Covered Clips

A Summary of News and Activities for the Cover Arizona Coalition[](http://stylegirlfriend.com/wp-content/uploads/2012/04/paper-clips-style-girlfriend.jpg)

Weeks of May 20th and May 26th

**New Infographic Shows Arizona’s Progress on Enrollment**

A new infographic produced by SLHI provides useful information on our state’s progress as it related to enrollment in the Marketplace and Medicaid. It can be found here:

<http://slhi.org/wp-content/uploads/2014/05/ACA-infographic.pdf>

**Key Reasons Why People Did Not Enroll**

Enroll America has produced a new report identifying key reasons why those eligible for coverage did not enroll. The report is based on a survey conducted by PerryUndem Research. Communication, which was funded by the Robert Wood Johnson Foundation and the California Endowment. The survey was conducted April 10-28 2014, and it was conducted among 671 newly enrolled individuals and 853 individuals who remain uninsured. Key findings include:

* There was a high demand for health insurance during the Affordable Care Act’s first open enrollment period. Those who enrolled were willing to put time and effort into the process.
* Those who enrolled had more information. For example, the newly enrolled were more than twice as likely to know about the availability of financial help to low and moderate-income people as those who did not enroll (56% vs. 26%).
* Individuals enrolled for many reasons, particularly the law/fine. As many as 40% indicate they might not have enrolled without the mandate. Other important motivations: being able to see a doctor and avoid big medical bills.
* Many newly enrolled individuals felt enrolling was easy – but others faced difficulties. While 69% of the newly enrolled thought enrolling was “easy,” some of those who tried but did not enroll successfully found it confusing.
* Three-quarters (74%) of the newly enrolled feel confident they can afford their premiums. They are also more than four times more likely to say their plans have enough doctors than not (56% vs. 13%).
* Healthy people enrolled. The self-reported health status of those who enrolled and those who did not was similar.
* Most of those who did not enroll (61%) wanted coverage. They wanted to enroll but could not find anything or say things got in the way of enrolling.
* Fifteen percent did not even know they could enroll.
* Only 15% did not want coverage.
* Affordability concerns kept many away. The top reason why some people did not even look for coverage was the perception that they could not afford insurance.
* Latinos and young adults (18-29) lagged behind in knowledge but wanted coverage. Latinos particularly valued in-person enrollment assistance.
* Young adults were more motivated by the fine than others.
* More than eight in ten of the uninsured (84%) may be open to enrolling next time. Only 14% say they will not look for coverage.

See the full report at: <https://s3.amazonaws.com/assets.enrollamerica.org/wp-content/uploads/2014/05/EA-PerryUndem-Survey-Report.pdf>

## **New Grant Opportunities from the Feds**

Working on outreach and enrollment? A few new funding opportunities we've come across:

* $3 million for Title X grantees to work on Affordable Care Act outreach, in-reach, and enrollment assistance -- [applications due June 9](http://getcoveredamerica.us7.list-manage1.com/track/click?u=a8b479c3826ed06f183df0540&id=2412e67095&e=24b1e9aa0d).
* $2.7 million for the Partnerships to Increase Coverage in Communities Initiative, a program to educate and enroll minority populations -- [applications due June 16](http://getcoveredamerica.us7.list-manage1.com/track/click?u=a8b479c3826ed06f183df0540&id=ec1bb45c60&e=24b1e9aa0d).
* $4 million for Connecting Kids to Coverage outreach and enrollment grants to increase enrollment of American Indian and Alaska Native children in Medicaid and CHIP (see the Pub Hub in the right-hand column for resources on reaching these populations) -- [applications due June 30](http://getcoveredamerica.us7.list-manage.com/track/click?u=a8b479c3826ed06f183df0540&id=248cc8fdd4&e=24b1e9aa0d).

**Meritus Approved to Accept Applications outside Enrollment Period**

Arizona’s only health insurance CO-OP, Meritus, has been approved to accept applications for individuals and families outside of the enrollment period that ended on March 31. Meritus is the only Qualified Health Plan (QHP) in Arizona to continue accepting applications without a Qualifying Life Event.

The enrollment period that ended on March 31 does not reopen until Nov. 15. Individuals who did not purchase by March 31 were subject to the law’s tax penalty for not having coverage. Now, individuals can apply for coverage through Meritus rather than waiting for the next enrollment period.

“Due to the large number of people who did not enroll during open enrollment, we feel that providing an opportunity for people to still secure coverage is important to the community,” Meritus CEO Kathleen Oestreich said.

Individuals will need to go directly through Meritus—not Healthcare.Gov—to apply. They can go online, [www.meritusaz.com](http://www.meritusaz.com), or by phone: 602.957.2113 or 855.755.2700.

