Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition

Weeks of March 16th and 23rd, 2015

**Change in Percentage Uninsured by State, 2013 v. 2014**

Gallup

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| State | % Uninsured, 2013 | % Uninsured, 2014 | Change in Uninsured | Medicaid Expansion AND Exchange/Partnership in 2014 |
| Alabama | 17.7 | 14.5 | -3.2 | No |
| Alaska | 18.9 | 16.1 | -2.8 | No |
| Arizona | 20.4 | 17.3 | -2.9 | No |
| Arkansas | 22.5 | 11.4 | -11.1 | Yes |
| California | 21.6 | 15.3 | -6.3 | Yes |
| Colorado | 17.0 | 11.2 | -5.8 | Yes |
| Connecticut | 12.3 | 6.0 | -6.3 | Yes |
| Delaware | 10.5 | 9.6 | -0.9 | Yes |
| Florida | 22.1 | 18.3 | -3.8 | No |
| Georgia | 21.4 | 19.1 | -2.3 | No |
| Hawaii | 7.1 | 6.0 | -1.1 | Yes |
| Idaho | 19.9 | 15.2 | -4.7 | No |
| Illinois | 15.5 | 11.0 | -4.5 | Yes |
| Indiana | 15.3 | 13.6 | -1.7 | No |
| Iowa | 9.7 | 8.3 | -1.4 | Yes |
| Kansas | 12.5 | 14.4 | 1.9 | No |
| Kentucky | 20.4 | 9.8 | -10.6 | Yes |
| Louisiana | 21.7 | 17.2 | -4.5 | No |
| Maine | 16.1 | 11.6 | -4.5 | No |
| Maryland | 12.9 | 7.8 | -5.1 | Yes |
| Massachusetts | 4.9 | 4.6 | -0.3 | Yes |
| Michigan | 12.5 | 10.8 | -1.7 | Yes |
| Minnesota | 9.5 | 7.4 | -2.1 | Yes |
| Mississippi | 22.4 | 18.7 | -3.7 | No |
| Missouri | 15.2 | 13.4 | -1.8 | No |
| Montana | 20.7 | 15.8 | -4.9 | No |
| Nebraska | 14.5 | 12.8 | -1.7 | No |
| Nevada | 20.0 | 15.8 | -4.9 | No |
| New Hampshire | 13.8 | 12.8 | -1.0 | Yes |
| New Jersey | 14.9 | 11.7 | -3.2 | No |
| New Mexico | 20.2 | 15.3 | -4.9 | Yes |
| New York | 12.6 | 10.1 | -2.5 | Yes |
| North Carolina | 20.4 | 16.1 | -4.3 | No |
| North Dakota | 15.0 | 14.1 | -0.9 | No |
| Ohio | 13.9 | 10.5 | -3.4 | No |
| Oklahoma | 21.4 | 18.5 | -2.9 | No |
| Oregon | 19.4 | 11.7 | -7.7 | Yes |
| Pennsylvania | 11.0 | 10.3 | -0.7 | No |
| Rhode Island | 13.3 | 9.4 | -3.9 | Yes |
| South Carolina | 18.7 | 15.4 | -3.3 | No |
| South Dakota | 14.0 | 12.7 | -1.3 | No |
| Tennessee | 16.8 | 15.1 | -1.7 | No |
| Texas | 27.0 | 24.4 | -2.6 | No |
| Utah | 15.6 | 13.3 | -2.3 | No |
| Vermont | 8.9 | 7.4 | -1.5 | Yes |
| Virginia | 13.3 | 13.0 | -0.3 | No |
| Washington | 16.8 | 10.1 | -6.7 | Yes |
| West Virginia | 17.6 | 10.9 | -6.7 | Yes |
| Wisconsin | 11.7 | 8.4 | -3.3 | No |
| Wyoming | 16.6 | 12.4 | -4.2 | No |

http://www.gallup.com/poll/181664/arkansas-kentucky-improvement-uninsured-rates.aspx?utm\_source=tagrss&utm\_medium=rss&utm\_campaign=syndication

**Data on Health Law Shows Largest Drop in Uninsured in 4 Decades, the US Says**

New York Times

The Obama administration said on Monday that 16.4 million uninsured people had gained health coverage since major provisions of the Affordable Care Act began to take effect in 2010, driving the largest reduction in the number of uninsured in about 40 years. Since the first open enrollment period began in October 2013, the officials said, the proportion of adults lacking insurance has dropped to 13.2 percent, from 20.3 percent. Sylvia Mathews Burwell, the secretary of health and human services, said the data revealed ‘the largest reduction in the uninsured in four decades.’ Many people gained coverage after the creation of Medicare and Medicaid in 1965. White House officials said the figures disproved the charges leveled by some Republicans opposed to the law, including governors who have declined to expand their Medicaid programs. ‘We’ve seen tens of millions, if not hundreds of millions, of dollars being spent by the president’s political opponents to distort the facts about the true impact of the Affordable Care Act,’ Josh Earnest, the White House press secretary, said on Monday. ‘We’re very pleased about the impact that this has had in expanding coverage for more Americans.’ Polls show that public opinion on the health care law is still deeply divided, and its future could be an issue in next year’s elections. Richard G. Frank, an assistant secretary of health and human services, said the new data showed that ‘the Affordable Care Act is working.’ Officials said they were publishing the figures to demonstrate its progress on the fifth anniversary of the law, which President Obama signed on March 23, 2010. Since October 2013, Mr. Frank said, 14.1 million uninsured people ages 18 to 64 have gained insurance. In addition, he said, 2.3 million young adults were covered from 2010 to October 2013 because they were allowed to remain on their parents’ health plans until the age of 26 under a provision of the law.

<http://www.nytimes.com/2015/03/17/us/data-on-health-law-shows-largest-drop-in-uninsured-in-4-decades-the-us-says.html>

**Medicaid Expansions Due to ACA Bump Up Diabetes Diagnoses**

Medscape

More people are being diagnosed with diabetes and at an earlier stage of disease in the US states that expanded their Medicaid programs under the Affordable Care Act (ACA), a new study indicates.

The results, from an analysis of the clinical laboratory database of Quest Diagnostics (Madison, New Jersey), were [published online](http://care.diabetesjournals.org/content/early/2015/03/19/dc14-2334.abstract) March 22 in *Diabetes Care* by Harvey W Kaufman, MD, Quest's senior medical director, Office of Medical Health Trends Affairs, and colleagues.

When the law was passed in 2010, the ACA was intended to expand Medicaid eligibility for all nonelderly adults in the country with incomes at or below 138% of the federal poverty level, about $11,670 for an individual and $23,850 for a family of four.

