Covered Clips

A Summary of News and Activities for the Cover Arizona Coalition

Weeks of July 28th and August 4th

**Save the Date: Enrollment Assister Trainings Scheduled**

The Cover Arizona Coalition is planning for a series of regional conferences in September for enrollment assisters.  The two-day conferences will be held in Yuma, Flagstaff, Tucson and Phoenix.  CMS will likely be a partner in this training effort.  The dates are as follows:

 September 15-16 – Yuma

September 17-18 – Flagstaff

September 22-23 – Tucson

September 24-25   – Phoenix

Please save the dates and mark your calendars. More information on how to register and locations will be available soon.

**Americans Approve of Exchange Subsidies**

A new national poll shows that Americans approve of subsidies offered on exchanges, regardless of whether the exchange is established by the federal government or states. The poll was conducted by Morning Consult August 1-3, 2014 of 1825 registered voters. The interviews were conducted online and the data were weighted to approximate a target sample of likely voters based on age, race/ethnicity, gender, educational attainment, region, household income, home ownership status and marital status. Results from the full survey have a margin of error of plus or minus two percentage points.

*Do you think people purchasing insurance should have access to subsidies if they meet all other qualifications, regardless of whether the exchange was set up by the states or by the federal government?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | Don’t Know/No Opinion | N |
| Registered Voters | 58 | 15 | 27 | 1825 |
| Male | 59 | 18 | 23 | 851 |
| Female | 57 | 12 | 31 | 974 |
| Age: 18-29 | 63 | 12 | 25 | 294 |
| Age: 30-44 | 59 | 10 | 30 | 452 |
| Age: 45-64 | 58 | 15 | 28 | 689 |
| Age: 65+ | 52 | 21 | 26 | 390 |
| Ethnicity: White | 57 | 15 | 28 | 1487 |
| Ethnicity: Hispanic | 57 | 19 | 24 | 163 |
| Democrats (no lean) | 71 | 7 | 22 | 687 |
| Independents (no lean) | 50 | 16 | 34 | 593 |
| Republicans (no lean | 49 | 23 | 27 | 545 |
| Moderate | 61 | 10 | 29 | 537 |
| Conservative | 47 | 24 | 28 | 701 |
| Liberal | 74 | 8 | 18 | 485 |
| Northeast | 58 | 16 | 26 | 333 |
| Midwest | 59 | 11 | 30 | 431 |
| South | 56 | 16 | 28 | 678 |
| West | 60 | 14 | 26 | 383 |
| New England | 70 | 12 | 18 | 95 |
| Mid Atlantic | 54 | 18 | 29 | 238 |
| Mountain | 65 | 15 | 20 | 123 |
| Pacific | 57 | 14 | 29 | 260 |
| Income: Under 50 K | 57 | 13 | 30 | 792 |
| Income: 50 K- 100K | 55 | 18 | 27 | 600 |
| Income: 100K + | 63 | 13 | 24 | 600 |
| Education: < College | 56 | 12 | 31 | 1200 |
| Education: Bachelor’s Degree | 60 | 17 | 24 | 405 |
| Education: Post Grad | 62 | 25 | 13 | 220 |
| Urban | 65 | 11 | 24 | 407 |
| Suburban | 55 | 17 | 28 | 956 |
| Rural | 57 | 13 | 30 | 462 |

Source: <http://themorningconsult.com/poll-subsidies-affordable-care-act-state-exchanges/>

**What Do Assisters Need?**

**A national study of consumer assistance conducted by the Kaiser Family Foundation identified** improvements assisters believe are important to help them serve consumers more effectively. Here are some of the needs identified:

Assister Programs want more and more timely training.Ninety-two percentof Assister Programs say they would like to receive additional, more in-depth training on specific topics.  Training on post-enrollment problems and tax-related issues top the list, followed by immigration-related issues and more training on QHP features and differences. In response to open ended questions, some Assister Programs also recommended training on the online application system itself.

Assister Programs suggest strengthening Marketplace call centers.Virtually all Programs relied heavily on their Marketplace call center to answer questions and resolve problems, though with mixed success.  Assister Programs gave Marketplace call centers lower marks for helpfulness (only 69 percent of Assister Programs rate Marketplace call centers as very or somewhat helpful).  In response to an open ended question about what Marketplaces should improve, half of Programs cited their call center.   Programs say it could be difficult to get through to call center operators, particularly during peak enrollment periods.  They also cited shortages in bilingual call center staff.  In addition, some complain that call center representatives didn’t always provide accurate or consistent information.

Programs in Marketplaces that provided a dedicated call center line for Assisters reported this technical assistance was more effective.  Programs in Marketplaces without a dedicated Assister help line expressed the need for one.

