Covered Clips

A Summary of News and Activities for the Cover Arizona Coalition

Weeks of June 16th and June 23rd

**HHS Announces Auto Enrollment for Current ACA Consumers**

HHS announced Thursday that individuals who purchased health plans through the state and federal exchanges will be able to automatically re-enroll in the same coverage for 2015, according to a proposed rule.

See <http://www.modernhealthcare.com/assets/pdf/CH95314626.PDF>

**AHCCCS Numbers Continue to Grow**

As of June 1st, AHCCCS reports that 167,671 have been added to AHCCCS as a result of the restoration and expansion of Medicaid. 147,972 have been added to AHCCCS in the restoration category, while 19,789 have been added in the expansion category.

Together, this represents an increase of nearly 22,000 individuals to our state’s Medicaid program in one month – continuing the steady pace of enrollment gains for Medicaid achieved in previous months.

**Affordability on the Marketplace**

On June 18th, HHS released a reports showing that for Arizonans who picked a silver level plan on the Marketplace, the average premium paid after tax credits was $94. The average tax credit received in this state for those same individuals was $163.

<http://aspe.hhs.gov/health/reports/2014/Premiums/2014MktPlacePremBrf.pdf>

**Big Declines in the Uninsured Population for Phoenix Predicted - Accompanied by Big Dollars**

A new report by the Urban Institute estimates the effect of the Affordable Care Act on fourteen large and diverse cities, including Phoenix. The report estimates expected changes in health coverage under the ACA, including the decline of the uninsured. It also estimates the additional federal spending for health care that will flow to these cities.

Here are some of the projections for Phoenix:

**Nonelderly Population of Phoenix by Type of Insurance/Insurance Status with ACA, 2016**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Coverage | BaselineFrequency | BaselinePercent | Post ACAFrequency | Post ACAPercent |
| Medicaid | 404,015 | 25.69% | 530,061 | 33.70% |
| Medicare | 17,650 | 1.12% | 17,650 | 1.12% |
| Employer Sponsored Insurance | 697,747 | 44.36% | 734,171 | 46.68% |
| Other Public | 14,425 | .92% | 14,424 | .92% |
| Non-Group | 53,233 | 3.38% | 10,172 | .65% |
| Uninsured | 385,857 | 24.35% | 177,078 | 11.26% |
| Non-Group Exchange | - | 0% | 89.370 | 5.68% |
| Total | 1,572,926 | 100% | 1,572,926 | 100% |

**Estimated Increase in Federal and State Health Care Spending for Phoenix inder Current Decision to Expand Medicaid**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Federal Medicaid/CHIP (Billions $) | State Medicaid/CHIP(Billions $) | Federal Subsidized Coverage (Billions $) | Total Federal Spending (Billions $) | Total New Federal And State Spending (Billions $) | Percent Federal |
|  | 6,275 | 1,310 | 3,701 | 9,976 | 11,289 | 88.4% |

Source: http://www.urban.org/uploadedpdf/413162-The-ACA-and-Americas-Cities-Chart-Pack.pdf

**Reasons Why People Enrolled in Coverage**

According to a new poll sponsored by Enroll America and the Robert Wood Johnson Foundation, the four primary reasons given by the newly insured for enrolling in Marketplace or Medicaid coverage during the last open enrollment period were:

1. It’s the law.
2. The fine.
3. To go to the doctor.
4. Avoid big medical bills.

The first two reasons were more likely to be cited by young adults and Latinos. Those enrolling in Medicaid were more likely to cite avoiding big medical bills.

**Still Uninsured: Unmet Demand**

According to a related poll by Enroll America and the Robert Wood Johnson Foundation, 1 in 3 of the currently uninsured visited the marketplace during the last open enrollment period – an average of 4.7 times.

Of those who looked for insurance, 56% were able to start an application.

Why didn’t they sign up for health insurance? Two factors were cited. 1) Costs weren’t worth it and 2) Confusing, questions weren’t answered.

