Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition

Week of March 24th

**Grace Period Now Available for Consumers Who Are In Line for Health Coverage**

From HHS:

The deadline for open enrollment is March 31st.    As the Administration said previously, those consumers who are in line by the March 31st deadline to complete enrollment, we will make sure you get covered.  Just like Election Day, if you are in line when the polls close, you get to vote.  We won’t close the door on those who tried to get covered and were unable to do so through no fault of their own.  So, those who were in line or had technical problems with the website can quickly come back and sign up as soon as possible.

Additionally, CMS also is clarifying that under limited circumstances, people with complex cases may qualify for a special enrollment period.  These include, for example, victims of domestic abuse and consumers who were found ineligible for Medicaid, but whose accounts were not transferred to the Marketplace in a timely way before March 31.  These special cases are for specific situations where a consumer was not able to successfully complete enrollment during the open enrollment period despite their efforts to do so and through no fault of their own.

Guidance for Issuers on People “In Line”: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/in-line-SEP-3-26-2014.pdf>

Guidance for Issuers on Complex Cases: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/complex-cases-SEP-3-26-2014.pdf>

Assister Tips In Line: <http://marketplace.cms.gov/help-us/assisting-consumers-march-31.pdf>

Assister Tips Complex Cases: <http://marketplace.cms.gov/help-us/complex-cases-sep.pdf>

**Clarification Regarding AHCCCS Denials and the Additional Grace Period**

The following is an important clarification from HHS r.e. the grace period.

“If a consumer is “in line” and has tried to enroll through the website, our Call Center, *or a state Medicaid or Children’s Health Insurance Program (CHIP) agency* by the March 31 enrollment deadline for coverage in 2014, we will help make sure they can complete the application process in order to get covered.”

**Messaging Tip on New Extension**

Rather than calling this recent announcement by the federal government “an extension,” consider calling it a “grace period.” As we learn more, we will update these as necessary but our core message remains the same: **sign up by March 31st**!

**Talking Points on April 15th Accommodation for Customers in Line**

From Enroll America:

* The deadline for signing up for the new, affordable health care options under the Affordable Care Act is still March 31st. Our focus has been and continues to be encouraging all uninsured to sign up for a plan by that date.
* The Department of Health and Human Services has made clear that customers who are “in line” but unable to complete their application due to technical challenges or complex situations will be allowed a grace period to ensure they can complete the process.
* While we are encouraging everyone to sign up by March 31st, this accommodation is good news for those consumers who may be stuck in the process through no fault of their own and need additional time to complete their plan selection.
* Our message to uninsured Americans remains the same: sign up for a plan by March 31st in order to avoid paying a fine and to gain the benefits of financial security and peace of mind that come with health insurance.

**Suggestions for Assisters on Last Days of Open Enrollment**

1. If you are overwhelmed with consumers for the Marketplace, you may want to consider doing everything possible to get a Marketplace applications started. You will need to make the decision if it is worth helping one person for two hours (to get through the process) or if it is better to help several people set up accounts.
2. If someone is clearly AHCCCS eligible, you will need to decide if you reschedule them for April or if you are going to do their AHCCCS application.
3. If a consumer is near the AHCCCS cut-off, it would be wise to set-up a Marketplace account so they can claim they have started the process so you can complete an application after 9/31.

# HHS Tips for Assisters as the Deadline Approaches

From HHS:

Open enrollment for the Marketplace is open through 11:59 EDT (8:59 Arizona time) on March 31, 2014. We want to reiterate our latest tips regarding: 1) Application Submission, 2) Identity proofing and Inconsistencies, and 3) Eligibility Notices.

Regarding the application submission process: we recommend assisters advise consumers to use the quickest option possible at every step in the application process. This means encouraging consumers to use HealthCare.gov or the call center to apply instead of a paper application; this also means encouraging consumers to upload documents when needed instead of mailing them in. In most cases, online applications and applications submitted through the call center will result in an immediate eligibility determination. We recommend that assisters help consumers utilize these two application submission options – online and call center – instead of paper applications since it is so close to March 31st. Again, consumers – even those submitting a paper application – must enroll in a plan by March 31st.

