Covered Clips

A Summary of News and Activities for the Cover Arizona Coalition

Weeks of August 18th, 25th, and September 1st

**AHCCCS Enrollment Grows, Uncompensated Care Declines**

From the Yellow Sheet

AHCCCS enrollment has ballooned by roughly 25 percent since January, when the Prop 204 restoration and Medicaid expansion went into effect. The system has seen its rolls expand by more than 294,000 people since that time, nearly 50 percent more than the estimate that only 202,500 new people would enroll by August. Unsurprisingly, the Prop 204 childless adult category – the one directly affected by the enrollment freeze lawmakers instituted – has seen the most growth, nearly tripling from about 68,000 to nearly 249,000. The cost of that population is paid for by the hospital assessment, not the general fund. In the first half of 2014, JLBC noted that hospitals had collected $75.2 million in assessments. The analysts also reported today that the number of enrollees making between 100 percent and 133 percent of the poverty limit grew by 2,700 in July and now sits at roughly 27,300 – about 15 percent less than expected. (The federal government currently is paying 100 percent of the cost for that population.) The traditional AHCCCS population of low-income children and their parents is now 971,000, about 1,500 more than budgeted and a 9.2 percent increase since last year.

**Cover Arizona Enrollment Assistance and Training Sessions Planned**

The Cover Arizona Coalition, in partnership with the Centers for Medicare & Medicaid Services (CMS) San Francisco Regional Office and the Department of Health and Human Services, invite you to attend the 2014 Arizona Health Insurance Marketplace Training and Workshop. Workshops will be taking place in Yuma, Flagstaff, Tucson, and Phoenix, and city-specific dates are below.

The workshops will be two full days and will feature training and updates by CMS on the Health Insurance Marketplace as well as national and local experts sharing tactics and lessons learned from the last enrollment period, best practices for enrollment and outreach, and more. The Open Enrollment Period for 2015 coverage opens on November 15th, 2014 and people will be able to compare their existing coverage or apply for new coverage.

**Note:** The Arizona Enrollment Trainings do not fulfill the requirements for either the certified navigator or application assister trainings.

There is no registration fee associated with this training.

To register, please visit the link for the desired workshop:

**Yuma, AZ**

September 15th – 16th

9am – 5:00pm

Yuma Civic Center, 1440 W. Desert Hills Drive, Yuma, AZ 85364

Registration Link: <https://www.eventbrite.com/e/arizona-enrollment-training-in-yuma-tickets-10351835619>

**Flagstaff, AZ**
September 17th 11am – 5:00pm

September 18th 9am – 5:00pm
North Country HealthCare, 2920 N Fourth St, Flagstaff, AZ 86004I
Registration Link: <https://www.eventbrite.com/e/arizona-enrollment-training-in-flagstaff-tickets-12713356993>

**Tucson, AZ**

September 22nd – 23rd

9:00 am – 5:00 pm

Inn Suites – Tucson City Center

475 N Granada Ave, Tucson, AZ 85701
Registration Link: <https://www.eventbrite.com/e/arizona-enrollment-training-in-tucson-tickets-12712967829>

 **Phoenix, AZ**

 September 24th – 25th

 9:00 am – 5:00 pm

Crowne Plaza

One North San Marcos Place, Chandler, AZ 85225
Registration Link: <https://www.eventbrite.com/e/arizona-enrollment-trainings-in-phoenix-tickets-12713106243>

If you have any questions regarding these trainings, please feel to contact our office via email at ROSFOORA@cms.hhs.gov.

**New Webinar from CMS**

**2014 FFM Navigator and CAC Training** (CMS)

* Friday, September 5, 2-3PM ET (11AM-12PM AZ time)
* Register- [https://goto.webcasts.com/starthere.jsp?ei=1041161](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAzLjM1NjIxMzYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMy4zNTYyMTM2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgxODI0JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&https://goto.webcasts.com/starthere.jsp?ei=1041161)
* Please join us for our weekly webinar where we will detail our soon-to-be released 2014 Federally-facilitated Marketplace Navigator and CAC training, including how to access and complete the training on the Medicare Learning Network®. You can ask questions during the webinar by using the webinar chat feature. Time permitting, we will have a Q&A session at the end of the webinar.

**Bracing for New Challenges in Year 2 of Health Care Law**

From the New York Times

The first year of enrollment under the federal health care law was marred by the troubled start of HealthCare.gov, rampant confusion among consumers and a steep learning curve for insurers and government officials alike.

But insurance executives and managers of the online marketplaces are already girding for the coming open enrollment period, saying they fear it could be even more difficult than the last.

One challenge facing consumers will be wide swings in prices. Some insurers are seeking double-digit price increases, while others are hoping to snare more of the market by lowering premiums for the coming year. At the same time, the Obama administration is expected to try to persuade about five million more people to sign up while also trying to ensure that eight million people who now have coverage renew for another year.

Adding to the complexity is the shorter time frame for choosing a new policy: three months instead of six.

“In some respects, it’s going to be more complicated,” said Kevin Counihan, the former chief executive of Access Health CT, Connecticut’s online marketplace, who was just named as the head of the insurance marketplaces for the federal government. Connecticut’s marketplace was among the most successful state-based exchanges, sharply reducing the number of uninsured in the state. “Part of me thinks that this year is going to make last year look like the good old days.”

