Centers for Medicare & Medicaid Services
Transcript: Assister Technical Assistance Webinar
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Contents

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Welcome

Good afternoon. Welcome to today's assister webinar. My name is Everett Smith, with the CMS Consumer Support Group. Before we start today's presentation I would like to go over some technical details with you. All lines have been muted so that everyone can have a good learning experience. If you are listening through your computer speakers and have any audio issues of if your slides don't appear to be advancing, please try to refresh the webinar. Press the refresh icon that looks like two arrows. It's the third icon in the row, near the volume bar. If you continue to have issues, try to log out and back in again. Sometimes that helps. If you'd like to ask a question during the presentation, please do so by typing in the tab on the screen. Now I'll turn our webinar over to Ms. Sarah Barber. Please, Sarah, please go ahead.

Good afternoon everyone. Thank you for joining us today and welcome to our biweekly assister call. My name is Sarah Barber, and I am the Acting Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder this call is intended as technical assistance for assisters, this call is not intended for press purposes and is not on the record. If you're a member of the press please email our press office at press@cms.hhs.gov. Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

We also want to remind everyone the webinars are recorded and posted online. Please visit Marketplace.cms.gov to access past presentation material, written transcripts, and video slideshow presentations. We will continue to update the list with material from our weekly assister webinars as they become available.

Today our webinar will include two presentations from our colleagues right here in our own Consumer Support Group. Today's presentation will include important information about assister conflict of interest requirements, and a complex case on pregnancy, prenatal care, and newborn coverage options.

Before we get started with our presentation, I am going to turn it over to Michelle Koltov, from our Consumer Support Group who will provide Marketplace updates and moderate the rest of today's webinar. As a reminder, if you have any questions please feel free to submit them to the webinar chat feature. Michelle?

Marketplace Updates

New Resource on Appeals

Thanks so much Sarah. For our first Marketplace update, we wanted to let you know about a new resource on appeals that we released yesterday. Consumers who don't agree with the decision by the Marketplace or by their health insurance plan may be appeal that decision. CMS released a new resource for assisters to help advise consumers on which decisions they can appeal and how to appeal certain decisions depending on who made the decision, the Marketplace or their home insurance plan.

You can find this resource on Marketplace.cms.gov under the appeals tab in the technical assistance resource section or you can find it by clicking at the link on your screen and will provide a direct link to the resource in next week's assister newsletter.

Assister Conflict of Interest Requirements

Now, let's get started with our main presentations for today. First we have a presentation from Emily Ames from our Consumer Support Group on assister conflict of interest requirements. I'll be monitoring the questions that you all submit, and asking questions during Emily's presentation. Emily?

Thank you so much. Today we will go over the conflict of interest requirements that apply to you as assisters. Just a quick note about this presentation, it is basically an overview of the conflict of interest guidance that we published in May. We included a link in that to that in the webinar invitation there's also a link at the end of this presentation that you can check out. We will be posting these slides so we will let you know about that in an upcoming webinar.

As always, you should refer to the applicable regulations and statutes for current and complete information about the assister requirements that apply to you.

We will go through the conflict of interest requirements for Navigators, in-person assisters, and CACs. This applies in FFMs including State Partnership Marketplaces.

These requirements are designed to ensure that assisters provide unbiased outreach and enrollment help, fair accurate and impartial information and avoid steering consumers toward a certain plan. We want to be sure that assisters don't have relationships that could interfere with any of this.

So first we will go over the requirements for Navigators and IPA's and we will talk about the CAC requirements afterward, they're slightly different. These conflict of interest requirements apply to individual Navigators and IPAs and to Navigator and IPA organizations. This includes both staff and volunteers of a Navigator or IPA organization who perform work related to Navigator or IPA program activities or perform Navigator or IPA services. It also Includes sub grantees and subcontractors of a Navigator or IPA organization and the same thing it's about performing work related to these assister activities or performing assister services. It also applies to anyone working for a Navigator or organization who is supervising these assister activities. Even if they are not actually performing on the ground application or enrollment assistance. And finally it applies to anyone working for Navigator or IPA organizations who is working on assister outreach and education activities.

Can I jump in and ask a question? Would these requirements apply to student volunteers working an event and handing out fliers, what about if they are not actually certified as a Navigator or IPA?

Good question. If a volunteer is working for a Navigator or IPA organization, if you look at the first bullet, yes, this person would have to comply with conflict of interest requirements if they are performing work related to Navigator program. It sounds like a student volunteer handing out flyers and outreach event is performing work related to the Navigator program and would have to comply with these requirements.

