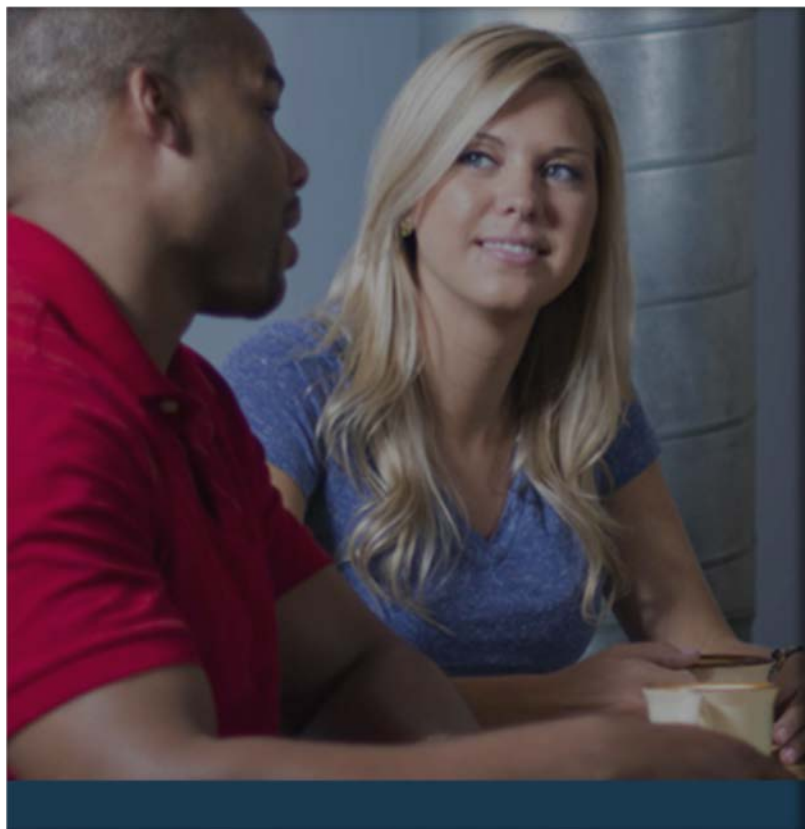




Marketplace 101



**Find health options
that meet your
needs and fit your
budget**

November 2017



Objectives

This session will help you

- Explain the Health Insurance Marketplace
- Define who might be eligible
- Define options for those with limited income
- Explain the enrollment process
- Provide information for people with Medicare
- Locate resources



What are Health Insurance Marketplaces?

- Created by the Patient Protection and Affordable Care Act
- Where qualified individuals and families can directly compare private health insurance options
 - Known as qualified health plans (QHPs)
 - Can directly compare on the basis of price, benefits, quality, and other factors
- Also known as Exchanges



How Health Insurance Marketplaces Work

- There's one process to determine eligibility for
 - Qualified health plans through the Marketplaces
 - Premium tax credits toward monthly premiums
 - Reduced cost sharing
 - Medicaid
 - Children's Health Insurance Program (CHIP)
- They offer choice of plans and levels of coverage



Marketplace Establishment

- Each state can decide to
 - Create and run a State-based Marketplace
 - Have a Marketplace operated by the federal government (Federally-Facilitated Marketplace)
 - Engage actively with the federal government in operating certain Marketplace functions (State-Partnership Marketplace)



Qualified Health Plans (QHPs)

