

# September Marketplace Update for Assisters

September 2017

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## **CMS Issues Bulletin Regarding the Navigator Program and the Upcoming 2018 Open Enrollment Period**

The Centers for Medicare & Medicaid Services (CMS) issued a bulletin on August 31, 2017 that outlines policies related to the Patient Protection and Affordable Care Act (PPACA) Navigator program and enrollment education for the upcoming open enrollment period. Read [the bulletin](#).

### **Equifax Security Breach**

As reported widely in the media, Equifax identified a cybersecurity incident potentially impacting approximately 143 million U.S. consumers. Equifax does not maintain consumer data related to verification requests. According to Equifax, the breach did not impact the Current Sources of Income Service, available through the Hub nor the database CMS uses.

Equifax has established a dedicated website, [www.equifaxsecurity2017.com](http://www.equifaxsecurity2017.com), to help consumers determine if their information has been potentially impacted and to sign up for credit file monitoring and identity theft protection, which they are offering complimentary for one year to all U.S. consumers.

### **Answers to Assister Questions: Special Enrollment Period Verification (SEPV)**

**Q1: If a consumer asks to move their effectuation date forward by a month, will the 1 month of no insurance affect continuous coverage rules? Would the consumer be monetarily penalized for the month of no insurance?**

A1: The consumer is responsible for the Individual Shared Responsibility payment for any months they are without qualifying coverage. However, if the consumer went without coverage for fewer than three consecutive months during the year, they may qualify for the short coverage gap exemption and would not have to make an individual shared responsibility payment for those months. If the consumer has more than one short coverage gap during a year, the short coverage gap exemption only applies to the first.

**Q2: Are Marriage SEP Verification Issue (SVI) notices sent via mail, email or both?**

A2: The Marketplace will be in touch with consumers about SEPV through a combination of notices, emails, and phone calls. Consumers will be able to view and download most SEPV notices online using his or her HealthCare.gov account and will receive emails when these notices become available. Consumers who requested to receive paper notices from the Marketplace will also receive these notices by mail. Some notices will only be sent through the mail, so all consumers should regularly check the mail for communications from the

Marketplace.

**Q3: What happens if the SVI is not resolved within the 30 days of plan selection? Would the consumer have to pay the full premium until the SVI is resolved (as the application currently warns)? Or will the consumers plan selection be cancelled and if eligible they can apply again?**

A3: If a consumer does not resolve the SVI within 30 days of plan selection then the SVI will expire and the pended plan selection will be canceled. The consumer in this case would not have an effectuated plan and therefore wouldn't owe a premium. If a consumer in this situation still has time in the 60 day SEP window, he or she can return to their application, re-attest to the SEP qualifying event, and pick a new plan. This will generate a new SVI and SVI clock, and the consumer can submit documents based on the new deadline. Note: Consumers who do not resolve his or her SVI in time and receive an expiration notice will see language in this notice that notes that they may still be able to enroll if he or she can submit documents that successfully confirm their eligibility for the SEP.

**Q4: At what point after submitting SVI documents should consumers check with Marketplace, if they have not received any message from Marketplace?**

A4: The Marketplace will generally review the consumer's information within a few days and respond shortly after receiving the document. If consumers have questions about their document submission they can call the Marketplace Call Center at 1-800-318-2596. Consumers can also review their updated status in their Marketplace account.

**Q5: Does a denial of Medicaid outside of Open enrollment generates a SEP?**

A: No. A consumer who applies for coverage through the State Medicaid agency outside of the Marketplace open enrollment period (OE) and is denied will not be eligible to apply for Marketplace coverage, absent a qualifying life event.

However, if a consumer first applies for Marketplace coverage during Open Enrollment or in the 60 days following a qualifying life event after Open Enrollment ends, and is found potentially eligible for Medicaid by the Marketplace but is subsequently denied Medicaid by their respective state, the consumer can qualify for a new 60 day SEP based on the state Medicaid denial. Similarly, if a consumer applies at the state Medicaid or CHIP agency during Marketplace Open Enrollment, and by the time the state makes a denial determination on the application Open Enrollment has ended, the consumer can qualify for a SEP when he or she begins an application at the Marketplace following that denial.