**Exchange and Insurance Market Standards for 2015 and Beyond**

CMS released a final rule for Exchange and Insurance Market Standards for 2015 and beyond.  The rule finalizes policies regarding consumer notices, quality reporting and enrollee satisfaction surveys, the Small Business Health Options Program (SHOP), standards for Navigators and other consumer assisters, and policies regarding the premium stabilization programs, among other standards.

Some highlights:

Strengthening the Prescription Drug Exceptions Process**:** The final rule builds upon the requirement that plans providing Essential Health Benefits (EHB) have procedures in place allowing enrollees to request and gain access to clinically appropriate drugs not covered by the plan.  Building upon this standard, the rule requires that these procedures include an expedited exceptions process for enrollees suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a drug not covered by the plan.  As part of this expedited process, health plans must make coverage determinations within no more than 24 hours after receiving the request, and must continue to provide the drug throughout the duration of the enrollee’s medical issue.

Implementing Quality Standards**:**  To help empower consumers, the final rule takes the next step in making quality information available to consumers while they shop for plans in the Marketplace.  Building upon the existing Qualified Health Plan (QHP) certification requirements related to quality reporting and implementation of quality improvement strategies, CMS is requiring insurers to submit data to support the calculation of the quality ratings. HHS will specify the form, manner, reporting level, and timeline in future technical guidance.  Marketplaces must display the HHS-calculated quality ratings and enrollee satisfaction survey results in a clear and standardized manner starting in 2016.

Strengthening Standards for Navigators and Other Assisters**:**  In order to ensure that Navigators and other assisters are able to carry out their responsibilities to help consumers enroll in insurance coverage while meeting federal requirements for assister programs, the rule specifies a non-exhaustive list of state requirements that would conflict with the federal standards established for assisters and Marketplace assister programs under title I of the Affordable Care Act.  In addition, the rule codifies and strengthens many of the standards already in practice that are applicable to the different consumer assistance entities and individuals.  For example, the rule would prohibit assisters from specified solicitation activities such as offering cash or gifts other than those that are nominal as an inducement to enroll in coverage.  The rule would also formalize that assisters cannot charge for services they are certified by the Marketplace to provide and must be recertified annually.

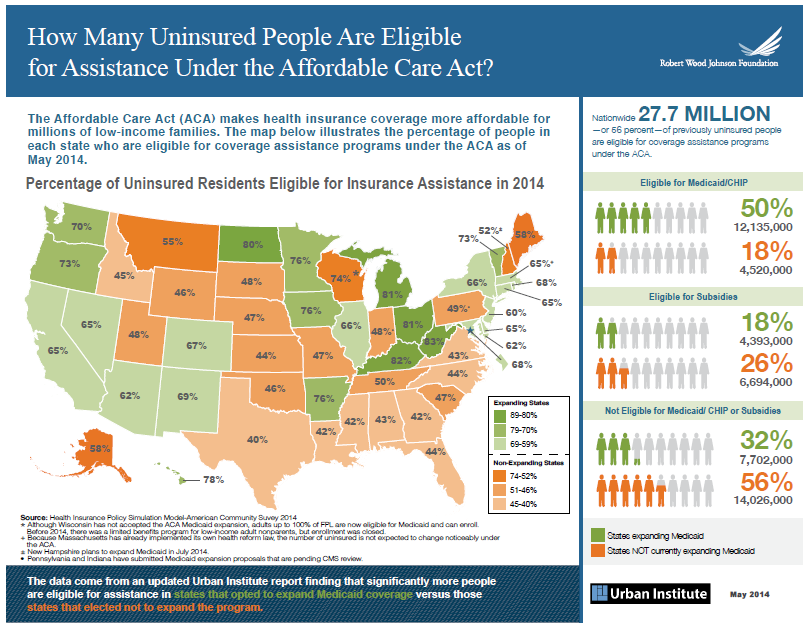
Other key provisions in the final regulation include:

* Allows health care providers to become assisters, regardless of their relationship to health insurance issuers.
* Clarifies that it is within assisters' scope of duties to provide comprehensive information to consumers about the substantive benefits and features of health plans, including clarifying the similarities and differences among plans, and assisting consumers with making informed decisions.
* Clarifies that assisters can make unsolicited contact with consumers to conduct outreach - but not to provide enrollment assistance unless they have a prior relationship with the consumer.
* Permits the Centers for Medicare and Medicaid Services (CMS) to impose civil money penalties on assisters or require corrective action plans for a) violations of federal obligations (for assisters in the federal marketplace) and b) improper use of personally identifiable information, or providing false or fraudulent information to a marketplace (for assisters in both state and federal marketplaces). No penalty will be imposed if CMS concludes that an assister acted in good faith.

