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)

September 8th – October 10th

**Arizona Navigator Law Goes into Effect**

From the Arizona Alliance of Community Health Centers

As a reminder, despite the name, the AZ License Law (<http://www.azinsurance.gov/PRODUCERS/forms/form_l-nav.pdf>) applies to all certified assisters—this means that both Navigators and Certified Application Counselors (CACs) need to get it. The law took effect on October 1, 2014.

What if I didn’t get my AZ Navigator License by October 1?

A current CAC or NAV with a valid in-date CMS certificate who does not have an AZ NAV license on October 1 is not in compliance with the AZ law and could be subject to the provisions of the law; a class five felony. Therefore, if a CAC or NAV doesn’t have an AZ license on October 1, they should refrain from providing any Marketplace assistance or counseling. Prescreening and assisting with AHCCCS through HeA-Plus is OK, the NAV law does not address AHCCCS, only Marketplace.

The Arizona Department of Insurance will attempt to process applications quickly. ADOI will issue your license based on a complete and accurate application, before they hear from DPS on the background check.

If you have already mailed your Arizona Navigator License Applications without Form L-152 (Proof of legal status in the US) and they have not been returned to you, AZDOI has confirmed that you can Email or Fax the Completed L-152-Form with a copy, front and back, of one of the identification documents listed on the form to: [licensing@azinsurance.gov](mailto:licensing@azinsurance.gov) or Fax: 602-364-4460

If you have not already mailed your Arizona Navigator License Application make sure to include the L-152 form with a copy, front and back, of one of the identification documents listed on the form.

**Marketplace Enrollment by Zip Code**

In September, ASPE released data on Marketplace enrollment by zip code through April 19, 2014.

The top fifty Arizona zip code areas with the highest enrollment include:

**City Zip Code Number**

1. Phoenix 85032 1531
2. Chandler 85225 1463
3. Glendale 85308 1415
4. Tucson 85710 1161
5. Mesa 85204 1290
6. Gilbert 85234 1155
7. Peoria 85345 1138
8. Queen Creek 85412 1138
9. Buckeye 85326 1015
10. Chandler 85224 1010
11. Scottsdale 85254 1103
12. Phoenix 85041 1087
13. Phoenix 85022 1066
14. Phoenix 85038 997
15. Goodyear 85338 988
16. Tucson 85705 985
17. Gilbert 85233 989
18. Gilbert 85295 981
19. Tempe 85282 957
20. Tucson 85706 950
21. Gilbert 85296 949
22. Phoenix 85018 937
23. Surprise 85379 922
24. Phoenix 85086 920
25. Mesa 85201 909
26. Tucson 85711 906
27. Phoenix 85033 897
28. Tempe 85281 882
29. Glendale 85301 873
30. Flagstaff 86001 863
31. Yuma 85364 856
32. Avondale 85392 847
33. Chandler 85226 843
34. Phoenix 85029 842
35. Phoenix 85051 840
36. Tucson 85713 836
37. Peoria 85383 828
38. Phoenix 85018 827
39. Phoenix 85207 824
40. Tucson 85745 823
41. Tucson 85716 822
42. Laveen Village 85339 814
43. Scottsdale 85251 805
44. Phoenix 85035 800
45. Tucson 85746 794
46. Casa Grande 85122 792
47. Mesa 85202 788
48. Chandler 85286 777
49. Phoenix 85016 766
50. Phoenix 85044 764

Source: http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/EnrollmentByZip/rpt\_EnrollmentByZip.cfm

**Premium Difference between Urban and Rural Counties during OE1**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State | Rural (% of State Eligible Population) | Urban Premium | Rural Premium | Premium Difference ($) |
| Nevada | 9% | $353 | $554 | -$201 |
| Colorado | 14% | $352 | $532 | -$181 |
| Georgia | 18% | $385 | $478 | -$93 |
| New Mexico | 34% | $297 | $370 | -$73 |
| Kentucky | 44% | $322 | $380 | -$58 |
| Minnesota | 23% | $236 | $292 | -$55 |
| Missouri | 27% | $388 | $442 | -$54 |
| Illinois | 10% | $313 | $366 | -$53 |
| Maine | 44% | $433 | $484 | -$51 |
| Arizona | 6% | $282 | $329 | -$47 |
| Michigan | 18% | $377 | $383 | -$46 |
| Florida | 3% | $371 | $417 | -$46 |
| Wyoming | 71% | $551 | $596 | -$44 |
| Ohio | 21% | $355 | $390 | -$36 |
| California | 2% | $419 | $454 | -$35 |
| Utah | 11% | $311 | $337 | -$27 |
| Tennessee | 23% | $270 | $291 | -$21 |
| North Carolina | 23% | $411 | $429 | $-19 |
| Iowa | 42% | $342 | $359 | -$17 |
| Louisiana | 17% | $422 | $439 | -$17 |
| Oregon | 17% | $292 | $308 | -$16 |
| Oklahoma | 36% | $294 | $308 | -$15 |
| West Virginia | 40% | $389 | $401 | -$12 |
| Kansas | 34% | $312 | $324 | -$12 |
| North Dakota | 51% | $391 | $401 | -$10 |
| South Dakota | 54% | $398 | $407 | -$10 |
| South Carolina | 16% | $380 | $384 | -$4 |
| Washington | 11% | $399 | $401 | -$3 |
| Idaho | 36% | $328 | $330 | -$2 |
| Indiana | 23% | $451 | $452 | -$1 |
| Montana | 66% | $354 | $355 | -$1 |
| Maryland | 3% | $310 | $311 | -$1 |
| Arkansas | 40% | $410 | $410 | $0 |
| Hawaii | 21% | $256 | $256 | $0 |
| New Hampshire | 39% | $404 | $404 | $0 |
| Vermont | 67% | $413 | $413 | $0 |
| Delaware | 0% | $404 | $404 | $0 |
| DC | 0% | $355 | $355 | $0 |
| New Jersey | 0% | $444 | NA | NA |
| Rhode Island | 0% | $411 | NA | NA |
| Wisconsin | 27% | $408 | $405 | $2 |
| Virginia | 14% | $377 | $373 | $3 |
| New York | 6% | $357 | $349 | $8 |
| Alaska | 37% | $600 | $589 | $12 |
| Alabama | 25% | $359 | $347 | $12 |
| Massachusetts | 2% | $333 | $317 | $15 |
| Texas | 11% | $342 | $323 | $20 |
| Nebraska | 36% | $363 | $326 | $37 |
| Connecticut | 5% | $511 | $461 | $50 |
| Pennsylvania | 12% | $325 | $274 | $51 |
| Mississippi | 55% | $352 | $470 | $72 |

Source: <http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/08/how-did-rural-residents-fare-on-the-health-insurance-marketplace.html>

**Uninsured Rate for Latinos Drop Sharply Under the ACA**

For decades, Latinos have had the highest uninsured rates of any racial or ethnic group in the United States. Less than one year after the Affordable Care Act’s health insurance marketplaces opened for enrollment, the overall Latino unin­sured rate dropped from 36 percent to 23 percent, according to the Commonwealth Fund Affordable Care Act Tracking Survey, conducted April 9 to June 2, 2014. However, the high uninsured rate among Latinos in states that had not expanded their Medicaid program at the time of the survey—33 percent—remained statisti­cally unchanged. These states are home to about 20 million Latinos, the majority of whom live in Texas and Florida.

<http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2014/sep/1775_doty_catching_up_latino_hlt_coverage_aca_tb_v3.pdf>

**Health-Law Advocates to Tweak ACA Marketing Campaign for the Fall**

From the Wall Street Journal

The sales pitch for the health law is getting an overhaul for the fall.

