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)

Week of November 3rd

**Supreme Court Will Hear Newest Challenge to the Affordable Care Act**

The Washington Post

The Supreme Court decided Friday that it would consider the latest challenge to the Affordable Care Act.

The justices decided to review an appeals court decision that upheld an Obama administration decision to extend tax subsidies to those who purchased health insurance through exchanges established by the federal government. The challengers argue that according to the wording of the statute, the subsidies should only extend to those in states that had established their own exchanges.

The administration and insurance companies say that would remove the underpinnings of Obamacare that made it workable.

The challenge focuses on four words in the massive bill. It said people would qualify for tax credits when they buy insurance in a market “established by the state.”

Only 14 states have established such exchanges. The law authorized the federal government to establish exchanges in those states that did not act, and it has done so.

Under a rule issued by the Internal Revenue Service, consumers can claim tax credits in any market. The administration says that is consistent with the law’s goal of making coverage available to all Americans.

But challengers claim the interpretation is contradicted by the wording of the law. They say the withholding of the tax credits was meant to spur states to create their own exchanges, and should not be available where states opted not to act.

About 4.6 million people in those states receive the credits. But the importance of them extends beyond, as all agree that they are essential to making the law work.

The court will consider an appeal from the U.S. Court of Appeals for the 4th Circuit, which unanimously ruled in *King v. Burwell* that the IRS interpretation was consistent with the intent of the law.

There are at least three other challenges working their way through the legal system. A panel of the U.S. Court of Appeals for the D.C. Circuit ruled against the administration, but the full appeals court is going to consider the question. The hearing is scheduled for December.

In addition, a district judge in Oklahoma has ruled against the administration. That decision is being appealed.

<http://www.washingtonpost.com/politics/courts_law/supreme-court-will-hear-newest-challenge-to-affordable-care-act/2014/11/07/829429f0-6353-11e4-836c-83bc4f26eb67_story.html>

**Medicaid Expansion Makes Its Way to State’s Supreme Court**  
  
Associated Press

The Arizona Supreme Court is set to take up Gov. Jan Brewer's appeal of a decision allowing a lawsuit challenging her Medicaid expansion plan to proceed. The court meets in Tucson Thursday to hear the request to overturn an appeals court ruling reinstating a suit filed by Republican lawmakers. A Superior Court judge dismissed the lawsuit filed by the lawmakers in February, saying they lacked legal standing. But the Arizona Court of Appeals overturned that decision two months later.

<http://kjzz.org/content/62898/arizona-supreme-court-hear-medicaid-arguments>

**Key Study on Obamacare 2015 Premium Rates Is Out and You Won't Believe What's Going To Happen**

From Forbes

While political slanting continues to dominate the public’s opinion on Obamacare, there is nothing like throwing a few facts into the mix to cause people to begin scratching their heads in confusion.

One of the best sources of actual facts is the annual study done by the [McKinsey Center for U.S.](http://healthcare.mckinsey.com/sites/default/files/2015%20OEP%20Emerging%20Trends%20-%20McK%20Reform%20Center_0.pdf) [Health](http://www.forbes.com/health/) System Reform.

Any self-respecting conservative knows all too well that McKinsey is immune from attack as an organization committed to presenting a left leaning political slant as it remains a bastion of business advice and a company that simply cannot be painted with a blue brush.

So, how do we explain the McKinsey findings, which reveal some awfully good news when it comes to premium rates, as Obamacare begins its second year sign up period beginning November 15?

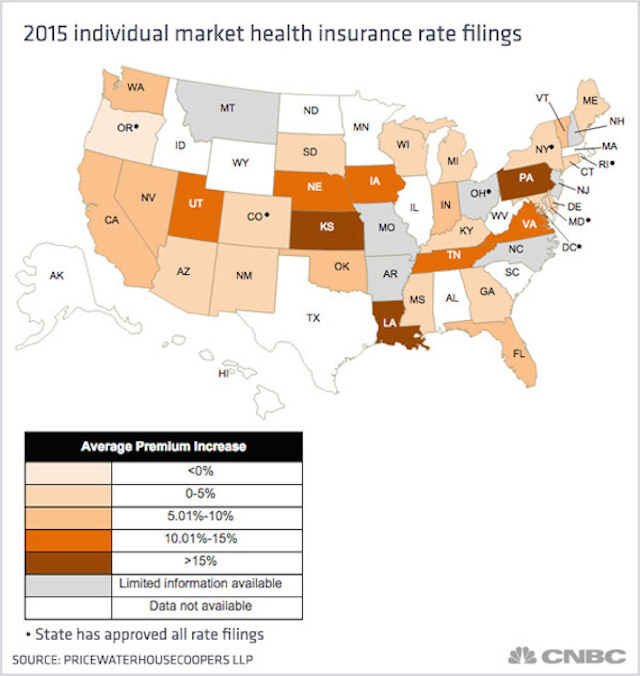
We explain it by simply pointing out that when your sole approach to a program is based on your preferred political point of view, the truth may sometimes disappoint—even when the truth comes in the form of some pretty good news.