See <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508-CMS-9949-F-OFR-Version-5-16-14.pdf>

**State-By-State Comparison of Uninsured and their Eligibility for Enrollment Assistance**

A new report from the Urban Institute and the Robert Wood Johnson Foundation looks at the percentage of uninsured residents eligible for insurance assistance beginning as f May 2014. A great infographic from the report is below:



The full report can be found here: <http://www.rwjf.org/content/dam/images/Charts-Tables/QS%20Images/Infographic%20-%20final%20-%20QS%2096%20-%20for%20RWJF.org.PNG>

**Young Adults More Likely to Qualify for Special Enrollment**

A new report from the Young Invincibles makes a compelling case that young adults are more likely to qualify for special enrollment periods than other age groups due to life qualifying events such as birth of baby, marriage, change of address, and loss of a job.

See the report at <http://younginvincibles.org/wp-content/uploads/2014/04/Young-Adults-and-Special-Enrollment-FINAL.pdf>

**Webinar:** [**Special Enrollment Periods and Resources for the Uninsured**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTA2LjMxOTM2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUwNi4zMTkzNjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE2ODcyMzIzJmVtYWlsaWQ9bG91cmRlc3BAYWFjaGMub3JnJnVzZXJpZD1sb3VyZGVzcEBhYWNoYy5vcmcmZmw9JmV4dHJhPU11bHRpdmFyaWF0ZUlkPSYmJg==&&&105&&&https://www4.gotomeeting.com/register/319511543) (Click on the title to register)

* **May 29 at (11am AZ Time)**
* **To Join by Phone Only**, Dial 1-646-307-1706, Access Code: 564-494-667   For those joining by phone only, the Pin Number is the # key.
* The health care law has created special enrollment periods for those who experience special circumstances such as graduating from college and losing health insurance, getting married and needing coverage for a spouse, losing employer insurance or turning 26 and losing coverage on a parent’s health plan. Join this webinar to learn more about special enrollment periods and how to enroll in the Health Insurance Marketplace. For those who are uninsured and don’t qualify for the special enrollment period, learn what resources are available and when and how to enroll in the Health Insurance Marketplace. Please email [ACA101@hhs.gov](mailto:ACA101@hhs.gov) by May 29 at 10 am ET with any questions.

**Assister-Focused Fact Sheets: The** [**Special Enrollment Periods and Hardship Exemptions for Persons Meeting Certain Criteria**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&107&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf)

From CMS:

Be sure to check out the following new items that were posted on the [Resources for Assisters](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&108&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html) page on [Marketplace.CMS.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&109&&&http://marketplace.cms.gov/index.html). These new assister-focused fact sheets summarize the previously issued [Special Enrollment Periods and Hardship Exemptions for Persons Meeting Certain Criteria](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&110&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf) Bulletins and are helpful fact sheets to print and have on hand as reference. We posted these fact sheets last week, including updating the SEP COBRA assister-focused fact sheet to better explain that consumers who currently have COBRA continuation coverage may qualify for a one-time Special Enrollment Period for a limited time. Consumers who are currently enrolled in COBRA continuation coverage have the option of switching to a Marketplace plan between now and **July 1, 2014**.

* [Special Enrollment Period (SEP) for Consumers Enrolled in COBRA Continuation Coverage  \*UPDATED\*](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://marketplace.cms.gov/help-us/sep-for-consumers-with-cobra.pdf)
* [Special Enrollment Period (SEP) for Consumers with Individual Market Plans That are Coming Up for Renewal Outside the Open Enrollment Period](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&http://marketplace.cms.gov/help-us/sep-up-for-renewal.pdf)
* [Special Enrollment Period (SEP) and Hardship Exemptions for AmeriCorps Members](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&http://marketplace.cms.gov/help-us/5-6-14-americorp-sepfinal.pdf)
* [Hardship Exemption for Consumers Who Obtained Coverage Outside the Marketplace That is Effective May 1, 2014](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&114&&&http://marketplace.cms.gov/help-us/2014-5-6-hardship-exemptionoep.pdf)

**NEW: Fact Sheet Directed to Recent College Graduates**

The Marketplace.CMS.gov [Get Official Resources](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&115&&&http://marketplace.cms.gov/getofficialresources/get-official-resources.html) page’s “ [Publications and Articles](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/publications-and-articles.html) Page also has a new consumer [fact sheet for recent graduates](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTEzLjMyMTUzMzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUxMy4zMjE1MzM1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDE5MDU5JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&117&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/collegegradfactsheet.pdf) that can help assisters when assisting or reaching out to recent graduates, listed under the heading “Fact Sheets.”

**Types of Exemptions from the Requirement to Have Health Insurance**

Families USA has developed a great chart outlining types of exemptions for the requirement to buy health coverage and when and where to apply. It can be found at:

<http://familiesusa.org/sites/default/files/product_documents/ExemptionsChart_0.pdf>

**FAQS: COBRA**

From CMS

**Q:** Can a consumer voluntarily end COBRA coverage before it ends and enroll in coverage with an SEP?

**A:** Generally, no, a consumer cannot voluntarily terminate health coverage and be determined eligible for an SEP. For example, if COBRA coverage is ending October 31, but the consumer wants to get coverage through the Marketplace in August, he or she would not be eligible for the loss of coverage SEP.

