

May Marketplace Update for Assisters

May 2018

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New Hardship Exemption Guidance

On April 9th 2018, CMS released new guidance on hardship exemptions. Assisters should review this guidance in detail and be ready to educate and assist consumers with their eligibility and how to apply for these new exemptions.

The guidance lays out examples of circumstances that fall under the Federally-facilitated Marketplace’s (FFM) hardship exemption policy that can help consumers facing limited issuer options or other circumstances preventing them from purchasing health insurance.

The new hardship exemptions cover the following circumstances:

A consumer lives in a county, borough, or parish in which no qualified health plan (QHP) is offered through the FFM. A consumer will receive an exemption from the individual shared responsibility payment for one plan year (plus the month before and after the plan year) if no plans are offered. All counties currently have at least one plan offering coverage, so this exemption is not yet needed.

A consumer lives in a county, borough, or parish in which there is only one issuer offering coverage through the FFM and can show that the resulting lack of choice prevented them from

obtaining coverage under a QHP. This exemption would apply for one plan year (plus the month before and after the plan year) if only one plan is offered.

A consumer has experienced a hardship in obtaining coverage because all affordable plans offered through the FFM in the person's county, borough, or parish provide coverage for abortion, which is contrary to the consumer's beliefs, and the absence of any affordable plan without such coverage causes a hardship in obtaining health insurance.

A consumer experiences personal circumstances that create a hardship in obtaining health insurance coverage under a QHP, such as when a person needs specialty care but the affordable plans offered through the FFM in the person's county, borough or parish do not provide access to needed specialty care.

Q1: How does a consumer apply for one of the above exemptions?

A1: Consumers who believe they are eligible for one of the above exemptions must submit a hardship application to the FFM with a brief explanation justifying the exemption. When available, the person should provide documentation to support the claim of hardship.

Q2: In order to benefit from these exemptions, when does the consumer need to have experienced the hardship?

A2: Consumers should provide documentation that shows that the hardship occurred within the current calendar year or up to two calendar years prior. If a hardship occurred in 2016, 2017, or 2018, a consumer could qualify for an exemption based on this new policy.

Q3: How can consumers apply for these exemptions?

A3: The hardship exemption application form is available online at <https://marketplace.cms.gov/applications-and-forms/hardship-exemption.pdf>.

Q4: What is the practical impact for consumers who apply for and are granted these exemptions?

A4: Consumers who are granted these exemptions will not owe the individual shared responsibility payment for not complying with the individual shared responsibility provision, which requires the purchase of health insurance coverage. Consumers will also be eligible to purchase a catastrophic healthcare plan even if they are over 30 years of age.

Q5: The hardship exemption guidance mentions needing to justify the circumstances of the hardship which prevent the enrollment in health insurance coverage. What if a consumer doesn't have this documentation?

A5: For those seeking exemptions based on some circumstances, such as those who live in single issuer counties, boroughs or parishes, and those in "other" hardship circumstances, the FFM will relax the documentary support requirements where documentary evidence is not readily available and a written explanation will be accepted.

Q6: As an assister, what should I tell consumers who qualify for these hardship



exemptions about whether or not they will still owe an individual shared responsibility payment this year for not complying with the individual shared responsibility provision?

A6: A consumer who applies for a hardship exemption and is granted an exemption will receive an Exemption Certificate Number (ECN) and they will not owe an individual shared responsibility payment when they file their taxes for 2018.

Q7: As an assister, what should I tell a consumer who has already paid an individual shared responsibility payment? If they qualify for one of the above hardship exemptions, will they be able to receive a refund from the IRS?

A7: A consumer who has filed a tax return within the past two years and made an individual shared responsibility payment for not having minimum essential coverage for that year may file an amended return if the consumer, subsequent to filing his or her tax return for a particular tax year, qualifies for one of the above exemptions for that tax year and receives an ECN from the Marketplace.

Q8: If a consumer's annual income is below the tax filing threshold, do they need to file a tax return to qualify for one of the hardship exemptions above?

A8: If a consumer is not required to file a federal income tax return for a year because his or her gross income is below his or her return filing threshold, the consumer is automatically exempt from the individual shared responsibility provision for that year and does not need to take any further action to secure an exemption. Therefore, the consumer in that situation does not need to file a return solely to report his or her coverage or to claim a coverage exemption.

Q9: If a consumer has not yet filed taxes for 2016 or 2017, and they qualify for one of the above hardship exemptions, can they still file taxes and claim the exemption?

A9: Yes, a consumer could claim this exemption on a late-filed tax return. However, there may be tax consequences for filing a late return. Those consumers should consult a tax adviser about filing a late return.

Q10: As an assister, how can I help consumers with this process?

A10: Assisters should discuss with consumers their personal circumstances to help them to determine whether they may qualify for one of these new hardship exemptions. Assisters can also inform consumers how to apply.

Help Keep Consumers Covered

Finding and Engaging Consumers

Go to where your target consumer is located. We heard from many assisters that establishing ties with target consumers means seeking them out and engaging with them. Specifically, assisters shared the following tips:

- Partnering with health centers and participating in free health screenings is an effective

way to find uninsured consumers.

- Holding regularly scheduled events allows consumers to know where to find you if they have questions or once they're ready to enroll.
- Attract consumers to your table or booth at an event, festival or fair; something as simple as putting some crayons and paper or stickers out for children can help attract consumers.

