

**Centers for Medicare & Medicaid Services**  
**Transcript: Assister Technical Assistance Webinar**  
**August 31, 2016**  
**2:00pm ET**

**Contents**

Welcome ..... 1

Marketplace Updates..... 2

    Network Classification Pilot ..... 2

    HHS Notice of Benefit and Payment Parameters for 2018..... 2

    Assister Training..... 2

Medicaid/CHIP Periodic Data Matching Final Notices..... 3

Medicare Periodic Data Matching Final Notices..... 5

Failure to Reconcile..... 9

Q&A..... 11

This transcript was current at the time it was published or uploaded onto the web. Policy changes frequently so links to the source documents have been provided within the document for your reference.

This transcript was prepared as a service to the public and is not intended to grant rights or impose obligations. This transcript may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

**Welcome**

Good afternoon, welcome to today’s assister webinar. My name is Everett Smith with the CMS Consumer Support Group. Before we start today’s presentation, I’d like to go over a few technical details with you. All lines have been muted so that everyone can have a good learning experience. If you are listening through your computer speakers and have any audio issues or if your slides don’t appear to be advancing, please try to refresh your webinar. Press the refresh icon that looks like two arrows. It’s the third icon in the row near the volume bar. If you continue to have issues, try to log out and back in again, sometimes that helps to reset things. If you would like to ask a question during the presentation, please do so by typing it into the “ask a question tab” on the computer screen. Now I’ll turn our webinar over to Ms. Sarah Barber. Sarah, please go ahead.

Thank you Everett. Good afternoon everyone. Thank you for joining us today and welcome to our biweekly assister call. My name is Sarah Barber, and I’m the Acting Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder, this call is intended as

technical assistance for assisters. It is not intended for press purposes and it is not on the record. If you are a member of the press, please email our press office at [press@cms.hhs.gov](mailto:press@cms.hhs.gov). Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

We also want to remind everyone that our webinars are recorded and posted online. Please visit [Marketplace.cms.gov](http://Marketplace.cms.gov) to access past presentation materials, written transcripts, and video slide show presentations. We will continue to update the list with materials from our weekly assister webinars as they become available.

Today, our webinar will include three presentations by our colleagues from the Marketplace Eligibility and Enrollment Group. Today's presentation will include important information about the Medicaid CHIP Periodic Data Matching Final Notices, our new Medicare Periodic Data Matching Initiative, and the process for consumers who failed to reconcile their advanced payments of the premium tax credit otherwise known as APTC. Before we get started with our presentation, I'm going to turn it over to Michelle Koltov from our Consumer Support Group. Michelle will provide the Marketplace updates and moderate the rest of today's webinar. As a reminder, if you have any questions, please feel free to submit them through the webinar chat feature, Michelle.

## Marketplace Updates

### Network Classification Pilot

Great, thanks Sarah. So I'm going to go quickly through the Marketplace updates. Thank you everyone for sticking by us, we were having some technical difficulties in the beginning. So for our first update, last week CCIIO announced that during open enrollment for 2017 coverage year, information on the relative size of provider networks will be displayed for plans in a limited number of States on [HealthCare.gov](http://HealthCare.gov). You can learn more information about this pilot by clicking on the link on your screen.

### HHS Notice of Benefit and Payment Parameters for 2018

Also earlier this week, CMS released a Proposed Rule called HHS Notice of Benefit and Payment Parameters for 2018. (Indiscernible) Often referred to as the 2018 Proposed Payment Notice. And this proposal contains certain payment parameters for risk adjustment programs, parameters related to financial assistance and the user fee to be charged to issuers for offering coverage through the FFM or SBM. The proposed rule can be found on the Federal Register, or by following the link on your screen and we encourage you to read the rule and submit any comments. And comments are due on October 6<sup>th</sup>.

### Assister Training

And for our last update, we are aware that some assisters are having issues relating to printing your assisters certification certificates. If you have completed your training and have determined that your computer is configured correctly according to our quick reference guide, you may be experiencing issues related to your workplace network or firewall. It's most likely that either your computer network or firewall is interfering with the completion of your training or printing your certificates. You may need to complete your training using a different computer on Chrome or Firefox outside of your organization system; such as, your home computer or public computer, perhaps at the library. We'll also provide more information on how to resolve these issues in next week's newsletter.

So now we'll get started with today's presentation. For our first presentation, we're joined by our colleague Jessica Brill Ortiz from the Marketplace Eligibility and Enrollment Group. Who will provide an overview of the Medicaid CHIP periodic data matching final notices. This presentation is a follow-up from our August 5<sup>th</sup> presentation on Medicaid and CHIP PDM. And as Sarah said if you have questions throughout the presentation, please feel free to submit them through the webinar chat feature, Jessica.

