

January Marketplace Update for Assisters

January 2019

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Final Weekly Enrollment Snapshot for the 2019 Enrollment Period

Approximately 8.4 million people selected or were automatically re-enrolled in plans using the HealthCare.gov platform during the 2019 open enrollment period. CMS will release additional data in March, including final plan selection data from State-based Exchanges that do not use the HealthCare.gov platform. To reach the entire snapshot, please visit [Final Weekly Enrollment Snapshot for the 2019 Enrollment Period](#).

Reminder: Update Your Listings on Find Local Help

Assisters are encouraged to ensure their listings on [Find Local Help](#) are up to date and accurate as we enter the Special Enrollment Period season. A Quick Reference Guide for Assisters on how to access and update listings on Find Local Help using the Upkeep Tool can be found at [Quick Reference Guide](#).

Reminder: IRS 2018 1095-A Form and Instructions

The final updated 2018 Form [1095-A](#) and associated [instructions](#) are available on the Internal Revenue Service (IRS) website. As a reminder, Form 1095-A is provided by each Health Insurance Exchange to the individuals who enrolled in a qualified health plan through the Exchange for a particular coverage year. It allows individuals to claim the premium tax credit, to reconcile the credit on their Federal tax returns with advance payments of the premium tax credit, and to file an accurate tax return for that coverage year.

Overview: Grace Periods and Termination Due to Non-payment of Premiums Overview

A [grace period](#) is a short extension of time that a consumer's health insurance issuer may be required to add to his or her monthly health insurance payment due date. If a consumer has not made his or her monthly premium payment, the past due premium must be paid before the end of the grace period for the consumer to maintain coverage.

The health insurance grace period is three consecutive months if both of the following are true:

- The consumer has a Marketplace plan, qualifies for advance payments of the premium tax credit (APTC) and is using the APTC to lower his or her premium; and
- The consumer has already paid the policy's first month's premium (called a "binder payment").

During the APTC grace period, the consumer's plan must pay all appropriate claims for the first month, but may pend claims during the second and third months. If the consumer does not pay all outstanding premiums before the end of the APTC grace period, claims in the second and

third months become the consumer's responsibility. If a consumer is not receiving APTCs to lower premiums, he or she may still qualify for a shorter grace period under rules set by their respective state. If a consumer fails to pay all outstanding premiums by the end of the grace period, the Marketplace may terminate a consumer for non-payment. The consumer would then have to wait until open enrollment to enroll in a plan unless they qualify for a Special Enrollment Period. Consumers would not qualify for a [Special Enrollment Period \(SEP\)](#) due to loss of minimum essential coverage (MEC) because the "loss" (i.e. termination) was due to non-payment of premiums. Consumers may qualify for other SEPs but this particular circumstance does not qualify them.

For more information on grace periods and termination, please visit:

<https://marketplace.cms.gov/technical-assistance-resources/grace-periods-termination-due-to-nonpayment.pdf>

<https://www.healthcare.gov/apply-and-enroll/health-insurance-grace-period/>

Reminder: Assister Readiness Webinar Series Modules Are Now Posted

Thank you to all of the assisters who participated in the 2019 Assister Readiness Webinar Series. The modules are all posted here: <https://marketplace.cms.gov/technical-assistance-resources/assister-readiness-webinar-series.html>

The 2019 Assister Readiness Webinar Series served as a supplement to the 2019 web-based Assister Certification Training. The series was delivered in weekly installments to help assisters get ready to serve Marketplace consumers during the 2019 Plan Year.

- [The first week's modules](#) covered Assister Roles and Responsibilities.
- [The second week's modules](#) provide an overview of the 2019 Individual Marketplace.
- [The third week's modules](#) cover Helping Consumers Apply for & Enroll in Coverage.
- [The fourth week's modules](#) focus on Making Coverage Accessible.

New languages for C2C Prevention Materials

From Coverage to Care (C2C) is excited to share prevention resources in 8 languages! Previously available in English and Spanish, a suite of 10 prevention materials are now available in English, Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, and Vietnamese.

For new resources, visit: go.cms.gov/c2cprevention

Prevention is an important of the C2C journey. These Prevention Resources focus on healthy living to help consumers take advantage of preventive services available at no cost under most health coverage. The materials include flyers specific to men, women, and children, as well as infographics and a poster highlighting important prevention information.

To learn more or download C2C resources, please visit go.cms.gov/c2c or email CoverageToCare@cms.hhs.gov.

Many C2C resources are also available for order from the CMS Product Ordering Website <https://productordering.cms.hhs.gov/>. All resources are shipped directly to you at no cost to your organization.