**Lessons Learned from the First Enrollment Period**

Enroll America has released and expansive new report titled [State of Enrollment: Lessons Learned from Connecting America to Coverage](http://getcoveredamerica.us7.list-manage.com/track/click?u=f338f65908b8f1524d2d5676b&id=9bbb1e1f04&e=abf07b7e66). The report takes a comprehensive, in-depth look at every aspect of the first open enrollment period outreach effort to enroll more than 14 million consumers in coverage. It will serve as an important resource for stakeholders and enrollment leaders for years to come. [**You can view a full copy of the report here**](http://getcoveredamerica.us7.list-manage.com/track/click?u=f338f65908b8f1524d2d5676b&id=b39eedc464&e=abf07b7e66).

**New Survey: Six in Ten Enrollees Previously Uninsured**

The Kaiser Family Foundation has conducted the first in a series of surveys taking a closer look at the entire non-group market. This first survey was conducted from early April to early May 2014, after the close of the first ACA open enrollment period. It reports the views and experience of all non-group enrollees, including those with coverage obtained both inside and outside the Exchanges, and those who were uninsured prior to the ACA as well as those who had a previous source of coverage (non-group or otherwise). Some of the findings include:

* Roughly two-thirds of those with non-group coverage are now in ACA-compliant plans, while three in ten have coverage they purchased before the ACA rules went into effect (referred to as “non-compliant plans”)
* About half of all non-group enrollees now have coverage purchased from a Health Insurance Exchange, and *nearly six in ten (57 percent) of those with Exchange coverage were uninsured prior to purchasing their current plan*. Most of this previously uninsured group reports having gone without coverage for two years or more, and for many the ACA was a motivator in seeking coverage; seven in ten of those who were uninsured prior to purchasing a Marketplace plan say they decided to buy insurance because of the law, while just over a quarter say they would have gotten it anyway.

Source: <http://kff.org/health-reform/report/survey-of-non-group-health-insurance-enrollees/>

# Obamacare Legal Battle Threatens Subsidies for Millions

# From Modern Healthcare

If [Obamacare](http://www.modernhealthcare.com/section/healthcare-reform) opponents succeed in their legal battle to block federal premium subsidies offered through the [federal insurance exchange](http://www.modernhealthcare.com/section/articles?tagID=990), millions of Americans would lose their insurance, thousands of companies no longer would face a penalty for not providing coverage to their workers and premiums in the individual insurance market would soar.

These scenarios are possible because of what is widely seen as a drafting error in the Senate bill that became the Patient Protection and Affordable Care Act. Now, opponents of the law are trying to drive an explosives-filled truck through that statutory hole in four separate but similar federal lawsuits that are working their way to the [U.S. Supreme Court](http://www.modernhealthcare.com/section/articles?tagID=5805).

If the cases reach the high court, legal observers believe it is possible the conservative majority led by Chief Justice John Roberts would find the premium subsidies illegal, crippling the law's insurance expansion. That might pacify conservatives still fuming at Roberts for voting to uphold the constitutionality of the law's individual mandate in 2012. At stake are the premium subsidies received by about 6.8 million Americans this year in the 36 states using the federal exchange.

Seeking a victory

Indeed, a legal victory for those challenging the subsidies would achieve a large part of what congressional Republicans have sought but have been unable to achieve legislatively—rolling back and unraveling Obamacare. That's because most of the 8 million people who signed up for coverage through the exchanges for 2014 qualified for premium tax credits. Taking those subsidies away almost certainly would prompt many of those people to drop coverage, according to healthcare reform experts interviewed for this article.

An appeals court victory for the plaintiffs would set off a high-stakes legal battle over staying the ruling to prevent many people from immediately losing their subsidies.

“This is dangerous litigation,” said Washington and Lee University law professor Tim Jost, an ACA expert who supports the law. “They want to drive a stake through the heart of Obamacare.”

The legal question in the four cases centers on the wording that describes who is eligible for the subsidies. Section 1401 of the law says premium tax credits to buy insurance will be provided to individuals and families who get insurance “through an exchange established by the state.” At the time the law passed, nearly everyone including actuaries at the [Congressional Budget Office](http://www.modernhealthcare.com/section/articles?tagID=1129) assumed it would offer sliding-scale premium subsidies for any U.S. citizen or legal resident in any state with a household income of between 100% and 400% of the federal poverty level who did not qualify for Medicaid, did not have affordable coverage through an employer and who purchased coverage on the insurance exchange in their state.