### **Medicaid/CHIP Periodic Data Matching Final Notices**

Great, thank you. So as I mentioned this is an update to a webinar that we recently conducted on the topic of Medicaid and CHIP periodic data matching. And today's webinar focuses on the final notice portion of the process. I'm pausing because it looks like I'm having a little bit of trouble advancing the slides so perhaps someone at the central location can do that, but I will proceed. So as I said, the reason for this webinar today is because financial help is ending for consumers who are enrolled in Marketplace coverage with APTC or CSRs and Medicaid or CHIP. And that's the final notice portion of this process.

So today's presentation will cover a refresher on what's new in this round of Medicaid/CHIP PDM. It will also address how the Medicaid/CHIP PDM final notice affects consumers, as well as how assisters can help consumers who receive the final notice. And then we'll close out with some additional resources that maybe helpful to assisters.

So on the third slide, we provided some background about Medicaid/CHIP PDM. So as a reminder, as I'm sure folks are aware if consumers have been determined eligible for or are enrolled in minimum essential coverage, Medicaid or CHIP, they are not eligible to receive advance payments of the premium tax credit or income-based cost sharing reductions to help pay for a Marketplace plan premium and covered services. And so Medicaid/CHIP periodic data matching identifies consumers who are enrolled in both Marketplace coverage with APTC or income-based CSRs and are also enrolled in MEC, Medicaid, or CHIP.

This round of Medicaid CHIP PDM has some new functionality. As a quick recap, in this round, the Marketplace is ending APTC and CSRs for consumers who are found to be dually enrolled. As I mentioned, in Marketplace coverage with APTC, CSRs and MEC, Medicaid, or CHIP who didn't respond by the date specified in an initial warning notice. So regarding that initial warning notice in August, earlier this month, the household contact for dually enrolled consumers was sent an initial warning notice. And that notice requested that they take action by the date listed to end Marketplace coverage with APTC or CSRs or to update their application to tell the Marketplace that they're not enrolled in Medicaid or CHIP.

For folks that are following along, we're on the 'New Functionality' slide, which is slide four. And so following-up on that initial warning notice, next month a final notice is being sent to the household contact for consumers who did not respond by the date specified in the initial warning notice. To inform affected consumers that Marketplace has ended any APTC CSRs being paid on their behalf. I'll go into additional information about the final notice on the next slide. But I do want to mention that all notices are mailed or posted to consumer's online Marketplace accounts depending on what the consumer selected as his or her communication preference. And it is also important to note that due to technical limitations consumers and several Marketplace states will not receive notices in this round of Medicaid

or CHP PDM. And those States are Georgia, New Hampshire, New Jersey, and Wyoming. And so consumers in those States will not be effected by this round of Medicaid/CHIP PDM.

Next slide please. So as promised, here's a bit more detail about the final notice. So as I said, the Marketplace is sending a final notice next month to the household contact for consumers who did not take action by the date in the initial warning notice to inform him or her that the Marketplace has ended financial help being paid on the consumer's behalf. Alert the household contact of the date on which Marketplace coverage without financial assistance will become effective and also provide instructions for next steps; such as, ending Marketplace coverage, confirming whether or not the consumer is enrolled in Medicaid or CHIP, and appealing the Marketplace's decision.

The dually enrolled consumers will remain enrolled in the Marketplace coverage at full cost. So it's important that if consumers do not want to pay full cost for their share of the Marketplace plan premium and covered services, they'll need to end their Marketplace coverage immediately. For any other household members on the application who were not found to be dually enrolled, Marketplace coverage will continue. The Marketplace has re-determined their eligibility for APTC CSRs if applicable. And the Marketplace will also be sending an updated EDN to inform the household of the change in financial help.

Next slide. So on this slide you can see a sample of the final Medicaid/CHIP PDM notice. It's just a portion of it, but the full sample is available online and at the end of this slide is a link to that sample.

