Health Insurance Marketplace

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

MARKETPLACE ASSISTER NEWSLETTER

Winter 2020

News Flash!

CMS Releases New Information in Response to COVID-19

CMS released new information in response to COVID-19. CMS has developed a second Healthcare Common Procedure Coding System (HCPCS) code that can be used by laboratories to bill for certain COVID-19 diagnostic tests to help increase testing and track new cases. In addition, CMS released new fact sheets that explain Medicare, Medicaid, Children's Health Insurance Program, and Individual and Small Group Market Private Insurance coverage for services to help patients prepare as well.

For more information, please refer to the press release here.

For the most up-to-date information please visit Coronavirus.gov

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HHS Finalizes Historic Rules to Provide Patients More Control of Their Health Data

The U.S. Department of Health and Human Services (HHS) finalized two transformative rules that will give patients unprecedented safe, secure access to their health data. The two rules, issued by the HHS Office of the National Coordinator for Health Information Technology (ONC) and Centers for Medicare & Medicaid Services (CMS), implement interoperability and patient access provisions of the bipartisan 21st Century Cures Act (Cures Act) and support President Trump's MyHealthEData initiative.

The CMS Interoperability and Patient Access final rule establishes policies that break down barriers in the nation's health system to enable better patient access to their health information, improve interoperability and unleash innovation, while reducing burden on payers and providers. Patients and their healthcare providers will have the opportunity to be more informed, which can lead to better care and improved patient outcomes, while at the same time reducing burden. In a future where data flow freely and securely between payers, providers, and patients.

Read the full press release including ONC & CMS fact sheets here.

CMS Releases Proposed Notice of Benefit and Payment Parameters Rule for 2021 and Other Guidance

On January 31, 2020, the Centers for Medicare & Medicaid Services (CMS) issued the proposed annual Notice of Benefit and Payment Parameters Rule for 2021, also known as the Proposed 2021 Payment Notice. This proposed rule would update regulatory and financial standards applied to issuers and Exchanges, as well as set parameters for the risk adjustment program. Similar to Payment Notices issued in prior years, the Proposed 2021 Payment Notice contains a number of other provisions that support the Trump Administration's ongoing commitment to lowering premiums, protecting taxpayer dollars and strengthening the health insurance markets to deliver more competition and choice for consumers.

CMS also issued the Proposed 2021 Annual Letter to Issuers which provides guidance to issuers that want to offer qualified health plans (QHPs) on an FFE; the proposed Key Dates Charts for the 2020 Calendar Year; and the ICD-10 Crosswalk for potential updates to the HHS-HCC Risk Adjustment Model.

The full press release is available here: Payment Notice.

Letters to Consumers Turning 65

Beginning in plan year 2020, the Federally-facilitated Marketplace (FFM) will send out letters to consumers who are turning 65, in addition to the email outreach already performed for this population. These letters will provide information on transitioning from a Marketplace plan to Medicare. Letters will be sent on a monthly basis to consumers who are turning 65 the following month. These letters will be provided by mail only, and will not be posted to a consumer's online account at this time.

Below are links to the letters to consumers.

English: sample letter to consumers - English

Spanish: sample letter to consumers - Spanish

New Format for Marketplace Assister Webinars & Resources

We are pleased to announce that in response to feedback from the Assister community, CMS has changed the way it delivers technical assistance on Marketplace policy and operations for Assisters. Assister Webinars are now being held monthly, on Wednesdays, and will focus on new Marketplace policies as well as more advanced content, including how to navigate complex Marketplace eligibility and enrollment consumer scenarios. We hope you enjoy the new format and find these webinars helpful!

In addition to the Assister Webinars, CMS is also highlighting different topics related to Marketplace eligibility and enrollment throughout the year in the new *Curriculum Corner* section of the newsletter.

Please refer to this Newsletter's *Curriculum Corner* section for timely information and important resources on Special Enrollment Periods (SEPs), taxes, and financial assistance.

