

Medicare and Special Enrollment Periods

Agenda

- Welcome and Goals
- Glossary
- Medicare and Special Enrollment Periods

The Goals for Today

The end of continuous enrollment in Medicaid triggered transitions in healthcare coverage for many people in our state and across the country.

Leadership from Medicaid has come together to highlight “Special enrollment periods” that make Medicare coverage available to people seeking coverage after their Medicaid eligibility ends.

Glossary

- **Medicare:** is federally administered health insurance for people 65 or older, some younger people with disabilities, and people with End-Stage Renal Disease.
- **Open enrollment period:** a designated time each year when you can purchase and apply for health insurance for the upcoming year without any other triggering event.
- **Special enrollment period:** a time outside the yearly Open Enrollment Period when you can sign up for health insurance after a triggering event, like losing health coverage, moving, getting married, having a baby, or adopting a child, or change household income.

What is Medicare?

Medicare Overview: Parts A&B. The Different Parts Cover Distinct Services

Medicare Part A (Hospital Insurance)

- Part A covers inpatient hospital stays, some care in a skilled nursing facility, some hospice care and some home health care.

Medicare Part B (Medical Insurance)

- Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.
- There is a separate Medicare drug plan to get Medicare drug coverage (called Part D).

Medicare Part C

Medicare Advantage (also known as Part C)

- Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These “bundled” plans include Part A, Part B, and usually Part D, which is Prescription Coverage.
- Plans may have lower out-of-pocket costs than Original Medicare.
- Plans may offer some extra benefits that Original Medicare doesn’t cover — like vision, hearing, and dental services.

Medicare Open Enrollment

- Open Enrollment for Medicare for CY 2024 started on October 15 and ran until December 7, 2023.
- Open Enrollment is annual and allows people to switch their Medicare coverage or start their coverage.
- However, everyone eligible for Medicare also has an initial eligibility period, (IEP) which is 7 months long.
- For those eligible for Medicare due to age (as opposed to b/c of disability), the IEP period begins 3 months before they turn 65, includes the month they turn 65, and ends 3 months after they turn 65.
- **The permanent monthly penalty for not enrolling during your IEP is 10% of the monthly premium for each year eligible but unenrolled.**

Example: Permanent Lifetime Penalties for Late Enrollment in Medicare

| Age of Client | Medicare Part B Premium | How Long Eligible but Unenrolled | Monthly late enrollment penalty=10% of premium for each year eligible but unenrolled | Months remaining on Medicare (14 years) | Total Additional Cost Incurred |
|---------------|-------------------------|----------------------------------|--|---|--------------------------------|
| 66 | \$165 | 12 months | \$16.49 | 168 | \$2,770.32 |
| 67 | \$165 | 2 years | \$32.98 | 168 | \$5,540.64 |
| 69 | \$165 | 4 years | \$65.96 | 168 | \$11,081.28 |

Medicare Special Enrollment Periods

- Medicare also offers multiple special enrollment periods for those who did not sign up for Medicare Premium Part A or Part B when they were previously eligible.
- **Special Enrollment Periods (SEP)** allow an individual to sign up for Medicare without *incurring the monthly late enrollment penalty*.
- The Grounds for Special Enrollment Periods for Medicare are:
 - 1) emergency or natural disaster;
 - 2) misrepresentation by an employer or former group coverage;
 - 3) formerly incarcerated;
 - 4) other exceptional circumstances; and
 - 5) **termination of Medicaid eligibility.**

Medicare's SEP for Loss of Medicaid Eligibility

- This is available to those who have lost or will lose Medicaid coverage on or after **January 1, 2023**.
- The SEP for Termination of Medicaid Eligibility starts when the Member is notified of the loss of Medicaid coverage and ends **6 months** after the termination date of that coverage.

