Open Q&A Webinar Series

October 5, 2016

Center for Consumer Information and Insurance Oversight (CCIIO)

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Open Q&A Series for States

- The monthly webinar series provides states with the opportunity to ask questions about the Qualified Health Plan (QHP) Certification process, including QHP State review tools.
- The State webinar series will complement the Centers for Medicare & Medicaid Services' (CMS) twice-weekly issuer QHP webinar series.
  - States are invited to attend and listen to issuer webinars.
- State webinars will take place on the first Wednesday of each month from May – November, from 3:00 – 4:00 PM ET.
- CMS encourages States to submit questions in advance of each webinar to CMS_FEPS@cms.hhs.gov.

Agenda

- Marketplace Casework Overview for State Regulators
- Open Q&A

Marketplace Casework Overview for State Regulators

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Where to Seek Help for Common Issues- Experian Help Desk

- **Unsuccessful Verification of Identity:**
  - Prompted to contact Experian for assistance (all Marketplaces)
  - Unique reference ID provided to the consumer
    - Federally-facilitated Marketplace (FFM) format: 1967646 + Random Numbers
    - State-based Marketplace (SBM) format: 4 alphanumeric – 2 alphanumeric – 4 alphanumeric (e.g.ab12-c3-4def)
- **Experian Help Desk (1-866-578-5409):**
  - Monday through Friday from 8:30 a.m. to 10:00 p.m. ET
  - Saturday from 10:00 a.m. to 8:00 p.m. and Sunday from 11:00 a.m. to 8:00 p.m. ET
  - Not a resource for password resets or HealthCare.gov account issues.

Where to Seek Help for Common Issues- Marketplace Call Center

- **Account and Eligibility Matters:**
  - Difficulty completing a Marketplace application
  - Password resets
  - Unlocking HealthCare.gov accounts
- **Data Match Issues:**
  - Checking on the status of sent materials
- **Exemptions:**
  - Needing an exemption certificate number (ECN)
  - Checking on the status of an exemption request

Where to Seek Help for Common Issues- Marketplace Call Center (continued)

- **Special Enrollment Periods (SEPs)/Changes in Circumstance (CiC):**
  - Gaining/losing Minimum Essential Coverage (MEC)
  - Birth/adoption of child
  - Changes in annual income
  - Requesting plan termination
- **Plan Compare:**
  - Assistance reviewing available plans/costs
  - Identifying local assister resources in the community

Where to Seek Help for Common Issues- Marketplace Call Center (continued)

- **1095-A Tax Forms:**
  - Requests for reprints or non-receipt of forms
    - Consumers are encouraged to first check their HealthCare.gov My Account to retrieve copies of their forms.
  - Mailing address corrections
    - Request will be forwarded to a CMS contractor for review and handling.
  - Disagreement with coverage period or other information on the form
    - Consumers should first check with their issuer and see what enrollment periods/Advance Payment of the Premium Tax Credit (APTC) their issuer has on file.

Where to Seek Help for Common Issues- Marketplace Issuers

- **Issuer and Customer Relationship:**
  - Qualified Health Plan (QHP) issuers are typically in the best position to assist with addressing benefits and coverage issues.
  - QHP issuers have trained representatives available to assist the issuer's customers.
  - The Marketplace Call Center can provide plan contact information if needed.
    - Can also be found on My Account or plan materials (e.g. membership card).

Where to Seek Help for Common Issues- Marketplace Issuers (continued)

- **Enrollment Issues:**
  - Delayed enrollment processing
  - Requests for earlier termination dates than the Marketplace has awarded
  - Incorrect application of APTC and/or Cost Sharing Reduction (CSR)
- **Benefit Coverage:**
  - Questions about coverage and formularies
  - Difficulty finding a network provider
  - Excessive cost-sharing being charged
  - Claims processing
  - Internal claims appeals and external review

Where to Seek Help for Common Issues- Eligibility Appeals

- **Consumers can appeal most Marketplace decisions within 90 days of the decision:**
  - Eligibility to buy a plan through the Marketplace (including catastrophic)
  - Eligibility for special enrollment period (SEP)
  - Eligibility for lower costs based on consumers' income
  - The amount of savings consumers are eligible for
  - Eligibility for Medicaid or Children's Health Insurance Program (CHIP)
  - Eligibility for an exemption from individual responsibility requirement
- **How to check on status:**
  - Consumer can call 1-855-231-1751 (TTY 855-899-4325)
- **Requests for retroactive terminations are not appealable.**

What Is Casework?

- **Matters received by the Marketplace Call Center or CMS directly where:**
  - Research is needed by CMS, a CMS contractor or issuer.
  - Issues requiring CMS review (e.g. exceptional circumstance SEP requests).
  - Consumers indicate the consumer has unsuccessfully first sought resolution with the consumer's issuer.

How Is Casework Managed?