Assister Programs acknowledged the value of coordination among Programs*.* Assister Programs that coordinated efforts reported improved efficiency in a number of areas, though not all Programs coordinated.  Almost one-quarter of Assister Programs report they coordinate with other Programs often and on a regular basis.  Another 22 percent coordinated often but on an ad hoc basis, while 54 percent of programs report they never coordinated with other Programs or did so only infrequently.

When Programs did coordinate with each other, most often they said coordination was initiated by Assisters themselves or facilitated by an outside entity other than the Marketplace.  Less than 20 percent of Programs said their Marketplace facilitated coordination among Assisters.

Overall, Programs that did coordinate said this was very or somewhat important to their effectiveness in planning outreach events and activities (80 percent), and in resolving consumers’ complex questions and problems (81 percent).

Most regularly-coordinating Programs also said it was important in scheduling appointments. In North Carolina, for example, Assister Programs operated a centralized scheduling system.  Residents of that state could call a single number and be referred to the nearest Assister Program with available appointments.   Programs that coordinated with each other could also share bilingual staff and contractors, and so found it easier to make interpreter services available to consumers. Several Programs from states that facilitated coordination also noted the importance of being able to offer real-time feedback to Marketplace officials.

Assister Programs that coordinated regularly with each other tended to engage in a wider range of activities, including outreach and public education, helping small employers, helping individuals with post-enrollment problems, and appeals of eligibility determinations.  Coordinating Assister Programs also were much more likely to report helping other Assister Programs.

Other improvements were also suggested by Programs in response to open ended questions.  These include:

Web Site Reliability

Programs emphasized the need for better surge capacity to reduce web site slow-downs and repairs of other glitches.  They also recommended improvements to Marketplace web site functionality, including development of online chat systems to answer consumer questions, pop-up windows with more detailed instructions on how to complete the online application, better plan comparison tools, and translation of web sites into more languages.  Some Programs also urged that consumers not be required to submit an email address in order to apply online.

Assister portal to access the Marketplace enrollment system

In some states Assisters could log into the Marketplace web site through a secure portal, then help consumers complete online applications and track their status.  Programs with such access emphasized its usefulness to case management.  They could contact the Marketplace about pending verifications and eligibility determinations, and they could re-contact consumers to remind them of needed follow up.  Without a portal, case management could be more difficult.  For example, 30 percent of Assister Programs said they did not know the enrollment outcome for a majority of their clients.  If consumers delayed picking a plan to a later time, it could be impractical for Assisters to follow up to offer reminders and additional help.   Assister portals also facilitated data collection, helping both Marketplaces and Assister Programs, themselves, track performance patterns and the need for further training and technical assistance.

More Marketplace resources for Assisters

In response to an open ended question about suggested improvements, 12 percent of Programs recommended increasing Marketplace resources, including increased funding for Assister Programs.  Some Programs also urged that Marketplaces pay directly for more media advertising and sponsor more outreach and public education events.  In addition, some Programs want Marketplaces to make more consumer information resources available, such as handouts explaining ACA requirements and health insurance terms.  Some stressed the need for materials translated into other languages and urged that the accuracy of translation needs to be improved in some cases.

Privacy and security standards

Most Programs were satisfied with Marketplace rules for safeguarding clients’ personally identifiable information (PII), but 40 percent said safeguards were so rigid as to interfere with Assisters’ ability to track client cases and provide follow up assistance. Programs often developed workarounds – for example, all Marketplaces required Assisters to obtain signed consent to provide assistance, and some Programs designed consent forms to also include other key information, such as the client’s eligibility determination, needed follow up steps, and contact information.  Other Programs created worksheets for consumers to take with them that recorded account numbers, passwords, information about the plan selected, next-step instructions, and other key information consumers would need to keep and track on their own.

Other Assister Program best practices

Programs also recommended strategies they followed to improve the assistance process.  For example, 10 percent of Programs described “pre-screening” procedures they used while making appointments to advise consumers on the kinds of information they might need during the application process. This helped the actual assistance appointment to proceed more smoothly.   Some Programs also designated staff to “pre-assist” consumers by helping them set up an email account in advance if they didn’t already have one.

Thirty-three percent of Programs also described partnerships with others in their community who could help with effective outreach or key resources such as meeting space or computer labs.  Programs also formed strategic partnerships with tax assisters, insurance brokers, and others offering specialized expertise.