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

CMS-10797-508C

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1426
Expires 11/24

**APPLICATION FOR MEDICARE PART A AND PART B –
SPECIAL ENROLLMENT PERIOD (EXCEPTIONAL CONDITIONS)**

WHAT IS THE PURPOSE OF THIS FORM?
If, due to an exceptional condition, you didn't sign up for Medicare Premium Part A or Part B during your Initial Enrollment Period (IEP), General Enrollment Period (GEP), or a Special Enrollment Period (SEP) you were previously eligible for, you can sign up without a late enrollment penalty during a SEP for Exceptional Conditions. If you think that you may be eligible for a SEP for Exceptional Conditions, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

NOTE: Your IEP lasts for 7 months. It begins 3 months before your 65th birthday (or 25th month of disability) and ends 3 months after you reach 65 (or 3 months after the 25th month of disability). The GEP is from January 1 – March 31 each year. The most common SEPs apply to the working aged, disabled, and international volunteers.

WHAT INFORMATION DO YOU NEED TO COMPLETE THIS FORM?
You will need:
• Your Medicare Number or Social Security number (SSN)
• Your current address and phone number
• Qualifying documentation of eligibility for the SEP

HOW DO YOU SUBMIT THE FORM?
Complete and sign page 4 of the form and send it to your local Social Security field office.

HOW DO YOU GET HELP WITH THIS FORM?
• Call Social Security at 1-800-772-1213. TTY users can call 1-800-325-0778.
• Contact your local field office. Find an office near you at [www.ssa.gov/locator](#).
• **En español:** Llame a SSA gratis al 1-800-772-1213 y oprima el 7 si desea el servicio en español y espere a que le atienda un agente.

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.

Our Speakers

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Special Enrollment Periods, Employment Sponsored Insurance, the Marketplace, and Insurance Coverage Options

Agenda

- Welcome and Goals
- Glossary
- Special Enrollment Periods and Employer Sponsored Insurance
- Special Enrollment Periods and the Marketplace
- Insurance Coverage Options

The Goals for Today

The end of continuous enrollment in Medicaid triggered transitions in healthcare coverage for many people in our state and across the country.

Leadership from Medicaid, the Insurance Department and NH's Navigator organizations have come together to highlight "Special enrollment periods" that make Employer sponsored Insurance or Marketplace health insurance available to people seeking coverage after their Medicaid eligibility ends and to highlight insurance coverage options.

Glossary

- **Employer Sponsored Insurance:** health insurance that is offered to employees and their dependents (and in most cases, spouses) as a benefit of having an employment position with the employer. The most common way Americans obtain health insurance coverage.
- **Marketplace:** Shorthand for the “Health Insurance Marketplace[®],” a shopping and enrollment service for individual medical insurance created by the Affordable Care Act in 2010. In most states, the federal government runs the Marketplace (sometimes known as the “The Exchange” or Healthcare.gov) for individuals and families. On the web, it's found at HealthCare.gov.

Glossary

- **Open enrollment period:** a designated time each year when you can purchase and apply for health insurance for the upcoming year without any other triggering event.

- **Special enrollment period:** a time outside the yearly Open Enrollment Period when you can sign up for health insurance after a triggering event, like losing health coverage, moving, getting married, having a baby, or adopting a child, or change household income.

Special Enrollment Periods & Employment Sponsored Insurance

Employer Sponsored Insurance Special Enrollment Period

- The majority of people in New Hampshire receive their health insurance coverage through their employer as a benefit.
- Under federal law, a special enrollment period is triggered if an eligible employee loses eligibility for coverage under a Medicaid program.
- The ESI plan must provide **at least 60 days** for the employee to request coverage after the employee loses eligibility for coverage.
- Acting quickly is crucial. Ask about job-based health insurance.

Need Help? You can also ask your employer to fill out an [Employer Coverage Tool](#) (PDF, 145 KB).

