

April Marketplace Update for Assisters

April 2018

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Certified Application Counselor Program Refresh

The Centers for Medicare & Medicaid Services (CMS) is refreshing the Certified Application Counselor (CAC) program by implementing an enhanced application and renewal process. The new application process will promote better engagement with our Certified Application Counselor Designated Organizations (CDOs) and provide the assister community with an improved user experience. As we undergo updates to the application, we are temporarily suspending the acceptance of new applications for participation in this program.

Once the application is updated, **ALL existing CDOs must reapply to continue participation in the CAC Program.** Existing CDOs will be able to reapply to the CAC program beginning this spring and throughout the summer. Beginning in April, CDOs will be invited back to reapply in waves according to the state in which they operate. For example, the first wave included CDOs operating in Alabama through Kansas. The second wave will include CDOs operating in Louisiana through Ohio and the final wave will include organizations in Oklahoma through Wyoming.

Any CDO contacts who did not receive the initial email about the upcoming refresh sent in March can send an email to the CAC inbox at CACquestions@cms.hhs.gov to provide their

organization name and updated contact information. We will capture your information and will actively reach out to you during the application refresh process to let you know when to apply. While you may not be contacted in the initial wave of CDOs that we reach out to, we will contact you before the end of the application refresh process. Additionally, we will conduct additional outreach campaigns throughout the summer to ensure that all of the organizations that wish to participate in our program have come back and reapplied, prior to the end of the refresh process.

Each organization that reapplies and is approved during this application period will be designated for two years. Individual CACs within the organization will still need to be recertified by the CDO and take CMS assister certification training annually. At the end of each two-year CDO term, organizations will need to re-confirm participation in the CAC program by updating their information and returning an updated signed agreement. CDOs that re-apply during this year's process will need to re-confirm participation in 2020.

After processing existing CDO applications, we will post the updated online application and open the application to new organizations from July through September 2018. Moving forward, we will continue this annual open application period from July through September when *new* organizations that wish to become CDOs can apply.

As part of the refresh effort, we have provided technical [“how-to” webinars](#) and other technical guides on marketplace.cms.gov so CDOs can walk through the new CDO application. Links to these resources will also be included in the CDO invitation to reapply. Questions regarding the CAC Program application can be directed to CACquestions@cms.hhs.gov.

Finally, if your organization wishes to withdraw from the CAC Program, please send your formal written request to CMS at CACQuestions@cms.hhs.gov. The written request should include your CDO ID and the date when your CMS-CDO agreement should terminate. You will receive additional steps to take in the withdrawal process once you have submitted your request to withdraw.

2019 Payment Notice and New Hardship Exemptions Guidance

On April 9, 2018, the Centers for Medicare and Medicaid Services released the final rule, “HHS Notice of Benefit and Payment Parameters for 2019” (the final 2019 Payment Notice), which establishes payment parameters for the risk adjustment program; provisions related to cost-sharing reductions; and user fees for the Federally-facilitated Exchanges and State-based Exchanges on the Federal platform. Find more information in [this press release](#).

CMS also issued new guidance on hardship exemptions. This hardship exemption guidance explained that individuals who live in counties with no issuers or only one issuer, will qualify for a hardship exemption from paying the Patient Protection and Affordable Care Act's penalty for not having coverage. The guidance also explains that the Federally-facilitated Marketplace will consider a broad range of circumstances that result in consumers needing hardship exemptions.

Find more information about [the Hardship Exemption Guidance](#).

April is Alcohol Awareness Month

In 1987, the National Council on Alcohol and Drug Dependence, Inc. (NADD) established April as [Alcohol Awareness month](#). This month is a great opportunity to encourage education and discussion around underage drinking, responsible drinking as an adult, increase awareness around alcoholism, and help to reduce the stigma associated with its treatment and recovery.

As an assister, you may encounter consumers who request guidance on how to sign up for a health insurance plan that covers treatment for alcohol and substance abuse. Assisters can remind consumers that under the ACA, mental health and substance use disorder services, including behavioral health services, are considered [essential health benefits](#). Most plans that offer medical/surgical services and mental health services are prohibited from imposing less favorable benefit limitations on the mental health benefits than on medical/surgical benefits, and may not impose lifetime or yearly dollar limits for mental health services that are essential health benefits.

As an assister, consumers may also seek help from you to locate appropriate treatment providers for themselves or their family members.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has information that can help you find these needed resources:

[The Substance Abuse and Mental Health Treatment Locator](#) and the [Alcohol Treatment Navigator](#) can provide you with information on how to locate the appropriate provider and assess the quality of available treatment options.

Find [more information about the above resources](#).

