



Update on Medicaid Unwinding for Urban Indian Organizations

Presenters:

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ABOUT



NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is a national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH advocates for the 41 Urban Indian Organizations (UIOs) receiving grants from the Indian Health Service (IHS) pursuant to the Indian Health Care Improvement Act (IHCA). NCUIH strives to improve the health of the over 70% of the AI/AN population that lives in urban areas.



Housekeeping

- Webinar is being recorded.
- All mics have been muted.
- Questions can be typed into the chat box.





Agenda

- Overview of Medicaid unwinding, updates on changes, best practices
- NCUIH partnership efforts around the unwinding
- Overview of open enrollment
- Reducing gaps in coverage during the unwinding period
- Q&A



Overview of Medicaid Unwinding, Updates, & Best Practices



Importance of Medicaid for AI/AN people

2.7 Million

In 2021, over 2.7 million AI/AN people were enrolled in Medicaid in the U.S. ¹

Medicaid Coverage: Urban American Indian and Alaska Natives

In 2019, Medicaid covered **1.3 million** urban AI/ANs, including 30% of urban AI/AN adults under age 65.

Comparatively, Medicaid covered 19.8% of **all** urban U.S. adults under age 65.²

1.3 Million

30%

1. NCUIH analysis of 2021 ACS data. Includes data on AI/ANs identified as “Alone” or “In Combination.”

2. NCUIH analysis of ACS data for AI/AN alone or in combination. SDA - 2019 ACS sample. (n.d.). IPUMS ONLINE DATA ANALYSIS SYSTEM. Retrieved November 19, 2022, from <https://sda.usa.ipums.org/sdaweb/analysis/?dataset=us2019a>



Importance of Medicaid for UIOs

UIO Medicaid Funding

Medicaid is the biggest source of funding for UIOs outside of IHS.

\$89.5 Million

In 2019, UIOs received at least \$89.5 million in Medicaid reimbursements for services provided to Medicaid beneficiaries.³

55%

In 2021, **55%** of the **total population** served at UIOs were Medicaid beneficiaries, and **46%** of the **AI/AN population** served at UIOs were Medicaid beneficiaries.⁴

3. "TAF Other Services File: ResDAC Data Dictionary." Accessed April 8, 2021. <https://resdac.org/cms-data/files/taf-ot>

4. IHS National Uniform Data System Summary Report Final – CY2021, https://www.ihs.gov/sites/urban/themes/responsive2017/display_objects/documents/2021_UIO_UDS_Summary_Report_Final.pdf



Overview of Medicaid Unwinding – Public Health Emergency (PHE)

March 2020 - Families First Coronavirus Response Act (FFCRA)

- Required state Medicaid and Children’s Health Insurance Program (CHIP) to keep people continuously enrolled through the end of the COVID-19 public health emergency (PHE), in exchange for enhanced federal funding
- Allowed people to retain Medicaid coverage and receive needed care during the COVID-19 PHE.

December 2022 - Consolidated Appropriations Act, 2023 (CAA)

- Separated the continuous coverage provision from the COVID-19 PHE and set an end date for the provision on March 31, 2023.
- States were able to resume reviewing all Medicaid enrollees’ eligibility for coverage as early as February, and could begin disenrollments on April 1, a process referred to as “unwinding.”
- States will have up to 12 months to initiate, and 14 months to complete, a renewal following the end of the continuous enrollment condition – **projected end date is June 30, 2024.**
- Medicaid beneficiaries will lose coverage as a result of the unwinding.
- CAA gave the Centers for Medicare and Medicaid Services (CMS) authority to take enforcement actions against states that do not fulfill “all Federal requirements applicable to Medicaid redeterminations.”



