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Welcome

Good afternoon everyone I want to welcome you to this afternoon's webinar I am with the consumer support group. If you are listening for your computer speakers and you have any audio issues, you can refresh the webinar. Please press the audio refresh. If that does not help and you continue to have audio problems, sometimes logging off and logging back on helps. If you have any further problems, you are welcome to join us via telephone. The instructions are included with the phone number in the alternate audio tab. You can ask any questions that you have by typing them into the question box. I will turn this over to Deborah Bryant.

Thank you so much, Melissa. Thank you everyone for joining us today. As Melissa said, my name is Deborah Bryant, I am the director of the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder, today's call is intended for technical assistance for assisters, it is not intended for press purposes and is not on the record. If you are a member of the press, please email our

press office at press@cms.hhs.gov. Also I just want to remind folks that the information presented today is intended as informal technical assistance. It is not intended as official CMS guidance. As many of you may have heard, yesterday we announced that as of December 26, more than 11.3 million people have signed up for coverage in all 50 states and the District of Columbia. And almost 4,000,000 of these consumers were under the age of 35. Nearly half of the re-enrolling consumers came back to the Marketplace and actively shopped for new plans. We are so excited and so proud of the amazing work that has been done this enrollment season. Keep up the great work. If you want to learn more about the numbers of consumers enrolling in coverage, you can follow the link that is on your slide right now.

Let's jump in to today's presentations. We have 2. The first one, will be by Mariel Lifshitz, from the Substance Abuse and Mental Health Service Administration or what folks may know as SAMHSA. Mariel will provide an overview on assistance to individuals with behavioral health situations to enroll in health coverage. After that, we will be joined by our colleague from the CCIIO Exchange Policy and Operations Group for a complex case presentation on helping consumers resolve data matching issues. Before we get started with today's presentation, I will turn it over to Michelle for a few Marketplace updates. As a reminder, if you have any questions, you may submit them through the webinar chat feature. We will try to get to them by the end of today's webinar. If not, we will include them in the future assister newsletter.

Marketplace Updates

Reminder: Marketplace Coverage Effective Dates

Thank you Deborah. While the deadline to sign up for coverage, effective January 1st, 2016 has now passed, consumers can still come to the Marketplace and select a plan until open enrollment ends on January 31st. Consumers can also return to the Marketplace to change their plan, even if they have already previously selected a plan earlier during open enrollment. You can view a new healthcare.gov blog to remind consumers that they have until January 15th to enroll in or change plans, for 2016 health coverage that begins on February 1st. Just to review and clarify, consumers have until January 15th, to enroll in or change plans for coverage that begins February 1st and consumers have until January 31st, the last day of open enrollment, to enroll or make changes for coverage that would take effect March 1st.

Tips on Taxes: Recommended Video Resource

Next, as we enter tax season, we continue to feature information that you can use to help consumers understand how their health insurance coverage can affect their tax filing process. As a reminder, taxpayers who enrolled in coverage through the health insurance Marketplace and received advance payment of the premium tax credits, or APTC, must reconcile the total APTC they received during the year, with the amount of the premium tax credit, for which they are eligible for, based on their income, using a tax form in the Marketplace, called form 1095A. Specifically, consumers should use information in form 1095A, to complete form 8962 of premium tax credit. To help consumers better understand how premium tax credits work, we encourage you to check out the video, and share with consumers, on how premium tax credits work. It is posted on healthcare.gov, and is on the slide right now.

SHOP Call Center Update

For our next update, I will turn it over to our CMS colleague Crystal James, who will provide a brief update on the Small Business Health Operations Program or SHOP call-center. As a reminder, please feel free to submit questions in the webinar chat feature.

Thanks, Michelle. I am going to give a quick presentation about SHOP and the call-center. As far as my presentation, I will give a brief overview of what SHOP is, the support that's available for Marketplace assisters, and how our SHOP call-center can be of use to Marketplace assisters.

First, what is the SHOP Marketplace? SHOP stands for Small Business Health Options Program. It is part of the health insurance Marketplace that was created by the ACA. It offers small employers, which is generally those with 1 to 50 full-time employees, a choice of quality health and dental plans provided by private insurance companies. Small employers who offer coverage through the SHOP Marketplace, may be eligible for the small business health care tax credit that could be worth up to 50% of an employer group's contribution to premiums. For tax-exempt employers, it could be up to 35%. These are some benefits that we see with the SHOP Marketplace. The first is convenience and choice. You can complete the group enrollment at any point during the year. During any time during the calendar year, you would be able to start enrollment through the SHOP. We have everything available on healthcare.gov where you can browse, compare, and enroll in SHOP Marketplace health and dental plans. It is a one-stop site, where employer groups, as well as their employees, will be able to access and enroll in the SHOP Marketplace. You can offer employer groups one or multiple plans to their employees and you would receive one bill and make one premium payment a month. Even in an employee choice environment, employers would be sending one bill and making one payment per month, no matter the number of issuers that any of their employees may be enrolled with. You can control spending so employers would be able to decide which plans they want to offer to their qualified employees, as well as their dependents, and how much they want to contribute to their health and dental insurance premiums. Through the SHOP Marketplace, as I had mentioned, your employer groups may be eligible for a tax credit that is worth up to 50% of contributions to premiums. Again, we have many ways to get help. Information and assistance is available through healthcare.gov, as well as the SHOP Marketplace call-center, agents and brokers registered with the SHOP Marketplace, and also through Navigators. We have our own dedicated SHOP call-center that is separate from the FFM Marketplace call-center, so anyone calling the SHOP call-center would reach a call center representative that is versed only in SHOP areas.