Want to receive updates on From Coverage to Care? Subscribe to the [C2C listserv](#).

Assisting American Indian and Alaskan Native Consumers Understand and Evaluate Their Marketplace Health Coverage

This deep dive presentation focused on special provisions that affect the enrollment and eligibility of American Indians and Alaska Natives. There are special protections for this population of consumers. The complex case scenarios covered during the presentation provided additional guidance on assisting American Indian and Alaska Native consumers, including special provisions that affect their eligibility for Marketplace, Medicaid, the Children's Health Insurance Program (CHIP), and other coverage. Other resources on assisting special populations are available [Special Populations Help](#).

Key Takeaways

When discussing the special protections on the Marketplace, it is always important to remember that American Indians and Alaska Natives can continue to receive health care services from the Indian Health Service, their tribe, or an urban Indian organization even if they purchase a health care plan on the Marketplace. Additionally, tribal members who receive services from operated by the Indian Health Service (IHS), tribes and tribal organizations, and urban Indian organizations, otherwise known as ITUs (IHS/Tribal/Urban) won't have any out-of-pocket costs like copayments, coinsurance, or deductibles, regardless of income.

In general, for purposes of the Marketplace, the definition of Indian is limited to members of federally recognized tribes; however, for Medicaid and CHIP, Indian is defined as any American Indian and Alaska Native eligible for services from an Indian health care provider.

Special Marketplace provisions applicable to American Indians and Alaskan Natives:



- Zero-cost sharing plans with APTCs if income is between 100 and 300% FPL.
- Pay no cost sharing for services through an Indian health provider or if referred through the Purchased/Referred Care Program (PRC Services) if income is below 100% and above 300% FPL and enrolled in limited cost-sharing plan.
- Enroll in and change plans up to once a month—(effective dates still apply).
- Qualify for an exemption from the shared responsibility payment for failure to have Minimum Essential Coverage. Note that the individual mandate penalty is zeroed out after Jan. 1, 2019 and the exemption is limited to 2018 and prior plan years

Here are some important things to keep in mind with mixed-status families:

- Tribal family members will still be eligible for zero-cost sharing or limited cost-sharing plans, if otherwise eligible.
- Non-tribal family members will benefit from the special monthly enrollment periods available to Tribal members if they apply together.

American Indians and Alaska Natives Medicaid/CHIP protections:

- Special income provisions – such as monies received from traditional, cultural activities - are not considered income for the Medicaid/CHIP income calculation.
- Benefits include paying no premiums or out-of-pocket costs for Medicaid and CHIP, coverage if eligible.
- Learn about [protections for American Indians and Alaska Natives under Medicaid and CHIP](#).

Additional Resources

- Details on special Marketplace protections and benefits for American Indian and Alaska Native consumers are available at: <https://www.healthcare.gov/tribal>
- Outreach and Education resources are available at: <http://marketplace.cms.gov/outreach-and-education/special-populations.html>
- Forms to apply for the Indian exemption on the Marketplace are available at: <https://www.healthcare.gov/american-indians-alaska-natives/exemptions/>
- IHS information on the Affordable Care Act is available at: <http://www.ihs.gov/aca/faq/>
- Additional tribal outreach and education resources are available at the CMS Division of Tribal Affairs: <https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html>
- A list of Federally Recognized Tribes is available at: <https://www.bia.gov/tribal-leaders-directory>

- List of ANCSA corporations can be found at: <http://www.ncai.org/tribal-directory/alaska-native-corporations>

Special Enrollment Period Available for Victims of 2018 Alaska Earthquake

On August 9, 2018, CMS released [guidance](#) clarifying Federally-facilitated Marketplace (FFM) Special Enrollment Period (SEP) policy for consumers impacted by an emergency or major disaster that is recognized with a formal declaration from the Federal Emergency Management Agency (FEMA).

On November 30, 2018, FEMA issued an Emergency Declaration for Alaska in response to the emergency conditions that emerged in certain Alaska counties impacted by an earthquake. Consumers who qualified for an another enrollment period, such as a SEP or Open Enrollment Period (OEP), but were unable to were unable to complete a Marketplace application, plan selection, or enrollment process due to the Alaska earthquake may have access to an Exceptional Circumstances Special Enrollment Period (SEP). Individuals affected by the earthquake have 60 days from the end of the FEMA-designated incident period to complete their 2019 enrollment and request a retroactive start date based on when he or she would have picked a plan if not for the earthquake. Assistors can help affected consumers by contacting the Marketplace Call Center at 1-800-318-2596 or TTY at 1-855-889-4325 to request enrollment using this SEP.