If a consumer still chooses to submit a paper application, assisters should encourage the consumer to mail the application as soon as they are able.  If a consumer does submit a paper application, assisters should tell consumers that they should call the call center around 5-7 days after submitting their application, even if they do not have the eligibility notice. If the call center is able to see the eligibility determination, they will work with the consumer to complete the enrollment. If the call center does not have the eligibility information, the consumer should resubmit their application. Also use this opportunity to encourage the consumer to submit an application through the Call Center.

Next: Identity proofing and inconsistencies. Identity proofing and inconsistencies are two different topics and two different stages when applying for health coverage through the Marketplace. ID proofing is one of the first steps for a consumer to set up their online Marketplace account. ID proofing must be completed in order for the consumer to submit an online application for coverage through the Marketplace.

If you are assisting a consumer that is not able to successfully pass identity proofing by answering the identity proofing questions on HealthCare.gov or by working with the Experian Help Desk, we recommend the consumer upload documents to their HealthCare.gov My Account or mail in documents for Marketplace review as soon as possible. We encourage consumers to save time by uploading documents to their HealthCare.gov My Account versus mailing in documentation, given the proximity to the March 31st deadline. Again, consumers that need to complete ID proofing must do so before they can submit an application and enroll in a plan by March 31st.

Application inconsistencies occur when some of the information in a consumer’s submitted application for coverage does not match information in trusted data sources we check to verify a consumer’s eligibility. It is important to remember that, regardless of whether the consumer has an application inconsistency, if a consumer’s eligibility notice tells the consumer that he or she is eligible to purchase health coverage through the Marketplace but more information is needed, that consumer can AND SHOULD continue to choose and enroll in a health plan before March 31st.  A consumer does not have to wait until he or she receives notification that their inconsistency has been cleared before enrolling in coverage.

There are two ways consumers can submit documentation to the Marketplace:

1. Upload documentation to HealthCare.gov on a consumer’s account.
2. Send copies of documentation to the Marketplace processing center via postal mail.

We encourage consumers to save time by uploading documents to their HealthCare.gov My Account versus mailing in documentation, given the proximity to the March 31st deadline. If a consumer chooses to mail in their documentation, have the consumer complete this step as soon as possible. Again - even if a consumer is in an inconsistency period (if a consumer’s eligibility determination notice asks the consumer to provide additional information to the Marketplace), the consumer SHOULD continue to enroll in a plan.

To help you assist consumers with ID proofing and identity proofing process, check out the tips for [submitting supporting documents to the Marketplace PPT presentation](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&112&&&http://marketplace.cms.gov/help-us/supporting-documentation.pdf) now available on the [Assister Page of Marketplace.cms.gov](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&113&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html).  In addition, [detailed steps about ID Proofing](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&114&&&http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf) , including a list of acceptable documents, and clearing inconsistencies can be found on the assister page at [www.Marketplace.cms.gov](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&115&&&http://www.marketplace.cms.gov/).

Additional resources on identity proofing and inconsistencies:

* [http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzA1LjI5NjQ1MDMxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMwNS4yOTY0NTAzMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTEzNzk0JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&117&&&http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf)
* [https://www.healthcare.gov/help/how-to-upload-documents/](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzA1LjI5NjQ1MDMxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMwNS4yOTY0NTAzMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTEzNzk0JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&119&&&https://www.healthcare.gov/help/how-to-upload-documents/)
* [https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/](http://links.govdelivery.com/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzA1LjI5NjQ1MDMxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMwNS4yOTY0NTAzMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTEzNzk0JmVtYWlsaWQ9bGF1cmVuLm9oYXRhQGNtcy5oaHMuZ292JnVzZXJpZD1sYXVyZW4ub2hhdGFAY21zLmhocy5nb3YmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&120&&&https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/)

Lastly: Eligibility notices. If you are assisting a consumer who is waiting to receive an eligibility notice via U.S. mail, we suggest that consumers utilize the call center to check the status of their application. Alternatively, you can help the consumer create an account on HealthCare.gov, which may enable the consumer to view an electronic version of their eligibility notice. Then, the consumer can proceed with the plan selection process if their application has been received and processed.  Consumers that have already submitted paper applications should be told that the typical turnaround process for paper applications is two weeks. Because of this two-week turnaround, please strongly encourage consumers to submit new applications either through HealthCare.gov or the Call Center.

