

# COVID-19 Fact Sheet for Assisters<sup>1, 2</sup>

This fact sheet provides information and guidance Navigators and certified application counselors (collectively, assisters) need to know in order to help consumers with coronavirus disease 2019 (COVID-19)-related challenges:

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<sup>1</sup> This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.

<sup>2</sup> The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.

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For general information about COVID-19, visit:

- [HealthCare.gov/coronavirus](https://www.healthcare.gov/coronavirus)
- The CMS [COVID-19 Partner Toolkit](#)
- [CMS CCIIO Coronavirus Disease 2019 \(COVID-19\) Guidance](#)
- [Coronavirus.gov](https://www.coronavirus.gov), [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus), and [USA.gov/coronavirus](https://www.usa.gov/coronavirus).

## Providing Remote Assistance to Consumers

Given the challenges associated with the COVID-19 pandemic, we encourage the assister community to do the best they can to assist consumers and to refer to the Centers for Disease Control and Prevention (CDC) at [CDC.gov/coronavirus](https://www.cdc.gov/coronavirus) for preventive practices and any applicable state and local guidance. In addition, keep in mind that:

- **Navigators** in FFMs are not required to maintain a physical presence in their Marketplace service area. In some cases, Navigators may provide remote application assistance (e.g., online or by phone), provided that such assistance is permissible under their organization’s contract, grant terms and conditions, or agreement with CMS and/or their organization.
- **Certified application counselors** in FFMs may also provide remote application assistance if such assistance is permitted by their certified application counselor designated organization (CDO).

Some of the first steps that assisters in FFMs must take when providing application and enrollment assistance involve informing the consumer about the assister’s roles and responsibilities and obtaining that consumer’s authorization to access their personally identifiable information (PII), which is sometimes referred to as obtaining the consumer’s consent. Assisters must obtain the consumer’s authorization by reading them your organization’s standard written authorization form or a script that contains, at a minimum, the required elements found in [How to Obtain a Consumer's Authorization Before Gaining Access to Personally Identifiable Information \(PII\)](#). You must record in writing that the consumer’s authorization was obtained.

Be sure to make special notations documenting all forms of consent provided by each consumer you assist, as well as any limitations the consumer(s) places on their consent. We strongly recommend that you create a record of the authorization as it is being provided, and then read back the content of the record to the consumer once it is complete, so that the consumer can



confirm that the record is accurate and complete, and correct it if it is not. We also recommend that you provide a copy of the record to the consumer at the earliest available opportunity.

## Where to Refer Consumers with Symptoms

For consumers who are experiencing symptoms associated with COVID-19, you should direct them to call:

- 911 or go to their nearest emergency room for life-threatening situations.
- Their health care provider.
- Their state health department or visit them online. [Find your state's health department.](#)

For information on COVID-19-related testing and treatment services, visit:

- [FAQs on Availability and Usage of Telehealth Services through Private Health Insurance Coverage in Response to COVID-19](#)
- [Expanded Coverage for Essential Diagnostic Services Amid COVID-19 Public Health Emergency](#)
- [FAQs About Families First Coronavirus Response Act \(FFCRA\) and CARES Act Implementation Part 42](#)
- [FAQs About Families First Coronavirus Response Act and CARES Act Implementation Part 43](#)

## Consumers Who Have Existing Marketplace Coverage

For consumers already covered through the Marketplace, Section 6001 of the FFCRA generally requires group health plans and health insurance issuers offering group or individual health insurance coverage to provide benefits for certain items and services related to diagnostic testing for the detection of SARS-CoV-2 or the diagnosis of COVID-19 when those items or services are furnished on or after March 18, 2020, and during the applicable emergency period. Under the FFCRA, plans and issuers must provide this coverage without imposing any cost-sharing requirements (including deductibles, copayments, and coinsurance) or prior authorization or other medical management requirements. [See what Marketplace plans cover.](#) All Marketplace plans are prohibited from excluding coverage based on pre-existing medical conditions, and can't terminate coverage due to a change in health status, including diagnosis or treatment of COVID-19. Consumers should check with their health insurance company for their specific benefits and coverage policy, and they should log in to update their Marketplace application if COVID-19 impacts their household income or household size. Consumers may be able to change their plan if certain situations apply.

