Hi, my name is Dan. Welcome to today's Assister Readiness Webinar Series training video – let's get started! This presentation is intended as training and technical assistance for Marketplace assisters (i.e., Navigator grantees, certified application counselors (CACs), and other assisters).

In this lesson, the terms "Federally-facilitated Marketplace," "FFM," and "individual market FFM" include FFMs where the state performs plan management functions and State-based Marketplaces on the federal platform.

This presentation is not a legal document.

- Each video module summarizes complex statutes and regulations and does not create any rights or obligations.
- Complete and current legal standards are contained in the applicable statutes and regulations.
- Members of the press should contact the CMS Media Relations Group at press@cms.hhs.gov.

The 2019 Assister Readiness Webinar Series is designed as a supplement to the web-based Assister Certification Training.

This month-long series will be delivered in weekly installments to help ensure that assisters are ready to serve Marketplace consumers during the 2019 open enrollment period. Each weekly installment will include several pre-recorded educational modules and a corresponding LIVE Friday webinar that will recap the week's topics, check for understanding, and give assisters a chance to ask questions.

Hi, my name is Bonnie, and I'll be guiding you through today's training.

Consumers who are enrolled in qualified health plans may be eligible to re-enroll during the following plan year. In addition, changes in circumstance—like a move or a new job—may affect consumers' eligibility for certain QHPs or financial assistance through the FFMs. Let's review how you can help consumers in these scenarios.

Re-enrollments and Changes in Circumstances
List considerations for consumers who need to re-enroll in coverage or report changes in circumstances.

Notice to Consumers
Describe the purpose of and information contained in a Notice to Consumers.

Re-determination
Describe how the FFMs make an annual redetermination of eligibility for qualified consumers.

Changing APTC Amounts
Describe how consumers can change the amount of APTC they use during the coverage year.

Some consumers you help will already have experience with health coverage through an FFM and will need your help re-enrolling.

You can assess consumers' needs by asking certain questions, like:

- Do you currently have a Marketplace plan?
- Do you use it?
- What was your experience like?

Consumers who are already enrolled in a QHP through an individual market FFM generally don't need to complete a new application. However, it is strongly recommended that consumers contact the Marketplaces to make sure their eligibility information is up to date, even if they believe they have no changes to report. You may also encourage consumers see if another plan option might be a better fit for their needs during the Open Enrollment Period or following a change in circumstance that affects their eligibility.

Changes to report

Consumers are required to report any changes that may affect their eligibility for QHP coverage, advance payments of the premium tax credit (APTC), and cost-sharing reductions (CSRs) within 30 days of the change.

Before each Open Enrollment Period, the Marketplace sends Open Enrollment Notices to consumers to remind them about important dates, summarize the annual redetermination and re-enrollment process, and explain how to report changes in circumstance. These notices also explain how eligible consumers' APTC and CSRs are recalculated if they do not return to the FFMs to update their information.

There are different variations of the notice that include specific language for consumers who:

- Had a change in income (Some consumers may lose eligibility for APTC due to an expired household income DMI. In many cases, these consumers qualify for a Special Enrollment Period (SEP) after updating their household income. They may also receive a future (not retroactive) effective date of APTC if they are eligible.)
- Did not authorize an FFM to check IRS data
- Did not file federal income tax returns or filed tax returns but failed to reconcile their APTC
- Have outstanding data matching issues (DMIs)

You should tell consumers to review their notices and return to the FFMs during Open Enrollment to make sure their information is accurate and up to date. Consumers who wish to re-enroll in a plan should always check if it still meets their needs before re-enrolling.

Consumers will also get a notice from their insurance company summarizing their coverage for the upcoming coverage year. These notices indicate whether consumers' current plans have changed or can be renewed. If available, issuers may also include the amount of APTC and CSRs consumers will receive. Otherwise, issuers must include this information in the next bill or in an ad-hoc notice.

