

July Marketplace Update for Assisters

July 2018

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CMS Announces New Funding Opportunity Announcement for the Federally-Facilitated Exchange Navigator Program

On July 10, 2018, the Centers for Medicare & Medicaid Services (CMS) announced release of the Funding Opportunity Announcement (FOA) for the Federally-facilitated Exchange Navigator Program for 2018. Under this FOA, CMS expects to award \$10 million for a 1-year project period and a minimum of \$100,000 will be available in each of the 34 Federally-facilitated Exchange states to provide assistance to Marketplace consumers.

To access the Funding Opportunity Announcement, visit: <http://www.grants.gov>, and search for CFDA # **93.332**.

Applications are due August 9, 2018 by 3:00pm EST and must be submitted through <http://www.grants.gov>.

For more information about Navigators and additional resources for potential applicants, visit: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>

Certified Application Counselor Designated Organization Application Now Live!

CDO Application Link Now Live

The Centers for Medicaid and Medicare Services (CMS) is currently 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 CAC community with an improved user experience. Any organization seeking to provide CAC enrollment assistance to consumers for Plan Year 2019 must apply to become a CDO. Existing CDOs that fail to reapply during the CAC Program re-application window will be de-designated and will not be permitted to certify CACs or assist consumers.

CMS has sent invitations to reapply to ALL existing CDOs from April through June, requesting organizations re-apply to continue participating in the CAC Program. Now, we invite all interested organizations, as well as all existing CDOs that have not yet reapplied, to submit an application to become a CDO for Plan Year 2019. In preparation for the next Open Enrollment Period, the deadline to submit an application to become a CDO is September 14, 2018.

The CDO Application can be accessed [here](#). Application FAQs can be found [here](#).

CDO Application technical assistance webinar recordings, user guides, and more can be found [here](#).

To learn more about the work of certified application counselor designated organizations and the Certified Application Counselor Program, click [here](#).

We encourage all organizations, including current Navigator grantees, to consider applying to become a Certified Designated Organization. If an organization decides it would like to be able to assist consumers with Marketplace enrollment regardless of whether the organization receives another Navigator grant or other federal funding, the organization can apply to become a Certified Designated Organization and have its staff become CACs. CMS does not provide federal grant money to CDOs, but there may be other grants (federal and state) available. Organizations can still apply to receive Navigator grant funds while serving as a CDO. An organization can be a federal Navigator grantee and a CAC organization simultaneously. Organizations must, however, keep any Navigator funding strictly for Navigators and cannot use Navigator funds to support CAC work.

Answers to Assister Questions: CMS-CDO Agreement

Q1: I've received a Preliminary Approval; what does that mean, what should I do next?

A1: After an organization submits an application to become a CDO, CMS will issue a Preliminary Approval to applicants that meet CAC Program Requirements. Receiving a Preliminary Approval means the applicant met CAC Program Requirements and is invited to submit the Signed CMS-CDO Agreement for CMS' review and consideration. The Preliminary Approval includes guidance for the organization to access and submit the signed CMS-CDO Agreement, which is the next step in the application process.

Please note that receiving a Preliminary Approval does NOT mean your organization is approved as a CDO. Your organization is not an approved CDO until you receive final approval in an email with "CDO Agreement Approved" in the subject line.

Q2: What are some best practices to ensure my CMS-CDO Agreement is reviewed and processed timely?

- Please submit the first 12 pages of the agreement. You do not have to submit the appendices (pages 13-21).
- Please fill out the signature page completely and accurately
- On the signature page, you MUST:
 - Provide the senior official's name and title and it **MUST** match the senior official name and title on the application.
 - Have the senior official sign the agreement on the signature line.
 - Provide your 2018 CDO **application ID**, NOT your CDO ID

- Provide your organization's address and zip code, and it MUST match the address and zip code on the application **EXACTLY**.
- Failure to follow these tips will result in your application being rejected and it will have to be resubmitted.

Q3: I've received a Preliminary Approval and never sent in the Signed Agreement, what should I do?