For more information on reporting changes to the Marketplace, visit:

- [Marketplace Coverage & Coronavirus](#)

- [Which Changes to Report to the Marketplace](#)
- [How to Report Changes to the Marketplace](#)
- [Changes in Circumstances](#)

## **Consumers Who Want to Change Their Current Marketplace Plan or Enroll for the First Time**

If a consumer has had qualifying life changes, such as loss of job-based health coverage, they may be eligible to enroll in Marketplace coverage for the first time or change their current plan through a Special Enrollment Period (SEP).

For more information on assisting consumers with SEPs, visit:

- [Understanding Special Enrollment Periods](#)
- [Special Enrollment Period Overview for the Federally-facilitated Marketplace](#)
- [Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs](#)

## **Consumers Who are Enrolled in a Marketplace Plan and Experience a Change in Household Income**

If a consumer is enrolled in a Marketplace plan and their household income has changed, they should update their application immediately. If their household income decreases or they gain a household member, they could qualify for:

- Greater amounts of advance premium tax credit (APTC) and cost-sharing reductions (CSRs) than they currently receive.
- Free or low-cost coverage through Medicaid or the Children's Health Insurance Program (CHIP).

## **Consumers Who Lost Their Job or Experienced a Reduction in Hours Due to COVID-19**

### **Consumers Who Lost a Job-based Plan**

Consumers may qualify for an SEP to enroll in a Marketplace plan if they lost health coverage through their employer or the employer of a family member in the past 60 days OR they will lose coverage in the next 60 days, including if they lose health coverage through a parent or guardian because they're no longer a dependent. Note that consumers don't qualify for an SEP if they or their family member(s) lose coverage because they don't pay their premium. For group health plans subject to ERISA or the Internal Revenue Code, [the Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) provides additional time to comply with certain deadlines

affecting COBRA continuation coverage, SEPs, claims for benefits, appeals of denied claims, and external review of certain claims. Without the extension, individuals might miss key deadlines during the COVID-19 outbreak that could result in the loss or lapse of group health coverage or the denial of a valid claim for benefits.

- [COVID-19 FAQs for Participants and Beneficiaries](#)
- [Guidance and Relief for Employee Benefit Plans Due to the COVID-19 Outbreak](#)

### [Extension of Certain Timeframes for Employee Benefit Plans, Participants, and Beneficiaries Affected by the COVID-19 Outbreak](#)

Employees may come to you to understand how changes in employment affect their options for Marketplace coverage. Use the following resources on COVID-19-related coverage for consumers experiencing changes to their employment status to learn how COVID-19-related guidance for group health plans affects employee benefit plan participants and beneficiaries. However, consumers who have questions about coverage through their job or through a family member's job should generally direct these questions to the employer that offers the coverage. The Employee Benefits Security Administration within the Department of Labor can also help individuals understand their rights under employer-sponsored coverage.

## **Consumers Who Experience a Reduction in Hours**

If an employee's income decreases because of a reduction to their salary, wages, or the hours they work, or if a business reduces its contribution to an employee's health coverage, the employee will qualify for an SEP if their coverage is newly unaffordable as a result, as long as they can terminate the coverage. Employees whose job-based coverage is newly unaffordable must terminate their job-based coverage to qualify for this SEP and for financial assistance. Employees in this situation who are applying for individual coverage through HealthCare.gov should attest to losing coverage to access this SEP, and will need to provide the date of their coverage loss.

