



UNIVERSALLY APPLICABLE BULLETIN NO. 7

TO: MANAGED CARE ORGANIZATIONS, LICENSED AGENTS, BROKERS, ISSUERS, AND OTHER INTERESTED PARTIES

RE: MEDICAID ELIGIBILITY ANNUAL RENEWALS TO RESUME EFFECTIVE APRIL 1, 2023

DATED: April 4, 2023

At the start of the COVID-19 pandemic, Congress enacted the Families First Coronavirus Response Act of 2020 (FFCRA). FFCRA required that state Medicaid programs keep people continuously enrolled through the end of the month in which the COVID-19 public health emergency ends. On December 29, 2022, the Consolidated Appropriations Act of 2023 was signed into law, setting an end date of March 31, 2023 for the continuous enrollment provision. The Delaware Department of Health and Social Services (DHSS) anticipates that eligibility redeterminations will impact approximately 40,000 to 50,000¹ Delawareans who may no longer qualify for Medicaid.

DHSS will resume the standard eligibility renewal process effective April 1, 2023 for Medicaid enrollees. The State's goal is to ensure Medicaid members who continue to be eligible stay enrolled and that those who are determined to no longer be eligible get connected to affordable coverage. Visit de.gov/medicaidrenewals for additional information.

Special Enrollment Period

- **Health Insurance Marketplace:**

A special enrollment period (SEP) on the Health Insurance Marketplace has been authorized by the federal government and will be available from March 31, 2023 to July 31, 2024 for individuals who may no longer be eligible for Medicaid or CHIP. Individuals eligible for Marketplace plans will have 60 days after they submit their application to choose a Marketplace plan, and their coverage will start the first day of the month after the plan is selected.

- **Employer-based coverage:**

An SEP has also been established for participants who are losing Medicaid coverage and have access to employer-based coverage. To qualify, the employee must request

¹ <https://news.delaware.gov/2023/03/01/delaware-medicaid-eligibility-annual-renewals-to-resume-april-1/>

enrollment in the employer plan within 60 days of his or her termination date from Medicaid.

Licensed agents, brokers, issuers, and other interested parties are strongly encouraged to assist individuals and families in understanding and facilitating enrollment in Affordable Care Act (ACA) plans or employer-based coverage.

- **Medicare Supplement (Medigap) Special Enrollment:**

Delawareans eligible for Medicare, including disabled people under 65 years of age, and who are enrolled in Medicare Part B receive a Medicare Supplement “open enrollment” and “guaranteed issue” period of six months to purchase a Medicare supplement or Medigap policy. During that initial open enrollment period, insurers must offer Medicare Supplement policies to applicants and cannot discriminate in the pricing of Medicare Supplement policies due to the health status of the applicant.

To ensure low and moderate income Delaware seniors have access to Medicare Supplement plans, the Delaware Department of Insurance is requesting that all health insurers writing Medicare Supplement business in Delaware offer a guaranteed issue Medicare Supplement plan to all applicants who have exhausted their initial open enrollment period as a result of their continued enrollment in Medicaid and who can show verification of a Delaware Medicaid eligibility change. Insurers should allow these applicants to enroll in a Medicare Supplement plan with a guaranteed issue period of 63 days starting on the date of a Medicaid eligibility change.

Navigator Resources

Assistance enrolling in the Delaware Health Insurance Marketplace is available from certified Health Insurance Marketplace Navigator teams at [Westside Family Healthcare](#) and [Quality Insights](#). To be connected to a trained Navigator, call:

- Westside Family Healthcare <https://www.westsidehealth.org/marketplace/>:
 - New Castle County: 302-472-8655,
 - Kent or Sussex counties: 302-678-2205
- Quality Insights <https://www.qualityinsights.org/navigator> :
 - 1-844-238-1189

The Delaware Insurance Department Can Help

The Delaware Medicare Assistance Bureau (DMAB) team provides **free** health insurance counseling for people with or eligible for Medicare, including those under 65 years of age. Representatives are available Monday-Friday, 8:00 am to 4:30 pm with convenient locations in Dover, Wilmington and Georgetown, DE. **Contact 1-800-336-9500 or 302-674-7364 if you need assistance in determining next steps.**

This Bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.

Any questions, comments, or requests for clarification concerning information within this bulletin should be emailed to compliance@delaware.gov.

A handwritten signature in blue ink, reading "Trinidad Navarro", is positioned above a horizontal line.

Trinidad Navarro
Delaware Insurance Commissioner

NOTE: This Bulletin is intended solely for informational purposes. It is not intended to set forth legal rights, duties, or privileges, nor is it intended to provide legal advice. Readers should consult applicable statutes and rules and contact the Delaware Department of Insurance if additional information is needed.