Some tips for consumers who continue to run into difficulties while trying to enroll:  Please continue to make every effort to work with these consumers to complete their enrollment before March 31st.  Assisters encountering frustrated consumers encountering difficulties can do their part to assist in this process by helping consumers document their efforts to get enrolled, including when they began their Marketplace application, any obstacles they faced, and times and dates they called the call center.

**Over Half of the Uninsured Still Unaware of ACA Enrollment Deadline**

From Kaiser Family Foundation:

As the clock ticks down on open enrollment for new coverage options under the Affordable Care Act (ACA), the latest Kaiser Health Tracking Poll finds that six in ten of the uninsured are unaware of the March 31 deadline to sign up for coverage.

When reminded of the deadline and the fine for not getting covered, half of those who lack coverage as of mid-March say they plan to remain uninsured. Meanwhile, four in ten of the uninsured are still unaware of the law’s subsidies to help lower-income Americans purchase coverage, and half don’t know about the law’s expansion of Medicaid.

In the final days of open enrollment for new health insurance options under the ACA, substantial shares of the uninsured remain unaware of the law’s individual mandate and the looming deadline to sign up for coverage. A third of those who lack coverage as of mid-March are unaware that the law requires nearly all Americans to have health insurance or pay a fine. When it comes to the specifics, four in ten of the uninsured (39 percent) are aware that the deadline to sign up for coverage is at the end of March, leaving about six in ten unaware of the March deadline.

When reminded of the mandate and the deadline, half of those without coverage as of mid-March say they think they will remain uninsured, while four in ten expect to obtain coverage and one in ten are unsure.

Source: http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-march-2014/

**Divided Federal Appeals Judges Debate Premium Assistance for Federally Facilitate Marketplaces**

A split federal appeals court on Tuesday grappled with an issue that is crucial to the success of President Barack Obama's health care law, debating whether the government can subsidize premiums for people who buy insurance on exchanges run by Washington.

In a blunt assessment of the health overhaul and challengers to the Affordable Care Act, Judge A. Raymond Randolph described the launch of the act as "an unmitigated disaster" while Judge Harry Edwards said opponents of the law are seeking "to destroy the individual mandate and gut the statute." The mandate is the requirement that nearly everyone have health insurance.

The third judge on the appeals court panel, Thomas Griffith, expressed skepticism over the administration's argument that the subsidies are available regardless of whether people buy insurance on a state-run or federally facilitated exchange.

The exchanges in the Obama administration's signature domestic program are of critical importance because most states have been unable or unwilling to set up their own exchanges. As a result, the federal government has stepped in to take the lead in 36 states.

In the case before the U.S. Court of Appeals for the District of Columbia Circuit, a group of small business owners says the law authorizes tax credits only for people who buy insurance on exchanges established by the states.

The business owners are challenging an Internal Revenue Service regulation based on the act that says the tax credits are available to all qualifying individuals, regardless of whether they buy insurance at the state level or federally.

The case revolves around four words in the law, which says the tax credits are available to people who enrolled through an exchange "established by the state."

The Affordable Care Act provides a federal tax credit for low- and middle-income people through the exchanges, a setup designed to achieve the law's goal of widespread, affordable health care.

The lawsuit is one of myriad legal challenges to the health care law.

Edwards is an appointee of President Jimmy Carter; Randolph is an appointee of President George H.W. Bush; and Griffith is an appointee of President George W. Bush.

Ron Pollack, executive director of Families USA, an advocacy group supporting the health care law, said he views the case as "frivolous," but he nonetheless says it is "Obamacare opponents' last and most far-fetched stand to destroy the Affordable Care Act." Pollack said he thinks the plaintiffs' reading of the law is wrong because Congress created a national program and lawmakers wanted Americans to have access to subsidized health insurance regardless of where they live.