In addition, Programs emphasized the importance of in-house coordination, including regular meetings to share information and seek peer advice.  Programs also adopted creative approaches to staff specialization, designating the most expert staff to consult on complex cases and mentor new hires, scheduling specialists to pre-screen clients and ensure availability of interpreter services or accessible assistance when needed, and training specialists assigned to monitor all Marketplace updates and trainings and ensure information was imparted to colleagues.

**http://kff.org/report-section/survey-of-health-insurance-marketplace-assister-programs-section-6/**

**Internal Revenue Service (IRS) Issues Guidance on Premium Tax Credits and Tax Filing**

**From Enroll America**

On July 24, the IRS released final and temporary [regulations](https://s3.amazonaws.com/public-inspection.federalregister.gov/2014-17695.pdf) allowing married victims of domestic violence and spousal abandonment to receive premium tax credits while filing taxes separately. Furthermore, the new regulations include updates to the [index for calculating marketplace premium tax credits](http://www.irs.gov/pub/irs-drop/rp-14-37.pdf) for the 2015 plan year. The IRS also released a number of [draft tax forms](http://apps.irs.gov/app/picklist/list/draftTaxForms.html) (Forms 8962, 1095 A-C, 1094 B-C, 8941, and 8965) for individuals, insurers, and employers to report coverage and claim exemptions, and determine individuals’ and small businesses’ final tax credit amount or the fine for not having coverage. If this final premium tax credit for an individual does not match the advanced payments of premium tax credits that a consumer received throughout the year from the marketplace, he/she will either get an additional refund or have to pay back the extra tax credits.

# Resolving Data Matching Issues/Inconsistencies

From CMS

As we’ve mentioned in the last few weeks, CMS continues to work diligently to resolve situations where applications need additional verification, and we continue to rely on your help resolving these issues.  As assisters, you can help consumers understand and follow the correct process to clear data matching issues or inconsistencies. You can help the consumer review their eligibility notice or reminder notice to determine which household member(s) needs to provide more information and to review the list of documents that can be provided.

As a reminder, the consumer can call the Marketplace Call Center to see if their data matching issue or inconsistency has been resolved. If the Call Center cannot confirm that the inconsistency is resolved and the consumer submitted documents over 2 weeks ago, we advise the consumer to resubmit their documents through their Marketplace HealthCare.gov account or through the mail. In some instances, consumers may have forgotten to include the barcode or their legal name or application ID which may have made it difficult for the Marketplace to associate the information with the right application.

CMS is continuing outreach to consumers—via mail, email, and phone calls—to encourage them to provide supporting documentation so we can resolve any remaining issues with their application as soon as possible. Because we are reaching consumers in multiple ways, there may be some overlap with the timing of the notices in relation to when the consumer submitted the documents, or when the inconsistency was resolved.

**Consumers Can Upload Documents Not Listed in “Document Types” Categories**

From CMS

Remember: Not every document that consumers may want to upload is included in the drop-down menu of “Document Types” viewable after clicking Verify in the Application Details section of their My Account. Consumers who need to upload documents that do not fall into a specific document-type category in the drop-down menu, can choose the “Other” option from the drop-down menu to upload the document.

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# Tip to Successfully Upload Documents: Omit Special Characters in the File Name

From CMS

We want to share a new tip for assisters regarding HealthCare.gov’s upload functionality. When uploading documents to HealthCare.gov, do not include a colon, semicolon, asterisk, or other special character (\ ? “ < >) in the title. Consumers will not be able to upload documents with these characters in the title.

Consumers who continue to have trouble uploading documents should mail copies of their documents to the Marketplace, being sure to include the page from their eligibility notice with their application’s unique barcode. If the consumer does not have the barcode, they can include their legal name and application ID with their documents.

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# Tip for Consumers Experiencing a System Issue When They Report a Life Change

From CMS

Some consumers are experiencing a system issue when they report a life change to the Marketplace.  For some consumers, when they report a life change, such as a change in income, the system is calculating the consumer’s annual income to be $0, although the monthly income remains the same, and is removing the consumer’s tax credit.  We are aware of this issue and are working on a solution. In the interim, we recommend that impacted consumers select “no” to the question asking if yearly income will be the same as the 2012 tax return. Next, in response to the question, “What do you expect applicant’s yearly income will be in 2014?” the consumer should select “I don’t know.” This will route consumers into the current income questions that will record income correctly. Consumers are reminded to report all life changes to the Marketplace as they occur.

**Grace Period Clarification**

# From CMS

The Marketplace has rules in place that may give consumers who have outstanding premium payments due for their Qualified Health Plan (QHP) insurance a short period of extra time to pay after the payment due date has passed before the insurance company can take away their coverage. This short period of time is called a “grace period” and it varies depending on whether a consumer is receiving advanced premium tax credits (APTC) or not.