Organizations that submitted an application and received a Preliminary Approval but did not submitted the signed CMS-CDO Agreement should submit the document immediately. CMS will send multiple follow-up requests to the applicant to submit the signed CMS-CDO Agreement and revoke Preliminary Approvals of organizations that fail to proceed on to the Signed Agreement. These applications will ultimately be rejected once the application window has closed. The Preliminary Approval includes guidance for the organization to access and submit the CMS-CDO Signed Agreement, which is the next step in the application process. If you can't locate your Preliminary Approval email with guidance regarding the signed CMS-CDO Agreement, reach out to cacquestions@cms.hhs.gov. Please note that receiving a Preliminary Approval does NOT mean your organization is approved as a CDO. Your organization is not an approved CDO until you receive final approval in an email with "CDO Agreement Approved" in the subject line

The 2019 Certified Application Counselor and Non-Navigator Assister Certification Training Now Live!

We are pleased to announce that the Certified Application Counselors and other non-Navigator assisters 2019 Assister Certification Training is now live! Navigators training will be made available following the Navigator Grant Awards.

The training is hosted by the Marketplace Learning Management System (MLMS); the online web-based training platform for assisters providing application and enrollment assistance to consumers in Federally-Facilitated Marketplaces (FFMs), including State Partnership Marketplaces (SPMs), and certain State-based Marketplaces using the Federal platform (SBM-FPs). The training can be accessed through the CMS Enterprise Portal by logging in or registering as a new user at <https://portal.cms.gov/wps/portal/unauthportal/selfservice/newuserregistration/>. Existing users can login at: <https://portal.cms.gov>.

We hope that you were able to participate in the Wednesday, July 11th webinar on the 2019 training and certification requirements. You can view the webinar slides here: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/introduction-to-assister-training.pdf>.

You can find training presentations and additional resources, such as Frequently Asked Questions (FAQs), and MLMS Quick Reference Guides at the following link: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/training.html>.

Note: As a result of the Certified Application Counselor Designated Organization (CDO) Refresh¹, all CDOs assisting consumers for Plan Year 2019 will be assigned a new organizational designation ID. CDOs have been instructed to discontinue use of their old CDO IDs and use their newly issued CDO ID for official purposes moving forward (to generate and issue CAC IDs, take the annual certification training, and enter on the Marketplace Application when assisting consumers).

CACs should wait to take the 2019 CAC training until they have been issued their new CAC ID number by their organization. CACs should enter their new CAC ID number as the username on the MLMS training registration page. CACs in good standing may continue to assist consumers while awaiting their new CAC ID number.

¹CMS is currently [refreshing](#) the CAC program by implementing an enhanced application and renewal process. The new application process will promote better engagement with our CDOs and provide the assister community with an improved user experience. ALL existing CDOs must reapply to continue participation in the CAC Program. Organizations that fail to reapply during the CAC Program re-application window will be de-designated as CDOs and will not be permitted to certify CACs or assist consumers. To learn more about the CAC Program, click [here](#). To learn more about the CDO Refresh, click [here](#).

For additional assistance with questions on the MLMS assister training, please submit inquiries to MLMSHelpDesk@cms.hhs.gov. For assistance with CAC program questions, submit inquiries to CACQuestions@cms.hhs.gov. For assistance with Navigator program questions, submit inquiries to your CMS project officer.

Assister Certification Training Best Practices

The Certified Application Counselors and other non-Navigator assisters 2019 Assister Certification Training is now live! Navigators training will be made available following the Navigator Grant Awards.

CAC ID Numbers

As a result of the Certified Application Counselor Designated Organization (CDO) *Refresh*, all CDOs assisting consumers for Plan Year 2019 will be assigned a new organizational designation ID. CDOs have been instructed to discontinue use of their old CDO IDs and use their newly issued CDO ID for official purposes moving forward (to generate and issue CAC IDs, take the annual certification training, and enter on the Marketplace Application when assisting consumers).

CACs should wait to take the 2019 CAC training until they have been issued their new CAC ID number by their organization. CACs should enter their new CAC ID number as the username on the MLMS training registration page. CACs in good standing may continue to assist consumers while awaiting their new CAC ID number.

Accessing Training

The training is hosted by the Marketplace Learning Management System (MLMS); the online web-based training platform for assisters providing application and enrollment assistance to consumers in Federally-Facilitated Marketplaces (FFMs), including State Partnership Marketplaces (SPMs), and certain State-based Marketplaces using the Federal platform (SBM-FPs). The training can be accessed through the CMS Enterprise Portal. New CACs can access the training [here](#), and returning CACs can access the training [here](#).