However, current COBRA beneficiaries have a special enrollment period through July 1, 2014. This is a result of confusion which may have been caused by a May 2013 Model Notice (Notice) released by the U. S. Department of Labor (DOL). DOL has since updated this document, but consumers who relied on the original Notice, including consumers currently enrolled in COBRA, will be eligible for an SEP until July 1, 2014. COBRA enrollees should call the Marketplace Call Center at 1-800-318-2596, and inform the Call Center that they are calling about their COBRA benefits and the Marketplace. Once determined eligible, consumers can view all plans available to them and continue the enrollment process over the phone or online, by creating an account on HealthCare.Gov or logging into their existing account.

For more information:

[http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTIwLjMyMzY0OTcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyMC4zMjM2NDk3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDI5NTcwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&134&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/SEP-and-hardship-FAQ-5-1-2014.pdf)

[http://marketplace.cms.gov/help-us/sep-for-consumers-with-cobra.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTIwLjMyMzY0OTcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyMC4zMjM2NDk3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDI5NTcwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&135&&&http://marketplace.cms.gov/help-us/sep-for-consumers-with-cobra.pdf)

**Q:** Can COBRA be considered unaffordable for a consumer?

**A:** No. Unlike employer-sponsored coverage, COBRA is only looked at as “enrolled” or “not enrolled.” Upon losing employer-sponsored coverage, consumers have the choice to enroll in COBRA or in Marketplace coverage and therefore affordability determinations are not applicable.

For more information**:**

[www.healthcare.gov/what-if-I-currently-have-cobra-coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTIwLjMyMzY0OTcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyMC4zMjM2NDk3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDI5NTcwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&136&&&http://www.healthcare.gov/what-if-I-currently-have-cobra-coverage)

**Most Relevant, At-the-Moment, Information for Assisters**

From the Alliance of Community Health Centers

* SEPs

This is probably the best article (most comprehensive, in one location) you’ll ever read on SEPs- <http://www.healthlaw.org/publications/browse-all-publications/health-advocate-may-2014#.U3p90PldVhY>

* Appeals
  + Marketplace- <https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/>
    - Appeal request form for AZ- <https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf>
  + Insurance claims/health plan decision- <https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=1>
  + Appeals with the AZ Department of Insurance- If you are unable to resolve your insurance issue/problem with your agent or insurance company, and/or if you believe your agent or insurer has acted illegally, you can file a complaint with our office. To file a complaint, visit <http://www.azinsurance.gov/consumerassistance.html>, download and complete the complaint form and then mail, fax or deliver your completed form (with copies of any letters, notices, receipts or other documents supporting your complaint).
  + Appeals for SHOP- <https://www.healthcare.gov/how-do-i-appeal-a-shop-marketplace-decision/>
* Exemptions
  + Different exemption forms found here- <https://www.healthcare.gov/exemptions/>
  + CMS Webinar: Exemptions from the Individual Shared Responsibility Payment- <http://marketplace.cms.gov/help-us/exemption-from-shared-responsibility.pdf>
  + See attached: FamiliesUSA- Exemptions Chart
* Health/Insurance Literacy
  + CDC’s Health Literacy for Public Health Professionals- <http://www.cdc.gov/healthliteracy/training/index.html>
  + AHRQ’s Health Literacy Universal Precautions Toolkit- <http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/index.html>
  + CMS’s Health Insurance Literacy (found near the bottom of the page, English/Spanish)- <http://marketplace.cms.gov/training/get-training.html>
  + Uniform Glossary of Health Coverage and Medical Terms (found just above “Immigration issue resources”; English, Chinese, Navajo & oral translation, Spanish, Tagalog)- <http://marketplace.cms.gov/help-us/2-partner-with-us.html>
* “Get Covered” Guides (Consumer-driven)
  + CMS- <http://marketplace.cms.gov/help-us/c2c.html> (also Spanish)
  + Enroll America- <http://www.enrollamerica.org/resources/toolkits/outreach/get-covered-guide/> (also Spanish)
  + FamiliesUSA- <http://familiesusa.org/initiatives/enrollment-assister-resource-center-tools>
* AHCCCS
  + Eligibility requirements- <http://www.azahcccs.gov/community/Downloads/resources/EligibilityRequirements.pdf>
  + Health plans contact info- <https://azweb.statemedicaid.us/HealthPlanLinksNet/HPLinks.aspx>
  + Fair hearing rights- <https://www.azdes.gov/main.aspx?menu=355&id=5226>
  + Member contacts- <http://www.azahcccs.gov/members/contacts.aspx>
  + HEA+ Documents Checklist- see attached
* Consumer-friendly resources/calculators
  + Cover Me AZ- <http://covermeaz.org/> | <http://cubremeaz.org/>
  + Financial Help for Health- <http://www.financialhelpforhealth.org/> | <https://www.healthtaxcredittool.org/es/>
  + Out2Enroll (LGBT-focused)- <http://out2enroll.org/>
  + Putting Patients First- <http://www.puttingpatientsfirst.net/>
  + Young Invincibles (aged 18-34-focused)- <http://younginvincibles.org/>
  + Calculators
    - Individual/Family Subsidy Calculator- <http://kff.org/interactive/subsidy-calculator/>
    - SHOP Full-time Equivalent Calculator- <https://www.healthcare.gov/fte-calculator/>
    - SHOP Tax Credit Estimator- <https://www.healthcare.gov/shop-calculators-taxcredit/>
    - Tax Penalty Calculator- <http://taxpolicycenter.org/taxfacts/acacalculator.cfm>