However, in June 2012, the US Supreme Court ruled that states could not be required to expand their Medicaid programs. When the law took effect in January 2014, 26 states and the District of Columbia had expanded their Medicaid programs while the other 24 states had not, with eligibility limited to individuals with an average upper median income limit of just 50% of the poverty level (about $5835 for one person and $11,925 for a family of four) and in most states only for adults with children or disabilities.

In the study, the investigators used Quest's nationwide clinical laboratory database of nearly half a million people newly diagnosed with diabetes to compare diabetes diagnosis rates before and after January 2014 in states that had expanded Medicaid vs those that hadn't.

There was a dramatic 23% rise in the number of people newly diagnosed with diabetes in the expansion states, compared with just a 0.4% increase in the nonexpansion states.

Mean HbA1c levels at the time of diagnosis were significantly lower in the expansion states: 7.96% vs 8.14% in the nonexpansion states (*P* < .0001), suggesting that the diabetes was also being diagnosed at an earlier stage of disease, the authors say.

"The Affordable Care Act has provisions to fully cover the costs for many preventative services, which lowers a financial barrier to medical care. We hope our study provides insight into the association between expansion of coverage and early identification of chronic disease, as a means of containing long-term costs," Dr Kaufman told *Medscape Medical News*.

And, he noted, "This finding may suggest that a physician in a nonexpansion state has a higher probability of encountering patients at more advanced stages of disease….This has implications regarding future development of the devastating complications of diabetes among Medicaid patients."

The study demonstrates "that Medicaid expansion increases the number of low-income Americans with newly identified diabetes and will likely improve their outcomes," say William H Herman, MD, of the University of Michigan, Ann Arbor, and William T Cefalu, MD, of the Pennington Biomedical Research Center, Louisiana State University, Baton Rouge, in an [editorial](http://care.diabetesjournals.org/content/early/2015/03/19/dc15-0348.full.pdf%2Bhtml) accompanying the paper.

They add, "The data demonstrate the benefits of Medicaid expansion, yet nearly half of our states have chosen not to expand this benefit to their citizens. The real-world benefits and costs of Medicaid expansion merit additional research and civil debate. And perhaps most important, their results should be used to guide health policy to address the growing burden of chronic diseases."

<http://www.medscape.com/viewarticle/842096>

**How Obamacare is Affecting Americans’ Medical Bills**

CBS Moneywatch

In its first year, the Affordable Care Act is not only extending health-care coverage to more Americans, but it's also reducing their financial distress related to medical bills.

A [new study from The Commonwealth Fund](http://www.commonwealthfund.org/~/media/files/publications/issue-brief/2015/jan/1800_collins_biennial_survey_brief.pdf) found that the share of American adults who reported trouble in paying their medical bills slipped to 23 percent last year, or 43 million people. That marks the first decline since 2005. By comparison, the percentage of Americans with trouble paying medical bills in 2012 stood at 30 percent, or roughly 55 million people.

Making it easier for people to deal with their health care costs was one of the goals of the ambitious law, which opened up federal and state-run health-care exchanges to provide uninsured individuals with insurance plans. The survey, which is conducted every two years and began in 2001, also found that the percentage of Americans who were contacted by a collection agency for unpaid medical bills declined to 15 percent last year, down from 18 percent in 2002.

Cost isn't as much as a barrier to seeking out medical care, either. The number of Americans who said they didn't seek out needed health care because of its cost declined for the first time since 2003. About 66 million Americans reported problems getting care because of cost last year, down from 80 million in 2012.

"What we're seeing, for the first time since we have been asking these questions, are that fewer adult are reporting they can't get health care because of costs," Sara Collins, vice president for health care coverage and access at The Commonwealth Fund and the study's lead author, told CBS MoneyWatch. "Fewer people are saying they are having difficulty in paying off medical debt over time."

Last year, about 6.7 million people enrolled in health-care plans through marketplaces set up under the Affordable Care Act. That helped lower the rate of uninsured adults from 19 percent of the U.S. population in 2012 to 16 percent in 2014, according to the Commonwealth Fund, a nonpartisan philanthropic organization focused on improving the health care system.

Among the groups that saw the greatest lift in health care coverage last year were young adults and families with incomes less than 200 percent of the federal poverty level (about $47,100 for a family of four). Young adults extended coverage through the ability to join a parent's policy and expanded eligibility for Medicaid, with the latter also helping low-income families.

While the decline in uninsured Americans has been noted by other research organizations, the law's impact on health care costs has been debated, with some critics claiming that businesses and workers would be hurt by expenses related to mandated enrollment.

Yet The Commonwealth Fund's findings may provide some reassurance that the law is helping American families, many of whom have been walloped by rising health care costs at a time when wages have remained stagnant.

Medical debt has hobbled millions of Americans, hurting their credit scores and creating other financial headaches. About 43 million Americans have an overdue medical debt on their credit reports, the Consumer Financial Protection Bureau said in a December report.

"Health insurance is about enabling people with the financial means to get health care and giving financial protections when they get sick," Collins said. The ACA "is enabling people to get the health care they need by removing barriers, and it's also reducing some of the major financial issues."

That's not only important for individuals, but for the the health care system and the overall economy, she added.

"The relief of the medical-bill problem frees peoples' income to spend on other life necessities," Collins said. "The issue is not something that only affects consumers; it also affects providers," given that unpaid bills from uninsured patients can undermine their financial stability.

While the report found improvement by many measures, Americans living in states that rejected the Medicaid expansion are lagging in health insurance coverage compared with those in states that widened access to the government health care program. In states that expanded Medicaid, only 19 percent of families with incomes below $24,000 lacked insurance last year, compared with 35 percent in states that didn't expand the program.

<http://www.cbsnews.com/news/how-obamacare-is-affecting-medical-bills/>

**Many Will Need to Repay Health Subsidies**

The New York Times

Half of the households that received subsidies to help pay [health insurance](http://topics.nytimes.com/top/news/health/diseasesconditionsandhealthtopics/health_insurance_and_managed_care/index.html?inline=nyt-classifier) premiums last year under the Affordable Care Act will probably have to repay some of that money to the federal government, according to a new analysis by the Kaiser Family Foundation. The foundation also predicted that 45 percent of households that received subsidies will probably get a refund, because their 2014 income was lower than what they estimated when they applied for coverage. Under the law, people can receive subsidies to help cover the cost of insurance purchased through online marketplaces if they earn between 100 and 400 percent of the federal poverty level. Taxpayers generally receive subsidies in advance, with the amount based on their projected household income for the year the insurance policy will be in effect. But they must then reconcile the estimate with their actual income when filing federal taxes. Kaiser estimated that subsidy recipients who underestimated their incomes will owe $794 on average, while those who overestimated will receive average refunds of $773.

