

Tuesday, October 25, 2016

Holiday Inn & Suites

South Charleston, WV

1:00 pm to 4:00 pm

A graphic for the 2017 WV Agents Training. It features a central black square with white text. The text is arranged in four lines: '2017', 'WV', 'Agents', and 'Training'. The square is set against a background of overlapping blue and green rectangular shapes.

# 2017 WV Agents Training

) *ACA Updates*

) *SHOP*

) *Group Health Insurance*

) *Consumer Assistance*

) *Carriers and Plans*

) *Financial Assistance & Cost  
Sharing*

) *CMS Agent Training*

Health Policy Division  
900 Pennsylvania Avenue  
Charleston, WV 25305

Phone: 304-558-6279 ext. 1120  
Website: <http://bewv.wvinsurance.gov/>



west virginia  
OFFICES OF THE  
**INSURANCE**  
COMMISSIONER



# OPEN ENROLLMENT 4 TRAINING

OCTOBER 25, 2016

Welcome

Navigator & Assister Information

Medicare Presentation

Self-Funded Plans

Break

Marketplace Update & Financial Assistance

Insurance Company Presentations

Q & A Session



Contacts

Navigators & Assisters

Medicare

Agent Training Information

Presentation

Marketplace Agent Toolkit

Managed Care Organizations &  
Medicaid

Resources

Company Presentations

- ) Aetna
- ) CareSoure WV
- ) Highmark WV
- ) Self-Funded- Benefit Assistance Corp.
- ) The HealthPlan



## **Contacts for ACA, Medicaid and Medicare**

### **WV Offices of the Insurance Commissioner**

Benefits Exchange WV website - [www.bewv.com](http://www.bewv.com)  
Contains calendar of events, assisters, agents, ACA information and links

Ellen Potter, Director, Health Policy  
[Ellen.J.Potter@wv.gov](mailto:Ellen.J.Potter@wv.gov)  
304-558-6279 ext. 1120

Joylynn Fix, Life & Health, Policy and Rate Analyst Supervisor  
[Joylynn.Fix@wv.gov](mailto:Joylynn.Fix@wv.gov)  
304-558-6279 ext. 1170

Consumer Services  
[Consumer.service@wv.gov](mailto:Consumer.service@wv.gov)  
1-800-435-7381  
Judy Fling or Dena Wildman

### **WV DHHR – Bureau of Medical Services**

(Please refer to the local county agency directory in section 7, blue page)

### **WV DHHR Managed Care Enrollment Broker – MAXIMUS**

(Please refer to their reference guide in section 7)

Region 1- Outreach & Education Specialist  
Steve Richardson  
[StevenPRichardson@Maximus.com](mailto:StevenPRichardson@Maximus.com)  
304-844-6148

Region 2- Outreach & Education Specialist  
Heather Ray  
[HeatherRay@Maximus.com](mailto:HeatherRay@Maximus.com)  
301-707-8501

Region 3- Outreach & Education Specialist  
Teresa Long  
[TeresaLLong@Maximus.com](mailto:TeresaLLong@Maximus.com)  
304-550-1744

(Please refer to the map on slide 10 of the presentation for Regions)

## **WV Bureau of Senior Services (Medicare)**

Marcia Meeks, SHIP & SMP Director

[Marcia.D.Meeks@wv.gov](mailto:Marcia.D.Meeks@wv.gov)

304-558-3317 ext. 107

Rebecca Gouty, SHIP & SMP State Coordinator

[Rebecca.A.Gouty@wv.gov](mailto:Rebecca.A.Gouty@wv.gov)

304-558-3317 ext. 103

## **Marketplace Health Insurance Companies**

### **CareSource WV**

Customer Service

855-202-0622

### **Highmark WV**

On-Exchange Member Services

888-601-2109

Off-Exchange Member Services

888-601-2109

Marketplace SHOP Customer Services

800-706-7893

(For additional numbers, see the Highmark contact list that follows)

### **Marketplace Call Center**

Call Center 1-800-318-2596

SHOP Call Center 1-800-706-7893

Agent Call Center 1-855-267-1515 opt. 1

If you are still having problems viewing this message, please [click here](#) for additional help.



## The Aetna Answer Team is ready to assist you

As part of our new Small Group Operating model, we are excited to announce that the Aetna Answer Team is up and running in the Northeast. The new Aetna Answer Team will handle your service-related issues, including enrollment and billing, commissions, technical support, and group installation/administration for 1-100 size groups.

The Aetna Answer Team includes staff from the Broker Liaison and ContactOne units who have extensive backgrounds with Aetna systems and bring years of experience. With seasoned staff and a focus exclusively on service, the Aetna Answer Team will be able to resolve the majority of your issues with a single call.

To contact the Aetna Answer Team, choose from the options below.

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### **Aetna Answer Team**

**Phone:** 1-800-297-7145

**E-mail:** [NEAAT@aetna.com](mailto:NEAAT@aetna.com)

**Choose the following numbers, when prompted to access the information you need:**

- 1 Automated Billing**
- 2 Claims Questions**
- 3 New business quotes**
- 4 Renewal or plan changes**
- 5 Pharmacy**
- 6 All other questions (Aetna Answer Team)**

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### **ACA New Business Unit & Client Managers**

You can contact the ACA New Business Unit and Client Management teams for your new business and renewal needs.

The ACA New Business Unit supports new business for groups with 1 to 100 employees, including rating support for ACA new business, receiving

new business submissions, following up on missing information and preparing cases to be handed off for installation.

Your Account Client Manager (groups with 1-50 employees) and Field Client Manager (groups with 51-100 employees) are responsible for managing a book of small group business, and working with you and your customers on retention and cross-sell activities. Your dedicated Account Client Manager and Field Client Manager will be reaching out to you to provide direct contact information.

PLEASE NOTE: All current Sales Support mailboxes and fax numbers will be sunset as of May 18, 2015.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).

Help/Contact us:

If you have any questions please [Contact Us](#).

You are receiving this because you have elected to communicate with Aetna through email. If you no longer wish to receive these particular messages via email you may [unsubscribe](#) at any time.

We are located at 151 Farmington Ave, Hartford, Connecticut 06156.

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## Contact information

# Aetna Small Group Brokers and General Agents

Northeast Region: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, West Virginia

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### Broker and Employer Services

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**For 2 – 100 service related questions — see next page for Member Service contact information**

#### Aetna Answer Team

Phone: **1-800-297-7145**  
E-mail: **NEAAT@aetna.com**

Choose the following numbers, when prompted to access the information you need:

- 1 Automated billing
- 2 Benefits or claims questions
- 3 New business quotes
- 4 Renewal or plan changes
- 5 Pharmacy
- 6 All other questions — connect to AAT

#### **Maintenance enrollment**

Submit enrollment forms for additions, changes and terminations to:  
**enrollmentsgne@aetna.com**

#### **Eligibility and billing**

For premium remittance and lockbox information, see customer bill or please contact the Aetna Answer Team

Phone: **1-800-297-7145**

#### ACA New Business Unit

Phone: **1-844-241-0209**  
Fax: **1-800-704-1260**

#### **New business quoting (2 – 50)**

- Producer World>Small Group Business>Quoting

E-mail: **ACANBUPresaleQuoteRequest@aetna.com**

#### **Sold case submission (2 – 50)**

E-mail: **ACANBUSoldCaseSubmission@aetna.com**

Secure File Transport (FTP): **https://st3.aetna.com/**

If you do not have access to the FTP server, please contact the ACA New Business Unit for access.

#### **New business general questions/status requests (2 – 50)**

E-mail: **ACANBUBrokerSupport@aetna.com**

#### **51+ requests: New business quoting and prescreen requests**

E-mail: **NE51-100QuotesPrescreens@aetna.com**

#### **Sold case submission (51 – 100)**

E-mail: **NE51-100SoldBusiness@aetna.com**

#### Small Group Client Manager Team

#### **Renewals and ancillary products (2 – 50)**

Phone: **1-844-275-0317**  
Fax: **1-866-686-0539**

When prompted, please say the name of your client manager or dial their complete phone number.

#### **Existing business general questions/status requests (2 – 50)**

E-mail: **NEClientManagement@aetna.com**

#### eBusiness

\*eEnrollment \*eBilling \*eSales

- Plan sponsors:  
**www.aetna.com/employer**

Portal registration:  
Phone: **1-800-237-7476**

#### **Brokers:**

- Access through Aetna's broker portal: Producer World>Small Group Business>eBusiness
- Technical Support: **1-866-910-9895**  
e-technical assistance line

#### Aetna Navigator® and Producer World® websites

Phone: **1-800-225-3375**

Choose the following numbers when prompted, to access the information you need:

**Prompt 1:** Aetna Navigator  
**Prompt 3:** Producer World

# Contact information

## For members

### Member Services

#### Benefit questions or claims inquiries

##### Medical

For Aetna Health Network Only<sup>SM</sup> (HNOnly) or Aetna Health Network Option<sup>SM</sup> (HNOption) plans: **1-866-529-2517**

For Aetna PPO and consumer-directed health plans: **Prompt 1**

Aetna  
PO Box 14079  
Lexington, KY 40512-4079

##### Dental

Phone: **1-877-238-6200**

**Prompt 1** Dental plan member

**Prompt 2** Dental care provider

Aetna  
PO Box 14094  
Lexington, KY 40512-4066

##### Life

Phone: **1-800-523-5065**

Aetna Life Insurance  
PO Box 14548  
Lexington, KY 40512-4548

##### Disability

Phone: **1-888-584-2981**

- For short-term disability only:  
**1-866-326-1380**
- For short-term disability with FMLA:  
**1-866-326-1379**
- Fax: **1-866-667-1987**

Aetna Life Insurance  
PO Box 14552  
Lexington, KY 40512-4024

##### Pharmacy

Phone: **1-800-AETNA RX**  
**(1-800-238-6279)**

**Prompt 2** Member or calling on behalf of a member

##### Specialty Pharmacy

Phone: **1-866-782-ASRX**  
**(1-866-782-2779)**

Aetna Commercial APM Claims  
PO Box 14204  
Lexington, KY 40512-4024

##### Mail-order drug

Phone **1-866-612-3862**

Ordering address:  
Aetna Rx Home Delivery  
PO Box 829518  
Pembroke Pines, FL 33082-9518

To track and order Rx refills:  
**[www.aetnavigators.com](http://www.aetnavigators.com)**

### Other programs

#### Aetna Vision<sup>SM</sup> Preferred

Phone: **1-877-973-3238**

#### Aetna Vision<sup>SM</sup> discount program

Phone: **1-800-793-8616**

Call for closest eye care provider

#### Informed Health<sup>®</sup> line

Phone: **1-800-556-1555**

24-hour nurse help line

#### Aetna Behavioral Health

Phone: **1-800-424-5679**

Aetna Discount Program, online provider directory, member website and other information, visit **[www.aetna.com](http://www.aetna.com)**.

Visit your secure member website 24 hours a day, 7 days a week. Use it to perform common transactions involving your Aetna medical, dental, prescription drug or flexible spending account (FSA) plans.

You can send a secure e-mail to Aetna Member Services, access claims, find out who's covered — and get general health information as well as decision-support tools. Log in to your member website at **[www.aetna.com](http://www.aetna.com)**.

**Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna).**

While only your doctor can diagnose, prescribe or give medical advice, the Informed Health line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs.

**[www.aetna.com](http://www.aetna.com)**

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**aetna<sup>®</sup>**



## Contact Us

Whatever questions or issues you may have, here are some ways to get in touch with us.

HMO Customer Service – 1.888.847.7902

PPO/POS Customer Service – 1.855.577.7123

Pharmacy Services – 1.800.624.6961 ext. 7914

Behavioral Health Services – 1.877.221.9295

Enrollment Representative – Assigned per group

Finance Representative – Assigned per group

Visit our website at: [www.healthplan.org](http://www.healthplan.org)



## Highmark West Virginia Contacts

Department	Contact
Agent Appointments - Jason Golden	304-357-6184
Blue Edge Dental - Claims & Benefits	866-568-5994
Blue Edge Dental - Eligibility & Billing	800-544-6679
Commissions - 304-424-7778	WestVirginiaChannelCompensation@highmark.com
Davis Vision Customer Service	800-999-5431
Freedom Blue & Blue RX - Broker Line	800-652-9459
Freedom Blue & Blue RX - Corp Call Center	866-682-7968
Freedom Blue & Blue RX - Customer Service	888-459-4020
Freedom Blue & Blue RX - Enroll by Phone	866-856-6032
Freedom Blue & Blue RX - Sales	888-445-4498
Group Administrator Customer Service	800-391-4441
HealthCare Marketplace	800-318-2596 / <a href="http://www.healthcare.gov">www.healthcare.gov</a>
Highmark PA Group Sales	866-823-0925
Highmark PA Individual Sales	800-876-7639
HSA Help Desk	888-445-5632
Lifetime Benefit Solutions	800-828-0078 / COBRA
Medco / Express Scripts	800-820-9730
Medigap Blue - Member Services	800-367-6565
Medigap Blue - Producer Hotline	800-652-9459
Membership ( E & B ) Fax #	866-251-0741
Membership ( E & B ) Phone Number	888-480-8850
My Benefits Home	800-294-9568 / Individaul set up
My Benefits Home	866-306-1059 / Group set up
Off-Exchange Member Services	888-809-9121
On-Exchange Member Services 'RU65'	888-601-2109
Market Place SHOP Customer Service	800-706-7893
Producer Hotline	866-602-1248
Producer Hotline email group	PRODEM@highmark.com
Sentinel Elite	877-401-8999
WV Sales Fax #	304-424-0323
WV Small Group Client Manager/Support	888-644-2583
Sales Email Group	HMWVINDSMGRP@highmark.com
Direct Pay Enrollment Email Group	DP_Applications@highmark.com
Agent Resource Page	<a href="http://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html">www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html</a>

## Highmark West Virginia

Producer Hotline - 1-866-602-1248

Producer Hotline Email Group - [PRODEM@highmark.com](mailto:PRODEM@highmark.com)

Medicare Supplement- Producer Hotline 1-800-652-9459

While assisting your clients with any questions or concerns that they may have regarding their new or existing direct pay contracts, I have outlined some helpful steps to resolution.

Prior to making inquiries to Highmark via the Producer Hotline & the email group [PRODEM@highmark.com](mailto:PRODEM@highmark.com) you will need the following information as a part of the authentication process:

- Member's ID number or social
- Member's name
- Member's Date of Birth
- Member's Address
- Agent/Agency Numbers - if you do not know your agent or agency numbers, you will need to contact [westvirginiachannelcompensation@highmark.com](mailto:westvirginiachannelcompensation@highmark.com)

**Step 1** - Call the Producer Hotline at **1-866-602-1248** for assistance with **Off and On-Exchange** members as well as benefits and claims for Group business. **Keep in mind, if you have a phone number of a dedicated unit for a particular group, you will continue to use that number.** The Producer Hotline is dedicated to assisting producers with representatives that are able to provide you with any information and follow up that our member advocate lines currently provide. A few examples are listed below.

- ) **Status of New Enrollment** - *This information can be obtained without call back as long as Highmark has received the enrollment. -*
  - *Paper enrollments with SEP that have been mailed; please allow a week before making an inquiry. This allows ample time for the enrollment to show in our systems.*
  - *SEP Enrollments or Change Forms that have emailed to [msenrollment@highmark.com](mailto:msenrollment@highmark.com) will normally be viewable by the producer hotline representatives the next or following day.*
  - *Open Enrollment submissions through [producer.highmark.com](http://producer.highmark.com), [discoverhighmark.com](http://discoverhighmark.com), or [healthcare.gov](http://healthcare.gov); please allow 72 hours.*
- ) **Paid to dates** - *This information can be provided immediately but as necessary, the producer hotline representative will call back with the most up to date information on the member's account.*
- ) **Payment received** - *As long as the payment was submitted with the correct invoice showing current plan billing ID, this information can be obtained immediately without call back. Paper checks mailed with invoices can take up to 2 weeks to be applied to the member's account.*

- J) **Invoice explanation** - *Questions on the member's invoice regarding credits or recent payments.*
- J) **Invoice corrections /updates** - *Corrections to a member's invoice can take a minimum of 2 billing cycles to update once the correction to the system has been made. Please note that if paying in the grace period or the payment is not applied to the account before the next billing cycle runs (approximately the 7th of the month) the billing will not reflect the recent payment.*
- J) **Copy of a member's invoice** - *mailed next day or via secure email same day.*
- J) **ID card requests and status** - *ID cards take approximately 10 days to be received. Note: ID cards can be printed from the member portal and ID cards will not generate until the first months premium has been applied to the member's account.*
- J) **Corrections to spellings of names and addresses** - *This information can be taken over the phone and directed to the enrollment department for correction.*
- J) **Claims inquiry** - *These inquiries can be evaluated over the phone but require additional time to process the request.*
- J) **Member benefit questions** - *Questions can be addressed over the phone without call back in most cases.*
- J) **Am I the agent of record on a particular contract?** - *Servicing can only advise if you are the agent of record. Commission related questions should be directed to the Commission area - [westvirginiachannelcompensation@highmark.com](mailto:westvirginiachannelcompensation@highmark.com)*
- J) **Producer Portal questions or assistance** - *In most cases these issues can be addressed immediately unless there is an access issues. Access issues must be addressed with [westvirginiachannelcompensation@highmark.com](mailto:westvirginiachannelcompensation@highmark.com)*
- J) **Status of and request refunds from the billing area** - *Status of refunds can be addressed without call back. However please note, typically refunds take 7-14 business day to be received by the member. Requests for refund can be looked into and forwarded to billing for further evaluation and processing.*
- J) **Cancel your client's policy** - *This can be handled over the phone on behalf of the member. All servicing lines are recorded.*

**Step 2** - Allow enough time for your clients issue to be resolved according to the approximate time frames listed. Contact the Producer Hotline representatives to ask for a status of the member's account, take note of the status, and ask for a reasonable timeframe for resolution.

**Step 3** - All attempts to resolve the member's account with the proper channels have been exhausted; please contact me or Brittany Stewart-Snodgrass directly at

[connie.sams@highmark.com](mailto:connie.sams@highmark.com) or 304-424-7770 & [Brittany.stewart-snodgrass@highmark.com](mailto:Brittany.stewart-snodgrass@highmark.com) or 304-424-7699 with all of the pertinent information and we will be glad to escalate the issue. The information that we will need is as follows:

- Member's name
- ID number or Social
- Detailed description of the issue
- Any documentation that will help with researching the member's account.

There may be instances where your client has tried multiple times to resolve an issue but has finally reached out to you. In this case I suggest calling the Producer Hotline for a status prior to reaching out to me or Brittany; this will give you first-hand information on the issue to eliminate misinterpretation between the information relayed to you and the servicing perspective which could be very different. If you feel this is something that requires escalation due to the complexity of the problem, please do not hesitate contacting us; we all have the same goal, standing up to our word with member satisfaction.

**Need Health Insurance?**

**1-844-WV-CARES**

WV's **Health Insurance** Helpline

- New plans and prices
- Free or low-cost plans
- Free in-person enrollment assistance
- Financial help is available



**WV**NaviCare.com

Health Insurance  
**Marketplace**



**West Virginia Assistors**

County	Assister	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
State Wide	Navigator	WV Navicare	Stephanie Casto	(844)- WV Cares (844)982-2737	<a href="mailto:stephanie@1stchs.com">stephanie@1stchs.com</a>	601 Morris Street, Suite 401	Charleston	WV	25301	First Choice Services
State Wide	Navigator	WV Navicare	Jeremy Smith	(304) 675-0628	<a href="mailto:jeremy@1stchs.com">jeremy@1stchs.com</a>	601 Morris Street, Suite 401	Charleston	WV	25301	First Choice Services
State Wide	CAC	WV Primary Care Association	Ruby Piscopo	(304) 346-0032	<a href="mailto:Ruby.piscopo@wvpc.org">Ruby.piscopo@wvpc.org</a>	1700 MacCorkle Avenue, SE	Charleston	WV	25314	WVPCA
State Wide	CAC	WV Primary Care Association	Sherri Ferrell	(304) 346-0032	<a href="mailto:sherri@wvpc.org">sherri@wvpc.org</a>	1700 MacCorkle Avenue, SE	Charleston	WV	25314	WVPCA
Barbour	CAC	Belington Medical Clinic	Gwyn Freeman	(304) 853-2175	<a href="mailto:afreeman@myersclinic.org">afreeman@myersclinic.org</a>	70 N. Sturmer Street	Belington	WV	26250	WVPCA
Barbour	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph Couty Health Dept, 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Barbour	CAC	St. George Medical Clinic	Mary Beth Streets	(304) 478-3339 ext. 125	<a href="mailto:sgmcrererral@citynet.net">sgmcrererral@citynet.net</a>	8591 Holly Meadows Road	Parsons	WV	26287	WVPCA
Berkeley	CAC	Shenandoah Valley Medical System, Inc.	Katherine Lluberes	(304) 596-2224 ext. 1506	<a href="mailto:kluberes@svms.net">kluberes@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Berkeley	CAC	Shenandoah Valley Medical System, Inc.	Lillian "Grissel" Anderson	(304) 596-2224 ext. 1510	<a href="mailto:landerson@svms.net">landerson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Berkeley	CAC	Shenandoah Valley Medical System, Inc.	Christina Jackson	(304) 596-2224	<a href="mailto:cjackson@svms.net">cjackson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Berkeley	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watss@hsc.wvu.edu">brittany.watss@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Boone	CAC	Cabin Creek Health Center	Julie Johnson	(304) 595-5006	<a href="mailto:jjohnson@cchcwv.com">jjohnson@cchcwv.com</a>	5722 Cabin Creek Road	Dawes	WV	25054	WVPCA
Boone	CAC	Family Care Health Center	Bambi Huffman	(304) 720-4466	<a href="mailto:Bambi.huffman@familycarewv.org">Bambi.huffman@familycarewv.org</a>	116 Hills Plaza	Charleston	WV	25387	WVPCA
Boone	CAC	Family Care Health Center	Gail Parker	(304) 201-1130	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	12 Kanawha Terrace	St. Albans	WV	25177	WVPCA
Boone	CAC	Family Care Health Center	Angela Hughes	(304) 760-6333	<a href="mailto:Angela.huges@familycarewv.org">Angela.huges@familycarewv.org</a>	97 Great Teays Blvd	Scott Depot	WV	25560	WVPCA
Boone	CAC	Family Care Health Center	Gail Parker	(304) 545-4519 (cell)	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	503 Roosevelt Blvd	Eleanor	WV	25070	WVPCA
Braxton	CAC	Care Xpress - Flatwoods		(304) 765-0351		266 Skidmore Lane	Flatwoods	WV	26601	CCWV
Brooke	CAC	Change, Inc	Amy Arneault	(304) 797-7733	<a href="mailto:arneault@changeinc.org">arneault@changeinc.org</a>	3138 West Street	Weirton	WV	26062	WVPCA
Brooke	CAC	Change, Inc/Family Medical Care Hancock County	Barb Urbowicz	(304) 748-2828	<a href="mailto:burbowicz@changeinc.org">burbowicz@changeinc.org</a>	3136 West Street	Weirton	WV	26062	WVPCA
Brooke	CAC	Change, Inc/Family Medical Care Jefferson County	Jackie Reinacher	(304) 748-2828	<a href="mailto:jreinacher@changeinc.org">jreinacher@changeinc.org</a>	200 Luray Drive	Wintersville	OH	43952	WVPCA
Brooke	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Cabell	IPA	Valley Health - East Huntington	Jessica Staples	(304) 399-3310	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	3377 US Route 60 East	Huntington	WV	25705	Valley
Cabell	IPA	Valley Health - Southside	Brandy Korstanje	(304) 529-0645	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	723 Ninth Avenue	Huntington	WV	25701	Valley
Cabell	IPA	Valley Health - Huntington	Jennifer Pepper	(304) 525-0572	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	1301 Hal Greer Boulevard	Huntington	WV	25701	Valley
Cabell	IPA	Valley Health - Milton	April Rutherford	(304) 743-1407	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	1 Harbour Way	Milton	WV	25541	Valley
Cabell	Navigator	WV Navicare	Jeremy Smith	(304) 675-0628	<a href="mailto:jeremy@1stchs.com">jeremy@1stchs.com</a>					First Choice Services
Calhoun	CAC	Minnie Hamilton Health Care Center	Janet Heiney	(304) 354-9244 ext. 1409	<a href="mailto:janet.heiney@mhcc.com">janet.heiney@mhcc.com</a>	186 Hospital Drive	Grantsville	WV	26147	WVPCA
Clay	CAC	Big Otter Health Clinic		(304) 286-4200		797 Clinic Road	Big Otter	WV	25113	CCWV
Clay	CAC	Cabin Creek/Clendenin Health Center	Maria Shamblin	(304) 548-7272	<a href="mailto:mshamblin@cchcwv.com">mshamblin@cchcwv.com</a>	107 Koontz Avenue	Clendenin	WV	25045	WVPCA
Clay	CAC	Primary Care Systems		(304) 587-7301		122 Center Street	Clay	WV	25043	CCWV
Doddridge	CAC	Ritchie Regional Health Center (RRHC)-Doddridge Campus	Felicia Cozatt	(304) 699-0957	<a href="mailto:feliciadawnh@gmail.com">feliciadawnh@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Doddridge	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Fayette	CAC	Cabin Creek Health Center	Julie Johnson	(304) 595-5006	<a href="mailto:jjohnson@cchcwv.com">jjohnson@cchcwv.com</a>	5722 Cabin Creek Road	Dawes	WV	25054	WVPCA
Fayette	CAC	New River Health Association, Inc.	Anthony Canada	(304) 469-2905 ext. 1352	<a href="mailto:anthony.canada@nrhawv.org">anthony.canada@nrhawv.org</a>	908 Scarbro Road	Scarbro	WV	25917	WVPCA
Fayette	CAC	Rainelle Medical Center, Inc.	Megan Pettrey	(304) 438-6888	<a href="mailto:mpettrey@rmchealth.org">mpettrey@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Fayette	CAC	Rainelle Medical Center, Inc.	Deanna Orndorff	(304) 438-6188 ext. 1013	<a href="mailto:dorndorff@rmchealth.org">dorndorff@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Gilmer	CAC	Minnie Hamilton Health Care Center - Glenville Office	Janet Heiney	(304) 354-9244 ext. 1409	<a href="mailto:janet.heiney@mhcc.com">janet.heiney@mhcc.com</a>	921 Mineral Road, Suite 101	Glenville	WV	26351	WVPCA

**West Virginia Assistors**

County	Assister	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
Grant	CAC	Preston Taylor Community Health Centers, Inc.	Kimberly Mitchell	(304)693-7616	<a href="mailto:kmitchell@ptchc.com">kmitchell@ptchc.com</a>	PO Box 277	Mt. Storm	WV	26739	WVPCA
Grant	CAC	Preston Taylor Community Health Centers, Inc.	Kimberly Fridley	(304) 693-7616	<a href="mailto:kfridley@ptchc.com">kfridley@ptchc.com</a>	PO Box 277	Mt. Storm	WV	26739	WVPCA
Grant	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304)264-0704	<a href="mailto:brittany.watss@hsc.wvu.edu">brittany.watss@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Greenbrier	CAC	Monroe Health Center	Katie Erskine	(304)-772-3064 ext. 128	<a href="mailto:kerskine@monroehealthcenter.com">kerskine@monroehealthcenter.com</a>	200 Health Center Drive, PO Box 590	Union	WV	24983	WVPCA
Greenbrier	CAC	Rainelle Medical Center, Inc.	Megan Pettrey	(304) 438-6888	<a href="mailto:mpettrey@rmchealth.org">mpettrey@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Greenbrier	CAC	Rainelle Medical Center, Inc.	Deanna Orndorff	(304) 438-6188 ext. 1013	<a href="mailto:dorndorff@rmchealth.org">dorndorff@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Hampshire	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watss@hsc.wvu.edu">brittany.watss@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Hancock	CAC	Change, Inc	Amy Arneault	(304) 797-7733	<a href="mailto:arneault@changeinc.org">arneault@changeinc.org</a>	3138 West Street	Weirton	WV	26062	WVPCA
Hancock	CAC	Change, Inc/Family Medical Care Hancock County	Barb Urbowicz	(304) 748-2828	<a href="mailto:burbowicz@changeinc.org">burbowicz@changeinc.org</a>	3136 West Street	Weirton	WV	26062	WVPCA
Hancock	CAC	Change, Inc/Family Medical Care Jefferson County	Jackie Reinacher	(304) 748-2828	<a href="mailto:jreinacher@changeinc.org">jreinacher@changeinc.org</a>	200 Luray Drive	Wintersville	OH	43952	WVPCA
Hancock	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Hardy	CAC	E. A. Hawse Health Center, Inc.	Samantha Harman-Mowrey	(304) 897-5915 x229	<a href="mailto:smowery@hawsehealth.com">smowery@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Hardy	CAC	E. A. Hawse Health Center, Inc.	Cindy Howe	(304) 897-5915 x241	<a href="mailto:chowe@hawsehealth.com">chowe@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Hardy	CAC	E. A. Hawse Health Center, Inc.	Kimberly Miller	(304) 897-5915 x272	<a href="mailto:kmiller@hawsehealth.com">kmiller@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Hardy	CAC	E. A. Hawse Health Center, Inc.	Brenda Thompson	(304) 897-5915 x235	<a href="mailto:bthompson@hawsehealth.com">bthompson@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Hardy	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watss@hsc.wvu.edu">brittany.watss@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Harrison	CAC	Community Care of West Virginia - West Milford		(304) 745-4568		924 Liberty Street	West Milford	WV	26451	CCWV
Harrison	CAC	Care Xpress - Clarksburg		(304) 623-6330		700 Oak Mound Road	Clarksburg	WV	26301	CCWV
Harrison	IPA	Clarksburg Highland Hospital	Maria Hughes	(304) 969-3105	<a href="mailto:maria.hughes@highlandhospital.net">maria.hughes@highlandhospital.net</a>	3 Hospital Drive	Clarksburg	WV	26301	
Harrison	CAC	Monongahela Valley Association of Health Centers (MVA)	Richard Thony	(304) 367-8759	<a href="mailto:richard.thony@mvahealth.org">richard.thony@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Harrison	CAC	Monongahela Valley Association of Health Centers (MVA)	Mina Schultz	(304) 367-8759	<a href="mailto:mina.schultz@mvahealth.org">mina.schultz@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Harrison	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Jackson	CAC	Cabin Creek/Clendenin Health Center	Maria Shamblin	(304) 548-7272	<a href="mailto:mshamblin@cchcwv.com">mshamblin@cchcwv.com</a>	107 Koontz Avenue	Clendenin	WV	25045	WVPCA
Jackson	CAC	Cabin Creek/Sissionville Health Center	Karen Glazier	(304) 984-1576	<a href="mailto:kglazier@cchcwv.com">kglazier@cchcwv.com</a>	539 Kanawha Two Mile Road, Suite 4	Charleston	WV	25312	WVPCA
Jackson	CAC	Wirt County Health Services Association, Inc. - Coplin Memorial	Casey Jo Lewis	(304) 275- 3301	<a href="mailto:clewis@wchsa.com">clewis@wchsa.com</a>	483 Court Street	Elizabeth	WV	26143	WVPCA
Jefferson OH	CAC	Change, Inc	Amy Arneault	(304) 797-7733	<a href="mailto:arneault@changeinc.org">arneault@changeinc.org</a>	3138 West Street	Weirton	WV	26062	WVPCA
Jefferson OH	CAC	Change, Inc/Family Medical Care Hancock County	Barb Urbowicz	(304) 748-2828	<a href="mailto:burbowicz@changeinc.org">burbowicz@changeinc.org</a>	3136 West Street	Weirton	WV	26062	WVPCA
Jefferson OH	CAC	Change, Inc/Family Medical Care Jefferson County	Jackie Reinacher	(304) 748-2828	<a href="mailto:jreinacher@changeinc.org">jreinacher@changeinc.org</a>	200 Luray Drive	Wintersville	OH	43952	WVPCA
Jefferson WV	CAC	Shenandoah Valley Medical System, Inc.	Katherine Lluberes	(304) 596-2224 ext. 1506	<a href="mailto:klluberes@svms.net">klluberes@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Jefferson WV	CAC	Shenandoah Valley Medical System, Inc.	Lillian "Grissel" Anderson	(304) 596-2224 ext. 1510	<a href="mailto:landerson@svms.net">landerson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Jefferson WV	CAC	Shenandoah Valley Medical System, Inc.	Christina Jackson	(304) 596-2224	<a href="mailto:cjackson@svms.net">cjackson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA

**West Virginia Assistors**

County	Assister	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
Jefferson WV	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watts@hsc.wvu.edu">brittany.watts@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Kanawha	CAC	Cabin Creek/Kanawha City Health Center	Ashley Falbo	(304) 205-7535	<a href="mailto:afalbo@cchcww.com">afalbo@cchcww.com</a>	4602 MacCorkle Avenue SE	Charleston	WV	25304	WVPCA
Kanawha	CAC	Cabin Creek Health Center	Julie Johnson	(304) 595-5006	<a href="mailto:jjohnson@cchcww.com">jjohnson@cchcww.com</a>	5722 Cabin Creek Road	Dawes	WV	25054	WVPCA
Kanawha	CAC	Cabin Creek/Sissionville Health Center	Karen Glazier	(304) 984-1576	<a href="mailto:kglazier@cchcww.com">kglazier@cchcww.com</a>	539 Kanawha Two Mile Road, Suite 4	Charleston	WV	25312	WVPCA
Kanawha	CAC	Family Care Health Center - Patrick Street Plaza	Bambi Huffman	(304) 720-4466	<a href="mailto:Bambi.huffman@familycarewv.org">Bambi.huffman@familycarewv.org</a>	116 Hills Plaza	Charleston	WV	25387	WVPCA
Kanawha	CAC	Family Care Health Center - St. Albans	Gail Parker	(304) 201-1130	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	12 Kanawha Terrace	St. Albans	WV	25177	WVPCA
Kanawha	CAC	Family Care Health Center	Angela Hughes	(304) 760-6333	<a href="mailto:Angela.hughes@familycarewv.org">Angela.hughes@familycarewv.org</a>	97 Great Teays Blvd	Scott Depot	WV	25560	WVPCA
Kanawha	CAC	Family Care Health Center	Gail Parker	(304) 545-4519 (cell)	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	503 Roosevelt Blvd	Eleanor	WV	25070	WVPCA
Kanawha	Navigator	WV Navicare	Maricel Bernardo	(304) 558-3317	<a href="mailto:Maricel@1stchs.com">Maricel@1stchs.com</a>	Town Center Mall, 3rd Level	Charleston	WV	25301	First Choice Services
Kanawha	Navigator	WV Navicare	Amanda Cummings	(844)- WV Cares (844)982-2737	<a href="mailto:amanda@1stchs.com">amanda@1stchs.com</a>	601 Morris Street, Suite 401	Charleston	WV	25301	First Choice Services
Lewis	CAC	Camden Family Health	Ann Girod	(304) 872-1663	<a href="mailto:agirod@cog-wv.org">agirod@cog-wv.org</a>	56 Friends-R-Fun Drive	Summersville	WV	26651	WVPCA
Lewis	CAC	Camden Family Health	April Clenednin	(304) 226-5725	<a href="mailto:aclendenin@cog-wv.org">aclendenin@cog-wv.org</a>	10003 Webster Road	Camden on Gauley	WV	26208	WVPCA
Lewis	CAC	Care Xpress - Weston		(304) 269-2022		149 Staunton Drive	Weston	WV	26452	CCWV
Lewis	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph Couty Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
<b>Logan or Lincoln County</b>		<b>Please contact Statewide Assister listed above</b>								
Marion	CAC	Monongahela Valley Association of Health Centers (MVA)	Richard Thony	(304) 367-8759	<a href="mailto:richard.thony@mvahealth.org">richard.thony@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Marion	CAC	Monongahela Valley Association of Health Centers (MVA)	Mina Schultz	(304) 367-8759	<a href="mailto:mina.schultz@mvahealth.org">mina.schultz@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Marion	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Marshall	CAC	Change, Inc	Amy Arneault	(304) 797-7733	<a href="mailto:arneault@changeinc.org">arneault@changeinc.org</a>	3138 West Street	Weirton	WV	26062	WVPCA
Marshall	CAC	Change, Inc/Family Medical Care Hancock County	Barb Urbowicz	(304) 748-2828	<a href="mailto:burbowicz@changeinc.org">burbowicz@changeinc.org</a>	3136 West Street	Weirton	WV	26062	WVPCA
Marshall	CAC	Change, Inc/Family Medical Care Jefferson County	Jackie Reinacher	(304) 748-2828	<a href="mailto:jreinacher@changeinc.org">jreinacher@changeinc.org</a>	200 Luray Drive	Wintersville	OH	43952	WVPCA
Marshall	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Mason	IPA	Valley Health - Gallipolis Ferry		(304) 675-5725	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	15167 Huntington Road	Gallipolis Ferry	WV	25515	Valley
McDowell	CAC	Tug River Health Association	Sharon Waldron	(304) 448-2101 ext. 225	<a href="mailto:sharonwaldron52@yahoo.com">sharonwaldron52@yahoo.com</a>	PO Box 507	Gary	WV	24836	WVPCA
McDowell	CAC	Tug River Health Association	Kristy Burke	(304) 448-2101	<a href="mailto:kristy.burke76@yahoo.com">kristy.burke76@yahoo.com</a>	PO Box 507	Gary	WV	24836	WVPCA
McDowell	CAC	Tug River Health Association	Susan Jones	(304) 448-2101	<a href="mailto:sjones@citlink.net">sjones@citlink.net</a>	PO Box 507	Gary	WV	24836	WVPCA
McDowell	CAC	Tug River Health Association	Stephanie Crutchfield	(304) 448-2101	<a href="mailto:stephcrutch75@yahoo.com">stephcrutch75@yahoo.com</a>	PO Box 507	Gary	WV	24836	WVPCA
McDowell	CAC	Tug River Health Association	Stephanie Kennedy	304) 448-2101		PO Box 507	Gary	WV	24836	WVPCA
Mercer	CAC	Bluestone Health Association, Inc.	Holly Johnson	(304) 589-3251	<a href="mailto:holly@bluestonewv.org">holly@bluestonewv.org</a>	3997 Beckley Road	Princeton	WV	24740	WVPCA
Mercer	CAC	Bluestone Health Association, Inc.	Karen Hicks	(304) 431-5499	<a href="mailto:holly@bluestonewv.org">holly@bluestonewv.org</a>	3997 Beckley Road	Princeton	WV	24740	WVPCA
Mineral	CAC	E. A. Hawse Health Center, Inc.	Samantha Harman-Mowrey	(304) 897-5915 x229	<a href="mailto:smowery@hawsehealth.com">smowery@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Mineral	CAC	E. A. Hawse Health Center, Inc.	Cindy Howe	(304) 897-5915 x241	<a href="mailto:chowe@hawsehealth.com">chowe@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Mineral	CAC	E. A. Hawse Health Center, Inc.	Kimberly Miller	(304) 897-5915 x272	<a href="mailto:kmiller@hawsehealth.com">kmiller@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Mineral	CAC	E. A. Hawse Health Center, Inc.	Brenda Thompson	(304) 897-5915 x235	<a href="mailto:bthompson@hawsehealth.com">bthompson@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA

**West Virginia Assistors**

County	Assister	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
Mineral	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watts@hsc.wvu.edu">brittany.watts@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Mingo	IPA	Valley Health Steppstown		(304) 393-4090	<a href="mailto:assistors@valleyhealth.org">assistors@valleyhealth.org</a>	# 3 Adena Drive	Kermit	WV	25674	Valley
Monongalia	CAC	Clay-Batelle Community Health Center	Jason Whipkey	(304) 431-8211	<a href="mailto:Jason.Whipkey@cbhealthwv.org">Jason.Whipkey@cbhealthwv.org</a>	5861 Mason Dixon Highway	Blacksville	WV	26251	WVPCA
Monongalia	CAC	Clay-Battelle Community Health Center	Rusty Harvilla	(304) 432-8211	<a href="mailto:rusty.harvilla@cbhealthwv.org">rusty.harvilla@cbhealthwv.org</a>	5861 Mason Dixon Highway	Blacksville	WV	26251	WVPCA
Monongalia	CAC	Monongahela Valley Association of Health Centers (MVA)	Richard Thony	(304) 367-8759	<a href="mailto:richard.thony@mvahealth.org">richard.thony@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Monongalia	CAC	Monongahela Valley Association of Health Centers (MVA)	Mina Schultz	(304) 367-8759	<a href="mailto:mina.schultz@mvahealth.org">mina.schultz@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Monongalia	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Monroe	CAC	Monroe Health Center	Katie Erskine	(304)-772-3064 ext. 128	<a href="mailto:kerskine@monroehealthcenter.com">kerskine@monroehealthcenter.com</a>	200 Health Center Drive, PO Box 590	Union	WV	24983	WVPCA
Monroe	CAC	Monroe Health Center	Stephanie Aliff	(304)-772-3064 ext. 133	<a href="mailto:saliff@monroehealthcenter.com">saliff@monroehealthcenter.com</a>	200 Health Center Drive, PO Box 590	Union	WV	24983	WVPCA
Monroe	CAC	Monroe Health Center	Jessica Galford	(304)-772-3064 ext. 101	<a href="mailto:jessicagalford@monroehealthcenter.com">jessicagalford@monroehealthcenter.com</a>	200 Health Center Drive, PO Box 590	Union	WV	24983	WVPCA
Morgan	CAC	Tri-State Community Health Center	Sheila DeShong	(304)678-5187	<a href="mailto:sdeshong@tschc.com">sdeshong@tschc.com</a>	109 Rayloc Drive	Hancock	MD	27150	WVPCA
Morgan	CAC	Shenandoah Valley Medical System, Inc.	Katherine Lluberes	(304) 596-2224 ext. 1506	<a href="mailto:klluberes@svms.net">klluberes@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Morgan	CAC	Shenandoah Valley Medical System, Inc.	Lillian "Grissel" Anderson	(304) 596-2224 ext. 1510	<a href="mailto:landerson@svms.net">landerson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Morgan	CAC	Shenandoah Valley Medical System, Inc.	Christina Jackson	(304) 596-2224	<a href="mailto:cjackson@svms.net">cjackson@svms.net</a>	99 Tavern Road	Martinsburg	WV	25401	WVPCA
Morgan	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Brittany Watts	(304) 851-6737	<a href="mailto:brittany.watts@hsc.wvu.edu">brittany.watts@hsc.wvu.edu</a>	WVU Neurology Clinic, 156 Health Care Lane	Martinsburg	WV	25401	WV Healthy Start Navigator Project
Nicholas	CAC	Camden Family Health	Ann Girod	(304) 872-1663	<a href="mailto:agirod@cog-wv.org">agirod@cog-wv.org</a>	55 Friends R Fun Drive	Summersville	WV	26651	WVPCA
Nicholas	CAC	Rainelle Medical Center, Inc.	Megan Pettrey	(304) 438-6888	<a href="mailto:mpettrey@rmchealth.org">mpettrey@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Nicholas	CAC	Rainelle Medical Center, Inc.	Deanna Orndorff	(304) 438-6188 ext. 1013	<a href="mailto:dorndorff@rmchealth.org">dorndorff@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Ohio	CAC	Change, Inc	Amy Arneault	(304) 797-7733	<a href="mailto:arneault@changeinc.org">arneault@changeinc.org</a>	3138 West Street	Weirton	WV	26062	WVPCA
Ohio	CAC	Change, Inc/Family Medical Care Hancock County	Barb Urbowicz	(304) 748-2828	<a href="mailto:burbowicz@changeinc.org">burbowicz@changeinc.org</a>	3136 West Street	Weirton	WV	26062	WVPCA
Ohio	CAC	Change, Inc/Family Medical Care Jefferson County	Jackie Reinacher	(304) 748-2828	<a href="mailto:jreinacher@changeinc.org">jreinacher@changeinc.org</a>	200 Luray Drive	Wintersville	OH	43952	WVPCA
Ohio	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Pendleton	CAC	E. A. Hawse Health Center, Inc.	Samantha Harman-Mowrey	(304) 897-5915 x229	<a href="mailto:smowery@hawsehealth.com">smowery@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Pendleton	CAC	E. A. Hawse Health Center, Inc.	Cindy Howe	(304) 897-5915 x241	<a href="mailto:chowe@hawsehealth.com">chowe@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Pendleton	CAC	E. A. Hawse Health Center, Inc.	Kimberly Miller	(304) 897-5915 x272	<a href="mailto:kmiller@hawsehealth.com">kmiller@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Pendleton	CAC	E. A. Hawse Health Center, Inc.	Brenda Thompson	(304) 897-5915 x235	<a href="mailto:bthompson@hawsehealth.com">bthompson@hawsehealth.com</a>	PO Box 97	Baker	WV	26801	WVPCA
Pendleton	CAC	Pendleton Community Care	Theresa Kimble	(304) 358- 2355 ext. 1166	<a href="mailto:tkimble@pcc-nfc.org">tkimble@pcc-nfc.org</a>	314 Pine Street	Franklin	WV	26807	WVPCA
Pendleton	CAC	Pendleton Community Care	Chris Judy	(304) 358- 2355	<a href="mailto:cjudy@pcc-nfc.org">cjudy@pcc-nfc.org</a>	314 Pine Street	Franklin	WV	26807	WVPCA
Pendleton	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph Couty Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Pleasants	CAC	Ritchie Regional Health Center (RRHC)	Deanna Stanley	(304) 699-0957	<a href="mailto:deannastanley1153@yahoo.com">deannastanley1153@yahoo.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Pleasants	CAC	Ritchie Regional Health Center (RRHC)	Felicia Cozatt	(304) 699-0957	<a href="mailto:feliciadawnh@gmail.com">feliciadawnh@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Pleasants	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project

**West Virginia Assistors**

County	Assistor	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
Pocahontas	IPA	Community Care of West Virginia - Greenbank		(304) 456-5115		4498 Potomac Highland Trail	Green Bank	WV	24944	CCWV
Pocahontas	IPA	Community Care of West Virginia - Marlinton		(304) 799-4404		821 3rd Avenue	Marlinton	WV	24954	CCWV
Pocahontas	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph Couty Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Preston	CAC	Newburg Clinic	Sarah Maxwell	(304) 892-2828	<a href="mailto:smaxwell@ptchc.com">smaxwell@ptchc.com</a>	2060 M. Mountaineer Hwy	Newburg	WV	26410	WVPCA
Preston	CAC	St. George Medical Clinic	Mary Beth Streets	(304) 478-3339 ext. 125	<a href="mailto:sgmcreferral@citynet.net">sgmcreferral@citynet.net</a>	8591 Holly Meadows Road	Parsons	WV	26287	WVPCA
Preston	CAC	Rowlesburg Clinic	Sara Maxwell	(304) 892-2828	<a href="mailto:smaxwell@ptchc.com">smaxwell@ptchc.com</a>	1 Renaissance Square	Rowlesburg	WV	26425	WVPCA
Preston	CAC	Egion Clinic	Sarah Maxwell	(304) 892-2828	<a href="mailto:smaxwell@ptchc.com">smaxwell@ptchc.com</a>	2604 Grange Hall Road	Egion	WV	26716	WVPCA
Preston	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Putnam	CAC	Family Care Health Center	Bambi Huffman	(304) 720-4466	<a href="mailto:Bambi.huffman@familycarewv.org">Bambi.huffman@familycarewv.org</a>	116 Hills Plaza	Charleston	WV	25387	WVPCA
Putnam	CAC	Family Care Health Center	Angela Hughes	(304) 760-6333	<a href="mailto:Angela.hughes@familycarewv.org">Angela.hughes@familycarewv.org</a>	97 Great Teays Blvd	Scott Depot	WV	25560	WVPCA
Putnam	CAC	Family Care Health Center	Gail Parker	(304) 545-4519 (cell)	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	503 Roosevelt Blvd	Eleanor	WV	25070	WVPCA
Putnam	CAC	Family Care Health Center	Gail Parker	(304) 201-1130	<a href="mailto:gail.parker@familycarewv.org">gail.parker@familycarewv.org</a>	12 Kanawha Terrace	St. Albans	WV	25177	WVPCA
Raleigh	CAC	New River Health Association, Inc.	Anthony Canada	(304) 469-2905 ext. 1352	<a href="mailto:anthony.canada@nrhawv.org">anthony.canada@nrhawv.org</a>	908 Scarbro Road	Scarbro	WV	25917	WVPCA
Raleigh	CAC	AccessHealth	Lolita Jones	(304) 252-8324 ext. 153	<a href="mailto:ljones@accesshealthwv.com">ljones@accesshealthwv.com</a>	252 Rural Acres Drive	Beckley	WV	25801	WVPCA
Raleigh	Navigator	WV Navicare	Amanda Cummings	(844)- WV Cares (844)982-2737	<a href="mailto:amanda@1stchs.com">amanda@1stchs.com</a>					First Choice Services
Randolph	CAC	Belington Medical Clinic	Connie Williams	(304) 853-2175	<a href="mailto:cwilliams@BCMSA.ORG">cwilliams@BCMSA.ORG</a>	70 N. Sturmer Street	Belington	WV	26250	WVPCA
Randolph	CAC	Valley Health Care, Inc.	Robert Haddix	(304) 335-2050	<a href="mailto:vhc@wv.net">vhc@wv.net</a>	Polling Street	Mill Creek	WV	26280	WVPCA
Randolph	CAC	Valley Health Care, Inc.	Jennifer McLaughlin	(304) 335-2050	<a href="mailto:vhc@wv.net">vhc@wv.net</a>	Polling Street	Mill Creek	WV	26280	WVPCA
Randolph	CAC	Valley Health Care, Inc.	Danielle Findley	(304) 335-2050	<a href="mailto:vhc@wv.net">vhc@wv.net</a>	Polling Street	Mill Creek	WV	26280	WVPCA
Randolph	CAC	St. George Medical Clinic	Mary Beth Streets	(304) 478-3339 ext. 125	<a href="mailto:sgmcrererral@citynet.net">sgmcrererral@citynet.net</a>	8591 Holly Meadows Road	Parsons	WV	26287	WVPCA
Randolph	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph Couty Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Ritchie	CAC	Ritchie Regional Health Center (RRHC)	Deanna Stanley	(304) 699-0957	<a href="mailto:rcpcastanely@gmail.com">rcpcastanely@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Ritchie	CAC	Ritchie Regional Health Center (RRHC)	Felicia Cozatt	(304) 699-0957	<a href="mailto:feliciadawnh@gmail.com">feliciadawnh@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Ritchie	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Roane	CAC	Cabin Creek/Clendenin Health Center	Maria Shamblin	(304) 548-7272	<a href="mailto:mshamblin@cchcwv.com">mshamblin@cchcwv.com</a>	107 Koontz Avenue	Clendenin	WV	25045	WVPCA
Roane	CAC	Roane County Family Health Center, Inc.	Amy Landis	(304) 927-8185	<a href="mailto:alandis@rcfhc.org">alandis@rcfhc.org</a>	146 Williams Drive	Spencer	WV	25276	WVPCA
Summers	CAC	Monroe Health Center	Katie Erskine	(304)-772-3064 ext. 128	<a href="mailto:kerskine@monroehealthcenter.com">kerskine@monroehealthcenter.com</a>	200 Health Center Drive, PO Box 590	Union	WV	24983	WVPCA
Summers	CAC	Rainelle Medical Center, Inc.	Megan Pettrey	(304) 438-6888	<a href="mailto:mpettrey@rmchealth.org">mpettrey@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Summers	CAC	Rainelle Medical Center, Inc.	Deanna Orndorff	(304) 438-6188 ext. 1013	<a href="mailto:dorndorff@rmchealth.org">dorndorff@rmchealth.org</a>	645 Kanawha Avenue	Rainelle	WV	25962	WVPCA
Taylor	CAC	Belington Medical Clinic	Connie Williams	(304) 853-2175	<a href="mailto:cwilliams@BCMSA.ORG">cwilliams@BCMSA.ORG</a>	70 N. Sturmer Street	Belington	WV	26250	WVPCA
Taylor	CAC	Monongahela Valley Association of Health Centers (MVA)	Richard Thony	(304) 367-8759	<a href="mailto:richard.thony@mvahealth.org">richard.thony@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Taylor	CAC	Monongahela Valley Association of Health Centers (MVA)	Mina Schultz	(304) 367-8759	<a href="mailto:mina.schultz@mvahealth.org">mina.schultz@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Taylor	CAC	Preston-Taylor Community Health Centers, Inc.	Kim Mitchell	(304) 265-4909	<a href="mailto:kmitchell@ptchc.com">kmitchell@ptchc.com</a>	725 North Pike Street	Grafton	WV	26354	WVPCA
Taylor	Navigator	WV Healthy Start Navigator Project	Kelly Taylor Allen	(304) 598-5150	<a href="mailto:ktaylor5@hsc.wvu.edu">ktaylor5@hsc.wvu.edu</a>	453 Van Voorhis Road	Morgantown	WV	26505	WV Healthy Start Navigator Project
Tucker	CAC	Belington Medical Clinic	Connie Williams	(304) 853-2175	<a href="mailto:cwilliams@BCMSA.ORG">cwilliams@BCMSA.ORG</a>	70 N. Sturmer Street	Belington	WV	26250	WVPCA
Tucker	CAC	Preston Taylor Community Health Centers, Inc.	Terry White	(304) 463-3331	<a href="mailto:twhite@ptchc.com">twhite@ptchc.com</a>	30 Cortland Acres Lane	Thomas	WV	26292	WVPCA
Tucker	CAC	Mountaintop Health Center	Terry White	(304) 463-3331	<a href="mailto:twhite@ptchc.com">twhite@ptchc.com</a>	HC 60 Box 99	Thomas	WV	26292	WVPCA

**West Virginia Assistors**

County	Assister	Facility	Contact	Main Phone Number	Contact Email	Address	City	State	Zip Code	Organization
Tucker	CAC	St. George Medical Clinic	Mary Beth Streets	(304) 478-3339 ext. 125	<a href="mailto:sgmcrererral@citynet.net">sgmcrererral@citynet.net</a>	8591 Holly Meadows Road	Parsons	WV	26287	WVPCA
Tucker	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph County Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Tyler	CAC	Clay-Battelle Community Health Center	Rusty Harvilla	(304) 432-8211	<a href="mailto:rusty.harvilla@cbhealthwv.org">rusty.harvilla@cbhealthwv.org</a>	5861 Mason Dixon Highway	Blacksville	WV	26251	WVPCA
Tyler	IPA	Sisterville General Hospital	Luanne Beard	(304)447-2519	<a href="mailto:lbeard@sistersvillegeneral.com">lbeard@sistersvillegeneral.com</a>	314 South Wells Street	Sisterville	WV	25175	PIHN
Tyler	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Upshur	CAC	Community Care of West Virginia -Tri County Health		(304) 924-6262		PO Box 217, Intersection of Rt 4 & 20 South	Rock Cave	WV	26234	CCWV
Upshur	CAC	Care Xpress - Buckhannon		(304) 473-1440		11 N. Locust Street	Buckhannon	WV	26201	CCWV
Upshur	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Carol Cain Bush	(304)630-6225	<a href="mailto:ccbush@hsc.wvu.edu">ccbush@hsc.wvu.edu</a>	Randolph County Health Dept., 32 Randolph Ave., Ste. 101	Elkins	WV	26241	WV Healthy Start Navigator Project
Wayne	IPA	Valley Health - Westmoreland	Amber Caldwell	(304) 781-5800	<a href="mailto:assisters@valleyhealth.org">assisters@valleyhealth.org</a>	2908 Auburn Road	Huntington	WV	25704	Valley
Wayne	IPA	Valley Health - Fort Gay	Rhonda Damron	(304) 648-5544	<a href="mailto:assisters@valleyhealth.org">assisters@valleyhealth.org</a>	71 Wayne Street	Fort Gay	WV	25514	Valley
Wayne	IPA	Valley Health - Wayne	Rhonda Hinkle	(304) 272-5136	<a href="mailto:assisters@valleyhealth.org">assisters@valleyhealth.org</a>	203 Kenova Avenuenue	Wayne	WV	25570	Valley
Webster	CAC	Camden Family Health	Ann Girod	(304) 226-5725	<a href="mailto:agirod@cog-wv.org">agirod@cog-wv.org</a>	10003 Webster Road	Camden on Gauley	WV	26208	WVPCA
Webster	CAC	Camden Family Health	April Clenednin	(304) 226-5725	<a href="mailto:aclendenin@cog-wv.org">aclendenin@cog-wv.org</a>	10003 Webster Road	Camden on Gauley	WV	26208	WVPCA
Wetzel	CAC	Clay-Battelle Community Health Center of NE Wetzel County	Rusty Harvilla	(304) 432-8211	<a href="mailto:rusty.harvilla@cbhealthwv.org">rusty.harvilla@cbhealthwv.org</a>	60 May Lane, Suite 102	Burton	WV	26562	WVPCA
Wetzel	CAC	Monongahela Valley Association of Health Centers (MVA)	Richard Thony	(304) 367-8759	<a href="mailto:richard.thony@mvahealth.org">richard.thony@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Wetzel	CAC	Monongahela Valley Association of Health Centers (MVA)	Mina Schultz	(304) 367-8759	<a href="mailto:mina.schultz@mvahealth.org">mina.schultz@mvahealth.org</a>	1322 Locust Avenue	Fairmont	WV	26554	WVPCA
Wetzel	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Wirt	CAC	Minnie Hamilton Health Care Center	Janet Heiney	(304) 354-9244 ext. 1409	<a href="mailto:janet.heiney@mhcc.com">janet.heiney@mhcc.com</a>	186 Hospital Drive	Grantsville	WV	26147	WVPCA
Wirt	CAC	Wirt County Health Services Association, Inc. - Coplin Memorial	Casey Jo Lewis	(304) 275- 3301	<a href="mailto:clewis@wchsa.com">clewis@wchsa.com</a>	483 Court Street	Elizabeth	WV	26143	WVPCA
Wood	CAC	Ritchie Regional Health Center (RRHC)	Deanna Stanley	(304) 699-0957	<a href="mailto:rcpcastaney@gmail.com">rcpcastaney@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Wood	CAC	Ritchie Regional Health Center (RRHC)	Felicia Cozatt	(304) 699-0957	<a href="mailto:feliciadawnh@gmail.com">feliciadawnh@gmail.com</a>	135 South Penn Avenue	Harrisville	WV	26362	WVPCA
Wood	CAC	Wirt County Health Services Association, Inc. - Coplin Memorial	Casey Jo Lewis	(304) 275- 3301	<a href="mailto:clewis@wchsa.com">clewis@wchsa.com</a>	483 Court Street	Elizabeth	WV	26143	WVPCA
Wood	Navigator	WV Navicare	Stephanie Casto	(844)- WV Cares (844)982-2737	<a href="mailto:stephanie@1stchs.com">stephanie@1stchs.com</a>					First Choice Services
Wood	Navigator	West Virginia Healthy Start/WV Healthy Start Navigator Project	Jim Adams	(304)218-2894	<a href="mailto:james.adams1@hsc.wvu.edu">james.adams1@hsc.wvu.edu</a>	87 15th Street, Suite 124	Wheeling	WV	26003	WV Healthy Start Navigator Project
Wyoming	CAC	Tug River Health Association	Donna Musgrave	(304) 732-7069	<a href="mailto:dlnusgrave@aim.com">dlnusgrave@aim.com</a>	585 Appalachian Highway	Pineville	WV	24874	WVPCA

Updated October 28, 2016

Rebecca Gouty – State Coordinator  
 Medicare Programs  
 WV Bureau of Senior Services

## Medicare

### Agenda

- Medicare and the Marketplace
- WV SHIP
- WV SMP

## If You Have a Marketplace Plan First and Then Get Medicare Coverage

- You lose eligibility for any premium tax credits and/or reduced cost sharing for your Marketplace plan
- If you choose to drop your Marketplace plan, pay special attention to the timing
  - If a consumer is the only member of their household enrolled on their Marketplace plan, they should visit the Marketplace at least 15 days before the date they want their Marketplace coverage to end
  - If a consumer is enrolled in the same Marketplace plan with other members of their household, in most cases, their coverage will end immediately when they request termination of their coverage for only some people on their application
    - In some cases, coverage won't end immediately, including when the people staying on the Marketplace plan qualify for a Special Enrollment Period
  - If Marketplace coverage doesn't end immediately for the person being removed from the plan:
    - **If the request to remove the person is made on or before the 15th of the month:** Coverage ends on the last day of the current month
    - **If the request to remove the person is made after the 15th of the month:** Coverage ends on the last day of the next following month

## Terminating Medicare for Marketplace Plan

- If you're enrolled in premium Part A (meaning you pay monthly for Part A) and Part B, or Part B only
  - You can disenroll from Medicare and choose a Marketplace plan
  - You can qualify for advanced payments of the premium tax credit (APTC) or cost sharing reductions (CSRs) if you meet eligibility requirements
  - If you delay enrolling in Medicare after your Initial Enrollment Period (IEP) ends, a late enrollment penalty may apply
    - You would **only** be able to enroll during the Medicare GEP, January 1 to March 31, with coverage starting July 1
- Enrolled in Medicare premium free Part A
  - Must withdraw the application for Social Security benefits
  - Pay back all Social Security and Medicare benefits received
  - Lose APTC and CSR

July 2016

Medicare and the Marketplace

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## Medicare and Coverage through the Small Business Health Options Program (SHOP)

- Medicare Secondary Payer rules apply
- You may delay your Part B enrollment while covered by the Marketplace through your or your spouse's current employment
- You'll have a Special Enrollment Period (SEP) to sign up for Part B
  - Any time you're still covered by a group plan through your/your spouse's current employment
  - During 8-month period after current employment/coverage ends

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Medicare and the Marketplace

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## Next Steps for Consumers Who Have Premium-free Medicare Part A and Part B

- **If consumers have premium-free Medicare Part A and Part B**, they should end their Marketplace coverage with APTC.
  - Although consumers can keep both their Marketplace coverage without APTC and Medicare Parts A and B, Marketplace coverage duplicates benefits they already have through Medicare.
  - And because they are not eligible to receive APTC, ending their Marketplace coverage with APTC now will help them avoid having to pay back some or all of the APTC received during months they also had Medicare when they file their federal income tax return.

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## Next Steps for Consumers Who Have Premium-free Medicare Part A but not Part B

- **If consumers have premium-free Medicare Part A but don't have Part B**, they should end any APTC that they may be receiving for a Marketplace plan immediately. They may have to pay back some or all of the APTC for the months they had both Marketplace coverage with APTC and Medicare Part A. Consumers may want to stay in their Marketplace plan temporarily without APTC or CSRs, depending on when they turned 65.
- If consumers' 65th birthdays were **less than** 3 months ago, many people will want to enroll in Medicare Part B now and end Marketplace coverage.
  - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before the date they want their Marketplace coverage to end.
  - Usually, consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts. To enroll in Part B, direct consumers to contact the Social Security Administration
- If consumers' 65th birthdays were **more than** 3 months ago, many people will want to enroll in Medicare Part B during the next general enrollment period (January – March 2017; coverage starts July 1) and then end their Marketplace coverage.
  - If consumers want to enroll in Medicare Part B and end Marketplace coverage, they should contact the Marketplace at least 15 days before their Medicare Part B coverage starts to end their Marketplace coverage.
  - Usually consumers' Marketplace coverage should end the day before their Medicare Part B coverage starts.

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## WV SHIP



- State Health Insurance Assistance Program
  - Mission: Our mission is to empower, educate, and assist Medicare-eligible individuals, their families, and caregivers through objective outreach, counseling, and training, to make informed health insurance decisions that optimize access to care and benefits.
  - Vision: We are the known and trusted community resource for Medicare information.
- Federally Funded Grant Program
  - Administration for Community Living (ACL)
  - One in Every State and four territories located either in department of aging or department of insurance
- In WV
  - Housed in Bureau of Senior Services
  - Counselors within the Aging Network – County Aging Providers, Aging and Disability Resource Centers, Area Agencies on Aging
  - Volunteers



## What SHIP Does



- Help Medicare Beneficiaries and their family members/caregivers understand their coverage options through client interactions and outreach:
  - Part A
  - Part B
  - Part C
  - Part D
  - Medigap/Supplement
- Help low income Medicare Beneficiaries apply for assistance with Medicare costs
  - Medicare Savings Programs – QMB, SLMB, QIA
  - Extra Help/Low Income Subsidy
  - Patient Assistance Programs through drug manufacturers



## Medicare Open Enrollment



- October 15<sup>th</sup> – December 7<sup>th</sup>
- Time to review 2017 prescription drug plans and/or Medicare Advantage plans
- ~4,300 Medicare beneficiaries Medicare Advantage plans are terminating – these individuals will need to actively enroll into new coverage for 2017.
- Going from 27 prescription drug plans in 2016 to 22 prescription drug plans in 2017 – important to review and compare to see if plan is still the best for new year
- Refer to WV SHIP at Bureau of Senior Services
  - 304-558-3317 or 877-987-3646



## SMP



- Senior Medicare Patrol
  - Mission: The SMP mission is to empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, errors, and abuse through outreach, counseling, and education.
- Federally Funded Grant Program
  - Administration for Community Living (ACL)
  - One in every state and four territories – competitive grant mostly in department of aging or department of insurance but not always
- In WV
  - Housed in Bureau of Senior Services – received the grant in June 2015
  - Counselors within the Aging Network – County Aging Providers, Aging and Disability Resource Centers, Area Agencies on Aging
  - Volunteers



## What SMP Does



- Help Medicare Beneficiaries and their family members/caregivers protect their Medicare benefits, detect suspected Medicare fraud, waste, or abuse, and report suspicious activity
  - Outreach and Education Events
  - One on one client interactions
  - WV SMP toll free line: 1-855-254-1720



## Contact Information



- Marcia Meeks – SHIP and SMP Director
  - [Marcia.D.Meeks@wv.gov](mailto:Marcia.D.Meeks@wv.gov)
  - 304-558-3317 ext 107
- Rebecca Gouty – SHIP and SMP State Coordinator
  - [Rebecca.A.Gouty@wv.gov](mailto:Rebecca.A.Gouty@wv.gov)
  - 304-558-3317 ext 103
- WV Bureau of Senior Services 1900 Kanawha Blvd East, Charleston, WV 25305 (Mailing)
- 3<sup>rd</sup> Floor Charleston Town Center Mall (Physical)

## **CMS Webinar for Agents October 28, 2016 from 1:00 – 2:30**

### **) Plan Year 2017 FFM Registration and Training for Agents and Brokers**

- Friday, October 28 from 1:00 PM – 2:30 PM ET [register here](#)
- Brief Description: This webinar will walk new and returning agents and brokers through the registration and training steps for Plan Year 2017, highlight changes since Plan Year 2016, and describe the options for completing training either through the CMS Enterprise Portal via the MLMS or through one of the CMS-approved vendors. The webinar will also briefly review the SHOP Marketplace registration requirements.

### **Webinar Registration Instructions**

To register for a webinar complete the following steps (agents and brokers returning to REGTAP should start at step 3):

1. If you are new to REGTAP, visit <https://www.REGTAP.info> and "Register as a New User." You will receive an email to confirm your account
2. Click on the link in the email to complete the process of creating a user account
3. Log in to your account at <https://www.REGTAP.info>
4. Select "Training Events" from "My Dashboard."
5. Select the "View" icon next to the event title for the webinar you are interested in attending.
6. Select "Register Me."

If you require assistance with webinar registration, you may contact the Registrar at 800-257-9520 or [registrar@REGTAP.info](mailto:registrar@REGTAP.info). The registrars are available by phone from 9:00 AM – 5:00 PM ET, Monday through Friday. Registration closes 24 hours prior to each event.



The purpose of this document is to provide a quick overview for agents and brokers about how to complete FFM registration for plan year 2017. Agents and brokers will have the option to complete FFM training with a CMS-approved vendor, and potentially earn continuing education units (CEU). Training will still be offered by CMS through its Marketplace Learning Management System (MLMS). All training must be accessed through the CMS Enterprise Portal. Please also review the Quick Reference Guide about preparing your computer to use with the MLMS at [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick-Reference-Guide\\_ComputerConfigReqs\\_PY2017\\_FINAL.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick-Reference-Guide_ComputerConfigReqs_PY2017_FINAL.pdf).

## 1 1st Time FFM Registration Process

**NOTE:** If you previously created a CMS Enterprise Portal account, please follow steps in Section 2 to avoid creating duplicate accounts.

- Navigate to CMS Enterprise Portal at <https://portal.cms.gov/>
  - Create a CMS Portal Account by clicking “**New User Registration**”
  - Log in and select “**Request Access Now**”
    - Find the **FFM/Training – Agents/Brokers/Assisters** tile to request access
    - Request the **Agents and Brokers** role from the drop-down
  - Log back in and select “**Complete Agent Broker Training**” and complete the required profile information
  - Select “**Save/Update**” to access the MLMS Agent and Broker landing page to view the training options

**NOTE:** You can log into the Portal at any time to check your FFM registration status.

### Quick Tip: Training Options

Select the “**Learn More**” links next to each CMS-approved vendor training option to access pricing and CEU information. The MLMS offers free training from CMS, but CEUs are not available.

## 2 Registration Renewal

- Navigate to the CMS Enterprise Portal at <https://portal.cms.gov/>
  - Log in using your **FFM user ID and password** from last year
  - Select “**Complete Agent Broker Training**” to view the training options

**NOTE:** Since you were previously registered, you do not have to repeat identity proofing, but you must use your existing Portal credentials.

Creating duplicate accounts can result in delays to compensation from issuers. If you have trouble logging into an existing account, contact the XOSC Tier 1 support at 1-855-267-1515 or [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) for assistance.

### Quick Tip: FFM Credentials

This is the user ID and password you created when completing identity proofing in the past. If you forgot, try the “**Forgot user ID**” or “**Forgot Password**” links below the login button.

## 3 Enrolling in an MLMS Curriculum and Launching a Course – New Agent or Broker

- Navigate to the MLMS after logging into the CMS Enterprise Portal at <https://portal.cms.gov/>
  - Select “**Complete Agent Broker Training**” to view the training options
  - Select the “**Access Training**” link beside the MLMS listing
  - Complete your MLMS profile and click “**Save/Update**”
  - Select the curriculum you wish to complete from the **Training Options** section
  - Hover over the “**Actions**” link beside the curriculum you wish to enroll in and select “**Enroll**”
  - Select “**Complete Enrollment**”
  - Select the “**Go to Current Learning**” button
  - Select the “**Launch**” button next to the first course to start training (your pop-up blocker must be disabled)

**NOTE:** When you have completed all courses in a curriculum, you will be taken back to the Registration Status page. You may return to the MLMS to complete another curriculum by repeating the steps above.

### Quick Tip: Accessing MLMS

You can access the MLMS directly by hovering over the yellow MLMS box on the top left of the Registration Status page, and selecting “**Training**.” If you don’t see this option, click the **Maximize/Minimize** button in the upper right corner of the page.



### Quick Tip: Training Options

You may return at any time to enroll in the Individual Marketplace and/or SHOP Marketplace curricula.

#### 4 Enrolling in an MLMS Curriculum and Launching a Course – Returning Agent or Broker

**NOTE:** An agent or broker who is returning to the Individual Marketplace will be auto-enrolled in the PY2017 Refresher curriculum. The user may choose to enroll in the full training if desired and should review the steps in item 3 for instructions. There is no Refresher Training for agents and brokers who are returning to the SHOP Marketplace. As in previous years, CMS encourages agents and brokers to complete the SHOP Marketplace training and exam but they are not required.

- Navigate to the MLMS after logging into the CMS Enterprise Portal at <https://portal.cms.gov/>
  - Select **“Complete Agent Broker Training”** to view the training options
  - Select the **“Access Training”** link beside the MLMS listing
  - Complete your MLMS profile and click **“Save/Update”**
  - Select the PY2017 Refresher Curriculum from the **Curriculum Status** section
  - Select the **“Launch”** button next to the first course to start training (your pop-up blocker must be disabled)

**NOTE:** When you have completed all courses in a curriculum, you will be taken back to the Registration Status page. You may return to the MLMS to complete another curriculum by repeating the steps above.

#### **Quick Tip: SHOP Option in User Profile**

*By selecting “Yes” the user will be required to provide their SHOP agency name and SHOP agency URL.*

Are you a SHOP Agent/Broker?

Yes

No

#### 5 Deleting Extraneous Courses

**NOTE:** It is not necessary to delete courses that were added but not completed in plan year 2016, but if an agent or broker prefers to remove them from their Current Learning page they may. Agents and brokers will not be able to enroll in extraneous courses starting in plan year 2017 as they will only be enrolled in a curriculum and therefore must complete all courses presented.

- On the MLMS Agent and Broker landing page, select the Current Learning option in the left-hand navigation
- Locate the desired course in the list of enrolled courses
- Select the “Drop” link
- Select the “Drop” button
- Enter a reason for the dropped course in the “Input Reason” pop-up window
- Select the “Save” button

#### **Quick Tip: Plan Year 2017 Courses**

*Plan Year 2017 courses may not be deleted as they are part of the current curriculum. Only courses from Plan Year 2016 may be deleted.*

#### 6 Reviewing and Relaunching a Completed Course

**NOTE:** A user may review the content of a course after completing their full curriculum and the status is “Acquired” by relaunching the course. They do not have to complete the course entirely again to get credit as their initial completion is already captured.

- On the MLMS Agent and Broker landing page, select the **Curriculum Status** option in the left-hand navigation
- Locate the desired curriculum in the list of enrolled curricula
- Hover over the **“Actions”** link
- Select the **“View Course History”** link
- Locate the desired course and select the **“View Results”** link
- Select the **“Launch”** button in the pop-up window
- Proceed through the course as needed

#### **Quick Tip: Navigating Courses**

*Once the course is launched use the “Menu” feature to navigate directly to the section that needs added attention.*

**7 Completing FFM Registration after Completing Training with a CMS Approved Vendor**

- Log directly into MLMS using the link included in the confirmation email received from the CMS approved vendor
  - Make any updates in the profile fields and select **“Save/Update”** or **“Next”** if no updates are required
  - In the **Current Learning** section, select **“Launch”** next to each module to electronically sign the applicable agreement(s)

**NOTE:** When you have completed the agreement(s), you will be taken back to the Registration Status page. You may return to the MLMS to complete additional agreements by repeating the steps above.

**Quick Tip: Accessing Agreements**

*You will need to enroll in the CMS-approved vendor curriculum in the MLMS prior to signing the agreements. See the steps in Section 3 for details.*

**8 Updating Your Contact Information on Find Local Help**

- Navigate to the MLMS after logging into the CMS Enterprise Portal at <https://portal.cms.gov/>
  - Select **“Complete Agent Broker Training”** to view the training options
  - Select the **“Access Training”** link beside the MLMS listing
  - Update your profile information as needed and select **“Save/Update”**

**NOTE:** If you are the authorized individual completing FFM registration for a business entity (e.g., an agency) or a web-based entity (e.g., a web-broker), please review the text at the bottom of the MLMS profile page and fill out the appropriate section(s).

**Quick Tip: Find Local Help**

*You may select how and whether your MLMS profile information is displayed on HealthCare.gov’s “Find Local Help” within your MLMS profile.*

**9 Printing Your Registration Completion Certificate**

- Navigate to the CMS Enterprise Portal at <https://portal.cms.gov/>
- NOTE:** The date of completion will be found on the Registration Completion certificate.
- On the Registration Status page, select **“Print Certificate(s)”**
  - Update your profile information as needed and select **“Save/Update”** or **“Next”** if no information needs an update
  - On the Curriculum Status page, hover over the **“Actions”** link next to the applicable curriculum and select **“Print Certificate”**
  - Select **“Print”** in the top left of the pop-up window

**NOTE:** A **“Print your Registration Completion Certificate”** link is also available on the MLMS landing page in the Agent Broker Resources section.

**Quick Tip: Certificates**

*If your certificate indicates your registration status is “Incomplete” please return to the Registration Status page to complete identity proofing.*

**Additional Resources for agents and brokers may be found on the:** [CMS Agents and Brokers Resource webpage](#)

A link to an agent and broker FAQ with more detailed information is found in the MLMS in the **Help** portlet at the bottom of the MLMS Agent and Broker landing page.

**Agents and brokers may contact the following help desks as needed:**

For general questions about FFM registration, CMS policies, and other agent or broker issues, please contact:

[FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov)

For questions about logging into the CMS Enterprise Portal, please contact: [CMS\\_FEPS@cms.hhs.gov](mailto:CMS_FEPS@cms.hhs.gov) or 1-855-CMS-1515

For questions about the MLMS, please contact: [MLMSHelpDesk@cms.hhs.gov](mailto:MLMSHelpDesk@cms.hhs.gov)

For questions about AHIP training, please contact: [support@ahipinsuranceeducation.org](mailto:support@ahipinsuranceeducation.org) or 800-984-8919

For questions about NAHU training, please contact: [NAHU-FFM@nahu.org](mailto:NAHU-FFM@nahu.org) or 844-257-0990





## Welcome

Today we will discuss:

- Consumer Assistance Programs in place
- Certified Training
- Medicare
- Results of the first three Open Enrollments
- 2017 Enrollment

THANK YOU FOR COMING!



## Help available in the Marketplace

- Marketplace Call Center 1-800-318-2596
- Marketplace Website [www.healthcare.gov](http://www.healthcare.gov)
- Certified Assisters
  - Navigator Program
  - Certified Application Counselors (CAC)
- Agents



## Assisters Overview

- Assisters will be expected to:
  - Distribute fair, accurate, and impartial information about enrollment in Qualified Health Plans (QHP) and other health programs such as Medicaid and CHIP
  - Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities.
  - Facilitate education of a QHP
  - Refer Consumers to other programs (Medicaid and CHIP)
  - Must be certified through the CMS web-based training
  - Cannot accept compensation from issuers for enrollment in QHP's or non-QHP's



## Navigators

- Navigator Grants are awarded directly from CMS
- In West Virginia, we have two Navigator Organizations for 2017:
  - First Choice Services
  - Healthy Start WVU



## Certified Application Counselors (CAC)

- Every state is required to have a Certified Application Counselor program
- Interested organizations can submit a CAC application to CMS for approval
- An agreement is signed between CMS and the organization outlining the duties each organization will be required to fulfill
- Each person in the organization helping consumers with the marketplace must complete training through CMS to become certified



## Insurance Agents

- The only licensed assisters
- Can look at life situations and suggest plans
- Experienced with health insurance
- Available to insureds year round
- Can compare plans on and off the Marketplace to give consumers a complete look at their choices



## Insurance Agent Certification

- Complete the course on the on the CMS Enterprise Portal at <https://portal.cms.gov/>
- Must complete Individual training to sell individual products on the Marketplace
- For SHOP completion of offered training modules is encouraged, but not required
- Must sign SHOP Privacy and Security Agreement through MLMS to have access to SHOP Marketplace Agent Portal



## **West Virginia a Partnership State (SPM)**

- Plan Management and Consumer Assistance
  - Ensuring CMS and NAIC IT systems work as intended
  - Assisting issuers with filing process
  - Interacting with Federal Exchange on plan certification
  - Guarding against fraud and scams
  - Sharing information on consumer complaints with CMS
  - Monitoring market stability and solvency
  - Market compliance strategies still unclear with HHS



## **How the Marketplace Works**

- It uses one process to determine eligibility for
  - Qualified Health Plans(QHPs) through the Marketplace
  - Financial Assistance to lower monthly premiums
  - Reduced cost sharing
  - Medicaid
  - Children's Health Insurance Program (CHIP)
- It offers choice of plans and levels of coverage



## Marketplace Basics

- Offers Qualified Health Plans that provide
  - Essential Health Benefits
  - Consumer Protections
- Allows you to compare costs and coverage among QHPs
- Exchange-eligible Individuals
  - State residents (all incomes)
  - Age 64 and under
  - Not incarcerated
  - Lawful resident
  - Medicaid and CHIP



## Essential Health Benefits

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



## Preventive Benefits

- United States Prevention Services Task Force (USPSTF) grade all preventive medical services
- Any service with an A or B rating must be covered by a QHP with no cost sharing to the consumer
- The list can be found at:
  - <http://www.uspreventiveservicestaskforce.org/uspstf/uspsabrecs.htm>



## Pediatric Dental Coverage

- Pediatric Dental is a required EHB
  - All on and off certified SADP must offer at least one Pediatric Dental Plan
  - One child can have no more than \$350 out of pocket for dental expenses
- Off Marketplace Certified SADP can fulfill the requirement of pediatric dental for tax credit purposes
- Adult benefits remain the same as they have been in the past (waiting periods still apply)



## Pediatric EHB's

- Dental Exam every 6 months with Fluoride
- Full Mouth X-Ray every 36 months
- Sealants and Fillings as needed
- Simple Extractions
- Treatment of abscesses
- Root canal therapy
- Removal of cysts under tooth or gums
- Space maintainers
- Bitewings every 6 months



## Key Market Reforms

- Essential Health Benefits – all plans include the same major medical benefits
  - EHB's derived from the state benchmark plan, Highmark's Shared Cost \$1000 Deductible Plan
  - In West Virginia, Minimum Essential Coverage (MEC) is equal to the EHB's in our state's Benchmark Plan
- Discriminatory practices banned



## Key Market Reforms - continued

- Federal Subsidies for those at lower income levels to aid in their purchase
- Tax penalties for those that do not purchase insurance.
- Consumers receiving Advanced Premium Tax Credits (APTC) must be granted a 90 grace period to pay premiums by the carrier
  - Consumers not receiving APTC falls to the state mandated 30 days



## Qualified Health Plans

- A Qualified Health Plan
  - Is offered through the Marketplace by an issuer that is 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” level and one at the “Gold” level of cost sharing
  - Charges same premium whether offered through the Marketplace or outside the Marketplace



## Health Plan Categories



*Percent of Total Cost of Care Covered*



## Catastrophic Health Plans

- What is catastrophic coverage?
  - Federally mandated maximum OOP
  - Includes 3 primary care visits per year and preventive services with no out of pocket costs
  - Protects you from high out of pocket costs
- Who is eligible
  - Young adults under 30
  - Those who qualify for a hardship exemption



**Penalty is a flat fee or percent of family income  
whichever is greater**

Individual Mandate Penalty				
	Per Adult	Per Child	Max Per Family	Percent of Family Income
2014	\$95	\$47.50	\$285	1%
2015	\$325	\$162.50	\$975	2%
2016	\$695	\$347.50	\$,2085	2.50%
2017	*	*	*	2.50%
*Flat fee will be adjusted by inflation for 2017 and after				

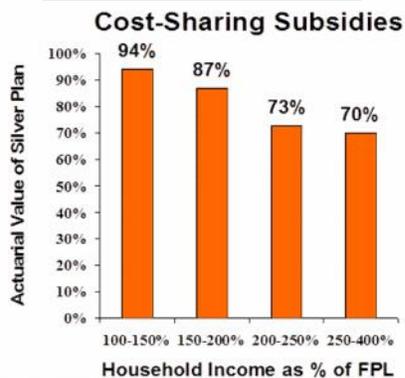


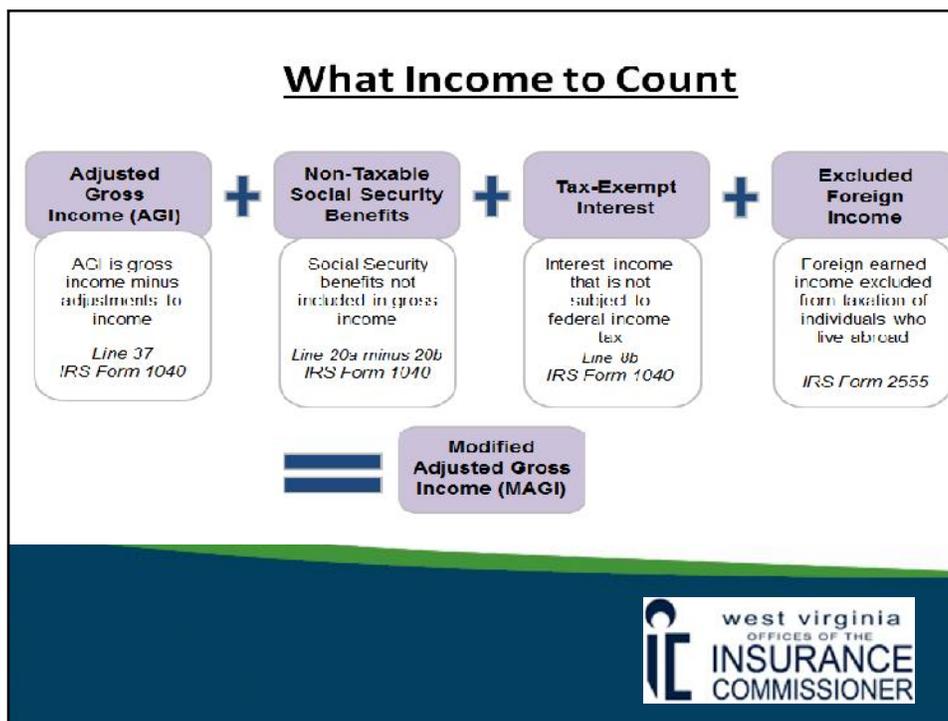
**Federal Assistance for Individuals**

**Advanced Premium Tax Credits**

Modified Adjusted Gross Income (MAGI) as % of Federal Poverty Level	Consumer Premium Contribution Cannot Exceed
100-133% FPL	2% of income
>134-150% FPL	3 - 4% of income
>151%-200% FPL	4 - 6.3% of income
>201-250% FPL	6.3 – 8.05% of income
>251-300% FPL	8.05 – 9.5% of income
>301-400% FPL	9.5% of income

**Cost Sharing Reductions**





### Advance Premium Tax Credits

- APTC must be reconciled each year
- If you receive APTC, you must file federal taxes for the tax year the APTC is received
- All income changes must be reported to the Federal Call Center immediately (800-318-2596)
- If your APTC is too high during the year, you will be required to pay back the difference

## Applicable Large Employers (ALE)

- ALEs must file Form [1095-C](#) and form [1094-C](#) annually
- Must provide a similar statement to each employee
  - A copy of the 1095-C will meet the requirement
- Self Insured ALEs must also report



## Form W-2 Reporting

- Value of health care coverage should be reported in box 12 with the code DD
- Should be a total of employer and employee contributions
- [More](#) than just major medical is to be included



## Enrollment in the Marketplace

- Open Enrollment begins November 1, 2016 and runs through January 31, 2017
- Utilizing same 15<sup>th</sup> of the month cut off

*ALL MEDICAL PLANS WILL FOLLOW THE FEDERAL OPEN ENROLLMENT, ON AND OFF MARKETPLACE*



## West Virginia Enrollment

Open Enrollment Year	2016	2015	2014
Marketplace Enrollment*	37,284	33,421	19,856
<b>Marketplace Financial Assistance</b>			
Yes	86%	86%	86%
No	14%	14%	14%

\*Department of Health & Human Services ASPE Issue Briefs May 1, 2014, March 10, 2015, March 11, 2016.