Next slide. So we wanted to cover a bit about what we think assisters should know and what should be helpful to you, and how to help consumers who may contact you after receiving the final notice for Medicaid/CHIP PDM. So one reason consumers might reach out is for help understanding the notice. Another reason, might be for help ending Marketplace coverage. And so in that instance, we recommend that you see the link that's on the other resources slide, and there you can find instructions on ending Marketplace coverage when a consumer gets Medicaid or CHIP. A consumer might reach out to you if they don't think they're enrolled in Medicaid or CHIP; perhaps if they aren't sure they've been determined eligible for Medicaid or CHIP; or whether they're enrolled in Medicaid or CHIP; or they may reach out if they aren't sure if their Medicaid or CHIP coverage qualifies as minimum essential coverage. In these instances, consumers might wish to contact their State Medicaid or CHIP agency to confirm their eligibility or enrollment status. And there are instructions for doing so in the notice. And after that consumers can take action based on their Medicaid/CHIP eligibility and enrollment status; for instance, ending their Marketplace coverage, or appealing the Marketplace's decision.

Consumers might also reach out to you if they disagree with the Marketplace's decision, and so in that regard there is information about appeals in the notice that consumers are being sent.

Next Slide. Here we have an estimated timeline with the caveat that all of the dates are subject to change. In early August, earlier this month, as I said, initial warning notices were sent to consumer's who may be dually enrolled as identified through this periodic data matching process. Early next month, the Marketplace is ending APTC and CSRs for consumers who did not take action by the date that was specified in that initial warning notice. And final notices will be sent to affected consumers, as we've discussed, to inform them of the change in their financial assistance and updated EDNs will also be sent to these households. October 1<sup>st</sup> of this year is the date on which Marketplace coverage without financial assistance becomes effective for affected consumers.

Next slide. And so this is the resource slide, as I mentioned, online are links to the sample final notice in both English and Spanish. There are also links to the initial warning notice in both of those languages. The third item here is the instructions for ending Marketplace coverage when a consumer gets Medicaid or CHIP. And then we have two additional links with information that we thought might be useful to you.

Great, thank you so much, Jessica. So in the interest of time we're going to hold all of our questions until after our last presentation. So for our next presentation, we are joined by Samantha Koehler also from the Marketplace Eligibility and Enrollment Group. And she's going to provide an overview of the Medicare PDM final notices, Samantha.

### **Medicare Periodic Data Matching Final Notices**

Great, thank you. So as Michelle said, I am going to be discussing a new Marketplace effort, which is called Medicare periodic data matching, which I'll refer to moving forward as Medicare PDM. So this effort will be identifying and notifying consumers who are dually enrolled in Marketplace coverage with financial assistance and Medicare.

So today, I'll be covering why Medicare PDM is important for Marketplace consumers, how individuals on this call can help consumers that are enrolled in Marketplace coverage and answer any questions about Medicare PDM issues. And then finally where to find additional resources on Medicare PDM. And I have a few exciting quiz questions, and I know you're all looking forward to that so I'll be asking those as well.

As Jessica was saying earlier about Medicaid PDM, the Marketplace has the authority to periodically examine available data sources and determine whether consumers that are enrolled in Marketplace coverage with APTC or CSR have been determined eligible for, in this case, Medicare. So the Marketplace has the authority to notice these consumers and if consumers do not take action when they receive the notice to end that consumer's financial assistance APTC or CSR. So in the case of this Medicare periodic data matching, the FFM will be identifying consumers dually enrolled in Marketplace coverage with APTC CSR and those dually enrolled in what is considered Medicare that qualifies as minimum essential coverage, which I'll refer to going forward as MEC. So in this case MEC Medicare is defined as either Medicare Part A or Medicare Part C and enrollment in Medicare Part B alone is not considered minimum essential coverage. This would cover a very limited number of Medicare consumers, but it is possible for a consumer to be enrolled solely in Medicare Part B. And also Medicare Part B is not considered minimum essential coverage.

I also want to note that, like the Medicaid PDM initial roll out, which you may have heard about last year, Medicare PDM will not be taking action for consumers that failed to respond to the Medicaid PDM notice. So consumers are responsible for receiving the notice and taking action; however, the Marketplace will not be ending the financial assistance for consumers that do not take action on the notice for at least this initial round of Medicare PDM.

So as I said the Marketplace is mailing paper Medicare PDM notices to the household contact or consumers age 65 and older who may be dually enrolled in MEC Medicare and a Marketplace plan with financial assistance. We understand there are individuals that may be under the age of 65 enrolled in Medicare, but again this is our first round of Medicare PDM, and we are focusing on individuals aged 65 and up. If a consumer has been determined eligible for, or is enrolled in MEC Medicare, he or she is not

eligible to receive financial assistance to help pay for their Marketplace plan or covered services. And upon receiving the Medicare PDM notice, the consumer should follow the instructions listed on their notice. I want to point out that for this initial round of Medicare PDM, consumers will be receiving the Medicare PDM notice via United States postal mail, and in this case, in this initial round, their notice will not be posted electronically to their “My Account”.