Supporters and advocates of the Affordable Care Act say they learned lessons from last year's sign-up effort, when they persuaded a few million uninsured people to buy coverage. They plan to incorporate those lessons into the marketing campaign for the next enrollment period, which begins in mid-November.

In for this fall: testimonials from real people, more emphasis on deadlines, and an increased focus on in-person help.

Out: No longer will ACA advocates steer clear of talking about the law's requirement that people either get health coverage or pay a penalty when they file their taxes. It turns out the so-called individual mandate actually does motivate some people to sign up, research suggests.

<http://online.wsj.com/articles/health-law-advocates-to-tweak-aca-marketing-campaign-for-the-fall-1410724833>

[**← App developers call for more HHS privacy, security guidance**](http://healthitsecurity.com/2014/09/17/app-developers-call-for-more-hhs-privacy-security-guidance/)

[**Internal healthcare security threats: Knowing what to look for →**](http://healthitsecurity.com/2014/09/17/healthcare-internal-security-threats-knowing-what-to-look-for/)

**GAO: CMS Must Boost HealthCare.gov Privacy and Security Controls**

According to the U.S. Government Accountability Office (GAO), the Centers for Medicare and Medicaid Services (CMS) has made strides in addressing HealthCare.gov privacy and security controls, there is still work to be done to mitigate risks.

With perhaps some [political urging involved](http://healthitsecurity.com/2014/01/20/cybersecurity-pros-say-healthcare-gov-still-lacking-security/), GAO [reviewed HealthCare.gov security and privacy controls](http://www.gao.gov/assets/670/665840.pdf) across the board, as well as CMS documentation and testing. It found that CMS has improved HealthCare.gov security and privacy protections by (1) developing required security program policies and procedures; (2) establishing interconnection security agreements with its federal and commercial partners; and (3) instituting required privacy protections. But, according to GAO, there are still some technical security gaps that need to be filled as a result of CMS’s lack of security planning and incomplete security testing prior the launch of HealthCare.gov. Some of the issues that CMS has yet to mitigate include technical controls protecting HealthCare.gov [confidentiality](http://healthitsecurity.com/glossary/confidentiality/), [integrity](http://healthitsecurity.com/glossary/integrity/), and availability.

Read more (as well as a link to the full report) at <http://healthitsecurity.com/2014/09/17/gao-cms-must-boost-healthcare-gov-privacy-and-security-controls/>

**Oklahoma Judge Rules against Obamacare Subsidies**

From Modern Healthcare

In a legal setback for the Obama administration, a [**federal judge in Oklahoma ruled**](http://www.scribd.com/doc/241483983/Pruitt-v-Burwell-District-Court-Ruling) (on September 30th) that people in states that rely on the federal insurance exchange are not eligible for Obamacare premium subsidies to help them pay for coverage.   
  
U.S. District Judge Ronald White, a George W. Bush appointee, invalidated an Internal Revenue Service rule interpreting the [Patient Protection and Affordable Care Act](http://www.modernhealthcare.com/section/healthcare-reform) to allow the premium tax credits in states that have not established their own exchange. “The court holds that the IRS rule is arbitrary, capricious, an abuse of discretion or otherwise not in accordance with law,” White wrote.  
  
In his ruling, White rejected the administration's argument that striking down the subsidies would cripple the entire healthcare reform law. “Congress is free to amend the ACA to provide for tax credits in both state and federal exchanges, if that is the legislative will,” he wrote.

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**Related Articles**

White put his ruling on hold pending an expected appeal by the administration, which means subsidies will continue to be available in Oklahoma.   
  
The Oklahoma court is the first U.S. District Court to rule that the language of the Affordable Care Act does not allow subsidies in states that have not established their own marketplaces. Experts say the issue may go up to the U.S. Supreme Court, and the outcome will be critical to the fate of the healthcare reform law. Without the subsidies in the 36 states that use the federal exchange, millions of people likely would lose their coverage and the law's insurance reforms would unravel.  
  
In July, in a split decision in [***Halbig v. Burwell***](http://www.modernhealthcare.com/section/articles?tagID=5924), a three-judge panel from the U.S. Court of Appeals for the District of Columbia Circuit also struck down the subsidies. Two Republican-appointed judges ruled against the subsidies, while a Democratic-appointed judge dissented. But that decision was invalidated when the full D.C. Circuit Court agreed to reconsider the case. Oral arguments are scheduled for Dec. 17.   
  
On the same day the D.C. panel ruled against the administration in *Halbig*, a 4th U.S. Circuit Court of Appeals panel ruled unanimously in favor of the administration on the same issue in *King v. Burwell*. That case has been appealed to the Supreme Court, but the justices have not indicated whether they will take it up.   
  
Yet another ACA subsidy lawsuit is still pending in Indiana. In August, a federal judge declined to dismiss the [**case brought by Republican Gov. Mike Pence**](http://www.nwitimes.com/news/local/govt-and-politics/judge-oks-indiana-fight-against-health-insurance-subsidies/article_f6648924-54ce-5cbd-893f-7219e8b23c1f.html).   
  
The Obama administration is likely to appeal Judge White's decision to the 10th U.S. Circuit Court of Appeals, which has a majority of Democratic-appointed active judges.  
  
Timothy Jost, a law professor at Washington and Lee University and an Obamacare supporter, was critical of White's ruling. “This is a remarkably poorly thought-out decision,” Jost said. “He doesn't engage the government's argument at all.”  
  
But opponents of the law reacted gleefully to the opinion. “With the second federal court ruling that the federal government is breaking the law to implement Obamacare, it's time for the president to admit that his healthcare law is a bad deal for Americans,” said Tim Phillips, president of Americans for Prosperity, a conservative political advocacy group, in a written statement.   
  
If a split emerges among the circuit courts on the issue, that increases the likelihood that the Supreme Court ultimately will take up the issue. That may put Chief Justice John Roberts back into the position of deciding the fate of the healthcare reform law.  
  
“This strengthens the argument for Supreme Court review,” said Kermit Roosevelt, a constitutional law expert at the University of Pennsylvania Law School, “although the (Supreme Court) might well want to wait and see if this ruling is reversed on appeal.”   
  
Nationally, the vast majority of exchange plan enrollees received federal premium subsidies to help pay for their coverage. According to the CMS, 87% of individuals who obtained coverage through [HealthCare.gov](http://www.modernhealthcare.com/section/articles?tagID=5891) for 2014 qualified for subsidies based on having household income of 100% to 400% of the federal poverty level.

<http://www.modernhealthcare.com/article/20140930/NEWS/309309919?AllowView=VDl3UXk1T3dDZlNCbkJiYkY0M3hlMHFxajBVZEMrOD0=&utm_source=link-20140930-NEWS-309309919&utm_medium=email&utm_campaign=mh-alert>

**Advocates File Civil Rights Complaint with HHS on Coverage Termination Day**

From Georgetown University Health Policy Institute Center for Children and Families

(On September 30th), on the day that 115,000 people who bought coverage in the federal marketplace lost coverage, the National Immigration Law Center filed [two formal administrative complaints](http://www.nilc.org/healthcarelitig.html#complaints) with HHS’s Office for Civil Rights alleging that the federally facilitated violated longstanding federal civil rights law and the Affordable Care Act’s anti-discrimination provisions. They request that OCR immediately investigate the claim and that HHS allow the 115,000 who were terminated have a right to re-apply for and continue to receive coverage.  And also that HHS to conduct an effective outreach campaign aimed at rectifying the harm. NILC also filed a Freedom of Information Act (FOIA) request to learn more details about the communications with these 115,000 people.