**Q6: What if a consumer fills out a Marketplace application during an SEP - such as release from incarceration - is referred to their state Medicaid agency, and then denied**



## **for Medicaid. Do they still qualify for this SEP?**

A6: Yes, within 60 days of the qualifying event. A consumer who applies for coverage through the Marketplace due to a qualifying life event and is determined ineligible for Medicaid by the State Medicaid may continue to enroll in Marketplace coverage within 60 days of the qualifying life event. If the original SEP period has ended by the time the consumer receives the Medicaid denial, the consumer can report the date of the Medicaid denial to the Marketplace and qualify for a new 60 day SEP on that basis.

## **Q7: Do consumers have to select a plan to start the SVI clock or can the consumer just wait to select a plan after the documentation has been verified?**

A7: The 30-day SVI clock starts at plan selection. The Marketplace recommends that consumers choose their plan right away to make sure they enroll within their SEP window (usually 60 days after their SEP qualifying event; consumers who qualify for an SEP due to a loss of qualifying coverage can also apply and select a plan up to 60 days before their SEP qualifying event). If consumers do submit documents before selecting a plan, the documentation will be reviewed. If the documents successfully resolve their SVI, they'll receive a notice telling them that their SVI is resolved and that they can pick a plan within their 60 day SEP window, pay their premium, and start using their coverage.

## **Balancing the Risk Pool through OE5 Outreach: Effective Education and Enrollment Strategies to Reach Young Adults and Other Hard-to-Reach Populations**

In follow-up to our August 18 webinar presentation on *Balancing the Risk Pool: Enrolling Young Adults and Other Hard-to-Reach Populations*, and in anticipation of the upcoming open enrollment period, the material below highlights key information and outreach strategies that assisters can use to improve education and enrollment events when working with uninsured and underinsured consumers.

### **Start Outreach Now**

Now is the time to start outreach for the upcoming open enrollment period (OE). As you know, OE5 will run until December 15 this year, which means advanced messaging to consumers about health insurance coverage options and when to sign up is particularly important. Start outreach efforts now, strategize about how to reach uninsured and underinsured consumers, leverage relationships with local organizations in your community, make use of social media channels, and review assister resources on [Marketplace.cms.gov](https://www.cms.gov/marketplace).

## Collaborate with Local Organizations

Collaborating with local organizations that have strong connections to the community assisters serve can provide multiple avenues for outreach and education. Additionally, it will:

- Provide different perspectives about the consumers in your community;
- Promote buy-in from important stakeholders in your community; and,
- Build trust and credibility for your organization among your community.

Below are some promising practice examples of how assister organizations have built successful collaborations in their communities:

- To learn about collaborating with health care providers, visit: <https://marketplace.cms.gov/technical-assistance-resources/collaborating-with-health-care-providers.pdf>.
- To learn about collaborating with local agencies, visit: <https://marketplace.cms.gov/technical-assistance-resources/collaborating-with-local-agencies.pdf>.
- To learn about collaborating with other organizations serving immigrants, visit: <https://marketplace.cms.gov/technical-assistance-resources/collaborating-with-other-organizations-serving-immigrants.pdf>

## Target Outreach

In order to help balance the risk pool by effectively reaching young adults and other hard-to-reach populations, assisters need to understand who they are trying to reach and how best to reach them:

- Understand the cultural demographics of the community;
- Identify local needs and resources to understand how best to help and improve community outreach strategies; and,
- Model targeted outreach efforts on best practices, such as those identified in the slide presentation: [Marketplace Outreach: Best Practices for Outreach to Latino Communities](#).