So moving forward, what I am going to do is, I will talk a little bit about the instructions in the Medicare PDM notice, and what I will do is go through them each individually. And I want to note that Medicare PDM, the instructions are a little longer than what consumers are used to receiving in PDM notices and that’s because of the nuances of the different types of Medicare that consumers can possibly have. So I will go ahead and talk through each different step of the PDM notice and the notice will also be posted online in both Spanish and in English. And that will be posted today at 4pm and this slide will be updated to reflect the links so anybody on this call can follow those links and read the notice more in depth.

So why Medicare PDM is important for consumers. So consumers who are identified as enrolled in MEC Medicare and Marketplace plan with financial assistance through Medicare PDM, will receive this notice and should either return to the Marketplace application to end their coverage altogether or end their coverage with financial assistance. So first I am going to go over what consumers should do if they have Premium Free Medicare Part A and Medicare Part B. As many on this call may be aware Medicare Part A is hospital insurance and Medicare Part B is medical insurance. If a consumer receiving the Medicare PDM notice is enrolled in Premium Free Medicare Part A and Medicare Part B, they should return to the Marketplace and end their Marketplace coverage with APTC. If a consumer desires, they can remain enrolled in their Marketplace coverage without APTC or CSRs, and having Medicare Parts A and B and Marketplace coverage duplicates their benefits they already have through Medicare. And in many cases consumers may not want to remain in their Marketplace coverage without financial assistance, but again, are eligible to do so. And finally we instruct consumers to end their Marketplace coverage with financial assistance as soon as possible to avoid having to pay back all or some of the APTC they received during the months they were dually enrolled.

So before I move to the next slide, I’m going to do a mini quiz. Feel free to just think of the answer in your head or you can put it in the chat if you want, but in your head is completely fine. So think about as an assister, if you have a consumer that comes to you they’ve received the Medicare PDM notice, but they don’t exactly understand why. So you sit with them, you review the notice, and then this individual states they don’t think that they’re actually enrolled in Marketplace coverage with financial assistance. And they’re actually unsure if they even need to follow the instructions on the notice. So my question is, what would be the next step you’d want to do with this consumer? Would you want to contact the Social Security Administration? Would you want to contact Medicare? Or would you want to contact the Marketplace? So think about it. And if you said C, which is contacting the Marketplace. That would be correct. So if a consumer comes to you and they’re unsure if they’re enrolled in Marketplace coverage with financial assistance, you would direct that consumer to contact the Marketplace to determine their eligibility and their enrollment status.

So next, if a consumer comes to you and they have premium free Medicare Part A, but they do not have Medicare Part B, which is possible for consumers to enroll in Part A but choose not to enroll in Part B, the consumer should end any APTC they may be receiving for Marketplace plan to avoid having to pay back some or all of the APTC or CSR they received during the month they were dually enrolled; however, we encourage consumers to stay enrolled in their Marketplace plan without financial assistance until

their Medicare Part B starts and that they should contact the Social Security Administration to enroll in Medicare Part B.

Those instructions depend on when the consumer's 65<sup>th</sup> birthday occurred. If their 65<sup>th</sup> birthday was less than three months ago, they're most likely still in their Medicare initial enrollment period and can contact the Social Security Administration to enroll in Part B. If their birthday was more than three months ago, likely their 65<sup>th</sup> birthday was more than three months ago, likely this consumer will need to wait until Medicare general enrollment, which falls January to March of each year and then their Part B coverage would start July 1<sup>st</sup>. So in this case we would encourage consumers to remain enrolled in their Marketplace coverage without financial assistance until their Part B starts so they avoid this gap in coverage.

And I also want to point out that consumers who do delay enrollment in Medicare Part B may face a penalty for every year that they failed to enroll in Part B, it's approximately a 10% premium penalty and if they are interested in knowing any additional information about this, they can contact the Social Security Administration or Medicare to find out more about the penalty they may be facing. So we always encourage the consumer to enroll in Medicare, the Parts that they're eligible for as soon as possible.

So next, I'll talk about what consumers should do if they have Medicare Part B but they pay a premium for Medicare Part A. So in this case, if a consumer has Part B, but pays a premium for their Part A coverage, they can compare plans and see which best meet their needs and their budget. Because these consumers pay a premium for Part A, they can end their Medicare coverage and keep their Marketplace plan with APTC; however, they still may be facing a tax liability and have to pay back some or all of the APTC they received for the months in which they were dually enrolled.

And in this case we always encourage consumers to contact their local state health insurance assistance program, also called SHIP. SHIP can help consumers better compare their plans and figure which plan best meets their needs and their circumstances.

