



Marketplace Assister Newsletter

Wednesday, April 6, 2016

This version of the assister newsletter revises the Tax Season Spotlight where the hyperlinks to resources were initially defective.

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NEW: Ending Special Enrollment Period (SEP) Retroactive Coverage

On April 1st, the Centers for Medicare and Medicaid Services (CMS) issued guidance announcing that after March 31, 2016 the Marketplace will no longer be accepting new requests for Special Enrollment Period (SEP) for retroactive coverage back to 2015. All retro SEP requests received after this date will receive a max retro date of January 1, 2016.

For additional information, click here: <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ENR-GuidanceEnding2015-SEPs-FINAL-040116.pdf>

Marketplace Updates: EDN Changes and Future OE Dates

NEW: Disqualifying Income Now Listed on Eligibility Determination Notices

On April 1st, CMS updated the Marketplace Eligibility Determination Notice (EDN) sent to consumers who are found ineligible for advance payments of the premium tax credit (APTC), cost-sharing reductions (CSRs), Medicaid or CHIP. The notice will now include the household income that the Marketplace used to determine them as ineligible for APTC, CSRs, Medicaid or CHIP, as applicable.

The consumers' disqualifying income will be listed under the "Why don't I qualify for other programs?" section of the Eligibility Determination Notice (EDN).

Marketplace Announces 2017-2019 Open Enrollment Dates

The next Marketplace open enrollment periods for the individual market are as follows:

- For the 2017 benefit year: November 1, 2016 – January 31, 2017
- For the 2018 benefit year: November 1, 2017 – January 31, 2018

- For the 2019 benefit year and beyond: November 1, 2018 – December 15, 2018

Coverage Gap SEP in Non-Medicaid Expansion States (Reminder)

Reminder: A consumer may qualify for the Medicaid Coverage Gap Special Enrollment Period (SEP) if the consumer:

- Resides in a non-Medicaid expansion state;
- Was previously ineligible for advance payments of the premium tax credit (APTC) solely because of a household income below 100% of the Federal Poverty Level (FPL);
- Was ineligible for Medicaid during that same timeframe; and
- Has experienced a change in household income that makes him/her newly eligible for APTC.

In April 2015, CMS added this SEP and [removed the requirement](#) for a consumers to receive the following documents **before** applying for Marketplace coverage through this SEP:

- Medicaid denial notice from their state Medicaid agency,
- Exemption Certificate Number (ECN) or,
- Previous Marketplace Affordability Program (APTCs/CSRs) Denial

Currently to apply for this SEP, the consumer should call the Marketplace Call Center to attest that he or she was previously ineligible for Medicaid because they live in a non-Medicaid expansion state and were previous ineligible for APTC because their income was too low, but have now experienced an increase in household income that makes them newly eligible for APTC. =. **The consumer has 60 days from the date that he or she experienced the change in household income that made him or her newly eligible for APTC to call the Marketplace to report this change and enroll in coverage.** This SEP is not available online, so consumers who want to request this SEP must call the Marketplace.

Here are answers to frequently asked questions from assisters about this SEP:

Q: I live in Georgia, a state that did not expand Medicaid. During open enrollment, I helped a consumer who had income below 100% FPL. She didn't apply for Marketplace coverage during the open enrollment period and doesn't have a Marketplace account. Now her income has gone above 100 percent of FPL. Is she eligible for this SEP even though she didn't apply for Marketplace coverage during the annual open enrollment period?

A: Yes, a consumer in this situation would be eligible to enroll under this SEP. For this SEP, the consumer is not required to have previously applied for Marketplace coverage during the open enrollment period.

Q: I understand that consumers in this situation don't need to a Medicaid Denial Notice to apply for coverage under this SEP. Does this guidance also remove the requirement for consumers to obtain an Exemption Certificate Number (ECN) or previous Marketplace Affordability Program (APTCs/CSRs) Denial to apply for coverage under this SEP?