For information on assisting consumers losing job-based coverage or trying to understand if their offer of job-based coverage is considered affordable, visit:

- [Health Coverage Options if You're Unemployed](#)
- [Losing Job-based Coverage](#)
- [Marketplace Information for Businesses Impacted by COVID-19](#)

## **Consumers Who Were Furloughed**

In some situations, depending on the status of a consumer's health coverage from their employer, a consumer may qualify for an SEP and may also be eligible for a premium tax credit to help pay for Marketplace coverage. Consumers should create an account or log in to submit or update their Marketplace application to find out if they qualify.

## Consumers Who are Eligible for COBRA Continuation Coverage

If a consumer is entitled to COBRA continuation coverage after they lost their job-based coverage, they may still qualify for a SEP to enroll in Marketplace coverage due to loss of coverage. They have 60 days after their loss of pre-COBRA job-based coverage to enroll in Marketplace coverage.

If a consumer initially elects COBRA continuation coverage, they may still use their loss-of-coverage SEP to enroll in Marketplace coverage until the end of their SEP window, which is 60 days after their loss of pre-COBRA job-based coverage. They may also qualify for APTC if they don't accept COBRA continuation coverage, or if they terminate their COBRA continuation coverage before their Marketplace plan starts. If a consumer is enrolled in COBRA continuation coverage, they may also qualify for an SEP if their COBRA continuation coverage costs change because their former employer stopped contributing and they have to pay full cost.

For information on helping consumers transition from job-based coverage to COBRA, visit:

- For employees:
  - [COBRA Continuation Coverage Questions and Answers](#)
- For employers:
  - [Health Coverage Options for Employers Helping their Employees During the COVID-19 National Emergency](#)
  - [Marketplace Information for Businesses Impacted by COVID-19](#)

## Extension of Timeframes for COBRA and Coverage Appeals

A Department of Labor notice, jointly issued with the Department of the Treasury and Internal Revenue Service, extends certain timeframes affecting participants' rights to healthcare coverage, portability, and continuation of group health plan coverage under COBRA, and extends the time for plan participants to file or perfect benefit claims or appeals of denied claims. These extensions provide participants and beneficiaries of employee benefit plans sponsored by private sector employers additional time to make important health coverage and other decisions affecting their benefits during the coronavirus outbreak.

For a link to the Department of Labor, Treasury and Internal Revenue Service notice, visit [COBRA Timeframes](#). Visit [EBSA guidance](#) for other guidance related to group health plans. For CMS guidance, visit the [CMS website](#).

## Consumers Who Lost Their Job but Didn't Also Lose Health Coverage Because Their Former Job Didn't Offer Coverage

These consumers generally won't qualify for an SEP. By itself, a job loss (or a change in household income) doesn't make a consumer eligible for an SEP to enroll in Marketplace

coverage. However, these consumers can use this resource to see if they qualify for an SEP another way: <https://www.healthcare.gov/screener/>.

## **Coverage Start Dates With an SEP Due to Loss of Coverage**

If a consumer has already lost coverage, their Marketplace coverage can start the first day of the month after they apply and select a plan.

If a consumer will lose coverage within the next 60 days, they can submit an application on HealthCare.gov before they actually lose their coverage to help make sure there's no gap in coverage. For example, if a consumer knows they'll lose coverage on August 31 and they apply and select a Marketplace plan on August 10, their new coverage will start September 1. However, if a consumer's existing coverage ends before the end of the month, it is possible that there will be a gap before the new coverage begins.

## **Consumers Who Can't Pay Their Premiums Because of a Hardship Due to COVID-19**

Consumers should check with their health insurance company about extending their premium payment deadline or to ask if the insurance company will delay terminating their coverage if they can't pay their premiums.

Most of the time, if consumers aren't receiving financial assistance with their premiums, they have a grace period determined by state law (often one month). Consumer who are receiving financial assistance have a three-month grace period, during which their coverage can't be terminated for not paying their premiums.