Training Resources

- [Introduction to the 2019 Assister Certification Training –July 11, 2018 \(slides\)](#)
- [Quick Reference Guide: Plan Year 2019 Computer Configuration Requirements – updated July 9, 2018](#)
- [Guidance for Disabling Pop-up Blockers](#)
- [Quick Reference Guide: Plan Year 2019 FFM Registration and Training Steps for Assisters](#)

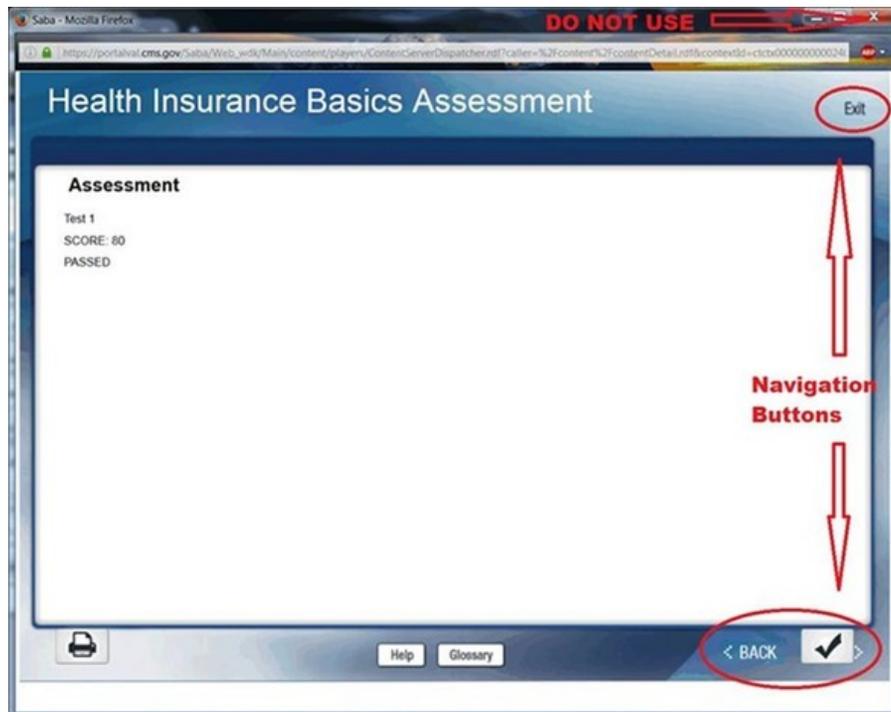
Helpdesk Contact

- For MLMS Access / User ID / Password Reset Issues, contact the CMS Enterprise Portal Help Desk (855-267-1515 /CMS_FEPS@CMS.hhs.gov)
- For Training Curriculum or Completion Certificate issues, contact the MLMS Help Desk (MLMSHelpDesk@cms.hhs.gov)

Tips and Best Practices

- **Remember your CMS Portal Password and Security Questions:** To change your CMS portal password 1.) Visit the [CMS Enterprise Portal](#). 2.) On the right side of the site, click on the Forgot Password link under the CMS Secure Portal pane. 3.) Follow the on-screen instructions. 4.) To recover your user ID, please repeat Steps 1 through 3. If you have been locked out of your account or cannot remember the answers to your security questions please contact the Exchange Operation Support Center (XOSC) at CMS_FEPS@cms.hhs.gov or 855-267-1515
- **Disable Pop Up Blockers:** Marketplace Learning Management System (MLMS) users need to disable pop up blockers while attempting to access the assister training on the MLMS. The pop up blockers should be disabled anytime an assister attempts to access the assister training on the MLMS, not just for a particular instance or when a pop up appears. Guidance on disabling the pop up blockers can be found [here](#).
- **Don't Skip Ahead:** Users need to click through each page of a training curriculum. If a user skips pages in a curriculum and then attempts to complete the course exam, the MLMS will not record the users exam completion and the user will need to retake the course and exam.