So before I move on to talk about what consumers should do if they have Medicare Part C, I have one more question for everyone. So if you helped a consumer, so thinking about the consumer we just talked about, you helped them determine that they're actually enrolled in Marketplace coverage with financial assistance and the consumer does receive advance payments of the premium tax credit to help pay for Marketplace plan premiums and covered services. The consumer told you that they turned 65 last month and they're positive that they're enrolled in premium free Medicare Part A, but they are not quite sure if they're enrolled in Medicare Part B. So what should your next step be with this consumer? Would you contact the Marketplace to find out about their Part B enrollment? Would you contact the Social Security Administration? Or would you contact Medicare? So think about it.

[Polling the audience]

And if you said you would contact Medicare, that's correct. So for any consumer that has questions about their Medicare enrollment status, you can contact Medicare, and find out which parts of Medicare they're enrolled in, and if they're paying a premium for their Part A coverage.

So finally, the notice will cover what consumers should do if they have a Medicare Advantage Plan, also called Medicare Part C. Just going to touch on this very briefly. Essentially, for consumers enrolled in

Medicare Part C, they should determine whether or not, they were eligible for or enrolled in Medicare Part A with a premium or without a premium. If a consumer has Medicare Part C and they were receiving Part A premium free, they should follow the instructions similar to that of consumers receiving Part A premium free. If they're enrolled in Medicare Part C however, or receiving Medicare Part A with a premium they should instead follow the instructions for consumers who paid a premium for Part A and then can compare their plans to see what best meets their needs.

So overall, consumers may be contacting assisters for many different reasons. They may just in general need help understanding the Medicare PDM notice itself and why they're receiving it. They may need help ending their Marketplace coverage with financial assistance, which we'll talk about in a couple of slides. They may need help determining which parts of Medicare they're enrolled in or even if they are enrolled in Medicare or they may need to better understand the Marketplace coverage that they're enrolled in or if they're enrolled in with financial assistance. These are all reasons that a consumer could be coming to anybody on this call asking for help. And the Medicare PDM notice that consumers will be receiving outlines everything I just talked about, instructions for who to contact in what situations and ways that consumers can be helped through this process.

I also want to highlight what we're telling issuers in this instance at a very high level. Consumers who are unsure or confused about their coverage may contact their issuer. We're just telling issuers that if the consumer contacts you about the Medicare PDM notice and wants to end their Marketplace coverage or their coverage with APTC an issuer should refer a consumer to the Marketplace; however, if a consumer contacts an issuer and is unsure about their Medicare status the issuer should refer the consumer to Medicare. And again, that information is below.

So finally, I just want to highlight the changing from Marketplace to Medicare. I know that we always want to refer consumers to the section on healthcare.gov called 'Changing from the Marketplace to Medicare'. And that website is on our final slide. And just at a very high level, there are two types of plans a consumer could be enrolled in. They could be the only member of their household enrolled in their Marketplace plan or they could be enrolled in the same Marketplace plan with other members of their household. In most cases, consumers want to return to the Marketplace at least 15 days before they want their Marketplace coverage to end. And as an assister, you can help a consumer by doing this: You can contact the Call Center with them or again follow the link at the end of this PowerPoint 'From Changing to the Marketplace to Medicare' and help them follow the instructions listed on HealthCare.gov to terminate their Marketplace plan for themselves or for other members on their plan if they so desire to do so.

Finally, I want to go over a timeline at a very high level. So consumers should be receiving the Medicare PDM notice by the end of next week. Again, this is a paper notice and will not be posted to the consumer's "My Account". Again, we're looking forward to this initial round of Medicare PDM and really excited about any feedback that anyone may have and are interested in hearing what you're hearing from consumers and any feedback assisters have. So we're always open to that. And finally, the final slide here has some information on ending Marketplace coverage, changing from Marketplace to Medicare. We encourage everyone to follow this third link here on changing from the Marketplace to Medicare to help a consumer end their coverage.

Great, thank you so much Samantha. So we're going to hold questions until the end again. And for our next presentation, we are joined by Stephanie Hengst, also from our Marketplace Eligibility and

Enrollment Group, who will provide an overview of the process for consumers who fail to reconcile their APTC. Stephanie.

## **Failure to Reconcile**

Great, thank you. So this presentation will give an overview of what is new with the failure to file and reconcile, which we shorthand as FTR. We'll give a little bit of background on FTR, we'll also talk through how assisters can help consumers. And lastly, we'll provide a list of resources that you may find helpful.