Under current rules, QHP issuers must:

* Allow consumers who receive APTC a three-month grace period if they have paid at least one full month’s premium during the benefit year (See 45 CFR 156.270(d)).
* Grant consumers who do not receive APTC a grace period in accordance with state rules (See 45 CFR 155.430(d)(5)). Assisters may want to contact their state department of insurance (DOI) for more information on grace periods based on state rules.

CMS has issued additional guidance to issuers related to how grace periods should be applied to consumers in various situations. Assisters should look for an upcoming fact sheet with more details about grace periods in the near future.

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# Questions and Answers on the Length of Marketplace Coverage

# From CMS

We recently posted a fact sheet on [Questions and Answers on the Length of Marketplace Coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&104&&&http://marketplace.cms.gov/help-us/length-of-marketplace-coverage.PDF) to our [Resources for Assisters Page](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&105&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html). Below are some important takeaways for assisters, but be sure to check out the fact sheet for more information.

The Length of Marketplace Coverage

Regardless of when a consumer’s current Marketplace plan became effective, the plan year will end on December 31, 2014, except for cases where consumers chose to terminate their policies prior to December 31, 2014.

For example, a consumer who enrolled in a QHP that has a coverage effective date of May 1, 2014 would have their coverage last only 8 months (through December 31, 2014), unless the consumer chooses to terminate his or her policy earlier, and the coverage will be renewed on a calendar year cycle, beginning January 1, 2015.

Consumers currently enrolled in QHPs will be renewed for coverage starting January 1, 2015, which means that cost-sharing features of a QHP, such as deductibles and out-of-pocket limits, for current QHP enrollees will start over for that benefit year. During Open Enrollment in 2015, depending on when you select a plan, your coverage may be less than 12 months because the coverage year ends December 31, 2015.

Renewing Marketplace Coverage and Tax Credits

The vast majority of consumers will be automatically re-enrolled in coverage and will have their tax credits continued. However, all consumers are still encouraged to visit the Marketplace between November 15, 2014 and December 15, 2014 to make sure their information is up to date and they are getting the right amount of financial assistance for their new benefit year beginning January 1, 2015. They should also make sure that the plan they already have still meets their current needs. In general, consumers should always report any changes to the Marketplace as soon as they occur throughout the calendar year.

The exact process for renewal will vary depending on whether the consumer lives in a state using the Federally-facilitated Marketplace or running their own State Based Marketplace. For consumers who are automatically re-enrolled, the new plan year will begin January 1, 2015. However, these enrollees have until the end of the Open Enrollment Period (February 15, 2015) to shop and switch their plans if they choose. Consumers who have been re-enrolled in their plan and then switch to a new plan should keep in mind that cost-sharing features such as deductibles and out-of-pocket limits will generally start over with their new plan even if they switch plans after the beginning of the new coverage year (for example, an individual who paid $100 toward the deductible of QHP A in January of 2015 and switches to Plan B in February 2015 would be responsible for Plan B’s full deductible requirement).

The Length of Medicaid and the Children’s Health Insurance Program (CHIP) Coverage

Consumers who are enrolled in Medicaid or CHIP based on their Modified Adjusted Gross Income (MAGI) are generally eligible for 12 months of coverage unless they experience a change in their income or other circumstances that affect their eligibility. Eligibility is renewed on a 12-month cycle starting from the beginning date of coverage (this is different than QHPs, which are renewed on a calendar-year cycle). For 2014, some states are temporarily delaying their renewals, so if consumers have questions about the length of their eligibility period, they should call their state Medicaid or CHIP agency to confirm their status. Additionally, the typical 12-month Medicaid cycle may not apply to all consumers. For example, a consumer who is eligible for Medicaid for a non-MAGI reason, such as for a disability, may have a more frequent renewal cycle.

Regularly-scheduled renewals are not the only time state Medicaid and CHIP agencies re-determine eligibility. For example, Medicaid and CHIP agencies re-determine a consumer’s eligibility if he or she provides new information or experiences changes that may affect eligibility, or if the agencies find new information resulting from periodic data matching efforts.

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# Annual Eligibility Redeterminations for Exchanges and Health Insurance Issuer Standards Notice of Proposed Rulemaking and Guidance

New information is available on the recently proposed rule and published guidance on annual eligibility redeterminations and proposals to re-enroll eligible consumers into private health insurance coverage and insurance affordability programs (such as advance premium tax credits and cost-sharing reductions) in preparation for the next Marketplace Open Enrollment Period.