Medicaid Redetermination Barriers

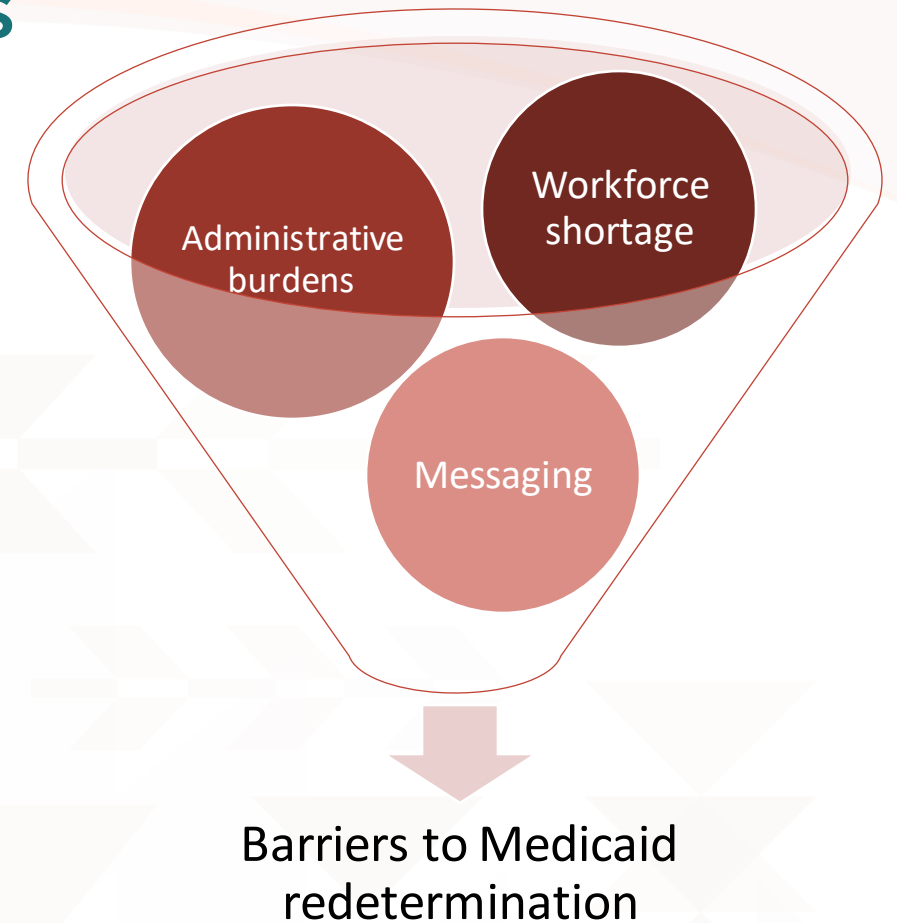
Beneficiaries not receiving redetermination notices because of out-of-date contact information.

Long call center wait times

Language barriers

State staffing shortages to deal with the high volume of redeterminations

State Automatic Renewal Systems Failures



During the unwinding millions of eligible families, **including AI/AN people**, are losing coverage due to administrative barriers and procedural reasons, even though they are still eligible for Medicaid coverage.



Redetermination Barrier Example: Eligibility Systems Issue

- Over 500,000 individuals were improperly disenrolled from their Medicaid and CHIP coverage due to state automatic renewal systems only evaluating eligibility at the family-level instead of the individual-level.

Over 500,000
individuals
improperly
disenrolled



- CMS required 29 states and the District of Columbia to pause procedural disenrollments for impacted people, reinstate coverage for all affected individuals, and fix their systems.



Recent Updates: Data

- The CAA requires state monthly reporting about activities related to eligibility renewals, call center operations, and transitions to Marketplace coverage, from April 1, 2023, through June 30, 2024.
- **Few states report unwinding results disaggregated by race and ethnicity.**

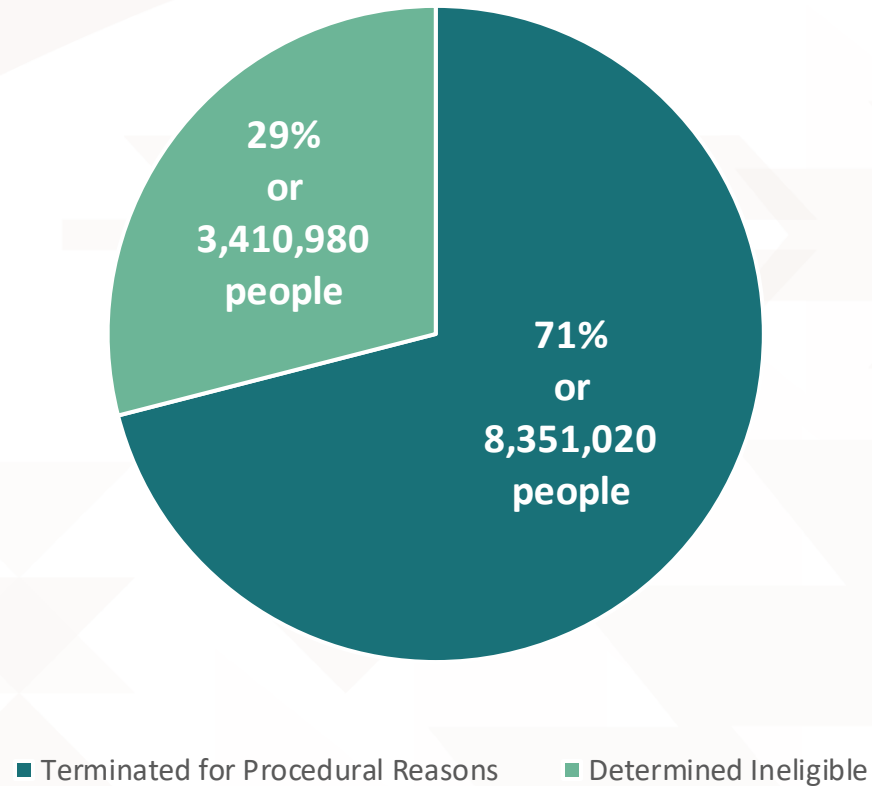
Data Reporting Sources

- **CMS**
 - Reports renewal outcomes
 - Data release has a 3–4-month lag
- **Georgetown CCF**
 - Uses state monthly data reports to CMS – real time data
 - 3 metrics: renewals due, renewals completed, and disenrollments.
- **KFF**
 - Real time data
 - Uses state monthly data reports to CMS & state data dashboards
 - Also reports on child disenrollment