Special Enrollment Periods and the Marketplace

The Marketplace or Healthcare.gov

- The Marketplace (aka Healthcare.gov or The Exchange) offers financial help to eligible individuals purchasing health insurance on their own through healthcare.gov. Financial help isn't available when purchasing off of the exchange.
- New Hampshire uses the Federal Marketplace, also known as the Federally Facilitated Marketplace or the FFM.
- Open Enrollment on the Marketplace for CY2024 coverage was Nov 1-January 15, 2024.
- People cannot sign up for coverage outside of these dates without a Qualifying Event that gives them access to a **Special Enrollment Period**.

Categories of Events That Trigger an SEP for The Marketplace



Loss of other qualifying coverage

- Loss of employer coverage
- Loss of Medicaid



Changes in household size

- Marriage
- Birth or adoption of a child



Changes in primary place of living

- Moving to a different city or state
- Moving to the U.S. from another country



Changes in eligibility for financial help

- Moving out of the Medicaid coverage gap
- Changes in eligibility for PTC or CSR
- Newly gained eligible immigration status



Enrollment or plan error

- Error or misconduct by broker, marketplace representative, or insurer
- Plan or benefit display error



Other circumstances

- Survivors of domestic violence
- Impacted by FEMA-declared disaster



Temporary SEPs

- Medicaid Unwinding
- Income below 150% FPL*

*Effective 4/2/24, this SEP is no longer temporary.

Temporary Marketplace SEP for People Losing Medicaid/CHIP Coverage During “Unwinding”

- Temporary SEP for anyone who loses Medicaid/CHIP any time between 3/31/23 – 11/30/24
- Access through HealthCare.gov
- Attestation accepted; no documentation required
- Can report up to 60 days before loss of coverage

| SEP Event | Timing | Coverage Effective Date |
|--------------------------------|------------------------------------|---|
| Loss of Medicaid/CHIP coverage | Any time between 3/1/23 – 11/30/24 | <p>In general: First day of month following plan selection</p> <p>If applicant loses coverage mid-month and selects a plan before the first day of that month: First day of the month of loss of coverage**</p> <p>If applicant also qualifies for an SEP with a retroactive coverage option: Retroactively to the date of the SEP event OR first day of the month after plan selection (must call marketplace to request)</p> |

From the *Beyond the Basics series* webinar on [Unwinding the Medicaid COVID-19 Continuous Coverage Requirement](#)

Marketplace SEP for People with Income $\leq 150\%$ FPL

- There is a special enrollment period that is permanent for those whose household income is expected to be no greater than 150% of the federal poverty level
 - Must be eligible for the premium tax credit
 - No prior coverage required
 - May enroll in a QHP or change from one QHP to another one time per month
- Under the American Rescue Plan, enhancements to the premium tax credit ensure that everyone under 150% has access to a \$0 plan
 - The Inflation Reduction Act extended the PTC enhancements through the end of 2025
 - On April 2, 2024 CMS finalized a rule that makes this SEP available even if the PTC enhancements expire

New Hampshire Navigators

Meet Your Navigators and Assisters: Health Market Connect

- Health Market Connect has ~10 navigators located in all regions of the state.
- They offer assistance in eight languages, including American Sign Language, and can answer questions via Zoom, chat, text, Facebook messenger, and email.
- They also book appointments through their website, hmcnh.com.

Meet Your Navigators and Assisters: First Choice Services

- First Choice Services, based in West Virginia, has ~6 navigators dedicated to taking calls from people in New Hampshire. They speak English and Spanish but can arrange translation for other languages.
- The company also has three groups in the state that provide phone and in-person assistance: Harbor Care, Lamprey Health, and the Foundation for Healthy Communities. Its website is firstchoiceservices.org.
- Many health care professionals and entities also have people who can help assist with health insurance.

