



## MARKETPLACE ASSISTER NEWSLETTER

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Spring 2020

### News Flash!

#### **CMS Announces Final Payment Notice for 2021 Coverage Year**

The final Notice of Benefit and Payment Parameters for the 2021 benefit year, also referred to as the 2021 Payment Notice, minimizes the number of significant regulatory changes to provide states and issuers with a more stable and predictable regulatory framework that facilitates a more efficient and competitive market. These changes further the Administration's goals of lowering premiums, promoting program integrity, stabilizing markets, enhancing the consumer experience, and reducing regulatory burden.

To view the full press release, go to: [2021 Payment Notice Press Release](#).

To view the final rule, go to: [2021 Payment Notice Final Rule](#)

To view the fact sheet on the final rule, go to: [2021 Payment Notice Fact Sheet](#)

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#### **COVID-19 Federal Response**

The federal government is taking action to protect the health and safety of our nation's patients and providers in response to the coronavirus disease 2019 (COVID-19). There are a number of sources of information about actions being taken across the federal government.

- To keep up with the important work the White House Task Force is doing in response to COVID-19, visit [White House Task Force](#)
  - For the latest information about COVID-19 prevention, symptoms, and answers to common questions, visit [up-to-date COVID-19 information](#).
  - For information on the actions CMS is taking in response to COVID-19, please visit the [CMS News Room](#) and [Current Emergencies Website](#).
  - For COVID-19 Guidance for private health insurance issuers and group health plans, visit [Coronavirus Disease 2019 \(COVID-19\) FAQs](#)
  - Please visit the HealthCare.gov webpage for Marketplace-specific information at [Marketplace-specific information relating to COVID-19](#)
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## The Center for Consumer Information and Insurance Oversight (CCIIO) COVID-19-Related Guidance

The Departments of Labor, Health and Human Services, and the Treasury issued guidance to implement requirements under the Families First Coronavirus Response Act (FFCRA), and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) that generally require private health issuers and employer group health plans to cover COVID-19 testing, the administration of that testing, and certain related items and services. This coverage must be provided for items and services that are furnished on or after March 18, 2020, with no out-of-pocket expenses, prior authorization or medical management requirements for the duration of the applicable emergency period. Visit [FFCRA and CARES Act FAQs](#) for more information.

Prior to the FFCRA and the CARES Act, CMS released guidance that explains that essential health benefits (EHB) generally include coverage for the diagnosis and treatment of COVID-19. However, the exact coverage details and cost-sharing amounts for individual services may vary by plan, and some plans may require prior authorization before these services are covered. This guidance remains relevant for any treatment related to COVID-19, as well as diagnostic testing received before March 18, 2020. Please visit [EHB Coverage for COVID-19](#) for more information. As noted above, under FFCRA and the CARES Act private health issuers and group health plans must now cover diagnostic services at no cost and with no prior authorization or medical management requirements

In addition, the Departments provided plans and issuers flexibility to reduce or eliminate cost-sharing for telehealth services, even in cases when a consumer may not have met their deductible. For more information, visit [telehealth FAQs](#).

Lastly, CMS released guidance on payment and grace period flexibilities associated with the COVID-19 outbreak. CMS will exercise enforcement discretion to permit issuers of QHPs and stand-alone dental plans (SADPs) to extend payment deadlines for initial binder payments as well as ongoing premium payments during the period of the COVID-19 national emergency. Visit [payment and grace period](#) for more information.

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## New Guidance on Extension of Timeframes for COBRA and Coverage Appeals

On April 28, 2020, a Department of Labor notice, jointly issued with the Department of the Treasury and Internal Revenue Service, extends certain timeframes affecting participants' rights to healthcare coverage, portability, and continuation of group health plan coverage under COBRA, and extends the time for plan participants to file or perfect benefit claims or appeals of denied claims. These extensions provide participants and beneficiaries of employee benefit plans sponsored by private-sector employers additional time to make important health coverage and other decisions affecting their benefits during the coronavirus outbreak.