Michael F. Cannon, director of health policy studies at the libertarian Cato Institute think tank, says Griffith seemed "very skeptical" of the IRS regulation's legality.

Griffith repeatedly stressed to the government that the tax-credit eligibility rules are crystal clear: that a taxpayer must be enrolled "through an exchange established by the state" in order to receive a tax credit," said Cannon, whose organization opposes Obamacare.

Source: http://www.huffingtonpost.com/2014/03/25/federal-appeals-obamacare\_n\_5030583.html?icid=maing-grid7%7Cmain5%7Cdl1%7Csec1\_lnk2%26pLid%3D457970

**Some Monthly Premium Rates on healthcare.gov Not Approved in Arizona**

From Channel 5 TV:

A single mom in Gilbert says she was the victim of a "bait and switch" on [healthcare.gov](http://www.healthcare.gov/). She signed up for a plan with Health Net but says the insurer wasn't authorized to offer it.

The [healthcare.gov](http://www.healthcare.gov/) website has had its share of problems, but they have been mostly related to accessing the site. CBS 5 News has now learned that more than a thousand people in Arizona were approved for a great deal on the site, and then weeks later found out that deal never really existed.

Single mom Beth Bielsker has four girls to keep healthy. She went on [healthcare.gov](http://www.healthcare.gov/) last November to see if she could find cheaper health insurance compared to the family's current policy, and she did.

"I was thrilled because in the past my healthcare expenses were a huge chunk of my budget," Bielsker said.

Bielsker chose a Health Net plan that was hundreds less per month than her prior plan. She got an official acceptance letter from Health Net that listed everyone covered under the plan, so she paid her first month's premium of $473. But Bielsker says the next month's invoice was $200 more than what she was supposed to pay. She called Health Net figuring it was just a printing mistake. It wasn't.

"They said they were sorry, they wish they could honor the amounts on the website but they were incorrect and they had to be changed," Bielsker said.

Bielsker complained to the Arizona Department of Insurance and says they told her Health Net had posted rates on healthcare.gov that Arizona had never approved. Health Net had to withdraw these rates. Bielsker's real rate was $200 higher.

"It seems like a bait and switch, 'Let's put these lower rates in, and then after people sign up, we'll raise them up and we're sorry that is going to happen,'" Bielsker said.

Bielsker can't understand how Health Net could have done this and she wonders how many other Arizonans have been impacted.

"It's really disappointing to me as a consumer because I went on healthcare.gov because I trusted the information that was there," Bielsker said.

The Department of Insurance says about a thousand total people in Arizona have been affected.

Health Net says they corrected the mistake, their rates on [healthcare.gov](http://www.healthcare.gov/) are now correct, and they've contacted all affected members, apologized and have been offering assistance.

Bielsker was able to work the numbers with Health Net and now pays $71 a month over her original quote; not $200.

Here is a statement from Health Net:

*"Health Net of Arizona understands individuals' needs for health insurance that provides access to quality health care providers at an affordable price. Many of our policies available through the Arizona Health Insurance Marketplace are among the lowest-priced in the nation.*

*"In November 2013, Health Net mistakenly posted unapproved premium amounts on www.healthcare.gov for PPO plans offering children's dental coverage, a small percentage of our overall marketplace enrollment. When the situation was discovered, we worked closely with the Arizona Department of Insurance and the Centers for Medicare and Medicaid Services to post the approved amounts, which were between 7 and 13 percent more than we initially posted.*

*"Beginning in November, we sent letters to all those who purchased PPO policies with children's dental coverage to explain the situation, provide our apologies, and offer our assistance.*

*"These members were provided a special Health Net number - 1-877-652-9923 - where they could discuss their policy options, and many took the opportunity to select new, lower-priced plans.*

*"We are very sorry for the situation, and we continue working hard on behalf of Arizonans so individuals and families can have the peace of mind of knowing they have the coverage they need."*

Source: http://www.kpho.com/story/24959514/some-monthly-premium-rates-on-healthcaregov-not-approved-in-az