- **Cases are recorded in CMS' Health Insurance Casework System (HICS):**
  - Assigned to the applicable entity for review.
    - o CMS, contractor and/or issuer.
    - o Most cases are assigned to issuers.
  - Consumers informed of resolution, appeal rights (if any) and next steps.
  - Health Insurance Marketplace Call Center can provide status of most HICS cases.

CMS Casework Responsibilities

- **Approving/denying exceptional circumstance SEPs.**
- **Resolving complex cases, including 1095-A issues.**
- **Monitoring issuer cases:**
  - Providing technical assistance and helping issuers with their cases.
  - Reviewing issuer casework volume, age of cases and trends.

What Else Is There to Know About Casework?

- **Consumers may receive follow-up telephone calls to learn more about their case:**
  - If a consumer does not receive a call, it does not mean that the case is not being reviewed.
- **Resolution times vary depending on the nature of the issue, current volume and urgency:**
  - Urgent medical need cases are expedited.
- **Casework is the "last resort":**
  - Consumers/assisters should work through available resources, including their issuer when applicable, before looking to the casework process as a solution.

Tips for Helping Consumers

- **Encourage consumers to work closely with their issuer to resolve problems before turning to the Call Center.**
- **Help consumers review and understand Marketplace notices.**
- **Encourage consumers to enroll early during the Open Enrollment (OE) period:**
  - Allows issuers maximum time to process enrollment.
  - Carefully review plan networks before enrolling.
- **Help consumers give the Call Center as much information as possible:**
  - Can expedite action if casework is needed.

Resources

- **Identity Proofing:**
  - https://marketplace.cms.gov/technical-assistance-resources/application-eligibility-and-enrollment-faqs.pdf
- **How to File an Eligibility Appeal:**
  - https://www.healthcare.gov/marketplace-appeals
    - Appeal forms vary by state; expedited requests can be made
- **Benefit Coverage Appeals:**
  - https://www.healthcare.gov/appeal-insurance-company-decision/
- **Understanding 1095-A Forms:**
  - https://www.healthcare.gov/taxes/how-coverage-affects-taxes

Gaining HICS Access-New User

- CMS supports transparency with regard to allowing State Regulators to access CMS' casework system (HICS).
- For individuals without an active four-character User ID issued through CMS' Enterprise User Administration (EUA) system, download the Application for Access to CMS Computer Systems form:
  - http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf

Gaining HICS Access-New User (continued)

- **Legibly complete the Form:**
  - **Section 1**: Check “Connect” as the type of request.
  - **Section 2**: Check “State Agency” and complete the data entry fields, where applicable.
  - **Section 4**: Check the first row beneath the "Default Non-CMS Employee” row, i.e., place a check in the Connect box of the third row. On the blank line beside your check mark, write "HICS_State_User."
  - **Section 5**: State briefly that you require access to HICS for state casework activities.
  - **Section 6**: Leave blank.
  - Sign and date the Privacy Act Statement on page 3 of the form. Enter your name and Social Security Number at the top of page 3. This step is critical to ensuring the successful processing of your request.

Gaining HICS Access-New User (continued)

- **Submit the original (not a copy) user access form via traceable carrier to:**

  CMS -Center for Consumer Information & Insurance Oversight Room 739H; Attn: Lapreea Gary, 200 Independence Avenue, SW, Washington, DC 20201

- **On each form, please ensure that it includes the date, the individual's social security number (required) and the individual's "wet" signature:**
  - **Requests will not be processed without completing these steps.**
- **Allow up to four weeks for processing.**
- **After credentials are sent, the initial default password will be available for 48 hours:**
  - **To prevent the locking of a new account, please log into EUA at https://eua.cms.gov and change the password upon receipt of the new User ID.**
  - **To maintain access, change passwords every 60 days. Complete security awareness training and annual re-certification when requested.**

Gaining HICS Access-Existing User

- Log on to EUA using your existing credentials (https://eua.cms.gov):
  - Go to “Request Profiles”.
  - Select “HICS_State_User”.
  - Provide Justification.
  - Submit Request.
- Allow up to one week for processing.
- Call CMS IT Help Desk for password resets (1-800-562-1963).

Feedback

- **What do you hear?**
- **What do you see?**
- **What are we doing better?**
- **How can we improve?**

Questions

Please help us provide an accurate response by identifying your State when asking a question.

To submit or withdraw questions by phone:

- **To submit a question, dial 'star(*) pound(#)' on your phone's keypad.**
- **To withdraw a question, dial 'star(*) pound(#)' on your phone's keypad.**

To submit questions by webinar:

- **Type your question in the text box under the 'Q&A' tab and click 'Send.'**

If you are not able to ask your question during today's session, or if your question is best answered by subject matter experts (SMEs) outside Plan Management (PM), you may submit it via CMS_FEPS@cms.hhs.gov with the subject line "State Question."

Closing Remarks