Here, we answer a few basic questions about the complaints and FOIA request and provide links to additional information.

Who filed the complaints and what do they allege?

Both complaints, filed on behalf of [Southeast Asian Mutual Assistance Associations Coalition](http://seamaac.org/) and the [Illinois Coalition for Immigrant and Refugee Rights](http://icirr.org/), assert that the federally facilitated marketplace has not provided sufficient language access for limited English proficient individuals throughout the enrollment process.  But, the particular focus of the complaint is on the notices sent to enrollees and their families about immigration and citizenship status inconsistencies and their imminent termination from coverage if they do not submit additional documents.  They allege that notices were sent only in English and Spanish, and violate both the specific nondiscrimination provisions of the Affordable Care Act (S. 1557) and Title VI of the Civil Rights Act of 1964.

What do we know about the inconsistency notices and terminations that HHS sent?

While HHS and their contractors made attempts to let people with immigration and citizenship status data inconsistencies about the September 5 deadline, the complaints allege that the text of the notices that contained the specific instructions about what was at stake (losing coverage) and what to do to rectify it (send in documents), were provided only in English and Spanish. All notices did include “boilerplate” language translated into 15 languages that informed people of a right to an interpreter by calling and asking for a language line. However, advocates allege that the taglines were inadequate. In a written [declaration](http://www.nilc.org/document.html?id=1141), Priscilla Huang, Senior Director of Impact, at the Asian & Pacific Islander American Health Forum attested. “…the taglines were inadequate. Taglines should include information about any action a consumer needs to take and the consequences of failing to act.  The taglines in these notices did not convey any urgency or even advise consumers that they needed to take action.”

What information is available about the English proficiency of people eligible for health insurance affordability programs?

The complaints both point to a recent [report](http://aspe.hhs.gov/health/reports/2014/UninsuredAANHPI/rb_UninsuredAANHPI.pdf) by HHS’s Office of the Assistant Secretary for Planning and Evaluation (ASPE) that shows that many people eligible for health insurance spoke languages other than English and Spanish and did not live in households with English-speaking adults. Specifically, of the 1.9 uninsured Asian Americans, Native Hawaiians, and Pacific Islanders eligible for health insurance affordability programs, ASPE noted that about 13 percent speak Chinese, 8 percent Korean, 8 percent Vietnamese, 3 percent Tagalog, and 14 percent other languages, and 31 percent live in a household without an English-speaking adult present.”

Both complaints, declarations, and a press release are available from NILC[**here**](http://www.nilc.org/healthcarelitig.html#complaints)**.**

Why did they also file a FOIA Request?

NILC also filed a FOIA request to gather more information about the 115,000 people who bought health coverage in the marketplace, who had been notified that they had not provided sufficient proof of their immigration or citizenship status and that their coverage would be terminated on September 30. They requested records such as the notice and termination language itself, open rates of electronic notices, languages the notice was translated into, how many of those who were terminated submitted documents and when, and more.  The full list of requested documents and records are available [here](http://www.nilc.org/nr093014.html).  Advocates had requested this information from HHS for many months, in an effort to make suggestions for how to improve the language and the process for notifying enrollees and their families.

Source: http://ccf.georgetown.edu/all/advocates-file-civil-rights-complaint-with-hhs-on-coverage-termination-day/

**2014 Take-up Rate of Stand-Alone Dental Plans in the Marketplace**

|  |  |  |
| --- | --- | --- |
| State | Adults | Children |
| California | \* | 36% |
| Texas | 26.4% | 30.3% |
| Arkansas | 19.9% | 28.7% |
| Idaho | 11.9% | 27.2% |
| Montana | 14.8% | 26.0% |
| New Jersey | 21.5% | 25.1% |
| New Mexico | 21.1% | 24.7% |
| Mississippi | 18.1% | 24.1% |
| Oklahoma | 23.1% | 22.8% |
| Illinois | 22.3% | 22.3% |
| Georgia | 26.5% | 21.4% |
| Ohio | 16.5% | 20.7% |
| Indiana | 19.8% | 19.8% |
| Florida | 20.0% | 19.6% |
| Iowa | 19.3% | 19.3% |
| Missouri | 18.4% | 18.6% |
| Virginia | 24.9% | 18.4% |
| Utah | 19% | 17.9% |
| Maine | 13.4% | 17.6% |
| Michigan | 20.5% | 16.9% |
| New Hampshire | 17% | 16.8% |
| South Carolina | 15.9% | 13.1% |
| Wisconsin | 14.1% | 11.2% |
| Alabama | 33% | 10.8% |
| Pennsylvania | 27.6% | 9.1% |
| Alaska | 18.3% | 8.8% |
| Kansas | 15.7% | 8.8% |
| Delaware | 21.9% | 7.5% |
| Louisiana | 21.5% | 7.0% |
| Arizona | 15.2% | 6.2% |
| Nebraska | 10% | 6.2% |
| Tennessee | 20.6% | 4.0% |
| Wyoming | 13.9% | 3.9% |
| West Virginia | 19.2% | 3.7% |
| North Carolina | 11.3% | 3.1% |
| North Dakota | 10.0% | 2.8% |
| South Dakota | 12.7% | 2.6% |

\*In California, no adult-only or family SADPs are offered.

Source: http://www.ada.org/~/media/ADA/Science%20and%20Research/HPI/Files/HPI%20Research%20Brief%20-%20Update%20Takeup%20of%20Pediatric%20Dental%20Benefits.ashx

**Families Who Lost KidsCare: Focus Group Study**

Children’s Action Alliance needs your help to recruit families who lost KidsCare I and II in the past few years to participate in a focus group study.  The goal is to understand how the loss of KidsCare has impacted Arizona’s families, which might help inform state leaders on the need to bring it or some form of it back. Currently, we need about 4-6 more **English** speaking families to participate and we’d appreciate your help.

If you know of families who fit and would be interested, please forward them to me at [jfu@azchildren.org](mailto:jfu@azchildren.org) or let me know a good number to reach them and I can share with the study organizers to follow up. As an alternative, they can also call **866-607-4445**. Either mom or dad can attend, or they can bring family.

A few important notes: families will remain anonymous and can share freely, they will also receive a **$100** stipend for participating for about 1.5 hours in the evening, plus a catered dinner. They can also be **reimbursed for travel expenses** if coming from Tucson or other areas. As a small token of appreciation, organizations who help successfully recruit families will receive a **$400-$500** donation.

Lastly, the details on location, time, etc. are below. If families would like to attend, please make sure they confirm by email or phone first.

Keogh Health Connections

3620 North 4th Avenue

Phoenix, AZ 85013

Thursday October 16, 7:30pm-9pm

1-866-607-4445

**Coverage to Care Materials Available in Spanish**

From Coverage to Care (C2C) is an initiative from the Centers for Medicare & Medicaid Services (CMS) designed to help people with new health coverage understand their benefits and connect to primary care and the preventive services that are right for them. C2C resources in Spanish are now available to download and print.  Available resources include:

* A Roadmap to Better Care and a Healthier You (Una Guía para Un Mejor Cuidado y Una Vida Más Saludable), that includes 8 steps that explain what health coverage is, and how to use it to get needed care;
* Consumer tools including a sample insurance card and a sample explanation of benefits, and;
* An 11-part video series that helps explain the information covered in the Roadmap.