Who is Eligible?

Consumers will be considered “impacted” and eligible for this SEP if they reside, or resided at the time of the earthquake, in any of the [counties declared](#) as meeting the level of “individual assistance” or “public assistance” by the Federal Emergency Management Agency (FEMA). Additionally, they are required to attest that they were affected by the emergency or disaster, and that it prevented them from completing enrollment.

What documentation is needed?

Marketplace SEP pre-enrollment verification requirements may be waived for consumers who are eligible for this SEP. Consumers must attest that they live or did live in the impacted area during the earthquake and were unable to complete enrollment within 60 days from the end of the FEMA-designated incident period. No further documentation is needed.

Steps to helping a consumer access this SEP:



1. Help the consumer complete a Marketplace application online at HealthCare.gov. The consumer may receive an Eligibility Determination Notice stating that he or she is not eligible to enroll in 2019 coverage because the open enrollment period for 2019 has ended.
2. Next, help the consumer call the Marketplace call center (within 60 days from the end of the FEMA-designated incident period). Inform the consumer to let the call center representative know that he/she was impacted by the Alaska earthquake and was unable to apply for 2019 coverage.
3. The consumer's SEP request will be forwarded to the Marketplace for review. Caseworkers will review an individual's eligibility for the SEP using available information from Marketplace consumer records and public information on FEMA declarations.
4. If the Marketplace approves the SEP and sets the appropriate effective date, the consumer will be alerted via letter. You can then help the consumer go back to HealthCare.gov and select a plan.

Additional Special Enrollment Period Available for Victims of 2018 Hurricane Michael

Note: This message is intended for Georgia and Florida assisters only

The Centers for Medicare & Medicaid Services (CMS) is providing additional opportunities to enroll in Federally-facilitated Exchange (FFE) coverage for certain individuals affected by Hurricane Michael in Florida and Georgia.

In early October 2018, CMS issued press releases that announced the availability of a Special Enrollment Period (SEP) for certain individuals who were seeking coverage in Qualified Health Plans (QHPs) through the FFE and who were impacted by Hurricane Michael. The press releases referenced the August 2018 CMS guidance on Special Enrollment Periods (SEPs) related to Emergency and Major Disaster Declarations by the Federal Emergency Management Agency (FEMA).

To view the August 2018 guidance in full, visit:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/8-9-natural-disaster-SEP.pdf>

Individuals eligible for a SEP related to this guidance have up to 60 days from the end of the FEMA-designated incident period to select a new QHP through the FFE or to make changes to their existing QHP enrollment. In Florida, the end of the SEP was December 18, 2018, and in Georgia, it was December 22, 2018.

On December 21st, we further announced that individuals in the Florida and Georgia counties that FEMA designated as eligible to apply for “individual assistance” or “public assistance” under a major disaster declaration due to Hurricane Michael who were unable to enroll during an enrollment period for which they were eligible will have an additional 60 days after the end of the first Hurricane Michael SEP to enroll in coverage. In Florida, eligible consumers will have until February 16, 2019 to enroll in Exchange coverage. In Georgia, qualifying consumers will have until February 20, 2019 to enroll.

To view this guidance in full, visit:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/AdditionalSEPHurricaneMichael.pdf>

Who is Eligible?

To enroll in coverage under this SEP, individuals must contact the Marketplace Call Center at 1-800-318-2596 or TTY at 1-855-889-4325, and attest that they meet the following eligibility requirements:

- They resided in any of the counties that are eligible to apply for “individual assistance” or “public assistance” by FEMA either during the FEMA-designated incident period for the major disaster for Hurricane Michael, or at the time of application for enrollment; and
- They were affected by the disaster, and that it prevented them from completing enrollment.

For a list of Florida counties that FEMA designated as eligible to apply for “individual assistance” or “public assistance” under a major disaster declaration due to Hurricane Michael, visit:

<https://www.fema.gov/disaster/4399>

For a list of Georgia counties that FEMA designated as eligible to apply for “individual assistance” or “public assistance” under a major disaster declaration due to Hurricane Michael, visit: <https://www.fema.gov/disaster/4400>

What documentation is needed?

Marketplace SEP pre-enrollment verification requirements may be waived for consumers who are eligible for this SEP. Consumers must attest that they live or did live in the impacted area during the FEMA major disaster declaration for Hurricane Michael and were unable to complete enrollment within 60 days from the end of the first SEP offered related to the Hurricane. No further documentation is needed.