CMS released a guidance document concurring with the disaster relief specified by the Department of Labor, the Department of the Treasury, and Internal Revenue Service and encouraging states, non-federal governmental plans (such as state and local employee health plans) and issuers offering



coverage in connection with a group health plan to enforce and operate, respectively, in a manner consistent with this relief.

For a link to the Department of Labor, Treasury, and Internal Revenue Service notice, visit [COBRA Timeframes](#). Visit [EBSA guidance](#) for other guidance related to group health plans. For CMS guidance, visit the [CMS website](#).

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## Economic Impact Payments and Unemployment Benefits

The CARES Act calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If consumers get one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact their eligibility for financial assistance for health care coverage through the Marketplace, or their eligibility for Medicaid or the Children's Health Insurance Program (CHIP). For more information, visit [IRS Coronavirus Tax Relief](#) information.

Unemployment benefits, including the additional \$600 per week payments in the CARES Act, are taxable income included in modified adjusted gross income (MAGI). The CARES Act exempted the \$600 payment increase from income calculations for purposes of eligibility for Medicaid and CHIP, but did not exempt the \$600 per week payment increase for purposes of eligibility for subsidies to purchase health insurance coverage through the Marketplace. Please instruct consumers to report all unemployment payments, including the \$600 per week payment increase, on their Marketplace application.

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## Guidance on Marketplace Coverage and Coronavirus

For more information on topics relating to Marketplace coverage and COVID-19, please visit [Marketplace coverage for COVID-19](#). This page provides information on the following situations:

- If I lost my job or experienced a reduction in hours due to COVID-19
  - Coverage start dates with a Special Enrollment Period due to loss in coverage
  - If I can't pay my premiums because of a hardship due to COVID-19
  - If I'm enrolled in a Marketplace plan and my income has changed
  - If I previously qualified for a Special Enrollment Period, but missed the deadline because I was impacted by the COVID-19 national emergency
  - If I want to change my current Marketplace plan or enroll for the first time
  - If my child is now living with me after their college sent them home early
  - If I get a direct deposit or check from the IRS that is called an economic impact payment
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## COVID-19 Partner Toolkit

CMS has developed a toolkit to help you stay informed on CMS and HHS materials available on the COVID-19. Please share these materials, bookmark the page, and check back often for the most up-to-date information. To listen to the audio files and read the transcripts for the COVID-19 Stakeholder calls, visit the [Podcast and Transcripts page](#). The link to the toolkit and more resources is available at [Coronavirus Partner Tool Kit](#) page.

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## Guidance on Medicaid and CHIP Coverage and Benefits Related to COVID-19

Medicaid and CHIP programs cover a broad range of benefits, which may vary by state. Some benefits are mandatory which means states are required to provide them while other benefits are optional for states to provide. Visit [benefits related to COVID-19](#) for more information. Specific questions regarding covered benefits should be directed to the respective state Medicaid and CHIP agency. More information is available by [contacting your state](#).

## In Case You Missed It

### Getting Ready for Tax Season - Information on 1095-A

If a consumer had a Marketplace plan in 2019, they should have received a Form 1095-A Health Insurance Marketplace Statement by mail no later than mid-February. It may have been made available in a consumer's HealthCare.gov account as soon as mid-January. You can find more information when you visit [tax form 1095](#).

If a consumer had a Marketplace plan and used advance payments of the premium tax credit (APTC) to lower their monthly payment, they will have to "reconcile" when they file their federal taxes. For helpful information on how to reconcile visit [how to reconcile APTC](#).

### Tax Deadlines Extended to July 15, 2020

Most federal tax filing and payment deadlines from April 1, 2020, to July 14, 2020, are extended to July 15, 2020. These extensions are automatic and apply to all taxpayers. You do not need to file other forms or call the IRS to qualify. Find detailed information in [Filing and Payment Deadlines Questions and Answers](#).