## Be Savvy with Social Media Use

Social media can be a powerful tool for reaching consumers. Below are some important things to remember when planning a social media campaign:

- Design the campaign with a target audiences in mind. Target audiences can be categorized by age, gender, race or ethnic groups, economic status, access to healthcare, or other uninsured or underinsured groups;
- Develop a message to address common problems in the target audience and the benefits of health coverage to address those problems;
- Customize the message to fit a target audience's language or way of speaking and cultural norms. How something is phrased can be very important; and,
- Use outreach materials, including templates and toolkits available on the [Outreach and Education webpage of Marketplace.cms.gov](https://www.cms.gov/Outreach-and-Education).

## Learn from the Assister Community

The Q&A below is from the August 18 webinar, *Balancing the Risk Pool: Enrolling Young Adults and Other Hard-to-Reach Populations*, we hope it will help jump start your OE5 outreach strategy.

### **Q1: Where should we focus our efforts, given limited time, funds, and personnel?**

A1: The hard-to-reach populations that the Marketplace is targeting include the following: young adults, the self-employed, immigrants, those with fluctuating incomes, and those living in rural areas. These are just a few populations that were discussed during the breakout session at the 2017 CMS Assister Summit. Since assisters, are in the best position to determine its community needs, we want to encourage Assisters to focus on the populations where the needs are greatest within each respective community. It is up to assisters to determine the best way to do outreach and the targeted population the organization will be focusing on.

### **Q2: When should Assisters start OE5 outreach to hard-to-reach populations?**

A2: Due to the six-week open enrollment period for OE5, the Marketplace strongly encourages assisters to start outreach efforts immediately. To effectively prepare for OE, assisters can hold outreach and education events and do advertising to provide information to consumers about the shorter OE now. Starting early will help ensure that consumers will know and understand their options for OE5 and who to contact for assistance. We also encourage focusing on building new collaborations and strengthening existing ones to help assisters leverage collective efforts

to reach populations that assister organizations may not be able to reach on their own.

**Q3: It's difficult to have a different strategy for reaching each population. Are there a few key strategies for outreach that tend to work with consumers regardless of what demographic they may be a part of?**

A3: It is very important to know and understand a community well when developing outreach and enrollment plans. To most effectively reach consumers, it is often very helpful to hire from within the target community and collaborate with community leaders and trusted organizations that the target population will be familiar with. Assisters can also use social media, earned media, and hold outreach and enrollment events at places that the target population frequents. The Marketplace also encourages assisters to meet consumers where they are and structure outreach at times that the target population is available. For example, many assisters find it helpful to hold extended evening hours or offer weekend hours for office appointments.

## Working with Incarcerated Consumers

Incarcerated consumers are not eligible to enroll in a qualified health plan (QHP) through the Marketplace. Assisters should be aware of how the Marketplace defines “incarcerated” for purposes of Marketplace eligibility.

For purposes of Marketplace eligibility, consumers are considered incarcerated once he or she is in the custody of a penal authority and confined to a correctional facility, such as a jail, prison, or a mental health institution as a result of a conviction of criminal offense.

A consumer is ***not considered incarcerated*** and is ***eligible to enroll*** in or keep their Marketplace coverage if they are:

- **Pre-conviction:** Consumers who have been arrested but not convicted of a crime and consumers who have been convicted of a crime pending disposition of charges (i.e. awaiting sentencing), whether confined to a correctional institution or released on bail, bond, or other conditional release;
- **On Probation or Parole:** Consumers who are on probation or parole; or
- **Post-conviction—Under Limited Supervision or Confinement:** Consumers who have been convicted of a crime and are sentenced to a partial, limited, or alternative form of confinement (e.g., work release, house arrest, residing in a halfway house or other residential community supervision).

Consumers released from incarceration must have minimum essential coverage, pay the individual shared responsibility payment, or qualify for another exemption. Recently released

consumers have up to 60 days from the date of their release to enroll in Marketplace coverage during a Special Enrollment Period (SEP).

It's important to note that eligibility rules for Medicaid and Medicare for incarcerated consumers are different from those for the Marketplace.