<http://www.nytimes.com/2015/03/24/us/many-will-need-to-repay-health-subsidies.html?ref=topics>

**President Obama Puts Pressure on Democrats to Pass SGR and CHIP Extension Bill**

Politico

Senate Democrats are softening their opposition to a bipartisan bill likely to pass the House on Thursday that would fix how Medicare pays physicians and extend a children’s health insurance program for two years. President Barack Obama put pressure on Democrats on Wednesday when he said he looks forward to signing a ‘good bipartisan bill’ to change the Medicare formula and permanently put an end to the ‘doc fixes’ that Congress has passed for years. Endorsements also came from a wide swath of outside groups, such as the Center for American Progress and nearly every physician, hospital and health advocacy group. Despite some misgivings by conservatives over the price tag, the House is expected to overwhelmingly approve the deal negotiated by House Speaker John Boehner (R-Ohio) and Minority Leader Nancy Pelosi (D-Calif.). It will then go to the Senate, where it is seen as increasingly likely to pass, although that may not happen until after Congress returns from its two-week April recess. Senate Democrats had two big objections. They wanted to double the House’s two-year extension of the Children’s Health Insurance Program, and they didn’t want to include Hyde Amendment abortion restrictions to the bill’s funding for community health centers. Also, the Senate was not involved in the negotiations, which has frustrated Democrats. Senate Republicans are much more supportive, but some have expressed concern that the package is not fully paid for. But support has been growing for the unlikely breakthrough. The deal is striking in its historic nature: a bipartisan negotiation between the House’s top Republican and top Democrat on a budget issue — the broken Medicare payment formula — and the extension of CHIP months before its funding deadline in late September. That gives the states — and doctors and hospitals — a lot more certainty as they plan ahead. House Republican and Democratic aides expressed optimism that it would be widely supported except by hard-line conservatives who oppose deficit spending and progressives who don’t like some of the Medicare changes, which shift some costs to older Americans. The House Rules Committee approved the legislation on a bipartisan voice vote on Wednesday.

<http://www.politico.com/story/2015/03/senate-democratic-opposition-to-medicare-pay-bill-softening-116405.html?hp=c2_3&utm_campaign=KHN:+First+Edition&utm_source=hs_email&utm_medium=email&utm_content=16743957&_hsenc=p2ANqtz--2Qg1O7XlIAz19sOC_BSYdI-S&auid=15318220>

**Affordable Care Act Hasn’t Overwhelmed Doctors, Study Says**

USA Today

Predictions that doctors would be overwhelmed by new patients as a result of the Affordable Care Act have not come true a year after the law's coverage expansions took effect. That's according to a study to be released Wednesday from the Robert Wood Johnson Foundation and health care technology company Athenahealth. By gathering data from 15,700 of Athenahealth's clients, mainly physicians, the study measured how the Affordable Care Act has affected doctors. ‘In the run-up to the coverage expansion aspects of the Affordable Care Act, there was a concern a lot of these patients might have unmet medical needs and their demand for services might overwhelm the capacity of primary care doctors. We just haven't seen that,’ says Josh Gray, vice president of Athenahealth's research division. ‘That rush has just not materialized across our network.’ New-patient visits to primary care providers increased very slightly during 2014, from 22.6% of total patient visits to 22.9%. These new patients were not sicker than patients who were insured before the Affordable Care Act took effect, as some commentators had also worried. Percentages of patients diagnosed with chronic conditions including diabetes, high blood pressure and high cholesterol remained comparable with past years. Uninsured patients are making up a much lower proportion of total visitors, too, especially in states that opted for Medicaid expansion. ‘It really suggests that, even though there's been a big increase in coverage, it's a relatively small part of the market and the delivery system is able to handle the demand,’ says Kathy Hempstead, director of the Robert Wood Johnson Foundation.

<http://www.usatoday.com/story/money/2015/03/24/affordable-care-act-doctors/70337082/>

**Survey: Little Impact of Employer Mandate on Companies’ Enrollment**

Politico

Obamacare’s employer mandate on large businesses barely had an impact on enrollment in employer-sponsored plans this year, according to a new survey. Human resources firm Mercer on Tuesday released a survey of 572 employers and found very little change between 2014 and 2015 in the average number of full- and part-time workers getting health coverage through their job. According to the survey, most companies already met employer mandate requirements, and only 16 percent made changes in 2015 to adhere to the law’s 30-hour work week definition. About a third of the employers responding now cover a higher percentage of employees, but the rest either saw no change or cover fewer workers. Mercer found a 1.6 percent increase in the total number of workers enrolled in employer-sponsored plans, but that stemmed from a 2.2 percent growth in the size of the workforce rather than changes required by Obamacare. ‘While some did see increases, for the most part it seems the newly eligible either had coverage through a parent’s or spouse’s plan or through Medicaid — or are continuing to go bare,’ said Tracy Watts, a senior partner at Mercer. The mandate requires that large employers with at least 50 full-time workers offer health insurance or pay penalties. The Obama administration twice delayed its implementation, but on Jan. 1, the requirement kicked in for companies with at least 100 workers. Those companies must offer insurance to 70 percent of their full-time workforce or pay penalties. Next year, businesses with 50 to 99 workers will also have to comply. A full-time worker is defined as someone who works at least 30 hours per week, an element of Obamacare that Republicans have pledged to change to 40 hours. A bill passed by the House earlier this year has stalled in the Senate, where it faces an uphill battle to secure the necessary 60 votes for passage.

**ACA and Taxes**

CMS

The 2015 tax season is the first time individuals and families will be asked for some basic information regarding their health coverage on their tax returns. For the vast majority of tax filers - about three-quarters – meeting this new requirement will be as simple as checking a box to show they had health coverage for all of 2014. The remaining taxpayers - about one-quarter – will take different steps.  It is expected that 3 to 5 percent of taxpayers benefited from advance payments of tax credits to help lower the cost of their Marketplace premiums in 2014. Now that tax season is here, these individuals will need to reconcile those credits in order to ensure that they received the correct amount. It is expected that 10 to 20 percent of taxpayers were uninsured for all or part of 2014 and will claim an exemption from the requirement to have coverage. A much smaller fraction of taxpayers, an estimated 2 to 4 percent, will pay a fee because they made a choice to not obtain coverage they could have afforded and are not eligible for an exemption.