In Case You Missed It

CMS Announces Enhanced Program Integrity Efforts for the Exchange

CMS issued the Exchange Program Integrity Final Rule, on December 20, 2019, that implements policies aimed at protecting taxpayer dollars by ensuring that Exchange enrollees are accurately determined eligible for premium subsidies.

The final rule focuses on strengthening oversight of State-based Exchanges (SBE) and implementing a new requirement that Exchanges conduct regular eligibility verifications with outside data sources at least twice a year. In addition, the rule aligns federal regulations with the statutory requirements of the Patient Protection and Affordable Care Act (PPACA) to help ensure consumers understand the coverage they are buying and also requires Qualified Health Plan (QHP) issuers to send a separate bill and attempt to collect separate payments for the portion of consumers' premiums attributable to certain abortion services for which public funding is prohibited.

The full press release is available here: Final Rule

Getting Ready for Tax Season - Information on Form 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 at https://www.healthcare.gov/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. Helpful information on how to reconcile is available here.

Federally-facilitated Exchange Enrollment Remains Stable for the Third Consecutive Year in a Row

On January 8, 2020 CMS released the final weekly enrollment snapshot for the 2020 Open Enrollment Period with over 8.3 million people enrolled compared to approximately 8.5 million people at the end of the Open Enrollment Period last year. These data signify another successful Open Enrollment Period for the states that use the HealthCare.gov platform. Please refer to the full article here.

Final Snapshot: The full fact sheet is available here.

New Resources about Individual Coverage Health Reimbursement Arrangement (HRA) and Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)

The October 4, 2019 Assister Webinar featured a presentation on individual coverage Health Reimbursement Arrangements (HRAs) and Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs).

As of January 1, 2020, employers can offer employees an **individual coverage HRA** instead of offering a traditional group health plan. This type of HRA is an alternative to traditional group health plan coverage to reimburse medical expenses, like monthly premiums and out-of-pocket costs such as copayments and deductibles. If a consumer has an individual coverage HRA offer from an employer, the only way they'll qualify for a premium tax credit to help pay for Marketplace coverage (and possibly their household members' coverage, if applicable) is if their employer's individual coverage HRA isn't considered affordable, and they opt out of it. For more information about individual coverage HRA and eligibility for the premium tax credit, click here. Refer to this worksheet for help determining whether the HRA coverage is considered affordable.

Small employers who don't offer group health coverage to their employees can help employees pay for medical expenses through a Qualified Small Employer Health Reimbursement Arrangement **(QSEHRA)**. If a consumer's employer offers the consumer a QSEHRA, the consumer can use it to help pay their household's health care costs (like their monthly premium) for qualifying health coverage. The amount of QSEHRA a consumer gets will change the tax credit amount they're eligible for. They may either be eligible for some or no tax credit. More information about QSEHRAs and eligibility for premium tax credits available here.

Data Matching Issue (DMI) Update

Consumers who applied for coverage at the end of the Open Enrollment Period and had an associated Data Matching Issue (DMI) are approaching the 90- or 95-day deadline to resolve those DMIs through submitting documentation. As part of the DMI process, the Marketplace will begin consumer outreach, including calls, to the consumers who still have open DMIs and who are approaching the deadline to submit the appropriate documents.

Curriculum Corner

Special Enrollment Periods

Introduction to the topic

Consumers generally can enroll in a Qualified Health Plan (QHP) through the Marketplaces only during the annual **Open Enrollment Period**. After the Open Enrollment Period ends, you can help consumers who experience certain life changes find out if they qualify for a **Special Enrollment Period (SEP)** to get coverage through the Marketplaces. In most cases, consumers qualify for an SEP in the Marketplaces for a 60-day period from the date following certain life events, like losing

health coverage, moving, getting married, having a baby, or adopting a child. In the case of SHOP coverage, most SEPs last for a 30-day period from the date of the life event. If consumers are already enrolled in coverage through a Marketplace when they experience a certain life event, you can help them find out if they are eligible to change Marketplace plans or add household members to their existing plan. Enrollees and their dependents (including newly added household members) who qualify for the most common SEP types — like a loss of health insurance, moving to a new home, or a change in household size — will only be able to pick a plan from their current plan category. Certain SEPs require consumers to submit documentation to prove eligibility for the SEP. Consumers who qualify for an SEP and sign up for coverage will have a coverage effective date based on the type of SEP for which they qualify.