No one expects to face last year’s technological hurdles, in which consumers sometimes could not navigate the federal or state websites to buy a policy. HealthCare.gov is running relatively smoothly, and the states have been working to address technical problems with their marketplaces.

“The exchange can’t work worse than it did last year,” said Dr. Peter Beilenson, chief executive of Evergreen Health Co-op, an insurer in Maryland, where a faulty state-run marketplace prevented many people from signing up.

But the upheaval in insurance markets, with new carriers entering and the price of plans changing significantly, may make the coming year no easier than the last. While federal rules allow people to renew their coverage automatically for the next year in the same plan, many customers, especially if they were eligible for federal tax credits, will want to resurvey the landscape.

Just as there was an uproar when some people found out last year that their policies had been canceled, individuals this year may be surprised to find that they could be asked to pay much more for the same plan because their carrier is raising its prices or the amount of the federal tax credit they will receive is changing.

People will be renewing at the same time that others are enrolling for the first time, starting a week and a half before Thanksgiving, on Nov. 15. To ensure that they have a new plan by the beginning of the year, those who renew will have to sign up by Dec. 15. Exactly how the renewal process will work has not yet been determined.

“We’re still waiting on the details of the process,” said Paula Steiner, chief strategy officer for Health Care Service Corporation, which offers Blue Cross plans in five states. “We haven’t gone through any testing yet of any changes to the system for 2015.”

 “I think there’s a possibility that there’s equal or more confusion this fall,” she said.

Those responsible for the federal marketplace say they are working hard to make the process as easy as possible. “We’re putting in place the simplest path for consumers this year to renew their coverage,” said Andrew Slavitt, principal deputy administrator for Medicare, which oversees the insurance marketplaces. Those who prefer to stay with the same plan will be able to renew their coverage automatically, as many do with employer coverage. People can renew by doing “absolutely nothing,” he said.

The federal online marketplace is being continuously improved, according to Mr. Slavitt, who said the government was updating the website to allow renewals. “We’re in a very different position than we were last year,” he said.

Compared with this year, from the 19 states for which information is available, 30 carriers have requested entrance into the marketplaces for 2015 and 1.6 times more plans are being offered, with prices for 2015 likely to remain varied, as they were the previous year, according to McKinsey & Company’s Center for US Health System Reform, which is [analyzing the insurance filings](http://healthcare.mckinsey.com/2015-individual-exchange-filings-0) as they become available. Prices are rising about 30 percent for some plans, while decreasing by the same amount for others, depending on the market and policy. “We are definitely seeing a lot of volatility in pricing,” said Erica Hutchins Coe, a McKinsey expert.

Some of the large insurers, like some of the Blue Cross plans, have requested steep increases. Florida Blue, for example, expects to raise its rates by an average of 17.6 percent for 2015. Others, like some of the co-op plans, have been keeping prices low or even reducing rates.

Molina Healthcare, a company that has traditionally offered Medicaid coverage and now sells exchange policies, says its renewal strategy for the coming year is to emphasize that its members need not be concerned that the plan they selected will be more expensive. “One thing you can count on is the rates are flat or down,” said Lisa Rubino, senior vice president of exchanges for Molina.

In California, the state exchange is trying to get a step ahead by allowing people to begin renewing their plans Oct. 1. But anyone who wants to switch plans will still have to wait until Nov. 15, and many individuals may well want to shop around. In the Sacramento area, for example, someone who selected an H.M.O. plan from Anthem for 2014 faces a possible increase of nearly 17 percent, compared with a 2 percent increase for an H.M.O. plan from Kaiser Permanente in the same area.

Consumer advocates and others say nearly everyone with coverage should review their options, as well as whether their federal tax subsidy is likely to shift — either because their income may have changed or because the cost of the benchmark plan used to calculate the tax credit has changed.

Experts like Sabrina Corlette, a policy expert at Georgetown University’s Center on Health Insurance Reforms, say persuading those who did not sign up for coverage during the last open enrollment period to get coverage for 2015 will also present a significant challenge. People in this group were unaware they could get assistance with the cost of their premiums, decided the coverage was not worth the cost or simply found the process of enrolling too challenging.

“Most people assume in the first year they got the low-lying fruit,” Ms. Corlette said. Insurers and others “do have to widen the net,” she said, targeting hard-to-reach populations with what in the second year will often be “fewer resources and less time.”

Dr. Martin E. Hickey, chief executive of New Mexico Health Connections, a co-op that will rely on low prices to continue to attract members, said it was “a lot easier to retain a consumer than chase a new one.” In his state, many individuals failed to take advantage of the subsidies that reduced the cost of coverage substantially. “We didn’t communicate the affordability,” he said.

Even in California, which enrolled nearly 1.4 million people in its first open enrollment, there is acknowledgment that more effort is needed.

“We have a heavy lift again,” said Dana Howard, a spokesman for the state’s exchange, Covered California.