How about, a Navigator program manager who is participating in a radio interview about upcoming open enrollment activities?

Yes, if she's a Navigator program manager, she's obviously supervising the Navigator program and she would have to comply these requirements and if she's doing a radio interview on open enrollments, she's also performing outreach and education about her organizations assister program. Even If she weren't supervising the program she would have to comply under that last bullet that you see on the slide.

So next, who do these requirements not apply to? They don't apply to people who are in no way involved with the organizations Navigator or IPA program, so these people don't have to comply with the conflict of interest requirements.

Another question. Let's say someone is working at a Navigator grantee organization and has some marketing and outreach responsibilities. One of which is to help oversee the marketing outreach activities related to the Navigator program. But, he is just overseeing it, he's not involved in the day to day decision making. Would he have to comply with the Navigator conflict interest requirements?

Yes. If he is overseeing the marketing and outreach work for his organization's Navigator program, he is working on the program so he would have to comply.

What about someone who is on an advisory board as a Navigator grantee, she recuses herself from board discussions as the organization works on the grant and has no oversight or decision-making authority over the organizations Navigator program, would she also have to comply with these requirements?

If she has no connection with the organization's Navigator, program, she's recusing herself, no she would not have to comply with the conflict of interest requirements.

Anyone subject to these conflict of interest requirements has to provide information and services in a fair, accurate and impartial manner. This slide details some of the duties included in that, the key thing I want to focus on here is at the bottom, these assisters have a duty to provide information to consumers about a full range of QHP options that they are eligible for. As well as information about Medicaid CHIP, APTC, CSR if the consumer is eligible for those programs. They have to provide this information fairly, accurately, and impartially.

Another question. What if the assister is working in the state where there is only one issuer? How can they still be sure the actually providing information about the options for this one issuer providing QHPs?

Good question and we get that question a lot. If there's only one issuer in your state, you can still be fair accurate and impartial by sharing information about all of the plans that are available through that issuer and about Medicaid CHIP, APTC and CSR if the consumer you're helping is eligible for those programs.

And another question, since we are talking about issuers. Are assisters allowed to work with issuers and invite them to events while still remaining fair and impartial and again if there is a situation where there's only one issuer from the state?

Navigators can absolutely invite issuers in their area to share information, or attend education sessions about their plan benefits, completely fine as long as you invite all of the issuers in your Marketplace service area. Even if they don't all show up, make sure you invite them all. As long as you follow all of the applicable conflict of interest requirements. If there's only one issuer in your state, just ask that issuer to share information about the full range of the QHP options and be sure you're discussing Medicaid and CHIP as well.

Here we get to relationships that are prohibited for Navigators and IPAs. Because of their potential to cause a conflict of interest. These prohibitions apply to anyone or any organization performing Navigator or IPA services or performing work related to those assister activities for an assister organization. First, Navigators and IPAs cannot be a health insurance issuer or stop-loss insurance issuer. For example a company that sells QHPs is not eligible to receive a Navigator grant. You can't be a subsidiary of health insurance issuer or stop-loss issuer. For example, a company that's owned or controlled by a company selling QHPs can also not receive a Navigator grant. Third, you can't be in association that includes members of or lobbies on behalf of the insurance industry. An association that represents insurance companies cannot operate as a Navigator or an IPA. Finally, this is the one that might come up the most. We will talk more about this piece later. You cannot receive direct or indirect consideration including any form of compensation. This includes money, but not just money. From health the insurance issuer or stop-loss issuer in connection with enrolling any consumer in a QHP or non-QHP. The easiest example is an agent broker who is paid a commission for enrolling consumers into QHPs. This person is not eligible to work as a Navigator or IPA. One thing I want to flag here, is that healthcare providers are not prohibited from being assisters just because they receive payments from an issuer for providing healthcare services. This is something that would have to be disclosed and we'll talk about what that means in a minute.

I have a question, you mentioned QHP and a non-QHP. What is a non-QHP?

By QHP or non-QHP we just mean health insurance plan that are sold inside or outside the Marketplace. If a health insurance issuer is not selling Marketplace plans but is selling health insurance outside the Marketplace you still cannot receive consideration from them in connection with enrolling consumers into their plans.

There's an attestation that Navigators and IPA organizations have to make in writing that the organization itself and anyone performing work related to the organization's assister activities or who performs assister services for the organization does not have any of the four prohibited relationships. Before making this attestation its important organizations carefully evaluate the relationships of anyone working on the assister program. CMS Navigator grant applicants have to make the attestation during the grant application process.