**Videos: Coverage to Care – How to Use a Health Plan**

Here are some great new videos from CMS aimed at helping consumers use their health coverage.

[Chapter 1 – My New Health Plan](https://www.youtube.com/watch?v=4KAU45lHt4Q) | [Chapter 2 – Understand the Plan](https://www.youtube.com/watch?v=4-OwfwvhxCE) | [Chapter 3 – Words to Know](https://www.youtube.com/watch?v=wzm4xh7jNOc)

[Chapter 4 – Finding a Provider](https://www.youtube.com/watch?v=wxbGNd1aRHo) | [Chapter 5 – Making an Appointment](https://www.youtube.com/watch?v=9HYqzH5IbMU) | [Chapter 6  – Almost Ready](https://www.youtube.com/watch?v=3VRXfECG7KM)

[Chapter 7 – My First Visit](https://www.youtube.com/watch?v=AG_6j9f7WPU) | [Chapter 8 – Like or Dislike](https://www.youtube.com/watch?v=4GLEfeVRHFo) | [Chapter 9 – The Day After](https://www.youtube.com/watch?v=9IoC1dTv9P0) | [Chapter 10 – The Final Word](https://www.youtube.com/watch?v=FZJnkHJNgA8)

# Tips for Paper Applications & SEP Eligibility

From CMS

The Marketplace continues to accept paper applications, however the Marketplace prefers to receive online or phone applications because of the system’s real-time ability to process them.  Also, as we have shared before, individuals who submit paper applications must complete extra steps to be deemed eligible for a Special Enrollment Period (SEP) because the paper application does not ask questions about qualifying life events.

Consumers who submit paper applications will receive a phone call notifying them that the processing of their paper application is complete.  Consumers will also receive an eligibility notice in the mail which will indicate their eligibility, options for enrolling in coverage, and include the application ID number. The notice will also contain a message that the 2014 open enrollment period is closed.

Consumers who believe they have a qualifying life event that makes them eligible to enroll outside the open enrollment period should call the Call Center or log on to HealthCare.gov to answer the application SEP questions. Doing so will help to determine if they are indeed eligible to enroll in a plan outside of open enrollment.

The Call Center will access the consumer’s application and help the consumer select a plan on the phone, or the consumer can go online and select a plan once the Call Center activates the SEP.  If a consumer starts an application via paper or the Call Center, they can “pick up” their application on HealthCare.gov using their application ID by clicking “find my application” on the login screen of MyAccount. Please note that a consumer must pass ID proofing in order to successfully pick up their application on HealthCare.gov and proceed to plan selection and enrollment.

Please remind the consumer that the first name, last name, city, state and zip code of the person listed as **the household contact** on the application needs to match the contact information used for identity proofing when creating an account on HealthCare.gov, in order to successfully find the application and continue to plan compare and enrollment.

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# How to Access the CMS Language Line to Assist Non-English Speaking Consumers

# From CMS

CMS provides a valuable resource in the form of a language line accessible by consumers and assisters. There is no cost for this service.

To contact an interpreter, call 1-800-318-2596, and say “Agent”, or press “0” (zero); once an agent is present on the line, state the name of the language you need to have translated.

If translation services are needed for the hearing impaired, there is a separate telephone number for TTY users:  1-855-889-4325.

* This information is contained on newly posted postcards promoting the Healthcare.gov language line available on the CMS Marketplace “Get Official Resources” Web Page at: [http://marketplace.cms.gov/getofficialresources/publications-and-articles/get-help-in-your-language.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/get-help-in-your-language.pdf)
* A Spanish translation of this page may be found at: [http://marketplace.cms.gov/getofficialresources/spanish-materials/help-in-your-language-spanish.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&101&&&http://marketplace.cms.gov/getofficialresources/spanish-materials/help-in-your-language-spanish.pdf)

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# FAQ on Credit Scores and ID Proofing

# From CMS

We (have) added information on the ID proofing document in regards to Experian and credit reports that might be useful for assisters if consumers ask you about the impact on their credit score.