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## CMS Releases 2020 Open Enrollment Report

At the beginning of April, CMS released the Health Insurance Exchanges 2020 Open Enrollment Report, which summarizes health plan selections made on the individual Exchanges during the 2020 Open Enrollment Period (2020 OEP) for the 38 states that use the HealthCare.gov platform, as well



as for the 13 State-Based Exchanges. Additional data are reported for the 38 states that use the HealthCare.gov platform, including age, gender, rural location, self-reported race and ethnicity, household income as a percent of the federal poverty level (FPL), and the average premiums among consumers with and without advance payments of the premium tax credit.

The report can be accessed by visiting [2020 Open Enrollment Final Report](#).

Visit [public use files \(PUFs\)](#) for more information.

## Curriculum Corner

### Resources for Helping Consumers Who are Experiencing Life Changes

As a Marketplace assister, your help is crucial during a time when many consumers are experiencing life changes, like loss of job-based coverage and shifts in income. The resources below will help provide consumers crucial support during this time

Resources for Helping Consumers Who Are Experiencing Life Changes	
<b>Reporting Changes</b>	<ul style="list-style-type: none"> <li>• <a href="#">Which changes to report to the Marketplace</a></li> <li>• <a href="#">How to report changes to the Marketplace</a></li> <li>• <a href="#">Changes in Circumstances - January 2018 (slides)</a></li> </ul>
<b>Special Enrollment Periods</b>	<ul style="list-style-type: none"> <li>• <a href="#">Enroll in or change 2020 plans — only with a Special Enrollment Period</a></li> <li>• <a href="#">Special Enrollment Period (SEP) Overview for the Federally-facilitated Marketplace - April 12, 2019 (slides)</a></li> <li>• <a href="#">Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs - February 2020 (slides)</a></li> </ul>
<b>Transitioning from Job Based Coverage to Other Forms of Coverage</b>	<ul style="list-style-type: none"> <li>• <a href="#">Health coverage options if you're unemployed</a></li> <li>• <a href="#">Losing Job-based Coverage</a></li> <li>• <a href="#">Medicaid &amp; CHIP coverage</a></li> <li>• <a href="#">COBRA coverage and the Marketplace</a></li> <li>• <a href="#">COBRA Continuation Coverage Questions and Answers</a></li> <li>• <a href="#">Understanding COBRA</a></li> </ul>



## Previous Webinars / Q&A

### Previous Webinars

- Visit [Medicaid and CHIP Overview](#) for the May 13, 2020 presentation.
- Visit [Understanding Cobra](#) for the April 29, 2020 presentation.
- Visit [Complex Cases: Navigating Eligibility for SEPs and Resolving SVIs and DMIs](#) for the webinar presentation from February 19, 2020.

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### Questions and Answers from Webinar: Complex Cases – Navigating Eligibility for SEPs and Resolving SVIs and DMIs (February 19, 2020)

**Q1:** A consumer just received their Medicaid denial. Are they eligible for a SEP to enroll in Marketplace coverage?

**A1:** If a consumer applied for Medicaid or CHIP during the Marketplace Open Enrollment Period and their state Medicaid/CHIP agency determined that they weren't eligible for Medicaid/CHIP after Open Enrollment ended, the consumer may be eligible for the Medicaid/CHIP denial special enrollment period to enroll in Marketplace coverage. The consumer has 60 days from the date of receiving their Medicaid/CHIP denial to enroll in Marketplace coverage through the Medicaid/CHIP denial SEP. Consumers must submit proof of their Medicaid/CHIP ineligibility illustrating a denial date that falls within their SEP window in order for the verification issue to be resolved.

**Q2:** Can consumers apply for a permanent move SEP before they move?

**A2:** Marketplaces have the option to allow a consumer and his or her dependent to enroll in a QHP up to 60 days before a move. However, Marketplaces are not required to offer the move SEP with advanced availability and the Federally-facilitated Marketplace (as well as state-based Marketplaces using the HealthCare.gov platform) does not offer this SEP in advance of the move. In order to minimize any gaps in coverage, consumers in states that use the HealthCare.gov platform should complete an application and select a plan as soon as possible after the move, as coverage will become effective the first of the month after plan selection. In order for consumers to qualify for a permanent move SEP they must have moved no longer than 60 days prior to applying for Marketplace coverage and must show that they had qualifying minimum essential coverage for at least one day during the 60 days before the move.