There are several relationships that aren't prohibited but if Navigator or IPA organization has them, anyone working on the organizations assister program, the Navigator or IPA have to disclose these relationships to the Marketplace and in plain language to every customer that you assist. Generally the disclosure to the Marketplace will be made by the organization itself. If you are an individual Navigator, for example and you have relationships on the next light, just be sure your organization knows and your organization has to report to the Marketplace. If they haven't done it already they should reach out to the project officer about how to do that. You the individual Navigator have to report it to every consumer you help but it's not prohibited, it's just something you have to make sure people know about.

These are the non-prohibited relationships that have to be disclosed. The first is any non-prohibited lines of insurance business that you or your organization intend to sell while working on the Navigator or IPA program. If you're selling health insurance, that's prohibited. If you have a part-time job in your selling car insurance, or renters insurance, that is totally fine, you just would just have to disclose this information to the Marketplace and to every consumer that you help as a Navigator or IPA. If you are currently employed by a health insurance issuer or stop-loss issuer or subsidiary or if you've been with the last five years, this has to be disclosed. The same if your spouse or domestic partner is currently employed by one of these entities. If you are currently employed selling health insurance that is prohibited but there are certain kinds of employment relationships with issuers that are actually permitted and we'll talk more about that in a little bit and you will just have to disclose those relationships. And the third is any non-prohibited financial business or contractual relationships that you or your organization have with the health insurance issuer or stop-loss issuer or a subsidiary. This includes both existing and anticipated relationships.

So, Can a Navigator, for example, I know they can't sell health insurance, but can they sell life insurance?

Yes. Not on Navigator time. But if they have a part-time job selling life insurance, that's fine, they just have to disclose it.

All Navigator and IPA organizations have to submit to the Marketplace a written plan on how they will remain free of prohibited conflicts of interest while carrying out their Navigator or IPA duties. Depending on the specific circumstances, the Marketplace might require an organization to update this plan or to increase specific topics or mitigation strategies in it. One thing you might want to

talk about is the specific measures you would take to ensure that anyone with a prohibited conflict of interest is fully screened from your Navigator or IPA program.

Next we'll talk about the conflict of interest requirements that apply to CACs. Some of these are the same and I'll move more quickly through the ones that repeat. But I want to point out some differences.

Again these requirements apply to both individual CAC and CAC organizations. This includes all staff and volunteers certified by a CAC organization to perform CAC services including certified CAC staff and volunteers engaged in outreach and education activities. Of course CACs, they are not required to perform outreach and education - they are permitted to. If you are a CAC doing outreach, that's great. But these requirements do apply to you.

It also includes anyone performing work related to the CAC program activities on the CACs organization's behalf. Even if they are not performing on the ground application or enrollment assistance. Anyone supervising CAC program activities would also have to comply with these requirements. Like with Navigators and IPAs these requirements do not apply to people who are working for a CAC organization who are in no way involved with the CAC program.

Another requirement that's the same, anyone subject to the CAC conflict of interest requirements has to provide fair accurate and impartial information to consumers they also have to provide information about the full range of QHP options, Medicaid, CHIP, APTC and CSR. In addition, CACs are required to act in the best interest of the applicants they are helping.

The prohibited conflicts of interest are little shorter for CACs but you should recognize this from earlier. Anyone subject to the CAC conflict of interest requirement cannot receive direct or indirect consideration including any form of compensation from a health insurance issuer or stop-loss issuer in connection with enrolling consumers in a QHP or non-QHP. We do interpret this to mean that s health insurance issuer or stop-loss issuer is prohibited from serving as a CAC designated organization since these entities receive compensation in connection with enrolling consumers into health plans.

Also an agent or broker who currently receiving commission or salary from enrolling consumers into health plans cannot serve as a CAC.

Here's the CAC disclosure requirement. Anyone certified as a CAC must disclose to the CAC organization and every consumer the CAC assists any non-prohibited relationships they have with QHPs Medicaid CHIP or other potential non-prohibited conflicts of interest.

What if a CAC organization is healthcare provider that contracts with a Medicaid managed care organization to receive payment for the healthcare services they provide?

That's totally fine. That is not prohibited conflict. To be a provider contracting with an MCO and also be a CAC organization, this relationship would have to be disclosed to every consumer assisted since its potential non-prohibited conflict of interest.

Next we'll talk more in depth about the prohibition on compensation and other considerations.