Which employers can participate in the Marketplace? In order to be eligible to purchase coverage in the SHOP Marketplace, small employers must meet four criteria. They must be a small employer, which again is generally a group that has 1 to 50 employees. They must offer coverage to all full-time employees. We consider a full-time employee as one that is working 30 or more hours per week on average. The group must have at least one employee enrolling in coverage, that is not the business owner themselves, and they must have a principal business address or eligible employee worksite in the state in which coverage is being offered. We have a lot of tools available on healthcare.gov to help with the enrollment process. At the bottom of the slide is a link to our SHOP FTE calculator, which is our full-time equivalent calculator on healthcare.gov. This calculator can be used to help count the number of full-time employees and full-time equivalent employees, for purposes of Marketplace eligibility. The reason we use a full-time equivalent employee calculator is because we take into consideration part-time employees when counting the number of employees that are enrolling in SHOP coverage.

We have a lot of different options that are available, both through the health and dental markets. Employers would be able to offer their qualified employees either a single health plan or a single dental plan, or they could also offer a choice of plans, within a plan category that the employer chooses. If an employer chooses a plan category, such as a bronze level plan, then all of the employees would be able to select from any of the bronze plans that are available, that have been made available through the employer. The employer would then select the coverage level, and employees would then be able to select any plan within that coverage level to enroll in, for themselves and their dependents, if

applicable. Employers may offer their employees one of three options through the SHOP Marketplace. They can offer only health coverage, only dental coverage, or both health and dental coverage. If a qualified employee is offered both health and dental coverage, he or she may choose to enroll in both health and dental coverage, only health coverage, or only dental coverage. Dependents of qualified employees would also be able to enroll in either health only, dental only, or health and dental, similar to how the qualified employee is able to enroll. Employers may also offer health and dental coverage to their dependents. One caveat to that, is that dependents must enroll in the same health or dental plan as the qualified employee. If the employee has two dependents and the employee is also enrolled in health coverage, that dependents would have to enroll in the same health plan that the employee is enrolled in but if the employee is enrolled in both medical and dental coverage, the first dependent could be enrolled in only health coverage, and the second dependent could be enrolled in both health and dental. Again, the only plans that are available for the dependent to enroll in, are only the ones that the qualified employee is already enrolled in.

In terms of support for Marketplace assisters, we have various resources available. We have a lot of content available on HealthCare.gov. We have information on the CCIIO site at [CMS.gov/cciio](https://www.cms.gov/cciio). We also have information available on www.Marketplace.CMS.gov. We have training videos that we have posted that go through the step-by-step process of enrolling at SHOP. We also have user guides. All of our user guides have screenshots of the process of the SHOP applications for both employers and employees. We have a lot of resources, including one page documents that answer a lot of questions, like frequently asked questions that we receive about SHOP, eligibility requirements for SHOP, as well as making premium payments for SHOP. Again, we also have the SHOP call-center, which is a great resource for Marketplace assisters. Our SHOP call-center is a resource that is available to a wide variety of folks, including employer groups, employees, agents and brokers, navigators, and other Marketplace assisters. Our SHOP call-center is on the screen, it is 1-800-706-7893. It is open between Monday through Friday, from 9 AM to 7 PM Eastern time. We have our own prompt, through the call-center for Navigators and other Marketplace assisters. When you call the SHOP call-center, you can push option 4 and this is the prompt for Navigators and other Marketplace assisters. After that prompt you can also be connected to a call-center representative. Our call-center representatives are equipped with a great deal of knowledge around SHOP. They can answer general inquiries related to SHOP eligibility, eligibility policies and procedures, and they can also assist employers and employees with the online enrollment process. Our call-center representatives can access employer and employee accounts, at the request of the account contact person, or their designated agent or broker. Authentication of personal information is required to access any consumer account. This is just for privacy reasons and to abide by our privacy guidelines. SHOP call-center representatives cannot disclose account specific information to anyone that cannot be authenticated. The employer group is able to authenticate individuals who they would like to access their account information. Marketplace assisters wanting to help a consumer establish an account, create an enrollment, or make account updates, may contact the SHOP call-center. When you do contact the SHOP call-center, the account primary or secondary contact, agent or broker, or employee, must provide a verbal authorization for the call center representative to speak with a designated assister on behalf of the consumer. This is a one-time authorization and the authorization would be in effect for the duration of the call. Any future contact with the call-center about a specific account, would require repeating the process of authentication. That is all I have. Please feel free to put questions into the chat, and I will try my best to respond to them. With that, I will turn the call back over to Michelle.