**Q3:** I've been working with a consumer who was unable to submit documentation to resolve their immigration data-matching issue (DMI) until after the window for resolving the DMI had expired. They have just now submitted their documentation and resolved the issue. Do they get a SEP to enroll in Marketplace coverage?

**A3:** A consumer with a citizenship or immigration DMI who ultimately submits documentation to the Marketplace and resolves his or her DMI can regain Marketplace coverage through a SEP. The consumer has 60 days to enroll and can choose to enroll with a prospective or retroactive coverage date.



**Q4:** Can consumers receive financial assistance while a DMI is pending?

**A4:** Yes, if consumers are otherwise eligible to receive financial assistance they will receive APTC/CSRs during their DMI period.

**Q5:** How will the Marketplace notify consumers when their SVI or DMI has been resolved?

**A5:** The mode of delivery for notices is based on the consumer preferences on MyAccount. Each consumer will get notification(s) to view their notices through MyAccount. Consumers can also indicate they want to receive notification through mail or email.

**Q6:** Will consumers who do not resolve income DMIs be required to pay back the advanced payments of the premium tax credit they received for those 3 months until expiration once they reconcile their taxes at the end of the tax year?

**A6:** All consumers who receive APTC are required to file taxes and reconcile regardless of whether the APTC was received during a DMI period or not. Tax reconciliation is based on:

- The amount of premium tax credit used in advance during the year, and
- The premium tax credit the consumer actually qualifies for based on his or her final income for the year.

Any difference between the two figures will affect their refund or tax owed.

## Important Reminders / Tips

### Links to Helpful Resources

- Marketplace Assister Training [Resources](#) and [Webinar](#)
- [Technical Assistance Resources](#)
- CMS Marketplace [Applications & Forms](#)
- CMS [Outreach and Education](#) Resources
- [Marketplace.CMS.gov Page](#)
- [CMSZONE Community Online Resource Library Pilot for Marketplace Assisters](#)
- [Find Local Help](#)

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### Marketplace Call Center and SHOP Center Hours

**Health Insurance Marketplace Call Center:** 1-800-318-2596 (TTY: 1-855-889-4325). For customer service support, to start or finish an application, compare plans, enroll or ask a question. Available 24 hours a day, 7 days a week (except holidays). Certified Application Counselors (CACs) and Navigators should call their dedicated phone lines so the Call Center can better track the needs of



assisters. The Assister Line can also help with password resets and can help with access to non-application SEPs. Contact your Navigator Project Officer (for Navigators) or your designated organization leadership (for CACs) for more information on the Assister Line.

- Navigator Marketplace Call Center line: 1-855-868-4678
- CAC Marketplace Call Center line: 1-855-879-2683
- General consumer Call Center line: 1-800-318-2596 (TTY: 1-855-889-4325).

**SHOP Call Center:** For SHOP related questions, you and employers or employees you interact with may contact the SHOP Call Center at 800-706-7893 or by using the TTY phone number (for hearing impaired) at 1-888-201-6445.

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## Stay in Touch

To sign up for the CMS Assister Newsletter, please send a request to the Assister Listserv inbox ([ASSISTERLISTSERV@cms.hhs.gov](mailto:ASSISTERLISTSERV@cms.hhs.gov)) write "Add to listserv" in the subject line, please include the email address that you would like to add in the body of your email. For requests to be removed from the listserv, please forward a copy of a webinar invite or newsletter received and write "Remove" in the subject line.

If you have specific questions or issues that you would like us highlight in our webinar series or here in this newsletter please contact us.

For **CMS Navigator grantees** - please get in touch with your Navigator Project Officer.

For **CAC Designated Organizations in FFM States** - please send an email to [CACQuestions@cms.hhs.gov](mailto:CACQuestions@cms.hhs.gov).

We welcome questions, suggestions, and comments, so please feel free to contact us!

**Please note that the information presented in this Assister Newsletter is informal, technical assistance for assisters and is not intended as official CMS guidance.**