Everyone in an FFM performing assister services or performing work related to an assister program activity including supervising those and the organizations themselves are prohibited from receiving any

consideration from a health insurance issuer or stop-loss issuer in connection with enrolling consumers into a QHP or non-QHP. We will call this the prohibition on compensation.

What does this really mean?

Prohibited compensation would include monetary or financial compensation or in-kind compensation of any type including grants as well as any other type of influence that an issuer could use so gifts or free travel, anything that creates an incentive for an assister to steer consumers toward a particular QHP or non-QHP. This does not include compensation received from an issuer that is not in connection with enrolling consumers into health plans.

What if an issuer was to offer to provide food at an assisters upcoming enrollment event, is that allowed?

Not at an enrollment event because it would be a gift from an issuer that's in connection with enrolling consumers into health plans. As an example, it's fine for an assister organization host an annual fundraising events sponsored by an issuer. Sometimes we know issuers will sponsor an organization annual walk or annual dinner. That's fine as long as the funds raised are not allocated to the assister organization application and enrollment activities, and as long as application and enrollment activities, or issuer marketing activities, are not performed during the fundraising event. As long as those criteria are met we wouldn't consider the issuer sponsorship of the fundraising event to be prohibited compensation.

Our final topic, we are having a quiz after this but this is our last topic. We'll talk more in depth about our, the staff members and issuers may or may not be permitted to serve as assisters.

Even though issuers cannot be assister organizations, people who are staff members might be interested in serving as assisters. If they otherwise meet eligibility requirements, these people can become Navigators, CACs, or IPAs, in an FFM and perform work related programs activities as long as any direct or indirect compensation they might receive from the issuer is not in connection with enrolling consumers into a QHP or non-QHP. So these are some activities that would prohibit issuers staff members from becoming assisters. An actively licensed agent employed by an issuer. As we said, agents are ineligible to become assisters if they are receiving commission or salary in connection with enrolling consumers in a health plan.

Another prohibited type of staff member would be someone who's a marketing or outreach strategy consultant. Who may be under contract with an issuer. This is because there is a strong connection between marketing the issuers health plans and enrolling consumers into those plans. This person would not be eligible to become an assister if they receive compensation from the issuer for this work.

Another prohibited type staff member would be someone employed by an issuer as a customer service representative or a member services representative. This is because the person is receiving a salary or wages from the issuer for answer questions from consumers about their enrollment or potential enrollment in a health plans. This person would be ineligible to become an assister if they are receiving compensation from the issuer for this work.

On the next slide we have activities that would not prohibit issuer staff members from becoming assisters or performing work related to an assister's program activities.

This again would be issuer staff members whose activities and compensation are not connected with enrolling consumers. This might include administrative assistants, facilities managers, or nurses or social workers who are performing case management or care coordination work.

In your example, will these people have to disclose their relationship with the issuer and or consumers?

Yes. That's a good point. These aren't prohibited relationships but they are current relationships so yes. They would have to disclose that work.

Now we will have a short quiz. Type your answers into the chat box so we can see if you are on the right track.

The first question is: My spouse works for an insurance issuer. Can I still be an assister? I'll give people a minute. Please type your answer into the chat box, and we will see what folks think.

Someone says no, and there are a lot of yeses, must disclose. You guys are great. You are right. It's totally fine as long as the relationship is disclosed.

Can an assister organization receive a grant or other funds from health insurance issuer for activities that are not connected with enrollment in a QHP or non-QHP? Type your answers into the chat box.

I see a lot of yeses. That's totally right. It's completely fine for an organization to receive funding from an issuer for activities that not connected with enrollment in a health plan as long as the funding is disclosed to each consumer assisted and if it's a Navigator or IPA organization also to the Marketplace.

Last question: Can I invite health insurance issuers to share plan information with consumers or with my organization's assisters? Go ahead and put your answer in the checkbox.

I'm seeing some yeses, as long as all issuers are invited. Totally right. You guys are killing it. This is right. It is fine to invite issuers in your area to share information or attend education sessions about plan benefits and details, as long as you invite all issuers in your Marketplace service area, and as long as you follow all of the applicable conflict of interest requirements.

That's it. Thank you for your participation. On this last slide we have some resources. The first bullet is our conflict of interest guidance which has all the information we went over in this presentation. And a couple extra Q&A's too. The second is our guidance on working with agents and brokers which is closely related to this topic so I wanted to include it and you should definitely check that out if you have any questions about how to work with agents and brokers in your community. With that, I will turn it back over to Michelle.