To download, print, and order these resources in Spanish, please visit [http://marketplace.cms.gov/c2c](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA4LjM2ODQ0NDAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwOC4zNjg0NDQwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjMwODE0JmVtYWlsaWQ9YWxsZW5nQGFhY2hjLm9yZyZ1c2VyaWQ9YWxsZW5nQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&http://marketplace.cms.gov/c2c)

## **Assisting Consumers with the Renewal and Re-enrollment Process for 2015**

From CMS

On Thursday, October 2, we shared information on the Renewal and Re-enrollment Process for 2015, including how assisters can help returning enrollees navigate the process for 2015 and information on the notices that 2014 Marketplace consumers will receive from their issuers and from the Marketplace.

As previously stated, we want to reassure assisters that if consumers gave you consent to follow up with them about applying for or enrolling in coverage, you are permitted to reach out to the consumer again. Because the renewal and re-enrollment process is an important part of applying for and retaining coverage, a consumer’s consent extends to follow-up for the purpose of eligibility redeterminations, renewals, and reenrollment.

A couple important items to keep in mind:

* Between October 1 and November 15, current enrollees will receive notices from the Marketplace regarding open enrollment and the re-enrollment process; they will receive notices from their issuer regarding renewals of coverage and product discontinuations around November 15. Consumers should use both the issuer notice and Marketplace notice to ensure they make the most informed decision during the annual open enrollment process.
  + Marketplace open enrollment notices: The primary purpose of Marketplace notices is to inform consumers of the open enrollment period and the process by which they can update their application information and change their coverage during open enrollment. It will be translated into Spanish for consumers who indicated Spanish as their preferred language of communication. All consumers that were determined QHP-eligible by the Marketplace during the 2014 plan year, even consumers who did not enroll in a plan, will receive a Marketplace open enrollment notice.
  + Issuer notices: The primary purpose of the issuer notice is to inform enrollees if their issuer will be re-enrolling them in the same plan or a similar plan in 2015, and what their premiums will be, including 2014 APTC information.
* The majority of current Marketplace enrollees will be automatically enrolled into 2015 coverage if they do not actively select a plan by December 15, 2014.

Current enrollees are strongly encouraged to return to the Marketplace to update their application information after November 15, 2014 to ensure they receive the accurate amount of financial assistance.

* Even if a consumer does not think he or she has any application information to update and would like to reenroll in their current plan, he or she should still complete a 2015 application to receive a new eligibility determination because her eligibility for APTC or CSR may change due to increased age, adjustments to the FPL, or a shift in the cost of the Marketplace benchmark plan (i.e., the second-lowest cost silver plan available through the Marketplace) and select the same plan using the QHP ID found in the issuer letter. Consumers will be able to change plans throughout the open enrollment period, regardless of whether their coverage has been effectuated.
* Enrollees who did not authorize the Marketplace to obtain updated income data from the IRS, or enrollees who authorized the Marketplace and have 2013 tax return information which indicates an income of greater than 500% of the federal poverty level (FPL) will be automatically re-enrolled without advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSR) if they do not actively select a plan by 12/15/2014.
* Marketplace enrollment confirmation notices will be sent after December 15, 2014 to enrollees who did not make an active 2015 plan selection by December 15, 2014. The notice will be sent by mail or electronically in English or Spanish depending on the consumer’s recorded preference.
* In order for a consumer’s updated 2015 eligibility determination to be sent to his or her issuer, the consumer must make an active 2015 plan selection. If the consumer wants to stay in the same or similar plan the issuer is offering for 2015, they can do so by entering the QHP ID found in the issuer notice in the plan compare search window. If a consumer does not make the active 2015 plan selection by 12/15/2014, they will be re-enrolled with 2014 levels of financial assistance.

How assisters can help consumers during the reenrollment process:

* Assisters can help consumers by reviewing their issuer and Marketplace notices and explaining the redetermination and re-enrollment process.
* Assisters should help consumers assess how their needs may have changed from last year.
* Assisters can ask the following helpful questions of consumers to provide the best possible assistance to the consumer:
  + Did you bring all the notices you received from your issuer and the Marketplace with you?
  + Were you satisfied with your plan last year?
  + Have you experienced any changes in your health care needs or life circumstances (e.g., Did you move? Did your income change? Did you get married or have a baby?)
  + Does your current plan continue to cover everything you need it to cover? Is your doctor and preferred hospital still in your network? Does your plan still cover your prescription drugs?
* Note that consumers must make QHP and SADP selections at the same time.

Redetermination and renewal guidance outlining the redetermination procedures the Federally-facilitated Marketplace will use for 2015 can be found here: [http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-annual-redet-option-2015-6-26-14.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA3LjM2Nzk5MzcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwNy4zNjc5OTM3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjI5MjQzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&131&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-annual-redet-option-2015-6-26-14.pdf). Note that State Based Marketplaces (SBMs) may use these procedures, the procedures outlined in 45 CFR 155.335, or may propose alternative procedures which are approved by CMS.

## **Latest on Data Matching Issues**

From CMS

If consumers with outstanding *income* data matching issues did not send in documentation by September 30, 2014 to resolve their data matching issues, the Marketplace will re-determine the consumers’ advance premium tax credits (APTCs) and cost-sharing reductions (CSRs). Consumers with unresolved income data matching issues may have to pay a higher monthly premium, deductible, copayments and/or coinsurance through the Marketplace. Please remember that while the Marketplace is working to review documents that consumers have submitted to resolve outstanding *income* data matching issues, these consumers will continue to receive their current financial assistance from the Marketplace until October 31, 2014.

For both consumers with *income* data matching issues whose financial assistance is set to end October 31, 2014 and consumers who had *immigration and citizenship* data matching issues and were not able to resolve them before their Marketplace coverage ended on Tuesday, September 30, 2014, these individuals should still submit documents to resolve their issues. If they are able to resolve their data matching issue, even after their coverage or financial assistance is set to end or has ended, they may later be eligible to enroll in coverage through the Marketplace with a special enrollment period (SEP). Consumers who lost eligibility for Marketplace coverage may also be able to purchase a plan sold outside the Marketplace through an SEP because of a loss of minimum essential coverage and will be directed to contact the issuer directly to enroll.

Remember, consumers can also call the Call Center at 1-800-318-2596 to see if they have a data matching issue. The Call Center can verify if a consumer has a data matching issue, if we have received documents from the consumer, and whether the issue has been resolved.

* UPDATED Can a consumer still submit documents to resolve their data matching issue if he or she has lost his or her coverage? If the consumer resolves their data matching issue after losing coverage, can he or she re-enroll in the Marketplace? (Note that the updated language is underlined.)

Yes, consumers can still submit documents to resolve their data matching issue even if they are terminated from their current Marketplace coverage and/or APTC/CSR. It is important for assisters to keep reaching back out to consumers who had inconsistencies and encourage them to submit documentation, even if their coverage has ended. The Marketplace notice informing consumers that they have failed to resolve their inconsistency and will lose their coverage or APTC/CSR does not include information regarding an SEP may be available for consumers who successfully submit documents that resolve their data matching issue after the period to resolve the inconsistency expires. Consumers will be notified of the process for obtaining an SEP when they have successfully resolved their inconsistency. After receiving a notice that their data matching issue has been resolved, the consumer will need to call the Call Center to get a SEP. Therefore, your ongoing outreach to encourage consumers to submit documents is critical.

