

Covered Clips

A Weekly Summary of News and Activities for the Cover Arizona Coalition



Week of March 3rd

Latest Medicaid Enrollment Numbers

As of March 1st, AHCCCS reported that there had been 85,309 Arizonans added to AHCCCS under the Prop 204 restoration category (adults between 0-100 FPL) and 5,806 added to the expansion category (100 -133 FPL) since October. In total, that adds up to more than 91,000 Arizonans who have been added to AHCCCS since October due to the restoration/expansion.

http://www.azahcccs.gov/reporting/Downloads/PopulationStatistics/2014/Mar/AHCCCS_Population_by_Category.pdf

Key Messaging

Last week, the Cover Arizona Steering Committee had a presentation from GMMB, a national communications firm that has done extensive research on messaging that matters for the Marketplace. A few key takeaways:

- **Cost is the barrier:** Most people want insurance, but they can't afford it. And if they can, they fear that the coverage might not be good. Letting people know that financial assistance is available and that key services are available is important.
- **Skepticism and lack of awareness are challenges.** People are skeptical about the availability of quality, affordable health coverage in general. The good news is that people are not holding back due to initial problems with the Marketplace. The challenge

now is informing folks of the availability of financial assistance to find a health plan that fits their budget.

- **The message framework we should use:**
 - **It's New:** There is a **new** way to get health insurance that fits your needs and your budget.
 - **Here's What You Get:** All insurance plans will have to cover doctor visits, hospitalizations, maternity care, emergency room care and prescriptions.
 - **Help Is Here:** Financial assistance will be available to help cover the cost of your premiums and some may qualify for low-cost or free plans. Experts will be available to answer questions – online, over the phone and in-person.

Financial Assistance Key Driver for Enrolling People in Coverage

The Robert Wood Johnson Foundation recently conducted a consumer enrollment study.

They found that most uninsured people – nearly 60% – don't know that financial help is available.

If they received financial help, more than 8 in 10 would be likely to enroll.

Lack of Awareness Key Challenge

From the Henry Kaiser Family Foundation:

The February Kaiser Health Tracking Poll found that among the uninsured, just about a quarter are aware of the March 31st deadline to sign up for coverage, and just over six in ten say they know little or nothing about the ACA's health insurance exchanges.

See <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-february-2014/>

Consumers Valuing Low Costs Over Broad Networks

From the Henry Kaiser Family Foundation:

Amid the recent media focus on “narrow network” health insurance plans, the latest Kaiser Health Tracking Poll finds that those who are most likely to be customers in the Affordable Care

Act (ACA)'s new insurance exchanges (the uninsured and those who purchase their own coverage) are more likely to prefer less costly plans with narrow networks over more expensive plans with broader networks. Narrow network plans are a tougher sell among those with employer coverage, who tend to pay less of their health care costs directly since their employers pick up much of the cost.

See: <http://kff.org/health-reform/poll-finding/kaiser-health-tracking-poll-february-2014/>

ACA Town Hall with President Obama and the Asegúrate Campaign

On Thursday, March 6, the Asegúrate campaign, in partnership with Univision, Telemundo, and impreMedia, will host a town hall with President Barack Obama in an unprecedented effort to share key information about the Affordable Care Act and its impact on Latinos during the last month of open enrollment. Latinos make up 17 percent of the national population, yet they are nearly a third of the uninsured in the U.S. and nearly 60 percent of the uninsured in California.

The one-hour event, *"Tu Salud y La Nueva Ley: Conversación con el Presidente"* will be streamed live Thursday, March 6, and televised on March 8. It will also be broadcast on [Univision America radio](#).

Event:

Tu Salud y La Nueva Ley: Conversación con el Presidente
("Your Health and the New Law: A Conversation with the President")

Live stream:

Thursday, March 6, 11:30 a.m. EST/10:30 a.m. CST/8:30 a.m. PST
Live Stream in English: [White House](#) website

Broadcast:

Saturday, March 8
Galavision at 7 p.m. PST
Telemundo at 8 p.m. PST

*See media advisories linked here in [English](#) and [Spanish](#).