Consumers will have questions about this new process and the Administration is committed to providing the information and tools tax filers need to understand the new requirements.

Individuals and families with non-marketplace coverage for all of 2014

Most tax filers – about three quarters – will just need to check a box on their tax return to indicate that they had coverage all year. These people met the Minimum Essential Coverage requirement, which means that they had the health coverage necessary to meet the Affordable Care Act’s requirement. These individuals and families will not receive any new forms in the mail and they will not be required to fill out new forms when they file their 2014 income tax returns.

*What consumers need to know:*

* When you file your tax return, you’ll need to check a box to indicate that you and your family had health coverage for all of 2014. Types of health coverage necessary to meet the Affordable Care Act’s requirement (Minimum Essential Coverage) include:
	+ Most job-based plans, including retiree plans and COBRA coverage
	+ Medicare Part A or Part C
	+ Medicaid
	+ The Children’s Health Insurance Program (CHIP)
	+ Most individual health plans you bought outside the Marketplace, including “grandfathered” plans. (Not all plans sold outside the Marketplace qualify as minimum essential coverage.)
	+ VA or TRICARE

It’s important to note that filing electronically is the easiest way to file a complete and accurate tax return.  Last year, 91 percent of taxpayers relied on software to do their taxes. Electronic Filing options include free Volunteer Assistance, IRS Free File and professional assistance.

 *Resources available to help:*

* HealthCare.gov: [Learn more about taxes if you had 2014 health coverage from a source other than the Health Insurance Marketplace.](https://www.healthcare.gov/taxes/other-health-coverage/)
* IRS Resource Guide:  [Health Care Law: What’s New for Individuals & Families](http://www.irs.gov/pub/irs-pdf/p5187.pdf)

Individuals and families who had a health plan through the Health Insurance Marketplace in 2014

Last year millions of people purchased quality, affordable coverage through the Health Insurance Marketplace, and most benefitted from advance payments of the premium tax credit to lower the cost of their monthly premium. Now that tax season is here, individuals and families enrolled in a health plan through the Marketplace will need to provide some basic information about their health insurance when they file their taxes. All Marketplace consumers will receive a new statement – called a Form 1095-A – that includes all the information they need about their coverage to file their return.

*What consumers need to know:*

* You will receive Form 1095-A in the mail from the Marketplace. In most states, you can also download a copy of your statement through [your Marketplace account](https://www.healthcare.gov/marketplace/global/en_US/registration).
* It’s very important to wait for your Form 1095-A to arrive before you file your taxes.  If you haven’t received a Form 1095-A by early February, you should contact the Marketplace Call Center at 1-800-318-2596.
	+ When you get your Form 1095-A, you should check the information on your form - such as the number of people in your household – for accuracy.
	+ If you find an error on your Form 1095-A, you should call the Marketplace Call Center at 1-800-318-2596 to find out how to get a corrected form.
	+ You should keep your Form 1095-A with your other important tax information, like your W-2.
* If a tax credit lowered your monthly premiums for health insurance in 2014, you will use your Form 1095-A to input some basic information when you file your taxes.
	+ When you signed up for health insurance, you had to estimate your household income for 2014. Your estimated household income determined the size of your tax credit.
	+ Now that tax time is here, you need to compare your estimated household income with your actual income – and this could impact the final amount of your premium tax credit.
	+ If your household income or household size changed throughout the year, it could impact the final amount of your tax credit.
	+ You may see a smaller refund or owe money back if you underestimated your income.
	+ You may also get a bigger refund if you overestimated you income.
	+ If you owe money back, there are several repayment options available.  For example, if you are unable to pay immediately, you may be eligible for a payment plan or an installment agreement.
	+ If you did not receive advance payments of the premium tax credit to lower your monthly premiums in the Marketplace, you can visit HealthCare.gov/taxes/tools/ to get information you’ll need to enter into your tax forms to see if you might qualify.
* If your Marketplace coverage started partway through 2014 and you were uninsured earlier in the year, or if you were uninsured for only a short period of time during the year, you may be eligible for an exemption from the requirement to have health coverage.
	+ You can claim the exemption on your tax return when you file.  The process is fast and easy.  You’ll simply select the exemption that applies to you and enter the corresponding code.

*Resource available to help:*

* HHS Fact Sheet: [3 Tips About Marketplace Coverage & Your Taxes](https://marketplace.cms.gov/outreach-and-education/3-tips-for-filing-taxes.pdf)
* CMS Blog Post: [What Consumers Need to Know About Corrected Form 1095-As](http://blog.cms.gov/2015/02/20/what-consumers-need-to-know-about-corrected-form-1095-as/)
* HHS Q&A: [Questions & Answers for Assisters about Form 1095-A “Second Lowest Cost Silver Plan” Issue](https://marketplace.cms.gov/technical-assistance-resources/slc-silver-plan.pdf)
* HealthCare.gov: [Learn more about your taxes if you had a 2014 plan through the Health Insurance Marketplace](https://www.healthcare.gov/taxes/marketplace-health-plan/).
* IRS Resource Guide:  [Health Care Law: What’s New for Individuals & Families](http://www.irs.gov/pub/irs-pdf/p5187.pdf)
* Learn more about [Payment Plans, Installment Agreements](http://www.irs.gov/Individuals/Payment-Plans-Installment-Agreements) and [Offers in Compromise](http://www.irs.gov/Individuals/Offer-in-Compromise-1).

Individuals who didn’t have health coverage in 2014

While those who can afford health coverage but chose not to buy it may have to pay a fee, individuals who could not afford coverage or met other conditions can receive an exemption. If you qualify, receiving an exemption is simple and easy, and means you won’t have to pay a fee.  It is important for individuals to know that exemptions are available and to understand the steps they need to take to request one.