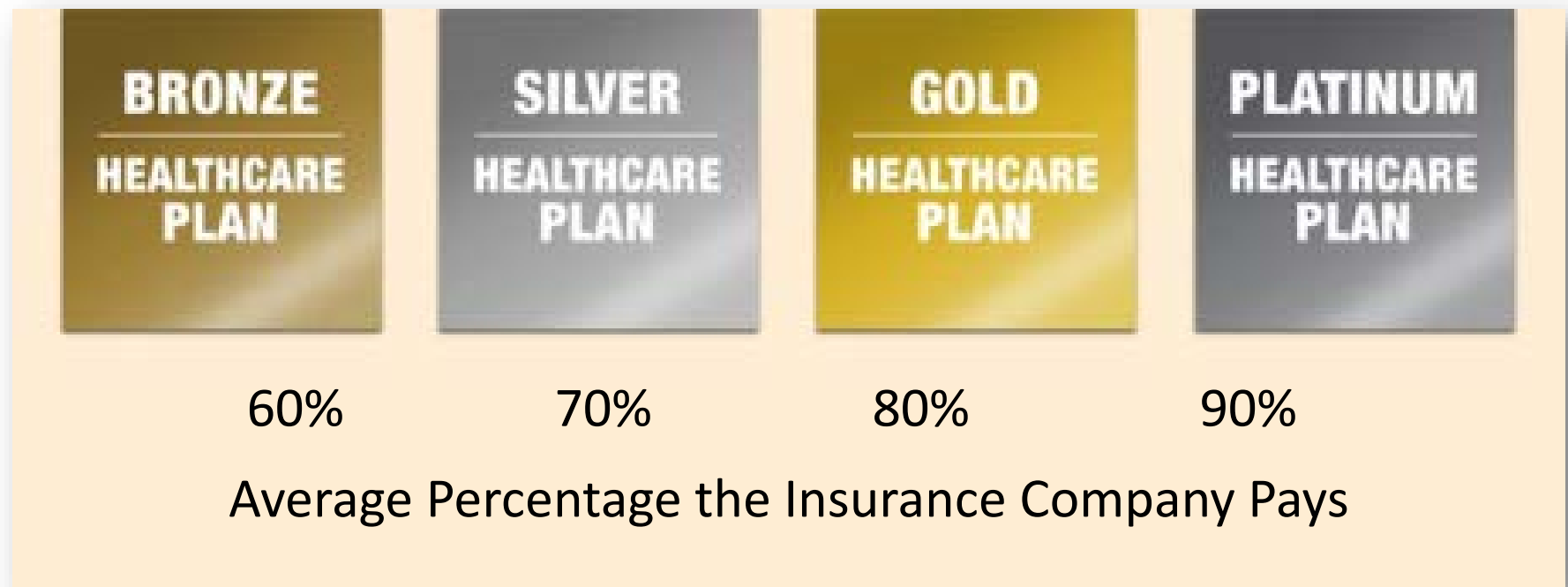
- A QHP
 - Is offered through the Marketplace by an issuer that's licensed by the state and in good standing
 - Covers essential health benefits
 - Is offered by an issuer that offers at least one plan at the “Silver” and one at the “Gold” plan category of actuarial value
 - Charges the same premium whether offered through a Marketplace or outside a Marketplace

Qualified Health Plans (QHPs) Cover Essential Health Benefits

- Essential health benefits include at least these 10 categories
 - Ambulatory patient services
 - Emergency services
 - Hospitalization
 - Maternity and newborn care
 - Mental health and substance use disorder services, including behavioral health treatment
 - Prescription drugs
 - Rehabilitative and habilitative services and devices
 - Laboratory services
 - Preventive and wellness services and chronic disease management
 - Pediatric services, including oral and vision care (pediatric oral services may be provided by stand-alone plan)



Health Plan Categories





Catastrophic Health Plans

- What is catastrophic coverage?
 - Plans with high deductibles and lower premiums
 - You pay all medical costs for covered care up to the annual limit or cost sharing for the plan year
 - Includes 3 primary care visits per year and certain recommended preventive services with no out-of-pocket costs
 - Protects you from high out-of-pocket costs
- Who is eligible?
 - Young adults under 30 at the time they enroll or those who qualify for a hardship exemption



Eligibility and Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
 - Be a resident of a state served by the Marketplace, and
 - Be a U.S. citizen, U.S. national, or a non-citizen who's lawfully present in the U.S. (and expected to be for the entire time coverage is sought), and
 - Not be incarcerated (other than incarceration pending disposition of charges)



Lower Premium Costs

- The premium tax credit may be taken as advance payments (APTC) paid directly to issuers toward monthly premium costs, or as a refundable credit on the tax return you file
- Eligibility for APTC is based on
 - Household income and family size
 - Household income between 100% to 400% FPL
 - \$24,600 – \$98,400 for a family of 4 in 2017 (higher in Alaska and Hawaii)
 - Not being eligible for other minimum essential coverage, and including most government-sponsored coverage, affordable employer-sponsored insurance that meets certain minimum standards, or certain other minimum essential coverage