<http://www.nytimes.com/2014/09/03/business/experts-bracing-for-new-set-of-challenges-in-year-2-of-health-care-law.html?emc=edit_tnt_20140902&nlid=58462464&tntemail0=y&_r=1&utm_campaign=KHN:+First+Edition&utm_source=hs_email&utm_medium=email&utm_con>

**Addressing the Financial Impact of Renewals: Why Many Enrollees Could Benefit from Shopping**

With the first open enrollment under their belt, marketplaces now face a different set of challenges and opportunities as they prepare for open enrollment for plan year 2015. One of these challenges stems from the complicated nature of the premium subsidy calculations, leading to potentially large swings in consumers’ after-subsidy premiums and tax liability implications. Marketplaces, including the Federally-Facilitated Marketplace (FFM), are taking great strides to make the process as smooth as possible for consumers, by facilitating auto-renewals into Qualified Health Plans and, in the case of the FFM, rolling over 2014 Advanced Premium Tax Credits (APTCs) into 2015. Depending on factors such as income changes, premium variation, and a change in the benchmark plan, however, this approach may be detrimental to some consumers. State agencies, marketplaces, and stakeholders (including those in states with an FFM) will want to carefully balance the competing imperatives of ensuring continuous coverage while protecting consumers from tax liability, and in some cases, avoidable premium increases. A new paper by the Wakley Consulting Group (commissioned by the Robert Wood Johnson Foundation and posted on State Reforum) explores these issues and provides suggestions for how to mitigate confusion and empower consumers. Key takeaways include:

• State insurance departments and marketplaces should be careful when communicating individual market rate increases to the public and the media, as changes in after-subsidy premiums do not necessarily track with approved changes in insurance rates. The subsidy dynamics are counter-intuitive, for example, the net (after subsidy) premium for a plan can increase, even when the plan’s approved rate (full cost before subsidy) decreases. Communications about approved rate changes should clearly indicate that impact to a particular consumer (especially those eligible for subsidies) may vary significantly from approved rate changes.

• State insurance departments (including those in FFM states) can modify the language included in the federally-proposed carrier notices. Based on the specific dynamics of changes in plan rates and Marketplace offerings within a state, there may be reasons to encourage consumers, more than is recognized in the proposed notices, to shop for alternative plans and/or go to healthcare.gov or their state Marketplace website to receive a redetermination of eligibility to update their APTCs to reflect updated household information, as well as 2015, rather than 2014, premium rates.

• State agencies and organizations assisting consumers should be equipped with messages for and tools to identify consumers expected to see large increases in their after-subsidy premiums as well as those who may be at risk of owing money when 2015 taxes come due. To mitigate the risk of consumers dropping coverage or re-enrolling in plans that may cause additional financial burdens, education and outreach efforts should be targeted to areas of the state where consumers will encounter the largest premium increases. Those providing consumer assistance should be prepared to guide consumers through their options and help them understand the importance of shopping. Additionally, these organizations should identify areas of the state (sometimes at the county or sub-county level) where the cost of the benchmark (second-lowest cost silver) plan is decreasing and encourage those consumers to request an eligibility redetermination to avoid a tax liability at the end of the year.

See https://www.statereforum.org/sites/default/files/state-network-wakely-addressing-the-financial-impact-of-renewals-august-20144.pdf

**CMS Finalizes Auto-enrollment Process for Current Marketplace Consumers**

From CMS

The Centers for Medicare & Medicaid Services (CMS) finalized a policy (September 2nd) that provides current Health Insurance Marketplace consumers with a simple way to keep their current health insurance plan, while encouraging them to return to the Marketplace to ensure they are getting the best deal on their premiums and to shop for the plan that best fits their needs. These policies build on our efforts to enhance the consumer experience and make shopping for health care coverage as simple as possible.

“We are committed to providing a simple, familiar process for consumers to renew their coverage next year,” said CMS Administrator Marilyn Tavenner.  “Consumers should use this time to evaluate their health needs, browse other options, and see if they qualify for additional financial assistance. However, consumers who are happy with their plan and have no changes to their income or family situation can be auto-enrolled in their same plan next year, similar to how it is done in the employer insurance market today.”

Consumers in the Federally-facilitated Marketplace will receive notices from the Marketplace shortly before open enrollment begins explaining the auto-enrollment process and how they can return to the Marketplace to see if they qualify for additional financial assistance and shop for plans. Consumers will also receive notices from their insurance company about their new 2015 premium and the amount they may save on their monthly bill with a premium tax credit.

As part of the renewal process in the Federally-facilitated Marketplace, generally, if consumers do nothing, they will be auto-enrolled in the same plan with the same premium tax credit and other financial assistance, if applicable, as the 2014 plan year.  Consumers are encouraged to return to the Marketplace to make sure they are getting all the financial assistance they qualify for, and to shop for the plan that best suits their needs. Consumers whose 2013 tax return indicates that they had very high income, or who did not give the Marketplace permission to check updated tax information for annual eligibility redetermination purposes will get auto-enrolled without financial assistance if they do not return to HealthCare.gov.  This process will help provide continuity of coverage and safeguard taxpayer dollars.

The policies announced today give state-based Marketplaces the flexibility to propose unique approaches to this process that may better meet their specific state needs, while keeping a streamlined consumer experience the focus.

The final rule release can be accessed here: <http://www.ofr.gov/inspection.aspx>

## **HHS Releases Rules on Coverage of Certain Preventive Services under the ACA**

From CMS

HHS recently issued rules to help ensure that women have access to full coverage of contraceptive services even if the entity through which they receive health coverage, such as an employer, objects to this preventive service on religious grounds. The rules, issued in response to recent court decisions on employer health plan requirements, balance the Affordable Care Act’s legal requirement that women have access to this type of preventive service without cost-sharing with the Administration’s goal of respecting the religious beliefs of all Americans.