Consumers who are in the lawful custody of a state or locality and held involuntarily in a public institution are considered incarcerated for purposes of Medicaid eligibility. These consumers may be enrolled in Medicaid, but may not receive Medicaid covered services.

Consumers can receive Medicaid covered services if they are:

- awaiting sentencing in their community;
- on probation or parole; or
- living in state or local corrections supervised community residential facilities (e.g., a halfway house), if they have freedom of movement and association while residing at the facility.

Medicare generally does not cover services for incarcerated beneficiaries, however, incarcerated consumers who have Original Medicare (Medicare Part A & B) should consider maintaining their coverage to ensure that the coverage will be effective upon their release.

Refer to [this fact sheet for detailed information about eligibility rules for incarcerated consumers](#).

Additionally, you can find [a printable pamphlet to hand out to consumers who are awaiting sentencing, incarcerated, or recently released](#).

## Common Complex Scenarios: Consumers Who Receive an Offer of Employer-Sponsored Coverage

What is considered “affordable” Employer-Sponsored Coverage that meets the “minimum value”?

**Affordability:** An employer-sponsored plan is affordable if the employee’s share of the annual premium for the lowest cost self-only plan that meets the minimum value standard is less than 9.69% of the tax household’s annual income in 2017.

**Minimum Value:** A health plan meets the minimum value (MV) standard if it’s designed to pay at least 60% of the total cost of medical services for a standard population and if its benefits include substantial coverage of inpatient hospital and physician services. This information



should be in the plan's Summary of Benefits and Coverage (SBC). Find [an example of an SBC](#); the MV disclosure can be found on page 4.

To help consumers determine whether his or her offer of employer-sponsored coverage is affordable and meets the minimum value standard, employees should complete or ask his or her employers to fill out the “**Employer Coverage Tool**” worksheet. Consumers will need to provide the Marketplace with his or her employer's name, Employer Identification Number (EIN), phone number, and address. The EIN is displayed on consumers' W-2, or consumers can ask his or her employer to provide it to them. This worksheet is available at: [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf).

## Common Complex Scenario

The affordability test: Samson's annual household income is \$37,000. If an employer offers multiple healthcare coverage options, the affordability test applies to the lowest-cost option available to the employee only that also meets the minimum value requirement.

To be affordable in 2018, Samson's share of the lowest cost employer-sponsored plan covering Samson only (not his wife or child) cannot be more than 9.56% of Samson's annual household income or about \$3,537 in annual premiums or approximately \$295 per month.

Note that even though the affordability test looks only at the cost of the lowest cost self-only plan available to Samson, if the coverage is considered to be “affordable” for Samson, then the other family members would also be considered to have an offer of “affordable” coverage for purposes of determining eligibility for financial assistance through the Marketplace.

IRS Decreases the ACA Affordability Percentages for 2018:

For plan years **beginning in 2018**, employer-sponsored coverage will be considered affordable if the employee's required contribution for self-only coverage does not exceed:

- 9.56 percent (in 2017, it was 9.69%) of the employee's tax household annual income for the year, for purposes of both the pay or play rules and premium tax credit eligibility; and
- 8.05 percent (in 2017, it was 8.16%) of the employee's tax household annual income for the year, for purposes of an individual mandate exemption (adjusted under separate guidance).



## Guidance and Resources

- <https://www.irs.gov/pub/irs-drop/rp-17-36.pdf>
- <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Employer-Initiatives/Employer-Initiatives.html>
- <https://www.healthcare.gov/glossary/affordable-coverage>

## Potential HealthCare.Gov Downtime During Open Enrollment

Every year, there is downtime that enables CMS and our various federal partners to make sure that [HealthCare.gov](https://www.healthcare.gov) continues to run optimally. Like other IT systems, these downtime windows are how we update and improve our system and are the normal course of business.

In order to allow assisters to plan in advance of Open Enrollment, we are sharing the maximum potential [HealthCare.gov](https://www.healthcare.gov) downtime windows for the upcoming Open Enrollment Period. While this information has not been provided to assisters prior to Open Enrollment in the past, CMS is providing this information at the request of the assisters to provide more visibility into the potential Healthcare.gov maintenance windows.

