



## Medicaid Unwinding FAQs

As a general rule, if an offer seems too good to be true—it probably is. When you start the process of looking for health insurance you may want to visit [ChooseHealthDE.com](http://ChooseHealthDE.com) to locate a federally registered/approved Navigator near you for assistance in enrolling in the Federally Facilitated Marketplace. If you would like to enroll yourself, you can visit [Healthcare.gov](http://Healthcare.gov) or call directly to (800) 318-2596. *\*\*Please be careful when searching for insurance on the internet as you may accidentally access an incorrect website.* However, if you may be eligible for or already enrolled in Medicare please contact our Delaware Medicare Assistance Bureau (DMAB) (302-674-7364) for assistance in locating supplemental coverage and Prescription coverage.

In Delaware there are only three (3) insurance companies that are licensed to sell Affordable Care Act (ACA) approved major medical qualified healthcare plans in Delaware. These are the plans that will cover almost all of your medical needs, does not exclude pre-existing conditions, and you may be eligible for premium sharing tax credits when purchased on the marketplace. The companies are Aetna/CVS plans, AmeriHealth Caritas Next, and Highmark BCBSDE. Do not provide any credit card or banking information unless it is to one of these companies. There are other types of “plans” that you may hear about while researching for health insurance.

**Discount Plans or Discount Cards:** You may see or receive advertisements from plans offering discounts on health care for a monthly fee. These are not health insurance plans, and participants do not have the same protections as under licensed, major medical health insurance.

Some of the discount cards use high-pressure marketing tactics and ask for a large, up-front fee. They are often advertised via spam emails, internet popup ads, on roadside signs or on telephone poles. The Delaware Department of Insurance strongly recommends that you thoroughly investigate any plan promising deep discounts for a “low” monthly fee and weigh the benefits against the costs carefully.

**Health Sharing Plans:** You may receive offers to join a group or association that will take your monthly payments, put them in a savings account or trust with other participants’ money, and then help pay some of your health care costs, as needed. Such arrangements are not insurance and the participants do not have the protections available to purchasers of licensed insurance plans. As this is not insurance you may receive denials for the “plan” and balance/surprise billing from the providers. Some of the Sharing plans are offered by Ministries. If the accident or illness is determined to be caused by something against their religious belief payment may be excluded. The Delaware Department of Insurance strongly recommends that you thoroughly investigate such plans before joining.

**Supplemental Plans:** Limited benefit plans cover a limited number of visits or only pay a limited dollar amount per service; they do not provide full medical coverage. In many cases these plans exclude pre-

existing conditions, etc.. There are also short-term benefit plans. These plans are like standard limited benefit plans but are only offered for a 3-month period. They are not renewable.

Then there are specific condition/disease policies, such as Hospital only, Cancer only, or Accidental Death and Dismemberment policies, etc.. These only provide coverage as stated in the name and with a limited dollar amount. And finally, there are ancillary plans that cover only dental or vision coverage.

## Unwinding Period

Q: When will my Medicaid end?

A: Delaware will begin the unwinding/renewal process on April 1, 2023. Medicaid will review your information to see if you are still eligible for benefits. If you are not eligible for Medicaid based on your income you will need to purchase/enroll in an individual health insurance policy.

Q. How will Medicaid determine if I am still eligible for coverage?

A. Medicaid sent out a letter requesting your updated of current contact information as well as other updated financial information. It is very important for you to provide the information as soon as possible. If you do not provide the information, it will be determination that you are no longer eligible, and your coverage will end.

Q. What if I disagree with the redetermination decision?

A. If you disagree with the decision to end your Medicaid you can apply for a “Fair Hearing Resolution”. But please be careful of the SEP time period so you can’t lose your guaranteed issue period.

Q. Who are the Navigators that can help me finding new coverage?

A. There are 2 federally approved Navigators that can assist you. They are Westside Family Healthcare and Quality Insights. You can find their contact information or calendar for appointments on the ChooseHealthDE.com website.

Q. Don’t I have to wait for the open enrollment period in October?

A. No, you will have a special enrollment period (SEP) starting between March 31 and July 31, 2024. The eligibility redeterminations will start from the oldest enrollee to the newest enrollee. You will receive a

letter advising of your SEP dates and that you will have 60 days to choose a plan. You may need to provide a copy of this letter to the insurance company.

Q. When will my new coverage begin?

A: If you are still eligible for Medicaid there will not be a break in your coverage. However, if you have to purchase individual health insurance your new coverage will begin on the first day of the month after you enroll.

Q. I am pregnant, will my Medicaid coverage end?

A. Under the federal law pregnancy is not a guaranteed status to remain covered. However, Medicaid is working on a request to continue the coverage for 12 months. At this time, no response has been received from the federal government.

Q. I am living in a Nursing home or covered under the Long-Term Care coverage, will my coverage end?

A. No, your coverage will not automatically end.