Current Landscape

Medicaid Redeterminations to date



At least 11,762,000 Medicaid enrollees have been disenrolled as of December 1, 2023, based on the most current data from all 50 states and the District of Columbia.⁵

Across all states with available data, 71% of all people disenrolled had their coverage terminated for procedural reasons.⁶

- This means that 7 in every 10 people terminated from Medicaid may have been eligible but lost coverage for purely procedural reasons.

More people have lost Medicaid than during the first 6-7 months of Unwinding than any two-year period in American history.

5. KFF Medicaid Enrollment and Unwinding Tracker as of December 1, 2023. <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

6. *Id.*





Work with Tribes

- ➔ Collaborate with Tribes to request a meeting with your state regarding unwinding.
- ➔ Develop partnerships with Tribes to provide necessary information to AI/AN beneficiaries.



Work with CMS, Indian Health Service (IHS), and Partner Organizations

- ➔ Request consultation and confer with CMS and IHS to discuss coverage loss concerns and oversight.
- ➔ Culturally appropriate materials are available through CMS, IHS, and the National Indian Health Board.



Work with Your Community

- ➔ Work with beneficiaries to ensure that their contact information is updated with the state Medicaid office, including addresses, emails, and phone numbers, to ensure that individuals receive information on renewals.
- ➔ Screen for potential Medicaid eligibility for all patients and refer current Medicaid recipients to your benefit specialists to update applications.
- ➔ Engage community partners, health plans, and the provider community to encourage individuals to update their contact information and to provide assistance with renewals.
- ➔ Educate patients, including utilizing outreach and educational materials in your clinic waiting rooms, patient rooms, and patient registration/in-take desks, regarding the unwinding and the risk of a loss in coverage.



State Flexibilities

States can request (e)(14) waivers allowing flexibilities to promote continuity of coverage:

Renewal based on
SNAP eligibility

Ex-parte renewal for
individuals with no
income

Streamlining asset
verification

Utilizing managed
care organizations
(MCOs) to update
beneficiary contact
information

Extending
timeframes for fair
hearings



State-I/T/U Data Sharing

CMS has encouraged states to engage with IHS, Tribes and Tribal organizations, and UIOs (I/T/U) to help with enrollment and retention⁷:

- Indian health care providers (IHCPs) can share updated beneficiary contact information with the state.
- States can share enrollment and renewal data with I/T/Us, so that they can target beneficiaries who are at risk for lapse in coverage due to unwinding.

States currently working with I/T/Us by sharing data, according to CMS:

- Arizona, Colorado, Idaho, Minnesota, Montana, Nevada, Oklahoma, and Oregon.⁸

7. January 27, 2023 CMS State Health Official Letter (SHO# 23-002). <https://www.medicaid.gov/sites/default/files/2023-08/sho23002.pdf>

8. CMS Unwinding Resources webpage. <https://www.cms.gov/aian-unwinding>



Toolkits & Resources

- NCUIH’s [Medicaid unwinding toolkit for Urban Indian Organizations](#)
- National Indian Health Board & IHS’s [Medicaid Unwinding Toolkit for Tribal Enrollment Assisters](#)
- CMS’ [Medicaid Unwinding Toolkit](#)

MEDICAID UNWINDING FOR URBAN INDIAN ORGANIZATIONS

Medicaid in American Indian & Alaskan Native Communities and the COVID-19 Public Health Emergency

<p>→ In March 2020, the Families First Coronavirus Response Act (FFCRA) Medicaid and Children's Health Insurance Program (CHIP) "continuous coverage" requirement allowed people to retain Medicaid coverage and receive needed care during the COVID-19 Pandemic Public Health Emergency (PHE).</p> <p>→ Enrollment in Medicaid and CHIP has grown by over 18 million during the PHE.¹</p>	<p>1/3</p> <p>As of 2018, Medicaid provided health insurance coverage for more than one-third of American Indian and Alaska Native (AI/AN) adults.²</p>	<p>52%</p> <p>As of February 2022, roughly 52% of children in the US were enrolled in Medicaid and CHIP programs.³</p>
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What is Medicaid Unwinding?
Medicaid unwinding is the process that will occur following the end of the FFCRA's continuous coverage requirement. States will return to normal eligibility and enrollment operations. This includes completing an eligibility redetermination for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program.