Ways to Use a Premium Tax Credit

Choose to Get It Now:

Advance Payments of the Premium Tax Credit (APTC)

- All or some of the APTC is paid directly to your plan on a monthly basis
- You pay the difference between the monthly premium and APTC
- You reconcile the APTC when you file a tax return for the coverage year

Choose to Get It Later

- Don't request any advance payments
- You pay the entire monthly plan premium
- Claim the full amount on the tax return filed for the coverage year



Reporting Changes to Your Marketplace Application

- Check your Marketplace application throughout the year
- Report any changes to the information you've provided
- If you don't, you or your household tax filer could owe money when filing taxes
- If you get more premium tax credit than you are eligible for in a given year, you may owe money when filing taxes
- If you get less premium tax credit than you are eligible for in a given year, you may get money back when filing taxes.



Who's Eligible for Cost-Sharing Reductions?

- Lower out-of-pocket costs on deductibles, copayments, and coinsurance
- To be eligible, you must
 - Have income at or below 250% FPL
 - \$61,500 annually for a family of 4 in 2017 (higher in Alaska and Hawaii)
 - Be eligible for advance payments of the premium tax credit
 - Enroll in a Marketplace Silver-level plan, unless they're members of a Federally-recognized tribe
- Members of federally recognized Indian tribes
 - Don't have to pay cost-sharing if household income is at or below 300% of the federal poverty level (FPL), and they're eligible for advance payment of the premium tax credit
 - Up to around \$72,750 for a family of 4 in 2017 (\$90,960 in Alaska in 2017 and \$83,670 in Hawaii)
 - Don't have to enroll in a Silver-level plan



Medicaid Eligibility

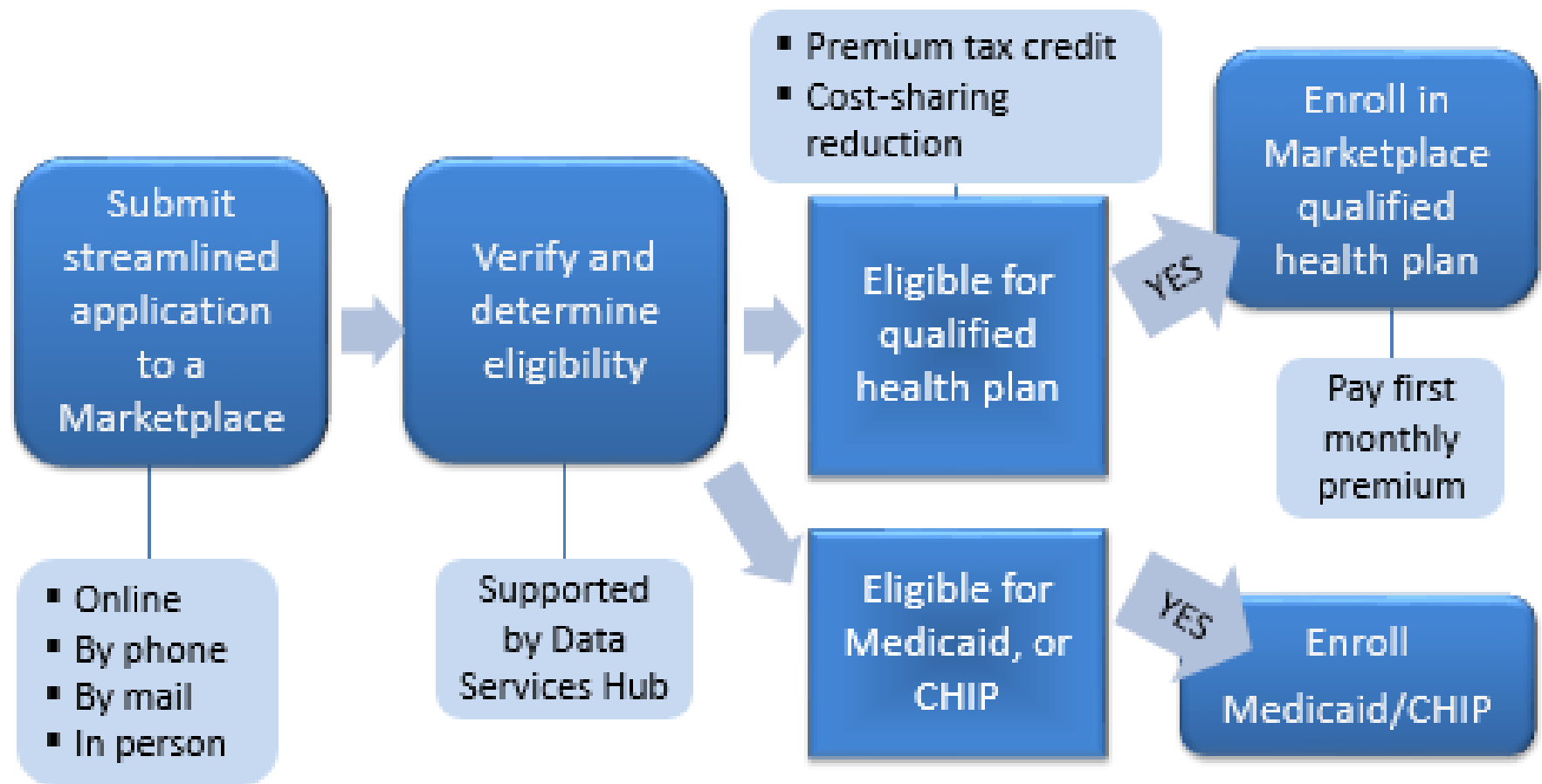
- Eligibility tied to groups specified under the federal Medicaid law
 - Pregnant women
 - Children
 - People with disabilities
 - Seniors
 - Parents and caretaker relatives
- States must cover certain groups, such as children and pregnant women, and have the option to cover other groups, such as childless adults
- Financial and non-financial requirements