Individuals who are terminated from coverage because of an immigration/citizenship data matching issue, but then submit the requested supporting documentation that resolves their data matching issue, may be eligible for a 60-day SEP to enroll in coverage through the Marketplace. For example, a consumer whose coverage is terminated because she did not submit her immigration/citizenship documents by September 5, but who later sends in documents that clear her immigration/citizenship data matching issue (for example on October 2), is still terminated from coverage. However, she may qualify for a SEP if the document she submitted successfully resolves the data matching issue, and get retroactive coverage if she requests retroactive coverage.

Consumers who are eligible for a SEP will receive an official eligibility notice in the mail that says “the Health Insurance Marketplace Verified Your Information” or an email informing consumers that there is an update to their account that indicates that the consumer is eligible to reenroll for coverage in the Marketplace. The consumer can then call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) and explain that the Marketplace sent her a notice that the data matching issue is resolved and that she now wants to re-enroll in a health plan through the Marketplace. A consumer will have 60 days to re-enroll in a Marketplace health plan from the day that the consumer calls the Call Center regarding eligibility to re-enroll in a Marketplace plan.

These individuals can either request a retroactive effective date of coverage that dates back to the 1st of the month following termination to prevent a gap in coverage or receive a “prospective” effective date that is the 1st of the month following plan selection. For example, if a consumer’s previous coverage ended on September 30, the consumer can ask for her new coverage to be effective back to October 1, so there is not a gap in coverage. If the consumer does not ask for retroactive coverage, her coverage will start the next month.

UPDATED If consumers lose coverage *or their APTC/CSR changes* because of an unresolved data matching issue, how do they submit documentation to the Marketplace after they have lost coverage or experience changes to their APTC/CSR? (Note that the updated language is underlined.)

Consumers who want to submit documentation after they have received a termination letter from the Marketplace because they didn’t resolve their immigration/citizenship inconsistency, or whose APTC/CSR will be changing after October 31 because they haven’t resolved their income inconsistency, can submit documentation via mail. These consumers may not be able to upload documents to the Marketplace via their My Account because there may no longer be an upload button, or it may be grayed out, if the data matching issue is already resolved and/or expired. If there is a consumer within the enrollment group whose data matching issue has not yet expired or the consumer has not been terminated, the consumer will be able to upload documents to their My Account. However, if the consumer is the only member of the enrollment group and they are terminated from coverage because of a data matching issue, or if every member of the household has been terminated, the consumer(s) will need to mail in their documents.

## **Appeal Rights for Individuals Affected by Data Matching Inconsistencies**

If a consumer doesn’t agree with a decision made by the Health Insurance Marketplace, he or she may be able to file an appeal. If a consumer’s eligibility changes because he or she didn’t resolve a data matching issue (or inconsistency), he or she will receive a final eligibility determination notice containing information about how the consumer may appeal if he or she thinks the decision was wrong. Consumers have 90 days to request an appeal with the Marketplace from the date of their eligibility determination notice. To request an appeal, consumers should:

* Go to [https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&129&&&https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/) to find and complete the appeal request form for their state and mail it to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If able to do so, the consumer should include a copy of their eligibility determination notice with their appeal request form; or
* Mail their own letter requesting an appeal to: Health Insurance Marketplace, 465 Industrial Blvd., London, KY 40750-0061. If they write their own letter, please make sure they include their name, address, and the reason for requesting the appeal. If they are requesting an appeal for someone else (like a child), they should also include the name of the person for whom they are filing the appeal. If able to do so, consumers should include a copy of the eligibility determination notice with their letter requesting an appeal.

If a consumer requests an appeal after his or her Marketplace coverage was terminated because of an unresolved citizenship/immigration data matching issue, the HHS appeals entity will decide whether he or she meets the Marketplace’s eligibility requirements with respect to citizenship and immigration status. If the appeals entity decides in the consumer’s favor, he or she will be granted a SEP and will be eligible to re-enroll without a gap in coverage.

## **Icon and Help Text on New Marketplace Streamlined Application**

From CMS

Marketplace assisters using the new, streamlined application will find several useful features to help them navigate the Marketplace.  A new icon in the upper right of the screen will bring users to an updated help text section. Improvements also include the ability to hover over certain areas of the screen to reveal additional information, and an updated article on the uploading of documents. New text will continue to be added to this section as issues or complexities are identified.

For more information on the streamlined application, you can listen to a recording that contains closed captioning of the Thursday, September 4 assister webinar presentation that highlights the application updates and illustrates the new shorter, streamlined flow of the Marketplace application. These links were also featured in our September 30, 2014 assister newsletter.

* Use this link to view the webinar: [http://youtu.be/AobcNWEXqWs](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA3LjM2Nzk5MzcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwNy4zNjc5OTM3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjI5MjQzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&125&&&http://youtu.be/AobcNWEXqWs). The recording is also linked from the Marketplace.CMS.gov website “Outreach and Education” > “Multimedia.”
* To view a copy of the slide presentation from the Thursday, September 4  webinar, go to [http://marketplace.cms.gov/technical-assistance-resources/training-materials/marketplace-application-updates.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA3LjM2Nzk5MzcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwNy4zNjc5OTM3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjI5MjQzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&126&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/marketplace-application-updates.pdf).

**System Fix and SEP for Consumers When Income Is Displayed as $0 When Reporting a Life Change**

From CMS

We have resolved the system problem that caused some consumers’ annual income to display as $0 when they reported a life change to the Marketplace (initially reported *in the July 29, 2014 version of the assister newsletter and updated in the September 16, 2014 assister newsletter)*.  Assisters should reach out to any consumers who were impacted by this issue and encourage them to come back to the Marketplace to report their life change and complete their application.

We are also providing a special enrollment period (SEP) for consumers who submitted their application after their income incorrectly displayed as $0, and were either terminated from their Marketplace coverage or lost advance payments of the premium tax credit (APTC) or Cost-sharing Reductions (CSR) as a result.  If a consumer tried to report a life change, but did not submit their changed application because their income incorrectly displayed as $0, and missed his or her opportunity to qualify for a SEP, we will provide that consumer with another SEP.  To receive the SEP, affected consumers should call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) and explain that they tried to submit or did submit an application and the application incorrectly displayed their income as $0. Consumers who believe they have received an incorrect eligibility decision may also appeal the decision. For more information about appealing a Marketplace eligibility determination, see: [https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA3LjM2Nzk5MzcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwNy4zNjc5OTM3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjI5MjQzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&127&&&https://www.healthcare.gov/can-i-appeal-a-marketplace-decision/).

As a reminder, consumers should report all life changes to the Marketplace as they occur.

## **Helping Consumers Who Are Victims of Domestic Abuse**

From CMS

(W)e posted an updated fact sheet for assisters to help consumers who are victims of domestic abuse. This fact sheet has been updated to also address consumers who are victims of spousal abandonment or are heads of household. The fact sheet provides information on the following key points:

* A consumer who is married but living apart from his or her spouse and is unable to file a joint tax return because the consumer is a victim of domestic abuse or spousal abandonment can obtain APTC as long as he or she is otherwise eligible. Consumers in this circumstance must indicate on their FFM application that they are **not married.**
* Consumers who qualify as “head of household” and intend to use head of household as their filing status can also obtain APTC and CSRs as long as they are otherwise eligible. In addition, they should indicate on their FFM application that they are **not married**.
* The consumer will not face any penalty for representing that they are not married on the application.
* All consumers are required to update their Marketplace account when they have a change in their place of residence, household income, family size, or marital status within 30 days.

For additional information, the fact sheet can be found at: [http://marketplace.cms.gov/technical-assistance-resources/assisting-consumers-domestic-abuse.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDA3LjM2Nzk5MzcxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAwNy4zNjc5OTM3MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjI5MjQzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&130&&&http://marketplace.cms.gov/technical-assistance-resources/assisting-consumers-domestic-abuse.pdf).

