



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

DAVE RICHARD
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

November 1, 2017

SUBJECT: Annual Eligibility Redetermination for Exchange Participation and Insurance Affordability Programs

Dear County Director of Social Services:

The purpose of this letter is to notify the local agencies about the upcoming annual reenrollment process for Qualified Health Plans (QHP) offered through the Federally Facilitated Marketplace (FFM). We anticipate an increase in calls from individuals/enrollees with questions regarding the reenrollment process. The changes will also have a direct impact on local agencies, due to a potential increase in applications for Medicaid/CHIP once an assessment is made by the FFM.

Open enrollment is November 1, 2017 through December 15, 2017, with coverage potentially beginning January 1, 2018. There are some important updates that may impact potential coverage for enrollees. The FFM will not accept changes reported via mail by enrollees. Individuals should be encouraged to report changes within thirty (30) days of any such change, on-line or via phone contact (800) 318-2596.

During the enrollment process, if an enrollee does not report any updates or changes, the FFM will complete a redetermination for plan year 2018 based on the information provided at the initial enrollment. If the individual remains eligible, they will be reenrolled in the same QHP they currently have, if it remains available. If the plan is no longer available, the FFM will enroll the individual into a new QHP, according to a certain priority level.

If the individual is assessed and found potentially eligible for Medicaid/CHIP, the application will be transferred to the state via the account transfer, to determine eligibility. Local agencies should follow MA-3215 Processing Application Requirements. The application date will be the date the change in circumstance is reported at the FFM. If the individual is eligible, coverage will begin the first day of the month of eligibility. The individual may potentially receive both Medicaid/CHIP and their current Qualified Health plan coverage until December 31, 2017, when the current Qualified Health Plan ends.

WWW.NCDHHS.GOV

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Please be sure your staff is aware of this reenrollment information. If you have questions regarding this information, please contact the Operational Support Team at ost.policy.questions@dhhs.nc.gov.

Sincerely,

A handwritten signature in cursive script that reads "Sandy Tully for".

Dave Richard
Deputy Secretary for Medical Assistance