The FFMs send Marketplace Open Enrollment Notices to all QHP enrollees unless they terminate their coverage and an FFM has a cancellation request on file. These notices tell consumers:

1. Whether they are required to take any action
2. Upcoming Open Enrollment Period dates and other key dates for enrollment and coverage effectiveness

3. What to do next depending on whether their plan options change or stay the same
4. When and how to report changes in circumstances and what types of changes to report on a Marketplace application

Consumers may receive notices for other reasons, too. For example:

1. If an FFM finds that a consumer's household income has changed considerably, the consumer's notice will ask the consumer to contact the FFM and obtain updated eligibility results. This is very important for consumers who receive financial assistance. If an FFM obtains updated information from the IRS indicating that consumers' household income exceeds 500 percent of the Federal Poverty Level, or FPL, the FFM discontinues consumers' eligibility for APTC and CSRs at the end of the coverage year. These consumers will be re-enrolled in a QHP without financial assistance unless they contact the FFM and report information consistent with continued eligibility for financial assistance.
2. Consumers are strongly encouraged to contact the FFMs to obtain updated eligibility results if they receive a notice describing any of the following situations as well.
   I. No updated tax return information is provided by the IRS in response to an FFM's request;
   II. The consumer's most recent Marketplace eligibility results for the current plan year reflect household income in excess of 350 percent of the FPL; or The IRS provides updated household income information from tax data, which, evaluated with the family size used for the enrollee's most recent eligibility results for the current plan year, reflects:
      a. Household income in excess of 350 percent of the FPL
      b. An increase or decrease in household income of greater than 50 percent (when compared with the household income consumers report to an FFM in their most recent application)
      c. Household income under 100 percent of the FPL; or
      d. Household income that meets other criteria established by the FFM
      e.

Consumers who enroll in QHPs with APTC and CSRs receive an additional notice if they do not agree to let the FFM recheck their federal income tax data for the following coverage year. This notice advises consumers to contact the FFM for updated eligibility results. If consumers do not contact the FFM by December 15 of the current coverage year to obtain updated eligibility results:

- Any APTC and CSRs they receive will end on December 31, and
- Their existing QHP will be renewed for the following coverage year without APTC and CSRs if it's still available and can be renewed.

Many consumers in different situations will come to you with questions about the redetermination and re-enrollment process. Let's go over a few different scenarios so you know how to respond.

Scenario 1
If a consumer with existing QHP coverage updates her estimated annual household income on her Marketplace application…

The Marketplace will re-determine the amount of APTC and CSRs she is eligible to receive during the upcoming year based on her attested annual household income, plus her family size, updated federal poverty guidelines, and benchmark plan information.

Scenario 2:
If a consumer with existing QHP coverage does not contact the Marketplace to update her application information and receive updated eligibility results…

The Marketplace will use the most recent income information available to determine the amount of APTC and CSRs she will receive during the upcoming coverage year. For example, the Marketplace will consider the consumer's attested income and family size from her most recent application, verified income information from IRS tax data that is adjusted to 2019, updated federal poverty guidelines, and benchmark plan information.

Scenario 3:
If a consumer did not file a federal income tax return for the year she received APTC, or if she did not reconcile the amount of APTC she received on her tax return…

She must file a federal income tax return, reconcile any APTC she received with the amount of the premium tax credit she qualified for, and contact the FFM for updated eligibility results by December 15. Otherwise, the FFM will discontinue her eligibility for APTC and CSRs on December 31.

Although the Marketplace generally re-enrolls consumers automatically, consumers should always confirm that their application information is current, make sure they are receiving the correct amount of financial assistance, and check whether their current plan meets their needs and falls within their budget.

Consumers often ask how reporting changes to an FFM might affect their eligibility. However, profile updates do not affect consumers' eligibility.

Profile updates include things like:
- Updating an email address,
- Changing a password,
- Changing security questions, and
- Changing a phone number.

Consumers can update their Marketplace profile by logging into their Marketplace account and selecting **My Profile**. This will open their profile information and allow them to edit it.

Remember, updating basic Marketplace account profile information is different from updating application data. If consumers change their application data, the changes could affect their eligibility for health coverage as well as APTC and CSRs.

Changes that could affect consumers' eligibility for **QHP coverage** in an FFM at any time during the year include:
- New address or state of residence
- Change in disability status

- Change of citizenship or immigration status
- Change in status as an American Indian Alaskan Native (AI/AN) or tribal member
- Incarceration or release from incarceration
- Eligibility for an SEP
- Eligibility for or enrollment in Medicare coverage
- Eligibility for or enrollment in Medicaid or CHIP coverage

Changes that could affect consumers' eligibility for **APTC and CSRs** at any time during the year include:

- A new job or a raise that changes a consumer's household income
- Loss of a job or household income
- A new job that offers different health coverage or doesn't offer any health coverage
- Birth of a child
- Marriage or divorce

Changes in tax filing status and who is included in the tax return as a tax filer or dependent

When consumers change or update their application information, the Marketplace verifies the new information and re-determines each applicant’s eligibility. A change could mean that a consumer qualifies for different health coverage or for a different amount or type of financial assistance.