## Redeterminations

- If the consumer allowed auto renewals in their initial application, the Federal Hub will automatically recalculate any APTC based on the previous year's income
- Consumers are HIGHLY encouraged to go into their online account to verify their income and other personal information
- Consumers have the right to change plans during each Open Enrollment Period



## SHOP Marketplace

- Eligibility in the SHOP Marketplace
  - Business located in the state where you are buying coverage
  - At least one common law employee on payroll
  - 50 or fewer full time equivalent employees



## How to Count

- A full time employee is one working 30 hours per week
- 50 full time employees is determined by a combination of full and part time employees
- Seasonal staff counts if employed over 120 days a year

[www.Healthcare.gov/FTE-calculator/](http://www.Healthcare.gov/FTE-calculator/)



## SHOP Marketplace

- Rating Methodology
  - Rates are derived from age and zip code
  - Any composite rates have tobacco load added after the composite to affected members only

- Estimated Rates
  - [www.Healthcare.gov/find-premium-estimates/](http://www.Healthcare.gov/find-premium-estimates/)



## SHOP Market Reforms

- Non-profits are permitted a religious exemption for Contraceptive Coverage. CMS, through a third party vendor, will coordinate contraceptive coverage for any employee of such non-profit wishing coverage.
- Single Risk Pool Requirements for Insurers
  - Insurers must combine their risk pools of on and off Marketplace plans (both individual and small group) so that the rating maintains consistency



## Affordability Provision

- When is a group plan considered affordable?
  - No employee can be required to pay more than 9.5% of his W-2 Income.

Hourly Rate	Hours/Week	Annual Comp	9.5% of Comp	Max Monthly TT Cost for IT Coverage
\$7.25	30	\$11,310	\$1,074.45	\$89.54
\$7.25	40	\$15,080	\$1,432.60	\$119.38
\$8	30	\$12,480	\$1185.60	\$98.80
\$8	40	\$16,640	\$1580.80	\$131.73
\$10	30	\$15,600	\$1300.00	\$123.50



## State Regulation of Stop-Loss Insurance

- Department of Labor views the States as have regulatory authority over insurance policies issued to plans or plan sponsors
- Stop Loss Insurer sets attachment points
- WV follows NAIC model

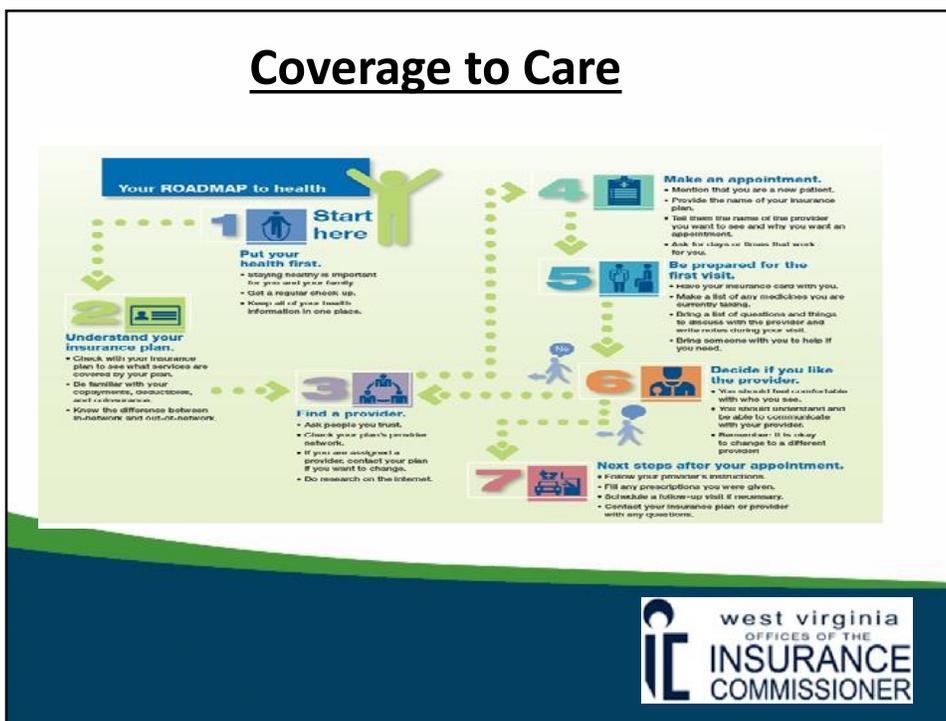


## Health Literacy Education

- Consumers don't understand what they purchase
- Insurance as a Second Language
  - Deductible
  - Co-Insurance
  - Copays
  - Out of Pocket Maximum
- Coverage to Care
- Glossary of Health Insurance Terms



## Coverage to Care



## WVOIC Consumer Services

- Consumer Services is the liaison between the Consumer and the Insurance Company
- Unresolvable Issues should be brought to their attention for help and resolution
- Call the Life and Health Team (888-TRY-WVIC)

## 2017 ACA Compliant Medical Plans

### 2017 Medical Plans *On & Off* Exchange effective January 1, 2017

Issuer	Highmark				CareSource		All Issuers
	PPO				HMO		
Type							
Plan/Tier	Individual		Small Group		Individual		
Exchange	ON	OFF	ON	OFF	ON	OFF	Total Metal Levels
Platinum	0	0	0	2	0	0	2
Gold	2	2	1	3	3	3	14
Silver	3	3	3	8	3	3	23
Bronze	1	1	2	3	3	3	13
Catastrophic	1	1	N/A	N/A	0	0	2
<b>Total</b>	<b>7</b>	<b>7</b>	<b>6</b>	<b>16</b>	<b>9</b>	<b>9</b>	<b>54</b>

### All Plans

Individual <i>ON &amp; OFF</i>	Small Group <i>ON &amp; OFF</i>
Total	Total
0	27
10	52
14	56
13	17
3	NA
<b>40</b>	<b>152</b>
<b>Total Plans</b>	<b>192</b>

Notes: Data created from Rate and Form filings submitted to WVOIC for 2017

N/A - Catastrophic plans are not applicable for Small Group

Any *individual plan* offered on exchange MUST be offered off exchange. Not all off exchange plans must be offered on exchange

### 2017 Medical Plans *Off* Exchange only effective January 1, 2017

Issuer	The Health Plan		THP <sup>1</sup>	Optimum Choice	Freedom Life	United Healthcare	Federated Mutual	Aetna Health	All Issuers
Type <sup>2</sup>	HMO		PPO	HMO	PPO	EPO/POS	PPO	HMO	
Plan/Tier	Individual	Small Group	Small Group Only	Small Group Only	Individual	Small Group Only	Small Group Only	Individual	Total Metal Levels
Metal Level									
Platinum	0	1	1	6	0	14	3	0	25
Gold	0	1	1	11	0	25	10	0	48
Silver	0	1	1	10	2	19	14	0	47
Bronze	1	1	1	3	3	3	4	1	17
Catastrophic	1	N/A	N/A	N/A	0	N/A	N/A	0	1
<b>Total</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>30</b>	<b>5</b>	<b>61</b>	<b>31</b>	<b>1</b>	<b>138</b>

Source: Data created from Rate and Form filings submitted to WVOIC for 2017.

<sup>1</sup> THP is a sister company of The Health Plan of the Upper Ohio Valley, Inc.

<sup>2</sup> Type: HMO - Health Maintenance Organization; POS - Point of Service; EPO - Exclusive Provider Organization; PPO - Preferred Provider Organization

N/A - Catastrophic plans are not applicable for Small Group

# Dental Plans off the Marketplace

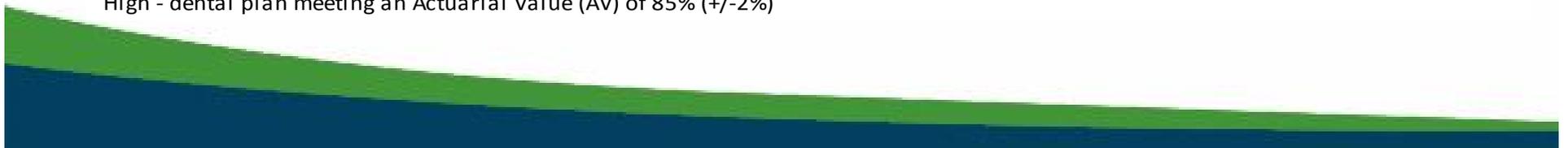
## 2017 Stand Alone Dental Plans Off the Exchange effective January 1, 2017

Issuer	Ameritas	Companion	Metropolitan	Principal	Reliance Standard
Plan/Tier Level	Small Group Only				
Low <sup>1</sup>	2	0	1	1	2
High <sup>2</sup>	2	1	0	1	2
<b>Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>
Issuer	Renaissance		Standard		All Issuers
Plan/Tier Level	Individual	Small Group	Small Group Only		All Plan/Tier
Level					All Levels
Low <sup>1</sup>	2	1	2		11
High <sup>2</sup>	2	1	2		11
<b>Total</b>	<b>4</b>	<b>2</b>	<b>4</b>		<b>22</b>
<b>Total All Plans and Levels</b>					<b>22</b>

Notes: Data created from Rate and Form filings submitted to WVOIC for 2017. All Plans are Off Exchange Certified

<sup>1</sup> Low - dental plan meeting an Actuarial Value (AV) of 70% (+/-2%)

<sup>2</sup> High - dental plan meeting an Actuarial Value (AV) of 85% (+/-2%)



# Dental Plans on the Marketplace

**2017 Stand Alone Dental Plans On/Off the Exchange effective January 1, 2017**

Issuer	Delta				Dentegra				TruAssure				All Issuers
	Individual		Small Group		Individual		Small Group		Individual		Small Group		
Exchange	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	ON	OFF	All Levels
Low <sup>1</sup>	1	2	1	2	1	2	1	2	1	1	0	1	15
High <sup>2</sup>	1	2	1	2	1	1	1	1	1	1	0	1	13
<b>Total</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>28</b>

Notes: Data created from Rate and Form filings submitted to WVOIC for 2017

<sup>1</sup> Low - dental plan meeting an Actuarial Value (AV) of 70% (+/-2%)

<sup>2</sup> High - dental plan meeting an Actuarial Value (AV) of 85% (+/-2%)

Delta, Dentegra & TruAssure are all owned by Delta Dental.



# Resources

- HealthCare.gov  
[www.healthcare.gov](http://www.healthcare.gov)
- CCIIO website:  
[www.cms.gov/CCIIO](http://www.cms.gov/CCIIO)
- WVOIC Health Policy Unit:  
[www.bewv.com](http://www.bewv.com)
- CMS Marketplace Call Center  
1-800-318-2596



# MARKETPLACE AGENT AND BROKER TOOLKIT

## *The Agent and Broker Roadmap to Resources*





### The Agent and Broker Roadmap to Resources

#### **Welcome to the Agent and Broker Roadmap to Resources!**

*The Agent and Broker Roadmap to Resources (the Roadmap) serves as your quick guide to the resources the Centers for Medicare & Medicaid Services (CMS), and our federal partners have developed to help agents, brokers, and consumers navigate the Health Insurance Marketplace (Marketplace).*

The Roadmap introduces important Marketplace<sup>1</sup> and other health coverage topics, provides links to helpful resources on those topics, and contains information that you “Need to Know” when helping consumers apply for and enroll in Marketplace and other health coverage.

*Disclaimer: The information provided in this document is only intended to be a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance upon which it is based. This document summarizes current policy and operations as of the date it was published. We encourage readers to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them and consumers.*

#### **What’s inside?**

- I. How to get the latest information on Marketplace policies and operations from CMS
- II. What coverage options are available to consumers
- III. What you need to know about the Marketplace eligibility and enrollment process to help consumers get coverage
- IV. How to access Marketplace information and resources in other languages



<sup>1</sup> The term “Marketplace” is used in this document to refer to the Federally-facilitated Marketplace, including State Partnership Marketplaces.



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## 1. Agent and Broker Resources and Communications

*In this chapter you can learn about:*

- *How to get the latest information from CMS on Marketplace policies and operations*
- *Which agencies and organizations have resources on the Affordable Care Act*
- *How to get direct help with supporting consumers*

### 1.1 How do I get the latest information from CMS on Marketplace policies and operations?

You can stay up-to-date on Marketplace policies and operations, eligibility and enrollment activities, and special announcements from CMS using the resources described below.

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#### **The Monthly “News for Agents and Brokers” Newsletter**

CMS emails the newsletter to agents and brokers once every month. The newsletter provides information about the Affordable Care Act and the Marketplace. Subscribe to the newsletter by emailing the FFM Producer and Assister Help Desk at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov). Once subscribed, you will receive the latest information about Marketplace policies and operations, information from past agent and broker webinars, upcoming webinars and trainings, FFM agent and broker registration resources, relevant guidance and regulations, and important announcements for agents and brokers. Visit the link below to view an archive of past newsletters.

▶ See an archive of [past newsletters](#).

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#### **Agent and Broker Webinars**

Whether you are new to the Marketplace or a returning agent or broker who has participated in the Marketplace in past years, we encourage you to participate in agent and broker webinars for additional training opportunities. Webinars cover various Marketplace and health coverage topics so you can help consumers get coverage. You can find the agent and broker webinar schedule in the monthly “News for Agents and Brokers” newsletter and on the [Agents and Brokers Resources webpage](#).

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#### **Agents and Brokers Resources Webpage**

The [Agents and Brokers Resources webpage](#) contains resources for agents and brokers who are assisting individual market consumers in the Marketplace, as well as small group market employers and employees in the Small Business Health Options Programs (SHOP) Marketplace. Resources are provided to help agents and brokers navigate through registration and training, guidance, eligibility application and enrollment. In addition, you can find past information from the News for Agents and Brokers monthly newsletter, webinar slides, and Open Enrollment information.

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## 1.2 Which agencies and organizations have resources on the Affordable Care Act?

Many different federal and state entities play a role in implementing the Marketplace and other provisions of the Affordable Care Act. Non-governmental organizations also provide information and resources on the Affordable Care Act. This section provides information on some of these entities and organizations and links to resources they have made available.

### 1.2.1 CMS Resources

You can use the resources CMS has created while helping consumers complete eligibility and enrollment activities.

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#### **HealthCare.gov**

HealthCare.gov is the official website of the Federally-facilitated Marketplace and the SHOP Marketplace where consumers and small employers can apply for health coverage, browse plans, and enroll in coverage. The website also offers many resources for you and the consumers you help – it provides information about eligibility for health coverage, the Marketplace application, and how to complete enrollment.

- ▶ Go to [HealthCare.gov](https://www.healthcare.gov) for the Marketplace online application and helpful information about Marketplace eligibility and enrollment (also available in [Spanish](#)).
- ▶ See the [Quick Guide to the Marketplace](#) for an overview of Marketplace eligibility requirements and deadlines (also available in [Spanish](#)).

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#### **Marketplace.cms.gov**

Marketplace.cms.gov is the official Marketplace information source for outreach partners. This site provides technical resources, tools, and tips to explain Marketplace concepts and better prepare you to help consumers. On this site, you will find a number of fact sheets, Frequently Asked Questions (FAQs), PowerPoint presentations, and more on Marketplace policy and operations, and education and outreach. You can also download forms and other documents consumers may need, such as appeal and exemption forms.

- ▶ Go to [Marketplace.cms.gov](https://marketplace.cms.gov).
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#### **Center for Consumer Information & Insurance Oversight**

The Center for Consumer Information & Insurance Oversight (CCIIO) is the center within CMS responsible for implementing many of the health coverage reform provisions under the Affordable Care Act, including the Marketplace and Marketplace consumer assistance programs. Visit CCIIO's website for the latest guidance and fact sheets on agent and broker Marketplace training and registration, providing assistance to consumers, as well as a number of other policies related to the Affordable Care Act.

- ▶ Go to the [CCIIO](#) website.

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#### **Registration for Technical Assistance Portal (REGTAP)**

REGTAP is an online hub and storage site for CMS sub-regulatory guidance related to the Marketplace and general health reform under the Affordable Care Act. On REGTAP, you can access the latest sub-regulatory guidance on topics like qualified health plans (QHPs), enrollment and eligibility, issuer payments, and the SHOP Marketplace.

- ▶ Register on the [REGTAP](#) website.
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#### 1.2.2 Key Federal Partners

Many different agencies within the Department of Health & Human Services (HHS) and across the federal government are involved in implementing the Affordable Care Act. Inter-departmental and cross-agency collaboration is necessary to ensure consumers get access to affordable, quality health care coverage. Use the links provided below to access resources produced by other agencies. You can use these resources when helping consumers with eligibility and enrollment activities related to Marketplace coverage, Medicaid, Medicare, and other health care coverage programs and initiatives.

#### Department of Health & Human Services



HHS seeks to improve the health, safety, and well-being of Americans. HHS provides information on the Affordable Care Act and how it increases access to affordable, quality health care coverage for Americans. You can use the resources developed by HHS to support consumers and other stakeholders seeking to enroll in coverage and to help them transition from coverage to care.

- ▶ See [HHS resources related to the Affordable Care Act](#).

#### CMS



Medicaid and Medicare are federal programs administered by CMS, a federal agency within HHS.

Medicaid.gov is a one-stop shop for federal policy and program information about Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program. On Medicaid.gov, you can find information about Medicaid and CHIP coverage, benefits, and application processes to share with consumers. For information about state Medicaid offices, please see the [State Resources section](#).

- ▶ Go to the [Medicaid](#) website.
- ▶ Medicaid and CHIP eligibility requirements vary by state. Find information about the [Medicaid and CHIP programs in each state](#).
- ▶ Find [information about how the Affordable Care Act affects Medicaid beneficiaries](#).

Medicare.gov provides Medicare beneficiaries, family members, and care-givers with the latest information on Medicare enrollment, policies, and benefits. You can refer beneficiaries to Medicare.gov for help with things like choosing a Medicare plan and finding providers.

- ▶ Go to the [Medicare](#) website.
- ▶ Find information about [how the Affordable Care Act affects Medicare beneficiaries](#).



#### Health Resources and Services Administration



The Health Resources and Services Administration (HRSA), a federal agency within HHS, is committed to improving access to health care by strengthening the health care workforce, building healthy communities, and achieving health equity. HRSA's programs, such as federally-qualified health centers, rural health clinics, and Ryan White HIV/AIDS programs, aim to increase access to health care coverage and services for consumers who are geographically isolated, or economically or medically vulnerable. You can use these resources to learn about HRSA's programs.

- ▶ Go to the [HRSA](#) website.
- ▶ Find information about [how the Affordable Care Act impacts rural and vulnerable populations](#).
- ▶ Find information on some of the [HRSA-funded programs](#).

#### HHS Office of Minority Health



The Office of Minority Health (OMH), a federal agency within HHS, works to improve the health of racial and ethnic minority populations through the development of health policies and programs that aim to eliminate health disparities. OMH connects minority consumers and communities of color with information about affordable health coverage options.

- ▶ Go to the [OMH](#) website.

#### The Indian Health Service



The Indian Health Service (IHS), a federal agency within HHS, is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to [566 federally recognized tribes](#) in 35 states.

- ▶ Go the [IHS](#) website for more information about the health care services they provide.
- ▶ See the IHS's [Fact Sheets](#) containing general information on the IHS and on specific health care topics concerning American Indian and Alaska Native people.



#### Internal Revenue Service



The Internal Revenue Service (IRS) is the federal agency responsible for tax collection and tax law enforcement. It provides information about provisions of the Affordable Care Act that impact consumers' federal taxes. The IRS publishes tax bulletins with detailed information on tax law and forms related to Affordable Care Act provisions, such as the Form 8962, Premium Tax Credit, and Form 8965, Health Coverage Exemptions.

- ▶ Go to the [IRS](#) website.
- ▶ Find information about [tax provisions of the Affordable Care Act](#), such as the premium tax credit, exemptions, and fee (also known as the penalty, fine, individual shared responsibility payment, or individual mandate) for not having health coverage.

#### Department of Labor



The Department of Labor (DOL) provides information about the Affordable Care Act provisions and other consumer protections (e.g., Consolidated Omnibus Budget Reconciliation Act [COBRA] coverage) related to employment-based group health plans for consumers and their families. You can use these resources to help employers, employees, and their families learn more about employment-based health coverage.

- ▶ Go to the [DOL](#) website.
- ▶ Find information about [provisions of the Affordable Care Act related to employers and employees](#).

#### Veterans Affairs



The Department of Veterans Affairs (VA) provides information about health coverage options available to veterans and their families, and the provisions of the Affordable Care Act that are relevant to this population. Refer consumers to these resources for more information about how the Affordable Care Act impacts veterans.

- ▶ Go to the [VA](#) website.
- ▶ Find information about [provisions of the Affordable Care Act related to veterans and their dependents](#).

#### Small Business Administration



The Small Business Administration (SBA) is an independent agency of the federal government formed to aid, counsel, assist, and protect the interests of small business concerns. The SBA provides information about the Affordable Care Act, the Marketplace, and regulations that impact self-employed individuals and small businesses. Refer to these resources to help self-employed consumers and/or small business owners explore their health coverage options.

- ▶ Go to the [SBA](#) website.
- ▶ Find information about [provisions of the Affordable Care Act related to small businesses or self-employed individuals](#).



#### 1.2.3 State Resources

You can also consult state resources to learn about state-specific policies and regulations, including any specific policies or requirements that apply to agents and brokers. Becoming familiar with these resources will help you provide consumers with relevant, state-specific information related to their health care coverage.

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##### State Medicaid Agencies

Each state has a unique Medicaid program. You can visit the state's Medicaid website for accurate and up-to-date information on eligibility for Medicaid and CHIP in a particular state.

- ▶ Locate your [state's Medicaid profile](#).

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##### State-specific Agent and Broker Information and Resources

States may have their own agent and broker licensure and training requirements. State Departments of Insurance (DOIs) and/or other state agencies may establish these requirements for agents and brokers, and regulate many other aspects of health coverage within a state. Check with your state's DOI (and/or other applicable agency) to see what requirements you must meet to help consumers get health coverage.

- ▶ Find information about your [state's DOI](#).

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##### State Health Insurance Assistance Programs



State Health Insurance Assistance Programs (SHIPs) provide free, in-depth, one-on-one coverage counseling to Medicare beneficiaries, their families, friends, and caregivers. SHIPs operate in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. SHIPs are grant-funded projects of HHS' Administration for Community Living (ACL). You can work with consumers to contact their state's SHIP office if they have questions or concerns about Medicare and other Medicare-related health coverage plans and programs.

- ▶ Click here to find information about [SHIPs](#).
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#### 1.2.4 Non-governmental Resources

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<b>Enroll America</b>	▶ The <a href="#">Enroll America</a> website contains resources on consumer outreach and enrollment.
<b>The Henry J. Kaiser Family Foundation</b>	▶ The <a href="#">Kaiser Family Foundation</a> website contains surveys, state health facts, and studies on national and international health care, as well as explanatory tools and resources on health reform.
<b>Center on Budget and Policy Priorities</b>	▶ The <a href="#">Center on Budget and Policy Priorities</a> health reform website contains research in health policy and resources on Marketplace eligibility and enrollment activities.
<b>The Center for Children and Families of the Georgetown University Health Policy Institute</b>	▶ The <a href="#">Center for Children and Families of the Georgetown University Health Policy Institute</a> website contains information about the Affordable Care Act and other health policy topics.
<b>The Refugee Health Technical Assistance Center</b>	▶ The <a href="#">Refugee Health Technical Assistance Center</a> contains information about health coverage options for refugees and other immigrants.
<b>Agent and Broker Industry Trade Associations</b>	<p>The agent and broker industry trade associations include:</p> <ul style="list-style-type: none"><li>▶ <a href="#">National Association of Health Underwriters (NAHU)</a></li><li>▶ <a href="#">Council on Insurance Agents and Brokers (CIAB)</a></li><li>▶ <a href="#">National Association of Insurance and Financial Advisors (NAIFA)</a></li><li>▶ <a href="#">Independent Insurance Agents and Brokers of America (IIABA)</a></li><li>▶ <a href="#">National Association of Professional Insurance Agents (NAPIA)</a></li></ul>

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*Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplace. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.*



## 1.3 How can I get direct help?

This section describes support to help you answer specific questions or address issues that may arise when helping consumers with Marketplace eligibility and enrollment activities.

### 1. Marketplace Call Center

The Marketplace Call Center helps consumers enroll in health coverage and provides frontline support for consumers experiencing Marketplace eligibility or plan selection issues. For example, Call Center Representatives can help consumers reset their HealthCare.gov passwords, walk them through how to select plans, and help triage and properly assign consumer cases dealing with more complex enrollment issues, if appropriate. You should refer consumers to the Marketplace Call Center if they are experiencing problems using HealthCare.gov or need additional help with eligibility and enrollment.

▶ [Contact the Marketplace Call Center](#)  
(contact information in [Spanish](#)).

▶ Contact the SHOP Marketplace Call Center for SHOP Marketplace-specific questions at: 1-800-706-7893 (TTY: 711) Open Monday through Friday, 9:00 AM to 7:00 PM Eastern Time (ET).



### Things You Should Know

- **Use** this [checklist](#) to help consumers gather the information they need to enroll before contacting the Marketplace Call Center for enrollment assistance.
- **Instruct** consumers who need to call the Marketplace Call Center with enrollment issues to gather as much information about their application as possible before contacting the Marketplace Call Center. Consumers should have their application ID available when they call.
- **Remind** consumers that they need to reauthorize the Marketplace Call Center to allow an agent or broker to work on their behalf once every 365 days.

### 2. The Agent and Broker Call Center

The Agent and Broker Call Center is dedicated to agents and brokers operating in states that use the HealthCare.gov platform. The Agent and Broker Call Center can provide guidance to you on topics such as FFM registration and training, the Marketplace Learning Management System (MLMS) and CMS-approved vendor training options, National Producer Numbers (NPNs), and HealthCare.gov website issues.



### 1 Agent and Broker Resources and Communications

- ▶ Agents and brokers can call **1-855-CMS-1515 (855-267-1515)** and select option “1” to speak with Agent and Broker Call Center Representatives from Monday through Saturday from 8:00 AM – 10:00 PM ET.
- ▶ Please note that the Agent and Broker Call Center does not have access to consumer information and is not be able to handle specific questions or issues with a consumer’s application. The Marketplace Call Center (1-800-318-2596) remains the central point of contact for assistance related to enrolling consumers into coverage through the Individual Marketplace. Agents and brokers should contact the SHOP Call Center at 1-800-706-7893 for assistance related to coverage through the SHOP Marketplace.

### 3. Regional Office Liaisons

CMS has 10 Regional Offices (ROs) located throughout the United States. The CMS ROs are CMS’ local presence in your community. ROs are available to serve as a resource for consumers seeking assistance with Medicare, Medicaid, and the Marketplace.



## 2. Coverage Options Available to Consumers

*There are a number of health care coverage options available to consumers, including:*

- *Marketplace coverage for individuals*
- *Medicaid and CHIP coverage*
- *SHOP Marketplace coverage for small employers and their employees*
- *Medicare*
- *Other coverage options such as employer-sponsored coverage, VA benefits, and private health coverage purchased outside the Marketplace*

*Learn about each coverage option in the sections below.*

### 2.1 Marketplace Coverage

Most consumers are eligible to buy health coverage through the Marketplace. To be eligible for health coverage through the Marketplace, a consumer:

- Must be a resident of the state served by the Marketplace,
- Must be a U.S. citizen, U.S. national, or be lawfully present, and reasonably expect to be for the entire time they will be enrolled, and
- Cannot be incarcerated (other than incarceration pending disposition of charges).

Note: Generally, if consumers have Medicare coverage, issuers cannot sell individual market Marketplace coverage to them. Go to the [Chapter II, Section C on Medicare](#) for more information about the relationship between Medicare and the Marketplace.

#### 2.1.1 When can consumers enroll in coverage through the Marketplace?

Consumers can generally enroll in a QHP through the Marketplace only during the annual **Open Enrollment period**. After the Open Enrollment period ends, you can help consumers who experience certain life changes find out if they qualify for a **special enrollment period** to get coverage through the Marketplace. In most cases, consumers qualify for a special enrollment period in the Marketplace for a 60-day period from the date following certain life events that involve a change in family status (e.g., marriage or birth of a child). In the case of the SHOP Marketplace, most special enrollment periods last for a 30-day period from the date of the life event. If consumers are already enrolled in coverage through the Marketplace when they experience a

#### Things You Should Know

**Help** consumers report changes to the Marketplace during and after open enrollment online at HealthCare.gov and through the Marketplace Call Center.

**Remember** that for some special enrollment periods, consumers can enroll online at HealthCare.gov or over the phone with the Marketplace Call Center, but other special enrollment periods are offered only through the Marketplace Call Center.



2 Coverage Options Available to Consumers

certain life event, you can help them find out if they are eligible to change Marketplace plans or add household members to their existing plan. See Chapter III, Section D, [How can I help consumers report life changes to the Marketplace?](#) for more information on reporting life changes to the Marketplace.

**Learn the Basics and Find More Information:**

- ▶ See a [list of life events](#) that may qualify consumers for a special enrollment period (also available in [Spanish](#)).
- ▶ Go to the [Special Enrollment Period Screener Tool](#) (also available in [Spanish](#)), an easy-to-use tool you can use to help consumers determine whether they may be eligible for a special enrollment period to enroll in coverage through the Marketplace outside the Open Enrollment period. You can also use this tool to help consumers determine if they may be eligible to enroll in Medicaid or CHIP. Remember, this tool is not an application for a special enrollment period; it is just a tool to help consumers understand what they may be eligible for.
- ▶ Find more detailed information on [different special enrollment periods](#).
- ▶ Consumers who qualify for a special enrollment period who sign up for coverage will have different coverage effective dates based on the type of special enrollment period for which they qualify.

*QHP Effective Dates for Individual Marketplace Special Enrollment Period Events*

Special Enrollment Period Event	QHP Effective Date
Loss of Minimum Essential Coverage	Plan selection after the loss of coverage: first of the month following QHP selection. Plan selection in advance of the loss of coverage: first of the month following the loss of coverage.
Marriage	First of the next month following plan selection.
Denial of Medicaid or CHIP	First of the next month following plan selection.
Birth, Adoption, Foster Care	Date of birth, adoption, placement for adoption, or placement in foster care.
Gaining Lawfully Present Status <i>* Note: This special enrollment period does not apply in the SHOP Marketplace.</i>	Plan selection on or before 15 <sup>th</sup> of the month: first of the next month. Plan selection on or after 16 <sup>th</sup> of the month: first of the month after next.
Current Enrollee Newly Eligible or Ineligible for the Premium Tax Credit; Change in Cost-sharing Reductions (CSR) <i>* Note: This special enrollment period does not apply in the SHOP Marketplace.</i>	Plan selection on or before 15 <sup>th</sup> of the month: first of the next month. Plan selection on or after 16 <sup>th</sup> of the month: first of the month after next.
Moving and Incarceration Release	Plan selection on or before 15 <sup>th</sup> of the month: first of the next month. Plan selection on or after 16 <sup>th</sup> of the month: first of the month after next.
American Indian or Alaska Native Status	Plan selection on or before 15 <sup>th</sup> of the month: first of the next month. Plan selection on or after 16 <sup>th</sup> of the month: first of the month after next.



#### 2.1.2 What plans are available through the Marketplace?

You should let consumers know that all Marketplace plans have been certified by the Marketplace as QHPs. Other than Marketplace plans providing only dental benefits, all QHPs provide essential health benefits (EHB) (where a dental-only plan is available, some QHPs may omit pediatric dental benefits), follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements. A QHP is certified by each Marketplace in which it is sold.

#### Learn the Basics and Find More Information:

- ▶ Use the [See Plans and Prices Tool](#) (also available in [Spanish](#)) to help consumers estimate the costs of their health plan premiums and explore potential health plans before completing an eligibility application.
- ▶ See a list of the [10 EHB](#) (also available in [Spanish](#)) that must be covered by all QHPs offered through the Marketplace.

### 10 Essential Health Benefits



Pediatric Services



Hospitalization



Maternity and Newborn Care



Laboratory Services



Ambulatory Patient Services



Prescription Drugs



Emergency Services



Rehabilitative & Habilitative Services & Devices



Mental Health & Substance Use Disorder Services, including Behavioral Health Treatment



Preventive & Wellness Services & Chronic Disease Management



### 2 Coverage Options Available to Consumers

- ▶ All Marketplace plans (other than dental-only plans) and many other plans must cover certain preventive services without charging consumers cost sharing, including a copayment or coinsurance. This is true even if consumers haven't met their yearly deductible. See lists of preventative services for [adults](#) (also available in [Spanish](#)), [women](#) (also available in [Spanish](#)) and [children](#) (also available in [Spanish](#)) that are available at no additional cost to consumers enrolled in QHPs.
- ▶ There are five categories of Marketplace health coverage: Bronze, Silver, Gold, Platinum, and Catastrophic. Categories differ based on how consumers and insurers can expect to share in the costs of care; they do not indicate differences in quality of care. Find more information about the different [categories of Marketplace coverage](#) (also available in [Spanish](#)).
- ▶ One of the categories of Marketplace plans—Catastrophic plans—may be available through the Marketplace for consumers who are younger than 30 when they enroll or consumers who received a hardship or affordability exemption. Find more information about [catastrophic coverage](#) (also available in [Spanish](#)).
- ▶ There are different types of plans sold through the Marketplace that often vary in network size and other plan features that may be important to consumers. See a [description of the different plan types consumers might find through the Marketplace](#) (also available in [Spanish](#)).
- ▶ Consumers may need help understanding commonly used health coverage terms. See a [glossary of terms](#) to help explain coverage concepts to consumers. This glossary is also included in plan materials and consumers can refer to it when choosing a plan and later when using their coverage.
- ▶ Find information about [how to choose Marketplace coverage](#) (also available in [Spanish](#)).
- ▶ Find information about [using Marketplace coverage](#) (also available in [Spanish](#)).

### Things You Should Know

**Direct** consumers to a plan's Summary of Benefits of Coverage (SBC), available on HealthCare.gov. A plan's SBC is an easy-to-read summary that lets consumers make apples-to-apples comparisons of costs and coverage between health plans. SBCs help consumers compare options based on price, benefits, and other features that may be important to them.

**Ask** consumers whether they see a provider they would like to continue seeing or take certain prescription drugs they want to continue taking. If yes, help consumers compare plan provider networks and drug formularies.



## 2.2 Medicaid and CHIP Coverage

Medicaid and CHIP provide free or low-cost health coverage to millions of Americans, including some low-income individuals, families and children, pregnant women, the elderly, and people with disabilities. Both programs are run jointly by federal and state governments, and details vary between states.

The Affordable Care Act provides states with additional federal funding to expand their Medicaid programs to cover certain adults younger than 65 with income up to 133% of the federal poverty level (FPL). (Because of the way this threshold is calculated, it's effectively 138% FPL.) This means that in states that have opted to expand Medicaid, free or low-cost health coverage is available to individuals with incomes below a certain level regardless of disability, family status, financial resources, and other factors that are usually taken into account in Medicaid eligibility decisions. However, not all states have expanded their Medicaid program yet. It is important to note that children (18 and younger) are eligible for this public program up to 133% FPL income level or higher in all states.

Consumers can use the Marketplace application to find out if they may qualify for Medicaid and CHIP. In certain states, known as “assessment states,” the Marketplace makes a preliminary assessment of a consumer’s Medicaid or CHIP eligibility, transfers the consumer’s account to the state Medicaid or CHIP agency, and the Medicaid or CHIP agency makes a final determination of the consumer’s Medicaid or CHIP eligibility. In other states, known as “determination states,” the Marketplace may make a final determination of a consumer’s Medicaid or CHIP eligibility.

### *Learn the Basics and Find More Information:*

- ▶ Find information about [Medicaid expansion under the Affordable Care Act](#) (also available in [Spanish](#)) and if the state you work in has expanded its Medicaid program.
- ▶ Find more information about [state Medicaid and CHIP programs](#), including eligibility categories and income limits for consumers in each state.
- ▶ See for a [breakdown of which states are assessment versus determination states](#).
- ▶ Immigrants who are qualified non-citizens and have met the five-year bar are generally eligible for Medicaid or CHIP, if they meet their state’s income eligibility rules. Find more information about [coverage for lawfully present immigrants](#) (also available in [Spanish](#)) and view a presentation about [eligibility for non-citizens in Medicaid and CHIP](#).
- ▶ To qualify for financial assistance through the Marketplace, consumers who have recently been denied Medicaid or CHIP due to immigration status will need to answer the Medicaid block question and indicate they were recently found ineligible for Medicaid or CHIP when they return to the Marketplace and submit an application. Find more information about [answering the Medicaid block question](#) and [applying for coverage after receiving a Medicaid or CHIP denial](#).
- ▶ Find more information about [Medicaid and CHIP coverage](#) (also available in [Spanish](#)).



## Things You Should Know

- **Inform** consumers they can apply for and enroll in Medicaid or CHIP any time of year. If they qualify, their coverage can begin immediately. Medicaid coverage may start retroactively for up to three months prior to the month of application if consumers would have been eligible during the retroactive period had they applied then. If an individual is interested in enrolling in Medicaid or CHIP, refer them to the appropriate Medicaid or CHIP state agency.
- **Help** consumers cancel their enrollment through the Marketplace with financial assistance if they are determined eligible for Medicaid or CHIP. Marketplace coverage does not end automatically if a consumer is found eligible for Medicaid or CHIP. Explain to consumers that if they do not cancel their enrollment with financial assistance through the Marketplace, they may have to pay back the advance payments of the premium tax credit that they received through the Marketplace for the months they were eligible for Medicaid or CHIP coverage.
- **Be aware** that some limited types of Medicaid coverage pay only for family planning, emergency treatment (Emergency Medicaid), tuberculosis services, or outpatient hospital services. Consumers who are only eligible for this type of Medicaid coverage can apply for more comprehensive coverage through the Marketplace and may also qualify for financial assistance paying for their Marketplace coverage. If you are helping consumers with limited Medicaid coverage fill out a Marketplace application, and they are asked whether they have coverage now, they should not check the box saying they have Medicaid.
- **Know** that some consumers who applied for coverage through the Marketplace during Open Enrollment (or during a special enrollment period) and were assessed as Medicaid eligible by the Marketplace, may have later been denied Medicaid coverage by the state after Open Enrollment ended (or after the 60-day window to enroll during a special enrollment period expired). When consumers in this situation return to the Marketplace to enroll in a QHP they have the option of selecting coverage effective retroactively to the date they first applied for coverage. If they choose retroactive coverage, they will be responsible for premium payments for the preceding months.



## 2.3 Small Business Health Options Program (SHOP) Marketplace

The SHOP Marketplace helps eligible small employers provide health coverage to their employees. In most states, employers must have one to 50 full-time equivalent (FTE) employees to be eligible for the SHOP Marketplace, although small employers with one to 100 FTE employees can participate in the SHOP Marketplace in California, Colorado, New York, Vermont, and Virginia. (Note: California, Colorado, New York, and Vermont are operating their own state-based SHOP Marketplaces.)