* **The newly posted slide presentation can be found here:**[**http://marketplace.cms.gov/help-us/eligibility-redeterminations.pdf**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&107&&&http://marketplace.cms.gov/help-us/eligibility-redeterminations.pdf) **on the** [**Resources for Assisters Page**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&108&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html)
* **The published guidance on annual eligibility redeterminations can be found here (**[**http://www.gpo.gov/fdsys/pkg/FR-2014-07-01/pdf/2014-15362.pdf**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&106&&&http://www.gpo.gov/fdsys/pkg/FR-2014-07-01/pdf/2014-15362.pdf)**)**

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# FAQs: Redeterminations/Renewals and Veterans and the Affordable Care Act

Redeterminations/Renewals

Q: Will a consumer currently enrolled in a QHP in the 2014 plan year who became eligible for a premium tax credit in 2014, but failed to report the income change to the Marketplace, be evaluated for APTC eligibility at the time of renewal?

A: No, under the proposed guidance, enrollees are not automatically re-evaluated for financial assistance at the time of renewal.  Enrollees who are not receiving APTC/CSR in 2014 must return to the Marketplace and report their income change**.** Even though consumers can return to the Marketplace to report this at the time of re-enrollment, the best course of action is for consumers to report changes to the Marketplace as soon as they occur throughout the calendar year.

Q: Will a consumer currently enrolled in a QHP in the 2014 plan year who requested not to receive financial assistance be evaluated for APTC eligibility at the time of renewal?

A: No, under the proposed guidance, enrollees are not automatically re-evaluated for financial assistance at the time of renewal.  Enrollees who are not receiving APTC/CSR in 2014 must return to the Marketplace and indicate their preference to be considered for financial assistance for the 2015 coverage year.

Q: For a consumer who is receiving APTC in the 2014 plan year who allowed the Marketplace to use his or her tax data for purposes of redetermination and reported a change in income during 2014, will the Marketplace use the reported change in income information at the time of renewal?

A: Yes, if an individual updated their income information during the 2014 coverage year and authorized the Marketplace to use tax information for purposes of annual redetermination, the Marketplace will compare the most recent 2014 eligibility determination with the available tax data to determine whether the individual’s APTC/CSR can be continued in 2015.

**FAQs: Veterans and the Affordable Care Act**

Q: How long should a Veteran applying for a Veterans Administration (VA) health care program expect to wait before being notified of their enrollment status?

A: Generally, consumers applying for a VA health care program will receive written notification of their enrollment status in the VA health care system within 7-14 days. The process may take longer if the VA cannot immediately establish verification of military service or other qualifying criteria. The VA will contact the consumer to assist with their application in this case. The consumer’s notification letter will also give instructions on how to appeal the decision if the consumer does not agree with the determination.

Q: Can a consumer continue to use VA health care with other programs, such as private insurance or federal health care programs? If so, which coverage would be primary?

A: Yes, consumers can continue to use VA health care coverage for all their health care needs, or complement their VA health care coverage with private health insurance or coverage by other federal health care programs, including Medicare, Medicaid, and TRICARE. Which coverage would be the primary payer depends on the types of coverage the consumer has, as well as the consumer’s specific eligibility for coverage. Please see [http://www.va.gov/health/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&109&&&http://www.va.gov/health/) for more information or have consumers call the VA at 1 877-222-VETS (8387).

Q: If a consumer is enrolled in a VA health care program, would they be eligible for Marketplace subsidies, such as an advance premium tax credit (APTC) or cost-sharing reductions (CSRs), to help lower the cost of a Marketplace plan?

A: Since VA health care coverage meets the standard for health care coverage (minimum essential coverage, or MEC), a consumer enrolled in a VA health care program wouldn’t be eligible for Marketplace subsidies, such as APTC/CSR, if they chose to purchase additional health care coverage outside of VA health care coverage. However, these consumers may still purchase private health insurance on or off the Marketplace to complement their VA health care coverage. Remember that consumers who are not enrolled in VA health care coverage may still be eligible for APTC/CSR to help lower the cost of their Marketplace coverage, even if they are eligible for VA health care coverage.

Q: If a veteran cancels their VA health care coverage, will it affect their future eligibility for VA health care coverage?

A: Cancelling or disenrolling from VA health care coverage does not affect a Veteran’s future eligibility for VA health care coverage. However, acceptance for future VA health care coverage will be based on eligibility factors at the time of application, which may result in a denial of VA health care coverage. For example, if there has been a legislative change in the program’s eligibility requirements, or if the Veteran has experienced a change in income since their initial enrollment, the Veteran may no longer be eligible for the program.

Q: Why would a Veteran not enroll in, or disenroll from, VA health care coverage?