So what's new with FTR since we last discussed? As you may remember in May, the Marketplace sent notices to consumers who received APTC in 2014 warning them that if their tax filers for their household had not filed a 2014 tax return, that they were at risk for losing advanced payments of the premium tax credit or APTC. So coming soon in early September of this year 2016, those consumers who according to IRS data still have not filed a 2014 tax return will receive an updated eligibility determination notice alerting them that they are now ineligible for APTC. And then effective for October 1<sup>st</sup>, those consumers who have not filed a 2014 tax return will lose APTC and income base cost sharing reductions or CSRs, but will remain enrolled in their Marketplace plan; however, without financial assistance.

So a little bit of background on FTR. For coverage year 2016, the Marketplace began discontinuing APTC and income based CSRs for those enrollees who received APTC in 2014 but they did not comply with the requirement to file an income tax return and reconcile the APTC. So according to our Marketplace regulations, Marketplaces must discontinue APTC and CSRs for tax filers who received APTC but did not comply with the requirements to file an income tax return and reconcile the APTC that they received for 2014. And that requirement is located at 45CFR 155.305(f)(4) if anybody is interested in looking that up.

So this last year starting with open enrollment on November 1, 2015, the Marketplace application included a new tax filing related question. So this question allowed enrollees who received APTC in 2014 to attest under penalty of perjury, like all things that they mark on their application, that they had filed a 2014 tax return and reconciled the APTC. So after filing and reconciling 2014 APTC attesting to having filed a tax return on the application would allow an enrollee to maintain eligibility for APTC even if IRS's data had not yet been updated, which is what we were seeing.

So enrollees who filed a 2014 tax return and reconciled APTC must have attested to having filed and reconciled on the application in order to maintain APTC eligibility for 2016 coverage, again if IRS's data indicated otherwise.

So this slide will show you a screenshot of what that attestation question looks like. As you can see, it would be presented for the household and it would ask if the household had filed a 2014 tax return and reconciled the premium tax credit. And then below that you'll see three bullets and the consumer should only check those boxes if all three of those conditions had been met.

So a quick timeline of the FTR we checked for this year. Again in May, the Marketplace conducted an initial recheck of IRS data to identify 2016 enrollees who had told the Marketplace that they filed and reconciled 2014 APTC by checking that attestation question, but for whom IRS data indicated that they received APTC in 2014, but had not yet filed a 2014 tax return. So this is what we kind of refer to as our recheck population. And this recheck population would have received a Marketplace notice warning them that if they did not file and reconcile APTC immediately, then the Marketplace would take action

to end their APTC. So next month in September, that's tomorrow, the Marketplace will check IRS data again to confirm the filing status of those consumers who received our warning notice in May. And if IRS's database still indicates that the tax filer has still not filed a 2014 tax return, the Marketplace will end APTC and income based CSRs for effective October 1<sup>st</sup>. These consumers will receive an updated eligibility determination notice at that time.

And more on the eligibility determination notice. So following the final check of IRS data next month, those consumers who according to IRS's data still have not filed a 2014 tax return, will receive an updated eligibility determination notice, and it will alert them that they are now ineligible for APTC. So this eligibility determination notice, will state that the enrollees are ineligible for APTC and income based CSRs but because we have to protect federal tax information in our notices, it'll have a combination of reasons for why they may be ineligible. And below those two bullets you'll see a little screenshot and this is an example of what those consumers will see in that updated eligibility determination notice. So as you can see, the three reasons for why the consumer may be ineligible for APTC include: that they don't plan to file a tax return; that they are married but they'll be filing taxes separately from their spouse or perhaps they had received APTC; however, they did not file a tax return.

On the next two slides you'll see sample views of what it would look like online before APTC has ended and then after APTC has been ended for a consumer. So in this first screenshot, you'll see in the account you can see where the person has premium tax credit, it's circled there. And then after APTC has been ended by the Marketplace for this consumer, they will have \$0 dollars in their premium tax credit column. So this is what the consumer will see online.

So if the consumer disagrees with the Marketplace's determination, what can they do? Enrollees whose APTC has discontinued has the right to an appeal. So after an enrollee receives an updated eligibility determination notice, he or she may contact the Marketplace Appeal Center to appeal the Marketplace's eligibility determination. The enrollee may request to receive APTC and income based CSRs while the appeal is pending. So that's an important thing to note. That if the consumer files an appeal, they may request, when they file that appeal, that their APTC and income based CSRs continue. If the tax filer wishes to receive APTC and CSR while the appeal is pending, the Marketplace Appeal Center will request that the enrollee's issuer restore APTC and CSRs back to the date the Marketplace ended the consumer's APTC and CSRs. In adjudicating the appeal, the Marketplace Appeal Center will request that the appellant of the tax filer submit a federal tax return transcript as documentary proof of his or her tax filing. This tax transcript can be obtained at no cost from IRS.