For example:

- Consumers receiving APTC and CSRs who experience a decrease in household income or an increase in household size may be able to:
  - Receive additional help paying their QHP premiums or reducing their out-of-pocket costs, or
  - Become newly eligible for Medicaid or CHIP.
- Consumers receiving APTC who experience an increase in household income or a decrease in family size may be eligible for a lower amount of APTC and CSRs.

Consumers are required to report changes in circumstances to the FFMs within 30 days of the change. Consumers who report changes on time receive the maximum benefits they are eligible for and avoid receiving excess APTC amounts. This reduces their chances of owing money to the IRS when they file federal income tax returns at the end of a coverage year.

Consumers can update their application information or report changes in circumstances at any time during the year by contacting the FFM Call Center or logging into their Marketplace account at HealthCare.gov.

Qualifying events allow consumers to newly enroll in or change QHPs during an SEP.

SEPs typically last 60 days from the date of a qualifying event and provide an opportunity for consumers to enroll in coverage outside of the Open Enrollment Period. Examples of qualifying events include:

1. The loss of minimum essential coverage
2. Adding a dependent (e.g., the birth of a child)
3. Marriage
4. A change in primary place of residence

If consumers qualify for certain common SEPs, they may be required to submit supporting documents to an FFM to verify their eligibility. Consumers can select a QHP at this point; however, the FFMs must verify consumers' documents and confirm their SEP eligibility before transferring their information to QHP issuers for processing. Additionally, consumers who want to change to a different QHP during an SEP may have limited QHP options. For example, a consumer may be able to select a new plan, but that plan may need to be within the same health plan category as the consumer's current QHP coverage.

If consumers do not qualify for an SEP and the annual Open Enrollment Period for the current coverage year has already passed, they must wait for the next Open Enrollment Period to enroll in or change QHPs.

When "verify their eligibility" is narrated in the video, display this additional information on the screen:

Remember, the following SEPs require consumers to verify their eligibility by submitting supporting documents:

- Adoption, placement for adoption, placement for foster care, or child support or other court order
- Change in primary place of living (permanent move) – most consumers will also need to submit supporting documents to show that they had qualifying health coverage for at least one day during the 60 days before the event
- Loss of qualifying health coverage
- Marriage – most consumers will also need to submit supporting documents to show that they had qualifying health coverage for at least one day during the 60 days before the event
- Medicaid or CHIP denial

For all other SEP types, including birth, consumers do not need to submit documents before they can start using their new coverage.

Consumers generally have 60 days from the date of their qualifying life event to request an SEP and confirm their new plan selection.

Effective dates of coverage for SEPs generally follow the same timeline as effective dates for the Open Enrollment Period.

There are a few exceptions:

1. In the case of marriage or loss of qualifying health coverage, the new plan becomes effective on the first day of the following month if a plan is selected at any point during the month.
2. In the case of gaining or becoming a dependent through birth, adoption, placement for adoption, placement in foster care, or due to a child support or other court order, coverage is effective on the date of the event. If they prefer, consumers have the option to call the FFM Call Center to request that coverage instead take effect on the first day of the month following the date of plan selection or based on normal coverage effective dates.
3. Consumers may delay their coverage effective date by one month if the SEP verification process delays enrollment and the consumer would have to pay two or more months of retroactive premium payments to avoid cancellation.

Key Tips:

- Consumers can apply for Medicaid and CHIP at any time and aren't confined to the Open Enrollment Period or an SEP.
- If consumers' coverage is terminated because they didn't pay their premiums, nonpayment of premiums does NOT qualify them for an SEP.
- Consumers with certain exceptional circumstances may qualify for an SEP that allows them to start coverage on a retroactive date. For example, individuals affected by an emergency or major disaster may be able to start coverage retroactively to the date of the disaster.

What if consumers want to terminate their coverage? Consumers can terminate their QHP coverage through an FFM at any time. They don't need to wait for the Open Enrollment Period or an SEP. Enrollee-initiated terminations are effective on the date the termination is requested or on another prospective date selected by the enrollee. You should let consumers know that terminating coverage will end their health AND dental plans. Consumers can terminate QHP coverage by logging into their Marketplace account, then going to "My Plans and Programs" and selecting **End (Terminate) All Coverage**.