A: Veterans may not be aware of their eligibility for VA health care coverage. Assisters can help Veterans become aware of their VA health care coverage options, and Veterans should contact the VA for an eligibility determination (for example, by calling 1-877-222-VETS(8387)), even if they think they might not be eligible. Veterans might disenroll from VA health care coverage due to access (for example, because they live far from a VA health care provider), or because they gained access to other forms of coverage. The VA is working to bring on more points of access, for example, to rural veterans.

Q: What is TRICARE?

A: TRICARE is the health care program for active duty service members, National Guard and Reserve members, retirees, their families, survivors, certain former spouses, and others worldwide. For more information about TRICARE, see: [http://www.tricare.mil/welcome.aspx](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&110&&&http://www.tricare.mil/welcome.aspx).

As a reminder, for more information about Veterans, VA health care, and the ACA, please visit [www.va.gov/aca](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://www.va.gov/aca).

* Information for veterans already enrolled in VA health care: [http://www.va.gov/health/aca/EnrolledVeterans.asp](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&http://www.va.gov/health/aca/EnrolledVeterans.asp).

Information for veterans not enrolled in VA health care: [http://www.va.gov/health/aca/NonEnrolledVeterans.asp](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzIzLjM0MzQ3NzQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyMy4zNDM0Nzc0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTIzMDgzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&http://www.va.gov/health/aca/NonEnrolledVeterans.asp).

# Reaching and Assisting LGBT Communities

# From CMS

The Affordable Care Act presents an unprecedented opportunity to improve the health, wellbeing, and economic security of millions of Americans, including lesbian, gay, bisexual, and transgender (LGBT) people and their families. In order for this opportunity to be fully realized, it is important for Navigators, certified application counselors, and other consumer assistance personnel to understand how to meet the specific needs of LGBT consumers.

An important place to start is with awareness that LGBT people disproportionately lack health coverage. In particular, one in three LGBT people with incomes under 400 percent of the poverty level—those potentially eligible for Medicaid coverage or financial assistance to purchase a new health plan under the Affordable Care Act—were uninsured in 2013. Reasons why LGBT people are more likely to be uninsured include a lack of relationship recognition for same-sex couples in the majority of states, which makes it difficult for these couples to cover each other with employer-sponsored coverage, and employment discrimination against LGBT people, which traps many LGBT people in poverty and lower-wage jobs that do not offer benefits such as health insurance coverage. Another reason for uninsurance in transgender communities in particular is the prevalence of potential discriminatory insurance exclusions that may be used to prevent or discourage transgender people from enrolling in coverage.

Here is a presentation by the Center for American Progress and Out2Enroll on best practices for reaching and assisting lesbian, gay, bisexual, and transgender (LGBT) consumers with applying for coverage through the Marketplace. The presentation is available on [Out2Enroll’s website](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&139&&&http://out2enroll.org/learn-more). Look for a link to the presentation soon on our [Resources for Assisters](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&140&&&http://marketplace.cms.gov/help-us/2-partner-with-us.html) page.

* [Slide deck with an overview of LGBT cultural competency fundamentals for Navigators and other assisters](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&141&&&http://out2enroll.org/wp-content/uploads/2013/10/Slide-deck-with-an-overview-of-LGBT-cultural-competency-fundamentals-for-Navigators-and-other-assisters.pdf)

Health Reform Highlights for LGBT People:

* Nondiscrimination: The Affordable Care Act prohibits discrimination on the basis of sexual orientation and gender identity by Marketplaces, Navigators and other consumer assisters, and qualified health plans. They also cannot refuse coverage on the basis of an individual being transgender.
* Family coverage: For coverage starting January 1, 2015, all Marketplace plans that offer spousal coverage must offer it to same-sex spouses.
* Fair access to coverage: Plans may not refuse coverage on the basis of pre-existing conditions such as cancer or HIV.
* Financial assistance: Many LGBT people will be newly eligible for Medicaid or for Marketplace subsidies.

Tips for Creating a Welcoming Environment for LGBT Consumers:

* Develop and display nondiscrimination policies that include sexual orientation and gender identity and expression.
* Provide unisex bathrooms.
* Post “safe space” or rainbow stickers and posters.
* Have LGBT-oriented magazines, brochures, and other reading materials available in waiting areas.
* Include a general nondiscrimination statement during the opening conversation.

Best practices for working with all consumers: Don’t make assumptions about any consumer, such as their gender and gender identity, preferred name and gender pronoun, sexual orientation, relationship status, family configuration, HIV/AIDS status, or health services that the consumer may need. Be sure to mention that you ask the same questions of every consumer. When in doubt, politely ask rather than guessing.