Eligibility—Medicaid Expansion

- Patient Protection and Affordable Care Act's Eligibility Groups
 1. Adult group
 - 19-64 with income below 133% of FPL
 2. Former foster care group
 - Under 26 and enrolled in Medicaid while in foster care at 18 or “aged out” of foster care (no income test)
 3. Optional eligibility group for individuals with income above 133% of FPL
 - Under 65 with income above 133% of FPL
- 12-month eligibility period for most adults, parents, and children

Application and Eligibility



Everyone Must:

1. Have minimum essential coverage



They're already covered and don't need to do anything.

OR

2. Have an exemption from the shared responsibility payment (fee)

EXEMPT

They don't have to get coverage and won't have to pay a fee for not having coverage.

OR

3. Pay a fee
(shared responsibility payment)



They should consider getting coverage. If they don't, they'll pay a fee.



1. What is Minimum Essential Coverage?

- If you have coverage from any of the following, you're covered and **don't have to do anything**
 - Employer-sponsored coverage, including COBRA and retiree
 - Individual coverage (outside the Marketplace)
 - Marketplace coverage
 - Medicare (Part A) and Medicare Advantage Plans
 - Most Medicaid coverage
 - Children's Health Insurance Program (CHIP) coverage
 - Certain veteran's health coverage (from the VA)



What is Minimum Essential Coverage? Continued

- Most types of TRICARE coverage
- Coverage provided to Peace Corp volunteers
- Coverage under the Nonappropriated Fund Health Benefit Program
- Refugee Medical Assistance supported by the Administration for Children and Families
- Self-funded health coverage offered to students by universities
- State high-risk pools
- Other coverage recognized by the Secretary of DHHS

2. Who is Eligible for an Exemption?

- You are eligible to receive an exemption if you
 - Are a member of a recognized religious sect with religious objections to insurance
 - Are a member of a recognized health care sharing ministry
 - Are a member of a federally recognized tribe or eligible for services through an Indian Health Services provider
 - Don't make the minimum income required to file taxes