Here are the bullet points of the study:

* Despite the cries of the Obamacare bashers that insurance companies would leave the exchanges in droves once they discovered how much money they are losing , it turns out that *competition and choice are increasing* as we head into 2015.

According to the [McKinsey study](http://healthcare.mckinsey.com/sites/default/files/2015%20OEP%20Emerging%20Trends%20-%20McK%20Reform%20Center_0.pdf),  “In the 41 states releasing exchange participation carrier data, the number of health insurers increased by 26 percent between 2014 and 2015. In the 19 states with complete fillings, the number of products grew 66 percent, with most in the silver tier.”

* While 65 percent of existing policies will see an increase in premium costs for 2015, the medium increase will be just *4 percent*.



When was the last time we saw insurance premiums experience an annual increase of less than 5 percent? I cannot remember such a time and doubt that you can either.

<http://www.forbes.com/sites/rickungar/2014/10/31/key-study-on-obamacare-2015-premium-rates-is-out-and-you-wont-believe-whats-going-to-happen/>

**New Online Resource Provides Answers to Common Health Insurance and Marketplace Questions**

CHIRblog (Georgetown University Health Policy Institute)

Over the past year, experts from CHIR and Georgetown’s Center for Children and Families have been providing support to Navigators and assisters under a project funded by the [Robert Wood Johnson Foundation](http://www.rwjf.org/). Our work includes back-office support to assisters in 6 states – Georgia, Florida, Ohio, Arizona, Arkansas and Michigan – and a Navigator Resource Guide, which includes close to 300 frequently asked questions (FAQs) reflecting a wide range of situations consumer may face as they navigate our changing health care system.

This week, CHIR is pleased to release an online version of the Guide, with searchable FAQs and easy-to-read background information on key health insurance and marketplace issues. Although the [Navigator Resource Guide](http://navigatorguide.georgetown.edu/) on Private Health Insurance and the Health Insurance Marketplaces is designed with the needs of Navigators in mind, the Guide is a hands-on, practical resource for anyone who needs to communicate with consumers about the Affordable Care Act.  It’s organized into four sections, based on the types of circumstances in which consumers might present themselves to a Navigator: (1) People without coverage, (2) People with coverage, (3) Employers offering coverage, and (4) Post-enrollment problems with coverage. In each case, CHIR experts provide helpful background on the topic with accompanying FAQs, culled from common consumer situations. Examples of the questions answered in the Guide include:

* Are there exemptions to the individual mandate penalty? What are they?
* My son goes to college in another state, but we want to enroll him on our family plan. Can we do that?
* I own my own business and have no employees. What are my options?
* I have 47 employees and I’m trying to decide if I should hire more. What are the implications if I have more than 50 employees?
* I have an offer of coverage through my employer, but the premiums are too expensive. Can I get financial help to buy a marketplace plan?
* Does pregnancy trigger a special enrollment opportunity?
* I’m eligible for COBRA but haven’t elected it yet. Does that affect my eligibility for marketplace subsidies?
* I’m raising my grandchild and claim her as a dependent. Are we considered a household of two?
* What are health care sharing ministries? What are the risks and benefits of signing up for one?
* I was denied coverage for a service my doctor said I need. How can I appeal the decision?

We’ve highlighted some of the [questions](http://chirblog.org/summing-up-some-questions-from-navigators-a-grab-bag-of-consumer-queries/) we’ve received from Navigators and assisters here on [CHIRblog](http://chirblog.org/), including one on what to do when your [drug is not covered](http://chirblog.org/enrolled-in-a-plan-that-doesnt-cover-your-prescription-drug-what-consumers-need-to-know/) by your plan and another on what to do when your provider is [no longer in-network](http://chirblog.org/enrolled-in-coverage-that-just-got-harder-to-use-consumer-options-when-the-network-changes-mid-year/). The upcoming open enrollment period promises to generate many more questions – such as how to renew or change plans, obtain re-determinations of eligibility for premium tax credits and file for exemptions from the individual mandate. As more questions come in and new federal guidance comes out, we’ll update the Guide in real time so that Navigators and assisters can provide accurate, up-to-date advice to consumers.