Thanks so much Christelle for that presentation and I also want to note for our assisters, that we included, a lot of the links that were mentioned in our newsletter this week. It was sent out Wednesday if you dig through your email, in case you are looking for any of the resources that she mentioned.

Assisting Consumers with Behavioral Health

For our next presentation, we are joined by Mariel Lifshitz, from the Substance Abuse and Mental Health Service Administration, or SAMHSA. She will discuss the health coverage needs of people with substance abuse and mental health issues. As a reminder, please continue to submit your questions through the webinar chat feature. Mariel, I will turn it over to you.

Thanks so much Michelle. First, I just want to thank CCIIO for providing SAMHSA the opportunity to present today. Obviously enrollment in health insurance is important for everyone and particularly for people with behavioral health conditions, the new landscape has been great, particularly for them, they are able to get the coverage that they've needed for a long time. So again my name is Mariel Lifshitz, I am the special assistant for health care financing in SAMHSA's Center for Health Services. As Michelle mentioned, today I will be presenting information on assisting individuals with behavioral health conditions, which includes both mental illness and substance abuse disorders, during the enrollment process. To help provide some context for this discussion, I will first go over some general information and specifics about the prevalence of behavioral health conditions for US adult population. We will then discuss specific questions that an assister, Navigator, or certified application counselor can ask individuals who may have a behavioral health condition, in order to more effectively gain important information about the individual's coverage needs. Additionally, I will go over some tips for assisters and those working with individuals, particularly those with behavioral health conditions, enroll in the most appropriate insurance plan for them. This slide provides data from the 2013 National Survey on Drug Use and Health, the NSDUH, which is an annual survey of the civilian, non-institutionalized population in the US, ages 12 years or older and just to note that this slide focuses specifically on adult data, 18 years or older. As you can see on the slide, mental illness and substance abuse disorders affect millions of Americans each year. In 2013, nearly one in five adults reported having any mental illness and one in 12 adults reported a substance abuse disorder. At the bottom of the slide, you can see that 7.7 million adults reported having both. SAMHSA actually recently released the results of the 2014 NSDUH survey. And going over the data, the numbers for 2014 are largely unchanged, or only very slightly from 2013. This is why I did not change the slide. For example, in 2014, based on the NSDUH data, 21.5 million adults with reported substance abuse disorder, which is 8.1%, which is again 1 in 12 adults. Also, in the 2014 NSDUH data, again they report one in five adults have any mental illness, which is the same as 2013. So really the statistics haven't changed very much from 2013 to 2014.

This slide and the next two slides that I will present, provide breakdowns of some of the more general information and statistics presented in the previous slide, specifically by age, and by federal poverty level or FPL. This slide shows that 42% of Medicaid eligible adults, ages 18 to 34, with incomes less than 139% of the FPL, which equals \$16,100 for an individual, have a serious mental illness, serious psychological stress or substance abuse disorder.

This slide shows that 44% of Medicaid eligible adults, ages 18 to 34, with incomes between 139% and 400% of the FPL, which includes incomes ranging from \$16,100 to \$46,100, also have a serious mental illness or serious psychological distress and substance abuse disorder. Finally, this slide shows that 23.8% of uninsured adults ages 35 and over with incomes less than 400% of the FPL have serious mental illness, serious psychological distress and substance abuse disorder.

The previous slides illustrate the high prevalence of substance abuse and mental health conditions among the uninsured. The take away is that in your work, you will likely be assisting individuals with a mental illness or substance abuse disorder or both. It is important to keep in mind the questions and tips that we are about to discuss in the upcoming slide. You may already be aware -- I do want to emphasize for this presentation, that as a result of the affordable care act, and the mental health priority act, many behavioral health treatments, as well as preventative screenings, are part of health insurance through the Marketplace now.

For example, behavioral health services are now included in essential health benefits, there is no denial for pre-existing conditions, there are no lifetime or yearly dollar limits for mental health services, and there are priority protections for behavioral health services. The ACA provides a great opportunity for people with behavioral health opportunities to get coverage for services that they need.