It is important to note that these times are the maximum potential windows for downtimes if they are needed. As it has been in the past, CMS anticipates the actual downtimes will be shorter while we work to minimize disruption for consumers. Last year, for example, [HealthCare.gov](https://www.healthcare.gov) down for 53.5 hours out of the 54 initially authorized during the first six Sundays of Open Enrollment. The potential/maximum [HealthCare.gov](https://www.healthcare.gov) downtime schedule for Open Enrollment is:

- Wednesday, November 1, 2017, early morning downtime before the start of the business day
- Sundays, 12:00AM to 12:00PM (maximum time allotted), except on December 10, 2017

This year's potential downtime schedule is similar to last year's. CMS plans to continue working

with assisters to ensure they have the information necessary to plan for Open Enrollment.

## **Assister Training Tips and Best Practices**

### **Disable Pop Up Blockers**

Marketplace Learning Management System (MLMS) users need to disable pop up blockers while attempting to access the assister training on the MLMS. The pop up blockers should be disabled anytime an assister attempts to access the assister training on the MLMS, not just for a particular instance or when a pop up appears. Find [guidance on disabling the pop up blockers](#).

### **Don't Skip Ahead**

Users need to click through each page of a training curriculum. If a user skips pages in a curriculum and then attempts to complete the course exam, the MLMS will not record the users exam completion and the user will need to retake the course and exam.

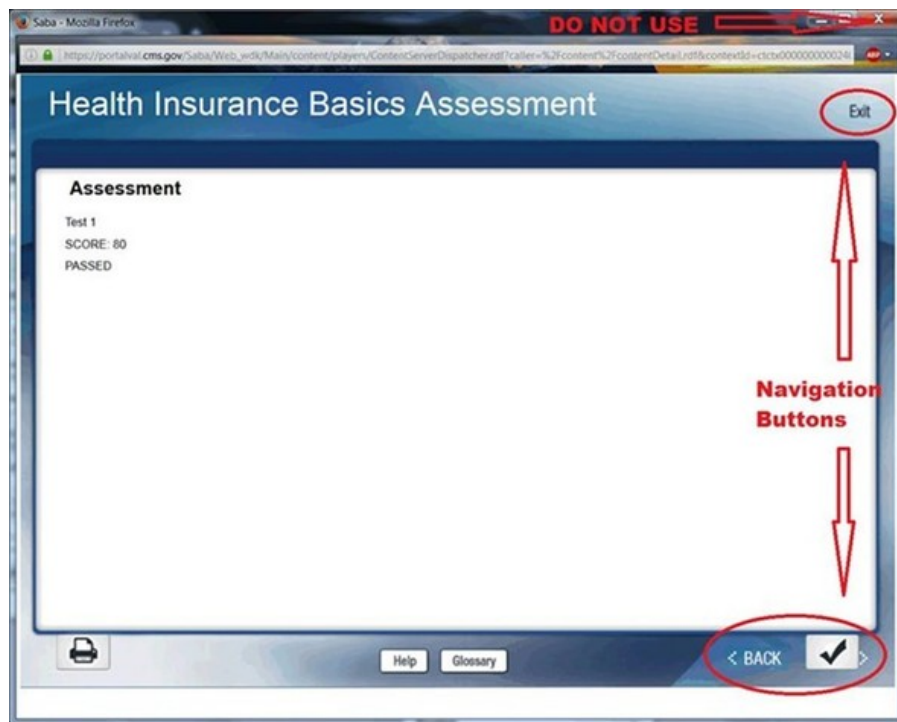
### **Save & Update When Logging In**

Upon logging into MLMS, Navigators need to click the SAVE & UPDATE button attempting to access the assister training. This step helps ensure users will see the correct training options after logging in.