Complex Case: Pregnancy, Prenatal Care, and Newborn Coverage Options

Thank you Emily and thank you everyone for your quiz participation. That was awesome. Next we will move on to our next presentation. We are joined by Laura Humber to present a complex case scenario on how to help consumers evaluate options for themselves and their newborn. Laura?

Thanks Michelle. When helping consumers with eligibility and enrollment, assisters may encounter complex situations. This week we will present a common complex scenario involving a consumer who is single, pregnant, uninsured, and wondering what coverage options are available to her. In today's agenda we will cover Medicaid and CHIP coverage for pregnant women and after pregnancy, Marketplace plan, parent health insurance plan, newborn coverage options and finding the coverage for the whole family.

Let's get started. In today's scenario you will meet Macy and her boyfriend Sam. Macy is expecting her first child. She doesn't have health insurance and wants to know what her options are so that she can receive prenatal care and health care for her baby once she is born.

Let's meet Macy and Sam. As I mentioned, she's 21 years old and expecting her first child she works as a waitress and makes $16,200 a year. She does not have an offer of health insurance from her job. Macy lives with her boyfriend Sam. He is 22 works at a coffee shop and makes about $13,000 a year. He also does not have an offer of health insurance from his job. What health coverage options are available to Macy and Sam?

Let's look at Macy's possible coverage options. For expectant mothers under 26 years old without employer coverage the following options are available as possible coverage options: Medicaid, CHIP, Marketplace, and a parent's health insurance plan. Let's learn about Medicaid coverage in general and for Medicaid coverage pregnant women. Unlike Marketplace coverage there's no open enrollment for Medicaid or CHIP. If the consumer qualifies his or her will generally be effective on the day of the application. Beneficiaries may be eligible for coverage of qualifying unpaid medical expenses for up to three months prior to the date of the application, regardless of when they apply. Eligibility for Medicaid or CHIP depends on the state where consumers resident as well as income and certain demographic factors. The following table shows the national range of household income and eligibility threshold for Medicaid and CHIP based on some eligibility groups to which someone like Macy might belong. National income eligibility level can have a considerably large range so it's important for consumers to contact their state Medicaid and CHIP offices to find out if they may be eligible for coverage based on their state's eligibility requirements.

On this slide you can see a table of the national range for State Medicaid and CHIP income eligibility thresholds. There is a lot of variation between state eligibility standards and benefits they have to offer pregnant women so consumers should contact their state Medicaid and CHIP offices for more information. But here is some general information on that variability.

For consumers that are interested in Medicaid and CHIP during their pregnancy, all states cover pregnant women but at different income thresholds. Since Macy is pregnant and only earns $16,200 a year, which is about 136% of the FPL, she is likely based on her national range to be eligible for Medicaid coverage as pregnant women. States vary in the type of Medicaid coverage they offer pregnant women. A State may provide all pregnant women with full Medicaid coverage or they may only provide full coverage to below a certain income level and may limit coverage for pregnant women above that threshold to those pregnancy related services.

Depending on the state, pregnancy related coverage may or may not be considered MEC. If a pregnant women lives in a state where pregnancy-related Medicaid coverage is not considered MEC, she may have to pay the penalty for being uninsured that is unless she's eligible for an exemption. Fortunately in

our scenario, Macy lives in a state that considers pregnancy-related Medicaid coverage to be MEC, so she will not be subject to the penalty.

Someone considering Medicaid or CHIP coverage during pregnancy should keep in mind there are different levels of coverage. Typically the states provide pregnancy related care will cover all costs related to pregnancy, labor, delivery and complications that make occur during the pregnancy and postpartum care for 60 days after giving birth.

You want to note that a consumer who is lives in a state that only provides pregnant women coverage for pregnancy related services may be eligible for full Medicaid coverage as a part of a different coverage group, such as being disabled.

Eligibility standards and benefits for pregnant women vary depending on the state so consumers should contact their state Medicaid and CHIP offices for more information.

The following links provide consumers with more information regarding Medicaid and CHIP eligibility and benefit to pregnant women. While these links provide useful information keep in mind that consumers need to complete an application and submit it to the Marketplace for Medicaid or CHIP agency om their state to know for sure what coverage they are eligible for.

There's only one single streamline application that consumers need to complete and will be accepted by the Marketplace and Medicaid or CHIP agency.