A: Yes, eligibility for this SEP is not contingent upon being denied Medicaid, APTC/CSR or applying for an exemption. A qualifying consumer without any of these things can still apply for coverage under this SEP.

Q: I'm helping consumers in North Carolina and we aren't sure about what supporting documents, if any, the consumer should provide when applying for coverage under this SEP. Will consumers have to provide documentation to the Marketplace to support claims of an increased income above 100% FPL?

A: No, consumers do not need to submit documentation to prove an increase in household income in order to qualify for this SEP. Instead, consumers must attest that they previously weren't eligible for Medicaid because they live in a non-Medicaid expansion state or for APTC because their income was too low, but experienced a change in income that makes them newly eligible for APTC. Reminder: The Marketplace sometimes needs more information to verify consumers' income, regardless of when they apply and enroll in coverage. In these cases, the Marketplace requests additional documentation to resolve what is known as a data matching issue (DMI). [Click here](#) to learn more about DMIs and how to help consumers resolve them. A list of documents consumers may be asked to provide to resolve the DMI is [here](#).

Q: I'm an Assister in Texas and I'd like to provide enrollment assistance to consumers at job fairs whose income will likely rise above 100% FPL in the near future. How soon after the qualifying increase in income will I be able to help the consumer apply for Marketplace coverage under this SEP?

A: The consumer has 60 days from the date that he or she experienced the change in household income that made him or her newly eligible for APTC to come to the Marketplace to report this change and enroll in coverage.

Q: I'm still unsure about how to help my consumer apply for this SEP? I don't see the relevant questions on the application.

A: The consumer must call the Marketplace Call Center to request this SEP; however the SEP is not granted immediately. After the consumer attests to the information above, the call center representative (CSR) will forward the consumer's request for this SEP to the Marketplace for review. The consumer will be notified by mail of their eligibility for this SEP. The letter will inform the consumer of the next steps he or she should take to enroll in coverage, if the consumer is found eligible.

Q: I am working with a consumer who was eligible for APTC during open enrollment but chose not to enroll. They are ineligible for Medicaid and would now like to enroll in Marketplace coverage. Does this consumer qualify for this SEP?

A: No. A consumer in this situation would not qualify for this SEP. Consumers must have previously had an income below 100% of the FPL that made them ineligible for Medicaid and APTCs through the Marketplace. Once the consumer experiences an increase in their household income that would qualify him or her for APTCs, he or she may become eligible for this SEP.

Tax Season Spotlight

NOTE: This version of the assister newsletter revises the Tax Season Spotlight where the hyperlinks to resources were initially defective.

This tax season, the Marketplace and Internal Revenue Service (IRS) have told consumers that they must have had Minimal Essential Coverage (MEC) to avoid paying the penalty for the 2015 benefit year. If a consumer didn't obtain coverage directly from the Marketplace, they may have a hard time figuring out if the coverage they had actually qualifies as MEC, if they qualify for an exemption from the requirement to have coverage, or if they have to pay the penalty. The resources below provides some helpful information to guide consumers through each scenario.

MEC Resources

- [What is Minimum Essential Coverage \(MEC\)?](#)
- [Types of Health Insurance that Count as MEC](#)
- [Minimum Essential Coverage Chart \(IRS\)](#)

Exemption Resources

- [Shared responsibility payment & exemptions information for Assisters](#)
- [Health coverage exemptions, forms & how to apply](#)
- [Exemption Screener Tool](#)

Penalty Resources

- [Individual Shared Responsibility Payment Estimator](#)
- [Reporting and Calculating the Payment](#)
- [Health Care Individual Shared Responsibility Resources for Consumers](#)

As we approach the April 18th deadline, consumers will likely reach out to assisters for help in understanding how health care affects their taxes. While assisters are prohibited from helping consumers with filing their taxes (unless you are also a licensed tax professional), being able to [refer a consumer to a tax professional](#) is an excellent way to guide a consumer to the help they need. Where assisters are also licensed tax professionals, they might be in a position to assist clients with the tax filing components of the premium tax credit reconciliation process or claiming exemptions through a tax return, but should keep these duties separate and not perform any tax assistance within their capacity as an assister.