During the first half hour, President Obama will answer questions about the law and its impact on the community, while the second half of the program will feature experts, including Mayra Alvarez, Director of Public Health Policy in the Office of Health Reform at the US Department of Health and Human Services, who will answer audience questions and explore in greater depth

special areas of concern for Latinos. The media partners will invite the Latino community to submit questions for the president prior to the event.

Join the conversation by following [@Calendow Here](#), [@UniNoticias](#), [@UniAsegurate](#), [@LaOpinionLA](#), [@eldiariony](#), [@TelemundoNews](#) and [@Telemundo](#), and using these hashtags:

- #PreguntasObamacare to solicit questions for town hall
- #TuSaludyObama for promotion of town hall
- #Asegurate to be used in conjunction with other hashtags to promote town hall and messages related to town hall and ACA
- #GetCovered to be used for English audiences

Availability of Retroactive Tax Credits and Cost Sharing Reductions Due to Exceptional Circumstances

CMS recently released guidance that authorizes the Marketplaces to provide retroactive coverage to consumers who were unable to sign up due to technical glitches. The guidance leaves many questions unanswered, including whether the option will be available in FFM states. Here is an analysis from the Georgetown University Health Policy Institute:

- <http://chirblog.org/help-for-consumers-who-faced-marketplace-glitches/>

Here is the original guidance from CMS:

- <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/retroactive-advance-payments-ptc-csrs-02-27-14.pdf>

Here is an article that came out Wednesday in the New York Times:

<http://www.nytimes.com/2014/03/01/us/new-health-fix-offers-subsidies-for-insurance-policies-bought-outside-exchanges.html?src=rechp>

Vice President, Secretaries Sebelius and Vilsack Visit Arizona

Over the past week, Vice President Biden, Secretaries Kathleen Sebelius and Tom Vilsack visited Arizona to build awareness on the Marketplace and enrollment events. As part of their visits, member of the Cover Arizona Coalition provided input on how outreach and enrollment assistance efforts in our state could be strengthened. The three events also received press coverage, helping build awareness of the opportunities for coverage in our state.

Immigrants, the ACA & Public Charge

“Public charge” is a term used in immigration law. The term describes persons who cannot support themselves and who depend on benefits that provide cash — such as TANF or SSI – for their income. Depending on your immigration status, the Department of Homeland Security or U.S. State Department consular officers abroad can refuse to let you enter the U.S., reenter the U.S., or become a lawful permanent resident if they think you will not be able to support yourself without these benefits in the future. Public charge is not an issue for immigrants who are applying to become a U.S. citizen. Public charge is not an issue for refugees, persons granted asylum, or persons certified as trafficking victims.

Use of Medicaid, the Children’s Health Insurance Program (CHIP), or other health programs by and individual or their family members will NOT affect the public charge decision unless you use Medicaid or other government funds to pay for long-term care (nursing home or other institutionalized care).

Buying health coverage through the health insurance marketplaces and obtaining premium tax credits or cost-sharing reductions that makes coverage more affordable will NOT be considered in any public charge decision.

From National Immigration Law Center, “Federal Guidance on Public Charge”

Submitting Supporting Documents - ID Proofing v. Application Inconsistencies

From CMS:

It’s important for assisters to know the difference between the types of supporting documentation that consumers may be asked to submit. This is because one type of documentation request may delay a consumer’s ability to go forward with an eligibility determination and plan selection without the supporting documentation, while the other type of documentation request will not prevent a consumer from going forward and enrolling in a plan if the documents have not been supplied.

There are two main reasons a consumer might be asked to submit supporting documentation: (1) ID proofing, and (2) application inconsistencies. **If a consumer is asked to provide supporting documentation for application inconsistencies, the consumer can still get subsidies and enroll in a plan.**

ID proofing

ID proofing is used to verify a consumer's identity when they are creating their MyAccount on Healthcare.gov. ID proofing is accomplished by asking a series of questions based on the consumer's personal and financial history (e.g. current and past residences, auto ownership, employment history, loan history). This process is meant to prevent an unauthorized person from creating an account and applying for health coverage in someone else's name without their knowledge.

