medicare Special Enrollment Period for those losing Medicaid coverage.
Notices of Decision

March 22, 2023

Below is a summary of your case. The case number is: [redacted]. Today’s action resulted in:
- Medical Coverage - Closed

You can find out more about the action in the Summary and Details sections of this Notice. Those sections also tell you who in your case was affected by these actions. On the last page, there is a section called “Common Abbreviations We Use In Our Notices.” It tells you what each abbreviation we use in this Notice means.

Medical Coverage Summary

Below is the status of each person in your medical coverage case:

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<tr>
<th>Name</th>
<th>Program</th>
<th>Begin Date</th>
<th>Status</th>
<th>End Date</th>
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<tr>
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<td>MA</td>
<td>05/01/2014</td>
<td>Closing</td>
<td>09/01/2023</td>
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<td>ELMB</td>
<td>05/01/2014</td>
<td>Closing</td>
<td>09/01/2023</td>
<td>[redacted]</td>
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Explanations

The following are the reasons for the actions taken on your case:

All Notices of Decision are on white paper.

DHHS
Department of Health & Human Services
• Enrollees and providers may be apprehensive about these transitions.

• There are many ways to get help!

• If an enrollee loses Medicaid and shouldn't have, DHHS and partners can help them get back to Medicaid coverage.

• If an enrollee loses Medicaid and needs health insurance coverage, DHHS and partners can help them find alternative and affordable sources of coverage.
Health Insurance Opportunities for Those who are No Longer Eligible

• **Working?** Employer sponsored insurance (group coverage) may be available to people who are working or have spouses who are working.

• **Young Adult?** Children under 26 may be able to enroll in their parents’ coverage

• **No longer eligible?**
  • Marketplace Coverage with (or without) subsidies
    • Medicare Coverage
    • For those eligible, both [www.Healthcare.gov](http://www.Healthcare.gov) and Medicare have special enrollment periods for those who have lost Medicaid.
  • Coverage for military
Navigating Back to Coverage

For those who failed to verify or failed to renew

Take Advantage of the 90-day Medicaid Reconsideration Period After Closure

• For the 90 days following closure of Medicaid an enrollee who lost coverage for failing to renew or failing to provide verifications can submit their missing information and have their coverage re-opened back to the date of the termination of their coverage.

• Enrollees can submit missing information within the 90-day reconsideration period in three ways:

Online: Through NH EASY account [https://nheasy.nh.gov](https://nheasy.nh.gov)

By mail: Centralized Scanning Unit, PO Box 181, Concord, NH 03302

In person: Visit a District Office - locations can be found at [https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations](https://www.dhhs.nh.gov/about-dhhs/locations-facilities#locations)

Need Help? Visit one of our District Offices in person or contact the DHHS Customer Service Center toll-free at [1-844-ASK-DHHS (1-844-275-3447)](tel:1-844-275-3447) and select option #3 or (603) 271-9700,(TDD: 1-800-735-2964), Monday-Friday, 9:00 a.m. to 4:00 p.m. ET.
You May be Able to Get Employer Sponsored Insurance

• The majority of people in New Hampshire receive their health insurance coverage through their employer.

• Ask for information about job-based health insurance!

• Information on health plan options should be available to all employees and includes details on premiums, costs, provider networks, Rx drug formularies and more.

• Employees may be able to find this information in an online employee portal or account, a letter, email, or other documents from the employer.

Need Help? You can also ask your employer to fill out an Employer Coverage Tool (PDF, 145 KB).
You May be Able to Get Low-Cost, Quality Health Coverage through the Health Insurance Marketplace.®

- People not eligible for other health insurance will be able to apply for health coverage through the NH Health Insurance Marketplace known as www.Healthcare.gov

- Most people qualify for financial help that will lower their monthly premium and costs when they buy coverage through the NH Health Insurance Marketplace. Currently enhanced financial help is based on household income and size.