You should write down and consistently use a consumer’s preferred name and pronoun if it’s different from the person’s legal record. You might ask: “How would you like me to refer to you?”; “What pronoun is appropriate?”; or “How would you like to be addressed?”. Use neutral language with all consumers, such as “partner,” “partnered,” “spouse,” and “parent,” rather than “husband/wife” or “mother/father.”

Tips for Building Trust with LGBT Consumers:

* Give applicants the option to point or write down answers themselves.
* Keep the focus on services rather than indulging in questions out of curiosity.
* Never disclose a person’s LGBT status to anyone who does not need the information to provide services.
* Simply apologize and move on in case of a mistake.
* Be familiar with LGBT questions and concerns.

Tips for Assisting Transgender Consumers:

* Many transgender people need health care services such as hormone therapy to express who they know they are on the inside.
* Key questions to keep in mind when helping transgender consumers select the right plan for them:
-  What transgender coverage exclusions exist in the plan?
-  Does the plan cover transgender people for gender-specific services such as Pap tests, mammograms, and prostate exams?
-  Does the plan cover care related to gender transition, including hormone therapy, mental health services, and surgeries?

Tips for Assisting Same-Sex Couples:

* Because of the 2013 Supreme Court decision striking down the Defense of Marriage Act (DOMA), the Marketplaces must treat married same-sex spouses the same as different-sex spouses:
-  Tax credits
-  Enrollment in family plans
* This is true regardless of the state where the couple resides. It does not apply to couples in domestic partnerships or civil unions.
* Family size, including children, is established by federal tax returns.

Below are some resources for helping LGBT community members consider their new coverage options:

[Out2Enroll.org](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&142&&&http://www.out2enroll.org/) is a website and a campaign that provides information resources for LGBT people about their insurance options under the Affordable Care Act. Out2Enroll is a joint initiative of the Center for American Progress, the Sellers Dorsey Foundation, and the Federal Agencies Project.

Center for American Progress resources on the Affordable Care Act’s implications for LGBT health: [http://www.americanprogress.org/issues/lgbt/view/?tag=lgbt-health](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&143&&&http://www.americanprogress.org/issues/lgbt/view/?tag=lgbt-health)

Where to Start, What to Ask: A Guide for LGBT People Choosing Health Care Plans: [http://strongfamiliesmovement.org/lgbt-health-care-guide](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&144&&&http://strongfamiliesmovement.org/lgbt-health-care-guide)

Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff: [http://www.lgbthealtheducation.org/wp-content/uploads/13-017\_TransBestPracticesforFrontlineStaff\_v6\_02-19-13\_FINAL.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&145&&&http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v6_02-19-13_FINAL.pdf)

Optimizing LGBT Health under the Affordable Care Act: Strategies for Health Centers: [http://www.lgbthealtheducation.org/wp-content/uploads/Brief-Optimizing-LGBT-Health-Under-ACA-FINAL-12-06-2013.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&146&&&http://www.lgbthealtheducation.org/wp-content/uploads/Brief-Optimizing-LGBT-Health-Under-ACA-FINAL-12-06-2013.pdf)

Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide: [http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&147&&&http://www.jointcommission.org/assets/1/18/LGBTFieldGuide.pdf)

Blueprint for implementing the Culturally and Linguistically Appropriate Services (CLAS) Standards from the Office of Minority Health at the U.S. Department of Health and Human Services: [https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&148&&&https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf)

Shareable White House infographic on how the Affordable Care Act helps LGBT Americans: [http://www.whitehouse.gov/share/here-s-how-obamacare-helps-lgbt-community](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&149&&&http://www.whitehouse.gov/share/here-s-how-obamacare-helps-lgbt-community)

On-demand webinar from the National LGBT Health Education Center on the Affordable Care Act: [www.lgbthealtheducation.org/training/webinars/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&150&&&http://www.lgbthealtheducation.org/training/webinars/)

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# FAQs: Reaching and Assisting LGBT Communities

# From CMS

Q: How can consumers find an LGBT-friendly provider who takes their insurance?

A: Every plan sold in the Marketplace must provide a link to its directory of health providers. If a consumer already has an LGBT-friendly provider that they know and trust, they can use this directory to find out if their provider is included before they sign up for coverage. To find an LGBT-friendly provider in a plan’s network, you can help consumers compare the providers in a plan to the [list](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&151&&&http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=939&grandparentID=534&parentID=938&nodeID=1) of providers provided by the Gay and Lesbian Medical Association (GLMA). A search for “Community Partners” on the GLMA list will also identify many LGBT community health centers across the country. Note that GLMA does not screen each provider and therefore cannot make any guarantees about their services, but all providers on the list have affirmed their commitment to LGBT health as a condition of being listed in the directory.