You can help small employers and persons offered coverage by eligible small employers apply for and enroll in health coverage through the SHOP Marketplace online at [HealthCare.gov](https://www.healthcare.gov). You can help employers who participate choose which coverage to offer and how much they will pay toward premiums. Small employers who purchase coverage through a SHOP Marketplace may qualify for the Small Business Health Care Tax Credit, which can be worth up to 50 percent of the employer's contribution toward enrollee premium costs.

### *Learn the Basics and Find More Information:*

- ▶ See an [overview of the SHOP Marketplace](#) (also available in [Spanish](#)) from [HealthCare.gov](https://www.healthcare.gov).
- ▶ Learn about the [benefits of the SHOP Marketplace](#).
- ▶ Learn more about how to assist small business clients using the [SHOP Marketplace Agent/Broker Portal](#).
- ▶ Have questions? The SHOP Marketplace Call Center is available at 1-800-706-7893 (TTY: 711) Monday-Friday 9:00 AM – 7:00 PM ET to assist agents, brokers, employers and employees.

### *Resources for you and the employers you help:*

- ▶ Find an introduction to [health and dental coverage in the SHOP Marketplace](#) for employers who are interested in enrolling.
- ▶ See if your [small business clients are eligible to enroll in SHOP Marketplace coverage](#). Small businesses must meet a minimum participation requirement (MPR) for their state (usually 70%) in order to enroll in SHOP Marketplace coverage, unless they enroll November 15 – December 15 when the MPR does not apply. Use the [MPR Calculator](#) on [HealthCare.gov](https://www.healthcare.gov) to help your small employer clients predict if they will meet the MPR for their states.
- ▶ Find the Full-time Equivalent ([FTE](#)) [Employee Calculator](#) (also available in [Spanish](#)), which you can share with small business owners to help them count the number of full-time employees and FTEs they have to see if they may qualify for coverage through the SHOP Marketplace.
- ▶ See [SHOP Marketplace Plans and Prices](#) available in your client's area prior to assisting them through the enrollment process.
- ▶ Find information about the [Small Business Health Care Tax Credit](#) (also available in [Spanish](#)) and use the [Small Business Health Care Tax Credit Estimator](#) (also available in [Spanish](#)) to see whether the employers you work with may qualify for this tax credit. Find more detailed information on the [Small Business Health Care Tax Credit from the IRS](#).



#### Agent and Broker's Guide to Helping Employers Enroll in SHOP Marketplace Coverage



- Prior to authorizing an agent or broker, the employer needs to:
- Create username and password
  - Create security questions
  - Complete profile
  - [Verify ID](#)
  - Log In
  - Select "Visit Employer Marketplace"



- Select the "Get Assistance Tab"
- Select "Find an Agent/Broker"  
Note: Agents and brokers will need to establish a profile in the SHOP Marketplace Agent/Broker Portal in order to be searchable by employers seeking assistance with their SHOP Marketplace application and enrollment
- Employers can search for an agent or broker they currently work with or find a new one by name, NPN, or zip code.
- Once an agent/broker is found, select "authorize"
- The agent/broker will need to accept the employer's authorization request through their SHOP Marketplace Agent/Broker Portal Account before they can begin assisting an employer with their SHOP Marketplace application and enrollment



- Once an agent/broker accepts the employer's authorization request, they can begin assisting with the following steps:
- Set enrollment period
  - Confirm effective date of coverage
  - Select newly eligible employee waiting period
  - Decide whether to offer employees a single plan or employee choice
  - Set employer's premium contribution
  - Select coverage



- Tell employees and others offered coverage about coverage offer
- Track employee participation



- Review group enrollment
- Sign the SHOP user agreement to confirm information on application is accurate and true to the best of the employer's knowledge
- Submit group enrollment
- Pay first month's premium



#### Resources for you and the employees you help:

- ▶ See an [overview of the SHOP Marketplace for employees](#) (also available in [Spanish](#)) and others who receive an offer of coverage through the SHOP Marketplace from an employer.
- ▶ Find a general overview of [how employees and other persons offered coverage enroll through the SHOP Marketplace](#) (also available in [Spanish](#)).
- ▶ See the [SHOP Marketplace Employee Enrollment User Guide](#) for a more comprehensive manual on how to help employees and others who receive an offer of coverage from an employer through the SHOP Marketplace.

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#### *Agent and Broker’s Guide to Helping Employees and Other Persons Offered Coverage Enroll in SHOP Marketplace coverage*

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 <p><b>1</b> Create Account</p>	<ul style="list-style-type: none"> <li>• Create a Marketplace account, or if consumers already have an individual or family Marketplace account, log into the same account for SHOP</li> <li>• Enter applicant information including name, e-mail address, preferred password, and answers to a few security questions</li> <li>• Verify email address</li> </ul>
 <p><b>2</b> Verify Eligibility</p>	<ul style="list-style-type: none"> <li>• Log into HealthCare.gov</li> <li>• Select the employee application</li> <li>• Enter participation codes and Social Security numbers (SSNs) or tax ID numbers, or direct consumers to contact their employer—not the SHOP Marketplace—to get participation codes</li> <li>• Select VERIFY and add employers to employees’ accounts</li> </ul>
 <p><b>3</b> Review Coverage Offer</p>	<ul style="list-style-type: none"> <li>• Review employer’s coverage offer to determine whether to accept or waive offer</li> <li>• If accepting coverage, enter employee details, such as mailing address and other contact information, add dependents (if dependent coverage is offered)</li> <li>• If waiving coverage offer, select the reason from the drop down menu, and verify the decision</li> <li>• Tell employees that they can change their response to accept or waive the coverage offer any time before submitting the application</li> </ul>
 <p><b>4</b> Select Coverage</p>	<ul style="list-style-type: none"> <li>• If accepting coverage, select one health plan and, if desired, one dental plan (if offered a choice of plans)</li> </ul>
 <p><b>5</b> Complete Enrollment</p>	<ul style="list-style-type: none"> <li>• If accepting coverage, review plan selection(s) and cost</li> <li>• Read the summary of health and dental plan (if offered)</li> <li>• Confirm plan choice(s)</li> <li>• Submit the plan selection, get a confirmation, and view enrollment</li> </ul>



#### Things You Should Know

**Explain** to small employers that they can complete a new group enrollment through the SHOP any time of year; there is no restricted enrollment period for new group enrollments. However, employees who have an offer of coverage through the SHOP Marketplace will have an Open Enrollment period set by their employer.

**Inform** small employers that, even though they can complete a new group enrollment in SHOP any time throughout the year, after their group begins participating they can only change what plans they offer to their employees and change their employer contribution amounts when renewing their participation at the end of the group's plan year or by terminating their coverage and starting a new enrollment.

**Remind** persons offered coverage through the SHOP they cannot qualify for financial assistance through the individual Marketplace if they receive an offer of coverage through the SHOP Marketplace (or an offer of employer-sponsored coverage outside of the SHOP Marketplace) that is affordable and meets the minimum value standard.



## 2.4 Medicare

Medicare is a federal health coverage program for consumers who are age 65 or older and certain people younger than age 65 with disabilities. It also covers consumers of any age who have end-stage renal disease. There are different parts of Medicare that cover different services; these parts are commonly referred to as Medicare Parts A, B, C, and D. Medicare Part C, also called Medicare Advantage, includes managed care plans offered by private insurance companies that have contracted with Medicare to provide all the Part A and Part B benefits under a single plan. Most Medicare Advantage plans also provide Part D (prescription drug) coverage, but some do not.

### *Learn the Basics and Find More Information:*

- ▶ Get an [overview of the different parts of the Medicare program](#) and the specific services they cover.
- ▶ Consumers who have Medicare Part A (either on its own or as part of a Medicare Advantage plan) are considered to have minimum essential coverage (MEC), which is required by the Affordable Care Act. However, having Medicare Part B alone does not meet this requirement. Learn more about how Medicare can [satisfy the requirement to have health coverage](#).
- ▶ Some consumers get Medicare Parts A and Part B automatically and some consumers need to sign up. See [when and how to sign up for Medicare Parts A and B](#) to help consumers determine whether they will need to actively sign up for this Medicare coverage.
- ▶ If a consumer is approaching age 65, they are likely approaching their initial enrollment period to sign up for Medicare. For most consumers, this initial enrollment period is seven months long – it starts three months before the month of their 65<sup>th</sup> birthday, includes the month of their 65<sup>th</sup> birthday, and ends three months after the month of their 65<sup>th</sup> birthday. Help consumers who are enrolled in a Marketplace plan and who are approaching Medicare eligibility or are newly eligible for Medicare learn about [changing from the Marketplace to Medicare](#) (also available in [Spanish](#)).

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### *Medicare Initial Enrollment Period*

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- ▶ If consumers do not sign up for Medicare during their initial enrollment period, they may have to pay a late enrollment penalty for as long as they have Medicare. Learn more about how late enrollment penalties could impact consumers' monthly premium costs for [Part A](#), [Part B](#), and [Part D](#).
- ▶ Every state has a Medicare Savings Program that offers financial assistance to help pay Medicare premiums for those who are eligible, and in some cases, pay Medicare Part A and Medicare Part B deductibles, coinsurance, and copayments. Find information about the [Medicare Savings Program](#).



### 2 Coverage Options Available to Consumers

- ▶ Consumers who meet certain income and resource limits may qualify for help paying prescription drug costs (Part D) under Medicare. Find information about [getting help paying for Medicare prescription drug coverage](#).
- ▶ Some consumers who are eligible for Medicare are also eligible for Medicaid; this is called being a dual eligible. Consumers who have Medicare and full Medicaid coverage will likely have most of their health care costs covered. See the [standards for dual eligibility](#).
- ▶ Some consumers may be interested in purchasing a Medicare Supplement Insurance (Medigap) policy to help pay for additional health care costs and possibly other services original Medicare does not cover. Medigap insurance cannot be purchased through the Marketplace. The best time to buy a Medigap policy is during consumers' six-month Medigap open enrollment period, which begins the first month consumers are both age 65 and enrolled in Medicare Part B. After this enrollment period, they may not be able to buy a Medigap policy, or if they are able to buy one, it may cost more. However, there are several situations, beyond the open enrollment period, during which consumers may have a guaranteed right to buy a Medigap policy. Find more information about on [Medigap plans and the best time to sign up for a Medigap plan](#).
- ▶ Consumers who need help understanding their Medicare enrollment options can get help from their local SHIP. SHIP is a state program that gets funding from the federal government to provide free local health coverage counseling to people with Medicare or who are becoming eligible for Medicare. The name of the program varies in each state. Find contact information for [SHIP in your state](#).
- ▶ See a list of [frequently asked questions about Medicare and the Marketplace](#).
- ▶ See a short YouTube video about [Medicare and the Marketplace](#).

### Things You Should Know

**Explain** to consumers that they may keep their Marketplace plans and their financial assistance until their Medicare coverage begins. Once their Medicare Part A coverage starts, they are no longer eligible to receive financial assistance for their Marketplace plans.

**Tell** consumers that if they wish to keep their Marketplace coverage after their Medicare Part A coverage starts, they should return to the Marketplace to report they now have access to other MEC. If consumers no longer want to keep their Marketplace coverage once their Medicare Part A coverage starts, they need to return to the Marketplace to terminate their coverage.

**Inform** consumers who are enrolled in Medicare Part A they cannot purchase health coverage or dental-only plans through the Marketplace after their Medicare coverage starts; in fact, it is against the law for someone who knows a consumer has Medicare to sell them a Marketplace plan that duplicates Medicare benefits.

**Caution** consumers that if they do not enroll in Medicare during their initial enrollment period, they will only be able to enroll during the Medicare general enrollment period from January 1 to March 31, and their coverage would not start until July of the year they enroll. This may create a gap in coverage and may subject them to a late enrollment penalty premium for as long as they have Medicare. Refer consumers to their state's SHIP office to be sure they get all the information they need to prepare for Medicare enrollment as they approach their 65th birthday.



## 2.5 Other Health Coverage Options

As an agent or broker, you should know that consumers may have options for health coverage other than QHPs purchased through the Marketplace. Some options include employer-sponsored coverage, VA benefits, and commercial health plans purchased outside the Marketplace.

**Learn the Basics and Find More Information:**

- ▶ To avoid owing the fee for not having coverage, tell consumers they must have insurance that qualifies as MEC for each month during the year. Many of the options outside the Marketplace, such as employer-sponsored coverage, Medicare Parts A and C, most Medicaid coverage, and CHIP, among others, qualify as MEC.

*Types of Health Coverage that Qualify as MEC*

Coverage Type	Does it Qualify as MEC?
Any Marketplace plan, or any individual insurance plan you already have	Yes
Any job-based plan, including retiree plans and COBRA coverage	Yes
Medicare Part A	Yes
Medicare Part C	Yes
Most Medicaid coverage	Yes
Most CHIP coverage	Yes
Most individual health plans bought outside the Marketplace, including grandfathered plans (not all plans sold outside the Marketplace qualify as MEC)	Yes
Coverage under a parent’s plan (that qualifies as MEC) for consumers younger than 26	Yes
Self-funded health coverage offered to students by universities for plan or policy years that started on or before December 31, 2014 (check with the university to see if the plan qualifies as MEC)	Yes
Health coverage for Peace Corps volunteers	Yes
Certain types of veterans’ health coverage through the VA	Yes
Most TRICARE plans	Yes
Department of Defense Non-appropriated Fund Health Benefits Program	Yes
Refugee Medical Assistance	Yes
State high-risk pools for plan or policy years that started on or before December 31, 2014 (check with the high-risk pool plan to see if it qualifies as MEC)	Yes
Coverage only for vision care or dental care	No
Workers' compensation	No
Coverage only for a specific disease or condition	No
Plans that offer only discounts on medical services	No

\*See a more detailed list of [coverage that qualifies as MEC](#).



- ▶ If consumers are eligible for employer-sponsored coverage, they may not be eligible for financial assistance through the Marketplace, unless their employer's offer of coverage does not meet the minimum value standard or is unaffordable. Find information about [employer-sponsored coverage](#) (also available in [Spanish](#)) and learn how to determine whether an employer's offer of coverage meets the [minimum value standard and is affordable](#) (also available in [Spanish](#)).
- ▶ COBRA gives some employees and their families the option to continue receiving health coverage through their employer's plan for a limited time after their employment ends, but COBRA can be costly. Consumers may want to consider buying a plan on the Marketplace instead. Learn more about [COBRA coverage and the Marketplace](#) (also available in [Spanish](#)).
- ▶ Find information about [health coverage options for veterans](#) (also available in [Spanish](#)), including Marketplace plans and veterans' health programs that satisfy the MEC requirement.
- ▶ If you work with consumers younger than 26, inform them they may have multiple options for health coverage, including coverage under a parent's plan, a student health plan for college students, private health coverage through the Marketplace, catastrophic health coverage, or Medicaid coverage. See HealthCare.gov's page on [health coverage for young adults](#) (also available in [Spanish](#)) for more information options for young adults.
- ▶ If you work with consumers with physical, developmental, or intellectual disabilities, tell them that they may be eligible for coverage through Medicare or Medicaid. Find information about [health coverage options for consumers with physical, developmental, or intellectual disabilities](#) (also available in [Spanish](#)).
- ▶ Agents and brokers working with consumers with physical, developmental, or intellectual disabilities should be aware of the accommodations that may be required to effectively communicate with these consumers to ensure they understand their health coverage options and are able to enroll in a plan that best fits their needs and budgets. See a fact sheet on [helping consumers with physical, developmental, or intellectual disabilities](#).

### Things You Should Know

**Inform** consumers who are enrolled in retiree coverage they can buy coverage through the Marketplace but that they will not qualify for financial assistance through the Marketplace. If consumers are eligible for, but not enrolled in, retiree coverage, they may qualify for financial assistance through the Marketplace if otherwise eligible.

**Tell** consumers who are considering enrolling in COBRA coverage that if they are eligible for COBRA, but not yet enrolled in COBRA, they may still qualify for financial assistance through the Marketplace, if they are otherwise eligible. If consumers are eligible for COBRA and are enrolled in COBRA, they are not eligible for financial assistance through the Marketplace until they exhaust their COBRA coverage.

**Note** that even if consumers have access to a student health plan, they may be able to buy coverage through the Marketplace instead and may even qualify for financial assistance through the Marketplace. If these consumers would like to apply for Marketplace coverage, they should choose "No" on their Marketplace application when answering whether they currently have health coverage, even if they have a student plan now and plan to drop it to enroll in a Marketplace plan.



## 3. The Marketplace Application and Enrollment Process

*If consumers decide that Marketplace coverage is right for them, you can help them:*

- *Apply for and enroll in Marketplace coverage*
- *Renew their Marketplace coverage each year*
- *Learn about how to file a Marketplace eligibility appeal*
- *Report life changes to the Marketplace*
- *Learn about the federal income tax implications of enrollment decisions*
- *Use their Marketplace coverage*

### A. How can I help consumers apply for and enroll in Marketplace coverage?

You can help consumers use the Marketplace to find and enroll in coverage that fits their needs and budget.

#### 3.1.1 Application Process

Consumers can use the Marketplace to apply for coverage, compare plans, and enroll in coverage. Consumers can also use the Marketplace to find out if they can get help paying premiums and cost-sharing amounts to reduce their Marketplace coverage costs. They can also apply for free or low-cost coverage through Medicaid and CHIP through the Marketplace application.

When consumers apply for or renew their coverage and want help paying for their coverage, they will need to provide some information about their household, including income, any health coverage they currently have, and some additional information. Help them gather the information they need before they begin their applications. Consumers can apply for health coverage through HealthCare.gov or the Marketplace Call Center on their own, with your help, or with the assistance of a Navigator or assister. As an agent or broker, you can help consumers apply for health coverage online, by phone, or with a paper application.

#### Things You Should Know

**Inform** consumers that once they enroll in an individual market Marketplace plan, they must pay their first premium directly to the insurance company—not to the Marketplace. Insurance companies handle payments differently. Consumers should follow the instructions from their insurer about how and when to make their premium payments.

**Tell** consumers they can terminate a Marketplace plan without replacing it at any time. There are important things to consider before they do this: if they terminate their health coverage without replacing it, they may have a gap in coverage and may have to [pay a fee](#) (also available in [Spanish](#)) for the months they are not covered.

**Note** that you have two primary options to help consumers with their applications: (1) the Direct Enrollment Pathway (i.e., Issuer-based Pathway), through which you can use a web-broker or issuer's website to assist the consumer; or (2) the Marketplace Pathway (i.e., Side-by-Side Pathway), through which you can help the consumer using the Marketplace website.



3 The Marketplace Application and Enrollment Process

*Learn the Basics and Find More Information:*

- ▶ Find out what information you should share with consumers about [how to apply and enroll in coverage](#) (also available in [Spanish](#)).
- ▶ See information about the [four ways to apply for Marketplace coverage](#) (also available in [Spanish](#)).

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*Four Ways to Apply for Marketplace Coverage*

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**Online**

- **Use the Direct Enrollment Pathway**
  - Log in to the QHP issuer’s or web-broker’s website with your agent/broker account and “drive” the consumer’s application and enrollment process.
  - Consumer does not log in, but must consent to giving their personally identifiable information (PII).
- **Use the Marketplace Pathway**
  - Help consumers complete the eligibility application and enroll in coverage directly at [www.healthcare.gov](http://www.healthcare.gov).
  - Consumer creates an account, logs in, and “drives” the process.
  - You must obtain consumers’ consent before accessing or viewing the consumer PII.



**Call Center  
(Phone)**

- Call 1-800-318-2596 (TTY: 1-855-889-4325), 24 hours a day, seven days a week. The Call Center is closed on certain holidays.
- Customer representatives are available to help consumers complete an application, review eligibility results, or answer questions about eligibility or enrollment.
- Every 365 days, a consumer needs to reauthorize the Marketplace Call Center to allow an agent or broker to work on their behalf.



**In-Person  
Help**

- Use the [Find Local Help](#) (also available in [Spanish](#)) tool to find agents or brokers who can help consumers.
- Consumers can meet with an agent or broker who can sit with him or her and help them apply online or using a paper application.
- For plan year 2016, agents and brokers have an option of what information Find Local Help displays about them. Agents and brokers can make their selections on what information to display when updating their profile information on the MLMS.



#### Paper Application (Mail)

- Fill out a paper application.
- Send the application to the Marketplace at:  
**Health Insurance Marketplace, Dept. of Health and Human Services  
465 Industrial Blvd., London, KY 40750-0001.**
- Consumers will receive their eligibility results in the mail. They should contact the Call Center or create an online account to enroll in a QHP.

See information from [Marketplace.cms.gov](https://Marketplace.cms.gov) about the [application process](#), including training and consumer-facing outreach materials.

- ▶ See a step-by-step [guide to applying for coverage](#).
- ▶ Find more information about [how to help consumers fill out paper applications](#).

## Marketplace Application Checklist



To make the application process quicker and easier, it is helpful for consumers to gather certain information about themselves and their household before they start their Marketplace application or renew their Marketplace coverage. This includes:

- Information about the consumer's household
- Home and/or mailing addresses for everyone applying for coverage
- Information about everyone applying for coverage
- SSNs for everyone on the consumer's application (required for all applicants and the tax filer, if they have one)
- Immigration document information for legal immigrants
- Information on how consumers file their taxes
- Employer and income information for everyone in the consumer's household
- A best estimate of the consumer's household income for the year they will be covered
- Policy numbers for everyone in the consumer's household who currently has a health insurance plan
- Employer information for each member of the consumer's household
- A completed employer coverage tool, if applicable
- Notices from the consumer's current Marketplace plan that contain the plan ID, if applicable

**Help** consumers understand exactly what information they need to gather using the information in this [checklist](#).



### 3.1.2 Application Troubleshooting

#### 3.1.2.1 IT issues (e.g., browser settings, cookies)

When helping consumers apply online for Marketplace coverage, some web browsers offer a smoother experience than others. You and the consumers you are helping should have browsers set to accept cookies.

***Learn the Basics and Find More Information:***

- ▶ Learn more about [browser compatibility](#) (also available in [Spanish](#)), including the types of browsers that work best with HealthCare.gov.
- ▶ Find [tips on troubleshooting technical issues](#) (also available in [Spanish](#)) consumers may encounter when applying for and enrolling in Marketplace coverage through HealthCare.gov.

#### 3.1.2.2 Retrieving Username and Resetting Password

If consumers are having trouble logging into their Marketplace accounts, ask them to reset their passwords. If they don't get a password reset email from the Marketplace, they may be using the wrong username. Ask them if they may have used any other usernames to create their account. Consumers should not try to create a new Marketplace account.

***Learn the Basics and Find More Information:***

- ▶ Find [tips for resetting passwords and unlocking accounts](#) (also available in [Spanish](#)).
- ▶ Find [troubleshooting tips and requirements for Marketplace accounts](#) (also available in [Spanish](#)).

### 3.1.3 Verification of Consumer Information

When consumers apply for coverage, the Marketplace needs to verify their identities and certain information about them. Verification of consumer information is important to protect consumers' privacy and prevent fraud. You should explain to them this verification will also allow the Marketplace to accurately determine their eligibility for enrollment in a QHP and see whether they qualify for financial assistance.

If consumers create a HealthCare.gov account, they will go through identity (ID) proofing. Once consumers complete Marketplace applications, the Marketplace will check their application information against data sources. If their application information cannot be verified, it creates data matching issues (also known as "inconsistencies") in consumers' applications.



#### Things You Should Know

**Prepare** consumers to complete ID proofing. They might need to answer questions on topics such as: addresses of current and past places they lived; names of current and past employers; and information about mortgages, credit cards, and/or loans they have.

**Tell** consumers CMS uses credit reporting agencies like Experian and Equifax to verify their identity and application information, so they may see an inquiry from CMS when checking their credit reports. This CMS inquiry does not affect consumers' credit scores.

**Tell** consumers whose identities could not be verified through HealthCare.gov to resolve their ID proofing issues:

Call the Experian Help Desk at 1-866-587-5409 and provide the reference code as shown on the Marketplace application screen.

If the Experian Help Desk cannot verify a consumer's identity, the consumer can upload documents showing his/her identity to his/her Marketplace account on HealthCare.gov or mail in documents to the Marketplace.

If consumers are *still* having trouble with ID proofing, consumers should contact the Marketplace Call Center and complete the online application with a Marketplace Call Center Representative.

#### a. ID Proofing

ID proofing verifies a consumer's identity and must be completed for consumers to create and submit an online application for coverage. It is one of the first steps in creating a HealthCare.gov account. Make sure consumers know what ID proofing is for, and prepare them to complete ID proofing. Let them know they will need to enter information about their personal and financial history such as their current and past employers and addresses of where they lived and details on any loans they may have. The Marketplace attempts to match this information with information from a credit reporting agency.

#### *Learn the Basics and Find More Information:*

- ▶ Find more information about [identity proofing and information inconsistencies](#), including why it is important and what to do if consumers have issues (also available in [Spanish](#)).
- ▶ See [FAQs about ID proofing](#).
- ▶ Consumers who want to learn more about why they need to submit personally identifiable information (PII) and how the Marketplace uses this information should review [How We Use Your Data](#) (also available in [Spanish](#)) and the [Privacy Act Statement](#) (also available in [Spanish](#)) on HealthCare.gov.

**b. Data Matching**

A data matching issue occurs when particular information consumers enter in their application does not match the data the Marketplace checks in trusted resources, such as Social Security records or IRS databases. Consumers who have data matching issues can still apply for and enroll in coverage, if they are otherwise eligible. However, the Marketplace will ask these consumers to submit documentation to resolve their data matching issues. If they fail to resolve their data-matching issues, they could lose eligibility for Marketplace coverage or experience changes to the amount of financial assistance they receive through the Marketplace. Consumers have 90 days from the date of their eligibility notice to submit documentation to resolve their data matching issues, other than citizenship and immigration status, for which consumers have 95 days to resolve their data matching issues. As the deadline approaches, consumers will get warning notices by mail and a reminder phone call approximately 14 days before their deadline.

Consumers with outstanding citizenship/immigration data matching issues risk having their enrollment through the Marketplace terminated if they do not resolve their data matching issues. If these consumers ultimately submit documentation to the Marketplace and resolve their data matching issues, they can regain their enrollment in coverage through the Marketplace through a special enrollment period. Consumers have 60 days from the date they receive the special enrollment period to select a plan and enroll in coverage.

Consumers enrolling in coverage through this special enrollment period can either request a retroactive effective date of enrollment through the Marketplace that dates back to the day following termination to prevent a gap in the coverage they get through their Marketplace plan, or they can request a prospective effective date.

***Learn the Basics and Find More Information:***

- ▶ Consumers can have data matching issues for: citizenship, immigration status, SSN, annual household income, incarceration status, an offer of or enrollment in employer-sponsored MEC that is affordable and meets minimum value standards, access to non-employer-sponsored MEC, and unverified American Indian/Alaska Native status. Find instructions on [how to resolve a data-matching issue](#) (also available in [Spanish](#)).
- ▶ Consumers with data matching issues need to submit more information to the Marketplace. You can help them by providing instructions for how to submit their documents. Find information about [how to upload documents](#) (also available in [Spanish](#)) as well as [tips for submitting supporting documents](#) to the Marketplace.
- ▶ See a presentation that provides [tips to resolve outstanding data matching issues](#).



### Data Matching Checklists

Use the checklists below to help consumers **prevent** data matching issues, **confirm** whether they have a data matching issue, and, if they do, **resolve** their data matching issue.

## Data Matching Checklists



### **Help consumers prevent data-matching issues.**

- Double check there are no errors or typos in the application.
- Confirm all members of the household applying for coverage have provided accurate SSNs, *if they have one*. Remember: non-applicants (other than the tax filer) are not required to provide their SSNs, but are strongly encouraged to do so if possible.
- Review projected income to make sure it is as accurate as possible and remind consumers to report any changes in income or other application information within 30 days of the change.
- Make sure document types/document numbers/ID numbers are included with immigration documents, as applicable.

### **Think a consumer may have a data-matching issue? Help them confirm they do.**

- Read the full eligibility notice from the Marketplace. If a consumer has a data matching issue, the notice will say, "Send the Marketplace more information." It is important to identify which members of the household have data matching issues that need to be resolved.
- Consumers can also determine whether they have an unresolved data matching issue by checking the *Application Details* sections of their Marketplace accounts for a list of all unresolved inconsistencies.

### **Confirmed a consumer has a data-matching issue? Help them resolve the issue.**

- It may be necessary to submit multiple documents to resolve one data matching issue. For example, consumers who submit birth certificates to prove citizenship will also need to submit an additional document (that has a photograph **or** other information, like their name, age, race, height, weight, eye color, or address). Find out [which documents consumers should submit](#) (also available in [Spanish](#)).
- Remember **not every** document consumers may want to upload is included in the drop-down menu of *Document Types* viewable after clicking *Verify* in the *Application Details* section of consumers' *My Account*. If consumers need to upload a document that is not listed, they should choose "Other" from the drop-down menu.
- Encourage consumers to upload their documents instead of mailing them. If the document is uploaded successfully, it should show up as *submitted* under *Application Details* right away.
- Ensure that the documents consumers submit electronically are in one of the following formats: .pdf, .jpeg, .jpg, .gif, .xml, .png, .tiff, or .bmp, and are no larger than 10 megabytes.
- Double-check that the file name(s) on consumers' electronic document(s) **DOES NOT INCLUDE** any of the following: a colon, semicolon, asterisk, or any other special character. Here are a few examples of special characters that cannot be in the file name: / \ : \* ? " < > |.
- If consumers do mail in documents, tell them to send copies, not their originals, and to include the barcode from their notice and also include their name, state, and application ID on any documentation they are submitting.
- After submitting documentation, consumers can call the Marketplace Call Center to see if their data matching issue is resolved or whether additional documentation may be required.



### c. Providing a Social Security Number (SSN)

Consumers applying for health coverage through the Marketplace must provide an SSN if they have one. Non-applicants are not required to provide their SSNs unless all of the following are true: (1) they have a spouse or tax dependent seeking financial assistance through the Marketplace; (2) the non-applicant is a tax filer; (3) the non-applicant has an SSN; and (4) the non-applicant filed a federal tax return in the previous tax year. You should encourage all applicants to include all of the information they have, including their SSN. Working with consumers to provide as much information as possible increases the chance the Marketplace will verify their citizenship or immigration status, and other information more quickly, and reduces the likelihood that consumers will have to provide additional information later.

- ▶ Refer concerned consumers to [The Facts about the Affordable Care Act and Immigration Enforcement](#) (also available in [Spanish](#)).

#### Things You Should Know

**Direct** consumers who want help applying for an SSN to visit [SocialSecurity.gov](http://SocialSecurity.gov) or call 1-800-772-1213 (TTY: 1-800-325-0778). The Marketplace cannot use Individual Taxpayer Identification Numbers (ITINs) to electronically verify income information and should not be entered in place of an SSN on the Marketplace application. Note, however, that an SSN is not required to complete a Marketplace application if the consumer does not have one. SSNs are not required to be provided for household members who are not applying for coverage and who are not the tax filer for the household, or who do not have an SSN. However, providing SSNs even when not required can help match annual household income information with our data sources and avoid data matching issues

**Reassure** consumers the immigration information they provide the Marketplace will not be used to pursue immigration enforcement action.

#### 3.1.4 Immigration Status and the Marketplace

Many immigrants are eligible for health coverage through the Marketplace, or through Medicaid or CHIP. A consumer does not have to be a U.S. citizen or U.S. national to qualify for Medicaid or CHIP, or to enroll in a QHP through the Marketplace. If you are helping consumers who are immigrants enroll in health coverage, you must be aware of federal and state rules that affect these consumers' eligibility for different health care and coverage options.



*Immigration Statuses Eligible for Marketplace Coverage*

**Lawfully Present Immigration Statuses**

**Statuses eligible for enrollment in a QHP through the Marketplace<sup>+</sup>**

- Individual with valid nonimmigrant status (includes worker visas [such as H1, H-2A, H-2B], student visas, U-visa, T-visa, and other visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Aliens whose visa petitions have been approved and who have a pending application for adjustment of status
- Individuals granted employment authorization (*Exception*: Deferred Action for Childhood Arrivals (DACA) (as described in June 2012 Department of Homeland Security [DHS] policy) are not considered lawfully present)
- Temporary Protected Status (TPS)
- Paroled into the U.S.
- Deferred Action Status (*Exception*: DACA [as described in June 2012 DHS policy] are not considered lawfully present)
- Deferred Enforced Departure (DED)
- A child who has a pending application for Special Immigrant Juvenile status
- Granted relief under the Convention Against Torture (CAT)
- Lawful Temporary Resident
- Family Unity beneficiaries
- **All of the Medicaid-eligible statuses listed below**

**Medicaid/CHIP-eligible statuses (if 5-year bar is met)\***

- Lawful Permanent Resident (LPR/Green Card holder) paroled into the U.S. for 1 year or more
- Battered Spouse, Child, or Parent who has a pending or approved petition with DHS
- Applicants for Victim of Trafficking Visa
- Conditional Entrant (granted before 1980)

**Medicaid/CHIP-eligible statuses (5-year bar does not apply)\*\***

- Lawful Permanent Residents who adjusted from a status exempt from the 5-year bar
- Veterans or active duty military, and their spouses or unmarried dependents who also have a “qualified non-citizen” status
- Refugee
- Asylee
- Cuban/Haitian Entrants
- Granted Withholding of Deportation or Withholding of Removal
- Trafficking Survivors and their spouses, children, siblings, or parents
- Member of a federally recognized Indian tribe or American Indian Born in Canada
- Amerasian Immigrants
- Iraqi and Afghani Special Immigrants

For more lawfully present immigration statuses, visit: [www.healthcare.gov/immigrants/immigration-status/](http://www.healthcare.gov/immigrants/immigration-status/)

<sup>+</sup>Children and/or pregnant women with listed statuses may be eligible for Medicaid or CHIP in certain states. For more information, visit: [www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html](http://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/lawfully-residing.html).

\* Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility.

\*\* Indicates lawfully present immigration statuses that are considered qualified non-citizen statuses for purposes of Medicaid and CHIP eligibility and that are NOT subject to the Medicaid 5-year bar

This chart represents a summary of complex federal statutes relating to immigration status. As a summary, it does not include all relevant detail. This publication is not a legal document and does not grant rights or impose obligations. It is not intended to take the place of either the written law or regulations.



#### Learn the Basics and Find More Information:

- ▶ Find [more lawfully present immigration statuses](#) (also available in [Spanish](#)) on HealthCare.gov.
- ▶ See an overview of [coverage options for lawfully present immigrants](#) (also available in [Spanish](#)).
- ▶ Find a complete [list of immigration document types](#) (also available in [Spanish](#)), including pictures of what they look like, that consumers can use to verify their immigration status.
- ▶ See a fact sheet on [helping consumers with different immigration statuses](#) navigate their health coverage options.
- ▶ See the [Dos and Don'ts for providing non-discriminatory, culturally, and linguistically appropriate services](#).

#### Things You Should Know

**Explain** to immigrant applicants that information provided by applicants or beneficiaries will not be used for immigration enforcement purposes.

**Recognize** that many immigrant families are of mixed status, with members having different immigration and citizenship statuses. Different family members could be eligible for different health coverage options, and you may need to help family members apply for different health coverage.

**Encourage** applicants to fill out as many of the fields in the application as possible, such as their SSN and all information related to their immigration documentation, if they have it, to expedite the application process.

**Remind** immigrant applicants that enrolling in Medicaid or CHIP, or getting financial assistance through the Marketplace, does not make them a public charge. This means it will not affect their chances of becoming a lawful permanent resident or U.S. citizen.

**Remember** that consumers with income less than 100% FPL who are lawfully present but ineligible for Medicaid due to immigration status may be eligible for financial assistance through the Marketplace, if otherwise eligible.



### 3.1.5 Health Coverage for American Indians and Alaska Natives

There are a number of provisions in the Affordable Care Act aimed at helping make health coverage more affordable and accessible for American Indians and Alaska Natives that you should be familiar with in your consumer assistance role.

American Indians and Alaska Natives receive special Marketplace protections and benefits. Here are few:

- **Special cost-sharing rules:** American Indians and Alaska Natives who purchase health coverage through the Marketplace and who have incomes between 100% - 300% FPL can enroll in a zero-cost sharing plan. If they have household incomes that are below 100% FPL or higher than 300%FPL, they can enroll in a limited cost-sharing plan.
- **Special enrollment rules:** American Indians and Alaska Natives can enroll in a Marketplace plan at any time, not just during open enrollment. They can also change Marketplace plans up to once a month.
- **An exemption from the requirement to have MEC:** American Indians and Alaska Natives (as defined by section 45A(c)(6) of the Internal Revenue Code) and those eligible for Indian health care services do not have to pay the fee for not having health coverage if they apply for an exemption. While services through the Indian Health Service tribal programs or urban Indian programs are not considered MEC for purposes of fulfilling the Affordable Care Act's requirement to have health insurance, American Indians and Alaska Natives, and other consumers eligible for services through these programs don't have to pay the fee for not having health coverage if they apply for the Indian health coverage exemption from the individual shared responsibility payment.

#### *Learn the Basics and Find More Information:*

- ▶ Learn more about these [Marketplace special protections and benefits for American Indians and Alaska Natives](#) (also available in [Spanish](#)).
- ▶ American Indians, Alaska Natives, and consumers eligible for Indian health care services can apply for the Indian health coverage exemption in two ways:

**1**

Filling out a [Marketplace Exemption Application](#) and mailing it to the Marketplace

*or***2**

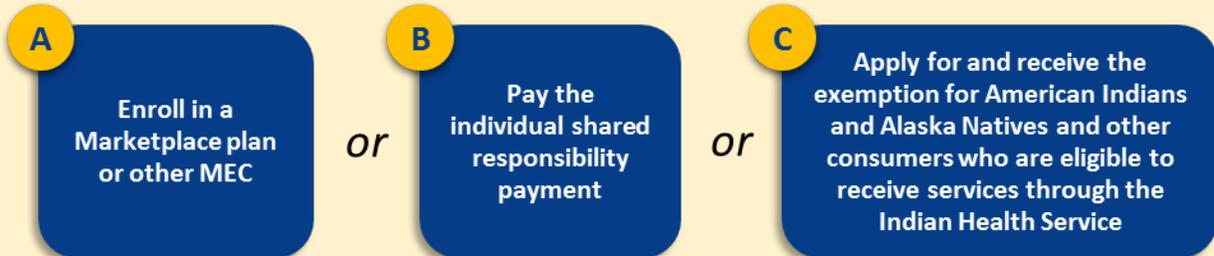
Claiming it on [IRS Form 8965](#) when they file their federal income tax return

- ▶ Learn more about the [two ways these consumers can file the Indian health coverage exemption](#) (also available in [Spanish](#)).
- ▶ Learn tips to keep in mind when [working with American Indians and Alaska Natives](#).



### Things You Should Know

**Review** tribal provisions and available health coverage options for consumers who are American Indians or Alaska Natives. Remember that receiving medical care from an Indian health care provider does not satisfy the requirement to have MEC. Therefore, American Indians and Alaska Natives must either:



#### 3.1.6 Financial Assistance through the Marketplace

Consumers applying for coverage through the Marketplace may be eligible for financial assistance in the form of advanced payments of the premium tax credit (APTC) to help save on their monthly premiums, and cost-sharing reductions (CSR) to help save on out-of-pocket health care costs. Eligibility for these savings depends on a consumer's household income, family size, and whether they already have access to or are enrolled in certain other forms of MEC. Some consumers seeking financial assistance may also be assessed or determined as Medicaid- or CHIP-eligible by the Marketplace.

##### *Learn the Basics and Find More Information:*

- ▶ Consumers who are eligible for MEC outside of the Marketplace (other than individual market coverage available outside of the Marketplace) are generally not eligible for financial assistance through the Marketplace. See [information on MEC](#) (also available in [Spanish](#)) for a list of coverage that counts as MEC. See a more [detailed list](#) of coverage that qualifies as MEC.
- ▶ Consumers who are eligible for, but not enrolled in, COBRA or retiree coverage may still qualify for financial assistance through the Marketplace, if otherwise eligible. Find more information about [COBRA and the Marketplace](#) (also available in [Spanish](#)), and learn about [retiree coverage and the Marketplace](#) (also available in [Spanish](#)).
- ▶ Find information that you can share with consumers about how they may be able to [save on monthly premiums by receiving APTC](#) (also available in [Spanish](#)).
- ▶ Find information you can share with consumers about how they may be able to [save on out-of-pocket costs through CSR](#) (also available in [Spanish](#)). If consumers are eligible for CSR, most can only receive them if they enroll in a silver-level plan.
- ▶ Learn about what is included when [calculating household income](#) (also available in [Spanish](#)), including gross versus net income and how to provide information about modified adjusted gross income (MAGI) when helping consumers who are applying for premium tax credits.



### 3 The Marketplace Application and Enrollment Process

- ▶ Click here for information about how to help consumers with income levels that [qualify for lower costs](#) (also available in [Spanish](#)).
- ▶ Marketplace enrollees must report changes in eligibility information, including income, family size, address, and eligibility for other coverage as soon as possible, within 30 days of the change. These changes may affect their eligibility for financial assistance through the Marketplace. Find information about how to help consumers who are [reporting life changes to the Marketplace](#) (also available in [Spanish](#)). See Chapter III, Section D, [How can I help consumers report life changes to the Marketplace?](#), for more information on reporting life changes to the Marketplace.

#### Things You Should Know

**Explain** to consumers who are found eligible for CSR that those CSR are only available if they enroll in silver-level coverage. **(This does not apply to American Indians or Alaska Natives.)**

**Remind** consumers who are married they must file a joint tax return to be eligible for financial assistance through the Marketplace, unless they are a victim of domestic abuse or spousal abandonment.

**Tell** married consumers who are victims of domestic abuse or spousal abandonment who want to file a separate tax return they should indicate they are not married on their Marketplace application. This will allow consumers to obtain an eligibility determination that may find them eligible for financial assistance through the Marketplace, if they are otherwise eligible. Note these consumers will not be penalized for representing they are not married on the application.