Medicaid/CHIP coverage continued. After pregnancy ends; Macy will remain eligible for pregnancy-related Medicaid through the end of the month in which the 60-day postpartum period ends. Macy may no longer be eligible for Medicaid coverage after the postpartum period because she is no longer pregnant and: (1) her income is too high to qualify for Medicaid under the new adult group in a state that has expanded Medicaid; or (2) her state has not expanded Medicaid and she is not found eligible under another group. On the other hand, Macy could possibly remain eligible for Medicaid even after the 60 day postpartum period. Once her Medicaid coverage comes to an end and a pregnant woman, she should inform the Medicaid agency and they may find she is eligible under a different status. Even if Macy does not live in a state that has expanded Medicaid to individuals with household incomes at or below 138% of FPL, she may still qualify for Medicaid coverage (as for example, a parent with dependents or as a person with a disability). Eligibility requirements for Medicaid vary from state to state, so she should check with her state’s Medicaid agency.

Consumers who are not eligible to receive Medicaid coverage after the child is born may be able to find coverage in the Marketplace. Let's look at how Macy would be eligible to enroll in coverage outside of the Marketplace Open Enrollment Period. The open enrollment period for 2016 ended on January 31, 2016 so consumers will not be able to enroll again until November 1 2016 when the open enrollment period for 2017 coverage begins, unless they qualify for a Special Enrollment Period.

After the birth of a child, either Macy or Sam may be eligible for an SEP because they have added a new dependent to their household. Macy may qualify for an SEP based on her loss of MEC Medicaid. Macy or Sam would have 60 days from the date of birth to report gaining dependent and Macy would have 60 days to report her loss of MEC. Macy has two options for reporting her loss of MEC to qualify for the loss of MEC SEP. She can either report her loss of coverage up to 60 days in advance by starting an application for Marketplace coverage and indicating that she will lose MEC; or she can report her loss of

coverage after her Medicaid coverage ends if she chooses this option, she has up to 60 days after her coverage ends to enroll in coverage through the Marketplace.

Macy should be aware of key dates on transitioning from one type of coverage to another so she can prevent in a gap in coverage.

Let's just review the basics really fast. To prevent a gap in coverage, Macy should be aware of when her Medicaid coverage will end and when her Marketplace plan will begin. If Macy loses her Medicaid coverage, she may want to report her loss of coverage and enroll in a Marketplace plan prior to her coverage ending in order to be sure to avoid having a gap in her coverage. She can report her loss of MEC and select a Marketplace plan up to 60 days before the coverage ends. If she selects a plan on or before the date her coverage expires, her Marketplace coverage will be effective the first of the month after she enrolls in a plan, assuming Macy effectuates her coverage by paying her share of the plan premium. For example, if Macy knows her Medicaid coverage is ending on July 31 and she selects a Marketplace plan on July 14 and effectuates her coverage by paying her share of the plan premium, then her Marketplace coverage will begin on August 1.

Macy has until 60 days after the date on which she loses her Medicaid coverage to use the loss of coverage SEP to enroll in a Marketplace plan. If she selects a plan after the date on which she loses her Medicaid coverage, her coverage effective date will follow this rule (assuming she effectuates her coverage by paying her share of the plan premium). Plan selection on or before the 15th of the month: Her coverage will be effective the first of the month, following plan selection. Plan selection after the 15th of the month, the coverage will be effective the first of the following the month that she enrolls.

Macy has heard that financial assistance with the cost of Marketplace coverage may be available to consumers who enroll in the Marketplace plan. She would like to learn more. In most cases, consumers must have a household income between 100% and 400% of FPL to be eligible for financial assistance through the Marketplace. Certain immigrant consumers may be eligible for financial assistance through the Marketplace even if they have income under 100% FPL, if they are not eligible for Medicaid due to their immigration status. As long as Macy's household income is between 100% and 400% of the FPL and meets other eligibility criteria, she may qualify for financial assistance through the Marketplace. Consumers can learn more about how to calculate and report their income accurately on HealthCare.gov, using the following link.

Macy is interested in knowing more about what kind of coverage she will get if she signs up for a Marketplace plan. Especially the pregnancy related coverage. All Marketplace metal levels and catastrophic plans must provide coverage for essential health benefits, among these are maternity and newborn care. Let's take a closer look. All Marketplace plans must provide coverage for essential health benefits which includes certain services for pregnant women including maternity and newborn care, preventive and wellness services and chronic disease management. Breastfeeding support, supplies, and consultation services.

Consumers should keep in mind that the scope of coverage concerning pregnancy-related services, and all EHBs for that matter, is determined based on a benchmark approach that differs between states, and not all prenatal, maternal, newborn, or preventative services are required to be covered. Consumers who are pregnant or plan to become pregnant should review a plan's Summary of Benefits and Coverage for an overview of the plan's covered benefits and cost sharing.