The following questions are questions that you could think about asking anyone that you help to enroll, however, these questions may be particularly useful in working with individuals with behavioral health conditions because they can help you get the information that you need to determine what services are used, and/or needed, therefore requiring coverage, without individuals needing to disclose any specific diagnoses. The first question you could toss out is discussing the individual's provider network. You can ask if they have a particular provider that they or a member their family currently see. They can use this information to determine A. what networks include their preferred providers and B. what plans would be best for the individual. If you are providing assistance in person, you may consider providing the person with hard copies of network information. If providing assistance over the phone, you may consider explaining how a person can find information about networks online. The second question refers to discussing the individual's wellness plan. Particularly prescription medications. You may want to ask individuals if there are certain prescription medications that they, or their family, may require or anticipate needing. Again, this will help the individual determine what types of plans cover certain medications and how to understand a prescription formulary for example. Again, if you're providing assistance in person, you may consider providing the individuals with information about plans that cover a variety of medications. If providing assistance over the phone, you may consider explaining how a person can find information about prescription plan coverage online.

Finally, you might want to consider discussing other services that the individual requires or may anticipate requiring. Ask the individual if there are any other medical or non-medical services that they currently used or anticipate using. For example, in-patient care, ER visits, therapy services, such as occupational, physical or educational services, substance use treatment, screenings or other covered services.

In addition to providing some questions to ask, we also want to provide some other tips that you may want to keep in mind while assisting individuals, particularly those that may have behavioral health conditions. First and foremost, and I think we all would think about this when approaching an individual, is to engage all people as people first, and not as a diagnosis. As we all know, health care and health insurance can be a complex issue for many people, and not just those with behavioral health conditions.

Try to keep information simple and clear. For example, make sure to explain or define any "insurance jargon", such as copay or coinsurance. Try to engage people in a trusting relationship. Use active listening skills. For example, try to repeat back some of the words that the person you are talking to is using, to make sure that you are checking in with them, that you are understanding what they are telling you. Take time to understand the person's style of interaction and communication. Also, you might want to just ask the person directly what would help them while working with you. Finally, have patience and

be willing to spend actual time with the person. If you notice that they are struggling or having a difficult time, you can ask them what they need. You may want to suggest taking a break or offering to set up another appointment.

You can also familiarize yourself with the local, regional and national organizations. For example, you may be familiar with the National Alliance on Mental Illness (NAMI), which is one of the largest grassroots mental health organization with over 1000 affiliates across the country. Also Mental Health America, which is one of the nation's leading community-based nonprofit organization with over 200 affiliates. You can also think about connecting individuals you serve with consumer-oriented organizations to help empower their own knowledge and choice. One example is the National Mental Health Consumer's self-help clearinghouse and I have included on the slide a link to their website. Finally, this slide includes a short list of the many resources that are out there and available to help equip yourself to best assist individuals signing up for insurance and particularly, those with behavioral health conditions. That is the end of my presentation. I want to thank CCIIO and everybody else listening on the call today for your attention.

Q&A

Great, thank you so much Mariel for the presentation. I think a lot of assisters want to know where to find resources, I think this is on the slides you have up right now, and also if you are planning on posting these slides so people can come back and get this helpful information?

I think we have slides already up on SAMHSA website. After the webinar today, I will get in touch with our office of communication and make sure that these slides are available on SAMHSA's website. We can work with you at CCIIO to make sure that there is a link there as well.

Great. We will send out a link to the slides in our newsletter when we do a summary of this webinar. Thank you very much and everyone on the phone, please check out a future newsletter for links to these slides. If you have more questions on this presentation, please continue to submit them.

Complex Case on Data Matching Issues

We will move on to our next presentation now. For that, we are joined by our colleagues Lina Rashid and Terrence Kane, for a complex case presentation on helping consumers resolve data matching issues. This is a follow-up to the deep-dive presentation on data matching issues that Lina and Terrence provided a few weeks ago. As a reminder, you can continue to submit your questions through the chat feature. Lina?

Hello everyone. Terrence and I are really excited to talk to you about some of these complex cases. Hopefully the background you heard a couple of weeks ago was helpful. We know you are working with consumers everyday trying to help them resolve these issues and hopefully we can run through some examples that will be helpful. What we will do is a little bit of background setting on data matching issues in case you didn't attend our webinar a couple of weeks ago. We will dive right into the scenarios and hopefully include some tips at the end, just as a refresher of some things we covered.

With that, we will actually recap what a data matching issue is and that's essentially the Marketplace is trying to verify the information that the consumer put into the application. Sometimes that happens right away. Sometimes we do need more information if things don't match up with our resources. On this slide, there are a couple examples of the common data matching issues that occur. Probably the ones that you interact with the most often are citizenship, immigration status, and projected annual income amounts.

Why this is important for consumers is because it does have implications for their health insurance coverage and their financial information. It is critical to help consumers with these documents and resolve their issues. In terms of the timeline, it is important, because you do have a set amount of time to get the documents to resolve a data matching issue. That is usually 90 days if you are doing an income data matching issue and about 95 days if you have a citizenship or immigration data matching issue. Within that window, you keep your coverage, and you are allowed to submit your documents and if you do not meet that window, there are implications. During that time, they will receive notifications from the Marketplace. If you are a consumer, it will tell you about the timeline and the importance of submitting those documents. Those are some of the notices that you may have consumers bring to you, to help understand. Here, we wanted to do this as a really important reminder. As we mentioned, there are 95 days for consumers to submit their documents if they have an immigration or citizenship data matching issue. If they do not resolve within that time, there are implications for their coverage, and they could lose the coverage or financial assistance they are receiving, if they don't resolve within that time.