**Explain** to consumers who receive financial assistance through the Marketplace they must file a federal income tax return even if their income level would not otherwise require them to file a return. Advise consumers if they don't file a tax return in this instance, their financial assistance will be discontinued in future years.

**Explain** to consumers that checking the box at the end of the application allows the Marketplace to request updated income information from the IRS. This information helps the Marketplace accurately redetermine eligibility for financial assistance.



### 3.2 How can I help consumers with the annual Marketplace coverage renewal and redetermination process?

The Marketplace annually redetermines consumers' eligibility for enrollment in QHPs and for financial assistance through the Marketplace. Coverage through the Marketplace is generally available starting on January 1 of a calendar year (unless, for example, consumers enrolled later in the year through a special enrollment period) and ending on December 31 of that same year. Marketplace issuers must renew coverage for most consumers as long as they continue to pay their premiums. In general, the Marketplace will re-enroll eligible enrollees who do not select a QHP by the last day on which a plan selection may be made for coverage effective January 1.

*Learn the Basics and Find More Information:*

- ▶ Find more information about the [2016 FFM redetermination and re-enrollment process](#).
- ▶ See the [2016 Redetermination and Re-enrollment Process for 2016](#) slides.

#### Things You Should Know

**Encourage** consumers to return to the Marketplace during the Open Enrollment period to update and confirm the information on their application is still accurate. Work with consumers to help them provide updated eligibility information, get an updated eligibility determination, and browse available plans to find the best options for their families.



### 3.3 How can I help consumers learn how to appeal a Marketplace eligibility decision?

Consumers who have applied for coverage through the Marketplace will get an eligibility notice explaining what they qualify for. For example, the notice may say they are not eligible to enroll in Marketplace coverage, or they do not qualify for coverage through Medicaid or CHIP. If they disagree with the determination in the notice, you should let them know they may be able to appeal that determination. Consumers have 90 days from the date they receive their eligibility notice to start an appeal. As an agent or broker, you can help them understand this process.

Walk consumers through the following steps for filing a Marketplace Appeal:

#### Steps for Filing a Marketplace Appeal



Review  
eligibility notice

Don't agree? Consumers have 90 days to start an appeal.



Mail or fax  
appeal request  
form or letter

Get the [Form](#).



Resolve  
appeals  
informally

The Marketplace Appeals Center will contact consumers.



Request  
a hearing

Request a hearing if consumers can't resolve their appeals informally.

#### Learn the Basics and Find More Information:

- ▶ See [what Marketplace decisions can be appealed](#) (also available in [Spanish](#)).
- ▶ Consumers can submit an appeal request by mailing in an appeal request form, mailing in an appeal request letter, or faxing in one or the other. See the [different ways in which consumers can send in an appeal request](#) (also available in [Spanish](#)).
- ▶ Find [Appeal Request Forms](#) that apply for the consumer's state (also available in [Spanish](#)).
- ▶ Consumers can file a request for an expedited appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or their ability to attain, maintain, or regain maximum function. Find out [how to file an expedited appeal for urgent appeals](#) (also available in [Spanish](#)).

#### Things You Should Know

**Help** consumers review their eligibility notices to see if they should file an appeal through the Marketplace or with their state Medicaid or CHIP agency, which depends on their state and eligibility result.

**Encourage** consumers to include a copy of their eligibility notice when they file an appeal.

**Help** consumers learn how to request an urgent appeal if the time needed for the standard appeal process would jeopardize the consumer's life, health, or ability to attain, maintain, or regain maximum function.



#### 3 The Marketplace Application and Enrollment Process

- ▶ If a consumer wants an [authorized representative](#) (also available in [Spanish](#)) to be able to ask for the appeal on behalf of the consumer and/or to speak for them in the appeal, they should be sure to complete, sign, and send the [Designation of Authorized Representative form](#) to the Marketplace with their appeal request. See a fact sheet about [Marketplace appeals and health plan appeals](#).
- ▶ Find information about [appealing SHOP Marketplace decisions](#).

#### **Getting Help with Appeals:**

- ▶ Visit the [HealthCare.gov page on appeals](#) (also available in [Spanish](#)).
- ▶ Call the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 711.
- ▶ Get [help filing a Marketplace eligibility appeal](#) (also available in [Spanish](#)).



### 3.4 How can I help consumers report life changes to the Marketplace?

Once consumers have Marketplace coverage, they must report changes to their eligibility information, including income, family size, address, and health coverage eligibility within 30 days. You can help consumers report these changes and advise them that any updates they make may change the coverage or savings for which they are eligible. The updates they make may qualify them for a special enrollment period to change plans or add new members to their current plan.

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#### *Three Ways to Report a Life Change to the Marketplace*

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**To report changes on the phone, consumers should:**

1. Call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).
2. Talk to a customer representative and detail the particular life change.

**To report change online, consumers should:**

1. Log in to their Marketplace account and select their current application.
2. Go to the menu on the left and select the “Report Life Change” button.
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process.

**Or, the agent and broker using the Direct Enrollment Pathway should:**

1. Log in to QHP issuer’s or web-broker’s website with your agent/broker account.
2. Once HealthCare.gov redirects to the application’s summary page, click “Report a life change” to update the consumer’s application.
3. Update their application with changes to income, household members, and other information and complete all the steps in as prompted by HealthCare.gov.

**To report a change, consumers should:**

1. Use the Find Local Help tool to find an agent or broker in their area.
2. Contact the agent or broker to set up an appointment.
3. Update their application with changes to income, household members, and other information and complete all the steps to complete the updating process, or call the Marketplace Call Center to report the life change.

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**Note: Consumers should not report changes via mail.**

*Learn the Basics and Find More Information:*



### 3 The Marketplace Application and Enrollment Process

- ▶ See a [list of changes that should be reported](#) to the Marketplace (also available in [Spanish](#)).
- ▶ Find instructions about [how to report changes to the Marketplace](#) (also available in [Spanish](#)).
- ▶ Certain life changes may qualify consumers for a special enrollment period that allows them to enroll in a plan, change plans, or add new members to their plan outside the Open Enrollment period. See Chapter II, Section A, [When Can Consumers Enroll in Coverage through the Marketplace](#), for more information on special enrollment periods.
- ▶ See a detailed presentation about [helping consumers report a life event or change in circumstance after the Open Enrollment period](#), which explains the types of changes that may qualify consumers for a special enrollment period.
- ▶ When consumers experience certain life changes and report the change to the Marketplace, they may have different coverage options. Find more information about consumers' [options to select different Marketplace coverage, cancel or terminate Marketplace coverage, and report changes to the Marketplace](#) (also available in [Spanish](#)).
- ▶ Learn the steps to help consumers [cancel their Marketplace coverage](#) (also available in [Spanish](#)).

#### Things You Should Know

**Instruct** consumers not to mail written requests for reporting life changes to the Marketplace. Consumers should report life changes either online or through the Marketplace Call Center. If consumers have already mailed a written life change request, you should instruct them to contact the Marketplace Call Center or go online to their account to report the change.

**Remind** consumers they usually have 60 days from the date of the qualifying event to enroll in a plan or change their plan during a special enrollment period, if they qualify for one.

**Remember** that consumers can terminate their Marketplace plan at any time if they get health coverage outside the Marketplace—like from a job-based plan or a program, such as Medicare, Medicaid, or CHIP.



### 3.5 How can I help consumers learn about the tax implications of enrollment decisions?

#### 3.5.1 Tax Forms to Report Having Health Coverage or Report an Exemption from Health Coverage

Consumers or anyone in their household enrolled in Marketplace coverage will receive one or more Forms 1095-A from the Marketplace; these contain important health coverage information consumers will use when filing their federal tax returns. Consumers may also have to complete one or two new tax forms, including IRS Form 8962 (Premium Tax Credit) or Form 8965 (Health Coverage Exemptions) and use the second lowest silver plan and lowest cost bronze plan tax tools on HealthCare.gov to reconcile any APTC received, or report an exemption to complete their federal tax returns. To avoid paying a Shared Responsibility Payment for not having coverage, consumers must report on their federal income tax returns that they were enrolled in MEC during the entire tax year or were eligible for an exemption for any months they were not enrolled in MEC.

*Learn the Basics and Find More Information:*

- ▶ Understanding how health coverage affects taxes can be difficult. See a simple [IRS chart that illustrates how health coverage affects taxes](#) in various scenarios, and an [IRS publication detailing how health coverage affects taxes](#).
- ▶ Consumers must now report whether they were enrolled in minimum essential coverage or were eligible for an exemption when filing their federal income tax returns. Consumers may have to complete additional tax forms, such as IRS Form 8962 to reconcile APTC received from the Marketplace, or 8965 to report an exemption. Find information to share with consumers about [how health coverage affects tax returns](#) (also available in [Spanish](#)).
- ▶ Go to the [IRS page on the Affordable Care Act](#) for IRS tax forms, including Forms [8962](#) and [8965](#), and answers to tax-related questions, tax filing assistance, and information about the Shared Responsibility Payment for not having coverage. Note: the IRS tax forms and their instructions may be updated in advance of a tax filing season, be sure you are accessing the correct forms and instructions for the correct tax year.
- ▶ Consumers enrolled in coverage through the Marketplace will receive Form 1095-A from the Marketplace. This form includes important information consumers will use when filing their tax returns. Find [information about Form 1095-A](#) (also available in [Spanish](#)).
- ▶ See the [Cover Page of Form 1095-A](#) (also available in [Spanish](#)), which includes helpful information that you can explain to help consumers accurately complete IRS Form 8962.
- ▶ Find the [instructions for using Form 1095-A](#) (also available in [Spanish](#)).
- ▶ Be prepared to answer [frequently asked questions from consumers about Form 1095-A](#) (also available in [Spanish](#)).
- ▶ Go to the [HealthCare.gov page about taxes](#) or contact the Marketplace Call Center for additional information on Form 1095-A and how provisions of the Affordable Care Act affects consumers' taxes.



### 3 The Marketplace Application and Enrollment Process

- ▶ Find a useful fact sheet, [No Coverage? What That Means for Your Taxes](#) (also available in [Spanish](#)).
- ▶ Consumers may need information about either the premium for the lowest cost bronze plan, or the second lowest cost silver plan in their area when filing their tax return. Direct consumers to the [two tax tools](#) on HealthCare.gov (also available in [Spanish](#)) that can help them calculate these amounts. This information is used to determine eligibility for the affordability exemption and eligibility for financial assistance from the Marketplace.
- ▶ There are numerous resources for you to help consumers understand the impacts of health coverage on their taxes. See the information provided on the [Marketplace Online Tax Resources](#).

#### Things You Should Know

Consumers should report changes in eligibility information, including income, family size, address, and eligibility for other coverage to the Marketplace within 30 days as these changes may affect their eligibility for financial assistance from the Marketplace, such as APTC, which may affect their tax returns.

Consumers enrolled in Marketplace coverage should wait to receive Form(s) 1095-A from the Marketplace before filing their tax returns.

Consumers who received financial assistance in the form of APTC through the Marketplace should file Form 8962 and attach it to their tax return even if their income would not otherwise require them to file a tax return.

Consumers who don't enroll in coverage may owe the Shared Responsibility Payment for not having coverage unless they qualify for an exemption. If consumers obtained health coverage outside the Marketplace, they must still report whether they had coverage or were eligible for an exemption when filing their tax returns.

If consumers have questions specifically about IRS tax forms or filing their federal income tax returns, you should direct them to either the IRS or a tax professional for assistance.



### 3.5.2 Applying for an Exemption from the Requirement to Have Coverage

Consumers must have qualifying health coverage (also known as MEC), obtain an exemption, or pay a Shared Responsibility Payment. If consumers qualify for an exemption, they don't have to pay the Shared Responsibility Payment for each month they qualify for an exemption. There are different kinds of exemptions. How consumers get an exemption depends on the type of exemption. Consumers can obtain some exemptions only from the Marketplace while others they may claim when they file their tax returns, both types of exemptions are reported on IRS Form 8965 when filing a tax return.

#### Categories of Health Coverage Exemptions

				
Income-related exemptions	Health coverage-related exemptions	Group membership exemptions	Hardship exemptions	Other exemptions
<i>Examples include having an income below the tax filing threshold or not having access to affordable coverage</i>	<i>Examples include being uninsured for less than three consecutive months or living in a state that didn't expand Medicaid and the consumer had household income below 138% of FPL</i>	<i>Examples include being a member of a federally recognized tribe, or member of a health care sharing ministry</i>	<i>Examples include facing an eviction or foreclosure, the death of a close family member, filing for bankruptcy, or experiencing domestic violence</i>	<i>Examples include being incarcerated or living abroad</i>

#### Learn the Basics and Find More Information:

- ▶ Start by using the [Exemptions Screener Tool](#) (also available in [Spanish](#)) to help determine what exemptions a consumer might be eligible for.
- ▶ Make clear to consumers who were not enrolled in health coverage during the year that they may owe the Shared Responsibility Payment for not having coverage for any month that they or their dependents do not qualify for an exemption. See a [full list of all types of available exemptions](#), and whether they must be: a) granted by the Marketplace, b) claimed on a consumer's tax return, or c) either granted by the Marketplace or claimed on a tax return.
- ▶ If the Marketplace is responsible for granting a coverage exemption, it will send consumers notices with their exemption eligibility results. If a consumer qualifies for an exemption, the notice will include the consumer's unique Exemption Certificate Number (ECN). Consumers use their ECN to complete [IRS Form 8965 - Health Coverage Exemptions](#).



#### Things You Should Know

**Be aware** that hardship exemptions usually cover the month before the hardship, the month(s) of the hardship, and the month after the hardship. In some cases, the Marketplace may provide the exemption for additional months, including up to a full calendar year.

**Let** consumers who qualify for a hardship exemption know that they can (but don't have to) buy a catastrophic plan no matter how old they are or what their household income is. To buy catastrophic coverage with a hardship, consumers need to provide their ECNs to the insurance company selling the plan.

**Tell** consumers who don't agree with a decision about their exemption that they can appeal that decision.

**Inform** consumers that if they do not apply for an exemption but are without coverage for part of the year, 1/12 of the yearly fee applies to each month the consumer is uninsured, unless the consumer is uninsured for less than three consecutive months of the year.



### 3.6 How can I help consumers use their coverage?

Once consumers have coverage, it is important they know how to use it. As an agent or broker, you can help. HHS has an initiative called Coverage to Care (C2C), which helps consumers understand their coverage and connect to the care they need. By educating consumers about their coverage, empowering them with the tools they need to be able to use it, and making the health care system easier to navigate, the C2C initiative aims to reduce health care costs and improve health outcomes.

#### *Learn the Basics and Find More Information:*

- ▶ See the [C2C materials](#) available at [Marketplace.cms.gov](https://Marketplace.cms.gov).
- ▶ See the [Roadmap to Better Care and a Healthier You](#) (available in multiple languages), which lays out a path for newly covered consumers to get care and explains the basics of health coverage and how to select a provider.

## Using Coverage Checklist



### Selecting a Provider and Scheduling an Appointment

Many consumers who are newly covered may be insured for the first time and might not know how to find a provider in their service area or make an appointment. To help consumers find a provider and schedule an appointment:

- Review the plan's Provider Directory.
- Identify available providers based on geography or patient preferences.
- Help consumers get ready to call providers to schedule an appointment. Consumers may have to provide information from their insurance card (company, product, ID or group number) when they call a provider. See pages 24-25 of the [C2C Roadmap](#) for more details about what information consumers may need when scheduling an appointment.
- Remind patients to ask their plan if they need prior authorization before they visit their provider. If patients need but don't get preauthorization, they may be charged for services their health plan would have paid for otherwise.
- Remind patients to ask about the costs of their appointment (i.e., copayments or coinsurance) and the types of payments that are accepted.
- Once an appointment has been scheduled, remind the patient to bring their health insurance card and appropriate identification to the appointment.

If any problems should arise, consumers should contact their health insurance company directly.

- ▶ See the [Enrollment Toolkit](#), which is available to help you educate consumers about why they need to sign up for coverage, what they should know before enrolling and choosing a plan, and what they should do after they receive coverage. The Enrollment Toolkit also has helpful tips about how you can help specific populations, such as immigrants, and American Indians and Alaska Natives.



#### 3 The Marketplace Application and Enrollment Process

- ▶ Find a [guide to discussions with consumers](#) that offers ways you can personalize your conversations with consumers, as well as suggested questions you can ask them, and other helpful tips for interacting with consumers in the Marketplace.
- ▶ Watch a [training video](#) that will walk you through the discussions that you should have with consumers during eligibility and enrollment activities.

#### Things You Should Know

**Order** C2C materials and share them with consumers. Find more information about [ordering C2C materials](#).

**Remember** that C2C materials and resources are available in additional languages, including Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, Vietnamese, as well as tribal versions.



## 4. Information in Other Languages

The Marketplace provides numerous resources in other languages to assist non-English speaking individuals. This chapter describes which resources are available and where they can be accessed.

### A. How do I access information and materials in other languages?

There are a number of ways to access information and materials in other languages:

- Find resources in other languages developed by CMS.
- Go to [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov) for the Spanish version of HealthCare.gov.
- Use Find Local Help to [find support in non-English languages](#).

The sections below provide details about accessing information and materials in other languages from each of these sources.

#### 4.1.1 CMS-Developed Resources in Other Languages

CMS has produced resources in multiple languages to ensure all consumers, including non-English speaking consumers, have access to information about the Marketplace, Medicare, and Medicaid. CMS' Office of Minority Health has compiled an index of these resources.

***Learn the Basics and Find More Information:***

- ▶ Use this Index of [CMS Resources by Language](#) to find resources in English and non-English languages.

#### 4.1.2 Marketplace Call Center (Hotline and Interpreter Information)

If consumers speak languages other than English and would like to get personal assistance in another language free of charge, they can contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). The Marketplace Call Center is available 24 hours a day, seven days a week.

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*Steps to Connect to a Marketplace Call Center Interpreter*

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**Step 1**

When consumers contact the Marketplace Call Center, they will initially be given the language options of English or Spanish via automated prompt. Consumers who speak a language other than English or Spanish can request to connect to a representative for assistance at any time.

**Step 2**

The representative will first try to determine what language is being spoken by asking the consumer what language he or she speaks, or by seeking assistance from another member of the consumer's household.



#### Step 3

Once the representative identifies the consumer's language, the consumer will be connected to the language line for assistance from an interpreter.

#### Step 4

On subsequent calls, the system will recognize the language preference set on the initial call, so if the consumer contacts the Marketplace Call Center again, the call will then be automatically connected to a representative who will initiate a language line conference by connecting the consumer to an interpreter/language line operator.

### 4.1.3 CuidadoDeSalud.gov

Consumers can be directed to the Spanish version of the Marketplace website, [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov), for the Spanish version of the application, as well as information about the Marketplace in Spanish.

- ▶ Go to [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov).

### 4.1.4 Find Local Help

A search result on Find Local Help may include agents and brokers who provide application and enrollment assistance in languages other than English. Select the Show Details section to see if an agent or broker provides non-English speaking assistance and has indicated it on Find Local Help.

- ▶ Search [Find Local Help](#) (also available in [Spanish](#)).



## Appendix: Links Referenced in the Agent and Broker Roadmap to Resources and Additional Helpful Links

### CHAPTER I. AGENT AND BROKER RESOURCES AND COMMUNICATIONS

#### A. How do I get the latest information from CMS on Marketplace policies and operations?

##### 1. Agents and Brokers Resources Webpage

- Resources for agents and brokers who are assisting individual market consumers in the Marketplaces, including small group market employers and employees in the SHOP Marketplace: <http://go.cms.gov/CCIIOAB>

##### 2. Monthly Agent and Broker Newsletter

- Monthly newsletter for agents and brokers who are assisting individual market consumers in the Marketplaces, including small group market employers and employees in the SHOP Marketplace. To subscribe to “News for Agents and Brokers,” email the FFM Producer and Assister Help Desk at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov). Archives of past editions of “News for Agents and Brokers” are available on the Agents and Brokers Resources webpage at <http://go.cms.gov/CCIIOAB>

##### 3. Agent and Broker Webinars

- Webinars cover various Marketplace and health coverage topics so you can help consumers get coverage. You can find information about upcoming agent and broker webinars in the monthly “News for Agents and Brokers” newsletter and on the Agents and Brokers Resources webpage: <http://go.cms.gov/CCIIOAB>

#### B. Which agencies and organizations have resources on the Affordable Care Act?

##### 1. CMS

- HealthCare.gov: <https://www.healthcare.gov/>
- HealthCare.gov (Spanish version): <https://www.cuidadodesalud.gov/es/>
- Quick Guide to the Marketplace: <https://www.healthcare.gov/quick-guide/>
- Quick Guide to the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/quick-guide/>
- Marketplace.cms.gov: <https://marketplace.cms.gov/>
- CCIIO website: <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/assistance.html>
- REGTAP: <https://www.regtap.info/>

##### 2. Key Federal Partners

- HHS resources related to the Affordable Care Act: <http://www.HHS.gov/healthcare/>
- Medicaid website: <http://www.medicaid.gov/>
- Medicaid and CHIP programs by state: <http://medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>
- How the Affordable Care Act Affects Medicaid Beneficiaries: <https://www.medicaid.gov/affordablecareact/affordable-care-act.html>
- Medicare website: <http://medicare.gov/>
- How the Affordable Care Act Affects Medicare Beneficiaries: <https://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html>
- HRSA website: <http://www.hrsa.gov/>
- How the Affordable Care Act Impacts Rural and Vulnerable Populations: <http://www.hrsa.gov/advisorycommittees/rural/publications/ruralimplications.pdf>



### Information in Other Languages

- HRSA-funded programs: <http://www.hrsa.gov/gethealthcare/index.html>
- OMH website: <http://minorityhealth.hhs.gov/>
- IHS Tribal Directory: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>
- IHS website: <http://www.ihs.gov/aboutihs/>
- IHS fact sheets: <http://www.ihs.gov/newsroom/factsheets/>
- IRS website: <http://www.irs.gov/>
- IRS Affordable Care Act: <http://www.irs.gov/Affordable-Care-Act>
- IRS Affordable Care Act (Spanish version): <http://www.irs.gov/Spanish/Disposiciones-Tributarias-de-la-Ley-de-Cuidado-de-Salud-a-Bajo-Precio>
- DOL website: <http://www.dol.gov/>
- DOL Affordable Care Act: <http://www.dol.gov/ebsa/healthreform/consumer.html>
- VA website: <http://www.va.gov/>
- VA Affordable Care Act: <http://www.va.gov/health/aca/>
- SBA website: <https://www.sba.gov/>
- SBA Affordable Care Act: <https://www.sba.gov/healthcare>

### 3. States

- State Medicaid profiles: <http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>
- State DOIs: [http://www.naic.org/state\\_web\\_map.htm](http://www.naic.org/state_web_map.htm)
- SHIP centers: <https://www.shiptacenter.org/>

### 4. Non-governmental Organizations

- Enroll America: <http://www.enrollamerica.org/>
- The Kaiser Family Foundation Affordable Care Act: <http://kff.org/health-reform/>
- The Center on Budget and Policy Priorities Affordable Care Act: <http://www.healthreformbeyondthebasics.org/>
- The Center for Children and Families Affordable Care Act: <http://ccf.georgetown.edu/aca/>
- Refugee Health Technical Assistance Center: <http://refugeehealthta.org/access-to-care/affordable-care-act/>

*Disclaimer: While CMS does not endorse the information and resources provided by the outside entities listed above, these entities have created websites with information intended for people helping consumers access coverage through the Marketplace. Other organizations not listed here may also provide information intended for the same audience. By providing these links, CMS does not intend to suggest that it endorses the information provided by these organizations over information provided by other organizations.*

## C. How can I get direct help?

### 1. Marketplace Call Center

- Contact the Marketplace Call Center: <https://www.healthcare.gov/contact-us/>
- Contact the Marketplace Call Center (Spanish version): <https://www.cuidadodesalud.gov/es/contact-us/>
- Checklist: Get Ready to Apply for or Renew Your Health Insurance Marketplace Coverage: <https://marketplace.cms.gov/outreach-and-education/apply-for-or-renew-coverage.pdf>



## 2. Agent and Broker Call Center

- 1-855-CMS-1515 (855-267-1515)
- Select option “1.” Call Center representatives are available Monday through Saturday from 8:00 AM to 10:00 PM ET.

## 3. SHOP Call Center

- 1-800-706-7893 for assistance related to coverage through the SHOP Marketplace

## 4. FFM Agent and Broker Program Questions

- [FFFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFFMProducer-AssisterHelpDesk@cms.hhs.gov)

## CHAPTER II. COVERAGE OPTIONS AVAILABLE TO CONSUMERS

### A. Marketplace Coverage for Individuals

#### 1. When Can Consumers Enroll in Coverage through the Marketplace?

- List of life events that may qualify for a special enrollment period: <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>
- List of life events that may qualify for a special enrollment period (Spanish version): <https://www.cuidadodesalud.gov/es/coverage-outside-open-enrollment/special-enrollment-period/>
- Special Enrollment Period Screener Tool: <https://www.healthcare.gov/screener/>
- Special Enrollment Period Screener Tool (Spanish version): <https://www.cuidadodesalud.gov/es/screener/>
- Detailed special enrollment period resources: <https://marketplace.cms.gov/technical-assistance-resources/special-enrollment-periods-.html>

#### 2. What coverage is available through the Marketplace?

- See plans and prices tool: <https://www.healthcare.gov/see-plans/>
- See plans and prices tool (Spanish version): <https://www.cuidadodesalud.gov/see-plans/>
- List of the 10 EHB: <https://www.healthcare.gov/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/>
- List of the 10 EHB (Spanish version): <https://www.cuidadodesalud.gov/es/blog/10-health-care-benefits-covered-in-the-health-insurance-marketplace/>
- List of preventive services for adults: <https://www.healthcare.gov/preventive-care-benefits/>
- List of preventive services for adults (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-benefits/>
- List of preventive services for women: <https://www.healthcare.gov/preventive-care-women/>
- List of preventive services for women (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-women/>
- List of preventive services for children: <https://www.healthcare.gov/preventive-care-children/>
- List of preventive services for children (Spanish version): <https://www.cuidadodesalud.gov/es/preventive-care-children/>
- Categories of Marketplace coverage: <https://www.healthcare.gov/choose-a-plan/plans-categories/>
- Categories of Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/plans-categories/>
- Catastrophic coverage: <https://www.healthcare.gov/choose-a-plan/catastrophic-plans>



### Information in Other Languages

- Catastrophic coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/catastrophic-plans/>
- Description of the different coverage types: <https://www.healthcare.gov/choose-a-plan/plan-types/>
- Description of the different coverage types (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/plan-types/>
- Glossary of commonly used health coverage terms: <http://www.cms.gov/CCIIO/Resources/Files/Downloads/uniform-glossary-final.pdf>
- How to choose Marketplace coverage: <https://www.healthcare.gov/choose-a-plan/benefits/>
- How to choose Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/choose-a-plan/benefits/>
- How to use Marketplace coverage: <https://www.healthcare.gov/using-marketplace-coverage/>
- How to use Marketplace coverage (Spanish version): <https://www.cuidadodesalud.gov/es/using-marketplace-coverage/>

### B. Medicaid and CHIP Coverage

- Medicaid expansion under the Affordable Care Act: <https://www.healthcare.gov/medicaid-chip/medicaid-expansion-and-you/>
- Medicaid expansion under the Affordable Care Act (Spanish version): <https://www.cuidadodesalud.gov/es/medicaid-chip/medicaid-expansion-and-you/>
- State Medicaid and CHIP programs: <http://www.medicaid.gov/medicaid-chip-program-information/by-state/by-state.html>
- Assessment versus determination states: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html>
- Coverage for lawfully present immigrants: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>
- Coverage for lawfully present immigrants (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/>
- Eligibility for non-citizens in Medicaid and CHIP: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-and-enrollment/downloads/overview-of-eligibility-for-non-citizens-in-medicaid-and-chip.pdf>
- Answering the Medicaid block question: <https://marketplace.cms.gov/technical-assistance-resources/applicants-denied-chip-medicaid.pdf>
- Applying for coverage after receiving a Medicaid/CHIP denial: <https://marketplace.cms.gov/outreach-and-education/applying-for-coverage.pdf>
- More information about Medicaid and CHIP coverage: <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip>
- More information about Medicaid and CHIP coverage (Spanish version): <https://www.cuidadodesalud.gov/es/medicaid-chip/>

### C. SHOP Marketplace Coverage

- Overview of the SHOP Marketplace: <https://www.healthcare.gov/small-businesses/provide-shop-coverage/shop-marketplace-overview/>
- Overview of the SHOP Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/shop-marketplace-overview/>
- Benefits of the SHOP Marketplace: <https://www.healthcare.gov/small-businesses/agents-and-brokers/>
- How to assist small business clients: <https://www.healthcare.gov/small-businesses/agents-and-brokers/sell-health-insurance-through-shop/>



### Information in Other Languages

- Health and Dental Coverage in the SHOP Marketplace: <https://marketplace.cms.gov/outreach-and-education/things-to-think-about-shop-2016.pdf>
- Determine if small business clients are eligible to enroll in the SHOP Marketplace: <https://www.healthcare.gov/small-businesses/provide-shop-coverage/qualify-for-shop-marketplace/>
- MPR Calculator: <https://www.healthcare.gov/small-businesses/shop-calculators-mpr/>
- FTE Employee Calculator: <https://www.healthcare.gov/shop-calculators-fte/>
- FTE Employee Calculator (Spanish version): <https://www.cuidadodesalud.gov/es/shop-calculators-fte/>
- SHOP Marketplace plans and prices: <https://www.healthcare.gov/see-plans/#/small-business>
- Small Business Health Care Tax Credit: <https://www.healthcare.gov/small-businesses/provide-shop-coverage/small-business-tax-credits/>
- Small Business Health Care Tax Credit (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/provide-shop-coverage/small-business-tax-credits/>
- Small Business Health Care Tax Credit from the IRS: <http://www.irs.gov/Affordable-Care-Act/Employers/Small-Business-Health-Care-Tax-Credit-and-the-SHOP-Marketplace>
- SHOP Tax Credit Estimator: <https://www.healthcare.gov/shop-calculators-taxcredit/>
- SHOP Tax Credit Estimator (Spanish version): <https://www.cuidadodesalud.gov/es/shop-calculators-taxcredit/>
- Overview of the SHOP Marketplace for Employees: <https://www.healthcare.gov/small-businesses/employees-shop/overview/>
- Overview of the SHOP Marketplace for Employees (Spanish version): <https://www.cuidadodesalud.gov/es/small-businesses/employees-shop/overview/>
- How Employees can Enroll in the SHOP Marketplace: <https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees.pdf>
- How Employees can Enroll in the SHOP Marketplace (Spanish version): <https://marketplace.cms.gov/outreach-and-education/enroll-in-shop-employees-spanish.pdf>

### D. Medicare Coverage

- Overview of the Medicare program: <https://www.medicare.gov/sign-up-change-plans/decide-how-to-get-medicare/whats-medicare/what-is-medicare.html>
- How Medicare satisfies the requirement to have health coverage: <https://www.medicare.gov/about-us/affordable-care-act/medicare-and-the-marketplace.html>
- When and How to Sign-up for Medicare Parts A and B: <https://www.medicare.gov/sign-up-change-plans/get-parts-a-and-b/when-how-to-sign-up-for-part-a-and-part-b.html>
- Changing from the Marketplace to Medicare: <https://www.healthcare.gov/medicare/changing-from-marketplace-to-medicare/>
- Changing from the Marketplace to Medicare (Spanish version): <https://www.cuidadodesalud.gov/es/medicare/changing-from-marketplace-to-medicare/>
- Part A Late enrollment penalty: <https://www.medicare.gov/your-medicare-costs/part-a-costs/penalty/part-a-late-enrollment-penalty.html>
- Part B Late enrollment penalty: <https://www.medicare.gov/your-medicare-costs/part-b-costs/penalty/part-b-late-enrollment-penalty.html>
- Part D enrollment penalty: <https://www.medicare.gov/part-d/costs/penalty/part-d-late-enrollment-penalty.html>
- Medicare savings program: <http://www.medicare.gov/your-medicare-costs/help-paying-costs/medicare-savings-program/medicare-savings-programs.html>
- SHIP: <https://www.shiptacenter.org/>
- Standards for dual eligibility: <http://www.medicare.gov/Medicaid-CHIP-Program-Information/By-Population/Medicare-Medicaid-Enrollees-Dual-Eligibles/Seniors-and-Medicare-and-Medicaid-Enrollees.html>
- Medigap plans: <https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>



- Frequently asked questions about Medicare and the Marketplace: [http://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace\\_Master\\_FAQ\\_6-11-15.pdf](http://www.cms.gov/Medicare/Eligibility-and-Enrollment/Medicare-and-the-Marketplace/Downloads/Medicare-Marketplace_Master_FAQ_6-11-15.pdf)
- Medicare and the Marketplace video: <https://www.youtube.com/watch?v=4bYQrWK3wr0>

### E. Other Coverage Options

- Employer-sponsored coverage: <https://www.healthcare.gov/have-job-based-coverage/>
- Employer-sponsored coverage (Spanish version): <https://www.cuidadodesalud.gov/es/have-job-based-coverage/>
- Minimum value standard and affordability: <https://www.healthcare.gov/have-job-based-coverage/change-to-marketplace-plan/>
- Minimum value standard and affordability (Spanish version): <https://www.cuidadodesalud.gov/es/have-job-based-coverage/change-to-marketplace-plan/>
- COBRA coverage and the Marketplace: <https://www.healthcare.gov/unemployed/cobra-coverage/>
- COBRA coverage and the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/>
- Health coverage options for veterans: <https://www.healthcare.gov/veterans/>
- Health coverage options for veterans (Spanish version): <https://www.cuidadodesalud.gov/es/veterans/>
- Health coverage for young adults: <https://www.healthcare.gov/young-adults/>
- Health coverage for young adults (Spanish version): <https://www.cuidadodesalud.gov/es/young-adults/>
- Health coverage for people with disabilities: <https://www.healthcare.gov/people-with-disabilities/>
- Health coverage for people with disabilities (Spanish version): <https://www.cuidadodesalud.gov/es/people-with-disabilities/>
- Helping consumers with disabilities fact sheet: <https://marketplace.cms.gov/technical-assistance-resources/consumers-with-disabilities.pdf>

## CHAPTER III. THE MARKETPLACE APPLICATION AND ENROLLMENT PROCESS

### A. How can I help consumers apply for and enroll in Marketplace coverage?

#### 1. Application Process

- Fee for not being covered: <https://www.healthcare.gov/fees-exemptions/fee-for-not-being-covered/>
- Fee for not being covered (Spanish version): <https://www.cuidadodesalud.gov/es/fees-exemptions/fee-for-not-being-covered/>
- How to Apply and Enroll in Coverage: <https://www.healthcare.gov/apply-and-enroll/get-ready-to-apply/>
- How to Apply and Enroll in Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/apply-and-enroll/get-ready-to-apply/>
- Four Ways to Apply for Coverage: <https://www.healthcare.gov/apply-and-enroll/how-to-apply/>
- Four Ways to Apply for Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/apply-and-enroll/how-to-apply/>
- Get coverage: <https://www.healthcare.gov/get-coverage/>
- Get coverage (Spanish version): <https://www.cuidadodesalud.gov/es/get-coverage/>
- Find Local Help: <https://localhelp.healthcare.gov/>
- Find Local Help (Spanish version): <https://ayudalocal.cuidadodesalud.gov/es/>
- Application process: <https://marketplace.cms.gov/technical-assistance-resources/application-process-assistance.html>
- Guide to applying for coverage: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/apply-for-coverage.zip>



### Information in Other Languages

- How to help consumers fill out paper applications: <https://marketplace.cms.gov/technical-assistance-resources/assisting-consumers-with-paper-applications.pdf>
- Checklist to get Ready to apply for or renew your Marketplace coverage: <https://marketplace.cms.gov/outreach-and-education/apply-for-or-renew-coverage.pdf>

### 2. Application Troubleshooting

- HealthCare.gov browser compatibility: <https://www.healthcare.gov/browser-compatibility/>
- HealthCare.gov browser compatibility (Spanish version): <https://www.cuidadodesalud.gov/es/browser-compatibility/>
- Tips on Troubleshooting Technical Issues: <https://www.healthcare.gov/tips-and-troubleshooting/application-tips-and-troubleshooting/>
- Tips on Troubleshooting Technical Issues (Spanish version) <https://www.cuidadodesalud.gov/es/tips-and-troubleshooting/application-tips-and-troubleshooting/>
- Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts: <https://www.healthcare.gov/blog/tips-for-resetting-your-password-and-unlocking-your-account/>
- Tips for Resetting Marketplace Passwords and Unlocking Marketplace Accounts (Spanish version): <https://www.cuidadodesalud.gov/es/blog/tips-for-resetting-your-password-and-unlocking-your-account/>
- Troubleshooting Tips and Requirements for Marketplace Accounts: <https://www.healthcare.gov/help/i-am-having-trouble-logging-in-to-my-marketplace-account/>
- Troubleshooting Tips and Requirements for Marketplace Accounts (Spanish version): <https://www.cuidadodesalud.gov/es/help/i-am-having-trouble-logging-in-to-my-marketplace-account/>

### 3. Authentication Process

- Identity Proofing and Information Inconsistencies: <https://marketplace.cms.gov/outreach-and-education/your-marketplace-application.pdf>
- Identity Proofing and Information Inconsistencies (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/id-proofing-spanish.pdf>
- Frequently Asked Questions about ID Proofing: <https://marketplace.cms.gov/technical-assistance-resources/remote-identity-proofing-faqs.pdf>
- How We Use Your Data: <https://www.healthcare.gov/how-we-use-your-data/>
- How We Use Your Data (Spanish version): <https://www.cuidadodesalud.gov/es/how-we-use-your-data/>
- Privacy Act statement: <https://www.healthcare.gov/individual-privacy-act-statement/>
- Privacy Act statement (Spanish version): <https://www.cuidadodesalud.gov/es/individual-privacy-act-statement/>
- How to Resolve a Data-Matching Issue: <https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency/>
- How to Resolve a Data-Matching Issue (Spanish version): <https://www.cuidadodesalud.gov/es/help/how-do-i-resolve-an-inconsistency/>
- How to Upload Documents: <https://www.healthcare.gov/help/how-to-upload-documents/>
- How to Upload Documents (Spanish version): <https://www.cuidadodesalud.gov/es/help/how-to-upload-documents/>
- Tips for Submitting Supporting Documents: <https://marketplace.cms.gov/technical-assistance-resources/submitting-supporting-documents.pdf>
- Tips to Resolve Outstanding Data Matching Issues: <https://marketplace.cms.gov/technical-assistance-resources/resolve-data-match-issues.pdf>
- The Facts about the Affordable Care Act and Immigration Enforcement: <https://www.whitehouse.gov/blog/2014/12/03/facts-about-affordable-care-act-and-immigration-enforcement>



### Information in Other Languages

- Facts about the Affordable Care Act and Immigration Enforcement (Spanish version): <https://www.whitehouse.gov/blog/2014/12/03/informaci-n-sobre-la-ley-de-cuidado-de-salud-bajo-precio-y-el-control-de-inmigraci-n>

#### 4. Immigration Status and the Marketplace

- Lawfully present immigration statuses: <https://www.healthcare.gov/immigrants/immigration-status/>
- Lawfully present immigration statuses (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/immigration-status/>
- Coverage options for lawfully present immigrants: <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>
- Coverage options for lawfully present immigrants (Spanish version): <https://www.cuidadodesalud.gov/es/immigrants/lawfully-present-immigrants/>
- List of immigration document types: <https://www.healthcare.gov/help/immigration-document-types/>
- List of immigration document types (Spanish version): <https://www.cuidadodesalud.gov/es/help/immigration-document-types/>
- Helping Consumers With Different Immigration Statuses: <https://marketplace.cms.gov/technical-assistance-resources/immigration-fast-facts.pdf>
- Dos And Don'ts For Providing Non-Discriminatory, Culturally And Linguistically Appropriate Services: <https://marketplace.cms.gov/technical-assistance-resources/dos-and-donts-clas.pdf>

#### 5. Health Coverage for American Indians and Alaska Natives

- Marketplace Special Protections and Benefits for American Indians and Alaska Natives: <https://www.healthcare.gov/american-indians-alaska-natives/>
- Marketplace Special Protections and Benefits for American Indians and Alaska Natives (Spanish version): <https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/>
- Two Ways Consumers Can File the Indian Health Coverage Exemption: <https://www.healthcare.gov/american-indians-alaska-natives/exemptions/>
- Two Ways Consumers Can File the Indian Health Coverage Exemption (Spanish version): <https://www.cuidadodesalud.gov/es/american-indians-alaska-natives/exemptions/>
- Tips for Working with American Indians and Alaska Natives: <https://marketplace.cms.gov/technical-assistance-resources/working-with-aian.pdf>

#### 6. Financial Assistance through the Marketplace

- Information about MEC: <https://www.healthcare.gov/glossary/minimum-essential-coverage/>
- Information about MEC (Spanish version): <https://www.cuidadodesalud.gov/es/glossary/minimum-essential-coverage/>
- Detailed list of MEC: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>
- Information about COBRA and the Marketplace: <https://www.healthcare.gov/unemployed/cobra-coverage/>
- Information about COBRA and the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/unemployed/cobra-coverage/>
- Retiree coverage and the Marketplace: <https://www.healthcare.gov/retirees/>
- Retiree coverage and the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/retirees/>
- How to Save on Monthly Premiums by Receiving APTC: <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>
- How to Save on Monthly Premiums by Receiving APTC (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/save-on-monthly-premiums/>
- How to Save on Out-of-Pocket Costs Through CSRs: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>