<http://chirblog.org/new-online-resource-provides-answers-to-common-health-insurance-and-marketplace-questions/>

**HHS to Nix Health Plans that Don't Cover Hospitalization**

From Modern Healthcare

Health plans offered by large, self-insured employers that do not include inpatient hospital services as a standard benefit will soon be a thing of the past, according to a [notice released Tuesday (PDF)](http://www.modernhealthcare.com/assets/pdf/CH97123114.PDF) by HHS and the Treasury Department.  
  
The federal government said many healthcare industry stakeholders raised questions and concerns about the viability of these types of “skinny plans,” and hospitals are hailing the latest guidance. Many companies have been building health benefits packages for employees to avoid paying a penalty under the [Patient Protection and Affordable Care Act](http://www.modernhealthcare.com/section/articles?tagID=928). But some of those plans have [excluded hospitalization benefits](http://www.modernhealthcare.com/article/20141023/NEWS/310239963).  
  
In the notice posted Tuesday, HHS and the Treasury Department said insurance options that don't cover both inpatient services and physician services will be considered noncompliant with the ACA.  
  
“A plan that fails to provide substantial coverage for these services would fail to offer fundamental benefits that are nearly universally covered and historically have been considered integral to coverage under typical employer-sponsored group health plans,” the government said.  
  
The ACA requires health plans in the individual and small-group markets to cover 10 essential health benefits, including hospitalizations. However, self-insured employers don't have to follow that rule as long as they offer health plans that cover at least 60% of potential health costs—or what a bronze plan covers on the individual exchanges. Consequently, some employers began constructing health plans through the ACA's benefits calculator that had the option of excluding inpatient services.  
  
Hospitals and health economists called the calculator's initial design flawed, saying it allowed health plans that were akin to homeowners insurance that excluded coverage for a house burning down.  
  
“The earlier version of the calculator didn't live up to the spirit and letter of the ACA,” said Chip Kahn, CEO of the Federation of American Hospitals, who previously said there would be a “consumer and employee revolt” if health plans without hospital coverage were permitted. “I think this (change) sets the calculator right,” he added. “I don't think there was any way this was going to stand, and it didn't.”  
  
Employers that already started enrolling employees in no-hospital plans or had a binding agreement with a benefits administrator before Nov. 4 to offer the plans will be given a temporary pass. However, HHS said, all health plans that begin after March 1, 2015, should abide by the new standards.   
  
In addition, employees who ultimately are offered a skinny plan with no hospital coverage will be able to receive premium subsidies under the law to lower their cost burden—something they wouldn't have gotten previously. “This seems like a pretty smart fix for the administration,” said Caroline Pearson, a vice president at consulting firm Avalere Health. “It's really meant to protect workers.”  
  
Exempted employers are not expected to be penalized if those employees receive the tax credits. But the employers will have to adjust their future health plan options to ensure all hospital and physician services are included. “Any large-employer, self-insured skinny plan that has been designed to take advantage of this loophole will likely need to be redesigned if the employer wants to avoid fines related to the employer shared-responsibility requirement,” said Rick Lindquist, president of Zane Benefits, a health benefits company.   
  
Employers tinkering with these types of plans reportedly have never offered health insurance before, and most are in industries with low-wage workers, like restaurants and nursing homes. According to Kathryn Wilber, senior counsel of health policy at the American Benefits Council, the new guidance is welcome because it at least provides clarity on what can be offered in the future.  
  
“That's something that employers always want to understand. And there was some uncertainty here,” Wilber said. She said none of her [group's members](http://www.americanbenefitscouncil.org/about/member_list.cfm), which include Fortune 500 companies and other large employers, indicated they had adopted health plans designed without hospitalization benefits.  
  
The American Hospital Association, which voiced concerns to the CMS about health plans that lacked hospital benefits, called Tuesday's guidance necessary even if it addresses a problem that's not widespread. “One of the goals of the ACA is to protect all Americans from receiving substandard health insurance coverage that leaves them vulnerable to poor health outcomes and potentially disastrous financial stress,” AHA CEO Rich Umbdenstock said in a statement.  
  