The updated text in the document states: “If you check your credit report, you may see an inquiry from the Centers for Medicare & Medicaid Services, or CMS. CMS uses credit reporting agencies like Experian and Equifax to verify the information on your application. But don't worry, this is only an inquiry and doesn't affect your credit score. Your Marketplace application and credit score will not be affected by the inquiries from Experian, Equifax, or CMS.”

* Found on the CMS Marketplace Assister Web Page at: [http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&104&&&http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf)

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# Assisting American Indians/Alaska Natives (AIs/ANs)

# From CMS

On Friday, April 18, 2014, we presented a Deep Dive on Assisting American Indians/Alaska Natives (AI/ANs).  In addition to the slides being posted on our [Resources for Assisters](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html) page on Marketplace.CMS.gov ([American Indian/Alaska Native “Deep Dive” Presentation for Assisters – April 18, 2014 (slides)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&http://marketplace.cms.gov/help-us/aian-deep-dive.pdf)), please see below summary of the Deep Dive presentation.

Members of federally recognized tribes and Alaska Native Claims Settlement Act (ANCSA) corporation shareholders are eligible for enrollment in the Marketplace outside of the open enrollment period. As such, you are able to assist these individuals in the coming months with enrolling in Marketplace coverage for the first time. You may also be able to assist them with eligibility and enrollment issues unique to this population or with types of exemptions available to them.

Tips

* When you are sincere and truthful, you will do fine.
* Kind humor is appreciated.
* Interrupting is considered the height of bad manners.
* Don’t refer to “consumers.”  Folks, Tribal members, American Indians and Alaska Natives, or AIs/ANs are better choices.
* Some folks may speak slowly because English is not their first language.
* There will be a range of education and experience levels.
* To support Marketplace applications, a person should be prepared to upload or mail in a copy of a document indicating membership or enrollment in a federally recognized tribe or a document if they are a shareholder in an Alaska Native Claims Settlement Act regional or village corporation.  This could also be a card from the Bureau of Indian Affairs that is an agency of the Federal Government.

ACA’s Benefits to AIs/ANs

* The ACA provides an opportunity to strengthen the health of all American Indians/Alaska Natives.
* Besides the new coverage options made available to all Americans, including AI/AN, the ACA also permanently reauthorized the Indian Health Care Improvement Act.
* The ACA allowed the Indian Health Service (IHS) to begin modernizing its health care delivery systems and increasing the number of health care providers in AI/AN communities, among other reforms.

Eligibility and Enrollment Information for AI/AN Individuals

If a person is a member of a federally recognized tribe or a shareholder in an Alaska Native Claims Settlement Act (ANCSA) corporation; and if the person enrolls in private insurance in the Health Insurance Marketplace, they can not only receive Advanced Premium Tax Credits (APTCs), but may also qualify for unique Cost Sharing Reductions (CSRs) through a:

1. Zero cost sharing plan (less than 300% FPL); or
2. Limited cost sharing plan (greater than 300% FPL).

Plus, they will also pay no out-of-pocket costs for services provided by an Indian Health Service, Tribal health care provider, or Urban Indian provider (ITU), or through referral or authorization from Purchased/Referred Care, formerly known as Contract Health Services (for the essential health benefits only). For more information on essential health benefits, see [https://www.healthcare.gov/what-does-marketplace-health-insurance-cover/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&https://www.healthcare.gov/what-does-marketplace-health-insurance-cover/).

Special Enrollment Period for AI/AN Individuals

If a person is a member of a federally recognized tribe or a shareholder in an ANCSA corporation, they:

* Can enroll for the first time any time during the year (However they will need to have an exemption or the shared responsibility payment will apply if they are not enrolled in the first three months);
* May change plans once per month throughout the year through a special enrollment period (SEP);
* Must select a plan by the 15th of the month for coverage effective the first of the following month; and
* Have the SEP option apply to all the people who are on the application with the person who is eligible for the SEP.  The eligible person does not have to be the head of household.

Exemptions for AI/AN Individuals

Any person may apply for an exemption from the individual responsibility payment to have minimum essential coverage (MEC). With an exemption, they won't have to pay the fee that most other people without MEC must pay. There are unique exemptions that are available to members of federally-recognized tribes, shareholders in an ANCSA corporations, and those eligible to receive services at an Indian Health Service, Tribal health facility, or urban health care facility.

Exemption based on membership in a federally recognized tribe:

* Persons who are members of an Indian tribe as defined in section 45A(c)(6) of the Internal Revenue Code may apply for an  exemption from the  individual responsibility payment for failure to maintain minimum essential coverage.