- **Save & Update When Logging In:** Upon logging into MLMS, Navigators need to click the SAVE & UPDATE button attempting to access the assister training. This step helps ensure users will see the correct training options after logging in.
- **Take Screen Shots When Completing a Course or Exam:** A “best practice” is to save a screenshot for each course completion/screen score before hitting the Exit button, just in case it does not record as successful in the MLMS. The screen shot or picture will be used by the MLMS Help Desk team to manually complete courses so users will not have to retake them.
- **Properly Exit the Course or Exam for the System to Record your Progress:** Please use the internal course navigation features and exit button, not the browser back or close buttons to navigate through course content. Use of the browser close (X) button to exit the course will suspend the content/exam and may cause the system not to track your progress. The following screenshot shows how to properly exit a course:



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 doesn't 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 isn't 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 consumer may be terminated from a plan 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 the links below:

<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/>

SEP Overview Webinar for Marketplace Assisters

Special Enrollment Periods (SEPs) allow consumers who experience certain qualifying events to enroll in health coverage outside of the annual Open Enrollment (OE) Period. The July 11, 2018 Assister Webinar included a **Special Enrollment Period Overview for Marketplace Assisters**, which addressed SEP qualifying events; when coverage can take effect based on consumers' SEP type and plan selection date; which SEPs require consumers to have had prior coverage; and which SEPs require consumers to submit documents for SEP verification. To view slides from this presentation please visit the Assister Webinars page: <https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>.

SEP qualifying events: Broadly, SEPs fall into one of six categories:

1. Loss of qualifying health coverage (otherwise known as loss of Minimum Essential Coverage)
2. Change in household size
3. Change in primary place of living (referred to as "move SEP")
4. Change in eligibility for Marketplace coverage or help paying for coverage
5. Enrollment or plan error
6. Other situations

Some examples of SEP qualifying events include becoming newly eligible for Marketplace coverage because of a change in immigration status, gaining access to new Marketplace plans because of a move, and having or adopting a baby.

It is important to note that the "move SEP" requires consumers to have had qualifying coverage for at least one of the 60 days preceding their date of move, **unless** the consumer:

- Lived in a foreign country or U.S. territory for at least one of the 60 days preceding the move;
- Is a member of a federally recognized tribe or Shareholder of an Alaska Native Corporation; or
- Lived for one or more days during the 60 days before their move or during their most recent enrollment period in a service area where no qualified health plan (QHP) was available through the Exchange.

SEP Verification:

Depending on their qualifying event, consumers newly enrolling in Marketplace coverage may be required to submit documents to prove SEP eligibility. For more information on SEP verification, please see:

- <https://marketplace.cms.gov/technical-assistance-resources/pre-enrollment-verification-overview.pdf>
- <https://marketplace.cms.gov/technical-assistance-resources/5-things-about-svi.pdf>
- <https://marketplace.cms.gov/technical-assistance-resources/sep-verification-phase-2.pdf>

Coverage effective dates: In most cases, consumers have 60 days from the date of their SEP qualifying event to enroll in Marketplace coverage. Once consumers choose a plan, coverage can start based on the date when the consumer chooses a plan, and the type of SEP they qualify for. Coverage might start based on: Regular prospective coverage effective dates; Accelerated prospective coverage effective dates; or Retroactive coverage effective dates.

Regular prospective coverage effective dates

Coverage starts:

- The first day of the month following plan selection if a plan was selected between the 1st and 15th day of the month; or
- The first day of the second month following plan selection if plan was selected between the 16th and the last day of the month.
- **For example:** Move SEP

Accelerated prospective coverage effective dates

Coverage starts:

- The first day of the month following plan selection.
- **For example:** Loss of qualifying coverage SEP

Retroactive coverage effective dates

Coverage starts:

- On a date in the past, based on the qualifying event date.
- **For example:** Birth SEP

Reminder: Consumers who qualify for an SEP due to a loss of qualifying coverage also have the option to apply and choose a plan 60 days before they lose coverage – if they do so, their coverage will start on the first of the month after they lose coverage.

For additional information on coverage effective dates, please see the Special Enrollment Period Overview at the following link: <https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-.html>

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 4th, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

Stay in Touch

To sign up for the CMS 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 or SPM states** - please send an email to CACQuestions@cms.hhs.gov.

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.