HHS and Treasury expect to release final guidance on or around March 1.

<http://www.modernhealthcare.com/article/20141104/NEWS/311049939?utm_source=AltURL&utm_medium=email&utm_campaign=am%3Fmh>

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| **Latest on the Renewal and Re-enrollment Process for 2015 Coverage** From CMS  On Friday, October 24’s assister webinar we shared the latest information on the Renewal and Re-enrollment Process for 2015 Coverage.  You can view the October 24 slides here:   * Renewal and Re-enrollment Basics for 2015:[**http://marketplace.cms.gov/technical-assistance-resources/renewal-and-reenrollment-basics.pdf**](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&106&&&http://marketplace.cms.gov/technical-assistance-resources/renewal-and-reenrollment-basics.pdf)   As a reminder, assisters should focus their renewal outreach on encouraging current enrollees to return to the Marketplace between November 15 and December 15 to update their information to ensure that they will receive the right amount of financial assistance and are still enrolled in the plan that best fits their needs starting January 1, 2015.  Assisters are permitted to reach out to consumers who gave them consent to follow up with them about applying for or enrolling in coverage.  Timeline for Consumers  We recommend assisters use the following timeline to help consumers understand the deadlines they need to meet and the actions they should take to ensure that they remain covered by a Marketplace health plan with the right amount of financial assistance in 2015.  Prior to Open Enrollment: Between Now and November 15, 2014   * Current enrollees: Consumers will receive notices from both the Marketplace and their issuers.  The Marketplace is currently in the process of sending Marketplace Open Enrollment and Annual Redetermination Notices to consumers via mail or their Healthcare.gov accounts, depending on their chosen communication preferences.  The model Marketplace Open Enrollment and Annual Redetermination Notices and the standard issuer notices can be found online (see the “Resources” section below). * Consumers with special enrollment periods for 2014: You can currently help consumers enroll in 2014 coverage if they qualify for a special enrollment period (SEP). Please note that consumers enrolling into 2014 coverage with a SEP during this period, just as all other current enrollees, will have to return to the Marketplace after November 15 to update their information for a 2015 eligibility determination. If they do not, they may be auto re-enrolled in the same or similar plan (if available) at the same financial assistance level as 2014.   Early Open Enrollment: Act between November 15 - December 15, 2014 for Coverage Effective January 1, 2015   * Current enrollees: Consumers should update their applications for 2015, shop for and enroll in a plan to ensure that they receive the right amount of financial assistance, and are enrolled in the best plan for them and their families for coverage to begin January 1, 2015. * The majority of consumers who do not complete plan selection by December 15, 2014 will automatically be re-enrolled in their current plan or a plan that is “most similar” to their current plan.   + Some consumers who cannot be auto-enrolled, for example, because their health insurance is not being offered to any enrollees in 2015 and they couldn't be matched with a different plan, will be required to update their Marketplace application and make a plan selection by December 15 to have coverage beginning January 1, 2015.   + Some consumers will be auto re-enrolled without financial assistance if they do not return to the Marketplace to update their eligibility information by December 15, 2014, including consumers with 2013 tax return information that shows a household income above 500% of the Federal Poverty Level and those who did not give the Marketplace permission to check updated tax information for annual eligibility redetermination purposes on their 2014 Marketplace application.   + Other consumers with financial assistance who authorized the Marketplace to check their 2013 tax return information, but who do not return to update their eligibility information, will be auto re-enrolled using their 2014 financial assistance level. * New consumers: Most new consumers you assist after November 15, 2014 will be looking at coverage options for 2015. Consumers who select a plan by December 15 will have coverage effective beginning January 1, 2015. * Consumers with SEPs: Some consumers with certain qualifying life events may be eligible for a special enrollment period (SEP) to enroll in 2014 coverage after November 15. It is important for you to help these consumers make sure they are enrolling in coverage for the time period they intend. These consumers will be presented with guidance and information on how to enroll for either 2014 or 2015 coverage.   Open Enrollment Continues Through February 15, 2015   * Current enrollees: Consumers can still shop for and change plans until the end of Open Enrollment, even after their coverage has become effective.  