“ITU Eligibility Exemption:”

* People who do not qualify as members of a federally-recognized tribe but who are eligible to receive services through an ITU are eligible to apply for a hardship exemption from the individual responsibility requirement, or IRS fee.
* Others eligible for this exemption are:   
  -  Those married to an eligible Indian only if the Tribe has passed a resolution granting Tribal health services to the spouse.  The spouse’s eligibility may end if she or he becomes divorced from the eligible Indian, depending upon the Tribal resolution.   
  -  A child who has been legally adopted, or who has a guardian who is an eligible Indian.  The child’s eligibility ends upon reaching the age of 19.    
  -  A woman pregnant with the child of an eligible Indian.  Her eligibility ends six weeks postpartum.

Process for AI/AN Individuals to apply for an exemption:

* Members of federally-recognized tribes and ANCSA corporations can apply to the Marketplace for an exemption now through the mail or when they file their 2014 federal tax return.
* Individuals eligible to receive services through an Indian health care provider or ITU must apply by mail for this exemption through the Marketplace, instead of when they file their 2014 taxes.  They can apply for this exemption now.
* There is a single form to apply for  both exemptions and  is available at: [http://marketplace.cms.gov/getofficialresources/publications-and-articles/tribal-exemption.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&114&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/tribal-exemption.pdf).

Exemption Tips for AI/AN Individuals:

* Once the person receives the exemption it is good for the rest of the person’s life—unless the person reports that he or she no longer meets the qualifications for the exemption or unless the person falls into one of the temporary categories mentioned above and loses exemption eligibility.
* Being eligible for IHS services does not satisfy the MEC requirement.  It only provides the basis for an application for an exemption from the fee for failure to maintain MEC for those who qualify.

Other AI/AN Resources

* Printed tribal materials to share with your community - CMS Marketplace Information Center: [http://marketplace.cms.gov/getofficialresources/publications-and-articles/american-indian-and-alaska-native-publications.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&115&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/american-indian-and-alaska-native-publications.html)
* IHS information on the Affordable Care Act - IHS ACA Web Page: [http://www.ihs.gov/aca/faq/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&http://www.ihs.gov/aca/faq/)
* Information for tribal leaders and tribal health programs - National Indian Health Outreach and Education (NIHOE): [http://tribalhealthcare.org/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&117&&&http://tribalhealthcare.org/)
* Additional tribal outreach and education resources - CMS Division of Tribal Affairs:  [http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&118&&&http://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/index.html)
* List of federally recognized tribes: [http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&119&&&http://www.ncsl.org/research/state-tribal-institute/list-of-federal-and-state-recognized-tribes.aspx)

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# FAQs: Exemptions

# From CMS

**Q:** When is the most appropriate time for a consumer to mail in a hardship exemption application?

**A:** There are a number of hardship exemptions and each may have a different timeline, therefore there is no overarching timing requirement for submitting a hardship exemption application during the coverage year. However, the hardship application should be sent on a retrospective basis, unless the hardship is ongoing.

On the hardship exemption application, consumers must provide a start date and an end date for the hardship or indicate that the hardship is ongoing. Most hardship exemptions are granted for the month before the hardship begins, the period during which the consumer experiences the hardship, and the month after the last day of the hardship. For example, if a consumer indicates that his or her eviction hardship began February 2nd and ends March 20, he or she will be granted a hardship for January 1 through April 30. If a consumer indicates that a hardship is ongoing, the exemption will begin the month before the date on which the consumer indicates the hardship began and will extend through the remainder of the coverage year. Consumers must reapply for the hardship exemption for the next year if they continue to experience an ongoing hardship after December 31, 2014.

For more information:

[http://Marketplace.cms.gov/getofficialresources/publications-and-articles/exemptions-from-the-health-insurance-marketplace-fee.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&122&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/exemptions-from-the-health-insurance-marketplace-fee.pdf)

[https://www.healthcare.gov/what-if-i-dont-have-health-coverage/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&123&&&https://www.healthcare.gov/what-if-i-dont-have-health-coverage/)

**Q:** If a consumer completes and submits the wrong exemption form, does the consumer have to resubmit the correct form?

**A:** Generally, yes, the consumer must fill out the appropriate exemption form in order to be granted an exemption.

For more information:

[http://Marketplace.cms.gov/getofficialresources/publications-and-articles/exemptions-from-the-health-insurance-marketplace-fee.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&124&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/exemptions-from-the-health-insurance-marketplace-fee.pdf)

[https://www.healthcare.gov/what-if-i-dont-have-health-coverage/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&125&&&https://www.healthcare.gov/what-if-i-dont-have-health-coverage/)

**Q:** Can consumers who were in the Medicaid coverage gap but had income rise above the FPL level apply retroactively for a hardship exemption?