**Tax Penalty Calculator**

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| --- |
| The Affordable Care Act (ACA) requires most Americans to have health insurance starting in 2014. People who don’t comply have to pay a penalty, the amount of which depends on several factors, including income and family size. The Urban Institute and Brookings Institution’s Tax Policy Center has released a calculator that lets you estimate the potential ACA penalty for individuals and married couples who don’t have health insurance coverage required by the ACA. . See <http://taxpolicycenter.org/taxfacts/acacalculator.cfm>Here is a list of groups are exempt from the penalty tax ([click for list](http://calc.taxpolicycenter.org/ACACalculator/GroupsExempt.htm)). **Changes to the Federal Website**From HHS:In response to persistent user comments, we’ve turned a single page that explained only the metal levels into a comprehensive guide to choosing an insurance plan: <https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/> It now explains the various variables that can drive a decision: metal levels, plan types, premiums, out-of-pocket costs, and benefits. We hope users and assisters find this useful.Each of the pages below has been updated telling people:* + Not to start a paper application
	+ If you did send in a paper application more than 7 days ago, call the call center to continue, or just go online
		- <https://www.healthcare.gov/enroll-after-applying/>
		- <https://www.healthcare.gov/get-covered-a-1-page-guide-to-the-health-insurance-marketplace/>
		- <https://www.healthcare.gov/how-do-i-apply-for-marketplace-coverage/>
		- <https://www.healthcare.gov/how-to-have-the-best-experience-with-healthcare-gov/#part=2>

The pregnancy page was updated with a box explaining that when you have a baby you get an SEP:<https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant/>Find information on SEPs for complex cases in the Marketplace at <https://www.healthcare.gov/sep-list/>**Helping Consumers Who Fall in the Medicaid Gap****From Families USA:**Last week, [we posted a blog](http://cts.vresp.com/c/?FamiliesUSA/efcb099483/e86d70ebff/a376d8c4f5) on helping consumers in states that have not expanded Medicaid. The blog explains that consumers who are not eligible for Medicaid still gain important protections by completing a health insurance application. These protections include an exemption from the requirement to have health insurance regardless of increases in income, and the ability to enroll in health insurance during the year if their income increases enough so that they no longer qualify for the exemption.If you receive calls from consumers who’ve applied for Medicaid with your state Medicaid agency after October 1, 2013, and they received a denial, these consumers can submit their Medicaid denial notice with their application form to get an [exemption based on a hardship](http://cts.vresp.com/c/?FamiliesUSA/efcb099483/e86d70ebff/0d2d9c0210), and they will gain the same protections.**Identity Proofing****From HHS:**If you are working with a married consumer who is not able to complete the identity proofing process online or over the phone with Experian, before you submit documentation to prove the consumer’s identity, see if his or her spouse has a credit history that may allow the spouse to complete the identity proofing process. You can create a new account with the spouse as the primary applicant, and if the spouse has a credit history, it is more likely that Experian will be able to complete identity proofing. Since processing documentation for identity proofing typically takes 7-10 business days, consumers who cannot get through the identity proofing process online may want to apply by phone through the marketplace call center. If the consumer needs to [submit documentation](http://cts.vresp.com/c/?FamiliesUSA/efcb099483/e86d70ebff/a643675134) to complete identity proofing, upload this documentation electronically whenever possible. Once the identity proofing documents have been processed, the status in the consumer’s account will change to “identity verified.”**Correcting Eligibility Determinations for Immigrants with Low Incomes** **From HHS:**Healthcare.gov has corrected the system issue that resulted in incorrect eligibility determinations for immigrants with incomes under 100 percent of the federal poverty level for 2013 ($11,490 for an individual, $23,550 for a family of four). * Consumers in this situation who have received an eligibility determination but who have not enrolled in a health plan should go into their account to delete and resubmit their application. They will then receive a corrected eligibility determination.
* Consumers in this situation who enrolled in a health plan without financial assistance (premium tax credits or cost-sharing reductions) should go into their account and use the “report a life change” tool to “change application information” and resubmit their application. They will then receive a corrected eligibility determination.