## **Marketplace Online Application Updates Webinar Recording**

From CMS

To listen to a recording that contains closed captioning of the Thursday, September 4 webinar presentation that highlights the application updates and illustrates the new shorter, streamlined flow of the “Marketplace 2.0” application, please go to [http://youtu.be/AobcNWEXqWs](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&137&&&http://youtu.be/AobcNWEXqWs). The recording is also linked from the Marketplace.CMS.gov website “Outreach and Education” > “Multimedia.”

As a reminder, to view a copy of the slide presentation from the Thursday, September 4  webinar, go to [http://marketplace.cms.gov/technical-assistance-resources/training-materials/marketplace-application-updates.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&138&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/marketplace-application-updates.pdf).  This presentation copy includes talking points in the notes section, so we strongly recommend that assisters review this resource.

**Application Process for Health Insurance Affordability Program for Families that Include Immigrants**

From CMS

On Friday, September 26, in partnership with the Center on Budget and Policy Priorities, the National Immigration Law Center, and the Georgetown University Center for Children and Families, we provided information about assisting consumers who are immigrants or whose families include immigrants. We also shared tips and strategies on how to navigate the application process for health insurance affordability programs for families that include immigrants.

The PowerPoint presentations from last Friday’s webinar can be found here:

* CBPP: [http://www.healthreformbeyondthebasics.org/wp-content/uploads/2014/09/CMS-Assister-Webinar-09.26.14-Application-Process.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&139&&&http://www.healthreformbeyondthebasics.org/wp-content/uploads/2014/09/CMS-Assister-Webinar-09.26.14-Application-Process.pdf) (linked from: [http://www.healthreformbeyondthebasics.org/assister-training-webinar-application-process-for-health-coverage-for-families-that-include-immigrants/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&140&&&http://www.healthreformbeyondthebasics.org/assister-training-webinar-application-process-for-health-coverage-for-families-that-include-immigrants/))
* NILC:  [http://www.nilc.org/document.html?id=1139](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&141&&&http://www.nilc.org/document.html?id=1139) (linked from: [www.nilc.org/healthwebinar022114.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&142&&&http://www.nilc.org/healthwebinar022114.html) )
* CCF: [http://ccf.georgetown.edu/wp-content/uploads/2014/09/Application-Process-CMS-Presentation-Slide-Deck-Final-for-Posting.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&143&&&http://ccf.georgetown.edu/wp-content/uploads/2014/09/Application-Process-CMS-Presentation-Slide-Deck-Final-for-Posting.pdf) (linked from: [http://ccf.georgetown.edu/all/need-help-learning-eligibility-rules-and-application-process-for-families-with-immigrants/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&144&&&http://ccf.georgetown.edu/all/need-help-learning-eligibility-rules-and-application-process-for-families-with-immigrants/))

Please note that CCF posted a blog post yesterday to help share information about our recent assister webinars found here: [Need Help Learning Eligibility Rules and Application Process for Families with Immigrants?](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&145&&&http://ccf.georgetown.edu/all/need-help-learning-eligibility-rules-and-application-process-for-families-with-immigrants/)

As a reminder, the PowerPoint presentations from the first part in our series with the Center on Budget and Policy Priorities, the National Immigration Law Center, and the Georgetown University Center for Children and Families (in our September 19 webinar) can be found directly on our partners’ websites  below, or found on our Marketplace.cms.gov website under “Special Populations” under Technical Resources”  here: [http://marketplace.cms.gov/technical-assistance-resources/special-populations-help.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&146&&&http://marketplace.cms.gov/technical-assistance-resources/special-populations-help.html)

* CBPP: [http://www.healthreformbeyondthebasics.org/assister-training-webinar-immigrant-eligibility-policies-for-health-insurance-affordability-programs/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&147&&&http://www.healthreformbeyondthebasics.org/assister-training-webinar-immigrant-eligibility-policies-for-health-insurance-affordability-programs/)
* NILC:  [http://www.nilc.org/document.html?id=1138](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&148&&&http://www.nilc.org/document.html?id=1138)
* CCF: [http://ccf.georgetown.edu/ccf-resources/overview-of-immigrant-eligibility-policies-for-health-insurance-affordability-programs-2/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&149&&&http://ccf.georgetown.edu/ccf-resources/overview-of-immigrant-eligibility-policies-for-health-insurance-affordability-programs-2/)

## **Filing Threshold Hardship Exemption**

From CMS

(In September), CMS, in coordination with the IRS and Treasury Department, determined that any individual who does not have enough gross income to meet the minimum threshold for having to file a tax return should be entitled to a hardship exemption from the ACA’s shared responsibility payment.

Previously, an exemption only applied to individuals who were not required to file an income tax return because their gross income was below the filing threshold, but who nevertheless filed a return, claimed a dependent, and, as a result, had household income exceeding the applicable return filing threshold. This guidance allows an exemption *regardless* of whether an individual whose gross income is below the filing threshold files a tax return, and *regardless* of whether he or she claims a dependent. That is, while this exemption may be claimed through the tax filing process, individuals who are eligible for this exemption and do not file tax returns will be exempt without having to take any further action.

If an individual qualifies for this exemption, the exemption applies to the individual, the individual’s spouse (if filing jointly or if no return is filed), and anyone the individual claims or could have claimed as a dependent. The IRS and Treasury Department intend to publish guidance allowing individuals who are eligible for this exemption to claim it on their tax returns, if they choose to file them. CMS intends to include this hardship exemption in future rulemaking.

* For more information, this guidance is available here: [http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Filing-Threshold-Exemption-Guidance-9-18-14.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&133&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Filing-Threshold-Exemption-Guidance-9-18-14.pdf)
* For more information on exemptions from the shared responsibility payment, see this page on Healthcare.gov: [https://www.healthcare.gov/exemptions/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&134&&&https://www.healthcare.gov/exemptions/) and [http://marketplace.cms.gov/technical-assistance-resources/shared-responsibility-payment-and-exemptions.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&135&&&http://marketplace.cms.gov/technical-assistance-resources/shared-responsibility-payment-and-exemptions.html)

**Guidance on Exemption for Individuals Eligible for Services through an Indian Health Care Provider**

From CMS

(In September), CMS released guidance on Hardship Exemptions for American Indians/ Alaska Natives (AI/AN).  This guidance explains that individuals who are eligible for services through an Indian health care provider, including the Indian Health Service, may now obtain an exemption to the ACA’s shared responsibility payment through the tax return filing process.  (Note: The shared responsibility payment is also sometimes referred to as the "penalty," "fine," "individual responsibility payment," or "individual mandate;” for more information, see [this page on Healthcare.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&130&&&https://www.healthcare.gov/what-if-i-dont-have-health-coverage/)).

Previously, only individuals who were members of a federally-recognized tribe or shareholders of ANCSA corporations could apply for an exemption through the tax filing process. In contrast, individuals who did not fall into these categories, but who were eligible for services through an Indian health care provider, were required to apply for an exemption through the Marketplace.

This guidance ensures that all individuals are given the same options for claiming an exemption to the payment based on status as, or relationship to, an American Indian/Alaska Native, regardless of whether they are a member of a federally-recognized tribe. It will streamline the exemption process for families, because there are instances when some members of AI/AN families are members of federally-recognized tribes and others are not but are still eligible for services at Indian Health Services’ facilities. Now everyone in these families can apply using the same tax filing process. The option to claim this exemption through the tax filing process is available beginning with 2014 tax returns filed in 2015. The IRS and Treasury Department will also provide guidance, including forms and instructions, which describe the process.