You can continue to work with these consumers, because if they do lose their coverage and submit the documents later a resolve the issue, they can enroll in a special enrollment period. This is really important, because they can regain their coverage and their financial assistance. They can actually choose if they want to do that moving forward prospectively or if they want to go retroactively to the date that they lost coverage. This is really something that you will be involved with working with consumers all year-round.

Next, we actually have four scenarios that Terrence and I are going to run through with you. We will start with the first one here and this is on an income data matching issue. I'll turn it over to Terrence.

Great, thanks Lina. These are cases that typify examples of cases that we get and deal with all the time. Hopefully, these will seem familiar to you and you will be able to relate to them. The first one that we will deal with is Dan. It relates to a consumer whose income has changed significantly from last year.

Dan is a part-time graduate student and waiter who came to the Marketplace in December 2015 and applied for coverage. On his application Dan projected he would make \$22,000 in 2016. After he submitted his application, he received notification that he was temporarily eligible for Marketplace coverage and APTC, along with cost-sharing reductions on silver plans. Eligibility results informed him that he needed to submit more documents to keep those results. This is an example on the slide of what it will look like for Dan on his Marketplace application.

As we discussed, this is called an annual data income matching issue or inconsistency. Why did Dan generate an income data matching issue? I think this is often curious to consumers and assisters. Why exactly did the consumer generate this issue? It can happen for a lot of reasons. I will talk through some of those reasons, some of which you've probably heard before. For instance, a consumer failed to provide an SSN on his or her application. His or her annual household income may not have been verified if they did not provide their Social Security Number or the SSN to all members of the household. You only have to provide us a Social Security Number if you have one.

Additional reasons why that may have generated an annual income data matching issue is that you did not provide all of the information on the application. You need to provide all modified adjusted gross income on your application. That is really necessary for us so that we can accurately calculate your APTC levels. Another example is a consumer did not file taxes. In order for the Marketplace to match an applicant's annual household income data, with IRS data, it is necessary for everyone in the house to file

taxes, if they were required to do so. Without a tax return, the Marketplace may not be able to verify the income information on the application. In Dan's case, he made \$35,000 in 2014, when he was working full-time as a waiter. This year however, he is projecting his income, now that he's a part-time waiter, at \$22,000. Because this \$22,000 is significantly less than the data we had from 2014, Dan has generated an income data matching issue. How can you help Dan resolve this annual income data matching issue? He needs to provide evidence to the Marketplace that his attested income on his application, \$22,000, is accurate. When providing evidence to the Marketplace, it's really important that Dan submit documentation that reflects what he is projecting to make in 2016, not necessarily what he made in 2014 or 2015. Because Dan projects his income to be a lot less than he made last year, he needs to submit documentation that reflects what he expects to make this year.

What sort of documents should Dan submit? Here is the list of documents that a consumer can submit to resolve an annual income data matching issue. Hopefully a lot of these are familiar to you. A 1040 tax return, W-2s, pay stubs, self-employment documentation, Social Security Administration statements, SSA benefits, unemployment benefits, etc. You've seen this list before.

What we will do in this scenario, is try to figure out which document likely best represents how much income Dan is going to make in 2016. If we look through that document list, it is likely that the best document for Dan to document his projected income, is a paystub. Other documents are likely to show the income Dan made last year, and this information appears to have changed for 2016. When submitting a paystub, it is important to remember that the paystub show first and last name, income amount, pay date, and length of pay period. Write this information on your paystub if it is missing.

It also may be helpful to submit more than one paystub, if one paystub is significantly more or less than what you typically get. Suppose, for example, you received a bonus, or worked a lot of overtime hours. Submitting a paystub that reflects that could make your income see more than it typically is. In that instance, it is okay to submit multiple pay stubs. The Marketplace will be able to handle that. It will create a calculation that is based on the multiple pay stubs.

Let's move on to a second scenario. Luisa is a self-employed toy store owner. She came to the Marketplace and projected her income to be \$28,000 in 2016. After she submitted her application, she received notification that she had a data matching issue. A lot of this will be similar to the information for Dan. I will move quickly. Once again, at the bottom bullet, we have more information on her case. She opened her toy store this year, and that is why she is projecting to make \$28,000. In 2014, she made \$42,000 in retail working at a clothing store. Once again, we have this difference between what someone made in previous years, which is projected to make this year. In her case, she is projecting to make \$28,000 in 2016, and we know in 2014, she made \$42,000. What should she do next? Once again, we need to figure out what the best documentation is for her to submit. Just like Dan, we want to find documentation that is going to reflect how much income she projects to make for 2016.