**Plan Selection Features and Corrected Plan Detail Information on Healthcare.gov** From HHS:When families who are applying for health coverage get to the “Enrollment To Do” tasks before selecting a health plan, they have the option to select different health plans for different family members. They can do this by clicking “Answer questions about your household” and putting family members into groups. Families may wish to use this option if:* family members use doctors in different provider networks and do not want to switch
* family members have significantly different health needs
* certain family members need a health plan that covers services in a different state or outside the United States

Each insurance company has its own rules about allowing dependents other than spouses and children to be on the same plan. This means that families with other dependent relatives may see more plan options if family members enroll in different plans. When a family is deciding whether to enroll in multiple health plans, they should also consider the combined cost-sharing for these plans. Remember that, at this time, Healthcare.gov requires people who are in different tax households (for example, unmarried parents) to apply for health insurance using two separate applications, one for each tax household.  Also, Healthcare.gov has corrected plan detail information for family plans that have $0 deductibles. These plans were directing consumers to see the plan brochure, rather than showing the $0 family deductible. For family plans that have a per-person deductible, Healthcare.gov now correctly tells consumers to see the plan brochure for more details.**Providing Information about Paying the First Month’s Health Plan Premiums**From HHS:It is important to remind consumers that, after they’ve selected health plans, they must pay their first month’s premium by the date listed on the information they receive from their health plan. If consumers do not receive this information within seven days, they should call the health plan to ask about their enrollment and how to pay their premium. If consumers have not paid their first month’s premium, and it is past the date when their coverage should have started (the effective date for their plan), they should call their health plan to see if they can still pay their premium. If their health plan has terminated their enrollment, they should 1) go into their online account, 2) cancel their health plan, 3) create a new account, and 4) submit a new application. When talking with consumers about grace periods for missed premium payments, it is important to note that the 30-day grace period for late premium payments for consumers who are not receiving financial assistance, and the 90-day grace period for late premium payments for consumers who are receiving financial assistance, apply only to premium payments after they’ve paid their first month’s premium.HealthCare.gov’s Find Local Help Feature UpdatedFrom HHS: In partnership with national and local agent-broker associations, CMS has updated [HealthCare.gov’s Find Local Help](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&https://localhelp.healthcare.gov/) search feature to include local agent and broker associations from across the country. Now, individuals and small employers can use this feature to better locate agents and brokers in their areas. To find agent and broker associations near you, please visit [HealthCare.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&https://localhelp.healthcare.gov/) and input your city and state or ZIP code. In addition, national agent-broker associations can also help make connections to local assistance. Agents and brokers on the sites listed below are not endorsed by the Marketplace. To verify an agent or broker is registered with the Marketplace, licensed, and in good standing, please contact your state Department of Insurance (DOI). * [National Association of Health Underwriters](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&117&&&http://www.nahu.org/consumer/findagent2.cfm)
* [Independent Insurance Agents and Brokers of America](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&118&&&https://www.trustedchoice.com/health-insurance/medical-coverage-quotes/)
* [National Association of Insurance and Financial Advisors](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&119&&&http://www.naifa.org/consumer/advisor.cfm)
* [Professional Insurance Agents](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&120&&&http://www.pianet.org/findanagent)