* For more information, the guidance is available here: [http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/guidance-exemption-certain-AIAN.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&131&&&http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/guidance-exemption-certain-AIAN.pdf)
* For more information on exemptions from the shared responsibility payment, see this page on Healthcare.gov: [https://www.healthcare.gov/exemptions/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTMwLjM2NTQwNDQxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkzMC4zNjU0MDQ0MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjE5MjUxJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&132&&&https://www.healthcare.gov/exemptions/) and <http://marketplace.cms.gov/technical-assistance-resources/shared-responsibility-payment-and-exemptions.html>

## **Tips for Providing Proof of No Income and Tips for Young Adults**

From CMS

We know many young adults may experience a change in income throughout the year if they leave work and/or go back to school, and in some cases they may not have any income for the year. If a consumer receives a notice from the Marketplace saying that they need to send proof of income, consumers may send in documents from the acceptable document list below either by mail or by uploading the document to their Marketplace account online.  Note: Previously, for proof of no income, we advised consumers to submit one of the documents below; we are now advising that consumers in this situation should submit multiple documents from the list below, as applicable.

Remember to also review the [list of documents](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTIzLjM2MjYxMDAxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkyMy4zNjI2MTAwMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjEwMjEzJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&146&&&https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/) that a consumer can upload or mail to the Marketplace if he or she has a data matching issue.  In addition, please review the list of acceptable documents below if they are relevant to the consumer’s situation.  It’s important to send documents by the date shown in the consumer’s notice. If the consumer has questions, he or she should call the Marketplace Call Center at 1-800-318-2596.

Consumers mailing their documents to the Marketplace should be sure to include the barcode page that was included with the initial eligibility notice they received from the Marketplace. If consumers do not have the barcode page, they should include the consumer’s full legal name, state, and application ID number (found at the top of the eligibility notice) with their documents.  Remember, any document that is not proof of income in itself (for example, proof of being a student) must be accompanied by a written explanation that the document is being submitted as proof of $0 income or a loss of income.

Acceptable documents include:

* Any document showing that the consumer will have $0 income for the year (for example, a contract for work with an end date in early 2014).
* Any document showing that the consumer has lost income for the year, such as a letter of termination from a job.  Please include the date the job ended as well.
* Any signed letter from someone else (for example, a parent, grandparent, or guardian) stating that they provide financial support for the consumer.
* Any document from a federal or state benefit-granting agency showing that the consumer has zero income for the year (for example, a Medicaid eligibility notice or food stamp eligibility notice that shows the consumer’s household income as zero).
* A written statement, signed by the consumer, that explains that the consumer does not expect to have any income for the year or experienced a change in income. For example, the statement: “I, [insert name], attest that I do not expect to have any income in 2014.” The consumer should also include in the statement why they have a change in income (for example if they are going back to school and no longer working, or if they switched jobs and have a change in income), and when that change occurred.
* A document showing that the consumer is a student (for example, a transcript from their school, acceptance letter, class schedule), accompanied by a written explanation that the consumer is not receiving income because they are a full-time student.

**IRS YouTube Videos Provide Tips on Health Care & Tax Returns**

From HHS

The new videos, which are part of a series on the IRS YouTube channel feature IRS Commissioner John Koskinen discussing the premium tax credit and the individual shared responsibility provision. These provisions of the Affordable Care Act will affect people's tax returns next year when they file their 2014 returns. In the video about the premium tax credit, the Commissioner talks about how it can help make purchasing health care through the Health Insurance Marketplace more affordable for people with moderate incomes.

IRS videos explaining the premium tax credit, the individual shared responsibility provision, and the small business health care tax credit are on the IRS Health Care video playlist. Additional videos about the Affordable Care Act will be available soon.

More information on the tax provisions of the Affordable Care Act is available at [IRS.gov/aca](http://www.irs.gov/uac/Affordable-Care-Act-Tax-Provisions-Home), where you can also find Health Care Tax Tips. You can also subscribe to IRS Tax Tips to get these easy-to-read tips by e-mail from the IRS.

To view the video click here:  <http://insurancenewsnet.com/oarticle/2014/09/09/new-youtube-videos-provide-tips-on-health-care-tax-returns-a-553038.html>

**FAQs: Forgotten Healthcare.gov Log-in Information, Email Accounts, and Passwords**

From CMS

*The following Q&A offers advice for assisting consumers who have forgotten their HealthCare.gov log-in information, including their email address. This was also featured in our September 16, 2014 assister newsletter. Important information is highlighted in bold.*

Q: What options are available for consumers who don’t remember their login to their HealthCare.gov account? Should they create a new account? What should consumers do if they forgot the email address that they created in order to create an account on HealthCare.gov?

A: Consumers who have forgotten their HealthCare.gov account password can use the “Forgot my Password” or “Forgot my Username” links on HealthCare.gov, which will send the requested information to the consumer’s email address if there is one on file. If that does not work, consumers can call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) where a representative can reset a consumer’s password and/or unlock a consumer’s HealthCare.gov account.  The Call Center will always first ask for the consumer’s full name, address, and two additional pieces of information such as a Social Security Number, Application ID number, User ID, date of birth, or phone number to verify that they are speaking with the consumer or an individual authorized to speak on behalf of the consumer prior to releasing any information.

Consumers who do not remember the email address that was used for their Health Care.gov account can call the Marketplace Call Center.  The Call Center will ask the consumer to provide some information to verify the consumer’s identity.  Only after verifying the consumer’s identity may the Call Center representative then be able to share the email address associated with the account record, if it is on file. However, in some cases, the Call Center may not be able to share this information as not all records have email addresses associated with them. For example, this could occur if a consumer mailed in a paper application and then later goes to create a HealthCare.gov account but hasn’t linked the application with their online HealthCare.gov account. In that case the representative would typically ask the consumer for information, such as User ID, that would be associated with their HealthCare.gov account, and they would need to enter that information in order for the “reset password” functionality to email the consumer a temporary password. Remember, the Call Center will first verify the consumer’s identity before making changes to the account and/or adding a new email address. Note: when passwords are reset, it can take up to 24 hours for the email notification to be sent, though it typically is shorter.

If both User ID and email address are unknown, the consumer can create a new HealthCare.gov account with a new email address. Consumers who created an account previously, but never verified their HealthCare.gov account should also create a new account.

To create a new email address, a consumer can go to the email service (e.g., Gmail, Hotmail, Yahoo!, etc.) they previously used to create an email address and follow the steps on the email service’s website to retrieve their login or password for their previous account, or to create a new HealthCare.gov account.  Once logged in to HealthCare.gov, if the consumer needs to link their application with their HealthCare.gov account, the consumer can use the “Find my existing application” feature where the consumer will need to enter in their application ID. If the consumer needs their application ID, they can call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325).

**FAQs: Dental Coverage**

From CMS

Q:  A consumer is enrolled in both dental and medical coverage through the Marketplace but no longer wants to have dental insurance. Can the consumer only cancel the dental coverage and keep the medical coverage?

A: The Marketplace HealthCare.gov website and Call Center do not currently have the functionality to allow a consumer or one of his or her dependents to be removed from a Marketplace dental plan while maintaining enrollment in a medical plan. However, if a consumer has separate medical and dental policies and wants to cancel only the dental plan, the consumer can do so by not paying the dental plan’s premium, which will cause the dental coverage to terminate. As long as the consumer continues to pay the medical plan premium, the consumer will maintain enrollment in the medical plan. It is very important for consumers to be reminded that to avoid being terminated from any plan, enrollees must pay, in full, the portion of the premium for which they are responsible prior to the end of the applicable grace period for plans they wish to maintain.  Consumers should continue to pay their premium for their medical coverage even if they stop paying the premium for their dental coverage, if they want their medical coverage to continue.