So what can assisters do to help consumers? So first, you can remind enrollees that even if they don't usually have to file a tax return, that they must file a tax return if they received APTC in the past year. The next bullet point is also important, so you should encourage enrollees whose tax filer has filed a 2014 tax return and believe their APTC was terminated incorrectly, to contact the Marketplace Appeal Center to contest the eligibility determination. So again this is important, in the past we have said that we should encourage consumers to return to the Marketplace and update their application; however, in this case once their APTC has been stopped, they should file an appeal. And lastly, because our information regarding tax filing is protected federal tax information, the Marketplace Call Center will not be able to let consumers know whether they lost APTC and income based CSRs because their tax filer did not file a 2014 tax return. And on this last slide, you'll see a list of resources including how a consumer can file an appeal. They can go to [HealthCare.gov/marketplace-appeals/appeal-forms](http://HealthCare.gov/marketplace-appeals/appeal-forms) to find the forms. They can also fax in their appeal request to the fax line with the number included here or they can mail it to the address below. Also, a sample of the eligibility determination, which we saw a clip of earlier in

the slide can be found at the following link on Marketplace.cms.gov under applications and forms and then under notices. And then also on that same Marketplace.cms.gov link, you can find what the sample FTR warning notice looks like that was sent out in May to warn consumers that they may be at risk for losing APTC. And that is it for us here.

## Q&A

Great, thank you so much, Stephanie. And thank you again Jessica and Samantha for your presentations as well. We're now going to go back and answer some questions that have come in. So we are also joined by our colleagues Kelly Brown and Sarah Boehm, from the Marketplace Eligibility and Enrollment Group. So we're going to go from the top and start with some questions about Medicaid and CHIP PDM. So first, we're also going to put up the resource slide so I know folks have been asking about them. So we'll keep up the Medicaid one when we are talking about Medicaid and then we'll switch to the others. So for Medicaid and CHP PDM, first question: When and how are these notices being sent to consumers?

The Marketplace sent initial warning notices in August of 2016, so earlier this month, to the household contact for applications with one or more dually enrolled consumers. And then early next month, the Marketplace is sending a final notice to the household contact for applications with consumers who didn't take action by the date in the initial warning notice. The Marketplace is also sending an updated eligibility determination notice for all consumers in the household. And as we mentioned, all notices are mailed and/or posted to consumer Marketplace accounts and that will depend on what the consumer selected as his or her communication preference.

Great, next can the affected consumers who may be forgot to or didn't respond to the initial warning notice retroactively terminate their Marketplace plan to avoid having to pay full cost for their share of the Marketplace plan premiums and covered services?

So the answer to that is no. Retroactive termination of Marketplace coverage will not be granted to consumers in this situation. Consumers who didn't respond to the initial notice, and who are sent a final notice, but don't want to pay full cost for their share of Marketplace plan premium and covered services, should end their Marketplace coverage immediately.

Alright, and the last one on this section. When will Marketplace coverage without financial assistance become effective for those impacted consumers?

For consumers who are affected by this round of Medicaid/CHIP PDM, Marketplace coverage without financial assistance will become effective on October 1 of this year.

Great, so now we're going to switch gears and go to some of the Medicare PDM questions. So again the Medicare resource slide is now up for those who were asking about it. So for our first question, what is the impact on a consumer's eligibility for financial help when they are enrolled in both MEC Medicare and a Marketplace plan with APTCs or CSRs?

Yes, so if the FFM confirmed the MEC Medicare enrollment through the Medicare periodic data matching process or if a consumer on whose behalf APTCs are being paid, reports enrollment in MEC Medicare during their coverage year, the consumer's eligibility for APTC must be updated to reflect that he or she has other MEC. So therefore if a consumer's identified as being enrolled in MEC Medicare

through the periodic data matching process, that consumer should return to their application and follow the instructions listed on their Medicare PDM notice. So that's either to end their Marketplace coverage entirely or to end their Marketplace coverage with APTC CSR, such that their financial assistance is no longer being used to cover the consumer in the Marketplace. Generally, a consumer enrolled in MEC Medicare may remain enrolled in their Marketplace plan with financial assistance and MEC Medicare if they desire to do so.