In August, CMS announced a new policy to allow issuers to offer temporary premium reductions for individuals with 2020 coverage in the individual and small group markets. CMS will adjust premiums and APTC in its enrollment data and data reported to IRS so that consumers will receive the appropriate amounts of APTC and consumers' Forms 1095-A will reflect premium and APTC adjustments.

For additional guidance, visit:

- [Payment and Grace Period Flexibilities Associated with the COVID-19 National Emergency](#)
- [Tips for Assistors: Helping Consumers Understand Grace Periods and Termination Due to Non-Payment of Premiums](#)
- [CMS Announces a Temporary Policy for Premium Reductions](#)

## **Consumers Who Previously Qualified for a Special Enrollment Period but Missed the Deadline Because They Were Impacted by COVID-19**

If a consumer qualified for an SEP but missed the deadline due to COVID-19 (for example, if they were sick with COVID-19 or were caring for someone who was sick with COVID-19), they may be eligible for another SEP.

Visit [FEMA.gov](https://www.fema.gov) for information about emergencies in your state and visit [CMS' current emergencies website](#) for information specific to CMS.

To see if they're eligible for this exceptional circumstance SEP, consumers can contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

## **Consumers Who Have a Child Living at Home After Their College Sent Them Home Early**

A consumer's child can generally qualify for an SEP due to a change in residence if they:

- Are still enrolled in a student health plan, but the coverage and benefits don't extend to the consumer's area.
- Had qualifying health coverage or lived in a foreign country or a U.S. territory for at least one of the 60 days before the date of their move. Note: This requirement doesn't apply to members of a federally recognized tribe or Shareholders of Alaska Native Corporations.

If a consumer's child qualifies for an SEP and is under 26, a consumer may be able to add their child to their current Marketplace plan if:

- The consumer plans to claim their child as a tax dependent on their federal tax return and they receive financial assistance to help with their health care costs; or
- The consumer has Marketplace coverage without financial assistance.

A consumer may not be able to add their child to their current Marketplace plan if:

- The consumer has Marketplace coverage with financial assistance to help with their health care costs and doesn't plan to claim their child as a tax dependent on their federal tax return. In this case, the child should create their own Marketplace account and submit a separate application.

## **Consumers Who Get an Economic Impact Payment or Stimulus Payment from the IRS**

The [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#) calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If a

consumer received one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact a consumer's eligibility for financial assistance for health insurance coverage through the Marketplace or their eligibility for Medicaid or CHIP. For more information, visit [IRS Coronavirus Tax Relief information](#).

For more information on types of income to include on a Marketplace application, refer to [Income Eligibility Using Modified Adjusted Gross Income \(MAGI\) Rules](#).

For more information on what to include as income on a Medicaid application, refer to [Medicaid and CHIP Overview](#) and [Medicaid.gov](#).

## **Consumers Who Receive Unemployment Compensation (including Crisis-Related Enhanced Unemployment Compensation)**

Consumers should include all unemployment compensation they're receiving, on their HealthCare.gov application. This report should include any federal pandemic unemployment compensation received during 2020, including the additional \$600/week provided through July 2020.

Beginning in August 2020, consumers receiving unemployment compensation in certain states may have started receiving additional lost wages assistance in the amount of \$300/week or \$400/week. If a consumer is currently receiving these payments, they should be included when reporting both current month and annual income on a HealthCare.gov application. If a consumer is no longer receiving these payments, they should still include all lost wages payments received during 2020 when estimating their annual income.

For help estimating annual income, consumers and assisters can use the calculator tool at [www.healthcare.gov/income-calculator/](http://www.healthcare.gov/income-calculator/).

For more information, visit:

- [Memorandum on Authorizing the Other Needs Assistance Program for Major Disaster Declarations Related to Coronavirus Disease 2019](#)
- [U.S. Department of Labor Announces Guidance for the Lost Wages Assistance Program to Provide Needed Relief to Americans](#)