Throughout Open Enrollment, consumers can also update their tax information to be assessed for their 2015 financial assistance level. * New consumers: Consumers can still shop for and enroll in 2015 coverage. For consumers who enroll between December 16, 2014 and January 15, 2015 their coverage will begin February 1, 2015. For consumers who enroll between January 16, 2015 and February 15, 2015 their coverage will begin March 1, 2015.   Resources and Related Guidance:  *Resources and related guidance can be found below.  Additionally, check out the October 7 and October 14 assister newsletters for more comprehensive information.*   * Updated information on HealthCare.gov: “Keep or change your plan: 2015 Marketplace enrollment choices”: [https](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&107&&&https://www.healthcare.gov/keep-or-change-plan)[://www.healthcare.gov/keep-or-change-plan](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&108&&&https://www.healthcare.gov/keep-or-change-plan) * Model Marketplace Open Enrollment and Annual Redetermination Notices:   English: [http://](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&109&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices.zip)[marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices.zip](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&110&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices.zip) Spanish: [http://](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&111&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices-spanish.zip)[marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices-spanish.zip](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&112&&&http://marketplace.cms.gov/technical-assistance-resources/training-materials/sample-reenrollment-notices-spanish.zip)   * Standard insurance company notices:[*http://*](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&113&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF)[*www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF*](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&114&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF) * Assisting Consumers with the Renewal and Reenrollment Process for 2015 (slides from October 2 assister webinar) - information about the renewal and re-enrollment process for 2015, including how assisters can help returning enrollees navigate the process for 2015 coverage and information on the notices that 2014 Marketplace consumers will receive from their issuers and from the Marketplace: [http://marketplace.cms.gov/technical-assistance-resources/renewal-reenrollment-process.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&115&&&http://marketplace.cms.gov/technical-assistance-resources/renewal-reenrollment-process.pdf).  A summary of the webinar was also included in the October 7, 2014 newsletter. * Redetermination and renewal guidance outlining the redetermination procedures the Federally-facilitated Marketplace will use for 2015, which State-based Marketplaces will also be able to use (published 6/26/14): [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=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-annual-redet-option-2015-6-26-14.pdf) * Final rule, amending 45 CFR 155.335 and adding 45 CFR 156.1255 (published 9/5/14): [http://](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&117&&&http://www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21178.pdf)[www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21178.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&118&&&http://www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21178.pdf) * Final bulletin containing revised and finalized forms for standard insurance company notices of product discontinuation and renewal (published 9/3/14): [http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&119&&&http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Renewal-Notices-9-3-14-FINAL.PDF) * CMS fact sheet on final rule and guidance: [http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-02.html?DLPage=1&DLSort=0&DLSortDir=descending](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&120&&&http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-02.html?DLPage=1&DLSort=0&DLSortDir=descending)  Updated slide presentation summarizing the final rule and guidance: [Annual Eligibility Redeterminations for Exchanges and Health Insurance Issuer Standards Final Rule and Guidance – updated September 9, 2014 (slides](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&121&&&http://marketplace.cms.gov/technical-assistance-resources/eligibility-redeterminations.pdf))**Latest on Data Matching Issues** From CMS  Over the last few weeks, we’ve shared several updates about helping consumers resolve their data matching issues.  We would like to continue to emphasize that it is important to keep reaching out to consumers who have unresolved data matching issues and encourage them to submit documentation to resolve the issues.  This includes both consumers with *income* data matching issues whose financial assistance is set to end, and consumers who had *immigration and citizenship* data matching issues and were unable to resolve the issues before their Marketplace coverage ended on September 30, 2014.  