 *What consumers need to know:*

* You can claim most exemptions on your tax return, but some exemptions are only available through the Marketplace.
* There are a variety of exemptions available, including if:
	+ The cost of coverage was too expensive.  This applies to you if the lowest priced plan available to you would have cost more than 8 percent of your household income. Visit [HealthCare.gov/taxes/tools](https://www.healthcare.gov/taxes/tools/) to get information you may need to claim the exemption for coverage being unaffordable to you in 2014.
	+ You were uninsured for only a short period of time.
	+ You experienced a hardship, such as if you had medical expenses that resulted in substantial debt, if a close family member passed away, or if you experienced domestic violence, among other hardships.  You will need to apply to the Health Insurance Marketplace to qualify for this exemption.
	+ For a complete list of exemptions and more information, read [Information about Health Insurance Marketplace exemptions](https://marketplace.cms.gov/technical-assistance-resources/exemption-101-explainer.pdf), or use the [online exemption tool](https://www.healthcare.gov/exemptions-tool/#/) to see if you qualify.
* When you file your taxes, you will enter information about the months you had coverage and any exemptions you qualify for on your tax forms.
* If you could have afforded coverage in 2014 but chose not to buy it - and you don’t qualify for an exemption - you will have to pay a fee with your federal tax return.
	+ The fee is based on your income, and how many months you didn’t have coverage.
	+ If you didn’t have health coverage for all of 2014, you’ll pay the higher of $95 per adult and $47.50 per child, who didn’t have coverage, limited to a family maximum of $285, or 1% of your income, subject to certain caps.
* The Health Insurance Marketplace is providing individuals and families who are subject to the fee when they file their 2014 taxes with a [Special Enrollment Period](https://www.healthcare.gov/blog/tax-penalty-special-enrollment-period-for-2015-health-coverage/) to get covered for 2015.

*Resource available to help:*

* HHS Fact Sheet: [No Health Coverage? What that Means for Your Taxes](https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-your-taxes.pdf).
* HealthCare.gov Exemption Tool: [Find a Health Care Exemption](https://www.healthcare.gov/exemptions-tool/#/)
* HHS Fact Sheet: [Exemptions](https://marketplace.cms.gov/technical-assistance-resources/exemption-101-explainer.pdf)
	+ Exemption Fact Sheet: [If you couldn’t afford health coverage](https://marketplace.cms.gov/technical-assistance-resources/exemption-unaffordable-coverage.pdf)
	+ Exemption Fact Sheet: [If you had a gap in health coverage](https://marketplace.cms.gov/technical-assistance-resources/exemption-gap-in-health-coverage.pdf)
	+ Exemption Fact Sheet: [If your state didn’t expand Medicaid](https://marketplace.cms.gov/technical-assistance-resources/exemption-medicaid-expansion.pdf)
	+ Exemption Fact Sheet: [If you’re eligible to get services from an Indian Health Care Provider](https://marketplace.cms.gov/technical-assistance-resources/exemption-indian-health-care-provider.pd)
	+ Exemption Fact Sheet: [To claim a hardship exemption](https://marketplace.cms.gov/technical-assistance-resources/exemption-general-hardship.pdf)
* CMS Press Release: [CMS Announces Special Enrollment Period for Tax Season](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2015-Press-releases-items/2015-02-20.html)
* HealthCare.gov Blog: [Owe a fee for not having health coverage in 2014? You may still be able to get coverage for 2015](https://www.healthcare.gov/blog/tax-penalty-special-enrollment-period-for-2015-health-coverage/)
* IRS Resource Guide:  [Health Care Law: What’s New for Individuals & Families](http://www.irs.gov/pub/irs-pdf/p5187.pdf)

Additional help is available

* If consumers have questions about their taxes, need to download forms, or want to learn more about the fee for not having insurance, they can find information and resources at [www.IRS.gov](http://www.irs.gov/) or [www.healthcare.gov/taxes](http://www.healthcare.gov/taxes). They can also call the Marketplace Call Center at 1-800-318-2596.
* Some people who signed up for health insurance through the Marketplace can get free tax assistance. For more information, visit [www.IRS.gov/freefile](http://www.irs.gov/freefile) or [www.IRS.gov/VITA](http://www.irs.gov/VITA).

Resources

* Next steps for your 2014 federal income taxes and health coverage- <https://www.healthcare.gov/taxes/next-steps-on-taxes/>
* ACA information center for tax professionals- <http://www.irs.gov/Tax-Professionals/ACA-Information-Center-for-Tax-Professionals>
* FAQs on how the ACA affects taxes for farmworkers- <http://www.farmworkerjustice.org/sites/default/files/FJ%20Taxes-ACA%20FAQ%20FINAL.pdf>
* Understanding the Summary of Benefits and Coverage (SBC) fast facts for assisters- <https://marketplace.cms.gov/technical-assistance-resources/summary-of-benefits-fast-facts.pdf>
* ACA & Federal taxes quiz- <http://kff.org/quiz/affordable-care-act-and-federal-income-taxes-quiz/>
* Assister approaches to helping consumers during tax season (webinar slides)- <https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-during-tax-season.pdf>
* Tips to resolve outstanding data matching issues/inconsistencies (webinar slides)- <https://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf>

**Assisting Consumers with the Tax Penalty SEP**

CMS

*KEY TAKEAWAY: Assisters should continue to help educate consumers about the fee and the Tax Penalty SEP. Important Clarification: As long as a consumer owed the fee for one or more months in 2014 and meets the other requirements of the Tax Penalty SEP, he or she can still qualify for the Tax Penalty SEP even if he or she had MEC or an exemption for part of the year. (Note that clarifications from last week’s newsletter are formatted in bold.)*

HHS understands that the requirements to have health insurance and to include information about health insurance on tax forms are new. Because of this, a decision was made to provide individuals who are subject to the shared responsibility payment with another opportunity to get covered for the remainder of 2015**.** NEW: This past week, the Marketplace started sending emails to consumers with the subject line “Don’t miss this special enrollment period” to inform them about the opportunity to enroll in health coverage for 2015 if a consumer owes the fee for one or more months in 2014.

As we have described in previous newsletters,CMS  announced that individuals and families without insurance in states which use the Federally-facilitated Marketplaces who are subject to the shared responsibility payment when they file their 2014 taxes will be eligible for a Special Enrollment Period (SEP) if they meet all of the following requirements:

* They must owe the fee for not having minimum essential coverage for one or more months in 2014.
* They did not know until after February 15, 2015 (which was the end of Open Enrollment) that the health care law required them and their household to have minimum essential coverage, or they didn’t understand how that requirement would affect them or their household.
* They are not already enrolled in minimum essential coverage (MEC) in 2015 (either through the Health Insurance Marketplace or outside the Marketplace).

Remember, while consumers do not need to have filed their taxes and paid the fee yet to qualify for the SEP, these consumers will need to owe the fee when they file their 2014 taxes in order to qualify.

NEW/Clarification: We wanted to let assisters know that consumers are not eligible for the Tax Penalty SEP if they had an exemption for all of 2014 and did not owe the fee for a month or more in 2014. However, as long as a consumer owed the fee for one or more months in 2014, they can still qualify for the Tax Penalty even if they had MEC or an exemption for part of the year, if they meet the other requirements of the SEP. For example, if a consumer had an exemption for a few months, owed the fee for a few months, and had minimum essential coverage for a few months, but remained unaware of the ACA requirement to have minimum essential coverage, he or she could still qualify for the Tax Penalty SEP.