The preventive services interim final rule maintains the existing accommodation for certain religious non-profits and creates an additional pathway for eligible organizations to provide notice of their objection to covering contraceptive services. According to the interim final rule, an eligible organization may notify HHS in writing of its religious objection to contraception coverage. HHS will then notify the insurer for an insured health plan, or the Department of Labor will notify the third-party administrator (TPA) for a self-insured plan, of the objection and establish that the insurer or TPA is responsible for providing enrollees separate no-cost payments for contraceptive services for as long as they remain enrolled. The interim final rules are effective on August 27, 2014, and written comments must be received by 60 days after publication in the Federal Register.

The second action is a proposed rule extending the same accommodation available to non-profit religious organizations to certain closely held for-profit entities. The proposal includes several options for establishing which for-profit entities could qualify for the accommodation; these companies would not have to contract, arrange, pay or refer for contraceptive coverage to which they object on religious grounds. Additionally, the Administration is continuing to urge Congress to take action to ensure women’s access to contraception services.  Comments on this rule are due October 21, 2014.

The [interim final rule](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&100&&&http://www.ofr.gov/OFRUpload/OFRData/2014-20252_PI.pdf) and [NPRM](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&101&&&http://www.ofr.gov/OFRUpload/OFRData/2014-20254_PI.pdf) can be accessed on the CCIIO website.  A [press release](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&102&&&http://www.hhs.gov/news/press/2014pres/08/20140822a.html) on these actions is also available, along with a [fact sheet](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&103&&&http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/womens-preven-02012013.html) that offers additional details about the rules and cites the Supreme Court case and interim ruling that prompted them.

## **Responsibility to Serve Those Seeking Assistance**

From CMS

We have a clarification to last week’s reminder to assisters.  Our regulations generally require that assisters serve all individuals seeking assistance. If an assister organization or individual assister is not able to directly assist everyone who seeks help due to limited time, staff, or resources, the organization or individual assister should refer consumers to the Marketplace Call Center or another assister who is available. Referrals might also be necessary in cases where you or your organization is unable to meet a particular consumer’s needs. For example, if your organization is prepared to help consumers in the languages that are common in your area, but a consumer comes to you for assistance in a language you aren’t able to help with, you should refer the consumer to another local assister who can help, or to the Marketplace Call Center.  It may also be helpful to assist the consumer in contacting the Call Center so that he or she can access the language line that provides interpreter services.

We would also like to remind Navigator grantees and in-person assister entities in the Federally-facilitated Marketplaces (referred to in regulations as “non-Navigator assistance personnel”) that they are required to provide information in a way that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace, including consumers with limited English proficiency. We expect these assisters to provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including providing oral interpretation of non-English languages and translating written documents when necessary or when requested by the consumer. In some cases, it may be most appropriate for the assister to refer a consumer to another assister in their area who may be better equipped to serve the consumer’s particular needs.  Other assister entities and individuals, such as certified application counselor (CAC) organizations or individuals, are not required by the CAC regulations to provide culturally and linguistically appropriate services, such as language access services, but may have to meet similar requirements based on applicable state or other federal law. We encourage CACs to provide culturally and linguistically appropriate services whenever possible and expect that at a minimum, they refer a consumer to another assister in their area who is equipped to serve the consumer’s particular needs.

We also want to remind Navigator grantees and in-person assister entities in the Federally-facilitated Marketplaces that they must provide auxiliary aids and services for individuals with disabilities at no cost when necessary or when requested by the consumer to ensure effective communication. Use of a consumer's family or friends as interpreters can satisfy the requirement to provide auxiliary aids and services, but only when requested by the consumer as the preferred alternative to an offer of other auxiliary aids and services. CAC organizations and individuals are also required to provide assistance that is accessible to individuals with disabilities. CACs can meet this requirement either by providing this assistance directly, or by referring the consumer to an appropriate local Navigator, in-person assister, or the Marketplace Call Center.

Finally, if any assister (Navigator, in-person assister or CAC) assists a consumer who has needs that demand additional subject specific expertise, the assister should refer the consumer to another assister who can provide that expertise.

To clarify a Navigator’s duties to provide services in a culturally and linguistically appropriate manner, we established in the preamble of the Navigator rules that this duty could be satisfied through referrals in some circumstances, please see pertinent excerpts below.

* 45 CFR 155.215(c)(3) provides that Navigators (and non-Navigator assistance personnel) must: “Provide consumers with information and assistance in the consumer's preferred language, at no cost to the consumer, including the provision of oral interpretation of non-English languages and the translation of written documents in non-English languages when necessary or when requested by the consumer to ensure effective communication. Use of a consumer's family or friends as oral interpreters can satisfy the requirement to provide linguistically appropriate services only when requested by the consumer as the preferred alternative to an offer of other interpretive services;”
* 78 FR 78429: “While Navigators and non-Navigator assistance personnel are required to provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served, a referral may be the most appropriate method for complying with that requirement in some circumstances. For example, a Navigator or non-Navigator assistance personnel which may not have the resources to serve directly someone who speaks a language spoken by a specific individual within their service area and may need to refer the individual to another program. In such circumstances, the Navigator or non-Navigator assistance personnel should make reasonable efforts to make an appropriate referral for the consumer, with the goal of helping them find assistance with a minimum of effort and disruption. We remind Navigators and non-Navigator assistance programs receiving federal financial assistance of their independent obligations to comply with Title VI of the Civil Rights Act of 1964. Title VI prohibits discrimination on the basis of national origin, among other bases, and may require the provision of language assistance services.” [http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&104&&&http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125.pdf).