- Medicaid Unwinding will be the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act.
- Under the Consolidated Appropriations Act of 2023, expiration of the continuous enrollment requirement is no longer linked to the end of the PHE. The continuous enrollment requirement will end on February 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible.
- States will need to address a significant volume of pending renewals and other vary by state, but states will have 12 months to initiate, and 14 months to complete CHIP eligibility for all enrollees.
- The new March 31, 2023, statutory end day of the continuous enrollment condition will be the end of the 12-month unwinding period and initiate the first Medicaid renewals that month.
- **15 million people could lose their current Medicaid or CHIP coverage, according to Human Services.⁴**
- The unwinding process may present challenges for many reasons, resulting in a significant number of individuals, including:
 - The large volume of renewals that need to be completed.
 - Workforce challenges and staffing shortages experienced by state Medicaid agencies.
 - The long length of time since many enrollees' last renewal.
 - The likelihood of outdated mailing addresses and other contact information that may not be updated since the beginning of the COVID-19 PHE.

Recently lost Medicaid or CHIP?
You may qualify for a Special Enrollment Period

[HealthCare.gov/Tribal](https://www.healthcare.gov/tribal)

Contact your Indian Health Care Provider for help.

Health Care.gov

Medicaid Unwinding Toolkit for Tribal Enrollment Assisters

National Indian Health Board



NCUIH Medicaid Unwinding Partnership Efforts



NCUIH Medicaid Unwinding Partnership Efforts

- NCUIH participates in coalitions and groups working on Medicaid issues such as the CMS Tribal Technical Advisory Group (TTAG), Partnership for Medicaid, and a Medicaid unwinding working group comprised of civil rights/health equity organizations.
- Through these partnerships, NCUIH has:
 - Participated in several meetings with Members of Congress and federal agency leaders to discuss concerns around the unwinding,
 - Worked with Congressional leaders to reach out to HHS about unwinding concerns,
 - Led over 200 orgs in a letter urging the Administration to protect healthcare access for families during Medicaid unwinding,
 - Released a report with other civil rights/health equity organizations on the first 6 months of the Medicaid unwinding.





CMS TTAG Medicaid Unwinding Efforts

As a member of the Advisory group, NCUIH regularly attends the TTAG Medicaid unwinding subcommittee meetings.

NCUIH's Medicaid Unwinding Toolkit was circulated by the TTAG's Medicaid Unwinding Workgroup.

On March 15, NCUIH worked with other TTAG members at their face-to-face meeting with CMS to request Tribal Consultation and Urban Confer for the Medicaid unwinding.

On October 18, NCUIH worked with other TTAG members at their face-to-face meeting with CMS to request that states provide disaggregated data that shows how AI/AN people are affected by the Medicaid unwinding in their conversation with CMS.



Partnership for Medicaid Efforts on Medicaid Work Requirements



May 8, 2023

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
S-221 Capitol Bldg.
Washington, D.C. 20510

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
S-230 Capitol Bldg.
Washington, D.C. 20510

The Honorable Kevin McCarthy
Speaker
U.S. House of Representatives
H-232 Capitol Bldg.
Washington, D.C. 20515

The Honorable Hakeem Jefferies
Minority Leader
U.S. House of Representatives
H-204 Capitol Bldg.
Washington, D.C. 20515

RE: Medicaid Reforms Must Be Policy Driven, Not Budget Driven

Dear Majority Leader Schumer, Minority Leader McConnell, Speaker McCarthy, and Minority Leader Jefferies:

The members of the Partnership for Medicaid -- a nonpartisan, nationwide coalition of organizations representing clinicians, health care providers, safety net health plans and counties -- are writing about our concerns on legislation around the debt ceiling which could include broad-based work requirements as a mandatory condition for Medicaid eligibility.

- On May 8, NCUIH worked with the Partnership in signing on and sending a letter to House and Senate leadership opposing broad-based work requirements as a mandatory condition for Medicaid eligibility in debt ceiling negotiations.
- The letter emphasizes that, especially at a time when the program is unwinding, work requirements are an additional burden for enrollees and the state systems that must implement them.



Medicaid Unwinding Working Group Letter to HHS on Protecting Families During Unwinding

- On April 24, 2023, NCUIH, in partnership with a Civil Rights/Health Equity Working Group on the Unwinding of Medicaid, led a sign-on letter to HHS Secretary Becerra urging him to use administrative authorities to protect vulnerable individuals and families from losing CHIP and Medicaid coverage.
- Over 200 organizations signed on to the letter.