To summarize, we wanted to mention some important points you can share with consumers who may be eligible for the Tax Penalty SEP:

* Assisters should help educate consumers about the eligibility requirements for the Tax Penalty SEP, and help eligible consumers enroll in coverage. Consumers can apply online or via the Marketplace Call Center.
* The SEP is only open from March 15 – April 30, 2015 and consumers must complete enrollment and select a plan prior to 11:59pm E.T. on April 30, 2015.
* Under this SEP, consumers will receive regular (prospective) coverage effective dates. For example, a consumer must have selected a plan on March 15, 2015 (the day that the SEP began) to receive coverage on April 1, 2015. If a consumer selects a plan between March 16 and April 15, his or her coverage will not begin until May 1, 2015.  Consumers selecting a plan between April 16 and April 30 will have a coverage effective date of June 1, 2015. Any consumer who selects and confirms a plan through the Tax Penalty SEP between March 15 and April 30 can change plans until 11:59 pm E.D.T. on April 30, 2015. In order to be eligible for this SEP, consumers have to owe the fee for one or more months in 2014.  Consumers are not required to have actually filed their taxes and made the shared responsibility payment.
* Consumers are not eligible for the Tax Penalty SEP if they had an exemption for all of 2014 and did not owe the fee for a month or more in 2014. However, as long as a consumer owed the fee for one or more months, they can still qualify for the Tax Penalty even if they had MEC or an exemption for part of the year, if they meet the other requirements of the Tax Penalty SEP. If eligible consumers do not enroll in coverage for 2015 during this SEP, and do not have other minimum essential coverage, they may be subject to the shared responsibility payment for 2015 when they file their 2015 income taxes. Additionally, consumers who do take advantage of this SEP, will be responsible for the shared responsibility payment for the months in 2015 when they were without minimum essential coverage or an exemption on their 2015 income taxes.

Updated Resources: Information on the Tax Penalty SEP is included on [healthcare.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&114&&&https://www.healthcare.gov/coverage-outside-open-enrollment/), and a [new blog post](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&115&&&https://www.healthcare.gov/blog/tax-penalty-special-enrollment-period-for-2015-health-coverage/).

Q: What if a consumer had an exemption for part of the year, owed the fee for part of the year, and also had MEC for part of the year. Would this individual qualify for the Tax Penalty SEP?

A: Yes. Along with the other mentioned criteria, consumers eligible for the SEP must owe the individual shared responsibility payment for at least a month in 2014. While consumers do not need to have filed their taxes and paid the fee to qualify for the SEP, these consumers must owe the fee when they file their 2014 taxes, attest that they were not aware or didn’t understand how the requirement would affect them or their households, and currently not be enrolled in MEC for 2015 (either through the Marketplace or outside of the Marketplace).

Q. Would a consumer who received a full-year exemption from the fee for 2014 be able to enroll in 2015 coverage through the Tax Penalty SEP? (Note: Updated language from last week’s newsletter is in bold.)

A: No. If a consumer received a full-year exemption from the individual shared responsibility payment for 2014 he or she would not be eligible for the Tax Penalty SEP. To qualify for this SEP, the consumer must owe the fee for one or more months in 2014 along with the other criteria.

**An Update for Consumers about Corrected 1095-As**

CMS

In February, we notified about 800,000 tax filers, less than one percent of all  tax filers, to expect an [updated Marketplace tax statement](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&116&&&http://blog.cms.gov/2015/02/20/what-consumers-need-to-know-about-corrected-form-1095-as/) because the original version they were issued listed an incorrect benchmark premium amount. At that time, [Treasury announced](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&117&&&http://www.treasury.gov/press-center/press-releases/Pages/jl9981.aspx) that if a consumer filed their taxes before learning that their Form 1095-A was incorrect because of this error, they will not need to file an amended return and the [IRS will not pursue the collection of any additional taxes based on updated information in the corrected forms](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&118&&&https://marketplace.cms.gov/technical-assistance-resources/slc-silver-plan.pdf).

NEW: On Friday, March 20, the [Treasury Department announced](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&119&&&http://www.treasury.gov/press-center/press-releases/Pages/jl10005.aspx) in a statement that any individual who enrolled in Marketplace coverage, received an incorrect Form 1095-A, and filed his or her tax return based on that form does not need to file an amended tax return. This relief applies to tax filers who enrolled in coverage through the Federally-facilitated Marketplace (FFM) and also includes State-based Marketplaces (SBMs).

Additionally, [CMS announced](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&120&&&http://blog.cms.gov/2015/03/20/an-update-for-consumers-about-corrected-1095-as/) that the vast majority of FFM consumers who needed a corrected Form 1095-A now have access to the corrected form. The corrected Forms 1095-A have been mailed out and FFM consumers should be receiving them shortly, if they have not already.  FFM consumers can also access their corrected Form 1095-A through their HealthCare.gov accounts. The Marketplace Call Center will also call and email consumers to let them know their corrected Form 1095-A is ready. Consumers who are concerned about the status of their updated form should contact the Marketplace Call Center at 1-800-318-2596.

Consumers may still choose to file an amended tax return with their corrected form. For example, consumers may decide to file an amended return because they may benefit from doing so if the monthly premium for the second lowest cost Silver plan on their incorrect form is less than the 2014 premium on the corrected form. The Treasury Department intends to provide additional information to help tax filers determine whether they would benefit from filing amended returns. Individuals also may want to consult with their tax preparers to determine if they would benefit from amending their tax return. For additional information, please see the associated [FAQs](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&121&&&http://www.treasury.gov/press-center/press-releases/Documents/FAQs%20CMS%20032015.pdf) posted by the Treasury Department.

Resources:

* NEW CMS Blog: [An Update for Consumers about Corrected 1095-As](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&122&&&http://blog.cms.gov/2015/03/20/an-update-for-consumers-about-corrected-1095-as/)
* NEW: [Statement from a Treasury Spokesperson on Forms 1095-A](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&123&&&http://www.treasury.gov/press-center/press-releases/Pages/jl10005.aspx)
* NEW Treasury FAQs: [FAQS FOR CONSUMERS ABOUT RELIEF RELATED TO INCORRECT FORMS 1095-A](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&124&&&http://www.treasury.gov/press-center/press-releases/Documents/FAQs%20CMS%20032015.pdfhttp:/www.treasury.gov/press-center/press-releases/Documents/FAQs%20CMS%20032015.pdf)
* Updated HHS Blog: [Is your Form 1095-A correct?](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&125&&&https://www.healthcare.gov/blog/is-your-form-1095a-correct/)
* For commonly asked questions about the incorrect Forms 1095-A issue, [please click here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&126&&&https://marketplace.cms.gov/technical-assistance-resources/slc-silver-plan.pdf).