There is no evidence in the legislative history that the law's drafters intended for the subsidies to be available only through state-run exchanges. But the law's challengers argue that the drafters wrote Section 1401 the way they did to pressure states to set up their own exchanges, under the threat that otherwise their residents would not be able to receive subsidies.

The Internal Revenue Service issued a rule in May 2012 interpreting Section 1401 to allow subsidies for qualifying residents of all states, not only those with state-run exchanges, which so far only 14 states and the District of Columbia have established. “Typos aside, there is no indication that those subsidies would not be provided in every state,” said Linda Blumberg, a senior fellow with the Urban Institute who has written articles in support of the law.

But the plaintiffs argue that the IRS rule is contrary to the law, and that subsidies for people who have signed up for coverage in the 36 states with federally facilitated exchanges are therefore illegal. The plaintiffs include individuals, businesses and state officials supported by anti-Obamacare attorneys and conservative activists at the Cato Institute and the Competitive Enterprise Institute.

# See the full story here: [http://www.modernhealthcare.com/article/20140614/MAGAZINE/306149796&utm\_source=AltURL&utm\_medium=email&utm\_campaign=am?AllowView=VXQ0UnpwZTVEUFdhL1I3TkErT1lBajNja0U4VURPZFpFQjBKQWc9PQ==&mh](http://www.modernhealthcare.com/article/20140614/MAGAZINE/306149796%26utm_source%3DAltURL%26utm_medium%3Demail%26utm_campaign%3Dam?AllowView=VXQ0UnpwZTVEUFdhL1I3TkErT1lBajNja0U4VURPZFpFQjBKQWc9PQ==&mh)

# New Application Question on Immigration Status

# From CMS

CMS has launched a new system fix for some immigrant applicants who had trouble with their Marketplace application. This fix is part of a series of improvements we have made in functionality over the past few months targeting issues related to immigrants, thereby significantly improving consumers’ access to affordable Marketplace coverage**.** This newest fix specifically addresses an issue experienced by immigrant consumers for whom the Marketplace is unable to verify immigration status through the Department of Homeland Security (DHS) immediately, and who have been denied Medicaid and CHIP eligibility by the state because of their immigration status.

The Marketplace now includes a **new question** to help consumers who have been denied Medicaid and CHIP eligibility by the state because of their immigration status. Specifically it applies if:

1. an applicant attests to being denied eligibility for Medicaid or CHIP; and
2. the applicant also attests (earlier in the same application) to having eligible immigration status.

Now, a second question will appear asking the applicant whether he or she was denied Medicaid or CHIP eligibility based on his or her immigration status (see screenshot below).  Answering this question will help [HealthCare.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://healthcare.gov/) properly determine eligibility for those individuals with income under 100% of the Federal Poverty Level (FPL) who are ineligible for Medicaid or CHIP based on immigration status, but who may be eligible for an advance payment of the premium tax credit (APTC) and cost-sharing reductions (CSRs). This question allows these consumers to continue with their application and enroll in a plan, if they are otherwise eligible.



For the fact sheet with more information about the new question for applicants denied Medicaid and CHIP eligibility because of their immigration status, see:  [http://marketplace.cms.gov/help-us/question-for-applications-denied-medicaid.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&http://marketplace.cms.gov/help-us/question-for-applications-denied-medicaid.pdf).

For the slide presentation that we presented Friday, June 13 about this question, see: [http://marketplace.cms.gov/help-us/applicants-denied-medicaid-slides.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&http://marketplace.cms.gov/help-us/applicants-denied-medicaid-slides.pdf).

# IRS-related Marketplace Training Session Slides Posted

# From CMS

On Wednesday, June 11, the CMS National Training Program partnered with the Internal Revenue Service (IRS) to share information and address questions about the Health Insurance Marketplace premium tax credits and changes in circumstances.  The two resources discussed have been posted to the Marketplace.CMS.gov Training page: [http://marketplace.cms.gov/training/get-training.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&127&&&http://marketplace.cms.gov/training/get-training.html). The direct links are here:

* [The Premium Tax Credit – What You Need to Know](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&128&&&http://marketplace.cms.gov/getofficialresources/training-materials/premium-tax-credit-what-you-need-to-know.pdf)
* [IRS Premium Tax Credit Resources](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&129&&&http://marketplace.cms.gov/getofficialresources/training-materials/premium-tax-credit-resources.pdf)

For more information and additional IRS-related resources, please see: [http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&130&&&http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home).