Now that Macy has learned about the Marketplace coverage, she would like to know about the possibility of dependent coverage under her parent's plan. The Affordable Care Act requires health plans that provide for children dependent coverage, to allow them to remain enrolled under their parent's plan until their 26. If Macy already has coverage on her parents plan she can keep that coverage while pregnant but she may want to confirm with her parents plan that it includes maternity coverage for dependent children. Let's take a look at what her options would look like if she remains under her parent's plan.

Job-based coverage for dependents usually ends during the month of the child's 26th birthday but some plans may extend dependent coverage beyond then. Some states may require that plans extend coverage beyond the age of 26. Families who have a dependent who is turning 26 should check with the employer's plan, the employer's benefits manager, or the insurance company to find out exactly when the coverage will end. I the dependent is covered under their parent's Marketplace plan, the dependent can stay on their parent's plan until coverage ends December 31, 2016, even if the dependent turns 26 mid-year. *Keep in mind* that parents don't need to claim a young adult child as a tax dependent in order to enroll that young adult child in their job-based coverage. Dependent coverage most likely will not coverage grandchildren, though consumers can check with the plan to make sure that this is the case. Consumers who lose coverage that they've had through a parent's plan because they've turned 26 may qualify for an SEP to enroll in Marketplace coverage.

So let's fast-forward a few weeks, Macy and Sam have welcomed their new baby girl Ava into the family. Macy and Sam want to make sure that Ava will be covered. Let's see what their options are.

Babies like Ava who are born to pregnant women receiving Medicaid on the date of delivery are automatically eligible for Medicaid, these babies are known as "deemed newborns". Medicaid eligibility continues until the child's first birthday. Citizenship documentation is not required for these children to be eligible for Medicaid. If for some reason Macy was not receiving Medicaid on the date of Ava's birth, Macy and Sam can still apply for Medicaid coverage for Ava, and she will likely be eligible because of her household income. After Ava turns 1, she may still be eligible for Medicaid or CHIP based on her parent's household income; the state Medicaid agency will re-determine her eligibility. In general, the income threshold for children's eligibility in Medicaid and CHIP is higher than for adults, so Ava may be eligible for Medicaid or CHIP even if her parents aren't eligible for Medicaid. Table 2 shows the national range of household income eligibility threshold for Medicaid and CHIP by age.

No matter which parent claims Ava, Ava will likely be eligible to receive Medicaid or CHIP coverage after she turns one. If Ava's no longer eligible when she turns one, a Marketplace plan could good option. Consumers who lose qualifying coverage such as Medicaid coverage can qualify for an SEP and enroll in a Marketplace coverage plan.

Macy and Sam may want to enroll in a Marketplace coverage with Ava on one of the plans. Let's review important considerations first.

Sam and Macy will both have to qualify for an SEP to enroll in in Marketplace coverage and if they want to sign up outside the Marketplace open enrollment period. If Macy is enrolled in Medicaid coverage, she has until 60 days after she loses her Medicaid coverage to enroll in the Marketplace plan. This loss in MEC coverage will allow Macy to enroll in a Marketplace plan through a SEP. Since Macy was enrolled in Medicaid when she gave birth to Ava, Ava will remain eligible for Medicaid/CHIP because of her status as a deemed newborn. Sam would also need an SEP to enroll in Marketplace coverage if applying

outside of the Open Enrollment period. If Macy uses a loss of MEC SEP, this leaves Sam free to report the birth of the new child and enroll himself and Ava in a Marketplace plan. However, if Macy and Sam decide to take advantage of Ava's status as a deemed newborn and keep her enrolled in Medicaid, without eligibility for another SEP, Sam will not be able to enroll in a Marketplace plan until the next Marketplace Open Enrollment period in November. If Sam doesn't find another coverage option, he will have to pay the penalty for not being insured, unless he qualifies for an exemption. Now let's consider if Sam should enroll Ava in a Marketplace plan.

After Macy gives birth to baby Ava, Sam may be able to qualify for an SEP if he chooses to cover Ava under his health plan. The upside to claiming Ava as a dependent and enrolling her on his plan would be that Sam could qualify for an SEP and enroll in a Marketplace plan before the next open enrollment period. This way, the entire family would be able to sign up for health insurance. If Macy and Sam choose to keep Ava enrolled in Medicaid, Sam would not be eligible for the birth of a child SEP by enrolling himself and Ava in a Marketplace plan and would have to wait until the next open enrollment period to enroll in a Marketplace plan, unless he qualifies for another SEP. The downside of this situation would be the financial cost. If Ava is born while Macy is enrolled in Medicaid, Ava will be considered a deemed newborn. This eligibility for Medicaid means that Ava is eligible for MEC Medicaid until the age of one, and possible after depending on her state's eligibility requirements). Since she is eligible for MEC Medicaid, Ava would not be eligible to receive any financial assistance through the Marketplace. If Sam does decide to add Ava to his plan and qualifies for the SEP, he may still be able to qualify for financial assistance to help pay for the cost of coverage for himself, just not for Ava.