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;
<https://acanavigator.com/nh/home>

Keith Ballingall, Health Market
Connect; <https://www.hmcnh.com/>

(603) 309-2021

Insurance Coverage Options

NH Insurance Department

- The New Hampshire Insurance Department (NHID) reviews all health insurance policies before they can be sold in New Hampshire. NHID ensures that policies sold comply with state and federal law.
- Some of the laws NHID enforces are the following consumer protections for health insurance:
 - Guaranteed availability and renewability
(that means insurers cannot refuse to sell a policy or renew a policy to an individual)
 - No preexisting condition exclusions
(that means insurers cannot exclude benefits for people who have been diagnosed with a medical condition or have a history of medical conditions)

NH Insurance Department

- Some of the laws that NHID enforces are the following consumer protections for health insurance:
- Required Coverage of Essential Health Benefits
 - That means the insurer must offer coverage in policies for this group of services: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care.
- Required Coverage of State Mandated Benefits
 - That means the insurer policy must cover any additional groups of services that the state requires to be offered in addition to the essential health benefits above)

Approved companies that sell insurance

Only the following companies have been approved to sell comprehensive health insurance to individuals and families in New Hampshire:

AMBETTER FROM
NH HEALTHY FAMILIES/UNDERWRITTEN BY CELTIC INS CO (80799)
2 Executive Park Drive Bedford, NH 03110
1-844-265-1278
<https://ambetter.nhhealthyfamilies.com/>

ANTHEM HEALTH PLANS OF NH INC (53759)/MATTHEW THORNTON HEALTH
PLANS INC (95527)
1155 Elm Street
Manchester NH 03101
1-844-304-8780
www.anthem.com

HARVARD PILGRIM HEALTH CARE OF NEW ENGLAND INC (96717)
650 Elm Street 7th Floor
Manchester NH 03101
1-800-848-9995
www.harvardpilgrim.org

All plans on **HealthCare.gov** are from licensed companies and meet all legal requirements.

Places to Buy Insurance

- Licensed insurance agents and brokers
 - Licensed insurance agents can make personalized recommendations based on your or your family's specific needs and can help answer questions about specific products. Licensed insurance agents and brokers can help consumer purchase coverage through the exchange to receive subsidies.
 - Navigators can assist consumers with the process of how to obtain insurance but cannot recommend a particular plan or provide advice on how to choose a plan.
- Rates are the same no matter where you purchase the coverage, but there is no financial help with premiums if the policy is not purchased on [healthcare.gov](https://www.healthcare.gov)

Financial Help on the Marketplace

- **HealthCare.gov** (the Exchange or the Marketplace)
 - Policy must be purchased through **HealthCare.gov** in order to receive financial help that may lower premium and out-of-pocket costs, based on customer's income level. Income levels change depending on family size and wages. (See income level chart)
 - Approximately 71% of people who purchase on the marketplace in NH received financial help with their insurance in 2024.

| Family Size | 150% | 200% | 400% |
|-------------|----------|-----------|-----------|
| 1 | \$21,870 | \$29,160 | \$58,320 |
| 2 | \$29,580 | \$39,440 | \$78,880 |
| 3 | \$37,290 | \$49,720 | \$99,440 |
| 4 | \$45,000 | \$60,000 | \$120,000 |
| 5 | \$52,710 | \$70,280 | \$140,560 |
| Each Add'l | +\$7,710 | +\$10,280 | \$20,560 |

Buyer Beware

There are other products sold that are promoted as comprehensive medical insurance health insurance, but they are not insurance.

If the product is not insurance coverage offered by a licensed insurance company:

- There is no guarantee of coverage or payment of claims,
- There are no consumer protections, and
- The NH Insurance Department may not be able to help if you run into problems.

Watch out for websites that advertise low-cost alternatives to health insurance.

HealthCare.Gov is a trusted website

Buyer Beware

- Comprehensive medical insurance coverage does NOT include:
 - Medical Discount Cards
 - “Policies” offered by an unlicensed entity
 - Healthcare Sharing Ministries
 - Limited partnership plans

If you aren't sure if the coverage you are thinking of buying is comprehensive health insurance coverage, the Insurance Department's consumer protection team can help verify whether the offer is an approved insurance product.

CALL: Consumer Services Unit, 603-271-2261, in state toll free (800) 852-3416
or EMAIL: consumerservices@ins.nh.gov.

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Thank you
