



## BeWellnm Policy Brief

# Special Enrollment Periods Medicaid Unwinding and Easy Enrollment

February 15, 2023

V1.0

## Introduction

BeWellnm will implement two new Special Enrollment Periods (SEPs) related to (1) the “unwinding” of the Medicaid continuous coverage requirement, also known as the “maintenance of effort;” and (2) the New Mexico Easy Enrollment Act. This policy brief outlines the policy and regulatory considerations supporting these new SEPs.

## Regulations

- 45 CFR 155.420(d)(9), *Triggering events*, requires beWellnm to allow qualified individuals and enrollees and, when specified, their dependent, to enroll in or change from one Qualified Health Plan (QHP) to another if the individual meets exceptional circumstances as the Exchange may provide.

## Policy Analysis

### 1. Medicaid Continuous Coverage Unwinding SEP

Pursuant to 45 CFR 155.420(d)(9), and based on recent guidance from the Centers for Medicare & Medicaid Services (CMS) affording states flexibility to implement an SEP for consumers losing Medicaid coverage due to the “unwinding” of the Medicaid continuous coverage requirement, beWellnm will implement an SEP that will allow individuals who lose Medicaid coverage to enroll in a marketplace plan through beWellnm (the “Loss of Medicaid SEP”). BeWellnm is implementing this SEP in conjunction with the end of the continuous coverage requirement; however, the SEP will be offered indefinitely.

BeWellnm is implementing the Loss of Medicaid SEP to ensure continuity of coverage for consumers who are likely to face unique challenges when transferring from Medicaid to other coverage during the redetermination period. Many Medicaid beneficiaries may have moved or changed addresses since last receiving communications from HSD and as a result may not receive termination notices from HSD timely or at all. Consumers may not be notified that they’ve lost Medicaid coverage in time to use existing SEPs. Some Medicaid beneficiaries might be confused as to why their Medicaid coverage is ending for the first time in several years, as some beneficiaries might not have heard from HSD since the Medicaid maintenance of effort



went into effect in 2020. Consumers also may need clarity as to whether a loss of Medicaid coverage was procedural or due to ineligibility before deciding whether to pursue marketplace coverage through beWellnm.

Consumers who have been notified by the Human Services Department (HSD) that they are no longer eligible for Medicaid (and do not have other sources of coverage) should apply for marketplace coverage through beWellnm as soon as possible.

To qualify for the SEP, consumers must submit a new or updated application. Based on information received from the Human Services Department that confirms they have lost, or will lose, Medicaid, the system will automatically open a 60-day shopping window. BeWellnm will not require verifying documentation. Eligible consumers will have 60 days to select and enroll in a plan once they've submitted their beWellnm application.

Consumers can report a coverage loss up to 60 days in advance. For consumers who attest to a future loss of Medicaid coverage, marketplace coverage will be offered to start on the first day of the month after their last day of Medicaid coverage. For example, on April 15, a consumer reports that their Medicaid coverage will end on May 31. The consumer's marketplace coverage can begin on June 1. Consumers who apply with beWellnm after losing Medicaid coverage can choose a retroactive effective date of coverage, back to the first day of the month in which the consumer enrolls in a plan. For example, if a consumer loses Medicaid on July 31, and selects a marketplace plan on August 25, coverage can start on August 1.

Consumers who qualify for the Loss of Medicaid SEP as well as another SEP will be given the coverage effective date associated with the Loss of Medicaid SEP, unless another SEP allows the consumer an earlier coverage effective date.

## **2. Easy Enrollment SEP**

Pursuant to 45 CFR §155.420(d)(9), beWellnm will implement a new SEP in support of the Easy Enrollment Act (the "Act"), which was signed into law on March 2, 2022, and which is effective for the 2022 tax year filings. The Act allows New Mexico residents to start the health coverage enrollment process by checking a box on their state income tax return. By checking the box, New Mexico taxpayers consent to give the state tax agency permission to share information used to assess eligibility for low-cost or no-cost coverage with the Human Services Department (HSD) and the New Mexico Health Insurance Exchange. HSD will assess eligibility and contact uninsured individuals to provide information about their coverage options, increasing accessibility for all participants. HSD will forward to beWellnm application information for individuals who are assessed not eligible for Medicaid.

BeWellnm will provide an SEP for individuals who indicate on their application that they 'checked the box' on their tax form – or would have checked the box, had they been offered the opportunity by their tax preparer – and who qualify for coverage through beWellnm.