When can Sam and Ava's coverage start? If Sam chooses to enroll himself and Ava in a Marketplace plan together, he will have up to 60 days to report the birth of the child to the Marketplace and enroll himself and his child in coverage. Sam and Ava's coverage can start together either on the day of the baby's birth or later if he wants to contact the Marketplace Call Center. He can request that their coverage starts on the first of the month following the date of birth or their coverage starts following regular, prospective coverage effective dates. If you want to review the 15 of the month rule you can go back to Slide 13.

If Macy and Sam decide to keep Ava enrolled in Medicaid coverage Sam will not be able to enroll in a Marketplace plan until the next open enrollment period unless he qualifies for another SEP. However there is still the possibility that he could be eligible for Medicaid coverage depending on what state he and Macy live in. Let's learn more about his eligibility for Medicaid.

If Sam lives in a state that expanded Medicaid to cover non-elderly adults without dependent children with an income of 138% FPL or less, he may be able to qualify for coverage based on his income. If Sam lives in a state that did not expand Medicaid to cover the new adult group, he may not be eligible unless he belongs to a different eligibility group, like as a parent/caretaker relative if he lives with his child. However, please note that the income thresholds under this eligibility group are quite low in some states. For example, adults with dependent children living in Texas can only be eligible for Medicaid coverage under the parent/caretaker relative group if they have incomes at or below 15% of the FPL. Because Medicaid eligibility rules vary so significantly from state to state, Sam should contact his state Medicaid agency to understand his state's different eligibility requirements.

The following four slides [indiscernible] so please feel free to take a look at these as a Quick Reference once the presentation has been posted. Thank you for listening, and now let's get back to Michelle.

Q&A

We'll take some questions. We will start with questions from Emily's presentation on conflict of interest. One question, would a secretary for clerical person working for a Navigator or IPA need to comply with the conflict of interest requirements?

That's a good question. Probably not. If they're not connected to Navigator or IPA program, if it's a secretary and is to schedule appointments maybe she would be required to comply. But the test is really, if they are performing work related to the Navigator or IPA program activities or if they're performing Navigator or IPA services. So just a secretary at an organization that happens to have a Navigator program, no she would not, or he would not have to comply with these requirements.

I know we talked a little bit about a hospital being a CAC. Can a provider be an assister?

Yes, absolutely. Providers, they can definitely be an assister and the prohibition on receiving funds does not apply. Just because they are receiving funds for the provider services that they provide as a clinic, it is not prohibited as long as they disclose this information.

Where can assisters, CACs, and Navigators report possible conflicts of interest or unethical behavior that they may have observed?

If you're seeing any possible conflicts of interest or any unethical behavior, or any violation of assister duties please report it. You can call the call center to report it there. We also have a designated email address that you can report violation of assister duties, its assistercomplaints@CINS.HHS.gov.

Just to clarify is that the Marketplace Call Center that folks should call? Yes.

Another question. Can a CAC hold a life and casualty insurance license that is not associated with health insurance or QHP enrollment?

Yes. That's totally fine. You should disclose this to your organization and to the consumers you help. Because it's a potential non-prohibited conflict of interest. But, that's not a problem.

One last question. Someone asked if they were previously a consumer or customer service representative at an insurance company, prior to being hired at an FQHC where they are now a CAC would this be a conflict of interest in the situation and what should they do?

I think this would be a potential non-prohibited conflict of interest since they had an employment relationship with an issuer the last five years. Oh it doesn't say the time period. If it was in the last five years, disclose it. If it was a long time ago, that's probably fine.

That's it for the day. Thank you everyone for the questions you submitted to the chat feature and thank you for participating in our quiz today. We will follow up with additional answers in our upcoming newsletters and special thanks to our presenters Emily and Laura for joining us today.

A reminder, our next webinar is on Friday, September 30 at 2 PM. If you'd like to sign up for the CMS weekly newsletter listserv and whether imitation please send a request. And finally, thank you as always for all of your hard work and we hope you have a wonderful weekend.