Quick Questions: Hardship Exemptions and Marketplace Coverage Transition

Hardship Exemptions and Catastrophic Coverage Enrollment

Q: Is a consumer eligible to enroll in catastrophic coverage outside of open enrollment if she or he has been granted a hardship exemption?

A: Only under certain circumstances. To enroll outside of the open enrollment period, he or she must qualify for an SEP due to changes to his or her household size, income, or certain other factors (see [this list](#) on HealthCare.gov). Being granted a hardship exemption does not qualify a consumer for an SEP. Click [here](#) for more information about the catastrophic plans available to a consumer with a hardship exemptions.

Transitioning from a Marketplace Plan to Other Health Coverage

Q: When I initially applied for coverage, I applied for myself, my wife and kids. I've decided that I'd like to remove myself from the plan, but leave my wife and kids on the plan. How do I make this change to my coverage and when will the change be effective?

A: To make this type of change to your coverage as the subscriber, you'll need to report the change in circumstance to the Marketplace. As you report the change, make sure to select "seeking coverage only for other family members" instead of "seeking coverage for myself and other family members." This should remove you from the plan immediately, and leave the rest of the family on it.

Your termination will be effective immediately if you only wanted to end coverage for yourself and keep the rest of your family on the plan.

If you want to end coverage for your entire family on the plan, the change will become effective no sooner than 14 days from the day you cancelled the plan. (For example, if you end coverage for everyone on the plan on the 7th of the month, the termination won't be effective until at least the 21st of the month). If ending coverage for everyone on the plan, you can also set the requested end date as long as it is more than 14 days in the future (For example, if you end coverage for everyone on the plan on the 7th, you could request a termination date of the 30th, but not any time before the 21st).

Q: Can a consumer still receive financial assistance from the Marketplace during the waiting period of Employer Sponsored Coverage?

A: Yes, a consumer who has an offer of employer-sponsored coverage but who is still in the employer's waiting period may still be able to receive financial assistance through the Marketplace during the waiting period.

As part of the Preventing Gaps in Health Care Coverage Mini-Series, CMS discussed best practices for helping a consumer transition from a Marketplace plan to other health coverage during the March 18th assister webinar. The best practices included guidance specific to employer-sponsored coverage, Medicaid/CHIP, and Medicare transitions. Resources from this presentation include:

- Complex Case Scenario Presentation: [Transitioning from a Marketplace Plan to Other Health Coverage](#)
- [Eligibility & Enrollment Resources](#) on the [Assister Resource Page](#)

Marketplace vs. Insurance Company: Where to Report Life Changes

Some consumers may be unsure about where to report their life change or change in circumstance for their Marketplace coverage. Let consumers know that they should always report a life change or change in circumstance directly to the marketplace as soon as possible.

Below are a few examples of changes that must be reported to the Marketplace directly:

- | | | |
|---|--|--|
| ✓ New access to other coverage (e.g., employer coverage) | ✓ New person on the application (e.g., birth, marriage) | ✓ Correction to name, date of birth (DOB), or Social Security number (SSN) |
| ✓ Pregnancy | ✓ Relocation to a new zip code or county | ✓ Increase or decrease in income |
| ✓ Change in tax filing status/tax household composition | ✓ Loss of access to other coverage (e.g., employer coverage) | ✓ Removal of a person from the application (e.g., death, divorce) |
| ✓ Change in status as an American Indian/Alaska Native or tribal status | ✓ Release from incarceration | ✓ Become incarcerated |
| ✓ Change in disability status | ✓ Change in citizenship or immigration status | ✓ Communication preferences: Email address, Phone number, Language preferences, Add or remove phone text alert, Mailing of paper notices |

An exhaustive [list of changes consumers should report directly to the Marketplace](#), along with [guidance on how to report income and household changes](#) and [instructions on how to report the changes](#) can be found [here](#).