**New Proposed Rules, Announcements from HHS**Third Party Payment Interim Final Rule: Last week, we released an Interim Final Rule (IFR) with comment, that requires issuers to immediately begin accepting third party payments for enrollee premiums and cost sharing from Indian tribes, tribal organizations, urban Indian organizations, the Ryan White HIV/AIDS programs, and state and federal government programs for enrollees in the individual Marketplaces. This rule builds on previous guidance CMS issued that encouraged issuers and Marketplaces to accept these types of payments.  The rule ensures that consumers who rely on the specific third party payors identified in the rule to pay their premiums or cost-sharing payments can continue to access the care they need without delay.  You can find the IFR here: [http://ofr.gov/OFRUpload/OFRData/2014-06031\_PI.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&122&&&http://ofr.gov/OFRUpload/OFRData/2014-06031_PI.pdf). Annual Letter for 2015 QHP Certification Process: The 2015 Letter to Issuers on Federally-facilitated Marketplaces (Annual Letter) provides essential guidance to Marketplace issuers on operational matters for the 2015 QHP certification year, similar to the annual Call Letter for Medicare.  You can find the annual letter here: [http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&123&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2015-final-issuer-letter-3-14-2014.pdf). Market Standards Notice of Proposed Rulemaking:Last Friday, HHS released a proposed rule for Exchange and Insurance Market Standards for 2015 and Beyond. Among other things, the proposed rule would put into regulations some standards and best practices that are already applicable to assisters. For example, the proposed rule would prohibit assisters from making cold calls to provide application assistance and offering cash or gifts other than those that are nominal as an inducement to apply or enroll in coverage. The proposed rule would also ensure that assisters cannot charge for their services and must be recertified annually, requirements that previously applied to only some types of assisters.  Additionally, the proposed rule specifies which types of state laws that apply to assisters would, in HHS’s view, prevent assisters from fulfilling their duties under federal law, or prevent a Federally-facilitated Marketplace from implementing assister programs according to federal requirements, and therefore are in conflict with federal law.  Finally, the proposed rule would allow HHS to impose civil money penalties on assisters in Federally-facilitated Marketplaces if they violate the Marketplace requirements that apply to them. Any member of the public has an opportunity to submit comments on these proposals, as explained in the proposed rule.  The proposed rule is available here: [http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CMS-9949-P.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&124&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CMS-9949-P.pdf). A fact sheet on this and other aspects of the prosed rule is available here:  [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/marketstandards-3-14-2014.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwMzE5LjMwMjU2MTUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDMxOS4zMDI1NjE1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2OTM1NDA4JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&125&&&http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/marketstandards-3-14-2014.html). How to Enroll Family Members into Different PlansAssisters may find that some families want to include all members of the family on one application but want to enroll individuals in separate plans. For example, family members may have doctors in different provider networks, requiring separate plans. It’s important for assisters to know that this is an option for families enrolling in the Marketplace. The process is as follows: **Step 1:** The family is determined eligible to enroll through the Marketplace. The main applicant proceeds to Enrollment. **Step 2:** The applicant determines the groups for individual family members. This grouping will allow the family to select a different plan for different family members.   * The applicant clicks the “Answer questions about your household” Enrollment To Do task.
* The applicant separates the initial enrollment grouping into self-only groups by selecting “change groups.”
* To create a new group, the applicant selects one of the family members and selects “create a new group”
* Once all groups have been created, the applicant enters “submit.”

**Step 3:** The family enrolls in various plans based on reviewing options in Plan Compare.  * The applicant proceeds to Plan Compare by selecting “Use These Groups.”
* The applicant selects a health plan for each group.
* The applicant selects separate dental coverage if desired (this is optional).
* The applicant reviews and confirms the selection.

If anyone on the application is eligible for Advance Payments of the Premium Tax Credit (APTC), the maximum amount is determined earlier and is not impacted by how many plans the family selects. If a family has more than one plan, APTC is allocated to each plan not by the consumer, but by the Marketplace according to a business rule described in 45 C.F.R. §155.340(f). The consumer still has the ability to decide how much of the household’s APTC will be applied each month to the premiums for the plans selected (and how much will be provided at the time of tax filing). Note: If the user forms an enrollment group that isn’t supported by any QHP in the service area, an error will display when the user tries to move forward to view plans. The user will be prompted to try creating enrollment groups again. **Weekly FAQ****Q:** Is it possible for consumers to try different family grouping in order to compare prices and plans? **A:** Yes, a family can try different enrollment groups to see how it impacts plan availability. This may be advisable for families with members who aren’t spouses and children, because insurance companies have different rules about what dependents they allow on a plan. All plans allow a single-person enrollment group, so a family with a niece may see more plans for both the niece and the rest of the family if the niece was placed in her own enrollment group.  |

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Have something you want us to possibly add to next week’s newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org. Special thanks to Meryl Deles for identifying much of the content of this and other Covered Clips editions.