The week of October 17th, CMS sent a second wave of notices from the Marketplace to consumers who have outstanding immigration/citizenship data matching issues and for whom the Marketplace did not receive any copies of requested documents by the deadline. These consumers did not respond to notices to submit information to clear up their citizenship and immigration data matching issue, and had until September 30 to submit documentation. This notice informs these consumers that their Marketplace coverage will end October 31. This second wave of consumer notices is for consumers’ data matching issues that were generated later than those for consumers that were part of the first wave of consumer notices. These data matching issues were generated later because these consumers completed their application at a later date.  As we have shared previously, the first wave of warning notices to consumers with immigration/citizenship data matching issues requested that consumers submit documents by September 5; if these consumers did not do so, they received an official Marketplace notice in mid-September letting them know that Marketplace coverage would end September 30 and the next steps available to them. Consumers with immigration/citizenship data matching issues who received the second wave of warning notices were informed that they had to submit documents by September 30 and if they did not do so, they were notified that their coverage will end by October 31 and the next steps available to them.  Last week’s newsletter included an update on how to help consumers who are working to resolve income and immigration/citizenship data matching issues in the Marketplace. Below is a summary of this information with new clarifications underlined.  What consumers should do now:   * Consumers with income data matching issues whose financial assistance is set to end 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 or October 31, 2014, should still submit documents to resolve their issues. Consumers can still submit documents by mail to resolve their data matching issue even if they are terminated from their current Marketplace coverage and/or advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs). * If consumers with outstanding income data matching issues did not send documentation by September 30, 2014 the Marketplace will re-determine their APTC and CSRs. Thus, they may have to pay a higher monthly premium, deductible, copayments and/or coinsurance through the Marketplace. * While the Marketplace is working to review documents that consumers have submitted to resolve outstanding income data matching issues, consumers will continue to receive their current financial assistance. * If consumers are able to resolve their immigration/citizenship data matching issue, they may be eligible to enroll in coverage through the Marketplace with a 60-day special enrollment period (SEP).   + 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 call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) and explain that the Marketplace sent him/her a notice that the data matching issue is resolved and that the consumer wants to re-enroll in a Marketplace health plan. The consumer will have 60 days to re-enroll from the day that he/she calls the Call Center.   + Consumers enrolling in coverage through this SEP 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 they can receive a “prospective” effective date that is the 1st of the month following plan selection. If the consumer does not take either of these options, he/she will receive a normal effective date of either the 1st of the following month or the first of the second following month, depending on the date of plan selection.   + For example, if a consumer’s previous coverage ended on September 30, the consumer can ask for new coverage to be effective back to October 1, so there is not a gap in coverage. Alternatively, the consumer can ask for a “prospective” effective date of November 1, even if he/she selects a plan between October 15 and October 21. If the consumer does not ask for this option, his/her coverage will start on a “normal” effective date of the 1st of the next month if he/she selects a plan between the 1st and 15th of the month, or the 1st of the second following month if the consumer selects her plan between the 16th and the end of the month. For example, if a consumer selects a plan on October 12, coverage would start on November 1; if the consumer selects a plan on October 22, coverage would start on December 1. * Consumers who lost eligibility for Marketplace coverage due to an immigration/citizenship data matching issue may also be able to purchase a plan sold outside the Marketplace through an SEP because of a loss of minimum essential coverage; these consumers 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 the Marketplace has received documents from the consumer, and whether the issue has been  **Healthcare.gov Content Lists 2015 Maximum Out-of-Pocket Costs** From CMS  Earlier this month, Healthcare.gov was updated with new content that lists the 2015 maximum out of pocket costs for all Marketplace plans.  **The maximum out-of-pocket costs for any Marketplace plan for 2015 are $6,600 for an individual plan and $13,200 for a family plan.** When the total amount a consumer pays in deductibles, copayments, and coinsurance reaches these limits, the insurance company pays 100% of the consumer’s costs for covered care. These limits apply even for consumers who choose a catastrophic coverage plan. Monthly premiums do not count towards the out-of-pocket maximum.   * To view the new “Out-of-pocket costs” page, use this link: [https://www.healthcare.gov/choose-a-plan/out-of-pocket-costs/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&129&&&https://www.healthcare.gov/choose-a-plan/out-of-pocket-costs/)  **Medicaid and the Marketplace** From CMS  The Friday, October 17, 2014 assister webinar featured a presentation from the Center for Medicaid and CHIP Services (CMCS) on the services Medicaid provides and what assisters can expect during Open Enrollment. Below is a summary of this presentation, along with a link to the slides that accompanied the presentation.  Medicaid Basics  For nearly 50 years, Medicaid has been an integral part of the health care safety-net of the United States. Medicaid and CHIP represent the second largest source of health coverage in the U.S. Only employer-based coverage is larger. Medicaid provides coverage for 30% of all children in the US, pays for nearly 50% of births and prenatal care, and provides support for 60% of those living in nursing homes. The Affordable Care Act greatly expanded the role of Medicaid – it will provide access to care for over 20 million more people in the next decade.  Medicaid provides a comprehensive benefit package, including hospital care, doctor visits, prescription medicines, prenatal care for pregnant women, and is designed to meet the full range of children’s needs.  Cost-sharing is limited to remove barriers to care. States design their program’s benefits and cost sharing within federal rules.  Medicaid and the Marketplace  Consumers can use the application at HealthCare.gov to apply for coverage for the Marketplace, Medicaid, and CHIP. The single, streamlined application found on HealthCare.gov can be used to apply for any of these coverage programs.  Since many consumers come to the Marketplace seeking health insurance, but do not necessarily know what coverage program they qualify for, the single application is central to the “no wrong door” approach. Income counting rules (Modified Adjusted Gross Income (MAGI) standards) are uniform across Marketplace, Medicaid, and CHIP, which also improves coordination among these programs.  Almost 16 million individuals have enrolled in coverage since the beginning of open enrollment period (7 million enrolled through the Marketplace, and more than 8.7 million enrolled in Medicaid/CHIP) but there is still more work to be done to get the uninsured in coverage.  What Assisters Can Expect   * Navigators and other assisters were critically important last year and will be again! * Navigators and assistors should expect consumers who may be eligible for Medicaid and CHIP to be among the individuals and families seeking application assistance.  This is especially true in states that have expanded Medicaid – but even in states that have not expanded, we are seeing a large “welcome mat” effect.  Strong media and community-based outreach efforts are motivating people who have been eligible but have not yet enrolled to seek help getting covered. * Medicaid and CHIP renewals will be happening simultaneously with Marketplace renewals– retention is as important as enrollment! * The Marketplace renewal policy will likely generate questions about shifting from Marketplace to Medicaid. * Follow-up outreach to consumers enrolled in Medicaid/CHIP is permitted, as long as consumers have signed a consent form. * You can help consumers apply for hardship exemptions if they are not eligible for Medicaid because their state did not expand.   New Medicaid Fact Sheets  Assisters can also find new Medicaid fact sheets designed to help consumers understand the basics. They’re designed for use in:   * States that have expanded Medicaid * States that have not yet expanded Medicaid * American Indian/Alaska Native Communities   Find the fact sheets on Medicaid.gov:   * [http](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&139&&&http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Basics-for-Consumers/Fact-Sheet-Basics-for-Consumers.html)[://](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&140&&&http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Basics-for-Consumers/Fact-Sheet-Basics-for-Consumers.html)[www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Basics-for-Consumers/Fact-Sheet-Basics-for-Consumers.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&141&&&http://www.medicaid.gov/AffordableCareAct/Medicaid-Moving-Forward-2014/Basics-for-Consumers/Fact-Sheet-Basics-for-Consumers.html)   *Presentation Slides*   * To view the October 17 slide deck, use this link: [http://marketplace.cms.gov/technical-assistance-resources/medicaid-and-the-marketplace.pdf](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&142&&&http://marketplace.cms.gov/technical-assistance-resources/medicaid-and-the-marketplace.pdf) * You can also view this presentation, along with other materials related to Medicaid, on the “Medicare, Medicaid & CHIP information” section of the Technical Assistance Resources webpage: [http://marketplace.cms.gov/technical-assistance-resources/medicaid-and-chip-information.html](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&143&&&http://marketplace.cms.gov/technical-assistance-resources/medicaid-and-chip-information.html) |