Special Enrollment Periods	
Key Updates for Assisters	**2020 Policy Updates:** Beginning Plan Year 2020, consumers may qualify for an SEP due to newly gaining access to an individual coverage HRA or a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) in the past 60 days OR if they expect to in the next 60 days. More information is available on this new SEP (also available in Spanish). Consumers will need to call the Marketplace Call Center to attest to their HRA start date, and then wait a few days for their SEP eligibility to be determined via the casework process. Refer to this resource on HRAs and QSEHRA and the Marketplace.

Special Enrollment Periods	
Assister Resources	**Assister Resources:** • Refer to a list of life events that may qualify consumers for an SEP (also available in Spanish) and a more detailed explanation of qualifying life events. • The Special Enrollment Period Screener Tool (also available in Spanish) is an easy-to-use tool you can use to help consumers determine whether they may be eligible for a Special Enrollment Period to enroll in coverage through the Marketplaces outside the Open Enrollment Period. You can also use this tool to help consumers determine if they may be eligible to enroll in Medicaid or CHIP. Remember, this tool is not an application for an SEP; it is just a tool to help consumers understand what they may be eligible for. • Find the types of SEPs for currently enrolled consumers that are subject to plan category limitations (also available in Spanish). • Find a list of qualifying life events that require consumers to submit documentation to prove eligibility for an SEP (also available in Spanish). • Refer to this SEP overview presentation for information on qualifying life events, prior coverage requirements, coverage effective dates, SEP verification, plan category limitations. **Additional Resources:** • Find SEP resources at Marketplace.cms.gov. • Find SEP information at HealthCare.gov (also available in Spanish).

Taxes/Exemptions

Introduction to the topic

Consumers or anyone in their household enrolled in Marketplace coverage will receive one or more Forms 1095-A from the Marketplace. These contain important information about their health coverage consumers will use when filing their federal tax returns. Consumers who enrolled themselves or anyone in their household in Marketplace coverage with APTC must file a federal income tax return to reconcile (compare) the APTC they received with the premium tax credit they can actually claim for the year. The Form 1095-A provided by the Marketplaces will indicate how much APTC was received and other information consumers need to file a return. Consumers who enrolled in Marketplace coverage but did not receive APTC may also claim the tax credit when they file a return, if eligible. Either way, consumers will complete Form 8962 (Premium Tax Credit). Consumers may also need to use the second lowest cost Silver plan tax tool on HealthCare.gov to reconcile any APTC received.

Taxes/Exemptions	
Key Updates for Assisters	**2020 Policy Updates:** For tax year 2019 and later, consumers who do not have minimum essential coverage (MEC) do not need to claim a coverage exemption because the fee for not having coverage or an exemption is $0. Consumers do not need an exemption unless they are age 30 or older and wish to purchase Catastrophic coverage. These consumers must apply for a hardship or affordability exemption through the Marketplace and obtain an ECN (exemption certificate number) to view and enroll in Catastrophic coverage.

Taxes/Exemptions	
Assister Resources	• Refer to the Standard Operating Procedure (SOP) 11 on Exemptions, which describes the recent changes in the Individual Shared Responsibility Payment requirement for tax year 2019 and the steps for consumers to obtain exemptions for tax years 2014-2018. • Find information about Form 1095-A (also available in Spanish). • Find the instructions for using Form 1095-A (also available in Spanish). • Visit the HealthCare.gov page about taxes or contact the Marketplace Call Center for additional information on Form 1095-A and how provisions of the Patient Protection and Affordable Care Act affect consumers' taxes. • Consumers may need information about the second lowest cost Silver plan in their area when filing their tax return in order to reconcile their APTC. Direct consumers to the tax tool at HealthCare.gov (also available in Spanish) that can help them calculate this amount. • Refer to the Catalog of Tax Resources for Assisters here.