### **Properly Exit the Course or Exam for the System to Record your Progress**

Please use the internal course navigation features and exit button, not the browser back or close buttons to navigate through course content. Use of the browser close (X) button to exit the course will suspend the content/exam and may cause the system not to track your progress. The following screenshot shows how to properly exit a course:





## Take Screen Shots When Completing a Course or Exam

A “best practice” is to save a screenshot for each course completion/screen score before hitting the Exit button, just in case it does not record as successful in the MLMS. The screen shot or picture will be used by the MLMS Help Desk team to manually complete courses so users will not have to retake them. Here’s some simple instructions:

To create a screenshot on a Windows computer:

1. If you are using a laptop hold down the Fn key (located on the lower left-hand side of most keyboards) and the PRNTSCRN key at the same time (usually located on the right-hand side of the top row of keys). If you are using a desktop, just use the PRNTSCRN key.
2. Save the screenshot, and then if necessary, paste the image into an email to the MLMS Help Desk.

To create a screenshot on a MAC Computer:

1. Hold down the Command, Shift, and 3 buttons at the same time.

2. Save the screenshot, and then if necessary, paste the image into an email to the MLMS Help Desk.

## **CMS Portal Password Reset and Security Questions**

To change your CMS portal password:

1. Visit the [CMS Enterprise Portal](#).
2. On the right side of the site, click on the Forgot Password link under the CMS Secure Portal pane.
3. Follow the on-screen instructions.
4. To recover your user ID, please repeat Steps 1 through 3.

Passwords must be changed at least every 180 days. It must be a minimum of 8 and a maximum of 20 characters. Passwords may be changed only once a day. It must contain at least 1 letter and 1 number, at least 1 upper case and 1 lower case letter, and may contain special characters. It should be different from any previous passwords used and it should not contain your User ID. The following special characters may not be used: ? < > ( ) ' " / \ &.

If you have been locked out of your account or cannot remember the answers to your security questions please contact the Exchange Operation Support Center (XOSC) at [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or 855-267-1515 [Monday-Friday, 9 AM- 6 PM ET].

## **Helpdesk Contact**

CMS Enterprise Portal Help Desk (MLMS Access / User ID / Password Reset)

- Phone: 855-267-1515
- Email: [CMS\\_FEPS@CMS.hhs.gov](mailto:CMS_FEPS@CMS.hhs.gov)

MLMS Help Desk (Curriculum / Certificate)

- Email: [MLMSHelpDesk@cms.hhs.gov](mailto:MLMSHelpDesk@cms.hhs.gov)

## **NEW Assister Resources**

### **Assister Training**

Content of Navigator training courses

- [Required for returning Navigators seeking recertification – English](#)
- [Optional for returning Navigators seeking recertification – English](#)
- [Required for new Navigators – English](#)
- [Optional for new Navigators – English](#)

Content of certified application counselor (CAC) training courses

- [Required for CACs – English](#)
- [Optional for CACs – English](#)

Other Resources

- [Plan Compare Job Aid – September 15, 2017](#)
- [Common Complex Scenarios: Consumers Who Receive an Offer of Employer-Sponsored Coverage – August 30, 2017 \(slides\)](#)

## **Standing Assister Resources: Helpful Links / Call Center Hours / Contact Us**

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](#)

- [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. Closed Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. CACs and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The dedicated 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 customer service support, including assisting employers and employees apply for and enroll in SHOP. 1-800-706-7893 (TTY: 711). Available M-F 9:00 am-7:00 pm EST. Closed New Year's Day, Martin Luther King Day, Memorial Day, July 3rd, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

## Stay in Touch

To sign up for the CMS Weekly 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 to see us highlight in our weekly webinar series or here in this newsletter please contact us.

- For HHS Navigator grantees—please get in touch with your Navigator Project Officer.
- For CAC Designated Organizations in FFM or SPM states—please send an email to [CACQuestions@cms.hhs.gov](mailto:CACQuestions@cms.hhs.gov).

Follow @HealthCaregov Twitter with the hashtag #ACAassisters for updates, reminders, and

new publications for assisters.

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.