Here again is a list of documents. You are probably looking these over and trying to come up with the best one. In this case, the best document would be a self-employment ledger, or self-employment documentation. These can be very straightforward, as you can see from our example. List what type of work she has, the net income that she expects to make, the number of months that she expects to get the income, and the total income that she expects to make for the year. In this case, it would be \$28,000. You could build a self-employment ledger that projects income for six months. Suppose that somebody does seasonal work. That is okay. Make sure that in that instance, you indicate that it is six months, and then a projected total income for that job. Now, we will move over to our very common data matching type, citizenship, and Lina is going to handle that.

We will start with an example of citizenship. We will start with Melissa. Here is information about her household. She is married, has a husband and two children. She is a US citizen and her husband is a lawful permanent resident. The whole family applied for coverage on November 1st. After José submitted the application, and again he was the application filer for the family. Melissa's eligibility results told her that she needs to submit more information to prove her citizenship and that's essentially called a citizenship data matching issue. That will have implications for her coverage and financial assistance. This is something we hear a lot. Consumers get frustrated, because they have submitted documents and they are still getting notices that they have a data matching issue. They are trying to figure out what happened and I think this probably something that you've heard as well.

In this case, she submitted a birth certificate and she also submitted a US medical record from the hospital, showing that the US is her place of birth. She has been calling the call center and was told that she has an outstanding data matching issue. She is trying to figure out why it is not resolved when she has already submitted these two documents.

Next, we will talk about why Melissa generated a data matching issue. Also, this is indicative of other cases you may be been working with and some of these are similar to the examples Terrence talked about earlier. On the Marketplace side, we are checking our information with the Social Security Administration and the Department of Homeland Security, when it comes to citizenship information. One of the biggest pieces of advice that we can give you when working with consumers, is to please encourage consumers to submit as much information as possible on the application particularly with citizenship and immigration, we know sometimes people feel a little leery of how much information they should put on the application. It is really important to put your Social Security Number on the application. Also, for other members of your household. As a reminder, if a consumer does have a Social Security Number, they are required to put that information on the application.

Another really big thing, is sometimes with our documents, you may have a different name. That could be for a number of different reasons. Maybe you had a different name on certain documents as you were becoming a citizen, maybe you came from another country. It could be that you got married and had a different name on some of your documents. For Melissa specifically, she was not the application filer and her Social Security Number was not included on the application. That was one of the first pieces that was really important. There are simple things such as typos and making sure the information you put in the application is accurate. In terms of steps, the most important thing is always what type of data matching issue do you have, and what is the due date for your documents? That is in the eligibility notice. You can also get that in my account if you are checking at HealthCare.gov. The Marketplace call center can also tell you that if you haven't been able to check it through those other vehicles.

The second step is go back to your application and make sure that everything in there is correct. The double checking errors and typos, checking the Social Security Number is in the application. Once you make sure everything is correct, you can resubmit the information and you will get a new eligibility notice. Then you will see if you still have data matching issue. Sometimes going back through and checking can resolve the issue.

This is a tip I mentioned earlier, make sure the consumer's name being used for the Marketplace, if it differs from their citizenship documents-- for example, your social security card, make sure the applicants submits their name as written on the document. Third, since Melissa already provided some documents to the Marketplace, we want to make sure that whatever she provided before is correct. They can check to see if the documents submitted were the right ones and the right number of documents. As a reminder, sometimes you need to submit multiple documents to resolve one data

matching issue. This is one of the things we see most often when the Marketplace is trying to evaluate the information that they've received. For example, if you do submit a birth certificate to prove your citizenship, you may also need to submit an additional document. That additional document also needs to have a picture ID. That's sometimes where folks get stuck. They submit another document, but maybe did not have a photo ID. There is a list that we will show you in a little bit that has that full list, so that you can see a better picture of that.

Again, checking the name, to make sure it is consistent. This is the first list. For citizenship, we will go through two different lists. If you are working with a consumer, and they have any of the documents that you see listed on the slide, they can submit them and that should resolve their citizenship data matching issue. For example, a US passport, certificate of citizenship, state-issued driver's license, those are just a couple of the examples. If you have one of these, then submit one and you are good to go to resolve your data matching issue.

That was option one. Option two -- this is going back to the example I gave earlier of picture ID. On the left-hand side, you see a list of documents. For example, birth certificate, a military record, a medical record, certification of birth abroad, etc. If you have one of these forms, you also have to submit one from the right column. It has to have a photograph and something that offers more identification like your name, age, etc. This full list is at the bottom, and includes a lot of the things Terrence talked about earlier so it includes the full list when working with the consumer. Here, in terms of what documents Melissa can submit -- Melissa did not have any of the ones from option one. She is looking at option two. She needs to submit two documents. In her case, she has submitted a birth certificate and a medical record, showing that the US was her place of birth but she did not send one with a picture ID. She needs to go back to the list and try to provide one from there. The other part of this, was that Melissa sent in a birth certificate, but her birth certificate had her maiden name. Because of that, she needs to submit another document. In her case, she submitted a birth certificate but because her name was different, she actually needs to send in three documents instead of two. She can send her birth certificate, she could send any document that provides the name change, and the identity document with a picture ID, such as a driver's license. This is a common example that we see often.