### Information in Other Languages

- How to Save on Out-of-Pocket Costs Through CSRs (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/save-on-out-of-pocket-costs/>
- Calculating household income: <https://www.healthcare.gov/income-and-household-information/income/>
- Calculating household income (Spanish version): <https://www.cuidadodesalud.gov/es/income-and-household-information/income/>
- Qualifying for Lower Costs: <https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/>
- Qualifying for Lower Costs (Spanish version): <https://www.cuidadodesalud.gov/es/lower-costs/qualifying-for-lower-costs/>
- Reporting Life Changes to the Marketplace: <https://www.healthcare.gov/reporting-changes/>
- Reporting Life Changes to the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/>

### B. How can I Help Consumers with the Annual Marketplace Coverage Renewal and Redetermination Process?

- 2016 FFM Redetermination and Re-Enrollment Process: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/annual-redeterminations-for-coverage-42215.pdf>

### C. How can I Help Consumers Appeal a Marketplace Eligibility Decision?

- What Marketplace Decisions can be Appealed: <https://www.healthcare.gov/marketplace-appeals/what-you-can-appeal/>
- What Marketplace Decisions can be Appealed (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/what-you-can-appeal/>
- Three Ways in Which Consumers can File an Appeal Request: <https://www.healthcare.gov/marketplace-appeals/ways-to-appeal/>
- Three Ways in Which Consumers can File an Appeal Request (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/ways-to-appeal/>
- Marketplace appeal request form: <https://www.healthcare.gov/marketplace-appeals/appeal-forms/>
- Marketplace appeal request form (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/appeal-forms/>
- How to file an expedited appeal: <https://www.healthcare.gov/marketplace-appeals/expedited-appeal/>
- How to file an expedited appeal (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/expedited-appeal/>
- Designation of Authorized Representative: <https://www.healthcare.gov/marketplace-appeals/getting-help/>
- Designation of Authorized Representative (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/>
- Designation of Authorized Representative form: <https://www.healthcare.gov/downloads/marketplace-authorize-appeal-representative-form.pdf>
- Marketplace Appeals and Health Plan Appeals Fact Sheet: <https://marketplace.cms.gov/outreach-and-education/appeals-eligibility-and-health-plan-decisions.pdf>
- Appealing SHOP Marketplace Decisions: <https://marketplace.cms.gov/outreach-and-education/shop-appeals.pdf>
- Healthcare.gov page on appeals: <https://www.healthcare.gov/marketplace-appeals/>
- Healthcare.gov page on appeals (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/>
- Get help with Marketplace applications or eligibility appeals: <https://www.healthcare.gov/marketplace-appeals/getting-help/>
- Get help with Marketplace applications or eligibility appeals (Spanish version): <https://www.cuidadodesalud.gov/es/marketplace-appeals/getting-help/>



### D. How can I Help Consumers Report Life Changes to the Marketplace?

- List of changes that should be reported to the Marketplace: <https://www.healthcare.gov/reporting-changes/which-changes-to-report/>
- List of changes that should be reported to the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/which-changes-to-report/>
- How to Report Changes to the Marketplace: <https://www.healthcare.gov/reporting-changes/how-to-report-changes/>
- How to Report Changes to the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/how-to-report-changes/>
- Helping Consumers Report a Life Event or Change in Circumstance After the Open Enrollment Period: <https://marketplace.cms.gov/technical-assistance-resources/report-life-event.pdf>
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplace: <https://www.healthcare.gov/keep-or-change-plan/>
- Options to Select Different Marketplace Coverage, Cancel or Terminate Marketplace Coverage, and Report Changes to the Marketplace (Spanish version): <https://www.cuidadodesalud.gov/es/keep-or-change-plan/>
- How to Cancel Marketplace Coverage: <https://www.healthcare.gov/reporting-changes/cancel-plan/>
- How to Cancel Marketplace Coverage (Spanish version): <https://www.cuidadodesalud.gov/es/reporting-changes/cancel-plan/>

### E. How can I Help Consumers Prepare for Tax-Filing Season?

#### 1. Preparing Tax Forms to Report Having Health Coverage

- How Health Coverage Affects Tax Returns: <https://www.healthcare.gov/taxes/>
- How Health Coverage Affects Tax Returns (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/>
- IRS page on the Affordable Care Act: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Minimum-Essential-Coverage>
- Information about Form 8962: <https://www.irs.gov/pub/irs-pdf/f8962.pdf>
- Information about Form 8965: [http://www.irs.gov/file\\_source/pub/irs-pdf/f8965.pdf](http://www.irs.gov/file_source/pub/irs-pdf/f8965.pdf)
- Information about Form 1095-A: <https://www.healthcare.gov/taxes/marketplace-health-plan/>
- Information about Form 1095-A (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/marketplace-health-plan/>
- Cover page of Form 1095-A: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page.pdf>
- Cover page of Form 1095-A (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/training-materials/1095a-cover-page-spanish.pdf>
- Instructions for using Form 1095-A: <http://www.irs.gov/instructions/i1095a/ar01.html>
- Instructions for using Form 1095-A (Spanish version): <https://marketplace.cms.gov/technical-assistance-resources/spanish-form-1095-a-and-instructions.pdf>
- Frequently asked questions about Form 1095-A: <https://marketplace.cms.gov/technical-assistance-resources/1095a-and-taxes-qa.pdf>
- Frequently asked questions about Form 1095-A (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/>
- No Coverage? What That Means for Your Taxes: <https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-your-taxes-article.pdf>
- No Coverage? What That Means for Your Taxes (Spanish version): <https://marketplace.cms.gov/outreach-and-education/no-health-coverage-and-your-taxes-article-spanish.pdf>
- Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit: <https://www.healthcare.gov/taxes/tools/>



### Information in Other Languages

- Tax Tools to Claim the Affordability Exemption and to Calculate Premium Tax Credit (Spanish version): <https://www.cuidadodesalud.gov/es/taxes/tools/>
- How Health Coverage Affects Taxes (chart): <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Health-Care-Law-and-Your-Tax-Return>
- How Health Coverage Affects Taxes (publication): <http://www.irs.gov/pub/irs-pdf/p5187.pdf>
- Online Catalog of Tax Resources for Agents and Brokers: <https://marketplace.cms.gov/technical-assistance-resources/tax-information.html>

### 2. Applying for an Exemption from the Requirement to Have Coverage

- Exemptions screener tool: <https://www.healthcare.gov/exemptions-tool/#/>
- Exemptions screener tool (Spanish version): <https://www.cuidadodesalud.gov/es/exemptions-tool/#/>
- Full list of types of exemptions: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>
- IRS Form 8965 – Health Coverage Exemptions: <http://www.irs.gov/pub/irs-pdf/f8965.pdf>

### F. How can I Help Consumers Use Their Coverage?

- C2C materials: <https://marketplace.cms.gov/c2c>
- Roadmap to Better Care and a Healthier You: <https://marketplace.cms.gov/technical-assistance-resources/c2c-roadmap.pdf>
- Enrollment Toolkit: <https://marketplace.cms.gov/technical-assistance-resources/c2c-enrollment-toolkit.pdf>
- Guide to Discussions with Consumers: <https://marketplace.cms.gov/outreach-and-education/downloads/c2c-discussion-guide.pdf>
- Training Guide video: <http://www.youtube.com/watch?v=rsxLMrWvIAU&feature=youtu.be>
- Ordering C2C materials: <https://marketplace.cms.gov/outreach-and-education/order-coverage-to-care-materials.html>

## CHAPTER IV. INFORMATION IN OTHER LANGUAGES

### A. How do I access information and materials in other languages?

#### 1. CMS-Developed Resources in Other Languages

- CMS resources by language: [http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH\\_Dwnld-IndexByLanguage\\_rev060115\\_v070715.pdf](http://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/OMH_Dwnld-IndexByLanguage_rev060115_v070715.pdf)

#### 2. Marketplace Call Center (hotline and interpreter information)

- Marketplace Call Center: 1- 800-318-2596 (TTY: 1-855-889-4325)

#### 3. CuidadoDeSalud.gov

- CuidadoDeSalud.gov (Spanish version of HealthCare.gov): <https://cuidadodesalud.gov/es/>

#### 4. Find Local Help

- Find Local Help: <https://localhelp.healthcare.gov/>
- Find Local Help (Spanish version): <https://ayudalocal.cuidadodesalud.gov/es/>

## ADDITIONAL HELPFUL LINKS

### Guidance



### Information in Other Languages

- Role of Agents, Brokers, and Web-brokers in the Health Insurance Marketplaces. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/May\\_1\\_2013\\_CCIIO\\_AB\\_Guidance\\_110414\\_508.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/May_1_2013_CCIIO_AB_Guidance_110414_508.pdf)
- Final 2016 Letter to Issuers in the FFM. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2016\\_Letter\\_to\\_Issuers\\_2\\_20\\_2015\\_R.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2016_Letter_to_Issuers_2_20_2015_R.pdf)
- Qualified Health Plan Manual Agents and Brokers Chapter. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agents\\_and\\_Brokers\\_QHP\\_Manual\\_09102014\\_508.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Agents_and_Brokers_QHP_Manual_09102014_508.pdf)
- Information and Tips for Assisters Helping Consumers Affected by Grace Periods Related to Non-Payment of Premiums. <https://marketplace.cms.gov/technical-assistance-resources/helping-consumers-grace-period.pdf>
- Frequently Asked Question Regarding Agents and Brokers (Including Web-brokers) and Federally-facilitated Marketplace (FFM) Online Consumer Functionality. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FAQ-AB-Consumer-Functionality\\_2.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FAQ-AB-Consumer-Functionality_2.pdf)

### General Marketplace Regulations

- Establishment of Exchanges and Qualified Health Plans; Exchange Standards for Employers (Exchange Final Rule). <http://www.gpo.gov/fdsys/pkg/FR-2012-03-27/pdf/2012-6125.pdf>
- Establishment of Exchanges and Qualified Health Plans; Small Business Health Options Program (SHOP Final Rule). <http://www.gpo.gov/fdsys/pkg/FR-2013-06-04/pdf/2013-13149.pdf>
- Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeals (Program Integrity Rule). <http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21338.pdf>
- Health and Human Services Notice of Benefit and Payment Parameters for 2015. <http://www.gpo.gov/fdsys/pkg/FR-2014-03-11/pdf/2014-05052.pdf>
- Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond. <http://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf>
- Final Rule: Patient Protection and Affordable Care Act; Program Integrity: Exchange, SHOP, and Eligibility Appeal. <http://www.gpo.gov/fdsys/pkg/FR-2013-08-30/pdf/2013-21338.pdf>
- Patient Protection and Affordable Care Act: Annual Eligibility Redeterminations for Exchange Participation and Insurance Affordability Programs; Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges. <http://www.gpo.gov/fdsys/pkg/FR-2014-09-05/pdf/2014-21178.pdf>

### Agent and Broker FFM Registration and Training

- CMS Enterprise Portal. <https://portal.cms.gov>
- List of CMS-approved training vendors for plan year 2016. <http://go.cms.gov/CCIIOAB>
- Federally-facilitated Marketplace (FFM) Agent and Broker Plan Year 2016 Registration and Training Slides. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FFM-Registration-and-Training-Webinar-091415.pdf>
- Guidance on Plan Year 2016 Federally-facilitated Marketplace (FFM) Registration and Training for Agents and Brokers. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB\\_PY\\_2016\\_Registration\\_Guidance\\_Webinar\\_FINAL.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB_PY_2016_Registration_Guidance_Webinar_FINAL.pdf)
- Quick Reference Guide – Plan Year 2016 Federally-facilitated Marketplace (FFM) Registration for Agents and Brokers. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick\\_Reference-Guide-Plan-Year-2016-FFM-Registration-for-Agents-and-Brokers.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick_Reference-Guide-Plan-Year-2016-FFM-Registration-for-Agents-and-Brokers.pdf)
- Federally-facilitated Marketplace (FFM) Agent and Broker Plan Year 2016 Registration and Training Videos  
**Important:** Agents and brokers previously registered with the FFM should start at Step 4 and use their existing FFM user ID and password.
  - Step 1 – Creating an Enterprise Portal Account. <https://downloads.cms.gov/media/cciio/Step%201%20-%20Creating%20an%20Enterprise%20Portal%20Account.mp4>



### Information in Other Languages

- Step 2 – Navigating to the Registration Status Page. <https://downloads.cms.gov/media/ccio/Step%202%20-%20Navigating%20to%20the%20Registration%20Status%20Page.mp4>
- Step 3 – Completing Identity Proofing. <https://downloads.cms.gov/media/ccio/Step%203%20-%20Completing%20Identity%20Proofing.mp4>
- Step 4 – Accessing Training Options. <https://downloads.cms.gov/media/ccio/Step%204%20-%20Accessing%20Training%20Options.mp4>
- Step 5 – (Vendor Training Option) – Completing FFM Registration After Completing Training with a Third-Party Vendor. [https://downloads.cms.gov/media/ccio/Step%205%20-%20\(Vendor%20Training%20Option\)%20-%20Completing%20FFM%20Registration%20After%20Completing%20Training%20with%20a%20Third-Party%20Vendor.mp4](https://downloads.cms.gov/media/ccio/Step%205%20-%20(Vendor%20Training%20Option)%20-%20Completing%20FFM%20Registration%20After%20Completing%20Training%20with%20a%20Third-Party%20Vendor.mp4)
- Agent and Broker Federally-facilitated Marketplace (FFM) Registration Completion List. <http://go.cms.gov/CCIIOAB>

### Agent and Broker Resources for Plan Year 2016 FFM Open Enrollment

- Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB-OE-Kick-Off-Deck.pdf>
- Operational Updates and Announcements for Agents and Brokers Participating in the FFM. <http://go.cms.gov/CCIIOAB>

### Agents and Brokers Operating in the SHOP Marketplace

- Frequently Asked Questions for Agents and Brokers Operating in the SHOP Marketplace. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Frequently-Asked-Questions-AB-SHOP-FINAL-91815.pdf>
- SHOP Marketplace Agent/Broker Enrollment User Guide. <https://marketplace.cms.gov/technical-assistance-resources/agent-broker-user-guide.pdf>
- Agents and Brokers: Assisting Employers to Register and Enroll in Federally-facilitated SHOPS. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/job-aid-assisting-employers-shop.pdf>

### Web-broker Information

- “Web-broker 101” slides. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/AB-Task-23-Draft-Web-broker-101-Webinar-Slide-Deck-09-30-15.pdf>
- The 2016 Federally-facilitated Marketplace (FFM) Web-broker Public List. [https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Public\\_2016\\_WBE\\_List\\_20151104.pdf](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Public_2016_WBE_List_20151104.pdf)



## Reference Guide for Medicaid Managed Care

### Department of Health and Human Resources (DHHR)

#### Apply and Change Medicaid Benefits

- First Time Applicants
- Report Changes and Updates – (*Income, Address, and Newborn Children*)

Customer Service Center: 1-877-716-1212

Apply online for Medicaid Website: [www.wvinroads.org](http://www.wvinroads.org)

- Third Party Liability (TPL) Customer Service Center: 1-877-598-5820

### Mountain Health Trust (MHT)

#### Enroll in a Medicaid Managed Care Organization (MCO)

- Enroll in an MCO or transfer MCOs

Customer Service Center Phone: 1-800-449-8466

Website: [www.MountainHealthTrust.com](http://www.MountainHealthTrust.com)

### Managed Care Organizations (MCOs)

- This is your Health Plan
- Member Claims and Benefits
- Member Appeals



Member Services: 1-888-348-2922

Provider Services: 1-800-348-2922

Website: [www.aetnabetterhealth.com/wv](http://www.aetnabetterhealth.com/wv)



Member Services: 1-888-613-8385

Provider Services: 1-877-847-7901

Website: [www.healthplan.org](http://www.healthplan.org)



Member Services: 1-800-782-0095

Provider Services: 1-800-782-0095

Website: [www.unicare.com/Medicaid](http://www.unicare.com/Medicaid)



Member Services: 1-855-412-8001

Provider Services: 1-855-412-8002

Website: [www.wvfh.com](http://www.wvfh.com)

### Molina Medicaid Solutions

#### For questions about covered services and billing:

Member Customer Service Center Phone: 1-888-483-0797

Provider Helpline: 1-888-483-0793

Website: [www.wvmmis.com](http://www.wvmmis.com)

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## WV Medicaid Managed Care



## Agenda

**Medicaid Overview**

**Managed Care Updates**

**Member Enrollment**

**Services & Benefits**

**Medicaid Verification**

**Outreach & Education**

## Medicaid Overview

- On average there is approximately 580,000 of West Virginia's Population covered by Medicaid.
  - Medicaid Managed Care – 70%
  - Medicaid Fee-for-Service – 30%

## Medicaid Overview

- Fee-for-Service (MOLINA) - All Medicaid members who are exempt from managed care are served through a Fee-for-Service delivery system administered by Molina.
- Mountain Health Trust (MHT) – West Virginia Medicaid managed care program.
- Enrollment Broker (MAXIMUS) – Coordinates member enrollment into managed care organizations.
- Managed Care Organization's (MCOs) – Often referred to as “a” health plan the coordinates the provision of health services through networks and case management.



## Managed Care Updates

- As of February 1, 2017, approximately 50,000 SSI Medicaid members will be transitioned from Medicaid Fee-for-Service to Medicaid managed care.
- As of September 26, 2016, Coventry Cares of WV will be known as AETNA Better Health of WV.
- As of March 1, 2016, all 4 MCOs are available in all WV counties.
- As of July 1, 2016, the Physician Assured Access System (PAAS) program ended. All former PAAS members are now members of an MCO.

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## Member Enrollment



Call us at 1-800-449-8466. We are here Monday through Friday from 8:00 a.m. to 6:00 p.m. For hearing Impaired (TTY) please call 1-304-344-0015.



You can use our website to find answers to your questions, compare your health plan options, search for your provider, or enroll in a health plan at [www.MountainHealthTrust.com](http://www.MountainHealthTrust.com)



You can mail your completed enrollment form to us at: West Virginia Mountain Health Trust  
231 Capitol Street, Suite 310 Charleston, WV 25301.

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## Member Enrollment

### Managed Care

- Who must enroll:
  - Medicaid expansion (Adults)
  - Children
  - Most parents
  - Most caretakers

### Fee-for-Service

- Exempt from managed care:
  - Aged/Disabled Waiver
  - I/DD Waiver
  - SSI\* - Transitioning to managed care as of 2/1/2017
  - TBI Waiver
  - Medicare
  - Live in a long term care facility
  - Foster Care
  - Spend down program

## Service & Benefits

### Alternative Benefit Plan

- Only Medicaid Expansion members, also known as WV Health Bridge, qualify for ABP.
- <http://www.dhhr.wv.gov/bms/Pages/default.asp>



### Traditional Benefit Plan

- Specific types of basic health services a State must provide beneficiaries in order to have a valid Medicaid program.
- <http://www.dhhr.wv.gov/bms/Pages/default.aspx>



## Medicaid Verification

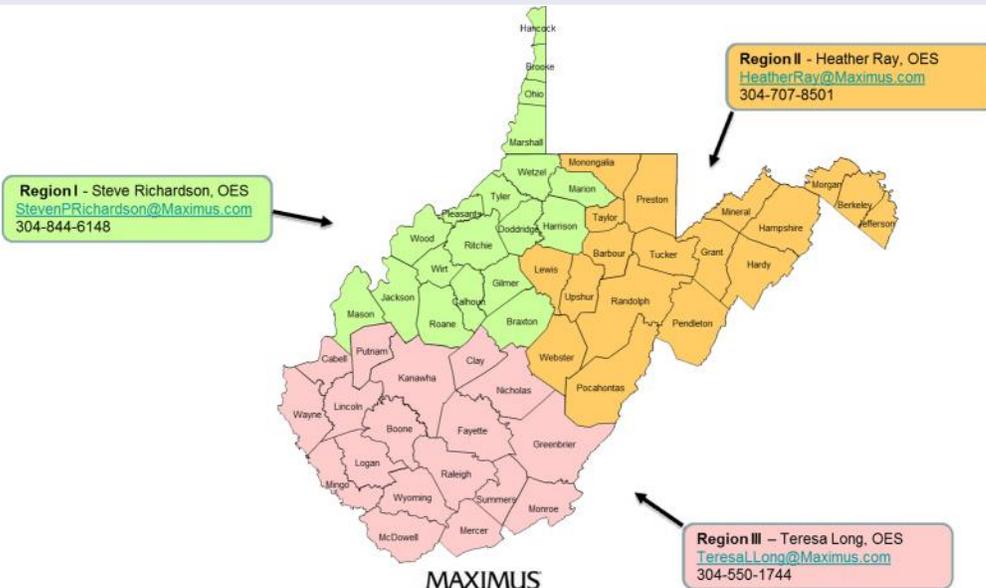
### Managed Care

- Members should utilize their MCO health plan benefit when receiving healthcare services.
- Members should provide both their annual State Medicaid card and their MCO health plan membership card.
- Providers should bill the members MCO health plan for health services provided and bill Fee-for-Service (Molina) for “carved out services like personal care.

### Fee-for-Service

- Members who are exempt from managed care should utilize their Fee-for-Service benefit when receiving healthcare services.
- Members should have their annual State Medicaid Card.
- Providers should bill Fee-for-Service (Molina) for health services provided.

## Outreach & Education



# West Virginia Medicaid and WVCHIP

## Eligibility and Enrollment

Rob DeBoard  
Senior Medicaid Eligibility Policy Specialist  
October 12, 2016  
2017 Affordable Care Act (ACA) Assister Training  
Flatwoods, WV



WEST VIRGINIA  
Department of  
**Health &  
Human  
Resources**  
BUREAU FOR  
MEDICAL SERVICES

# Agenda

- **Submitting Your Application**
- **Medicaid Reviews**
- **Annual vs Monthly Income**
- **Federally-Facilitated Marketplace (FFM) and State Communications**
- **West Virginia Department of Health and Human Resources (DHHR) Direct Contact, Incarcerated Individuals**
- **Homeless Consumers**
- **1095-B Tax Document**
- **Adult Children Tax Filing**
- **Non-Citizen Pregnant Women and Children Under Age 19**

## Paper applications:

- Are submitted to a local West Virginia Department of Health and Human Resources (DHHR) office.
- Are generally processed within 30 days.
- For pregnant women and children under age 19, are generally processed in 13 days.

## **inROADS and Community Partner Portal applications:**

- Are submitted electronically in a nightly batch to the inbox of an economic service worker for processing the next day.
- Have the same processing time limits as paper applications, 30 days.
- Are checked daily for pregnancy and children's applications for special 13 day processing requirements.

## Potential delays in processing:

- If the application is completely filled out, then no additional information is required from the consumer.
- However, when the application is completely entered into our data system and matched against our electronic data sources, one of the following results can be expected:
  - Results verified
  - Results discrepant
- If the consumer does not return the requested information, they will receive a notice of denial.
- The application will not be transferred to the Federally Facilitated Marketplace (FFM), as no eligibility was determined.
- If the consumer returns the information within 60 days of the original application, then the case can be reopened without a new application being submitted.

# Submitting Your Application (Cont.)

- If the results come back as verified, then no further information will be requested from the consumer.
- If the results come back as discrepant, then the worker will hold the case in a “pending status.”
  - The worker will contact the consumer either by phone or a letter to determine why the information on the application is discrepant with our electronic data sources.
  - The consumer generally has 10 days to return this information. If the consumer does not return the requested information, then the application will be denied.

# Medicaid Reviews

- Generally, Medicaid reviews occur every 12 months.
- If the consumer is receiving another program of assistance through DHHR, the time frame can vary.
- Supplemental Nutrition Assistance Program (SNAP) has a 12-month review schedule for non-aged/disabled consumers with a six-month interim contact in the middle of their review cycle.
  - Information gathered during these review cycles will affect Medicaid benefits.
  - If the consumer has a SNAP review that still maintains Medicaid eligibility, then the consumer will have a rolling-renewal.

## Rolling renewals:

- The consumer's review cycle for Medicaid will be extended an additional 12 months.
- This process also aligns the SNAP and Medicaid review cycles so the consumer is only reviewed every 12 months.

# Medicaid Reviews (Cont.)

- Current Modified Adjusted Gross Income (MAGI) methodology for Medicaid and WVCHIP utilizes monthly income to determine eligibility.
- DHHR does not determine eligibility using Advanced Premium Tax Credit (APTC) methodology.

# Annual vs. Monthly Income

- If the consumer is currently a Medicaid recipient that goes over the income limit for Medicaid benefits, we will transfer the case to the FFM.
- If they are under 100% of the Federal Poverty Level (FPL) using Advanced Premium Tax Credit (APTC) rules, the case will be transferred back to the state. This is known as the gap-filling rule. This was operationalized by Centers for Medicare and Medicaid Services (CMS) and the FFM this year.
- The most expedient method for the client to obtain benefits if they have changed income within the year is to complete the application via [healthcare.gov](https://healthcare.gov).
- When the FFM processes the application for eligibility, the consumer will obtain Medicaid benefits through the deterministic account transfer process.

- The current communication process between the marketplace and DHHR is improving.
- There are still some mismatching data sets and very few unspent file records being processed at this time.
- CMS continues to improve defects in the transfer process.

- The consumer can call their local DHHR office, or the Customer Service Center at 1-877-716-1212, to check on the status of their application.
- Due to Health Insurance Portability and Accountability (HIPAA) regulations, the consumer or their authorized representative would have to call and check on their own application.
- If the consumer disagrees with the decision that is made on their application, every notice comes with an explanation of the fair hearing process and how to proceed with it.

# Incarcerated Individuals

- Consumers who are incarcerated may qualify for Medicaid, if financially eligible.
- However, payment is limited to Medicaid covered services when admitted as an inpatient in a medical institution for at least 24 hours.
- Medicaid does not cover any other service while the consumer is incarcerated; a restriction is placed on their coverage.

# Incarcerated Individuals (Cont.)

- The Bureau for Medical Services (BMS) collaborates with the West Virginia Division of Corrections (DOC) to ensure incarcerated individuals, ready to be paroled, are released with Medicaid coverage, if eligible.
- The DOC assists the incarcerated individual with submitting an application 30-60 days prior to their release date.
- BMS is currently evaluating the incarceration status and developing the process for individuals in certain work release centers to obtain Medicaid eligibility.

- The application process for a homeless consumer is the same as for any other consumer.
- If the applicant does not have a permanent physical address, they must at least include a mailing address.
- All applications must have, at the minimum, a mailing address, name and signature.
- The Medicaid card must be mailed to the consumer. There is no requirement for an individual to maintain a permanent residence or a physical address. They must intend to reside in West Virginia to be eligible.

# Homeless Consumers (Cont.)

- They can choose any location to pick up their mail to receive notifications.
- They can also choose to have all of their notices be sent electronically via inROADS, if they choose to set up an account.

# 1095-B Tax Document

- There is no requirement for a consumer to submit a 1095-B form to file their taxes. Some local tax preparation firms do require it.
- The 1095-B will be issued by Medicaid and WVCHIP to consumers by January 31 each year.
- If the consumer feels their 1095-B is incorrect, they need to call their case worker, or the Customer Service Center at 1-877-716-1212, to make needed corrections or address changes.
- For more information refer to [irs.gov](https://www.irs.gov).

# Adult Children Tax Filing

- Adult children living with their parents can file their own tax returns.
- If the consumer applies for their own Medicaid or WVCHIP benefit, they will be approved, if otherwise eligible, without counting the parents' income if they are not claimed as a dependent by the parent(s).
- The consumer has to state that they file their own taxes and are not claimed as a dependent on anyone else's taxes.
- The parents can still file separately or jointly as long as the tax household relationships state they do not claim the adult child.

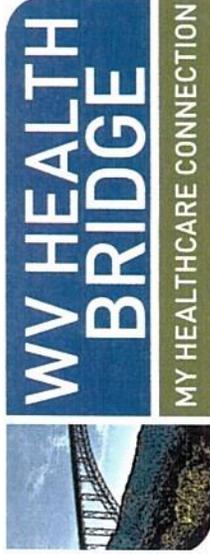
## Conditions for Medicaid and/or WVCHIP eligibility:

- Lawfully residing pregnant women or children under age 19 can be approved for Medicaid or WVCHIP if they are otherwise financially eligible.
  - They must be in West Virginia legally.
  - They must intend to reside in West Virginia.

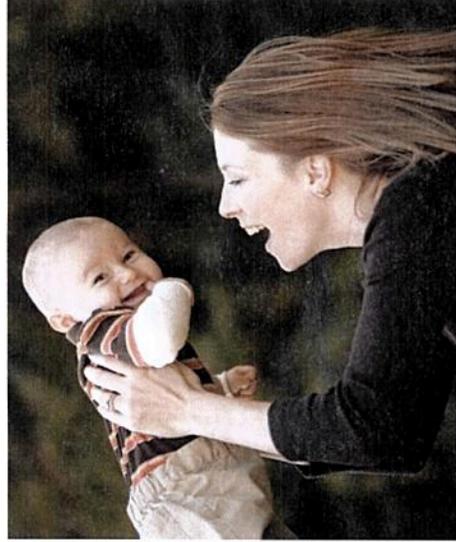
- Current functionality in our data system automatically refers pregnant women that were denied Medicaid and/or WVCHIP to the Office of Maternal Family and Child Health.
- The ineligible pregnant woman will receive a denial notice from our system for the pregnancy application.
- Non-citizens, that do not qualify for Medicaid or WVCHIP, may receive emergency medical coverage only, if otherwise financially eligible. A pregnant woman may qualify for the delivery only.

## What type of information will I need to apply?

- Your approximate income for the coming year and the sources of that income.
- How many people you can claim as a dependent in your household or if you will be claimed as a dependent by someone else.
- Employer and income information for every member of your household who needs coverage.
- Your Social Security number.



**West Virginia has expanded Medicaid coverage.**



**See if you qualify today!**

WEST VIRGINIA  
Department of  
**Health & Human Resources**  
BUREAU FOR  
MEDICAL SERVICES  
350 Capitol Street  
Room 251  
Charleston, WV 25301

February 2016



**You may now qualify for Medicaid...**



**even if you were denied in the past.**

## Am I eligible?

The Affordable Care Act of 2010 gave states the option to expand their Medicaid program to include individuals between the ages of 19 and 64. In 2013, West Virginia chose to expand Medicaid coverage.

Your eligibility for Medicaid coverage will depend on two factors: modified adjusted income and the size of your household.

## What is Modified Adjusted Gross Income (MAGI)?

MAGI is based on federal tax rules for determining adjusted gross income with some modifications.

Income of all adults, parents and spouses in the household is counted. Income of children or other tax dependents is counted only if they are required to file taxes. Income that is not counted includes:

- Scholarships, grants, and awards used for educational purposes
- Child support income
- Workers compensation benefits
- Veteran's benefits
- Non-recurring lump sum payments
- Certain American Indian and Alaska Native income

## How is household size determined?

Household size is determined based on who you may claim as a dependent on your federal tax return. This may include:

- You
- Your spouse
- Your dependent children (biological, adopted or stepchildren)
- Other relatives and even non-relatives who qualify as dependents

The chart below provides general guidance on whether you and your family may qualify for Medicaid based on household size and income.

Number of people in household	Your 2016 Modified Adjusted Gross (Yearly) Income is no more than:
1	\$16,242
2	\$21,983
3	\$27,724
4	\$33,465



## What type of coverage will I have with Medicaid?

As a Medicaid member, you will have access to physicians, diagnostic testing, in-patient and out-patient hospital care, prescription drugs, durable medical equipment, behavioral health services, and other services as may be appropriate to your health care needs.

If your child is under the age of 21, he or she will have access to the same services as adults plus early periodic diagnosis and treatment, eye and dental care. More information on Medicaid services can be found at [www.dhhr.wv.gov/bms](http://www.dhhr.wv.gov/bms).

## How do I apply for Medicaid?

- On-line at [www.wvinRoads.org](http://www.wvinRoads.org).
- By phoning the federal call center at 1-800-318-2596.
- In person at your local WV Department of Health and Human Resources office. A list of offices can be found at <http://www.dhhr.wv.gov/bcf/>.
- Many community agencies have navigators and/or in-person assisters to help you apply. You can find a list of these organizations at [www.bewv.com](http://www.bewv.com).

## Do I have to pick one doctor to be my regular doctor?

You do not have to pick one doctor to be your regular doctor, unless you are in a Managed Care Organization (MCO).

## Is there a limit on the number of times I can go to the doctor?

No.



Learn how Medicaid coverage works for you!



Your medical card is your ticket to health care!

WEST VIRGINIA  
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West Virginia Department of  
Health and Human Resources

Bureau For Medical Services



I Qualify For Medicaid  
What's Next?

### **What Happens first?**

You will receive a medical card around the first of each month as long as you are eligible. It is important to keep your appointments with the local Department of Health and Human Resources office so your Medicaid eligibility will continue with no interruptions.

If you are a member of Mountain Health Trust, the Bureau for Medical Services managed care program, you will also receive an insurance card from them.

### **When will my coverage start?**

Medicaid coverage is effective the first day of the month in which you applied.

### **Do all providers accept Medicaid?**

No. You should contact the provider to find out if they accept the card and if the medical service is covered before receiving services. To receive a complete list of providers, please contact Molina Medicaid Solutions Member Services at 1(888)783-0797 or (304) 348-3365.



### **What is a Medicaid Managed Care Organization (MCO)?**

West Virginia Medicaid works with certain managed care plans to serve some Medicaid enrollees who, once enrolled, become “members” of that MCO. The WV Medicaid Managed Care Plan is Mountain Health Trust.

The MCO arranges health care for its members through a network of providers. You must get your medical treatment from a doctor who has agreed to work with your MCO or is in the MCO’s network. You will need to choose one doctor or a group of doctors. This allows you to develop a close relationship with your primary care physician.

If you or your children need services of a specialist, your physician will make the referral at no cost to you. There is no limit to the number of times a MCO member can see a doctor.

### **What do I need to bring with me to my doctor’s appointment?**

When you visit a doctor, you need to present your most recent Medicaid card along with any other private or public medical insurance cards you have, such as your Medicaid managed care card, your red, white and blue



Medicare card or your private insurance card.

### **I cannot drive or take the bus, and there is no one who can take me to the doctor. Can Medicaid help?**

Yes. Non-Emergency Medical Transportation (NEMT) is available to Medicaid members who need assistance in order to keep scheduled appointments and treatments. In order to be eligible for NEMT, a person must be a Medicaid member and have an appointment for treatment that is approved under Medicaid guidelines.

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## 2017 Individual ACA Compliant Medical Plans

### Marketplace Plans

CareSource – 3 Gold  
3 Silver  
3 Bronze

Highmark WV- 2 Gold  
3 Silver  
1 Bronze  
1 Catastrophic

### Off Marketplace Plans

Aetna- 1 Bronze

CareSource - 3 Gold  
3 Silver  
3 Bronze

Freedom Life\* - 2 Silver  
3 Bronze

Highmark WV- 2 Gold  
3 Silver  
1 Bronze  
1 Catastrophic

The Health Plan of WV  
1 Bronze  
1 Catastrophic

Must purchase plans on the Marketplace to be eligible to receive APTC &/or Cost Sharing.

\*Freedom Life is the only company listed that also offers “Limited Benefit Plans”. Consumers need to be certain they are purchasing the ACA compliant plan.

## Short-Term or Limited Benefit Health Insurance Policies

People needing to fill a gap in health coverage (if they missed open enrollment and don't qualify for a special enrollment period) may look at short-term policies to protect their assets in case of a medical emergency. While short-term health insurance policies have their place, they also have some drawbacks:

- They are not required to provide the full range of benefits offered by ACA compliant policies
- They can use pre-existing condition exclusions and refuse enrollment
- They can rate premiums based on health status or gender
- They may include higher out-of-pocket costs
- They cannot be renewed
- They are **not** considered minimum essential coverage for tax purposes

Please refer to the list of Insurance Companies writing ACA compliant plans. If a company is not on this list, then it is most likely a limited benefit plan. Please feel free to contact the WV OIC with any questions.



# HOW HEALTH INSURANCE PLANS WORK

Most health insurance plans have three different stages that determine how much you and your health insurance company pay for health care services:

- 1 Before you meet your deductible
- 2 After you meet your deductible
- 3 When you reach your out-of-pocket maximum

## Before you meet your deductible

Each plan year begins with a new deductible. You personally pay out of pocket for your medical services until your expenses total the amount of your deductible. Then, your plan pays for its share of covered services. Remember that your insurance company pays 100% of many preventive care services, which are not subject to your deductible as long as you visit an in-network provider. And many plans have copays for common services in advance of the deductible.

## After you meet your deductible

Once you have paid your deductible, you only pay for part of your care. During this stage, you pay a percentage (coinsurance) of some medical costs and/or a flat fee (copay) for others. Your health insurance company pays for 100% of the plan allowance for covered in-network care. You'll continue to pay coinsurance and copays until you reach your out-of-pocket maximum for the year.

## When you reach your out-of-pocket maximum

Your out-of-pocket maximum is the most you will be asked to pay from your own pocket during any given plan year. After that, your health insurance company pays 100% of the plan allowance for covered in-network care. **Your deductible, coinsurance and copays all go toward meeting your out-of-pocket maximum.**

**\$1,000 DEDUCTIBLE**

	<b>YOU PAY:</b>	<b>100%</b> (+ copays)
	<b>PLAN PAYS:</b>	<b>0%</b>

**For example:** If your plan has a \$1,000 deductible and you pay \$800 in covered medical costs, you must spend \$200 more in medical fees to meet your \$1,000 deductible (copays do not go toward meeting your deductible).

**20% COINSURANCE**

	<b>YOU PAY:</b>	<b>20%</b> (+ copays)
	<b>PLAN PAYS:</b>	<b>80%</b>

**For example:** Let's say you visit the doctor after you've met your deductible, and your plan has a \$20 office visit copay and 20% coinsurance. That means you pay a fixed \$20 fee (your copay) for your appointment. If your doctor performs a special service, such as a blood test, you may also pay 20% of that cost (your coinsurance).

**OUT-OF-POCKET MAXIMUM**

	<b>YOU PAY:</b>	<b>\$0</b>
	<b>PLAN PAYS:</b>	<b>100%</b>

**For example:** If your plan has a \$6,350 out-of-pocket maximum and you spend \$6,350 in covered medical services, your plan pays for 100% of your covered in-network care for the rest of the plan year. You'll still need to keep paying your monthly premium after you meet your out-of-pocket maximum.

# Losing Job-based Coverage

If you lose your job-based health coverage, you have 2 options for staying covered. You can buy an individual plan through the Marketplace. Or, you may be able to keep your employer's group health coverage for a limited time through a program called **COBRA continuation coverage**.

- **Option 1: Get an individual Marketplace plan.** If you leave your job for any reason and/or lose your job-based coverage, you qualify for a Special Enrollment Period and can choose to buy coverage from the Marketplace. You may qualify for a tax credit that can lower your monthly premiums and lower out-of-pocket costs, depending on your household size and income. You'll have 60 days to enroll in the Marketplace from the time your coverage ends, which may or may not be the last day of employment. Keep any documentation you have of your current coverage and effective dates—you may need it when you request a Special Enrollment Period.

**Note:** This option doesn't apply if you voluntarily gave up your job-based health coverage even though you stayed in your job.

## Applying for coverage through the Marketplace

You can apply for Marketplace coverage online at **HealthCare.gov** or by calling the Marketplace Call Center at **1-800-318-2596**. TTY users should call **1-855-889-4325**. When you apply choose "No" when answering whether you currently have health coverage. You can apply for **Medicaid** and **Children's Health Insurance Program (CHIP) coverage** at any time through the Marketplace.

- **Option 2: Get COBRA coverage.** When you leave a job or lose your job-based coverage, you may be able to purchase your job-based health coverage (for you and your family members) for a period of time, usually up to 18 months called COBRA continuation coverage. With COBRA coverage, you usually have to pay the entire monthly premium yourself, plus a small administrative fee. Your former employer no longer pays any of your insurance costs, which means the premium is usually much higher than what you were paying before leaving your job. You also won't be able to get a tax credit to lower costs on premiums and out-of-pocket costs that many people get through the Marketplace. COBRA coverage may be much more expensive than coverage through the Marketplace.

You generally won't be able to get a Marketplace plan outside of the Open Enrollment Period until your COBRA coverage has ended (usually after 18 months). If you voluntarily drop your COBRA coverage or fail to pay your COBRA premiums, you won't get a Special Enrollment Period through the Marketplace.

## Get covered to avoid the penalty

The law requires that you have **minimum essential coverage**, like job-based or Marketplace coverage. If you don't have health coverage, you may have to pay a **fee** when you file your taxes. You'll also have to pay all of the costs for your health care. If you get minimum essential coverage, you won't have to pay the fee for the months you have that coverage.



## Glossary of Health Insurance Terms

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law. When making decisions about health coverage, consumers should know the specific meanings of terms used to discuss health insurance. Below are definitions for some of the more commonly used terms and how PPACA impacts their use.

### -A-

**Actuarial justification** — The demonstration by an insurer that the premiums collected are reasonable, given the benefits provided under the plan or that the distribution of *premiums* among policyholders are proportional to the distribution of their expected costs, subject to limitations of state and federal law. PPACA requires insurers to publicly disclose the actuarial justifications behind unreasonable premium increases.

**Adjusted community rating** — A way of pricing insurance where *premiums* are not based upon a policyholder's health status, but may be based upon other factors, such as age and geographic location. PPACA requires the use of adjusted community rating, with maximum variation for age of 3:1 and for tobacco use of 1.5:1.

**Annual limit** — Many health insurance plans place dollar limits upon the claims the insurer will pay over the course of a plan year. PPACA prohibits annual limits for *essential benefits* for plan years beginning after Sept. 23, 2010.

### -B-

**Balance billing** — When you receive services from a health care provider that does not participate in your insurer's network, the health care provider is not obligated to accept the insurer's payment as payment in full and may bill you for unpaid amount. This is known as "balance billing."

### -C-

**CHIP** — The Children's Health Insurance Program (CHIP) provides coverage to low- and moderate-income children. Like *Medicaid*, it is jointly funded and administered by the states and the federal government. It was originally called the State Children's Health Insurance Program (SCHIP).