- From March 31, 2023 through July 31, 2024, due to losing Medicaid, (the Medicaid SEP) a marketplace-eligible person can submit a new application or update an existing one on the Marketplace.

- All Marketplace plans cover doctor visits, prescription drugs, emergency care, mental health, hospitalizations, and more.

- Enrollees can submit an application up to 60 days before the loss event and will have 60 days after they submit their application to select a plan.

- American Indians or Alaska Natives, may have new health coverage benefits and protections in the Health Insurance Marketplace®

Need Help? Navigators are a great resource for learning coverage options in the federal marketplace. Connect with a Navigator by calling 1-877-211-6284 or 800-208-5164.
Navigating Back to Coverage

An option for those who aged out of Granite Advantage

Sign up for Medicare Without Paying a Late Enrollment Penalty

• Those who now qualify for Medicare but didn’t sign up for it when they first became eligible, they have a limited time, (called a “Special Enrollment Period”) to sign up without paying the usual penalty.

• Their Special Enrollment Period starts the day their state notifies that their Medicaid coverage is ending and continues for 6 months after Medicaid coverage ends.

• To sign up for Medicare during this Special Enrollment Period, fill out a CMS-10797 form and mail or fax it to your local Social Security office. Clients can also call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.

• For more information about Medicare, visit Medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Need Help? ServiceLinks are great resources for learning about Medicare coverage options. Connect with a Medicare Specialist at ServiceLink by visiting https://www.servicelink.nh.gov, or by calling 1-866-634-9412.
Other Insurance Coverage Options

- Navigators and brokers can help people figure out other options for health insurance coverage, for example, people may have coverage options as active military or as veterans through TRICARE.

- Enrollees can purchase an individual policy directly from a health insurance company. For individual policies, the enrollee pays the entire premium. There are many plan designs with different costs, such as deductibles, co-payment, and co-insurance cost.

- The services covered also vary, so the enrollee may want to shop around to see what is available and ask questions about exclusions, limitations, and premiums to find the best fit for your health needs.

Need Help? The New Hampshire Insurance Department (NHID) can be a resource for direct purchase of insurance. Visit [https://www.nh.gov/insurance/consumers/healthinscos.htm](https://www.nh.gov/insurance/consumers/healthinscos.htm) to learn more about health insurance companies serving New Hampshire.
Navigating Insurance Coverage—Help is Available!

If you have questions about or lose your health insurance coverage, you have options! New Hampshire offers free enrollment assistance through NH Navigator programs. Navigators can help with private insurance or Medicaid.

To contact an insurance navigator call:

1-877-211-6284 or 800-208-5164.

Please contact the New Hampshire Insurance Department if you have questions or concerns about Marketplace plans: (800) 852-3416 or email consumerservices@ins.nh.gov

Jeremy Smith, First Choices Services; Adrian Jasion, Foundation for Healthy Communities; Elias Ashooh, Health Market Connect; https://www.hmcnh.com/

(603) 309-2021
Contact Information for DHHS Team

Complex policy questions
  o Henry Lipman, Medicaid Director, Henry.D.Lipman@dhhs.nh.gov
  o Dawn Tierney, Medicaid Policy Administrator, Dawn.I.Tierney@dhhs.nh.gov

Request provider lists of impacted clients
  o Krysten Finefrock, Medicaid Administrative Assistant, Krysten.Finefrock@dhhs.nh.gov

Challenging or complex client situations
  o Karen Hebert, Director, Division of Economic Stability, Karen.E.Hebert@dhhs.nh.gov
  o Amy Newbury, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

Eligibility or Call Center questions or concerns
  o Amy Newbury, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov

NH EASY questions or concerns
  o Debra Sorli, Administrator, Bureau of Family Assistance, Debra.E.Sorli@dhhs.nh.gov
  o Amy Newbury, Administrator, Bureau of Family Assistance, Amy.L.Newbury@dhhs.nh.gov
Q&A