With that, we will go to the next example. This is an immigration data matching issue. In this example, we have Karen, a green card holder. Her husband and daughter are also on the application. This is important, because we have a lot of mixed status households. In this case, we are just focusing on one individual in the family. It is something to keep in mind, you may work with a family that has different individuals with different data matching issues, which is again why checking the eligibility notice is really important.

In this case, these consumers apply for coverage and she was told that she needs to submit more information to prove her immigration status and she has actually lost her coverage. She still wants Marketplace coverage and wants to know what should she do next? I know in a lot of these scenarios, folks have come to you, they may be coming to you once they realize their coverage is already gone. They could have gone to a doctor's appointment -- there are a lot of different examples. They may not realize right away that they have lost coverage.

Karen's example, kind of like citizenship, they are looking at the Social Security Administration and Department of Homeland Security to see what matches up. Similarly, the Social Security Number is really important here. Including the Social Security Number is an important piece of information for us to verify information. Another really important part is that the consumer's name, is the same on their

application – if it differs from the immigration documents and their name isn't the same, it's another place where we really need to gather that information.

One of the pieces of information is really important to us is the document numbers and the importance of putting more information in the application. If the consumer did not provide their alien number, sometimes called an A number or an I-94 number -- including the information is really important. Another tip is that an applicant with an alien number that is seven or eight digits -- sometimes it can vary anywhere between seven and nine digits. So if it is seven or eight digits, put a zero before that, so that it is a full nine digits when you're entering it on the application. That will help us verify the information.

In Karen's case, her husband was the application filer. He did not include her Social Security Number on the application. Though she is an eligible non-US citizen application coverage, they did not include her immigration documents because it wasn't required. Again, as you all know, it is very important to submit that information. In terms of what should Karen do next? Check to make sure the information is correct. Also, I wanted to point out, that her coverage ended and she wasn't sure that she had a data matching issue and she was not sure she received that communication. Another really basic step in working with consumers is making sure of their communication preferences and what they prefer. A lot of times, consumers may use an email address to sign up for a HealthCare.gov account and sign up for coverage but they don't actually check their emails that often. So in that case, it's looking at when am I going to check the most often, if mail is the communication they are going to check the most often, you should look at that. If it's email, you should look at that. You want to make sure that when these important notices come, they will receive that information. Check the Social Security Numbers for all members of the household. In this case, Karen has a permanent resident card, or a green card. Check the application to make sure that her alien registration number or card numbers are included.

Go back to the application and make sure as much as you want to include is in there and send the appropriate documents to the Marketplace to resolve the data matching issue. Uploading documents is much faster than sending it in the mail. I think that is a question that showed up in the chat a few times. If you do have a Marketplace account, that is the fastest way. The consumer can be eligible for a special enrollment period if they do submit their documents-- they should definitely send them in and can decide if they want to move forward on prospective or retroactive coverage.

Here is a list of acceptable documents that a consumer can submit for an immigration data matching issue. Looking off of this list, you have to evaluate which documents Karen will submit. I wanted to talk about what would be the best example for her. I wanted to emphasize that it is always best to submit multiple documents, even if one is required. Sometimes these will vary, based on the immigration status. To provide an example, she could provide her green card and her I-94, which is her arrival and departure record.

This link here, I find very helpful, because it is where the documents are that prove immigration status. It also provides images of what some of these cards look like. To give the visual, may help the consumer. That visual can be very helpful. Here, we will cover some tips for preventing data matching issues on citizenship. I think a lot of these we covered in the presentation, but we want to include them in their entirety. We won't go through all these examples, because we have covered a number of them. There are more examples here. This is like a cheat sheet check list. One thing I want to highlight again, is that my colleague Terrence and I know a lot of other folks have worked on the income data matching guide. This is a really great resource to help you walk through how to put in your information and how to resolve really tricky data income issues, kind of like the examples we covered earlier.

Here, we have resources for assisters and consumers. These are a lot of our fact sheets and resources. The tips to resolve outstanding data matching issues is a presentation we did a few weeks ago. It can be a good refresher. There are also some questions on how to upload documents and tips for submitting those documents. On the bottom two resources, they can be your go to resources for how to do that online. Here, we summarized for as you are approaching helping a consumer, what are the steps that you should go through for checking a data matching issue. Also, for double checking the information. Lastly, submitting the information. Helping you think through all those different steps when you are helping the consumer. With that, I will turn it back over to Michelle. We really hope this is helpful. We really appreciate your help in working with consumers. We know there are tricky situations that are frustrating for consumers and I'm sure that is frustrating for you. Helping the consumer's work through this is very much appreciated because we all have the same goal of helping them keep their coverage and financial assistance.

