

November 2023 Community Workgroup Q&A

2024 Assister & Broker Recertification Training Reminder

- Do Entity Managers who are also Assistors need to have a separate email address and phone number, or is there a new feature that allows an Assister to toggle from one account to another?
 - That can be addressed by either creating two separate accounts, or by granting both user roles to one account. If using two different accounts, each account will need its own email address. If using one account with both roles, the user would have to switch between them depending on what action they are trying to perform.

Open Enrollment - Renewals

- I have seen some of my client's renewals come through without some income that was on the 2023 application. Why would income be dropped from the 2024 renewal application?
 - When Pennie renews a customer, all information from their current eligibility application is copied to the renewal eligibility application. If the customer has income on their 2023 application that has an end date in 2023, then that income would not be included on the 2024 renewal application. If the customer is expecting additional income or to have that income again, they should update the application. Here's an example that illustrates when income is included or excluded from renewal application:
 - 2023 application has the following income:
 - Job #1: \$500 per week, 1/1/2023 – 6/30/2023
 - Job #2: \$30,000 per year, ongoing
 - Social Security: \$1,000 per month, ongoing
 - 2024 renewal application would have the following income:
 - Job #2: \$30,000 per year, ongoing
 - Social Security: \$1,000 per month, ongoing
 - Note: Job #1 not included on 2024 application because that income ended in June 2023.
- I had a customer with an SEP in October, who enrolled in coverage through Pennie on 10/15/2023. Why were they not autorenewed into 2024 coverage before the start of Open Enrollment on November 1?
 - To ensure customers are fully renewed before the start of Open Enrollment on November 1, Pennie processes autorenewals in October. If a customer newly enrolls in coverage through Pennie in October *after* autorenewal processing began, they will not be autorenewed by November 1. They should actively shop for a 2024 plan before December 15th deadline for coverage starting 1/1/2024. They *may* be able to be autorenewed later in OE through one of our "catch-up" autorenewal runs if they had not actively shopped by that time. We don't recommend waiting for the catch-up autorenewals though - see slide 14 of the November

2023 Community Workgroup for details on why customers may not be eligible for “catch-up” autorenewals.

Open Enrollment– Medicaid/CHIP

- If a customer is potentially eligible for Medicaid, will their APTC not be calculated until their Medicaid referral is processed?
 - If a customer is deemed potentially MA/CHIP-eligible, Pennie will not provide them with details on APTC amounts until a Medicaid denial determination is received.
- On a customer’s eligibility application, when asked if any applicants were found not eligible for Medicaid or CHIP in the past 90 days, what date is being asked for? The date of the Medicaid determination letter received from DHS saying they are not eligible for MA? Or the last day of Medicaid coverage?
 - On the eligibility application, in the “Medicaid CHIP Denial Information” section, you should enter the date of the Medicaid determination letter received from DHS. This date is also pre-populated by Pennie when we receive the Medicaid denial from DHS. Remember that denial of eligibility for Medicaid/CHIP applies to customers who have never been enrolled in Medicaid/CHIP as well as those who were enrolled in Medicaid/CHIP but found to be no longer eligible.

Medicaid CHIP Denial Information

Steps

- Start Your Application
- Family and Household
- Get Ready
- Household Members
- Household information
- American Indian/Alaska Native
- Medicaid/CHIP Denial Information**
- Pregnancy Information
- Disability Information
- Summary
- Income Information
- Additional Information
- Review and Sign

Were any of these people found not eligible for Medicaid or CHIP in the past 90 days? [Learn more](#)

If you were recently disenrolled from Medicaid, otherwise known as Medical Assistance (MA), or CHIP because you failed to respond to your renewal packet, you should answer "No" because your disenrollment was not due to an eligibility determination. If you were disenrolled from MA or CHIP after submitting your renewal packet, you should answer "Yes" because your disenrollment was due to a determination that you are no longer eligible for these programs. If you recently applied for coverage through MA or CHIP and were not enrolled because you were found ineligible, you should answer "Yes".

Customer

When was **Customer** denied Medicaid or CHIP coverage? [Learn more](#)

Month Day Year

10 10 2010 **more than 90 days**

Was **Customer** found not eligible for Medicaid or CHIP based on immigration status since 2018?

Yes

No

[Back](#) [Save & Exit](#) [Save & Continue](#)

- When reporting a Loss of Medicaid/CHIP life event, the event date is the last day of coverage through Medicaid/CHIP which is generally the last day of the month in which the customer was found no longer eligible for Medicaid/CHIP. The Loss of Medicaid/CHIP life event is only available to customers who were *enrolled* in Medicaid/CHIP and subsequently lost eligibility for Medicaid/CHIP. It is not available for customers who voluntarily disenroll from Medicaid/CHIP, nor for customers who were never enrolled in Medicaid/CHIP.

Enrolling due to Life Events During Open Enrollment

- For the extended 120-day shopping period, does the application have to be submitted within the first 60 days?
 - Customers are encouraged to apply to Pennie within the first 60 days after being found ineligible for Medicaid coverage. This will allow them to choose an earlier or retroactive start date that will result in continuous coverage. While customers can enroll at any time during their 120-day SEP period, waiting longer than 60 days will result in a gap in coverage.
 - For those Loss of Minimum Essential Coverage events that are not related to Medicaid, enrolling as soon as possible will shorten any gaps in coverage.
 - Reminder: The 120-day SEP is automatically applied to any Loss of Minimum Essential Coverage (MEC) or Loss of Medicaid/CHIP Coverage events if the event date occurred during the Medicaid Unwinding period (4/1/2023 – 3/31/2024). The earlier coverage start date option only applies to Loss of Medicaid/CHIP during the Unwinding, not loss of other types of MEC.
- Can coverage only be retroactive if it was due to a loss of Medicaid?
 - The only scenario where a customer losing other coverage could enroll with a retroactive coverage start date (back to the date they lost their other coverage) is if they lost Medicaid or CHIP coverage, *and* the Medicaid/CHIP coverage ended during the Medicaid Unwinding period (4/1/2023-3/31/2024). Retroactive coverage is not available for customers losing other types of MEC.

Miscellaneous

- Who should be included on the eligibility application in the following scenario: a household consists of a married couple with an adult child who is not a tax dependent (and enrolled in coverage through own employer). One spouse is enrolled in Medicare and the other spouse needs coverage through Pennie.
 - Customers should include all members of the tax household on the application, regardless of whether they are seeking coverage. Tax household size, and income from all tax household members, is critical information to ensure accurate eligibility determinations and avoid risk of having tax liability at the end of the year. In this case, the only tax dependents are the two spouses. One spouse would be listed as seeking coverage through Pennie, the other spouse not seeking coverage. Income for both spouses would be included on the application, including income for the spouse not seeking coverage.
 - In some scenarios, customers *may* include their non-tax dependent child (up to age 26) if the child wants to enroll on their parent's plan through Pennie. Pennie would determine eligibility for the primary tax household separately from the tax household for the independent tax filer (ITF) household, but would allow them to enroll in a single health plan together. For more information on Independent Tax Filers (ITF), see Pennie's [February 2023 Community Workgroup](#) for detailed explanation and scenarios.

- Where do I find the household identifier on an application? Where is the MA referral number when the application has been pushed to Pennie from DHS?
 - Assistors and brokers have access to a variety of customer identifying numbers, including case id and application id. See slide 11 in Pennie's [November 2023 Community Workgroup](#) for more information and screenshots on where to find each of these ID numbers.