**Tips for Submitting Supporting Documents to the Health Insurance Marketplace**

CMS

There are two reasons consumers may need to submit supporting documents.  Consumers may need to submit documentation to the Marketplace to (1) Verify their identity for identity (ID) proofing purposes; or (2) Resolve application inconsistencies. These are two different topics and two different stages in applying for health coverage through the Federally-facilitated Marketplace (FFM). ID proofing is one of the first steps for consumers to set up their online Marketplace account. ID proofing must be completed for a consumer to submit an online application for coverage through the FFM. For an explanation of why ID proofing is necessary, please [click here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&149&&&https://www.healthcare.gov/help/verifying-your-identity/). Data Matching Issues or inconsistencies occur when some of the information in a Marketplace application for coverage does not match information in trusted data sources when we check to verify a consumer’s eligibility.

It is important to remember that, regardless of whether an applicant has a data matching issue or inconsistency, he or she can still continue on to enroll in coverage consistent with the eligibility provided by the Marketplace through his or her eligibility determination notice.

There are two ways consumers can submit documentation to the Marketplace:

1. Upload documentation to HealthCare.gov on a consumer’s account.
2. Send copies of documentation to the Marketplace processing center via postal mail.

Tips for Submitting Documents

* Consumers may either upload documents to the consumer’s Marketplace Account OR mail them. Do not submit documents multiple ways, it will not expedite processing.
* The following are accepted file formats for uploading documents: .pdf, .jpeg, .jpg, .gif, .png, .tiff, and .bmp.
* When mailing documents, consumers should provide copies of their documents, not the original.
* When mailing documents, consumers should include the barcode page from their ID proofing failure notice or Eligibility Determination or Data Matching Reminder Notice in the same envelope
* If the consumer does not have the page with the barcode, write the consumer’s application ID# (if they have one), date of birth, and SSN (if available) on all of the documents. Note—The Marketplace is required to abide by strict privacy and security standards to make sure consumer’s information is protected.
* Consumers should keep a copy of all documents mailed to the Marketplace, including proof of mailing (if they have one)

Status of Submitted ID Proofing Documents

* You can expect identity verification documents to be processed and turned around quickly, typically within 7-10 business days.
* After identity verification documents are processed, the status should change in their account on HealthCare.gov to say “identity verified” if the consumer passes ID proofing and  “Identity not verified” if the consumer does not pass ID proofing.
* If after two weeks a consumer’s identity has not been verified after submitting documentation, he or she should contact the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) to ask for an update.  The Call Center will ask for some information, such as name and date of birth, and should be able to provide the consumer with an update. In the event the Call Center is not able to provide a status update, the Marketplace Call Center will research the issue and will be in touch with the consumer.

Tips for Submitting Documents to Resolve Inconsistencies

* You may either upload inconsistency documents to the consumer’s Marketplace Account or mail them.
* Review the consumer’s eligibility notice to determine which household member(s) needs to provide more information and the list of documents that can be provided.
* If you get a red box error message, make sure you uploaded the right type of document (e.g., PDF not Excel file)
* List of acceptable documents will be in consumer’s notice, or can be [viewed here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&150&&&http://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/) on HealthCare.gov.
* For more information on resolving an inconsistency, please [click here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&151&&&https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/); for more information on uploading documents, please [click here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&152&&&https://www.healthcare.gov/help/how-to-upload-documents/).

Resources

* For more information about ID proofing or resolving inconsistencies, please refer to this document on [Frequently Asked Questions](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&153&&&https://marketplace.cms.gov/technical-assistance-resources/remote-identity-proofing-faqs.pdf).
* For more tips on troubleshooting on Marketplace applications, [click here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&154&&&https://www.healthcare.gov/apply-and-enroll/tips-and-troubleshooting/).

**Coverage Gap Exemptions**

CMS

Short gap in coverage

Consumers qualify for the short gap in coverage exemption from the shared responsibility payment if they lacked health coverage for no more than 2 continuous months in 2014. Consumers can claim this exemption when they complete their 2014 federal tax return. If this exemption applies to other people on a consumer’s return, she can claim it for them when she files her taxes.

What assisters need to know about this exemption: A consumer is considered covered any month during which she had as little as 1 day of [minimum essential coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&159&&&https://www.healthcare.gov/glossary/minimum-essential-coverage).

* Example: Lin didn’t have coverage from March 2 to June 15. Her coverage gap was 2 months – April and May. She qualifies for the exemption.
	+ If a consumer’s gap was 3 months or more, she can’t claim this exemption for any of those months.
* Example: Shawn didn’t have coverage any day in April, May, or June. He can’t claim this exemption for any of those months.
	+ If a consumer had 2 or more gaps in coverage during the year she can claim this exemption only for the months of her first coverage gap. This is true even if both gaps are less than 3 months.
* Example: Jada didn’t have coverage any day in May or any day in November or December, she can claim this exemption only for May.
* For more information about the short coverage gap exemption, please see [this page](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&160&&&https://www.healthcare.gov/exemptions-tool/#/results/details/short-gap) on HealthCare.gov.

**Gap in Coverage at the Beginning of 2014**

CMS

Consumers qualify for this exemption from the shared responsibility payment if 1) they were enrolled in coverage that started no later than May 1, 2014; OR 2) they applied for coverage through the Marketplace by March 31, 2014 (or by an extended open enrollment deadline granted by their state's Marketplace), but their coverage started after May 1, 2014 because of a technical problem.

What assisters need to know about this exemption:

* To qualify for this exemption, a consumer must have enrolled in [minimum essential coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&161&&&https://www.healthcare.gov/glossary/minimum-essential-coverage), through the Marketplace or another source (like Medicaid or a plan she bought herself through a broker or insurance company), with her coverage starting no later than May 1, 2014.
* If a consumer’s coverage started after May 1, 2014, she can only claim this exemption if she applied for health coverage during Open Enrollment through the Marketplace, but she experienced a delay due to technical problems with the Marketplace (either the federal Marketplace or her state’s Marketplace)
* Consumers claim this exemption when they complete their 2014 federal tax return.
* If this exemption applies to other people on a consumer’s return, she can claim it for them when she files her taxes.
* For more information about the exemption for a gap in coverage at the beginning of 2014, please see [this page](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&162&&&https://www.healthcare.gov/exemptions-tool/#/results/details/coverage-by-may-1) on HealthCare.gov.

