



WEST VIRGINIA INSURANCE BULLETIN No. 23-01

Insurance Bulletins are issued when the Commissioner renders formal opinions, guidance or expectations on matters or issues, explains how new statutes or rules will be implemented or applied, or advises of interpretation or application of existing statutes or rules.

► **Special Enrollment Period for Medicaid Disenrollment** ◀

The federal Families First Coronavirus Response Act of 2020 required state Medicaid agencies to continue coverage for enrollees through the COVID-19 Public Health Emergency (COVID-19 PHE). Effective April 1, 2023, the federal Consolidated Appropriations Act decoupled the continuous enrollment period from the COVID-19 PHE. On December 29, 2022, Congress enacted the Consolidated Appropriations Act of 2023, which includes a provision directing state Medicaid agencies to resume normal eligibility determinations as outlined by the federal Centers for Medicare and Medicaid Services.

Termination of Medicaid coverage or disenrollment from Medicaid based on eligibility determinations will take place beginning in April 2023. Disenrollment timing will be based on criteria established by the West Virginia Department of Health and Human Resources, Bureau for Medical Services (BMS), the state agency responsible for the state Medicaid program. Generally, this means that certain Medicaid members who do not complete tasks associated with the renewal process, as well as those who no longer qualify for Medicaid, will be disenrolled at the end of their anniversary month.

Many West Virginians may continue to be eligible for Medicaid. However, for those losing Medicaid coverage, a special enrollment period (SEP) on the health insurance marketplace has been established that will run from March 31, 2023, to July 31, 2024. A SEP also has been put into place for those who are losing Medicaid coverage and have access to employer-based coverage. The employee must request enrollment in the employer plan within 60 days of his or her termination date from Medicaid.

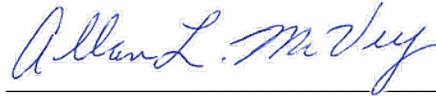
Importantly, West Virginians who no longer qualify for Medicaid and who do not have employer-sponsored coverage, or those whose employer does not offer affordable coverage, may be eligible for significant financial assistance, also called subsidies, to offset the cost of coverage on the health insurance marketplace. Available financial assistance may include premium tax credits available to reduce monthly payments (premiums), as well as cost sharing reductions designed to minimize out-of-pocket costs (deductibles, co-payments and co-insurance). While pricing varies based upon income and the plan selected, historically the majority of West Virginians enrolled on a marketplace plan have been eligible for low-cost options.

The West Virginia Navigator Program is available to assist West Virginians with enrollment in a plan through the health insurance marketplace. West Virginians may call the West Virginia Navigator Program at 1-844-WV-CARES or contact the program online at www.wvnavigator.com. Licensed producers, issuers and other interested parties are strongly encouraged to assist individuals and families in understanding and facilitating

enrollment in marketplace health insurance plans or employer-based coverage, if available. West Virginians may also enroll directly at www.healthcare.gov.

Please e-mail any questions concerning this Insurance Bulletin to OICBulletins@wv.gov. You may also contact the OIC's Health Policy division at OICHealthPolicy@wv.gov for information about the SEP or applying for health insurance benefits through the health insurance marketplace. Additional resources for health insurance consumers are available at www.wvinsurance.gov/HealthPolicy.

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