Some community health centers and AIDS service organizations (such as Ryan White providers) can also help identify LGBT-friendly providers. In particular, health centers such as Houston’s [Legacy Health Services](file:///C%3A%5CUsers%5CA48B%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C4IXG8HOG%5Cwww.legacycommunityhealth.org), Chicago’s [Howard Brown Health Center](file:///C%3A%5CUsers%5CA48B%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C4IXG8HOG%5Cwww.howardbrown.org), and Baltimore’s [Chase Brexton Health Services](file:///C%3A%5CUsers%5CA48B%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C4IXG8HOG%5Cwww.chasebrexton.org) have historically served LGBT populations and may be able to help provide appropriate referrals.

Q: Can a consumer apply for financial assistance with their same-sex spouse?

A: Yes, consumers who are legally married can apply jointly for financial assistance, such as advance premium tax credits (APTC) or cost-sharing reductions (CSRs), through the Marketplace in their state. This is true no matter what state they live in, as long as they are legally married in some state, or in another country. Financial assistance is calculated based on federal tax filings, so how much assistance a couple is eligible for depends on how they file their federal income taxes. For information about filing federal income taxes with a same-sex spouse, [see this IRS resource](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&152&&&http://www.irs.gov/uac/Answers-to-Frequently-Asked-Questions-for-Same-Sex-Married-Couples).

Q: Can a consumer enroll in family coverage with their same-sex spouse or partner?

A: For coverage starting on January 1, 2015, an insurance company that offers health coverage to opposite-sex spouses through the Marketplace must do the same for same-sex spouses who are legally married in some state, or in another country. This is true regardless of the state where the couple lives, where the insurance company is based, or where the plan is sold. Many issuers already offer this protection. Consumers should still check to confirm that the plan they’d like to enroll in offers spousal coverage, because issuers are not required to offer spousal coverage. For more information on same-sex spouses and the Marketplace, [see this HealthCare.gov resource](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&153&&&https://www.healthcare.gov/married-same-sex-couples-and-the-marketplace/).

Note that there are different rules regarding eligibility for Medicaid coverage for same-sex spouses. Your state Medicaid office can help you guide consumers through the eligibility requirements in your state.

Q: How can consumers find out if plans have transgender exclusions?

A: Many plans are still using exclusions such as “services related to sex change” or “sex reassignment surgery” to deny coverage to transgender people for certain health care services. Coverage may vary significantly by state. Before consumers purchase a plan, they should always look at the complete terms of coverage that are in included in the “Evidence of Coverage,” “Certificate of Coverage,” or contract of insurance, which is the full explanation of which procedures and services are covered or excluded under each plan. Plans might use different language to describe these kinds of exclusions, and assisters can help consumers look for language such as, “All procedures related to being transgender are not covered.” Other terms to look for include “gender change,” “transsexualism,” “gender identity disorder,” and “gender identity dysphoria.”  These exclusions may be unlawful discrimination on the basis of sex. The HHS Office for Civil Rights is responsible for enforcing Section 1557 of the Affordable Care Act, which prohibits discrimination on the basis of sex, among other bases, in certain health programs and activities.  Consumers may file complaints of discrimination with their respective state Department of Insurance or the [HHS Office for Civil Rights](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&154&&&http://www.hhs.gov/ocr/office/file/index.html). Once a consumer is enrolled in a plan, if the issuer refuses to pay a claim or ends their coverage, the consumer also has the [right to appeal the decision](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&155&&&https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/#part=1) and may be able to have the decision reviewed by a third party.

Q: What resources are available for assisting LGBT consumers specifically with the 2014-2015 Open Enrollment period?

A: Out2Enroll recently released a report on [Key Lessons for LGBT Outreach and Enrollment Under the Affordable Care Act](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&156&&&http://out2enroll.org/wp-content/uploads/2014/07/O2E_KeyLessons_FINAL.pdf), which includes recommendations for promoting LGBT outreach and enrollment during the next Open Enrollment Period. Out2Enroll will also continue to update its [website](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&157&&&http://out2enroll.org/) with resources, tools, and policy updates for the 2014-2015 Open Enrollment Period. Some key resources are listed on Out2Enroll’s [Learn More](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&158&&&https://admin-dc2.govdelivery.com/abe/bulletins/299976/%20http:/out2enroll.org/learn-more/) page, and information about additional LGBT training opportunities is available on Out2Enroll’s [LGBT Training](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwNzI5LjM0NTcyODIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDcyOS4zNDU3MjgyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTMzNjA4JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&159&&&http://out2enroll.org/lgbt-training/)

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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.