**Problems abound with Health Law Immigration Papers**

From the Washington Post

More than 200,000 immigrants who bought insurance through President Barack Obama’s health care initiative could lose their coverage this month if they don’t submit proof this week they are legally in the country, but language barriers and computer glitches are hindering efforts to alert them.

The government mailed letters in English and Spanish last month notifying people that if immigration and citizenship documents aren’t submitted by Friday, their coverage under the Affordable Care Act will end Sept. 30.

However, few seem to be responding. U.S. Health and Human Services officials released information Tuesday showing that 239,000 of the original 300,000 were still receiving final notices.

Immigration advocates say the notices in only two languages don’t take into account the wide variety of immigrant languages. They say many who received the letters already have filed the documents either by mail or via computer, but the paperwork was lost or not processed. And they fear most who haven’t responded don’t understand the gravity of the situation or think they have already complied.

A line at the bottom of the letter advises the recipients to call a phone number if they need the notice translated, said Amy Jones of the Southeast Asian Mutual Assistance Associations Coalition Inc. in Philadelphia.

“People do not know what they say or that they’re important. Many have been putting them aside or throwing them away,” Jones said. Her agency, which has helped 450 immigrants sign up for health insurance under the new law, is calling enrollees to see if they received a letter and help them keep their coverage.

Of the 8 million people who signed up for private coverage through the Affordable Care Act, about 1 million immigrants originally received notices asking for proof they are here legally and nearly 700,000 have been verified. Under the health care law, immigrants who are in the country illegally are not eligible for the program or to receive insurance subsidies.

Florida and Texas have the largest numbers of immigrants whose immigration and citizenship information on file with the government conflicts with what they wrote on their health insurance applications.

Nearly 100,000 in Florida received letters from the feds, yet two of the largest health advocacy groups in South Florida said they’ve gotten very few phone calls seeking help.

Vicki Tucci, an attorney with Legal Aid in West Palm Beach, said she’s heard from fewer than 20 clients, despite meeting with thousands during open enrollment. A few thought the letter was a scam and ignored it, she said.

Perhaps most frustrating, she said all but one of the letter recipients she spoke with had already sent in the documents.

“They had their certified mail receipt with them to prove that they sent it,” Tucci said.

However, even those who uploaded the documents by computer to www.healthcare.gov must still call the government’s helpline to see if they were received.

Bhagawat Bastola sent in his documents when he first applied for health coverage. Nevertheless, the 24-year-old from Nepal recently received two letters asking for them again. He re-sent them, but Jones’ agency was unable to confirm whether the government had received them. Without confirmation, he worries he may lose coverage.

http://www.washingtonpost.com/national/problems-abound-with-health-law-immigration-papers/2014/09/02/afc301a0-32be-11e4-9f4d-24103cb8b742\_story.html?utm\_campaign=KHN:+First+Edition&utm\_source=hs\_email&utm\_medium=email&utm\_content=13997550&\_hsenc=p2

## **Premium Payment and Grace Period Eligibility**

From CMS

A grace period starts the month that the consumer first misses a payment and extends for the two subsequent, consecutive months. That is, if a consumer who qualifies for a grace period misses a premium payment in May, that grace period would end on July 31, after three consecutive months beginning with the month that the consumer missed a payment (May).

1. First month’s premium: First, it is important to remember that all consumers who select a plan must pay the first month’s premium in order for the plan to become active. If a consumer does not pay this initial premium, he or she cannot access coverage, and grace periods do not apply.
2. Grace period eligibility: Eligibility for a grace period varies based on whether a consumer receives advance premium tax credits (APTC). If a consumer is receiving APTC, he or she is entitled to a three consecutive month grace period that begins the month that he or she first missed a premium payment. However, as mentioned, this grace period is only available after consumers pay at least one month of premium in full (or paid within the premium payment threshold if the issuer utilizes such) for a benefit year.  As explained in last week’s newsletter, if the consumer enters a grace period and fails to pay his or her monthly premiums within three months, he or she may lose coverage retroactive to the last day of the first month of the grace period. Consumers who are not receiving APTC, on the other hand, will only be granted a grace period based on the law in their state. Note that the August 19 edition of the assister newsletter stated that non-APTC recipients’ grace period eligibility depends on issuer discretion. This is true in some states, but whether or not it is the case depends on state law. Therefore, if a question arises about a non –APTC recipient’s grace period eligibility, assisters should first determine whether the law in their state provides for a grace period or leaves the decision to issuers.
3. When a grace period ends: Third, it is important to keep in mind and to explain to consumers that the start date for a three consecutive month APTC -related grace period does not “re-set” if a consumer makes payments for the following months but does not pay in full all outstanding premiums owed within three months, and that the grace period includes the month the consumer first misses his or her premium payment. For example: If a consumer misses a premium payment in May and then submits payments appropriately in June and July, but remains delinquent for May, the grace period will expire July 31 and the consumer could lose coverage retroactive to the last day of May, which is three months since the initial premium lapse, due to the still-outstanding May payment.
4. Premium thresholds and grace periods: Fourth, a note about conditions applying to premium thresholds.  In cases when issuers have in place a premium payment threshold, an enrollee who fails to make the appropriate payment after having paid the first month’s premium may, like any other enrollee, be eligible for a grace period depending on whether he or she receives APTC, or the laws in his or her state. However, consumers who have plans with premium thresholds in place must remember that the threshold no longer applies once the grace period takes effect – AND they must pay all subsequent and previously missed premium amounts before the end of the grace period to avoid being terminated.