## **FAQs: Renewal and Re-enrollment Process, Account Creation and Reminder Forgotten Healthcare.gov Log-in Information, Email Accounts, and Passwords**

From CMS

Account Creation and Applying for Marketplace Coverage over the Phone, by Mail, and with In-Person Help

Q: Is an online HealthCare.gov account required if a consumer is applying over the phone with the Call Center?

A: An online account is not required if a consumer wants to apply over the phone. The Call Center will verify the identity of the consumer over the phone when applying and can help them complete their application, compare plans and enroll. The consumer can then later choose to create an online account if they desire and use the “Find my application” feature to add their application to their online account.

Q: If a consumer does not have internet access, what is the best way for him or her to apply for coverage?

A:  Remember, if a consumer doesn’t have access to a computer or doesn’t want to use a computer, they can apply and enroll in coverage three other ways: by phone; with a paper application; or using in-person help in the community. More information on these options is listed below:

* [Apply by phone:](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&146&&&https://www.healthcare.gov/contact-us/) Call 1-800-318-2596, 24 hours a day, 7 days a week (TTY: 1-855-889-4325). A customer service representative will work with the consumer to fill out the application, choose a plan that works for them, and complete their enrollment.
  + Remember, 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.
  + 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.
* Apply by mail: The consumer can fill out a paper application and mail it in to the Marketplace. Once the consumer gets his/her eligibility results by mail, they can either go online or contact the Marketplace Call Center to pick a plan and enroll. Download a [2015 paper application](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&147&&&http://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family.pdf) and [instructions here.](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&148&&&http://marketplace.cms.gov/applications-and-forms/marketplace-application-for-family-instructions.pdf) Remember that if a consumer mails in an application, they will have to wait for her eligibility results in the mail, which may take longer than getting an eligibility decision over the phone or online.
* Apply with in-person help: Consumers can apply for coverage with an assister who can sit with the consumer and help him fill out an online or paper application, pick a plan that’s right for them, and finish their enrollment. Consumers can [Visit this Find Local Help page](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&149&&&https://localhelp.healthcare.gov/) to search for in-person assistance by city and state or by zip code. The website will pull up a list of organizations in the consumer’s community with contact information, office hours, and types of help offered, including non-English language support.

Q: If a consumer created a previous online account but did not enroll in coverage, can the consumer use the same account?

A:  Yes. If the consumer completed the account application process, even if he or she did not enroll in coverage, the consumer can access his or her previously-created account.

See the following FAQ for more information on how to assist consumers who forgot their HealthCare.gov log-in information or email accounts, and passwords.

REMINDER: Forgotten HealthCare.gov Log-in Information, Email Accounts, and Passwords

*The following Q&A offers advice for assisting consumers who have forgotten their HealthCare.gov log-in information, including their email address.*

Q4: 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?

A4: 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 has not linked the paper 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).

* For more information on problems logging in to Healthcare.gov, see: [https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&150&&&https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/)
* For more information on Tips and Troubleshooting, see: [https://www.healthcare.gov/apply-and-enroll/tips-and-troubleshooting/](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTQxMDI4LjM3NTUyOTYxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE0MTAyOC4zNzU1Mjk2MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3MjU5MDI2JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&151&&&https://www.healthcare.gov/apply-and-enroll/tips-and-troubleshooting/)

**FAQ: Exemptions**

From the Alliance of Community Health Centers

Q. In the Navigator Training section on Exemptions: "If consumers have access to job-based coverage that meets the minimum value standard and the lowest cost health coverage available through the employer that would cover the consumer and their family is more than 8% of consumers’ projected annual household income, their job-based coverage is considered unaffordable and the consumer may qualify for this exemption. In other words, if consumers’ share of their premiums for plans that cover themselves and their family if is less than 8% of their families’ income, the plan is considered affordable." If this is correct, then those who face the "Family Glitch" may now qualify for an exemption.  Is this correct?

A: The “more than 8% of household income” as an exemption has always been available. The “family glitch” occurs when family coverage is available through employer-sponsored insurance (ESI), and self/employee-only coverage is considered affordable (9.5% of household income) but covering the entire family is unaffordable. [ <http://kff.org/health-reform/faq/health-reform-frequently-asked-questions/#question-my-employer-offers-health-benefits-to-me-and-my-family-the-company-pays-the-entire-cost-of-my-coverage-but-contributes-nothing-toward-the-cost-of-covering-my-family-we-cant-afford-to-enroll> ]

However, if family coverage isn’t available through the employer-sponsored insurance, the spouse and kids can shop on the Marketplace and receive premium tax credits (if they’re eligible, income-wise). The spouse that is offered ESI will have to use the work insurance if it’s considered affordable. [ <http://kff.org/health-reform/faq/health-reform-frequently-asked-questions/#question-i-work-full-time-for-a-large-employer-more-than-50-full-time-employees-and-im-married-and-we-have-kids-is-my-employer-required-to-offer-health-benefits-that-cover-my-spouse-and-kids> ]

Q. What happens if the household only consists of 1 individual; how does the 8% and 9.5% figures come into play?

A: The 8% of income figure is the standard used to determine whether or not an individual is exempt from the individual mandate. It can be used to assess affordability of either job-based coverage or individual coverage. The 9.5% of income figure relates only to job-based coverage and whether or not an individual will receive premium tax credits. Say an individual is offered employer-sponsored insurance (ESI) and it costs 9% of his household income. Since it is less than 9.5% of his household income, he would not be eligible for premium tax credits. However, since it is more than 8% of his household income, he could apply for an exemption to the individual mandate (he would still not have health insurance).

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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.