**Eligibility and Enrollment Provisions in Exchange and Insurance Market Standards for 2015 and Beyond Final Rule**

From CMS

Here is information on the eligibility and enrollment provisions in the recently published final regulation on Exchange and Insurance Market Standards for 2015 and Beyond, and what these standards mean for assisters.

* A slide presentation about the **assister-specific provisions** in the rule can be found here:
[Overview for Assisters of Exchange and Insurance Market Standards for 2015 and Beyond: Final Rule](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&124&&&http://marketplace.cms.gov/help-us/market-standards.pdf)
* The slide presentation about the **eligibility and enrollment provisions** in the rule can be found here:  [http://marketplace.cms.gov/help-us/market-standards-rule.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&125&&&http://marketplace.cms.gov/help-us/market-standards-rule.pdf)

The rule can be found here: [http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjE3LjMzMTc5ODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYxNy4zMzE3OTgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDcxNTk1JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&126&&&http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf)

**How Hearing Impaired Consumers Can Designate an Authorized Representative for Assistance with the Call Center**

From CMS

The following is for hearing impaired consumers who would like to designate an assister as an authorized representative who can speak on their behalf when working with the Call Center. Please tell the consumer to contact the Call Center using a TTY to designate his or her assister as an authorized representative.  Once this has been done, the consumer can have the designated assister contact the Call Center and speak to the Call Center Representative on behalf of the consumer.

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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=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&105&&&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=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&106&&&http://marketplace.cms.gov/getofficialresources/spanish-materials/help-in-your-language-spanish.pdf).

**Data Matching Issues**

From CMS

CMS continues to work diligently to resolve situations where applications need additional verification, and we need your help to do that.  For most consumers, the information they submitted was immediately verified by the Marketplace. But in some cases, either the information the applicant provided didn’t match with existing records or the applicant did not provide enough information to match with existing records. These types of situations are called data matching issues or inconsistencies. For consumers with data matching issues, the Marketplace used the information the consumer provided to determine their eligibility, and if eligible, the consumers were able to continue to plan selection and enrollment. Their eligibility notice told them of their eligibility determination and that more information was also needed.

Usually, those consumers were still able to enroll in Marketplace coverage, but they were asked to follow up as soon as possible and provide additional documentation to make sure the Marketplace has the correct information. As assisters, you can help a consumer review his or her notice to identify what documents the Marketplace needs and whether or not the consumer has sent in the needed information. If he or she hasn’t, you can also help the consumer upload or mail documents to the Marketplace – and again, when possible, we suggest that consumers upload their documents to expedite the matching process**.**

The Marketplace will mail and/or email these consumers a notice with a request for additional information. We started mailing paper notices to enrolled consumers during the end of May and first week of June and will continue to mail notices over the next couple of weeks (see example notice below).  The notices state that consumers will have an additional 30 days from the receipt of notice to provide information.  We started sending email notices the week of June 16th to consumers who requested email communications. We are also calling consumers to remind them of the need to submit the needed documents.

Related Resources:

As a reminder, we have several resources to help assisters who are working with consumers to resolve data matching or inconsistency issues. The Mini-Dive: Data Matching Issues Update included in the June 17, 2014 Assister Newsletter includes tips from the presentation for assisters.   As a reminder, we also have several other resources with additional information that you can access below:

* [The Marketplace might need more information from you](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&108&&&https://www.healthcare.gov/blog/the-marketplace-might-need-more-information-from-you/)
* [Due Diligence—Double, Triple Checking Consumer Info](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&109&&&http://www.hhs.gov/digitalstrategy/blog/2014/06/checking-marketplace-consumer-info.html)
* [How do I resolve an inconsistency?](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&110&&&https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/)

Also, here is a presentation with step by step instructions on how to upload documents if you have an inconsistency: [http://marketplace.cms.gov/help-us/supporting-documentation.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNjI0LjMzMzkwNjIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDYyNC4zMzM5MDYyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MDgyMjQ3JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://marketplace.cms.gov/help-us/supporting-documentation.pdf).

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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. As always, special thanks to Meryl Deles for much of the content.