**COBRA coverage** — Congress passed the Consolidated Omnibus Budget Reconciliation Act (COBRA) health benefit provisions in 1986. COBRA provides certain former employees, retirees, spouses, former spouses and dependent children the right to temporary continuation of health coverage at group rates. The law generally covers health plans maintained by private-sector employers with 20 or more employees, employee organizations, or state or local governments. Many states have "mini-COBRA" laws that apply to the employees of employers with less than 20 employees.

**Coinsurance** — A percentage of a health care provider's charge for which the patient is financially responsible under the terms of the policy.

**Community rating** — A way of pricing insurance, where every policyholder pays the same premium, regardless of health status, age or other factors.

**Co-Op Plan** — A health insurance plan that will be sold by member-owned and operated non-profit organizations through *Exchanges* when they open in 2014. PPACA provides grants and loans to help Co-Op plans enter the marketplace.

**Co-payment** — A flat-dollar amount which a patient must pay when visiting a health care provider.

**Cost-sharing** — Health care provider charges for which a patient is responsible under the terms of a health plan. Common forms of cost-sharing include *deductibles*, *coinsurance* and *co-payments*. *Balance-billed* charges from *out-of-network physicians* are not considered cost-sharing. PPACA prohibits total cost-sharing exceed \$5,950 for an individual and \$11,900 for a family. These amounts will be adjusted annually to reflect the growth of premiums.

-D-

**Deductible** — A dollar amount that a patient must pay for health care services each year before the insurer will begin paying claims under a policy. PPACA limits annual deductibles for small group policies to \$2,000 for policies that cover an individual, and \$4,000 for other policies. These amounts will be adjusted annually to reflect the growth of premiums.

**Disease management** — A broad approach to appropriate coordination of the entire disease treatment process that often involves shifting away from more expensive inpatient and acute care to areas such as preventive medicine, patient counseling and education, and outpatient care. The process is intended to reduce health care costs and improve the quality of life for individuals by preventing or minimizing the effects of a disease, usually a chronic condition.

-E-

**ERISA** — The Employee Retirement Income Security Act of 1974 (ERISA) is a comprehensive and complex statute that federalizes the law of employee benefits. ERISA applies to most kinds of employee benefit plans, including plans covering health care benefits, which are called employee welfare benefit plans.

**Essential Benefits** — PPACA requires all health insurance plans sold after 2014 to include a basic package of benefits including hospitalization, outpatient services, maternity care, prescription drugs, emergency care and preventive services among other benefits. It also places restrictions on the amount of *cost-sharing* that patients must pay for these services.

**Exchange** — PPACA creates new “American Health Benefit Exchanges” in each state to assist individuals and small businesses in comparing and purchasing *qualified health insurance plans*. Exchanges will also determine who qualifies for subsidies and make subsidy payments to insurers on behalf of individuals receiving them. They will also accept applications for other health coverage programs such as *Medicaid* and *CHIP*.

**External review** — The review of a health plan’s determination that a requested or provided health care service or treatment is not or was not medically necessary by a person or entity with no affiliation or connection to the health plan. PPACA requires all health plans to provide an external review process that meets minimum standards.

-F-

**Formulary** — The list of drugs covered fully or in part by a health plan.

-G-

**Grandfathered plan** — A health plan that an individual was enrolled in prior to March 23, 2010. Grandfathered plans are exempted from most changes required by PPACA. New employees may be added to group plans that are grandfathered, and new family members may be added to all grandfathered plans.

**Group health plan** — An employee welfare benefit plan that is established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement or otherwise.

**Guaranteed issue** — A requirement that health insurers sell a health insurance policy to any person who requests coverage. PPACA requires that all health insurance be sold on a guaranteed-issue basis beginning in 2014.

**Guaranteed renewability** — A requirement that health insurers renew coverage under a health plan except for failure to pay premium or fraud. *HIPAA* requires that all health insurance be guaranteed renewable.

-H-

**Health Maintenance Organization (HMO)** — A type of managed care organization (health plan) that provides health care coverage through a network of hospitals, doctors and other health care providers. Typically, the HMO only pays for care that is provided from an *in-network provider*. Depending on the type of coverage you have, state and federal rules govern disputes between enrolled individuals and the plan.

**Health Savings Account (HSA)** — The Medicare bill signed by President Bush on Dec. 8, 2003 created HSAs. Individuals covered by a *qualified high deductible health plan (HDHP)* (and have no other first dollar coverage) are able to open an HSA on a tax preferred basis to save for future qualified medical and retiree health expenses. Additional information about HSAs can be found on the U.S. Treasury Web site: <http://www.treas.gov/offices/public-affairs/hsa/>.

**High Deductible Health Plan (HDHP)** — A type of health insurance plan that, compared to traditional health insurance plans, requires greater *out-of-pocket spending*, although *premiums* may be lower. In 2010, an HSA-qualifying HDHP must have a deductible of at least \$1,200 for single coverage and \$2,400 for family coverage. The plan must also limit the total amount of out-of-pocket *cost-sharing* for covered benefits each year to \$5,950 for single coverage and \$11,900 for families.

**High risk pool** — A state-subsidized health plan that provides coverage for individuals *with pre-existing health care conditions* who cannot purchase it in the private market. PPACA creates a temporary federal high risk pool program, which may be administered by the states, to provide coverage to individuals with pre-existing conditions who have been uninsured for at least 6 months.

**HIPAA (Health Insurance Portability and Accountability Act of 1996)** — The federal law enacted in 1996 which eased the “job lock” problem by making it easier for individuals to move from job to job without the risk of being unable to obtain health insurance or having to wait for coverage due to *pre-existing medical conditions*.

**-I-**

**In-Network provider** — A health care provider (such as a hospital or doctor) that is contracted to be part of the network for a managed care organization (such as an *HMO* or *PPO*). The provider agrees to the managed care organization’s rules and fee schedules in order to be part of the network and agrees not to *balance bill* patients for amounts beyond the agreed upon fee.

**Individual mandate** — A requirement that everyone maintain health insurance coverage. PPACA requires that everyone who can purchase health insurance for less than 8% of their household income do so or pay a tax penalty.

**Individual market** — The market for health insurance coverage offered to individuals other than in connection with a *group health plan*. PPACA makes numerous changes to the rules governing insurers in the individual market.

**Internal review** — The review of the health plan’s determination that a requested or provided health care service or treatment health care service is not or was not medically necessary by an individual(s) associated with the health plan. PPACA requires all plans to conduct an internal review upon request of the patient or the patient’s representative.

**Interstate compact** — An agreement between two or more states. PPACA provides guidelines for states to enter into interstate compacts to allow health insurance policies to be sold in multiple states.

**-J-**

**Job Lock** — The situation where individuals remain in their current job because they have an illness or condition that may make them unable to obtain health insurance coverage if they leave that job. PPACA would eliminate job lock by prohibiting insurers from refusing to cover individuals due to health status.

**-L-**

**Lifetime limit** — Many health insurance plans place dollar limits upon the claims that the insurer will pay over the course of an individual’s life. PPACA prohibits lifetime limits on benefits beginning with on Sept. 23, 2010.

**Limited Benefits Plan** — A type of health plan that provides coverage for only certain specified health care services or treatments or provides coverage for health care services or treatments for a certain amount during a specified period.

**-M-**

**Mandated benefit** — A requirement in state or federal law that all health insurance policies provide coverage for a specific health care service.

**Medicaid** — A joint state and federal program that provides health care coverage to eligible categories of low-income individuals. Rules for eligible categories (such as children, pregnant women, people with disabilities, etc), and for income and asset requirements, vary by state. Coverage is generally available to all individuals who meet these state eligibility requirements. Medicaid often pays for long-term care (such as nursing home care). PPACA extends eligibility for Medicaid to all individuals earning up to \$29,326 for a family of four.

**Medical loss ratio** — The percentage of health insurance *premiums* that are spent by the insurance company on health care services. PPACA requires that large group plans spend 85% of premiums on clinical services and other activities for the quality of care for enrollees. *Small group* and *individual market* plans must devote 80% of premiums to these purposes.

**Medicare** — A federal government program that provides health care coverage for all eligible individuals age 65 or older or under age 65 with a disability, regardless of income or assets. Eligible individuals can receive coverage for hospital services (Medicare Part A), medical services (Medicare Part B), and prescription drugs (Medicare Part D). Together, Medicare Part A and B are known as Original Medicare. Benefits can also be provided through a *Medicare Advantage* plan (Medicare Part C).

**Medicare Advantage** — An option *Medicare* beneficiaries can choose to receive most or all of their Medicare benefits through a private insurance company. Also known as Medicare Part C. Plans contract with the federal government and are required to offer at least the same benefits as original Medicare, but may follow different rules and may offer additional benefits. Unlike original Medicare, enrollees may not be covered at any health care provider that accepts Medicare, and may be required to pay higher costs if they choose an *out-of-network provider* or one outside of the plan’s service area.

**Medicare Supplement (Medigap) Insurance** — Private insurance policies that can be purchased to “fill-in the gaps” and pay for certain out-of-pocket expenses (like deductibles and coinsurance) not covered by original *Medicare* (Part A and Part B).

**Multi-state plan** — A plan, created by PPACA and overseen by the U.S. Office of Personnel Management (OPM), that will be available in every state through *Exchanges* beginning in 2014.

-O-

**Open enrollment period** — A specified period during which individuals may enroll in a health insurance plan each year. In certain situations, such as if one has had a birth, death or divorce in their family, individuals may be allowed to enroll in a plan outside of the open enrollment period.

**Out-of-network provider** — A health care provider (such as a hospital or doctor) that is not contracted to be part of a managed care organization’s network (such as an *HMO* or *PPO*). Depending on the managed care organization’s rules, an individual may not be covered at all or may be required to pay a higher portion of the total costs when he/she seeks care from an out-of-network provider.

**Out-of-pocket limit** — An annual limitation on all *cost-sharing* for which patients are responsible under a health insurance plan. This limit does not apply to *premiums*, *balance-billed* charges from out of network health care providers or services that are not covered by the plan. PPACA requires out-of-pocket limits of \$5,950 per individual and \$11,900 per family, beginning in 2014. These amounts will be adjusted annually to account for the growth of health insurance *premiums*.

-P-

**Patient Protection and Affordable Care Act (PPACA)** — Legislation (Public Law 111-148) signed by President Obama on March 23, 2010. Commonly referred to as the health reform law.

**Pre-existing condition exclusion** — The period of time that an individual receives no benefits under a health benefit plan for an illness or medical condition for which an individual received medical advice, diagnosis, care or treatment within a specified period of time prior to the date of enrollment in the health benefit plan. PPACA prohibits pre-existing condition exclusions for all plans beginning January 2014.

**Preferred Provider Organization (PPO)** — A type of managed care organization (health plan) that provides health care coverage through a network of providers. Typically the PPO requires the policyholder to pay higher costs when they seek care from an *out-of-network provider*. Depending on the type of coverage you have, state and federal rules govern disputes between enrolled individuals and the plan.

**Premium** — The periodic payment required to keep a policy in force.

**Preventive benefits** — Covered services that are intended to prevent disease or to identify disease while it is more easily treatable. PPACA requires insurers to provide coverage for preventive benefits without *deductibles*, *co-payments* or *coinsurance*.

-Q-

**Qualified health plan** — A health insurance policy that is sold through an *Exchange*. PPACA requires Exchanges to certify that qualified health plans meet minimum standards contained in the law.

-R-

**Rate review** — Review by insurance regulators of proposed *premiums* and premium increases. During the rate review process, regulators will examine proposed premiums to ensure that they are sufficient to pay all claims, that they are not unreasonably high in relation to the benefits being provided, and that they are not unfairly discriminatory to any individual or group of individuals.

**Reinsurance** — Insurance purchased by insurers from other insurers to limit the total loss an insurer would experience in case of a disaster or unexpectedly high claims. PPACA directs states to create temporary reinsurance programs to stabilize their *individual markets* during the implementation of health reform.

**Rescission** — The process of voiding a health plan from its inception usually based on the grounds of material misrepresentation or omission on the application for insurance coverage that would have resulted in a different decision by the health insurer with respect to issuing coverage. PPACA prohibits rescissions except in cases of fraud or intentional misrepresentation of a relevant fact.

**Risk adjustment** — A process through which insurance plans that enroll a disproportionate number of sick individuals are reimbursed for that risk by other plans who enroll a disproportionate number of healthy individuals. PPACA requires states to conduct risk adjustment for all non-*grandfathered* health insurance plans.

**Risk corridor** — A temporary provision in PPACA that requires plans whose costs are lower than anticipated to make payments into a fund that reimburses plans whose costs are higher than expected.

-S-

**Self-insured** — *Group health plans* may be self-insured or fully insured. A plan is self-insured (or self-funded), when the employer assumes the financial risk for providing health care benefits to its employees. A plan is fully insured when all benefits are guaranteed under a contract of insurance that transfers that risk to an insurer.

**Small group market** — The market for health insurance coverage offered to small businesses – those with between 2 and 50 employees in most states. PPACA will broaden the market to those with between 1 and 100 employees.

**Solvency** — The ability of a health insurance plan to meet all of its financial obligations. State insurance regulators carefully monitor the solvency of all health insurance plans and require corrective action if a plan's financial situation becomes hazardous. In extreme circumstances, a state may seize control of a plan that is in danger of insolvency.

-U-

**Usual, Customary and Reasonable charge (UCR)** —

The cost associated with a health care service that is consistent with the going rate for identical or similar services within a particular geographic area.

Reimbursement for *out-of-network providers* is often set at a percentage of the usual, customary and reasonable charge, which may differ from what the provider actually charges for a service.

-W-

**Waiting period** — A period of time that an individual must wait either after becoming employed or submitting an application for a health insurance plan before coverage becomes effective and claims may be paid. *Premiums* are not collected during this period.

# 2016 Federal Poverty Level Chart

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,880	\$16,394	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$16,020	\$22,108	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$20,160	\$27,821	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$24,300	\$33,534	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$28,440	\$39,247	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760
6	\$32,580	\$44,960	\$48,870	\$65,160	\$81,450	\$97,740	\$130,320
7	\$36,730	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560

The Federally-facilitated Marketplaces will use the 2016 guidelines when making calculations for the insurance affordability programs starting November 1, 2016.

## Cost-Sharing Chart

Household Size	100%		250%
1	\$11,880	to	\$29,700
2	\$16,020	to	\$40,050
3	\$20,160	to	\$50,400
4	\$24,300	to	\$60,750
5	\$28,440	to	\$71,100
6	\$32,580	to	\$81,450
7	\$36,730	to	\$91,825
8	\$40,890	to	\$102,225

To qualify for Cost-Sharing, one must be enrolled in a Silver level plan through a Marketplace plan.

Individuals and families with household incomes generally up to 250% of the FPL may be eligible to receive cost-sharing reductions. Household income is determined by calculating a consumer's adjusted gross income (MAGI).



# Marketplace Application Checklist

When you apply for or renew your coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any coverage you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage.

- Information about your household size. Figure out who in your household should apply before you start your application. Visit [HealthCare.gov/income-and-household-information/household-size](https://www.healthcare.gov/income-and-household-information/household-size) for help figuring out who needs coverage.
- Home and/or mailing addresses for everyone applying for coverage.
- Information about everyone applying for coverage, like addresses and birth dates.
- Social Security Numbers.
- Information about the professional helping you apply (if you're getting help completing your application). Visit [HealthCare.gov/help/whos-helping-me-complete-my-application](https://www.healthcare.gov/help/whos-helping-me-complete-my-application) for more information.
- Document information for legal immigrants. Visit [HealthCare.gov/help/immigration-document-types](https://www.healthcare.gov/help/immigration-document-types) for more information.
- Information on how you file your taxes.
- Employer and income information for every member of your household (for example, from pay stubs or W-2 forms—Wage and Tax Statements). Visit [HealthCare.gov/income-and-household-information/income](https://www.healthcare.gov/income-and-household-information/income) to learn more about what types of income to include and not include.
- Your best estimate of what your household income will be in 2017. Visit [HealthCare.gov/income-and-household-information/how-to-report](https://www.healthcare.gov/income-and-household-information/how-to-report) for help estimating your income.
- Policy numbers for any current health insurance plans covering members of your household.
- A completed “**Employer Coverage Tool**” for every job-based plan you or someone in your household is eligible for. (You'll need to fill out this form even for coverage you're eligible for but don't enroll in.) Visit [HealthCare.gov/downloads/employer-coverage-tool.pdf](https://www.healthcare.gov/downloads/employer-coverage-tool.pdf) to view or print the tool.
- Notices from your current plan that include your plan ID, if you have or had health coverage in 2016.

Stay up-to-date about the Marketplace. Visit [HealthCare.gov](https://www.healthcare.gov) to get email or text updates that will help you get ready to apply or renew.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNonDiscriminationNotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.



## Who to include in your household

Relationship	Include in household?	Notes
Dependent children, including adopted and foster children	Yes	Include any child you'll claim as a tax dependent, regardless of age.
Children, shared custody	Sometimes	Include children whose custody you share <b>only</b> during years you claim them as tax dependents.
Non-dependent child under 26	Sometimes	Include them <b>only</b> if you want to cover them on your Marketplace plan.
Children under 21 you take care of	Yes	Include any child under 21 you take care of and who lives with you, even if not your tax dependent.
Unborn children	No	Don't include a baby until it's born. You have up to 60 days after the birth to enroll your baby.
Dependent parents	Yes	Include parents <b>only</b> if you'll <a href="#">claim them as tax dependents</a> .
Dependent siblings and other relatives	Yes	Include them <b>only</b> if you'll <a href="#">claim them as tax dependents</a> .
Spouse	Yes	Include your legally married spouse, whether opposite sex or <a href="#">same sex</a> . <a href="#">In most cases</a> ,

## Who to include in your household

Relationship	Include in household?	Notes
		<a href="#">married couples must file taxes jointly to qualify for savings.</a>
Legally separated spouse	No	Don't include a legally separated spouse, even if you live together.
Divorced spouse	No	Don't include a former spouse, even if you live together.
Spouse, living apart	Yes	Include your spouse unless you're legally separated or divorced. (See next row for an important exception.)
Spouse, if you're a victim of domestic abuse, domestic violence, or spousal abandonment	Not required	In these cases, you don't have to include your spouse. <a href="#">See rules for victims of domestic abuse, domestic violence, or spousal abandonment.</a>
Unmarried domestic partner	Sometimes	Include an unmarried domestic partner <b>only</b> if you have a child together or you'll claim your partner as a tax dependent.
Roommate	No	Don't include people you just live with — unless they're a spouse, tax dependent, or covered by another exception in this chart.



# What counts as income on my Marketplace application?

## When applying for or updating your Marketplace application on HealthCare.gov, we'll ask you to enter your income.

- If you have income below a certain amount, you may qualify for different programs or get help paying for health coverage. We need to know about your income to see what you qualify for.
- Your application may be pre-filled and show your income for the year. We get this information from a consumer reporting agency, and we'll ask if you'll make the same amount next year. Or, we may ask you to estimate what you think you'll make.
- If you think your income will be different than previous years, we'll ask if you expect changes or a different kind of income that you didn't get before.
- If you're not sure about your income or how it will change, enter your best guess or select "I don't know." You'll need to update your application if something changes later. It's important to update your income because changes may affect the coverage or savings you're eligible for.

## When adding your income, include income from:

- Jobs. Visit [HealthCare.gov/help/income-from-your-job](https://www.healthcare.gov/help/income-from-your-job).
- Self-employment. Self-employment income is the net income a person earns from their own trade or business. Net income is the amount left after you've subtracted your business expenses. For more information, or to find out what expenses you can deduct, visit [HealthCare.gov/help/add-other-income](https://www.healthcare.gov/help/add-other-income) and see the "Self employment income" section.
- Social Security (taxable and non-taxable).
- Retirement.
- Pensions.

- Unemployment.
- Capital gains.
- Investments.
- Rental or royalty.
- Farming or fishing.
- Alimony.
- Other taxable income, including canceled debts, court awards, jury duty pay, cash support, and income from gambling, prizes, or awards.

### **When you're adding your income, don't include money you get from:**

- Child support.
- Gifts.
- Supplemental Security Income (SSI).
- Veterans' disability payments.
- Workers' compensation.

### **You'll also answer questions about deductions. You should include:**

- Alimony you pay.
- Student loan interest you pay.
- Educator expenses if you're a teacher and pay for supplies out-of-pocket.
- Moving expenses if you're moving to live much closer to your job.
- Contributions to your individual retirement account if you don't have a retirement account through a job.
- Tuition costs for school if you pay for the costs out-of-pocket and deduct them on your tax return.
- Other deductions you can take on the front of your IRS form 1040.

### **You shouldn't include these deductions:**

- Charitable donations.
- Home mortgage interest.

### **For more information:**

- Visit [HealthCare.gov/help/add-other-income](https://www.healthcare.gov/help/add-other-income).
- Visit [HealthCare.gov/help/income-deductions](https://www.healthcare.gov/help/income-deductions).
- Call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/CMSNondiscriminationNotice.html>, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users should call 1-855-889-4325.



**The West Virginia Offices of the Insurance Commissioner  
Consumer Services Division - Complaint Form**

1. YOUR NAME: \_\_\_\_\_
2. YOUR ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_
3. YOUR TELEPHONE # AND/OR FAX #: \_\_\_\_\_
4. YOUR E-MAIL ADDRESS: \_\_\_\_\_
5. CLAIMANT'S NAME (if different from you): \_\_\_\_\_
6. INSURED'S NAME: \_\_\_\_\_
7. INSURANCE COMPANY AND/OR AGENT: \_\_\_\_\_
8. OTHER INDIVIDUALS OR ENTITIES INVOLVED: \_\_\_\_\_
9. TYPE OF COVERAGE: \_\_\_\_\_ DATE OF LOSS: \_\_\_\_\_
10. POLICY # (if known): \_\_\_\_\_ CLAIM # (if known): \_\_\_\_\_
11. SPECIFIC POLICY LANGUAGE IN QUESTION (if known): \_\_\_\_\_
12. STATUTORY/RULE PROVISION(S) IN QUESTION (if known): \_\_\_\_\_
13. REASON FOR COMPLAINT / RELIEF REQUESTED (Please describe the facts and circumstances which form the basis of your complaint. You may attach additional pages if necessary. Please attach copies of any relevant correspondence, policy provisions, etc.): \_\_\_\_\_

Please note that a complaint filed on behalf of a corporation must be signed by an officer of the corporation. In order for this division to take any action on your complaint, you must sign and date this form, indicating your agreement to the following:

I hereby authorize any insurance company, or their representative, to provide to the Offices of the Insurance Commissioner any documents, claim-related data, or other information necessary for consideration of this complaint, including but not limited to any medical records and/or private or personal information requested.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete, sign, date and return the original form and any attachments to:*

Consumer Service Division  
 The WV Offices of the Insurance Commissioner  
 Post Office Box 50540  
 Charleston, West Virginia 25305-0540

Phone: (304) 558-3386  
 Toll-free in WV 1-888-TRY-WVIC  
 Fax: (304) 558-4965  
 www.wvinsurance.gov

# How to File an Insurance Complaint



**TRY US, WE CAN HELP!**  
**1-888-TRY-WVIC**

**consumer.service@wvinsurance.gov**  
**www.wvinsurance.gov**



**Consumer Service Division**  
**P.O. Box 50540**  
**Charleston, WV 25305-0540**

## A Message from Our Office

The West Virginia Offices of the Insurance Commissioner received nearly 2,500 insurance related complaints last year. We expect that number to be even higher in years to come as more people realize how serious we are about helping them solve their insurance problems.

We have prepared this publication to make filing an insurance complaint easier for you. It gives a step-by-step explanation of what you can expect from us once you have filed your complaint.

Helping you with your insurance disputes is one of the most important services we provide. We hope the tips we have included here will give you the help you need if you are thinking of filing an insurance complaint.



### What The WV Offices of the Insurance Commissioner Can Do For You

- Protect you by enforcing West Virginia laws
- Provide you with consumer information
- Help you with insurance complaints involving:
  - \* Sales and policyholder services
  - \* Premium rates/refunds
  - \* Cancellations/non-renewals
  - \* Claim delays/denials
  - \* Settlement issues and other insurance related matters

A copy of the complaint form is incorporated in this brochure. You may also obtain a copy of the form by calling the Consumer Service Division at:

**1-888-TRY-WVIC**

or by downloading a copy from our website at:

**[www.wvinsurance.gov](http://www.wvinsurance.gov)**

### How To Complete the Complaint Form

Please complete the Complaint Form with as much information as you have available. You may attach additional sheets as necessary.

It is important that you provide a complete description of the circumstances leading up to the filing of the complaint. If a claim for insurance benefits is involved, whether from your own company or that of another party, please include a detailed statement of the facts. Tell us what happened (who, what, when, and where). If there is a dispute regarding who was at fault, tell us what you think and why.

If you have been in contact with an agent, adjuster or another representative of an insurance company, we will need those phone numbers so we can contact them on your behalf.

The Complaint Form must be signed and dated, providing authorization for us to proceed. A complaint filed on behalf of a corporation must be signed by an officer of the corporation. A complaint filed by legal counsel must be signed by the client. If you have questions about this form, contact The WV Offices of the Insurance Commissioner's Consumer Service Division.

### What Should You Send With Your Complaint Form (Send COPIES Only)

- Letters you have written and received from the company or agent
- Letters from other parties relative to the situation
- Your policy or excerpt of benefits
- Relevant sales literature
- Your insurance ID card if possible

### The Complaint Process

- Within two weeks of filing, you will receive an acknowledgement letter stating your file number and the name of the complaints specialist in charge of reviewing your complaint.
- The WV Offices of the Insurance Commissioner will send a copy of your complaint to the company or other appropriate parties and ask for an explanation of their position.

- All responses will be reviewed to assure the problem has been properly addressed. This may result in additional communications between specialists, the company or other parties.

### Resolution

- The West Virginia Offices of the Insurance Commissioner (WVIC) will respond in writing with the inquiry results. If no evidence of violation is found, the specialist will advise and explain why the complaint file is being closed.
- If the WVIC is not satisfied with the company's response, the inquiry will continue.
- If a violation has been found, the WVIC will pursue administrative action to correct the wrong doing.

### Inquiry Status

- An inquiry usually takes about 60 days, depending on the complexity of the case.
- You will be provided periodic status reports to keep you informed.
- If you have any new information regarding the complaint, put it in writing. Include your file number and send it to your specialist.

### Please Be Aware

The WVIC CANNOT give legal advice, act as your lawyer or interfere in a pending lawsuit. The WVIC CANNOT recommend an insurance company or agent over another, decide disputes based on who is negligent or at fault or decide disputes of medical fact or opinion.

### Important Contact Information

General Information and Consumer Complaints  
**1-888-TRY-WVIC**  
**304-558-3386**

Telephone  
**1-800-435-7381**  
**304-558-1296**

FAX  
**304-558-4965**

Email  
**[consumer.service@wvinsurance.gov](mailto:consumer.service@wvinsurance.gov)**

**[www.wvinsurance.gov](http://www.wvinsurance.gov)**

**aetna**<sup>®</sup>

## 5. Aetna Funding Advantage for Small Group

- why AFA
- plan designs
- quoting & installation
- reporting
- year end accounting
- springboard



1 / AETNA / INTERNAL USE ONLY / [MM.DD.YY]

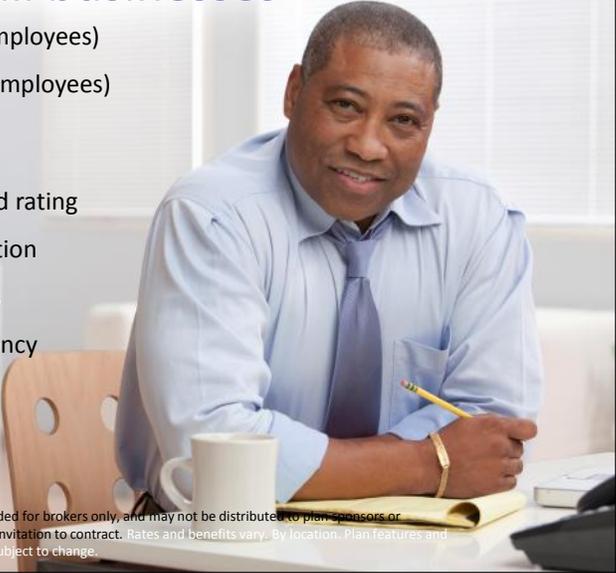
## AFA

### Qualified small businesses

- PA ( 6 - 50 enrolled employees)
- WV (6 - 50 enrolled employees)

### Challenges

- ACA community based rating
- Increased ACA regulation
- Rising cost of benefits
- Lack of cost transparency



This material is for illustrative purposes, is intended for brokers only, and may not be distributed to plan sponsors or members. This material is not an offer or invitation to contract. Rates and benefits vary. By location. Plan features and availability may vary by location and are subject to change.

## AFA

### Why AFA for small group under 50

<b>Financial savings</b>	<ul style="list-style-type: none"> <li>• Lower monthly rates</li> <li>• Less taxes &amp; fees</li> <li>• Share in annual surplus</li> </ul>
<b>Employee satisfaction</b>	<ul style="list-style-type: none"> <li>• Offer up to 4 plan options</li> <li>• Shopping experience</li> </ul>
<b>Administrative ease</b>	<ul style="list-style-type: none"> <li>• Fixed monthly premiums</li> <li>• Springboard market place</li> </ul>

"good fit" prospects

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## AFA

### Components of self-funding

- Aetna Funding Advantage plans are **not community rated**  
 Claims estimation includes SIC, risk adjustment based on GRX or individual medical questionnaires, area factors based on employee location  
**20 or more employees enrolling = no individual medical questionnaires**
- **The plans are funded at maximum liability**  
 If medical costs are higher stop loss covers; the **customer does not pay more**
- Plans are **not subject to the health insurer fee and have lower state premium taxes** because only stop-loss is considered
- **Four simple parts** to the fixed monthly payments:
 

1

**Administrative fee**

2

**Stop loss premium**

3

**Claims run out**

4

**Claims funding**

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# AFA

## Quick facts

- Financial Protection
  - Individual Stop Loss (ISL) at \$30,000
  - Aggregate Stop Loss (ASL) at 110%
- Potential lower monthly payments than ACA premium rates
  - groups can save up to 25%
- Employer responsible for PCORI fee and Reinsurance fee

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# AFA

## product portfolio

**27 national Open Access POS II plans, BROAD NETWORK:**

**Plan Year Deductibles**  
ranging from \$500 to \$6250

Access to **Aetna's national network** and ACOs in some markets

**Coinsurance**  
ranging from 50% - 100%

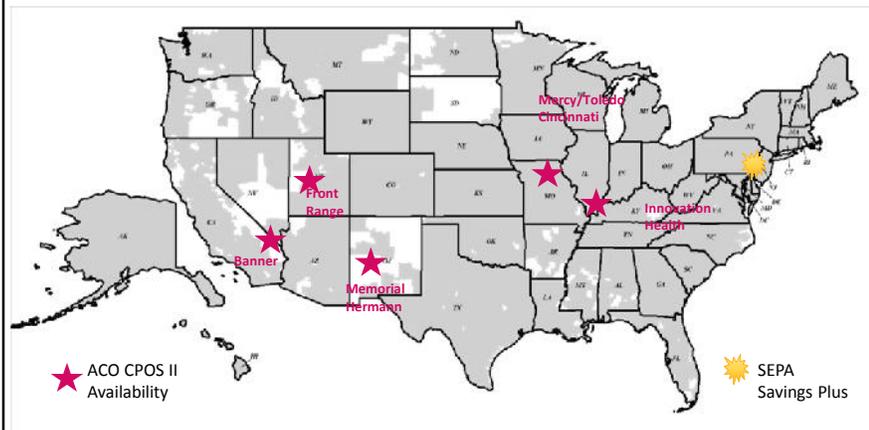
**Preventive care coverage**

**Copays** for physician & specialist visits

**Prescription drug coverage** with our Value Plus formulary

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## AFA Network overview



### Choice POS II network offered nationally

- No referrals needed, no PCP selection, in and out-of-network coverage\*
- SEPA Savings Plus in-network only

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## AFA

### Quote request

#### Illustrative rates

##### Self-serve

- AIR (Aetna Illustrative Rates) tool on producer world

##### Submit request to aetna

- Prescreen form – refer to producer world state specific fact sheet
- Census – including dependents, Cobra and Waivers (Full name, DOB, Gender and Zip)
- Send quote request to [AFAillustrativequotes@aetna.com](mailto:AFAillustrativequotes@aetna.com)
- Current Level Funded Groups need copy of renewal and claims summary

#### Underwritten rates (preferred)

- Everything above used to obtain illustrative rates
- Plus the following additional information
  - Groups with less than 20 enrolled or all virgin groups need IMQ's
  - Current plan designs or current summary of benefits for all plans
  - Prior carrier bill
  - Renewal and claims summary (for current level funded groups)

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## AFA

### Banking overview

- Aetna establishes a separate bank account at Citibank for the customer which monthly bill amounts are deposited
- Plan Sponsors account is drafted on the 2<sup>nd</sup> business day of the Month
- The 4 tier rates include



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## AFA

### Underwriting & Installation Process

average turnaround 12-15 business days

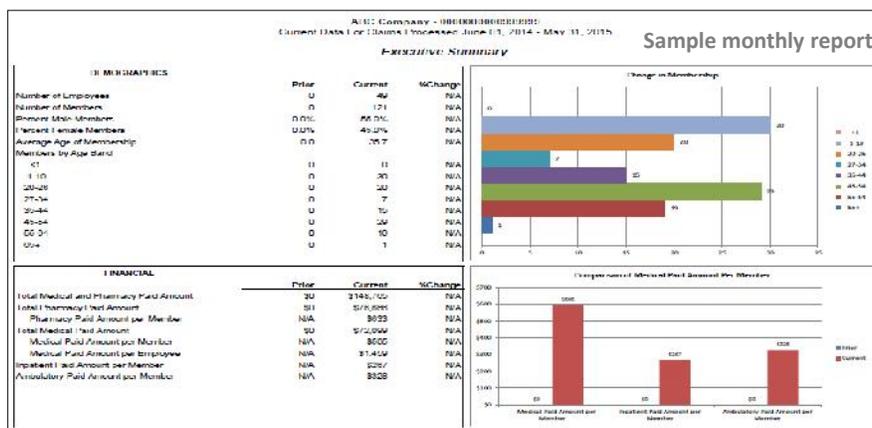
- Submit New Business Paperwork with e.list to [10-100AFASoldCase@Aetna.com](mailto:10-100AFASoldCase@Aetna.com)
- Sales Coordinator will log in and scrub paperwork. You will get pend email from Sales Coordinator if submission is not complete
- Once pended info is returned the Sales Coordinator will forward group to the underwriter for final review and rating
- Underwriter will send you rate sheet with four rate components (Stop Loss, Claims, Admin Fees and Terminal Reserve fund) for plan sponsor signature
- Return signed rates and underwriter forwards group to installation  
Installation turnaround 4-5 business days.
- Employee ID numbers are available at the end of the installation process.

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# AFA Transparency through reporting

## Fund Summary Report

- emailed monthly that shows funding levels and total claims
- begins 4-5 months after initial enrollment, once claims are incurred



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# AFA

## Potential for surplus

### Surplus

Reconciliation conducted to determine if surplus available

50% of the surplus is returned to the client in 4<sup>th</sup> month after renewal

No surplus returned if client terminates

Option to "buy-up" to receive 100% of the surplus



12 12 TNA / INTERNAL USE ONLY / [MM.DD.YY]

## AFA

### 5 reasons to sell AFA

1. To allow additional options outside the ACA- metallic plans, composite level rates
2. To share in the surplus in good years with no risk to your client
3. To offer your client a plan that receives data in monthly reporting
4. To differentiate yourself and offer a new/innovative solution to your small business clients
5. Lucrative commissions and broker sales bonus programs

13 13 TNA / INTERNAL USE ONLY / [MM.DD.YY]

## AFA

### AFA small group new sales team

Melissa Mauck – Central and South West PA & West Virginia

304-336-4507

[MJMauck@aetna.com](mailto:MJMauck@aetna.com)

14 14 TNA / INTERNAL USE ONLY / [MM.DD.YY]

# *CareSource and the Health Insurance Marketplace*



# CareSource

*It's not just about making a change.  
It's about making a difference.*



**Every number on a spreadsheet and every digit that moves a graph up or down is a living, breathing human being who deserves our attention.**

We made the decision 27 years ago that health care reform is not as much about laws and legislation as it is about caring and compassion; not as much about policies and politics as it is about principle and practice; not as much about process and profit as it is about purpose and people.

Source: 2016 Annual Report



*Face-to-face.*

---

*Hand-in-hand.*

---

*Heart-to-heart.*

# CareSource is and will always be members first.

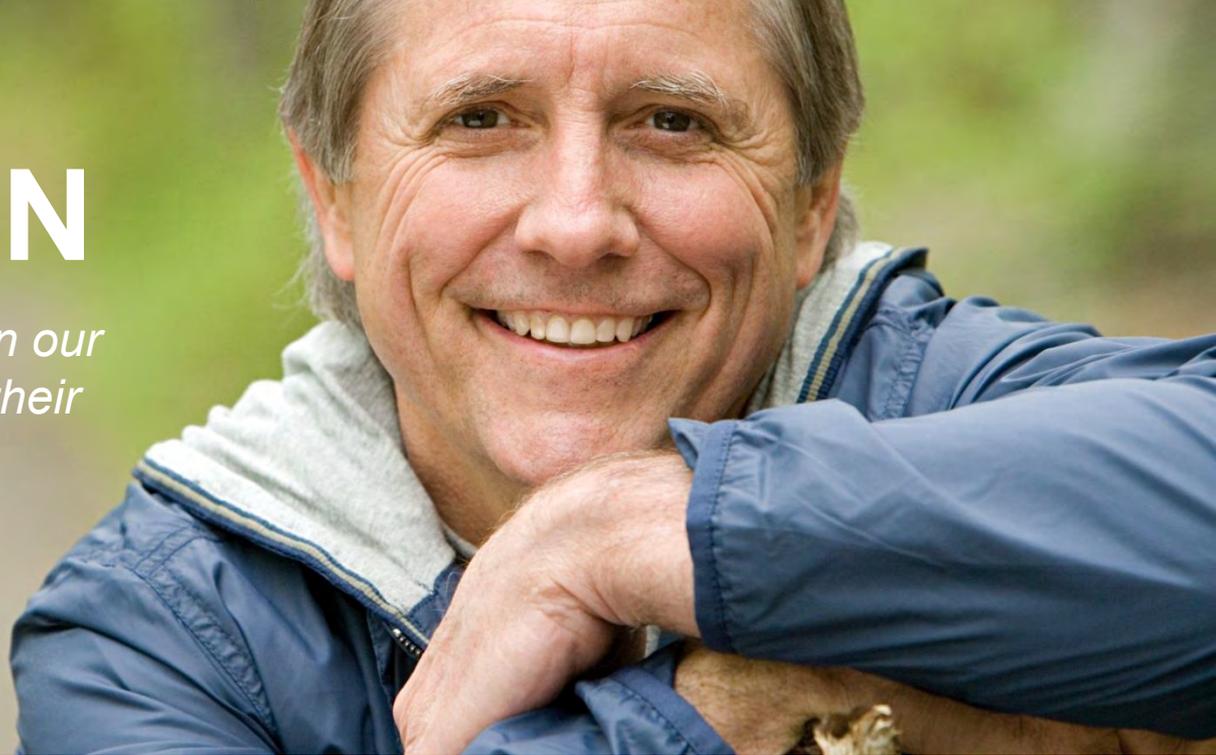
Last year, nearly **94%** of the revenue that came in to our organization went right back out to our members. That's a statistic that stands out in stark contrast to our for-profit competitors, who typically measure between 85% to 90%. And it's one of the reasons why CareSource has become one of the fastest growing health insurance plans in America.

*Our profits go back to the people we serve.*

Source: 2016 Annual Report

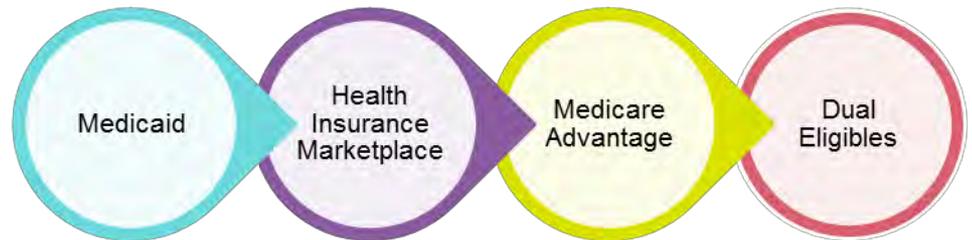
# *Our* MISSION

*To make a lasting difference in our members' lives by improving their health and well-being.*



## CARESOURCE

- A nonprofit health plan and national leader in Managed Care
- 27-year history of serving the low-income populations across multiple states and insurance products
- Currently serving over 1.5 million members in Kentucky, Ohio, Indiana, West Virginia
- Preparing to serve Indiana and Georgia Medicaid members in 2017



**1.52M**  
members





# Marketplace

CareSource provides low-cost coverage for young people, those who aren't offered employer-based insurance, those with pre-existing conditions and many others.