Additional Resources

* [Presentation slides](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&163&&&https://marketplace.cms.gov/technical-assistance-resources/exemption-from-shared-responsibility.pdf) [from “Exemptions from the Individual](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&164&&&https://marketplace.cms.gov/technical-assistance-resources/exemption-from-shared-responsibility.pdf) [Shared Responsibility Payment” January 16, 2015 assister](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&165&&&https://marketplace.cms.gov/technical-assistance-resources/exemption-from-shared-responsibility.pdf) [w](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&166&&&https://marketplace.cms.gov/technical-assistance-resources/exemption-from-shared-responsibility.pdf)[ebinar](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&167&&&https://marketplace.cms.gov/technical-assistance-resources/exemption-from-shared-responsibility.pdf)
* [Presentation slides from “Exemptions Screener Tool” March 6, 2015 assister webinar](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&168&&&https://marketplace.cms.gov/technical-assistance-resources/training-materials/exemptions-screener.pptx)
* [Exemptions screener tool](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&169&&&https://www.healthcare.gov/exemptions-tool/)
* [IRS coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&170&&&http://www.irs.gov/pub/irs-prior/i8965--2014.pdf) [e](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&171&&&http://www.irs.gov/pub/irs-prior/i8965--2014.pdf)[xemptions table](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&172&&&http://www.irs.gov/pub/irs-prior/i8965--2014.pdf) (scroll to page 2)
* [HealthCare.gov exemptions content](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&173&&&https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee/)
* [IRS Guidance on Coverage](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&174&&&http://www.irs.gov/uac/RDA-2015-02-27-2014-Instructions-for-Form-8965) [Exemption for a Gap in Marketplace Coverage at the Beginning of 2014](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&175&&&http://www.irs.gov/uac/RDA-2015-02-27-2014-Instructions-for-Form-8965)
* To learn more about all of the exemptions that this series will include, please visit the links below, and check out the [exemptions screener tool](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&176&&&https://www.healthcare.gov/exemptions-tool/#/) and [this page](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&177&&&https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee/) on HealthCare.gov.

**Exemptions FAQ**

CMS

Q1: Can a consumer claim both the exemption for a gap in coverage at the beginning of 2014 and also the exemption for a short gap in coverage?

A1: There is no prohibition on using both of these exemptions. Consumers who have two coverage gaps in 2014 cannot use the short gap in coverage twice. But if the first coverage gap meets the criteria for a gap in coverage at the beginning of 2014, meaning that the consumer enrolled, or is treated as enrolled, by March 31, the consumer can use the gap in coverage at the beginning of 2014 exemption for the first gap. And if the consumer later in 2014 experiences a short gap in coverage of less than three months (in August and September, for example), the consumer can also use the short coverage gap exemption for August and September.

Q2: Will there be an exemption in 2015 for having a gap in coverage until May 1, 2015?

A2: No. The exemption for a gap in coverage at the beginning of 2014 (for consumers enrolled or treated as enrolled by March 31, 2014) is specific to the 2014 coverage year. It will not be available for the 2015 coverage year.

Q3: Will the short gap in coverage exemption be available in 2015?

A3: Yes. Consumers who experience a short gap in coverage of less than three consecutive months will be able to claim this exemption for the 2015 coverage year and in subsequent years. Consumers will need to claim the exemption on their tax return for the applicable months each year that they qualify (that is, claiming this exemption once does not mean that it will be applied automatically in future years).

**Health Insurance Oversight Overview Q&A**

CMS

Q1: Where are rate reviews posted online?

A1: Rate reviews by CMS and states are posted [here on HealthCare.gov](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&178&&&http://www.ratereview.healthcare.gov).

Q2: Can consumers purchase dental coverage outside of the Open Enrollment Period and/or outside the Marketplace?

A2: Dental plans are available both inside and outside the Marketplace.  In the Marketplace, consumers can only purchase a stand-alone dental plan (SADP) during the Open Enrollment Period.  Outside the Marketplace, the consumer should check with the dental plan issuer.  Stand-alone dental plans outside the Marketplace are not subject to many of the law’s consumer protections, and may decide when they will allow consumers to enroll.

Q3: Do individual market plans offered outside of the Marketplace have an open enrollment period?

A3: Yes.  Individual market plans sold outside the Marketplace generally follow the Marketplace open enrollment period.  Additionally, health insurance companies may decide to offer a longer open enrollment period outside the Marketplace.  This will depend on the State and the insurance company.

Q4: Do agents and brokers have to maintain an unbiased approach in terms of the information they provide like CACs, Navigators, and other Marketplace assisters are required to?

A4: States have a long-established role in regulating the conduct of agents and brokers operating within their borders. The extent to which agents and brokers owe particular duties to consumers will usually depend on whether any such duties have been established under state law. Assisters are encouraged to familiarize themselves with any standards of conduct established for agents and brokers in their state.

Q5: Why aren’t assisters permitted to make plan recommendations, but agents and brokers can?

A5: Consumers can receive assistance from a variety of sources when seeking access to health insurance coverage, including agents and brokers who are typically compensated by insurance companies with whom they have a contract, and are sometimes exclusively affiliated with a specific health insurance company or companies to sell certain products.

When the Affordable Care Act was enacted, it established the Navigator program as a source for a new type of consumer assistance and specified that Navigators must provide fair, accurate, and impartial information to consumers about health insurance. This standard, which was extended to other types of assisters established by the Marketplace including in-person assisters and certified application counselors, means that assisters must not recommend that a consumer select a specific plan or set of plans—even if the consumer asks for a recommendation. You can learn more about the duty to provide fair, accurate, and impartial information [here](http://links.govdelivery.com:80/track?type=click&enid=ZWFzPTEmbWFpbGluZ2lkPTIwMTUwMzI0LjQzMzUxMDkxJm1lc3NhZ2VpZD1NREItUFJELUJVTC0yMDE1MDMyNC40MzM1MTA5MSZkYXRhYmFzZWlkPTEwMDEmc2VyaWFsPTE3NDIwNjg5JmVtYWlsaWQ9bWVyeWxkQGFhY2hjLm9yZyZ1c2VyaWQ9bWVyeWxkQGFhY2hjLm9yZyZmbD0mZXh0cmE9TXVsdGl2YXJpYXRlSWQ9JiYm&&&179&&&https://marketplace.cms.gov/technical-assistance-resources/dos-and-donts-application-and-enrollment.pdf).

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Have something you want us to possibly add to next week’s newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org.