PRESS RELEASE

PRESS RELEASE: NCUIH Leads Over 200 Organizations in Urging the Administration to Protect Healthcare Access for Families During Medicaid Unwinding

April 24, 2023 / 0 Comments / in Policy Blog, Press Release / by NCUIH

The loss of coverage may exacerbate the significant healthcare disparities faced by Native communities.



Medicaid Unwinding Working Group Report on First 6 Months of Medicaid Unwinding

NCUIH and 8 other health equity organizations released a report on the first 6 months of the Medicaid unwinding and the impact of terminations.

The report calls on states to dramatically reduce procedural disenrollments by:

- **Use reliable data to renew eligible families' coverage, such as SNAP eligibility data.**
- **Connect Medicaid families with trained personnel who can complete all paperwork needed to determine Medicaid eligibility.**



APIAHF
ASIAN & PACIFIC ISLANDER
AMERICAN HEALTH FORUM

The Leadership Conference
on Civil and Human Rights

NAACP

ncnw
NATIONAL COUNCIL OF
NATIVE WOMEN

National Urban League

SP ACTION FUND

UNIDDSUS

COALITION ON HUMAN NEEDS

PROTECT OUR CARE

Six Months into Unwinding: History's Deepest Medicaid Losses Demand State Action

Executive Summary

When Medicaid pandemic protections expired on April 1, 2023, states were allowed to redetermine eligibility and begin terminating families' Medicaid for the first time since February 2020. Medicaid is America's primary source of health care for low-income people, including children and families, low-wage workers, people with disabilities, and older adults.

During the first six months of this "unwinding," more people have lost Medicaid than during any two-year period in American history. Communities of color are suffering disproportionate losses. And most people terminated from Medicaid may still be eligible. Their coverage is ending because of nothing more than missing paperwork, often resulting from needless red tape and bureaucracy.



The report estimates that around 420,000 Native Americans were terminated from Medicaid during the first 6 months of the unwinding.

Figure 2: Medicaid terminations during the unwinding's first six months, estimated by race and ethnicity (millions)



Source: UnidosUS calculations based on National Council of Urban Indian Health analysis of 2021 ACS data, and KFF data, 10/2/23 and 11/1/2023.



In the first 6 months, UIOs were in 6 out of the 10 states with the highest terminations.

Table 1: States with the highest and lowest termination rates among people whose Medicaid was redetermined during unwinding's first six months

10 Highest			10 Lowest		
Rank	State	Rate	Rank	State	Rate
1	Texas	65%	1	Illinois	10%
2	Idaho	64%	2	Maine	12%
3	Montana	60%	3	Oregon	14%
4	Arkansas	59%	4	Virginia	15%
5	South Dakota	58%	5	Maryland	20%
6	Utah	58%	6	North Carolina	21%
7	Alaska	56%	7	District of Columbia	22%
8	Georgia	55%	8	Arizona	24%
9	Wisconsin	53%	9	Connecticut	25%
10	Oklahoma	53%	10	Ohio	26%
Median		58%	Median		20%

Source: Analysis of KFF data, 10/2 and 11/1/23.



Why Advocacy is Important

- Through TTAG's advocacy, CMS began encouraging data sharing with states and I/T/Us to help with updated contact information for Native Medicaid beneficiaries.
- CMS started releasing quicker, preliminary unwinding data, as requested by organizations working on the unwinding.
- CMS is advising that Medicaid Managed Care Organizations should be able to collect electronic and telephonic signatures and relay them to the Medicaid program for renewals, another ask of the organizations.
- The final debt ceiling bill was signed into law without new work requirements for Medicaid.



Overview of Open Enrollment & Reducing Gaps in Coverage During the Unwinding Period



Marketplace

- The Health Insurance Marketplace® provides health plan shopping and enrollment services for individuals and families (the individual market), as well as employees of small businesses [the Small Business Health Operations Program (SHOP)] through websites, call centers, and in-person assistance.
- The Marketplace will determine eligibility for:
 - Coverage in Marketplace plans
 - Advance payments of the premium tax credit (APTC) toward monthly premiums
 - Cost-sharing reductions (CSRs) to lower what consumers pay for out-of-pocket costs, like deductibles, copayments, and coinsurance
 - Medicaid and the Children’s Health Insurance Program (CHIP)



Marketplace

- A marketplace can be operated by a state or the Federal Government.
- There are key differences between Marketplace types including:
 1. State-based Marketplace (SBM)
 2. Federally-facilitated Marketplace (FFM)
 3. State-based Marketplace-Federal platform (SBM-FP)



Health Plan Categories

How you and your insurance plan split costs

Estimated averages for a typical population. Your costs will vary.