Who is Eligible for an Exemption? Continued

- You may be eligible for an exemption if you
 - Had a short coverage gap (less than 3 consecutive months)
 - Suffered a hardship (that affects your ability to purchase health insurance coverage)
 - Didn't have access to affordable coverage (cost of available coverage greater than 8.16% of household income)
 - Were incarcerated (unless pending disposition of charges)
 - Weren't lawfully present in the U.S.
 - Had your health insurance cancelled and Marketplace plans weren't affordable

3. You May Pay a Fee (Shared Responsibility Payment)

- You may pay a fee when you file your 2017 federal tax return in 2018 (and thereafter)
 - If you don't have minimum essential coverage, and
 - Don't qualify for an exemption
- Paying the fee doesn't provide health coverage





How much is the fee?

- If you don't have health insurance in 2017, you'll pay the higher of these two amounts:
 - 2.5% of your yearly household income (only the amount of income above the tax filing threshold is used to calculate the penalty)
 - The maximum penalty is the national average premium for a Bronze plan
 - \$695 per person (\$347.50 per child under 18)
 - The maximum penalty per family using this method is \$2,085
- The penalty for noncompliance can't exceed the national average premium for a Bronze level Marketplace QHP (for the relevant family size)



When You Can Enroll in Coverage

- During the Open Enrollment Period (OEP)
 - For coverage in 2018, OEP is November 1 - December 15, 2017
- During a Special Enrollment Period (SEP), if eligible
- Once per month if member of federally recognized Indian tribe or Alaska native shareholder
- Anytime you're eligible for Medicaid or the Children's Health Insurance Program



4 Ways to Get Marketplace Coverage

Online

Visit **HealthCare.gov** to apply and enroll on the web. This is the fastest way to get covered.



Over the phone

Call the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. A customer service representative can help you apply and enroll over the phone.



In-person help

Get help from people in your community trained to help you apply and enroll in the Marketplace. Visit **Localhelp.HealthCare.gov**, or call the Marketplace Call Center.



Paper application

Fill out and mail in a paper application. You'll get eligibility results in the mail within 2 weeks.



5 Things You Can do to Get Ready to Enroll

1. Visit [HealthCare.gov](https://www.healthcare.gov)
2. Ask your employer if it offers health insurance
3. Make a list of questions you have before it's time to choose your health plan
4. Gather basic information about your household income
5. Set your budget





How to Enroll During a Special Enrollment Period for a Qualifying Life Event

- If you have a qualifying life event, you can update your information
 - Online at HealthCare.gov
 - ❑ Log into your account and click on Report a life change
 - By phone
 - ❑ Call the Marketplace Call Center at 1-800-318-2596
 - ❑ TTY: 1-855-889-4325

The screenshot shows the 'Report a life change' page on HealthCare.gov. On the left is a sidebar menu with options: 'My plans & programs', 'Eligibility & appeals', 'Applications details', 'Report a life change' (highlighted in blue), 'Communication preferences', and 'Authorized users'. The main content area has the heading 'Report a life change' followed by the question 'Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?'. Below this is a section titled 'What kinds of changes should be reported?' with the text: 'Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.' This is followed by 'Here are some examples of the changes you should report:' and a list of examples: 'Change in citizenship or immigration status', 'Add or remove members of household', 'Change status as American Indian/Alaska Native, or member of federally recognized tribe', 'Marriage, birth or adoption', and 'Gain or loss of health coverage'. At the bottom is a green button that says 'REPORT A LIFE CHANGE'.

My plans & programs

Eligibility & appeals

Applications details

Report a life change

Communication preferences

Authorized users

Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

What kinds of changes should be reported?

Changes in your household or income can affect the programs you qualify for to lower costs on health coverage. As soon as you have a change, come back here to report it.