**A:** If the consumer was denied eligibility for Medicaid because his or her state did not expand Medicaid coverage, the consumer can submit the denial notice in order to prove that his or her income was in the Medicaid expansion income group, indicate the months he or she was in the gap, and apply for the exemption.  However, if the consumer applied through the Marketplace and their eligibility determination letter showed denial of Medicaid and said that the state did not expand Medicaid coverage, this will be an AUOTMATIC exemption, and the consumer does not need to send in an exemption application. CMS will be following up with these consumers later in the year about instructions for claiming the exemption on his or her federal income tax return.

For more information:

[https://Marketplace.cms.gov/help-us/exemption-from-shared-responsibility.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&126&&&https://marketplace.cms.gov/help-us/exemption-from-shared-responsibility.pdf)

[https://www.healthcare.gov/exemptions/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&127&&&https://www.healthcare.gov/exemptions/)

**Q:** Consumers in Medicaid non-expansion states have been told they will receive an exemption certificate. How long does it take to receive this?

**A:** Consumers who applied through the Federally-facilitated Marketplace, fell into the Medicaid coverage gap, and were told they are eligible for an exemption from the shared responsibility payment will be contacted before taxes must be filed for the 2014 tax year with instructions for claiming the automatic exemptiondue to non-expansion.

**Q:** If a consumer is trying to decide if they should enroll in the health plan offered by their employer, how does he or she determine if they would be eligible for advance payments of the premium tax credit (APTC) through the Marketplace? How do they determine if they would be eligible for an exemption?

**A:** Consumers are asked questions about income levels and employer plans on the Marketplace application, which determines affordability and eligibility for APTC or an exemption. If a consumer is filling out the paper application, they may work with their employer to fill out Appendix A to assist the Marketplace in determining affordability. Note that the affordability threshold for APTC and the affordability exemption eligibility are different:

* Employer-sponsored coverage is considered affordable for the purpose of **APTC eligibility** if the cost of employee-only coverage is less than 9.5% of the household’s income. This same rule applies for any family members—they can only qualify for tax credits if the cost of the employee’s self-only coverage exceeds 9.5% of the household’s income.
* Employees can be **exempt from the individual responsibility payment** if the employee’s contribution for employee-only coverage exceeds 8% of the household income.  Similarly, family members can qualify for the affordability exemption if the contribution for family coverage exceeds 8% of household income.

To receive an affordability exemption, consumers must print out, complete, and mail the affordability exemption application. The Marketplace will compare the cost of available coverage to the income for the household. Consumers will need to provide proof of income amounts, unless their income is zero, which they can note on the income page. There may be situations where an employee and their family members have different exemption results. Consumers who are unsure if their coverage meets the affordability standard should apply for the exemption because determining if the cost of coverage exceeds the relevant affordability percentage is complex due to calculating the household’s Modified Adjusted Gross Income (MAGI).

The open enrollment period for 2014 is closed, so although a consumer may complete an application for health coverage, they may not be able to enroll unless he or she qualifies for a special enrollment period. The consumer will receive eligibility results, including APTC, even though open enrollment is closed. In addition, consumers who think they may be eligible for the affordability exemption may apply, even if they do not plan on utilizing the Exemption Certificate Number.

For more information:

[http://marketplace**.**cms.gov/help-us/exemption-from-shared-responsibility.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&128&&&http://marketplace.cms.gov/help-us/exemption-from-shared-responsibility.pdf)

[http://www.healthcare.gov/exemptions/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&129&&&http://www.healthcare.gov/exemptions/)

**Q:** How long does it take to get an Exemption Certificate Number (ECN) and how does a consumer get it?

**A:** If the consumer qualifies for an exemption, they will receive an exemption eligibility determination notice in the mail that contains an Exemption Certificate Number (ECN). An ECN will be provided for each individual receiving an exemption. The length of time for issuing an exemption eligibility determination letter depends on several factors, including whether a consumer completed the exemption application form correctly. The Marketplace may follow up with the consumer if information is incomplete.  CMS is able to process some exemptions more quickly than others and we appreciate consumers’ patience.

**Q:** If a person works unstable hours and is paid hourly, how is the affordability of coverage determined?

**A:** The application looks at the consumer’s projected annual income when determining affordability, so the consumer should estimate their expected income to the best of their ability.

For more information:

[http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-for-family.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&130&&&http://marketplace.cms.gov/getofficialresources/publications-and-articles/marketplace-application-for-family.pdf)

[http://www.healthcare.gov/exemptions/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNTI3LjMyNTQ5ODAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDUyNy4zMjU0OTgwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDM4ODMzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&131&&&http://www.healthcare.gov/exemptions/)

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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](mailto:kim.vanpelt@slhi.org). As always, special thanks to Meryl Deles for much of the content.