**FAQs: Language Access Services**

Q: How can a consumer access language services when they call the Marketplace Call Center?

A: Consumers can call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325). The Marketplace Call Center is available 24 hours a day, 7 days a week.  Consumers will initially be given the language options of English or Spanish via automated prompt.  Consumers who speak a language other than English or Spanish can request to connect to a representative for assistance at any time. The representative will first try to determine what language is being spoken by asking the consumer what language he or she speaks, or by seeking assistance from another member of the consumer’s household.

Once the representative identifies the consumer’s language, the consumer will be connected to the language line for assistance from an interpreter. If the representative cannot determine which language the consumer is speaking, the language line operator will provide assistance. On subsequent calls, the system will recognize the language preference set on the initial call, so if the consumer calls the Call Center again, the consumer will get a message in this specific language. The call will then be automatically connected to a representative who will initiate a language line conference by connecting the consumer to an interpreter/language line operator.

As a reminder, as we stated in the August 26 version of the assister newsletter, for Call Center purposes only, a consumer can also designate an assister as a third-party representative to communicate with the Marketplace Call Center on the consumer’s behalf.  To do so, the consumer can call the Marketplace Call Center and give his or her verbal authorization to a Call Center Representative.  This authorization will last for one year unless the consumer calls back to end the authorization. Note that this verbal authorization allowing an assister to act as a third-party representative for Call Center purposes only is not the same as a formal designation of an authorized representative, which occurs when a consumer chooses someone to act, rather than only communicate, on his or her behalf during interactions with the Marketplace. Instead, this designation of an assister as a third-party representative allows the assister to facilitate communication with the Call Center for a consumer when the consumer otherwise cannot communicate or chooses not to communicate with the Call Center him or herself. The major difference between allowing an assister to act as a third-party representative and the designation of an authorized representative is that acting as a third-party representative does not allow the assister to make decisions on behalf of the consumer, or to pick a plan for a consumer.

**In the Loop Fact Sheets**

From In the Loop

To help you get ahead on important enrollment topics, [***In the Loop***](http://enrollmentloop.us7.list-manage.com/track/click?u=aedff476eafc201cb10f0a05b&id=36113e68f5&e=9e4ceaa378) created a series of brief fact sheets to put the facts you need at your fingertips. Each fact sheet covers a topic that consistently came up on ***In the Loop***; it’s the very information you need in your daily work assisting consumers. They are designed to be short and sweet, easily digestible, and accessible for assisters like you so you can help the consumers you see every day.

This week, we are excited to roll out the first batch in the series of ***In the Loop*** [**fact sheets**](http://enrollmentloop.us7.list-manage.com/track/click?u=aedff476eafc201cb10f0a05b&id=5116351077&e=9e4ceaa378), covering the following topics:

* Advanced Premium Tax Credits
* COBRA
* Reconciliation of Advanced Premium Tax Credits
* Special Enrollment Periods
* ACA and Tax Filing for Married, Separated, and Abandoned Spouses
* 2015 Renewals and Redeterminations

These fact sheets will answer questions like how **Advanced Premium Tax Credits** are calculated; how does **reconciliation** work during tax season; or what should a consumer think about when deciding between **COBRA** or getting enrolled in the marketplace.

**Related:** Feature slides that illustrate key concepts about health reform- <http://www.healthreformbeyondthebasics.org/category/library/feature-slides/>

**Related:** Health insurance coverage key terms- <http://marketplace.cms.gov/technical-assistance-resources/training-materials/insurance-coverage-key-terms.pdf>

# Important Pages on Healthcare.gov

Useful for new CACs/Navigators but should still be beneficial for veteran CACs/NAVs.

* One-page guide to the Health Insurance Marketplace- <https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace/>
* Search for health plans in your area- <https://www.healthcare.gov/find-premium-estimates/>
* How to choose Marketplace insurance/comparing health plans- <https://www.healthcare.gov/choose-a-plan/comparing-plans/>
* Keep or change your Marketplace plan for 2015- <https://www.healthcare.gov/keep-or-change-plan/>
* Fees & exemptions (&forms)- <https://www.healthcare.gov/fees-exemptions/fees-exemptions-overview/>
* What Marketplace health plans cover- <https://www.healthcare.gov/coverage/>
* (Free) preventive care benefits- <https://www.healthcare.gov/preventive-care-benefits/>
* Decisions you can appeal (&forms)- <https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/>
* SHOP Marketplace- <https://www.healthcare.gov/small-businesses/provide-shop-coverage/shop-marketplace-overview/>
* SHOP tax credit calculator- <https://www.healthcare.gov/small-businesses/small-business-tax-credit-calculator/>
* SHOP full-time employee (FTE) calculator- <https://www.healthcare.gov/small-businesses/provide-shop-coverage/fte-calculator/>
* Marketplace application checklist- <http://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>

**FAQ Resources**

Some of these FAQs are also listed in the resources/tools section below.

* Hardship Exemptions, age offs, and renewal of catastrophic coverage- <https://www.regtap.info/uploads/library/ENR_AutoRenewCatastrophic_100114_5CR_100614.pdf>
* Domestic abuse SEP fact sheet- <http://marketplace.cms.gov/technical-assistance-resources/assisting-consumers-domestic-abuse.pdf>
* In the Loop fact sheets (must be a member)- [http://enrollmentloop.org//content/loop-fact-sheets-tip-sheets](http://enrollmentloop.org/content/loop-fact-sheets-tip-sheets)
* Center on Budget and Policy Priorities’ slides for health reform- <http://www.healthreformbeyondthebasics.org/category/library/feature-slides/>
* Health insurance coverage key terms- <http://marketplace.cms.gov/technical-assistance-resources/training-materials/insurance-coverage-key-terms.pdf>
* FamiliesUSA
  + Assister tools- <http://familiesusa.org/initiatives/enrollment-assister-resource-center-tools>
  + Resources- <http://familiesusa.org/initiatives/enrollment-assister-resource-center-resources>
* Kaiser Family Foundation FAQs (most comprehensive)- <http://kff.org/health-reform/faq/health-reform-frequently-asked-questions/>
* Robert Wood Johnson Foundation’s resource guide (similar to KFF but in PDF format instead of online)- <http://www.rwjf.org/content/dam/farm/reports/reports/2014/rwjf408970>

## **Upcoming Webinars**

[Building Capacity: Partner Engagement and Grassroots Organizing](http://enrollamerica.us7.list-manage2.com/track/click?u=a8b479c3826ed06f183df0540&id=b51fb7615d&e=24b1e9aa0d), Enroll America, Thursday, October 16, 2014, at 1:00 p.m. ET

[Health Insurance Literacy: Key Considerations for Enrollment Stakeholders](http://enrollamerica.us7.list-manage.com/track/click?u=a8b479c3826ed06f183df0540&id=70a8f652be&e=24b1e9aa0d) Enroll America and Consumers Union, Monday, October 20, 2014 at 2pm ET

[Partnering with Agents and Brokers to Boost In-Person Assistance and Enrollment](http://enrollamerica.us7.list-manage2.com/track/click?u=a8b479c3826ed06f183df0540&id=ac4ec13a24&e=24b1e9aa0d) Enroll America, Thursday, October 23, 2014 at 4 pm ET

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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.