Staying Connected with “Pre-Enrolled” Consumers

We heard from assisters that many consumers aren't necessarily ready to enroll right at the moment you first engage with them, even if they are interested in learning more about their potential options. So assisters often need to take steps between finding the consumer and enrolling the consumer. Below, we have summarized some of methods that have helped assisters “continue the conversation”.

- Don't pressure a consumer to enroll then and there if they're not ready.
- Educate consumers about the Marketplace and their options.
- Encourage consumers to discuss options with their family.
- Get consent to follow back up over the phone, email, or text (find out which they prefer).
- Suggest setting up a time to meet in the future, and encourage consumers to 1.) Think through their needs and budget, 2.) Come to the appointment with a list of questions, and 3.) Bring documents they will need for a smooth enrollment experience.

Staying Connected with Enrolled Consumers

Once a consumer is successfully enrolled, in some cases, it's just the beginning. A consumer may not have had insurance before, and may need guidance on how to best use his or her insurance, and in understanding how it works. Some tips assisters have found to be helpful are:

- Make sure coverage gets effectuated by prompting the consumer to make their binder payments and suggest setting up automatic payments.
- Offer to review their eligibility notice with the consumer and offer to help them resolve any issues identified in their notice, like a data-matching issue (DMI).
- Provide resources to help them use their coverage (like the [From Coverage to Care manual](#) available in multiple languages on CMS' website).
- Suggest setting up a reoccurring phone call to check-in on the consumer to see if they

need help 1.) Using their coverage effectively (and understanding the basics, like how to read an insurance card and an Explanation of Benefits), or 2.) Reporting any changes to the Marketplace.

Assisters also told us that it's important to be sure that consumers understand they may have opportunities outside of Open Enrollment (OE) to enroll in coverage. Life changes like marriage, birth or moving may qualify consumers for Special Enrollment Periods (SEPs), but in some cases people simply aren't aware that these may be opportunities to enroll in coverage.

Of course, the best way to reach consumers and keep them engaged is through good customer service. We always hear from assisters that the most effective way to find consumers is word of mouth and referrals from family and friends who are pleased with the help they have received. Always let consumers know you are available to help consumers who are interested in Marketplace coverage or Medicaid, or just have questions about what their options are. Nurture the relationships you build with the consumers and the community you serve, and consumers will think of you first when they have health coverage questions or concerns. CMS has a variety of materials to support you in your efforts, which we encourage you to explore:

Pre-Enrollment Materials

- Get consumers ready to enroll with the [Application Checklist](#).
- Help consumers evaluate their different Marketplace coverage options by considering [five important questions](#) about their needs and budget.
- Find other outreach and educational materials at [New to the Marketplace](#).

Post-Enrollment Material

- Help consumers understand how to use their coverage with [From Coverage to Care](#) resources.
- For a number of useful resources for helping consumers with post-enrollment issues (like appeals, and reporting a life change), visit <https://marketplace.cms.gov/outreach-and-education/already-enrolled.html>.

Coverage Appeals

As consumers use their health plan, they may encounter unexpected situations where their health plan refuses to pay a claim, only partially pays a claim, or retroactively ends consumers' coverage. The Affordable Care Act gives consumers the opportunity to ask their health plan to conduct a full and fair review of its decision. This is known as the internal appeals process. If the plan upholds its initial decision, consumers may be eligible for an external review by an independent third-party reviewer.

- Find an overview of internal appeals and the external review process at <https://marketplace.cms.gov/technical-assistance-resources/internal-claims-and-appeals.pdf>.
- Find a guide to consumers who are appealing their plan's decision not to pay available at <https://marketplace.cms.gov/outreach-and-education/appealing-your-insurers-decision-not-to-pay.pdf>.
- Consult this [chart](#) to help consumers understand the difference between a Marketplace eligibility appeal and a coverage appeal.

Summary of Benefits and Coverage

The Friday, May 11th webinar featured a presentation on the Summary of Benefits and Coverage (SBC). The SBC is a consumer shopping tool that gives consumers a snapshot of a plan's benefits and cost-sharing in an easy-to-understand format. The SBC makes it easier for consumers to compare different coverage options by summarizing key features of health plans, including covered benefits, cost-sharing, and important limitations and exceptions. The presentation walked through how to use each section of the SBC to help consumers compare plans, and find the best plan for their needs and budget.

- The presentation is available at <https://marketplace.cms.gov/technical-assistance-resources/how-to-appeal-a-decision.pdf>.
- A fact sheet on the SBC is available at <https://marketplace.cms.gov/technical-assistance-resources/how-to-appeal-a-decision.pdf>.

National Women's Health Week

Each year, the U.S. Department of Health and Human Services' Office of Women's Health designates the week of May 13th as National Women's Health Week. There is still time to encourage all women to make their health a priority and build positive health habits for life such as eating healthy, getting enough sleep, getting active and managing stress.

As an assister, consumers may come to you for help getting connected to care providers, and this is a good opportunity to remind women whom you assist to visit a doctor or nurse for a well-woman visit. It's also a perfect time to remind newly insured women that some things, like certain preventive health screenings must be provided to them at no cost.

Assisters can also get involved with promoting Women's Health Week by including HHS' easy-to-use [social media resources](#) or organizing events or activities in your [community](#).

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 – Closed Memorial Day

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

and 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.

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