Plan Category	The insurance company pays	You pay
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

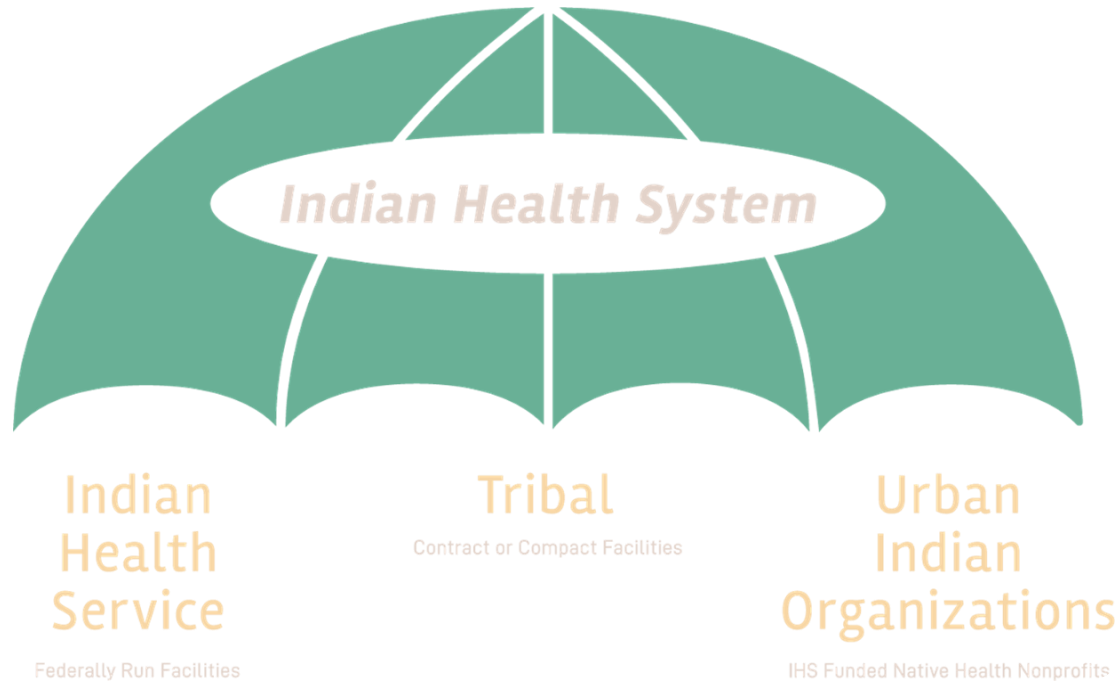
BRONZE
HEALTHCARE
PLAN

SILVER
HEALTHCARE
PLAN

GOLD
HEALTHCARE
PLAN

PLATINUM
HEALTHCARE
PLAN

AI/AN Healthcare



AI/ANs currently receive health care from Indian health care providers, which include health programs operated by the

- IHS,
- Tribes and Tribal organizations, and
- Urban Indian organizations

These health programs are sometimes collectively referred to as ITUs (IHS/Tribal/Urban). AI/ANs don't pay premiums for ITU services and are only charged under limited circumstances for services provided in ITU facilities.

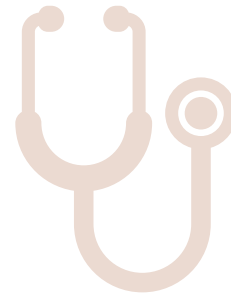
Marketplace Coverage Advantages for AI/AN



Some advantages to enroll in marketplace coverage

Advance payments of the premium tax credit (APTC)
and/or

Cost-sharing reductions (CSRs)



Marketplace enrollment may also provide wider range of providers and services



Affordability Program: Premium Tax Credits

- Consumers with certain household incomes who aren't eligible for other qualifying coverage, like through a job, Medicare, most Medicaid coverage, or CHIP, may be eligible for savings through the Marketplace.
- If consumers projected annual household income for the coverage year falls between 100 % and 400 % of the Federal Poverty Level (FPL), they may qualify for a premium tax credit (PTC). Per the Inflation Reduction Act, Congress waived the 400% FPL cap through 2025.

Note:

- PTCs are only available to consumers who enroll in an individual market Marketplace plan through the Marketplace.
- Eligible consumers can use all, some, or none of their PTCs in advance to lower their monthly premiums—these are called advance payments of the premium tax credit (APTC).



Affordability Program: Premium Tax Credits (Cont.)

- Reconciling APTC:
 - The amount of PTC a consumer is eligible for may change throughout the coverage year, if there are changes to the consumer's household income, household size, or other determining factors.
 - It's very important that consumers report life changes to the Marketplace.
 - When consumers file their income taxes, they'll have to reconcile any APTC that were paid on their behalf to reduce their monthly premiums with the amount of PTC they were ultimately eligible for based on their actual annual household income.
- If consumers use APTC in excess of the PTC they are determined eligible for, they may be required to repay all or some of the difference when they file their federal income tax return.
- If consumers use less PTC than they're determined eligible for when they file their federal income tax return, they may receive the difference as a refundable credit.