Finally, while it is important to be aware of the protections a grace period can offer, we’d like to encourage assisters to remind consumers that making the effort to pay premiums regularly and on time is the best way to avoid the challenges and confusion of lapses in coverage, and to maintain a good relationship with their issuers.

We have a tip sheet that contains more details for assisters on this topic, which you can view on our Marketplace.CMS.gov, Technical Assistance Resources page, within the “Canceling, selecting, or terminating Marketplace plans” category, or by clicking here: [http://marketplace.cms.gov/technical-assistance-resources/helping-consumers-grace-period.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&103&&&http://marketplace.cms.gov/technical-assistance-resources/helping-consumers-grace-period.pdf).

##

## **Resolving Data Inconsistencies**

From CMS

To support assisters helping consumers resolve their immigration and citizenship data matching issues, we posted a new resource that contains a step-by-step walkthrough of the online “Resolve Inconsistencies” upload feature of the Marketplace online application, including screenshots, found here: <http://marketplace.cms.gov/technical-assistance-resources/data-matching-issues-upload-walkthrough.pdf>.

Some key points to remember:

* Consumers can also call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) to see if they have a data matching issue or inconsistency. The Marketplace Call Center is able to verify if a consumer has a data matching issue or inconsistency, and if so, if the consumer’s data matching issue or inconsistency has been resolved. The Call Center will ask for some information, such as name, date of birth, or application ID.  The Call Center can also confirm if the Marketplace has received documents from the consumer regarding their data matching issue.
* Consumers may also receive a notice from their health insurance company regarding a data matching issue or inconsistency. The Marketplace Call Center is able to verify if a consumer has a data matching issue or inconsistency, and if so, if the consumer’s data matching issue has been resolved. The Call Center can also confirm if the Marketplace has received documents from the consumer regarding their data matching issue.
* Regarding an uploaded document: If the document is uploaded successfully, it should show up as submitted under application details right away. Note: If a consumer previously tried to upload documents and they do not show up as submitted, the consumer should upload their documents to resolve their data matching issue again or mail in their documents.
* Consumers who have outstanding income verification issues will hear from the Marketplace at a later date regarding next steps. Please continue to help consumers resolve their income data matching issues and submit their documentation.
* Since assisters serve many different communities across the country, you are a valuable resource to help consumers with limited English proficiency to understand and resolve data matching or inconsistency issues. If you work with consumers with limited English proficiency, we encourage you to please reach out to these consumers and encourage them to call the Marketplace Call Center to see if they have data matching or inconsistency issues. If so, we encourage you to work with them to resolve these issues.
* Finally, because resolving data matching issues is an essential part of helping consumers with their Marketplace application and enrollment, we want to reassure you that you can reach out to consumers who have previously come to you for assistance in enrolling in coverage so long as they consented to being re-contacted for follow up with their applications or enrollment. We know how important it is for consumers and their families to stay covered through the Marketplace, and while we continue to reach out, we are relying heavily on your efforts to help consumers in your communities resolve their data matching issues and remain covered.

Related Resources

* NEW Slides: [Resolving Data Matching Issues (or Inconsistencies): Document Upload Walkthrough – September 2, 2014 (slides)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&104&&&http://marketplace.cms.gov/technical-assistance-resources/data-matching-issues-upload-walkthrough.pdf) – posted today.  A resource that contains a step-by-step walkthrough of the online “Resolve Inconsistencies” upload feature of the Marketplace online.  Includes screenshots.
* NEW Slides: [Tips to Resolve Outstanding Data Matching Issues (or Inconsistencies) – August 15, 2014 (slides)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&105&&&http://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf) from our Friday, August 15 assister webinar where we shared information on immigration and citizenship data matching issues, information about warning notices that the Marketplace is sending out to consumers from whom we have not received copies of requested documents, and reiterated tips for assisters as they help consumers resolve outstanding application data matching issues.
* Fact Sheet: [5 Things Assisters Should know about Data Matching Terminations](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&106&&&http://marketplace.cms.gov/technical-assistance-resources/data-matching-terminations.pdf) - highlights the basics about the immigration and citizenship-related inconsistency warning notices that went out earlier this month.  It tells you what you need to know: who’s impacted, what are the deadlines, and how you can help.
* Blog: [Still need to send documents to the Marketplace? If you get a letter this week, time is running out](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&107&&&https://www.healthcare.gov/blog/still-need-to-send-documents/)
* Blog in Spanish: [https://www.cuidadodesalud.gov/es/blog/still-need-to-send-documents/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&108&&&https://www.cuidadodesalud.gov/es/blog/still-need-to-send-documents/)
* Fact Sheet: For the number of letters going out by state on behalf of the Federally-facilitated Marketplace visit, see the [Map of Warning Notices by State](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&109&&&http://www.hhs.gov/healthcare/facts/factsheets/2014/08/data-matching-map.pdf)
* Press Release: [Federal Health Insurance Marketplace: Send in Requested Documents Now to Keep Marketplace Coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&110&&&http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2014-Press-releases-items/2014-08-12.html?DLPage=1&DLSort=0&DLSortDir=descending)
* [How do I resolve an inconsistency?](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/)
* [The Marketplace might need more information from you](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&https://www.healthcare.gov/blog/the-marketplace-might-need-more-information-from-you/)
* [Due Diligence—Double, Triple Checking Consumer Info](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwOTAyLjM1NTg4OTIxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDkwMi4zNTU4ODkyMSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTgwNjIwJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&http://www.hhs.gov/digitalstrategy/blog/2014/06/checking-marketplace-consumer-info.html)