Q&A

Great, thank you so much, Lina and Terrence. We have a lot of questions that have come in so we're going to take some time to try to answer them.

First, does a consumer receive a letter if the Marketplace has received their submission and everything is resolved and ready to go?

Yes, when a consumer resolves a data matching issue, they should receive a notice back saying that we have resolved your data matching issue and no further action is needed.

Can a consumer who is removed from coverage, because of a data matching issue, enroll in coverage during the current open enrollment period?

Yes, they can.

We talked about different ways to resolve a data matching issue. Is it quicker to resolve a data matching issue by uploading information online, or mailing it in to the Marketplace?

Uploading is always the faster way for us to get your documents so we highly recommend that you upload your documents to your Marketplace account.

I would also add to that, a lot of times you might be working with a consumer who applied through the Marketplace call center and even if they did apply through the call center, you can still create a HealthCare.gov account for them and link their account so that they can submit their documents online, so don't feel like you don't have that option, because it is available.

When a consumer resolves their data matching issue, they can choose between either retrospective or prospective coverage. Can they choose a specific month for it to start, or do they only get the choice for the retrospective coverage for the day they lost coverage?

They can either choose the month that they lost their coverage, or they can choose to do it prospectively. Consumers have to make that decision and it is really important for them to understand that if they go retroactively they will be responsible for those premiums for those months.

Do consumers get reminder letters after the eligibility notice if they do not clear up the data matching issue and the deadline is approaching?

Yes, they do. We send out notices about every 30 days until the issue is expired. Consumers will continually get notices from the Marketplace that they need to submit documentation. We also send out emails. If you send in documentation, we will also send a notice back to you to let you know whether or not you have resolved your data matching issue or you need to submit more information.

You will also receive a reminder phone call from the Marketplace, about 14 days before. We are trying lots of communication. The most important one is your eligibility notice. When you get that notice for coverage, and what you are eligible for, you will know right away if you have a data matching issue.

The next questions are about projected income. How does a consumer project their income if they do not have proof of that income yet? Maybe they are changing their hours coming up in the year or their job is going to change in the summer?

That's a great question. There are a couple things a consumer can do. If they are self-employed, they can submit a self-employment document, similar to the example we showed for Louisa. They can also submit another type of document and explain why their income is different from that document. I want to clarify, please make sure you are specific when you are explaining any differences. Any differences in the amount of income, hours, length of time etc. We need a complete picture before we can calculate any changes.

For someone who has an unpredictable income, for example a farmer and they don't know what their projected income is going to be, because it can drastically change from year to year, do we have any advice?

Similar to my last answer, consumers whose income is variable and can change a lot, we encourage you to go back to the Marketplace when your income changes and update your attestation in your Marketplace application. It is very important. Throughout the year, as their income changes, they need to go back and report the changes to the Marketplace so they are getting the accurate amount of APTC payments that they are eligible for.

Will consumers with data matching issues, who did not submit documents to verify their household income lose their coverage?

No. Consumers who failed to resolve an annual income data matching issue will only have their APTC levels adjusted. It will not be terminated for coverage for failure to resolve data income matching.

To add to that, if the consumer has an income data matching issue and they do not resolve it, and the amount that they owe goes up and they have to keep paying that amount. If they do not follow through with monthly payments, they could lose their coverage as a result.

As our assisters are working with consumers, how will they know who has to submit documentation to resolve a data matching issue?

It will be available on their Marketplace account. Any notice that they get from the Marketplace will identify specifically what the consumer needs to submit, documentation to resolve what type of data matching issue exists.

One last question before we wrap up. Are the documents that are submitted to the Marketplace previously available and visible on the consumer's application page? Do assisters have to call the consumer to ask for specific information that the Marketplace needs?

The documentation should be available on the Marketplace account if they previously submitted it. The Marketplace will not be able to send documentation to assisters so we would encourage you to talk to consumers to get any information they previously submitted.

Closing

Thank you so much Terrence and Lina and thank you to everyone for submitting questions. I know there were a lot and we try to pick the common themes that we saw out there. We will follow up with more answers to questions in the newsletter. We will be posting these slides online so that you can refer back to them. There are a lot of helpful tips and helpful resources for everyone.

Also, just a special thanks to all of our presenters, Christelle, Mariel, Terrence, and Lina, for joining us today. As a reminder, our next webinar is in two weeks on Friday, January 22nd, at 2 PM. If you would like to sign up for the CMS assister newsletter list serv and receive webinar invitations, please send a request to the CMS assister inbox and write add list serv in the subject line. Finally thank you again for all of your hard work, and we hope you have a wonderful weekend.