Marketplace Protections for AI/AN

- Special Enrollment Periods (SEPs)
- Zero cost sharing plan
- Limited cost sharing plan
- Individuals are not exempted from QHP premiums due to being a member of a federally recognized Tribe or ANCSA shareholder. However, they may qualify for APTCs to lower their premiums based on their income.



Cost-Sharing Reductions: Special Benefits for AI/AN Consumers

- AI/AN consumers with income between 100 percent to 300 percent of the FPL can enroll in a “**zero cost-sharing plan**” through the Marketplace and have no out-of-pocket costs – like deductibles, copayments, and coinsurance – when they get care.
- AI/AN consumers at any income level can enroll in a “**limited cost-sharing plan**” through the Marketplace. Under this plan, a referral **will be** required from an Indian health care provider to avoid out-of-pocket costs when they receive essential health benefits from a qualified health plan (QHP).
- **Limited and zero cost-sharing plans** are available to AI/AN consumers in any plan (e.g. bronze, silver, etc.) category.



Who's Eligible for Coverage through the Marketplace

To be eligible for coverage through a Marketplace, individuals and households must:

1. Live in the United States (U.S.) in a state served by the Marketplace where they're applying;
2. Be U.S. citizens, U.S. nationals, or lawfully present immigrants for the entire time they plan to have coverage; and
3. Not be incarcerated (unless pending disposition of charges).



How to Apply

- **Consumers can apply for Marketplace coverage through:**
 1. HealthCare.gov ([English](#)) and CuidadoDeSalud.gov ([Spanish](#))
 2. Directly through some Marketplace plan issuers
 3. The Marketplace Call Center
 4. Marketplace enrollment assisters
 5. Marketplace-registered agents and brokers, or web-broker sites
 6. Paper Application
- Language assistance is available through interpreters, Call Center support, print, and web resources:
 - Help is available to complete an application.
 - Job aids in 33 languages can be found at: [Marketplace.CMS.gov/applications-and-forms/individuals-and-families-forms.html](https://www.cms.gov/marketplace/applications-and-forms/individuals-and-families-forms.html).



When to Enroll

- Eligible consumers can enroll in or change Marketplace plans during the annual Open Enrollment Period (OEP) or during a Special Enrollment Period (SEP).
 - **Exception: Members of federally recognized Tribes can enroll in the Marketplace or change plans throughout the year, not just during the yearly OEP or during a SEP.**
- In the FFM for individuals and families, the OEP starts on November 1 and ends on January 15 the following year.
- In the SHOP Marketplaces, eligible small employers determine their group's annual OEP (for themselves and their eligible employees/dependents).
 - Small employers can generally complete a group enrollment at any point throughout the year.



Streamlined Application

- One application for Marketplace health plans, Medicaid, and CHIP
 - Premium tax credits and cost sharing reductions
 - Online, by phone, by mail, or in person
- May be able to enroll immediately once eligibility determination is complete
 - Depending on the program for which the applicant is eligible
- You can apply for Medicaid and CHIP at any time
 - At [HealthCare.gov](https://www.healthcare.gov), or
 - Through your state agency



Streamlined Application

- Question: **Are you or is anyone in your family American Indian or Alaska Native?**
- **YES. If yes, go to Appendix B.**



Streamlined Application

- Appendix B
 - Information is requested to assure that cost sharing exemptions and income and resources are counted properly for AI/AN.
 - Asks AI/AN individual's relationship with Indian Health Care Providers.
 - Asks about certain AI/AN Income/Resources that are countable for the Marketplace but not countable for Medicaid.



Certified Application Counselor Designated Organization (CDO) program-Application Process

CMS invites **new applicant organizations** who want to become a CDO for Plan Year 2024 to apply during CMS's Open Season **August 1-December 15, 2023**.

To apply to become a CDO:

1. Access and complete the CDO application at <https://mats.secure.force.com/CDOApplication/>. CMS will review your application and send a determination email with your application status. Please allow up to 10 business days for this review.
2. If CMS approves your application, you must access the CDO Organizational Maintenance Web Form (link provided in approval email) and submit a signed CMS-CDO agreement. CMS will then review your signed agreement and send a determination email. If CMS approves your agreement, you will receive a Welcome Packet email with a unique CDO ID. Please allow up to 5 business days for this review.



In-Person Assistance

- In-person assisters may provide face-to-face, one-on-one assistance to applicants and enrollees submitting Marketplace eligibility applications in their FFM service area.
- Marketplace-approved in-person help is available through several programs to help consumers with the process of applying for enrolling in health insurance coverage, including:
 1. Navigators
 2. Certified Application Counselors
 3. Agents and Brokers
- Consumers can use the [Find Local Help tool \(LocalHelp.HealthCare.gov\)](https://www.localhelp.healthcare.gov) to search for a list of local people and organizations who can help them apply, pick a plan, and enroll in Marketplace coverage.