Steps to helping a consumer access this SEP:



1. Help the consumer complete a 2018 and/or 2019 Marketplace application online, depending on their needs, at HealthCare.gov. After completing the online application, the consumer may receive an Eligibility Determination Notice stating that he or she is not eligible to enroll in 2019 coverage because the Open Enrollment period for 2019 has ended.
2. Next, help the consumer call the Marketplace Call Center (no later than February 16, 2019, if you are in Florida, or February 20, 2019, if you are in Georgia). Inform the consumer to let the Call Center representative know that he/she was impacted by Hurricane Michael and was unable to apply for 2018 coverage using a SEP for which he/she was eligible, or 2019 coverage during Open Enrollment or using a SEP for which he/she was eligible.
3. Each SEP request will be evaluated by a Marketplace Caseworker, which may take several days. Caseworkers will review an individual's eligibility for the SEP using available information from Marketplace consumer records and public information on FEMA declarations.

Once the Marketplace determines his/her SEP eligibility, the consumer will receive a notice by mail with his/her result. If he/she was determined SEP eligible, you can then help the consumer go back to HealthCare.gov and select a plan.

Answers to Assister Questions: Help On Demand Resource

What is help on demand?

Help on Demand is a real-time referral system that connects consumers seeking assistance on HealthCare.gov with Marketplace-registered, licensed agents and brokers in their area who can provide immediate assistance with Marketplace plan selection and enrollment.

I thought I was not permitted to refer a consumer to an agent or broker as a substitute for completing any of my required assister duties. Under what circumstances can I refer a consumer to use Help on Demand?

If while assisting a consumer, a consumer requests to receive help from an agent or broker, assisters can inform the consumer about Help on Demand. Assisters can also help explain to the consumer how they can access the tool and can aid the consumer in using it. Assisters can also use Help on Demand to refer consumers or employers to an agent or broker to enroll in coverage through the Small Business Health Options Program (SHOP).

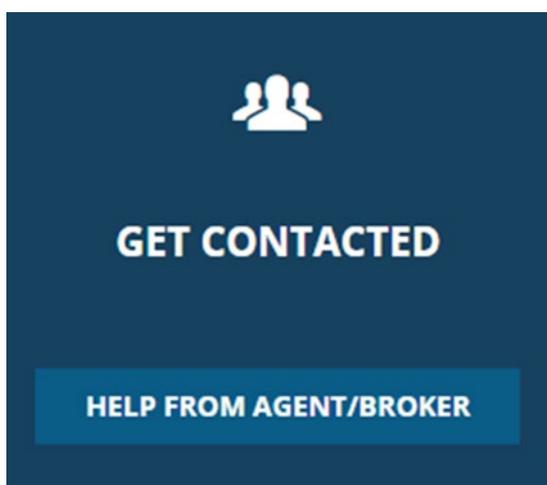
Where can consumers find Help on Demand?

Consumers can find a link to Help on Demand on the HealthCare.gov homepage, under “Get Contacted – Help from Agent/Broker”

Once the consumer navigates to HealthCare.gov, what steps do they need to take in order to connect with a licensed agent or broker?

As a first step, consumers should locate the “Get Contacted – Help from Agent/Broker” icon and select the Help from Agent/Broker tab as shown in Exhibit 1 below.

Exhibit 1: Screenshot of Get Contacted Icon



On the next screen, consumers will see a notification that they are navigating away from HealthCare.gov. They will need to read and agree to proceed.

At the top of the next page, consumers will see a “Get help now!” title at the top of the page where they can provide their contact details (i.e., their name, preferred contact method, email, location and their preferred language). Consumers should then select Submit.

After submitting their request, a licensed agent or broker will contact consumers directly based on the information they provided on the previous page.

How soon will the Marketplace contact the consumer?

Generally, a 30-minute-or-less response time is expected from 9:00 a.m. to 5:00 p.m. Monday through Friday. Weekend, holiday, and after business hours response times depend on the availability of agents and brokers.

As an assister, I'm not permitted to refer consumers to particular agents or brokers. If I refer consumers to the Help on Demand Tool, am I in conflict with this rule?

No, Help on Demand does not conflict with an assister's prohibition on referring a consumer to a specific agent or broker because the assister cannot choose the agent or broker that the consumer will be referred to. Help on Demand referrals do not constitute an endorsement of the individual agents or brokers by the Department of Health and Human Services (HHS) or the U.S. Government. However, all participating agents and brokers must complete Marketplace training and registration, sign CMS agreements, and hold an active license for a health line of authority in the respective state in addition to completing Help on Demand training.