Financial Assistance for Healthcare Coverage

Introduction to the topic

Consumers applying for coverage through the Marketplace may be eligible for financial assistance in the form of APTC to help save on their monthly premiums and cost-sharing reductions (CSRs) to help save on out-of-pocket health care costs. Eligibility for these savings depends on a consumer's household income, family size, and whether they already have access to or are enrolled in certain other forms of MEC. Some consumers seeking financial assistance may also be assessed or determined as Medicaid- or CHIP-eligible by the Marketplaces. CSRs are only available if consumers enroll in Silver-level coverage (this does not apply to American Indians or Alaska Natives). Consumers who use APTC must file a federal tax return for that year and must reconcile their APTC using IRS Form 8962.

Financial Assistance	
Key Updates for Assisters	**2020 Policy Updates:** As of January 1, 2020, if a consumer has an individual HRA offer from an employer, the only way they'll qualify for a premium tax credit to help pay for Marketplace coverage (and possibly their household members' coverage, if applicable) is if their employer's individual HRA isn't considered affordable, and they opt out of it. For more information about individual coverage HRAs and eligibility for the premium tax credit, click here.
Assister Resources	• Refer to SOP 12 on Reporting Minimum Essential Coverage and Reconciling Advance Payments of the Premium Tax Credit. • Federal poverty levels are used to determine eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage. Consumers with annual incomes between 100% and 400% FPL qualify for premium tax credits. FPL table • Consumers who are eligible for MEC outside of the Marketplaces (other than individual market coverage available outside of the Marketplaces) are generally not eligible for financial assistance through the Marketplaces. Find common examples of coverage that's considered MEC (also available in Spanish) and a more detailed list of coverage that qualifies as MEC. • Consumers who are eligible for, but not enrolled in, COBRA or retiree coverage may still qualify for financial assistance through the Marketplaces, if otherwise eligible. Find more information about COBRA and the Marketplace (also available in Spanish), and learn about retiree coverage and the Marketplace (also available in Spanish). • Find information that you can share with consumers about how they may be able to save on monthly premiums by receiving APTC (also available in Spanish). • Find information you can share with consumers about how they may be able to save on out-of-pocket costs with CSRs (also available in Spanish).

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New Assister Resources

Assister Standard Operating Procedure (SOP) 1: Obtaining Consumer Authorization and Handling Consumers' Personally Identifiable Information (PII) in the Federally-facilitated Marketplace (FFM)

Assister Job Aid: Optional Navigator Assistance

Previous Webinars / Q&A

1. **Assister Do's and Don'ts** (September 6, 2019) slides here
2. **Summary of Benefits and Coverage (SBC) Overview** (September 6, 2019) slides here
3. **Individual Coverage Health Reimbursement Arrangements: Pre-Open Enrollment Period Training** (October 4, 2019) slides here
4. **How to Resolve Data Matching Inconsistencies (DMIs)** (October 11, 2019) slides here
5. **2020 Assister Readiness Webinar Series: Helping Consumers Apply at HealthCare.gov – Recap, Knowledge Check and Questions Answered** (October 22, 2019) slides here
6. **2020 Assister Readiness Webinar Series: Helping Consumers Enroll at HealthCare.gov – Recap, Knowledge Check and Questions Answered** (October 29, 2019) slides here
7. **Health Insurance Marketplace Quality Rating Information** (November 22, 2019) slides here
8. **Providing Effective Communication and Language Assistance** (November 22, 2019) slides here
9. **Health Plan Coverage Effectuation: Payments, Grace Periods, and Terminations** (December 18, 2019) slides here
10. **Stand-alone Dental Plans** (December 18, 2019) slides here
11. **Marketplace Eligibility Appeals Process Overview** (December 18, 2019) slides here
12. **Reconciling Advance Payments of the Premium Tax Credit (APTC) and Failure to File and Reconcile (FTR)** (January 22, 2019) slides here

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

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.

Stay in Touch

To sign up for the CMS Assister Newsletter, please send a request to the Assister Listserv inbox (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.

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.