Refresher: Stand-alone Dental Plans

Dental coverage is available through the Marketplace in two ways, through qualified health plans (QHP) that include dental coverage, or through separate, stand-alone dental plans (SADPs). Consumers do not have the option to buy a Marketplace SADP unless they buy a health plan at the same time. If a health plan includes dental benefits, the premium covers both health and dental coverage. If consumers choose a SADP, they'll pay a separate, additional premium.

All SADPs certified by a Marketplace must cover pediatric dental Essential Health Benefits (EHBs). Depending upon the State's benchmark plan, these could include:

- Dental Check-up
- Basic Dental - Child
- Major Dental - Child
- Medically-necessary Orthodontia - Child

If a consumer has leftover advance premium tax credits (APTC) from purchasing a medical QHP, the remaining APTC can be applied to the premium of the SADP. However, APTC may only be applied to the portion of the SADP premium that pays for pediatric dental EHB. Consumers may terminate their coverage under a SADP and keep their Marketplace health plan. They must terminate the plan **at least 14 days before** they want to end coverage. If consumers voluntarily end SADP coverage or have their coverage terminated for not making premium payments, they may not be eligible to enroll in SADP coverage until the next Open Enrollment Period.

Consumers can terminate SADP coverage at any time during the year by contacting their dental plan issuer or the Marketplace Call Center. They may end SADP coverage for everyone on the plan or end coverage for just some individuals on the plan. Learn more about [how to cancel a Marketplace plan](#).

Refresher: Handling Personally Identifiable Information

As an assister helping consumers applying for health insurance through a Federally-facilitated Marketplace (FFM), you may encounter consumers' personally identifiable information (PII).

PII includes any information that can be used to distinguish or trace an individual's identity either alone or when combined with other information that is linked or linkable to a specific individual.

FFM Navigators and CACs are permitted to create, collect, disclose, access, maintain, store and use consumer PII only to perform functions that they are authorized to perform as assisters, including:

- Their required assister duties; or
- For other purposes for which the consumer provides his or her specific, informed consent

Before gaining access to consumers' PII, Navigators and CACs in FFM are required to:

- Ensure that applicants are informed of the functions and responsibilities of the assister;
- Ensure that applicants provide authorization in a form and manner as determined by the Marketplace prior to an assister obtaining access to a consumer's PII, and that applicants can revoke that authorization at any time; and
- Maintain a record of the authorization for no less than six years, unless a different and longer retention period has already been provided under other applicable law.

Your organization must establish safeguards to ensure that:

- PII is only used by or disclosed to those authorized to receive or view it.
- PII is protected against threats or hazards to the confidentiality, integrity, and availability of such information.
- PII is protected against uses or disclosures of such information that are not permitted or required by law.
- PII is securely destroyed or disposed of in an appropriate and reasonable manner and in accordance with record retention requirements under your organization's agreement with CMS or grant terms and conditions, as applicable.

Refer to [this fact sheet](#) to learn more about how to obtain a consumer's authorization before gaining access to their PII.

Refer to [this fact sheet](#) to learn more about requirements and best practices for handling consumer's PII.

Below are example authorization forms you can adapt for your organization:

- Model Authorization Form for Navigators in [English](#) and [Spanish](#) (Updated 2017).
- Model Authorization Form for Certified Application Counselors (CACs) in [English](#) and [Spanish](#) (Updated 2017).

Standing Assister Resources: Helpful Links / Call Center Hours / Contact Us

Links to Helpful Resources

- Marketplace Assister Training [Resources](#) and [Webinar](#)
- [Technical Assistance Resources](#)
- CMS Marketplace [Applications & Forms](#)
- CMS [Outreach and Education](#) Resources
- [Marketplace.CMS.gov Page](#)
- [CMSzONE Community Online Resource Library Pilot for Marketplace Assisters](#)
- [Find Local Help](#)

Marketplace Call Center and Shop Center Hours

Health Insurance Marketplace Call Center: 1-800-318-2596 (TTY: 1-855-889-4325). For customer service support, to start or finish an application, compare plans, enroll or ask a question. Available 24 hours a day, 7 days a week. Closed Memorial Day, July 4th, and Labor Day. CACs and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The dedicated Assister Line can also help with password resets and can help with access to non-application SEPs. Contact your Navigator Project Officer (for Navigators) or your designated organization leadership (for CACs) for more information on the Assister Line.

- Navigator Marketplace Call Center line: 1-855-868-4678
- CAC Marketplace Call Center line: 1-855-879-2683
- General consumer Call Center line: 1-800-318-2596 (TTY: 1-855-889-4325).

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-5:00 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.
- For **CAC Designated Organizations in FFM 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.

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