Here are some examples of the changes you should report:

- Change in citizenship or immigration status
- Add or remove members of household
- Change status as American Indian/Alaska Native, or member of federally recognized tribe
- Marriage, birth or adoption
- Gain or loss of health coverage

REPORT A LIFE CHANGE



Premium Payment

- You must pay the first month's premium directly to your insurance company by the insurer's deadline
- You must pay the premium each month or you could lose coverage
- Issuers must accept at least these payment methods
 - Paper check
 - Cashier's check
 - Money order
 - Electronic fund transfer (EFT)
 - Pre-paid debit card
- Some issuers may also accept online, credit card, or debit card payments (check with the plan)



Marketplace Appeals

- You can appeal the following kinds of Marketplace decisions if you don't agree
 - Whether you're eligible to buy a Marketplace plan
 - Whether you can enroll in a Marketplace plan outside the regular Open Enrollment Period
 - Whether you're eligible for assistance based on your income
 - The amount of savings you're eligible for
 - Whether you're eligible for Medicaid or the Children's Health Insurance Program (CHIP)
 - Whether you're eligible for an exemption from the shared responsibility payment (fee)



Enrollment Assistance

- Help is available
 - Marketplace Call Center
 - Marketplace-approved in-person help
- Use the Find Local Help tool at Localhelp.HealthCare.gov/
- Language assistance is available through interpreters, Call Center support, print, and web resources
 - Help is available to complete application
 - Job aids in 33 languages at
 - Marketplace.CMS.gov/applications-and-forms/individuals-and-families-forms.html)

Marketplace Call Center

- Services consumers in Federally-facilitated and State-Partnership Marketplaces
 - 1-800-318-2596 (TTY: 1-855-889-4325)
- Customer service representatives available 24/7
- Help with eligibility, enrollment, and referrals
- Assistance in English and Spanish
 - Oral interpretations for 240+ additional languages
- State-based Marketplaces have own call centers





Marketplaces and People with Medicare

- Medicare isn't part of a Marketplace
- If you have Medicare Part A or Part C, you don't need to do anything related to the Marketplaces
 - Your benefits don't change because of the Marketplaces
 - It's illegal to sell you a Marketplace plan
 - Except an employer through the Small Business Health Options Program (SHOP) if you're an active worker or dependent of an active worker
 - The SHOP employer coverage may pay first
 - No late enrollment penalty if you delay Medicare
 - Doesn't include COBRA coverage

From Coverage to Care (C2C)

- Roadmap to Better Care and a Healthier You
- 5 Ways to Make the Most of Your Coverage
- Manage Your Health Care Costs
- Videos
- Enrollment Toolkit
- Prevention Resources
- Partnership Toolkit
- Community Presentation

Website: go.cms.gov/c2c

Email: CoverageToCare@cms.hhs.gov



Marketplace.cms.gov

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Centers for Medicare & Medicaid Services

Health Insurance Marketplace

Get the latest resources to help people apply, enroll, and get coverage at Marketplace.cms.gov

Welcome to the official Marketplace information source for assisters and outreach partners.

On this site, you'll find information about assister programs and tools to help existing and new Health Insurance Marketplace consumers.

Applications, Forms, & Notices > **Technical Assistance Resources** > **Outreach & Education** >

Spotlight

Find tips to help others get started in the Marketplace

About Assister Programs

Get the latest guidance on Assister and Champions Programs, and apply

Training

Get training for navigators, agents, brokers and other assisters

Want More Information about the Marketplace?

Stay connected with the Marketplace



- [Twitter@HealthCareGov](https://twitter.com/HealthCareGov)
- [Facebook.com/Healthcare.gov?_rdr=p](https://facebook.com/Healthcare.gov?_rdr=p)
- YouTube.com/playlist?list=PLaV7m2-zFKpgZDNCz7rZ3Xx7q2cDmpAm7
- Sign up to get email and text alerts at HealthCare.gov/subscribe
 - CuidadoDeSalud.gov for Spanish
- Updates and resources for organizations are available at Marketplace.cms.gov



Key Points to Remember

- A Marketplace is a way for qualified individuals and families to find and buy health insurance
- For coverage in 2018, Open Enrollment is November - December 15, 2017.
- You may enroll or change plans during a Special Enrollment Period if you have certain qualifying life events
- Eligible small employers can cover their employees through the Small Business Health Options Program (SHOP)
- States have flexibility to establish their own Marketplace
- Individuals and families may be eligible for lower costs on their monthly premiums and out-of-pocket costs
- There's help available
- If you don't agree with a decision made by a Marketplace, you may be able to file an appeal



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