**Data Matching Flyers in Chinese, Vietnamese, Nepali, Karen, Chin, and Indonesian**

From CMS

Assisters nationwide are reaching out to consumers who need to submit documents to the Marketplace to resolve data matching issues, also known as inconsistencies. We want to let you know about new multilingual flyers produced by SEAMAAC, an assister organization that serves immigrants and refugees in Pennsylvania. This multilingual flyer is written in English, Chinese, Vietnamese, Nepali, Karen and Chin and includes an easy to understand explanation of the notices that have been sent to consumers who need to submit additional documents, an image of what these notices look like, and instructions for what to do that include space to insert your name and contact information for a consumer to use. SEAMAAC welcomes assisters to access this useful resource, which can be found at SEAMAAC’s website, [www.seamaac.org](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&139&&&http://www.seamaac.org/).  For an Indonesian version of the flyer, please go to: [http://www.kabarkilat.com/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODI2LjM1Mzc1NzUxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgyNi4zNTM3NTc1MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTcxOTczJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&140&&&http://www.kabarkilat.com/) and see page 22.

## **FAQs: Assisters Going Door-to-door**

Q: Can assisters go door-to-door for the purpose of distributing educational materials?

A: Assisters may conduct outreach and education activities by going door-to-door to consumers’ homes. Outreach and education activities may include providing brochures and informational materials about the Marketplace, open enrollment and the annual Marketplace redetermination process, or general information about your organization and its role in providing application and enrollment assistance to the community.

Assisters cannot go door-to-door for the purpose of providing application or enrollment assistance to consumers if they have not requested or initiated the contact, or if the assister or their organization does not have a pre-existing relationship with the consumer.  However, if an assister is providing outreach and education materials, and a consumer initiates a request for application or enrollment assistance, the assister may provide the requested assistance at that time, or schedule a follow-up appointment.

* The Exchange and Insurance Market Standards for 2015 and Beyond final rule can be found here: [http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODEyLjM0OTc2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgxMi4zNDk3NjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTUzMjYyJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&155&&&http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf)
* The slide deck that provides an overview for assisters on the rule referenced above can be found here: [Overview for Assisters of Exchange and Insurance Market Standards for 2015 and Beyond – Final Rule – May 30, 2014 – Revised June 6, 2014 (slides)](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODEyLjM0OTc2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgxMi4zNDk3NjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTUzMjYyJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&156&&&http://marketplace.cms.gov/technical-assistance-resources/market-standards.pdf)

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## **FAQs: Reaching and Assisting LGBT Communities**

From CMS

Q: How should transgender consumers identify their sex on the Marketplace application?

A:  A consumer’s response to this question will not be checked against any other government record, including the Social Security Administration (SSA). Transgender consumers may therefore identify their sex consistent with their gender identity on their Marketplace application, or according to the sex that appears on the majority of their other legal documents, such as their driver’s license.

Gender identity refers to one’s internal sense of gender, which may be different from the sex on the person’s original birth certificate or other legal identity documents. Section 1557 of the Affordable Care Act prohibits discrimination on the basis of sex (which includes gender identity), among other bases, in certain health programs and activities. Treating transgender consumers differently or denying them equal access to the Marketplaces because of their gender identity may therefore be unlawful discrimination.

## **FAQs: Training, Certification, and Recertification for Navigators and CACs in the FFM**

From CMS

Q: When will new grantees be notified if they have been awarded a grant?

A: CMS anticipates announcing 2014 Navigator grant recipients by September 8, 2014.

Q: Will we receive a list of the new Navigators for 2014/2015?

A: A list of 2014 Navigator grant recipients will be posted on the CCIIO website after awards are announced.

Q: When an assister relocates to a new state, can they continue to operate, and how do they become recertified?

A: Navigator grantees are only approved to work as Navigators in the state(s) where they receive Navigator grant funding. If a Navigator moves outside of the state(s) where their affiliated organization is approved to work, they may no longer serve as a Federal navigator with that organization.

For the CAC program, designated CAC organizations are similarly only allowed to have CAC staff or volunteers in the Federally-facilitated Marketplace state(s) in which the organization has been designated by CMS to operate. If an individual CAC moves to a different state in which his or her organization is also designated, then the individual could continue serving as a CAC.  As the individual would do if s/he hadn’t moved, s/he would follow the organization's processes for recertification and take the 2015 training prior to his or her certification anniversary date. On the other hand, if the organization is not designated in the state in which the CAC has moved, the individual would not be allowed to operate as a CAC.  Individuals may affiliate with a different CAC organization in their new state. The organization must, at a minimum, have the individual show successful proof of training (completed in the last year), have the individual sign an agreement with the organization, and disclose to the organization any relationships that they have with qualified health plans or insurance affordability programs. The organization may determine additional steps the CAC would need to take in accordance with the organization's internal policies and procedures. In addition, the designated organization should assign the individual a new unique ID number that corresponds to the organization's designation ID. This new ID should be used to register for the 2015 training and must also be included on the official certification issued by the designated organization. As noted in the CMS bulletin, CMS also encourages organizations to have their CAC staff or volunteers take the new 2015 training when it becomes available so that they have the most up-to-date training in advance of the beginning of the open enrollment period on November 15, even if the individual's certification anniversary date has not yet arrived.