Why Terminate Coverage

Common reasons include getting other qualifying minimum essential coverage, such as Medicare, Medicaid, or job-based coverage.

Consumers can also switch from one QHP to another during Open Enrollment or an SEP. To do this, they have to **terminate** their current enrollment and then re-enroll into a different plan at HealthCare.gov. Here are the steps consumers can take to terminate QHP coverage in an FFM:

1. Log into their Marketplace account
2. Go to "My Plans and Programs" and select the **Change Plan** button
3. In "Plan Compare," select and confirm a new QHP and dental plan, if desired.

If consumers select a new plan after terminating their previously selected coverage, their health coverage may have a later start date than it would have had under their initial plan selection.

Consumers who want to change to a different QHP during an SEP may be limited in the type of QHP they can choose. For example, a consumer may be able to select a new plan but it may need to be within the same health plan category.

What if consumers want to change the amount of the APTC they use during the coverage year?

When: Consumers may make these changes throughout the year, including during Open Enrollment.

Effect of change: If consumers decide to increase the amount of APTC they are applying – up to the maximum amount they've been determined eligible for – be sure to let them know that they or the taxpayer who claims them as a dependent will owe any excess APTC amount they apply if their federal income tax return shows that they earned more money than they estimated on their Marketplace application.

Reporting changes: You should also remind consumers about the importance of reporting changes in income and other eligibility factors to the FFMs as soon as possible, but no more than 30 days after the change. These changes may affect their eligibility for QHPs in an FFM and for APTC and CSRs. The FFMs automatically update consumers' eligibility for QHP coverage, APTC, and CSRs when they report a change.

Reporting changes in household income and other eligibility factors:
Consumers who receive APTC and have a *decrease* in household income or increase in family size may be eligible to get greater APTC and CSR amounts. They may also become eligible for Medicaid or CHIP.

Consumers who receive APTC and expect to have an *increase* in their household income may want to lower the amount of APTC they are applying to avoid a tax liability when they or a taxpayer who claims them as a dependent file their federal income tax return in the following year.

You can assist consumers who wish to change the amount of APTC they receive by helping them:

- Log into their Marketplace account at HealthCare.gov and update their information,
- Get updated eligibility results,
- Compare plan premiums, and
- Decide how much APTC they'd like to apply to their chosen plan.

Consumers should also review how changing the amount of APTC will affect their premiums. You should help consumers make informed decisions about the amount of premium tax credit they want to use in advance. Some consumers may want to take their full monthly amount because they'd like to pay less in monthly premiums rather than getting a tax credit. Other consumers may want to take less than the full amount because they expect to make more money in the coming year and don't want to have to pay back any excess APTC they received. You can remind consumers that if they don't use the entire amount of premium tax credit that they're eligible for in advance, they may get a tax credit when they file their federal income tax return.

Remember, consumers who are eligible for a premium tax credit when they re-enroll in a QHP may wish to receive it as one annual payment when they file their federal income tax returns rather than applying APTC to lower their monthly costs.

- During Open Enrollment, existing enrollees should return to the FFMs, make sure their information is up to date, allow the FFMs to check updated tax data, get updated eligibility results, and shop for a QHP for the upcoming coverage year.
- Consumers may seek your help with enrollment, re-enrollment, or changes to their enrollment.
- You should be prepared to help consumers who are no longer eligible for financial assistance or enrollment in a QHP by providing them with basic information and resources that they can use to learn about other coverage options.

Consumers may seek your help with annual re-enrollment, important updates they need to make to their application during Open Enrollment or throughout the year, or other changes they want to make, such as choosing how to allocate premium tax credit amounts by setting or changing the amount of APTC they get.

Congratulations on completing the *Redetermination, Re-enrollment, and Changes in Circumstances* module of the Assister Readiness Webinar Series!

This completes the pre-recorded content for Week 3: Helping Consumers Apply and Enroll in Coverage. On Friday, October 19, we will host a LIVE webinar at 2pm EST that will recap the content presented in this week's modules and answer your questions. We hope you will join us then!

Also, feel free to visit the Assister Readiness Webinar Series Resources listed here, including training materials for Navigators and other assisters and the assister webinars webpage.

- If you have topical questions about this presentation: Navigators please contact your Project Officer directly. CACs can email the CAC Inbox at CACquestions@cms.hhs.gov