NEW: Find Local Help Resources

Do you have questions about managing your organizational content on Find Local Help (FLH)? The FLH Quick Reference Guide provides helpful instructions about how to submit your requests using the upkeep tool. More information is available at: <https://marketplace.cms.gov/technical-assistance-resources/local-help-reference-guide.pdf>.

Also, we encourage you to view the slides from the March 14th FLH Assister Training. These slides may be accessed at: <https://marketplace.cms.gov/technical-assistance-resources/local-help-training.pdf>.

Post Enrollment Outreach Strategies: Engaging newly enrolled consumers (Webinar)

This webinar will provide information on post enrollment strategies to keep consumers engaged and using their health insurance. The CMS Office of Communications will provide best practices from partners who have had success including those who work with Hispanic and Asian American and Pacific Islanders communities.

Speakers include: Enroll Virginia, the Asian & Pacific Islander American Health Forum and the National Association of Hispanic Nurses

What: Post Enrollment Outreach Strategies: Engaging newly enrolled consumers

Who should attend: Primarily for organizations who have joined the [Champions for Coverage](#) program, National Partners, Assisters, and organizations interested in learning more about helping consumers use their health insurance

When: Wednesday, April 13th 2016@ 2:00pm EST

How: Conference Line: (877) 251-0301 Conference ID: 7674587. Webinar link: <https://webinar.cms.hhs.gov/c4c41316/>.

****Due to high expected call volumes, please dial in and log on at least 10 minutes before the call to avoid delays in joining the webinar.**

Assister Resources and Contact Information

Standing Assister Resources

Below are some resources that assisters use on a regular basis.

- [Marketplace.CMS.gov Page](#)
- [Find Local Help](#)
- [HealthCare.gov Website](#)
- [IRS Affordable Care Act Tax Provisions Page](#)

Marketplace Call Center, AHRC and SHOP Call Center Hours

Health Insurance Marketplace Call Center: For customer service support, to start or finish an application, compare plans, enroll or ask a question. 1-800-318-2596 (TTY: 1-855-889-4325). Available 24 hours a day, 7 days a week. Closed Memorial Day, July 4th, and Labor Day.

The Assister Help Resource Center (AHRC) will be open from February 1- April 15 from 9am -6pm EST Monday to Friday. Assisters can reach AHRC via telephone at 855-811-7299 as they conduct their post-enrollment activities such as helping consumers with 1095-A forms and SEP.

SHOP Call Center: For customer service support, including assisting employers and employees apply for and enroll in SHOP. 1-800-706-7893 (TTY: 711). Available M-F 9:00 am-7:00 pm EST. Closed New Year's Day, Martin Luther King Day, Memorial Day, July 3rd, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

Stay in Touch

To sign up for the CMS Weekly Assister Newsletter, please send a request to the Assister Listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) write "Add to listserv" in the subject line, please include the email address that you would like to add in the body of your email. For requests to be **removed** from the listserv, please forward a copy of a webinar invite or newsletter received and write "Remove" in the subject line.

If you have specific questions or issues that you would like to see us highlight in our weekly webinar series or here in this newsletter please contact us.

- For **HHS Navigator grantees** - please get in touch with your Navigator Project Officer or send a request to navigatorgrants@cms.hhs.gov.
- For **CAC Designated Organizations in FFM or SPM states** - please send an email to CACQuestions@cms.hhs.gov.

Follow @HealthCaregov Twitter with the hashtag #ACAassisters for updates, reminders, and new publications for assisters.

We welcome questions, suggestions and comments, so please feel free to contact us!

Please note that the information presented in this Assister Newsletter is informal, technical assistance for assisters and is not intended as official CMS guidance.