Q: I am currently a CAC but have applied for the Navigator grant. Should I recertify as a Navigator?

A: If you or your organization applied for a 2014 Navigator grant, you should not begin the Navigator certification or recertification process until you learn whether your organization will be receiving a 2014 Navigator grant. If your organization receives a 2014 grant, you will be provided with information on how to successfully register for and complete the Navigator training and become certified for the 2014-2015 grant period. Assuming you meet the CAC certification requirements, you may continue to assist consumers as a CAC, but should refrain from purporting yourself as a federally certified Navigator until you have met the necessary training and certification requirements.

## **Designating an Assister as a Third Party Representative for Call Center Purposes**

From CMS

For Call Center purposes only, a consumer can designate an assister as a third party representative to communicate with the Marketplace Call Center on his or her behalf.  To do so, the consumer can call the Marketplace Call Center and give his or her verbal authorization to a Call Center Representative.

The Call Center will now accept and retain a record of a consumer’s verbal authorization for an assister to communicate on the consumer’s behalf for one year.  This one year period is a revision to the previous 14-day authorization.  The consumer has the right to revoke this authorization at any time during the one year period by calling back the Call Center and verbally revoking the authorization.  Additionally, the year-long authorization is only prospective for new authorizations; for example, if a consumer provided such authorization in March of this year, that authorization will still have expired after 14 days.

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 behalfduring 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 themselves. The major difference between allowing an assister to act as a third party representative and the designation of an authorized representative is that the former does not allow the assister to make decisions on behalf of the consumer, or to pick a plan for a consumer.

# ACA 101 for Migrant Workers

# From In the Loop

The H-2B visa, which is just one of more than 20 categories of “nonimmigrant visas,” is reserved for a temporary, non-agricultural worker petitioned by a domestic employer for up to three years. Eligibility for the H-2B program is regulated by the Department of Homeland Security (DHS), both in terms of the requirements for the foreign worker and the U.S. employer. H-2B visa holders may also bring immediate family members—a spouse and unmarried children under the age of 21—with them to the U.S., but they will not receive work authorization.

**Affordable Care Act (ACA) Requirements for H-2B Visa Holders**

H-2B visa holders and their dependents brought under an H-4 visa, are considered “lawfully present” for the purposes of the ACA. As such, they may access marketplaces and are eligible for Advanced Premium Tax Credits (APTCs) and Cost-Sharing Reductions (CSRs). And, like most U.S. citizens and lawfully present immigrants, they are also subject to the individual mandate, which requires them to carry health insurance, qualify for an exemption or pay a tax penalty. **However, H-2Bs and others with certain nonimmigrant visas do face a dilemma that U.S. citizens and lawful permanent residents (LPRs or green card holders) do not: eligibility for marketplace coverage may conflict with eligibility for their work visa.**

Click [**here**](http://enrollmentloop.us7.list-manage.com/track/click?u=aedff476eafc201cb10f0a05b&id=6c72bef369&e=9e4ceaa378) to read the full post. And check the **In the Loop** Resource in today’s sidebar for related materials in English and Spanish from Farmworker Justice.

Related: The ACA and H-2A Agricultural Workers FAQ- <http://www.farmworkerjustice.org/sites/default/files/Brief_ACA_H2A_ONLINE.pdf>

Related: Other FAQs (English/Spanish) at Farmworker Justice- <http://www.farmworkerjustice.org/content/health-initiatives-resources>

## **Using Volunteers in Navigator and Assister Programs**

Families USA recently published an issue brief on [Using Volunteers in Navigator and Assister Programs: Doing More with Less](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODEyLjM0OTc2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgxMi4zNDk3NjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTUzMjYyJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&157&&&http://familiesusa.org/sites/default/files/product_documents/ENR%20Navigator%20Volunteer%20brief_FINAL.pdf). The issue brief describes how recruiting and training volunteers may help Navigators and other assisters increase their capacity to assist consumers without increasing costs. It also explains the training required for volunteers to conduct enrollment, ideas for using volunteers, and examples of Navigator programs that successfully used volunteers during the first open enrollment period. See more at: [http://familiesusa.org/product/using-volunteers-navigator-and-assister-programs-doing-more-less](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQwODEyLjM0OTc2NjYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MDgxMi4zNDk3NjY2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MTUzMjYyJmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&158&&&http://familiesusa.org/product/using-volunteers-navigator-and-assister-programs-doing-more-less).

* Related- Preparing Navigators and other assisters to meet new consumer needs- <http://familiesusa.org/product/help-wanted-preparing-navigators-and-other-assisters-meet-new-consumer-needs>
* Related- Filling in gaps in consumer assistance: How exchanges can use assisters- <http://familiesusa.org/product/filling-gaps-consumer-assistance-how-exchanges-can-use-assisters>

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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.