Marketplace Call Center

Marketplace Call Center:

Assists consumers in FFMs and SPMs:

1-800-318-2596 (TTY: 1-855-889-4325)

Customer service representatives are available 24/7

Help with eligibility, enrollment, and referrals

Assistance in English and Spanish

Oral interpretations in 240+ additional languages

State Based Marketplaces have their own call centers



Reducing Gap in Coverage





Reducing Gap in Coverage



Work with Tribes

- ➔ Collaborate with Tribes to request a meeting with your state regarding unwinding.
- ➔ Develop partnerships with Tribes to provide necessary information to AI/AN beneficiaries.



Work with CMS, Indian Health Service (IHS), and Partner Organizations

- ➔ Request consultation and confer with CMS and IHS to discuss coverage loss concerns and oversight.
- ➔ Culturally appropriate materials are available through CMS, IHS, and the National Indian Health Board.



Work with Your Community

- ➔ Work with beneficiaries to ensure that their contact information is updated with the state Medicaid office, including addresses, emails, and phone numbers, to ensure that individuals receive information on renewals.
- ➔ Screen for potential Medicaid eligibility for all patients and refer current Medicaid recipients to your benefit specialists to update applications.
- ➔ Engage community partners, health plans, and the provider community to encourage individuals to update their contact information and to provide assistance with renewals.
- ➔ Educate patients, including utilizing outreach and educational materials in your clinic waiting rooms, patient rooms, and patient registration/in-take desks, regarding the unwinding and the risk of a loss in coverage.



Additional Recommendations to Healthcare Orgs.

- Become a Certified Application Counselor Designated Organization (CDO). Train your staff on the marketplace. Increase staff awareness
- Create welcoming space to help clients/patients enroll in the Marketplace. Provide in healthcare setting computer stations with internet to access portals.
- Create internal workflows where each client/patient is asked to sign up for coverage through the marketplace at patient registration (at the point of entry).
- Create educational/informational/marketing tools which help clients/patient population understand the marketplace and coverages
- Partner with state, tribal nations, health departments to speak the common language in promoting and signing up patient/client population
- At health fairs, pow-wows, community events –Present at community events to the population you serve about the Marketplace
- Make it a part of your healthcare organizations – to train all healthcare workforce about the Marketplace
- Present to partner organizations on how your healthcare facility promotes, educates and helps sign up clients/patient in the Marketplace. Create referral and coordination systems to enroll.



Helpful Resources

- **Link to AI/AN Trust Income and MAGI Fact Sheet:**
<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/AIAN-Trust-Income-and-MAGI.pdf>
- **Cost Sharing Protections Brochure:**
<https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/Downloads/Understanding-Cost-Sharing-brochure.pdf>
- **Medicaid Application (see Appendix B):**
<https://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf>



More Information About the Marketplace

- Sign up to get email and text alerts at HealthCare.gov/subscribe
- Healthcare.gov/Tribal
- Updates and resources for organizations are available at Marketplace.cms.gov
- [Twitter @HealthCareGov](https://twitter.com/HealthCareGov)
- Facebook.com/Healthcare.gov?_rdr=p
- YouTube.com/playlist?list=PLaV7m2-zFKpgZDNCz7rZ3Xx7q2cDmpAm7



Helpful Enrollment Resources

- [Partner Toolkit](#)
- [Virtual Event in the Box](#)
- [Theme Week Dates](#) – ***Health Centers Week of Action
December 10!***
- [Medicaid Renewal Resources](#)



Helpful Websites

01

Medicare

[Medicare.gov](https://www.Medicare.gov)

02

Medicaid

[Medicaid.gov](https://www.Medicaid.gov)

03

Social Security

[ssa.gov](https://www.ssa.gov)

04

Health Insurance Marketplace®

[HealthCare.gov](https://www.HealthCare.gov)

05

Children's Health Insurance Program

[InsureKidsNow.gov](https://www.InsureKidsNow.gov)

06

CMS National Training Program

[CMSnationaltrainingprogram.cms.gov](https://www.CMSnationaltrainingprogram.cms.gov)

07

State Health Insurance Program

[shiphelp.org](https://www.shiphelp.org)



Q&A



Survey and Evaluation Reminder

- Thank you!
- Link to evaluation: https://ncuih.qualtrics.com/jfe/form/SV_4SpfCv4X2mP9FHw





Upcoming Events

December 7, 2023

- Building Bridges, Building Trust: An Open Forum on COVID-19 Insights

January 19, 2024

- Mental Health First Aid for Urban Indian Organizations Training

April 29, 2024 - May 2, 2024

- Save the date - NCUIH 2024 Annual Conference

Please visit <https://ncuih.org/events/> for more information and registration links.



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