So what happens if a consumer does not believe that he or she is enrolled in MEC Medicare after they've received their Medicare PDM notice? A consumer may receive the Medicare PDM notice and not be aware of their Medicare enrollment. If a consumer doesn't think that he or she is enrolled in MEC Medicare, that individual can contact Medicare and they should do so as soon as possible to confirm their enrollment status.

Alright, next what happens if a consumer takes no action after they've received their initial Medicare PDM notice? Is the Marketplace going to automatically end his or her APTCs and CSRs?

For this initial round, of Medicare PDM the FFM will not be taking action on consumers who do not respond to the Medicare PDM notice. That still means that consumers should follow the instructions listed on their Medicare PDM notice to limit the amount of APTC they may have to pay back for the months that they were dually enrolled in MEC Medicare and Marketplace coverage with APTCs.

And I think you went over this, but it's always a good reminder, when and how are these notices being sent to consumers? Where should folks be looking out for them?

Definitely, so the Marketplace will send Medicare PDM notices in September 2016, to the household contact for applications with one or more dually enrolled consumers. Consumers will receive the paper notice via the postal service. And again, these notices will not be posted to the consumer's online account.

And one more before we move on. What should a consumer do if he or she receives both the Medicare PDM notice and the Medicaid or CHIP PDM notice?

So there's a small number of consumers who may receive both the Medicare PDM notice and the Medicaid CHIP PDM notice. These consumers receiving both notices need to carefully read each notice and follow the instructions listed on each notice.

Okay, great. Thank you Samantha. We're now going to move on to some of the FTR questions. And again, the resource slide for FTR will be up momentarily. So Stephanie, first question. Can you confirm whether or not the Marketplace will be able to check IRS records when a consumer uses an ITIN not a Social Security Number to file their taxes?

Yes, and the Marketplace is only able to get IRS data for people who have validated SSNs.

Okay, when will the consumer know that their APTC has stopped if they haven't reconciled?

A consumer will receive their updated eligibility determination notice beginning mid-September. So, once they receive that they'll have known that they are now ineligible for their APTC and that's the indicator for their change in eligibility.

Okay, next will there be a special appeals form for appealing due to not filing taxes?

I think the current appeals form doesn't include a request to continue APTC during the appeal. There's not a special form. So when they contest their eligibility determination they'll use the same standard form, but once they speak with the appeals [inaudible] that's when they can put in the request.

Okay, will the CMS Call Center be able to tell a consumer that they're at risk of losing an APTC because the tax filer did not file a 2014 tax return?

The Call Center will not have special insight into why consumers APTC has been ended. They will be able to assist the consumer into kind of figuring these things out. So for example, if the consumer has an updated eligibility determination notice, they can walk through those different reasons that we saw before: Has the tax filer filed for your family for 2014 and walk through those other reasons. But they won't be able to see that particular reason as a standalone item again because of protected information.

Okay so will the notices be available in a consumer's "My Account" on Marketplace?

Yes, the updated eligibility determination notices will be available in all consumers accounts that are affected by this. If consumers have also requested paper notices as part of their communication preference, they would also then receive the version in the mail, but again they will be online.

So if a consumer disagrees with their determination about their filing status, may be they think that they really did file, but the Marketplace is saying they didn't and APTC is being ended, what can they do?

So again this is where we want to direct the consumer to file an appeal. In the past, I said again, we uses to tell consumers to return to the Marketplace, update their information, but in this case if their eligibility for APTC has been changed and they're no longer eligible, they can file an appeal. And again, they can request that particular eligibility pending appeal where their APTC and CSR can continue while the appeal is being adjudicated.

Okay, and I think we have one more question. Will the consumer have to repay the APTC they received after they've had the APTC stopped kind of as a result of this recheck?

No, so failing to reconcile APTC will not impact them having to pay back what they've already received. One important thing to note however is if they do request the eligibility pending appeal, when they file an appeal, and that APTC is restored back to when the Marketplace ended their APTC. If in the end, their appeal is denied, they would be liable to pay back that portion. But from the beginning of the year to when APTC has ended, they're not responsible for paying that back.

Okay, great. Well thank you everyone for all the questions you've submitted through the chat feature. And we'll follow-up with additional answers in our assister newsletter in the coming weeks. A special thank you to all of our presenters today Jessica, Samantha, Stephanie, Kelly and Sarah for helping out. And just a reminder that our next webinar will be on Friday September 16<sup>th</sup> at 2:00pm. As always if you'd like to sign up for the CMS weekly assister newsletter listserv and webinar invitation, please send an email request to the assister listserv box. And finally, thank you again for all of your hard work and we hope you have a wonderful holiday weekend coming up. Have a great afternoon.