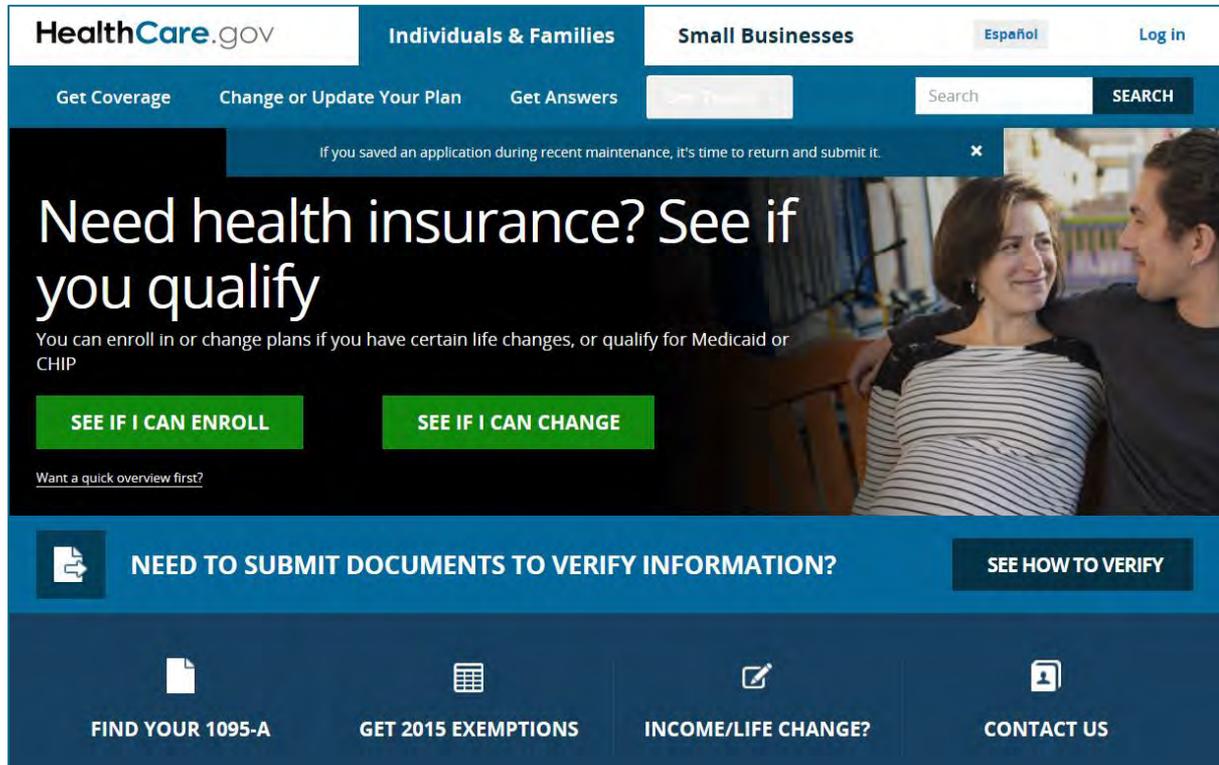
Our Marketplace plans have optional vision and dental coverage as well as subsidized options through the Health Insurance Marketplace.

---

*Focusing on  
what's possible.*



# Marketplace



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation tabs for "Individuals & Families" and "Small Businesses", along with a "Español" language option and a "Log in" link. Below the navigation, there are links for "Get Coverage", "Change or Update Your Plan", and "Get Answers". A search bar is also present. A notification banner states: "If you saved an application during recent maintenance, it's time to return and submit it." The main content area features a large heading: "Need health insurance? See if you qualify". Below this, it says: "You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP". There are two green buttons: "SEE IF I CAN ENROLL" and "SEE IF I CAN CHANGE". A link for "Want a quick overview first?" is also visible. At the bottom, there is a section titled "NEED TO SUBMIT DOCUMENTS TO VERIFY INFORMATION?" with a "SEE HOW TO VERIFY" button. Below this, there are four icons and corresponding text: "FIND YOUR 1095-A", "GET 2015 EXEMPTIONS", "INCOME/LIFE CHANGE?", and "CONTACT US".

You may hear it called “Obamacare” “The Affordable Care Act (ACA)” or “Health Insurance Marketplace.”

In 2010 the Patient Protection and Affordable Care Act became law. Now *all people in the United States are required to have health care coverage or pay a tax penalty* to the Internal Revenue Service (IRS) at tax time.

# Marketplace:

## TAX PENALTY

If you can afford health insurance but choose not to buy it, you must pay a fee called the *individual shared responsibility payment*.

(The fee is sometimes called the "penalty," "fine," or "individual mandate.")

- You owe the fee for any month above three that you, your spouse, or your tax dependents don't have qualifying health coverage (sometimes called "minimum essential coverage").
- You pay the fee when you file your federal tax return for the year you don't have coverage.

# Marketplace:

## TAX PENALTY

The fee is calculated 2 different ways – as a percentage of your household income, and per person.

*2016 Penalties (2017 penalties will be adjusted for inflation):*

Percentage of Income

2.5%

of household income

**Maximum:** Total yearly premium for the national average price of a Bronze plan sold through the Marketplace.

*or*

Per Person

\$695 per adult

\$347.50 per child under 18

**Maximum:** \$2,085

*You'll pay whichever is higher.*

# Consider This...

## THE COST OF A BROKEN LEG

If it isn't broke, you don't have to fix it.

But if it is, it could cost you a lot of money.

A broken leg can cost up to **\$7,500** to correct.

If you have to stay in the hospital for three days, you'll pay an average of **\$30,000**.

(Source: HealthCare.gov)



# Marketplace:

## PREMIUM TAX CREDITS AND COST SHARING

### Premium Tax Credits

A tax credit you can use to lower your monthly insurance payment (called your “premium”) when you enroll in a plan through the Health Insurance Marketplace. Your tax credit is based on the income estimate and household information you put on your Marketplace application.

**86%**

of all people who received coverage in West Virginia received premium tax credits.



The average premium tax credit in West Virginia for 2016 was

**\$311**  
per month.

# *Marketplace:*

## **PREMIUM TAX CREDITS AND COST SHARING**

### **Cost Sharing**

The share of costs covered by your insurance that you pay out of your own pocket. This term generally includes deductibles, coinsurance, and copayments, or similar charges, but it doesn't include premiums, balance billing amounts for non-network providers, or the cost of non-covered services.

*You can only receive cost sharing benefits when you're enrolled in a Silver level plan.*

# Marketplace:

## PREMIUM TAX CREDITS AND COST SHARING

### Income Guidelines

Number of People in Your Household					
1	2	3	4	5	6
\$16,243 - \$47,080	\$21,983 - \$63,720	\$27,724 - \$80,360	\$33,465 - \$97,000	\$39,2016 - \$113,640	\$44,947 - \$130,280
Yearly Income					

Source: HHS – Office of the Assistant Secretary for Planning and Evaluation (ASPE)



# CareSource Plans:

## GOLD, SILVER AND BRONZE

### Pediatric Dental (including Orthodontia)

Dental coverage for children is included in our CareSource Gold, Silver, and Bronze plans and our CareSource Gold, Silver, and Bronze Dental & Vision plans.

Plan	Deductible	Preventive Services	Coinsurance/Copay Comprehensive Services, Implants & Prosthetics	Orthodontia Copay/Coinsurance	Annual Limits	Age Limit
CareSource Gold	\$0	\$0	25%	20%	\$3,000 lifetime limit* (Orthodontia)	Until age 19
CareSource Silver	\$0	\$0	30%	40%	\$2,000 lifetime limit* (Orthodontia)	Until age 19
CareSource Silver (Silver 1 level)	\$0	\$0	30%	40%	\$2,000 lifetime limit* (Orthodontia)	Until age 19
CareSource Silver (Silver 2 level)	\$0	\$0	15%	20%	\$2,500 lifetime limit* (Orthodontia)	Until age 19
CareSource Silver (Silver 3 level)	\$0	\$0	5%	20%	\$3,000 lifetime limit* (Orthodontia)	Until age 19
CareSource Bronze	\$0	\$20	40%	50%	\$1,700 lifetime limit* (Orthodontia)	Until age 19

\*Lifetime limit only applies to cosmetic orthodontia. There is no limit for medically necessary orthodontia.

# CareSource Plans:

## GOLD, SILVER AND BRONZE

### Gold plan

A good choice for you if you expect to have a lot of doctor appointments, need many prescription medicines, or need other health services.

- ***Higher premiums.***  
You pay more each month for a gold plan than you would for another metal level.
- ***Lower out-of-pocket costs.***  
With a gold plan, the amount you pay each time you get a health service, such as seeing a doctor or filling a prescription, is less than what you'd pay if you have a bronze or silver plan.

### Silver plans

**This is the best plan for most people.**

- ***Offer the best value***  
if you qualify to save on out-of-pocket costs.
- ***Lower deductible and lower out-of-pocket costs*** for those who qualify for cost sharing reductions.

Silver plan costs are calculated based on your income. So there are multiple levels of coverage (Silver, Silver 1, Silver 2, and Silver 3).

The amount of tax credits and cost sharing is determined by the Health Insurance Marketplace ([www.healthcare.gov](http://www.healthcare.gov)).

### Bronze plans

***Highest deductibles and out-of-pocket costs*** but lowest premiums.

# CareSource Plans: GOLD, SILVER AND BRONZE DENTAL & VISION

If you need dental and vision coverage our Dental & Vision plans offer benefits for adult over the age of 19.

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You'll pay *one premium* for health, dental and vision coverage.



# CareSource Plans:

## GOLD, SILVER AND BRONZE DENTAL & VISION

### Now includes optional Fitness Benefit

\$100 annual membership  
(a little more than \$8 a month)

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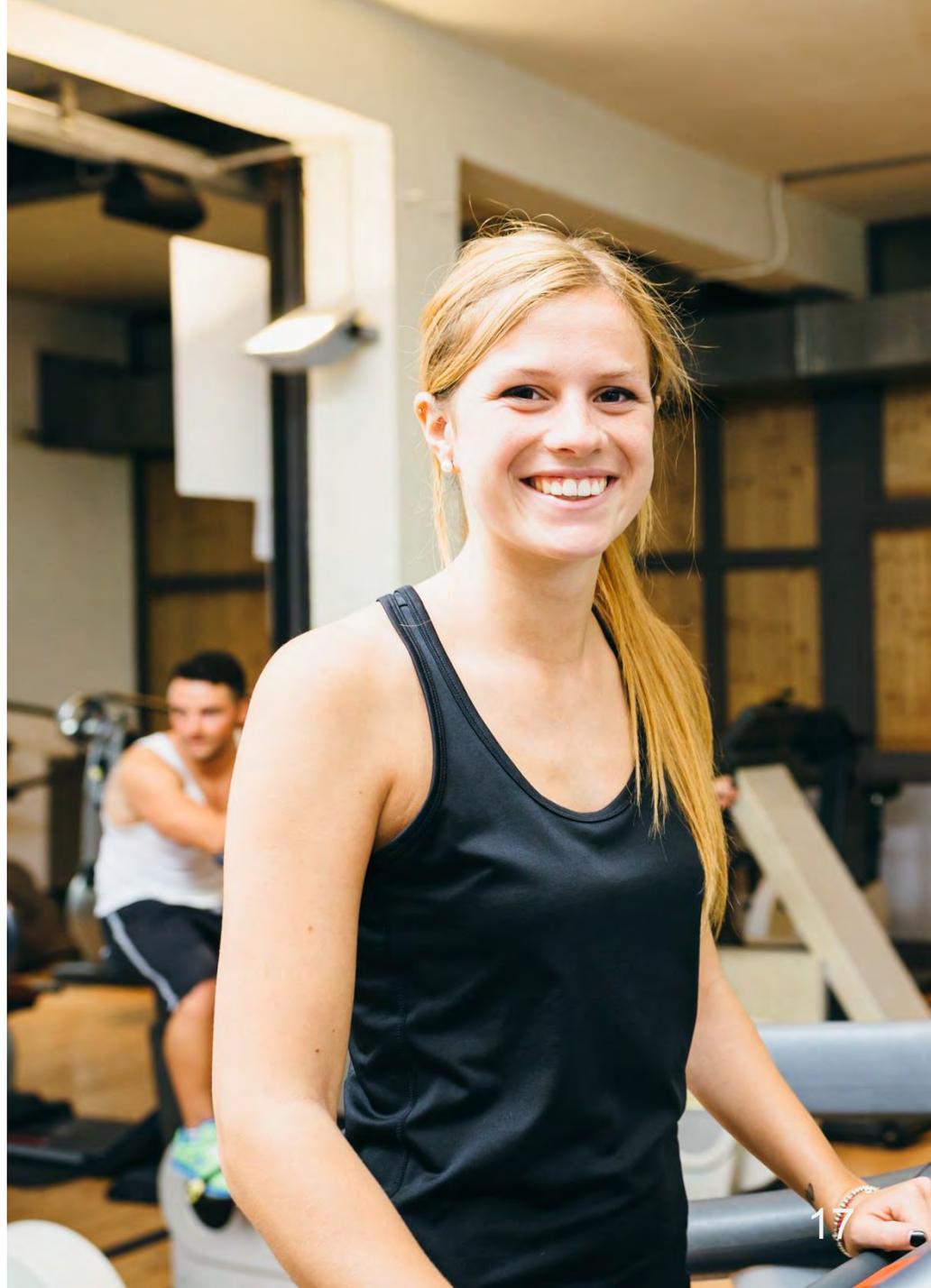
Pay one fitness center,  
visit any in the network

---

or a Home Fitness Kit for \$10  
annually includes 2 kits  
(choose from over 17)

---

Program connects to more than  
50 popular fitness devices



A photograph showing a person's legs from the knees down, sitting on a hospital bed. They are wearing dark blue jeans, white socks, and dark blue sneakers with orange accents. The background is a blurred hospital room.

## CareSource Plans: Simple Choice Gold, Silver and Bronze

### **Our Federal Standard plans.**

The benefits of these plans are the same for every health insurer, but the provider networks, monthly premiums, and medications covered vary.

A man wearing a green cap and a green jacket stands with his arms crossed in front of a red wooden wall. The wall has vertical planks and some white paint splatters.

## CareSource Plans: Low Premium

**This plan was designed for the cost-conscious.** You can compare it to our Bronze plans from a cost perspective, but you can still qualify for tax credits and cost sharing.

You pay a little more for services than our other silver plans, but less each month for your premium.

# CareSource Plans:

## *How to Enroll*



1. Go to [CareSource.com/marketplace](https://www.caresource.com/marketplace)
2. Click on “Enroll.”
3. Follow the prompts and you will be routed to the Marketplace to determine your eligibility for cost savings.
4. Complete the eligibility form using the personal financial information you’ve collected. Allow 20–40 minutes to complete this process. The Marketplace will determine your eligibility and if you qualify for a subsidy. It will also let you know if you or your family members qualify for health care coverage through Medicaid, Medicare or CHIP (Children’s Health Insurance Program).
5. Once complete, the Marketplace will automatically return you to CareSource to apply any subsidies, calculate your costs and compare plans.
6. You can then select your plan and choose your payment method

# CareSource Plans: Open Enrollment

November 1, 2016  
through January 31, 2017





*CareSource*®



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**HIGHMARK**  
West Virginia

An Independent Licensee of the Blue Cross and Blue Shield Association

**WEST VIRGINIA 2017**

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**WE'RE HERE TO HELP SUPPORT YOUR SALES EFFORTS AND ADDRESS YOUR CUSTOMERS' NEEDS.**

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Information regarding the Patient Protection and Affordable Care Act of 2010 (a.k.a. "PPACA", "Affordable Care Act", "ACA", and/or "Health Care Reform"), as amended, and/or any other law, does not constitute legal or tax advice and is subject to change based upon the issuance of new guidance and/or change in laws.

**No Legal or Tax Advice**  
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## COMPANY BACKGROUND

HIGHMARK HEALTH IS THE THIRD LARGEST INTEGRATED HEALTH CARE DELIVERY SYSTEM IN THE NATION.

**35,000** 

Our more than **35,000** employees are dedicated to helping your clients get the health care and peace of mind they deserve



The Highmark Health enterprise is the **3<sup>rd</sup> largest** integrated health care delivery & financing system in America



The **Highmark Health enterprise** includes affiliates with legacies of more than 150 years of providing health care in the community

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## 2017 CHANGES

- Product Name - My Connect Blue
- Hospital Network
- Essential Formulary
- Active Choice

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## 2017 CHANGES

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Product Name – My Connect Blue

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Gold, Silver, and Bronze metal levels  
 6 deductible options  
 Copays  
 HSA Plan  
 Major Events Blue PPO-Catastrophic plan

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## 2017 CHANGES

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Hospital Network – 3 levels of network services

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**Preferred** – members with services from hospitals that have *chosen* to participate in this level of provider payment will **pay the least** amount out of pocket.

**Enhanced** – members with services from hospitals that have *chosen* to participate in this level of provider payment will **pay a little more than those from the preferred level.**

**Standard** – members with services from hospitals that have *chosen* not to participate in the preferred or enhanced level of provider payment will **pay the most out of pocket** when services are rendered at these hospitals.

[www.highmarkbcbswv.com](http://www.highmarkbcbswv.com) – FIND A DOCTOR OR RX

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## 2017 CHANGES

### Hospital Network

**Preferred**

Davis Medical Center, Monongalia General Hospital, Ohio Valley Medical Center, Princeton Community Hospital, Reynolds Memorial Hospital, St. Mary's Hospital, Weirton Medical Center

**Enhanced**

Broaddus Hospital, Greenbrier Valley Medical Center, St. Francis Hospital, Beckley ARH, Hampshire Memorial Hospital, Stonewall Jackson Memorial Hospital, Berkeley Medical Center, Jackson General Hospital, Summers County ARH, Bluefield Regional Medical Center, Jefferson Medical Center, Summerville Regional Medical Center, Boone Memorial Hospital, Minnie Hamilton Health Center,

Thomas Memorial Hospital, Braxton Memorial Hospital, Montgomery General Hospital, Trinity Medical Center, Ohio, CAMC Teays Valley, Pleasant Valley Hospital, Tug Valley ARH, Kentucky Hospital, Camden Clark Memorial Hospital, Pocahontas Memorial Hospital, United Hospital Center, Charleston Area Medical Center, Potomac Valley Hospital, War Memorial Hospital,

Charleston Surgical Hospital, Preston Memorial Hospital, Webster County Memorial Hospital, Fairmont Regional Medical Center, Roane General Hospital, Welch Community Hospital, Grafton City Hospital, Sistersville General Hospital, Wetzel County Hospital, Grant Memorial Hospital, St. Joseph's Hospital of Buckhannon, Wheeling Hospital

**Standard**

Beckley Veteran Affairs Med Center, Cabell Huntington Hospital, Department of Veterans Affairs Medical Center - Huntington, Logan General Hospital, Louis A. Johnson VA Medical Center, Plateau Medical Center, Raleigh General Hospital, VA Medical Center of Martinsburg, West Virginia University Hospital, Williamson Memorial Hospital

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## 2017 CHANGES

### Essential Formulary

Closed formulary – the plan will not pay for prescriptions that are not in the formulary.

Generic, brands, and specialty drugs are mixed between all tiers – based on the cost of the prescription vs. generic, brand or specialty.

All 2017 plans have the Essential Formulary except the Major Events Blue PPO 7150 which has the Comprehensive Formulary.

Essential Formulary – Closed		Comprehensive Formulary - Open	
Tier 1	\$ (least costly)	Generic	\$ (least costly)
Tier 2	\$\$	Brand Formulary	\$\$
Tier 3	\$\$\$	Non-Formulary	\$\$\$
Tier 4	\$\$\$\$ (most costly)	Specialty Drug	\$\$\$\$ (most costly)

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**2017 CHANGES**

## Essential Formulary Pricing Structure

Tier	Retail (34 Day Supply)			Mail Order (90 Day Supply)		
	Coins	Min	Max	Coins	Min	Max
1	15%	\$3	\$10	15%	\$6	\$20
2	25%	\$20	\$75	25%	\$40	\$150
3	35%	\$70	\$250	35%	\$140	\$500
4	50%	\$150	\$1,000	50%	\$300	\$2,000

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**2017 CHANGES**

## Active Choice

Members may choose to have their maintenance prescriptions filled at their local retail pharmacy or . . .

Experience cost savings (90-day supply) and the convenience of home delivery in a secure package through mail order.

Effective 11/01/2016, the Prescription Drug Refill Threshold for Health Care Reform (HCR) members who are part of an individual plan, will be changed to 90%.

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## MY CONNECT BLUE

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### 2017 Plan Options

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- My Connect Blue WV PPO 1000G
- My Connect Blue WV PPO 1500G
- My Connect Blue WV PPO 750S
- My Connect Blue WV PPO 2800SQE
- My Connect Blue WV PPO 4750S
- My Connect Blue WV PPO 6500B

Major Events Blue PPO 7150C – *all members must be under age 30 at the time of enrollment or with hardship documentation determined by the Marketplace.*

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## MY CONNECT BLUE

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### Plan Naming

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- Plan Name
  - Individual Deductible Dollar Amount
    - Metal Level: **Catastrophic**, **Bronze**, **Silver**, **Gold**, **Platinum**,
      - Qualified High Deductible (*where applicable*)
        - Embedded

my Connect Blue WV PPO 2800 S Q E

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**MY CONNECT BLUE WV PPO 1000G**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$1,000/\$2,000	\$1,500/\$3,000	\$2,500/\$5,000
TMOOP (Ind./Family)	\$4,500/\$9,000 All Tiers Combined		
Coinsurance	10%	30%	50%
PCP	\$20		
Specialist	\$40		
Urgent Care	\$80		
ER	\$200 – waived if admitted		
Inpatient & Maternity Services Copay	\$300 per day, 3 days max	\$800 per day, 3 days max	50% after deductible
Outpatient Surgery	\$200 after deductible	30% after deductible	50% after deductible

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**MY CONNECT BLUE WV PPO 1500G**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$1,500/\$3,000	\$2,000/\$4,000	\$3,000/\$6,000
TMOOP (Ind./Family)	\$4,200/\$8,400 All Tiers Combined		
Coinsurance	20%	40%	50%
PCP	\$35		
Specialist	\$45		
Urgent Care	\$65		
ER	\$150 – waived if admitted		

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**MY CONNECT BLUE WV PPO 750S**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$750/\$1,500	\$4,000/\$8,000	\$6,000/\$12,000
TMOOP (Ind./Family)	\$7,150/\$14,300 All Tiers Combined		
Coinsurance	30%	40%	50%
PCP Copay	\$65		
Specialist Copay	\$115		
Urgent Care	\$140		
ER	\$500 - waived if admitted		
Inpatient & Maternity Services Copay	\$1,000 per day, 3 days max	\$1,500 per day, 3 days max	50% after deductible
Outpatient Surgery Copay	\$1,000	40% after deductible	50% after deductible

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**MY CONNECT BLUE WV PPO 2800SQE**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$2,800/\$5,600		
TMOOP (Ind./Family)	\$5,700/\$11,400 All Tiers Combined		
Coinsurance	20%	40%	50%
PCP	20% <u>after deductible</u>		
Specialist	20% <u>after deductible</u>		
Urgent Care	20% <u>after deductible</u>		
ER	20% <u>after deductible</u>		
Rx	20% <u>after deductible</u>		

*Only plan offering for 2017 that is a qualified high deductible health plan eligible for a health savings account.*

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**MY CONNECT BLUE WV PPO 4750S**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$4,750/\$9,500	\$5,250/\$10,500	\$5,750/\$11,500
TMOOP (Ind./Family)	\$7,150/\$14,300 All Tiers Combined		
Coinsurance	20%	40%	50%
PCP	\$45		
Specialist	\$60		
Urgent Care	\$65		
ER	20% after \$150 copay – waived if admitted		

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**MY CONNECT BLUE WV PPO 6500B**

	Preferred	Enhanced	Standard
Deductible (Ind./Family)	\$6,500/\$13,000	\$6,800/\$13,600	\$7,000/\$14,000
TMOOP (Ind./Family)	\$7,150/\$14,300 All Tiers Combined		
Coinsurance	30%	40%	50%
PCP	\$100		
Specialist	\$140		
Urgent Care	\$150		
ER	30% after preferred deductible		
Inpatient & Maternity Services Copay	\$1,500 per admission	40% after deductible	50% after deductible
Outpatient	30% after deductible	40% after deductible	50% after deductible

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## MAJOR EVENTS BLUE PPO 7150C

*All members must be under age 30 at the time of enrollment or provide hardship documentation determined by the Marketplace.*

	Preferred	Enhanced	Standard
Deductible (Ind/Family)	\$7,150/\$14,300		
TMOOP (Ind/Family)	\$7,150/\$14,300 All Tiers Combined		
Coinsurance	0% after deductible		
PCP	3 visits at no cost sharing		
Rx-Comprehensive Formulary	0% after deductible		

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## 2017 Member Auto-Enrollment

2016 Plan	On/Off Marketplace	2017 Status	2017 Plan
Major Events Blue PPO 6850	On & Off	Renewed	Major Events Blue PPO 7150C
Health Savings Blue PPO 6450	On & Off	Auto-Enrolled	NEW! my Connect Blue WV PPO 6500B
Health Savings Blue PPO 4000	On & Off	Auto-Enrolled	
Shared Cost Blue PPO 5500	On & Off	Auto-Enrolled	
Comprehensive Care Blue PPO 4000	On & Off	Auto-Enrolled	
Shared Cost Blue PPO 4750	On & Off	Auto-Enrolled	
Shared Cost Blue PPO 2500	On & Off	Auto-Enrolled	NEW! my Connect Blue WV PPO 4750S
Blue Cross Blue Shield Shared Cost Blue PPO 4750, a Multi State Plan	On	Auto-Enrolled	
Balance Blue PPO 1200	On & Off	Auto-Enrolled	
Comprehensive Care Blue PPO 1500	On & Off	Auto-Enrolled	NEW! my Connect Blue WV PPO 2800SQE
Health Savings Blue PPO 3000	On & Off	Auto-Enrolled	
Shared Cost Blue PPO 1500	On & Off	Auto-Enrolled	NEW! my Connect Blue WV PPO 1500G
Shared Cost Blue PPO 1000	On & Off	Auto-Enrolled	
Shared Cost Blue PPO 500	On & Off	Auto-Enrolled	
Blue Cross Blue Shield Shared Cost Blue PPO 1500, a Multi State Plan	On	Auto-Enrolled	
Balance Blue PPO 750	On & Off	Auto-Enrolled	
Balance Blue PPO 500	On & Off	Auto-Enrolled	

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Thank you!

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## Self-Funding Concepts

Eric S. Evans, ChHC<sup>®</sup>, RHU<sup>®</sup>, CLU<sup>®</sup>, REBC<sup>®</sup>  
VP-Benefit Assistance Corp.

### What is Self-Funding?

#### Self-Funded Plan:

Arrangement in which the employer assumes financial responsibility for the participants' eligible claims and associated costs.

#### Partially Self-Funded Plan:

The employer may purchase stop-loss coverage to protect against large claims.

## Self-Funding Background

- Pre 1974 Self-Funded Plans obstructed by state laws requiring employers to license as insurers.
- Employee Retirement Income Security Act (1974) removed those barriers.
- ERISA exempts self-funded plans from most state insurance laws, including reserves, mandated benefits, and premium taxes.

## Who Self-Funds?

- Sixty-three percent of covered workers are in a completely or partially self-funded plan.
- 49% in 2000.
- 54% in 2004.
- 57% in 2009.

– 2015 Employer Health Benefits Survey, Kaiser Family Foundation/Health Research & Educational Trust

## Structure of a Self-Funded Plan

- Plan- Employer decides on a plan of benefits with the help of their broker and Third Party Administrator. Plan Document is created with the provisions of the plan, including eligibility, coverage, limitations and exclusions.
- Stop Loss Insurance- Coverage arranged through the broker/TPA to protect against extreme losses. A function of the employer size, nature of business, plan of benefits, financial resources, prior claims experience and risk tolerance.
- Administration- Determine eligibility, pay claims, prepare reports and data, bill and disburse premiums/fees, maintain compliance, account for funds.

## Plan Administration Options

- Carrier ASO- Limited flexibility. Subject to parent company's system limitations and procedures. Typically higher admin cost.
- Third Party Administrator (TPA)- may be independent or owned by an multi-employer group, union or association.

## Third Party Administrators

- A state-licensed organization that adjudicates claims and provides administrative services for a self-funded benefits plan.
- TPA may administer: Medical, Dental, Vision, Rx, Life, Disability, Voluntary Benefits, Consumer-directed plans and Flexible Spending Accounts.

## Advantages of Self-Funding

- Flexibility- the employer can create “custom-made” benefits to suit the needs of it’s work force as opposed to accepting a “cookie cutter” bundled insurance policy.
- Cash Flow Benefit- Money formerly held by an insurance carrier for reserves such as unreported claims and pending claims are freed for use by the employer.

## Advantages of Self-Funding

- Return on reserve investment- Interest on reserves established by the employer remains under employer control.
- Carrier profit margin and risk charge- These costs are eliminated for the bulk of the plan.
- Mandatory benefits avoided- State regulations mandating costly benefits are avoided as self-funded programs are subject to ERISA.

## Advantages of Self-Funding

- Elimination of most state premium tax- employers who self-insure are not subject to state health premium taxes. As high as 3% of premiums.
- Lower cost of operation- Typically, administrative costs through a TPA are lower than those of an insurance carrier.

## Advantages of Self-Funding

- Access to information- Employers who self-fund get reports that detail exactly how all of their healthcare expenses were allocated. These reports help the employer learn how to save money on health costs and curb abuses. Most fully insured employers have no idea how the insurance company spends the money they pay in premiums.

## Advantages of Self-Funding

- Cost and utilization controls- The TPA may offer access to many different PPO networks, Wellness Programs, Large Case Management Programs, Pre-certification Programs, Data Mining & Predictive Modeling, Bill Audit Programs, Specialty Networks, Pharmacy Benefit Managers as well as other programs rather than using **only** the insurance company's in-house programs.

## Advantages of Self-Funding

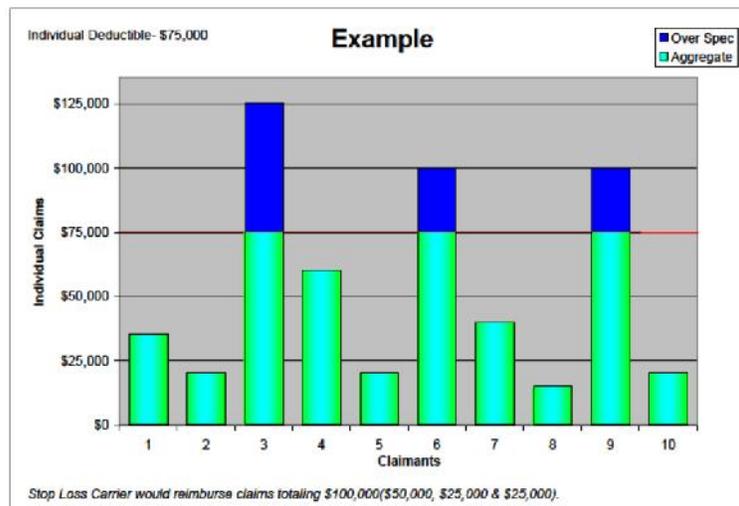
- Service tailored to employer's needs- a good TPA will customize the level of service to the client's needs.
- Risk Management Effectiveness- Through Stop-Loss insurance, the employer may choose the risk to retain. An insurance company has set pooling levels allowing little flexibility.

## Potential Risks of Self-Funding Legal & Financial

- Legal- While not subject to state mandates, must comply with ERISA regulations.
- Financial- Take on liability for claims payments. Can be mitigated through appropriate Stop-Loss Coverage.
- Good administration and programs like utilization review and case management can help reduce costs.

## Stop-Loss Insurance

- Specific- Limits the dollar amount on any specific individual.
- Aggregate- Limits the overall dollar amount on the entire population.



## ACA impact on Self-Funding (current resurgence)

- Self-funded plans were given several advantages over fully insured plans in the Affordable Care Act regulations
- Exempt from some ACA premium taxes/fees
- More lenient Discrimination Rules
- Exempt from many mandated benefits
- New method of premium calculations is increasing costs in the fully insured market and making self-funding more attractive.

## Contact Info

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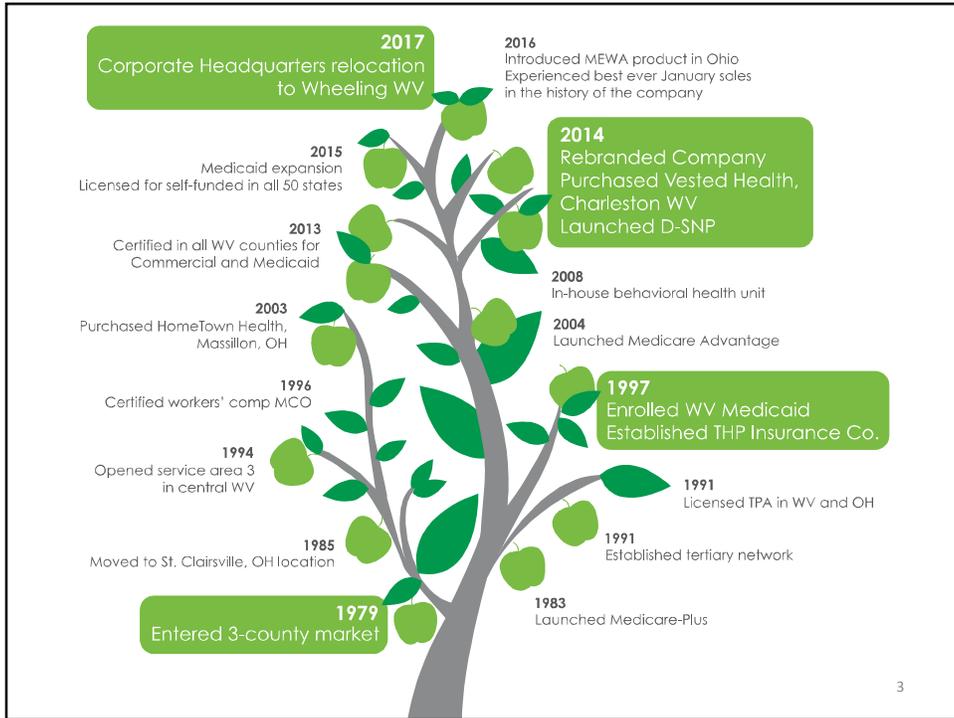
The **right** plan  
for **you**

**Agent Training**



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Our record of service and  
experience branches out  
over **35** years



fully-insured services

The HealthPlan  
HEALTHPLAN.ORG

## Small Group Broker Quoting Portal

### **broker.healthplan.org**

Unique User Log-in  
Unique User Password

**Ability to Access Small Group Quotes Immediately**  
**Upload a Census for Easy Quoting or Manually Enter Names/Birthdates**  
**Quotes are Emailed with Plan Designs in Seconds**

All Quotes are Emailed as PDF Document

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#### **BROKER PORTAL TUTORIAL**

LOGIN to <http://broker.healthplan.org>

##### **LOGIN**

Enter your Username and Password to log into the estimator. If you are new, please click, "Click Here to Register" for a new account. New registrations will be verified.



##### **PREMIUM ESTIMATOR**

From this screen, you can download and open a blank EXCEL file that will allow you to place members' information including last name, first name, DOB, employee number and dependent type. **See #1.**

You can also manually add the family members using this screen. Click "Add Employee" to manually begin adding members. Tab through and fill out the appropriate information. **See #2.**

If you already have the members' information in the exact order of our template EXCEL file, you can **UPLOAD** the file. **See #3.**

## 2017 Small Group Plans

### 4 HMO Plan Designs

Bronze, Silver, Gold, Platinum

### 4 PPO Plan Designs

Bronze, Silver, Gold, Platinum

### 3 Consumer Driven PPO Plan Designs

HSA Bronze, HSA Silver, HRA Gold

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eff. 01/01/2017  
HMO METAL PLANS

DEDUCTIBLE	BRONZE	SILVER	GOLD	PLATINUM
	\$4,000/\$8,000	\$2,500/\$5,000	\$400/\$800	\$200/\$400
CO-INSURANCE	40%	30%	20%	10%
OOP MAX:	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300	\$7,150/\$14,300
Med + Rx				
Rx	40%	\$15/\$35/\$70 (DW)	\$15/\$30/\$50 (DW)	\$10/\$20/\$40 (DW)
Specialty Rx	50%	50% (DW)	50% (DW)	30% (DW)
PCP	40% (DW)	\$30 (DW)	\$20 (DW)	\$15 (DW)
SPECIALIST	40% (DW)	\$50 (DW)	\$40 (DW)	\$30 (DW)
URGENT CARE	40% (DW)	\$50 (DW)	\$40 (DW)	\$30 (DW)
INPATIENT	40%	30%	20%	10%
OUTPATIENT	40%	30%	20%	10%
ER	40%	30%	20%	10%

(DW) - Deductible Waived



eff. 01/01/2017  
PPO METAL PLANS

DEDUCTIBLE	BRONZE	SILVER	GOLD	PLATINUM
	IN \$4,000/\$8,000 OUT \$8,000/\$16,000	IN \$2,500/\$5,000 OUT \$5,000/\$10,000	IN \$400/\$800 OUT \$800/\$1,600	IN \$200/\$400 OUT \$400/\$800
CO-INSURANCE	IN 40%/OUT 50%	IN 30%/OUT 50%	IN 20%/OUT 40%	IN 10%/OUT 20%
OOP MAX: Med + Rx	IN \$7,150/\$14,300 OUT UNLIMITED	IN \$7,150/\$14,300 OUT UNLIMITED	IN \$7,150/\$14,300 OUT UNLIMITED	IN \$7,150/\$14,300 OUT UNLIMITED
Rx	40%	\$15/\$35/\$70 (DW)	\$15/\$30/\$50 (DW)	\$10/\$20/\$40 (DW)
Specialty Rx	50%	50% (DW)	50% (DW)	30% (DW)
PCP	IN 40% (DW)/OUT 50%	IN \$30 (DW)/ OUT 50%	IN \$20 (DW)/ OUT 40%	IN \$15 (DW)/ OUT 20%
SPECIALIST	IN 40% (DW)/OUT 50%	IN \$50 (DW)/ OUT 50%	IN \$40 (DW)/ OUT 40%	IN \$30 (DW)/ OUT 20%
URGENT CARE	IN & OUT 40% (DW)	IN & OUT \$50 (DW)	IN & OUT \$40 (DW)	IN & OUT \$30 (DW)
INPATIENT	IN 40%/OUT 50%	IN 30%/OUT 50%	IN 20%/OUT 40%	IN 10%/OUT 20%
OUTPATIENT	IN 40%/OUT 50%	IN 30%/OUT 50%	IN 20%/OUT 40%	IN 10%/OUT 20%
ER	IN & OUT 40%	IN & OUT 30%	IN & OUT 20%	IN & OUT 10%

(DW) - Deductible Waived



eff. 01/01/2017  
HSA/HRA METAL PLANS

DEDUCTIBLE	HSA	HSA	HRA
	BRONZE	SILVER	GOLD
IN \$5,500/\$11,000 OUT \$11,000/\$22,000	IN \$2,600/\$5,200 OUT \$5,200/\$10,400	ER Contribution \$500 (Paid First) IN \$2,000/\$4,000 OUT \$4,000/\$8,000	
CO-INSURANCE	IN 20%/OUT 40%	IN 20%/OUT 40%	IN 20%/OUT 40%
OOP MAX: Med + Rx	IN \$6,550/\$13,100 OUT UNLIMITED	IN \$6,550/\$13,100 OUT UNLIMITED	IN \$7,150/\$14,300 OUT UNLIMITED
Rx	20%	20%	\$15/\$35/\$70 (DW)
Specialty Rx	50%	50%	50% (DW)
PCP	IN 20%/ OUT 40%	IN 20%/ OUT 40%	IN \$30 (DW)/ OUT 50%
SPECIALIST	IN 20%/ OUT 40%	IN 20%/ OUT 40%	IN \$50 (DW)/ OUT 50%
URGENT CARE	IN & OUT 20%	IN & OUT 20%	IN & OUT \$50 (DW)
INPATIENT	IN 20%/ OUT 40%	IN 20%/ OUT 40%	IN 20%/OUT 40%
OUTPATIENT	IN 20%/ OUT 40%	IN 20%/ OUT 40%	IN 20%/OUT 40%
ER	IN & OUT 20%	IN & OUT 20%	IN & OUT 20%

(DW) - Deductible Waived

# Large Group Plans

## HMO

Limited to The Health Plan network. Authorizations required for Tertiary facilities. PCP selection required.

## PPO

Ability to rent regional / national networks in addition to The Health Plan network.

## Point of Service

Mirrors PPO designs with copays / coinsurance / out of pocket arrangements. PCP selection required.

## Consumer Driven

Administered in-house for easy stress-free administration.


Group Name  
1Q 2017  
Broker Name  
PPO Options
10/24/2016

COMMISSIONED    804-102-1500m

Active Employees		PPO BENEFIT OPTIONS 90%/10% INC. \$15,000/\$0			
Subs		90%/10/\$100	90%/10/\$250	90%/10/\$500	90%/10/\$1000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees		PPO BENEFIT OPTIONS 100%/0% INC. \$15,000/\$0			
Subs		100%/0/\$100	100%/0/\$250	100%/0/\$500	100%/0/\$1000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees		PPO BENEFIT OPTIONS 80%/20% INC. \$15,000/\$0			
Subs		80%/20/\$100	80%/20/\$250	80%/20/\$500	80%/20/\$1000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees		PPO BENEFIT OPTIONS 80%/20% INC. \$15,000/\$0			
Subs		80%/20/\$2500	80%/20/\$3000	80%/20/\$4000	80%/20/\$6000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees		PPO BENEFIT OPTIONS 70%/30% INC. \$15,000/\$0			
Subs		70%/30/\$800	70%/30/\$3000	70%/30/\$4000	70%/30/\$6000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees		PPO BENEFIT OPTIONS 100%			
Subs		\$1,000/\$2,000	\$2,000/\$4,000	\$3,000/\$5,000	\$5,000/\$10,000
EMP	0	\$0.00	\$0.00	\$0.00	\$0.00
Spouse/RE/Spouse	0	\$0.00	\$0.00	\$0.00	\$0.00
RE/Child(ren)	0	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$0.00	\$0.00	\$0.00	\$0.00
Voluntary/Retiree	0	\$0	\$0	\$0	\$0
Active Employees	Subs				
EMP	0				
Spouse/RE/Spouse	0				
RE/Child(ren)	0				
Family	0				
Voluntary/Retiree	0				

Page 1
PPO options 2016 ACA

## Commission Schedule

### Small Group

\$26 PEPM

### Large Group

Negotiable Standard is 3%

### New Bonus Program

Level I	100 – 249 Subscribers	\$3 PEPM
Level II	250 – 499 Subscribers	\$4 PEPM
Level III	500+	\$5 PEPM

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