If the Marketplace tells a consumer that their identity couldn't be verified, **the consumer will need to take additional steps before they can complete their online application for coverage**, such as calling the Experian Help Desk at 1-866-578-5409, or uploading or mailing documentation to the Marketplace for review. Consumers should expect their ID proofing paperwork to be processed and turned around quickly, typically within 7-10 business days from when the Marketplace receives the documentation, if not sooner.

Application inconsistencies

When a consumer fills out their application, they enter certain information about themselves and their family (e.g. state of residence, citizenship or immigration status, income). The Marketplace will attempt to match the information provided by the consumer with the Marketplace's data sources. If there is an inconsistency, the Marketplace will still determine the consumer's eligibility based on the information the consumer provided. The consumer's eligibility notice tells them that they can continue to choose and enroll in a health plan, and that more information is needed. **They do not have to wait until they receive a notice that their inconsistency has been cleared before enrolling in coverage.** This is true even if the date on the eligibility letter is very soon or has already passed.

For more information on resolving inconsistencies please look here:
<https://www.healthcare.gov/help/how-do-i-resolve-an-inconsistency>.

Assisters should also read the new fact sheet we posted last week regarding Remote Identity Proofing, Remote Identity Proofing Failures and Application Inconsistencies, which can be found here: <http://marketplace.cms.gov/help-us/remote-identity-proofing-faqs.pdf>.

New Resource: New IRS Tax Tips

The IRS has released Health Care Tax Tips to help people understand what they need to know for the federal individual income tax returns they are filing this year as well as for future tax returns. This includes information on the Premium Tax Credit and making health care coverage choices.

Find the new tips here: <http://www.irs.gov/uac/Newsroom/IRS-Offers-Health-Care-Tax-Tips-to-Help-Individuals-Understand-Tax-Provisions-in-the-Affordable-Care-Act>

Grab Bag FAQs

Q: On the online application, when a consumer includes an apartment or condominium unit number in their street address, a message appears asking the consumer to verify the address without the unit number listed. What should a consumer do in this case?

A: If the pop-up message suggests a street address but it does not contain the consumer's apartment or condo unit number, the consumer shouldn't select the address suggested by the message box. Instead, the consumer should double-check their typed address for accuracy and select the address **with the unit number included**. This is especially important for consumers who choose to receive notices from the Marketplace and their issuer through the mail.

Q: If a consumer's dependent has a foreign address, such as a child studying abroad, how should they include the dependent's address on the application?

A: Healthcare.gov gives applicants the option to use the same address as they list for themselves when listing their dependents, or to input a different address. Because the system does not accept foreign addresses, an applicant claiming a tax dependent who is living abroad should choose to use the same address for that dependent as they have listed for themselves.

Q: What should a consumer do if they don't have a physical address, such as people experiencing homelessness, members of Tribes living on reservations, or people in rural areas?

A: An address is needed in order to complete an application through the Marketplace. If a consumer does not have a fixed or recognized address, they can enter any address where they can receive mail, including a PO Box. Consumers experiencing homelessness can provide an address of a shelter, friend or relative. Also, the address needs to be a location in the state of application. If the consumer needs additional assistance filling out the application they should contact the Call Center.

Q: Can I make changes to my application (i.e. change in circumstance) before I have submitted it?

A: Yes. Consumers who have not submitted an application can edit their in-progress application as needed.

Q: I used the "report a life change" button to change my name, but it didn't change my name and address in my account profile. What should I do?

A: Consumers need to update their name and address in both the application and in their communication preferences. Consumers should be aware that changing their name in the

application doesn't change their name in their account profile. Similarly, changing their name in their account profile will not change their name in the application.

Q: Are appeal forms available in Spanish? If so where?

A: You can find appeal forms in Spanish here: <https://www.cuidadodesalud.gov/es/can-i-appeal-a-marketplace-decision/>.

Common Consumer Situations Related to Qualifying Life Events

These scenarios provide a starting point to help assisters see how the Marketplace rules and regulations work in real world situations.

Q: I'm newly divorced and need to get health insurance coverage for myself and my son. Am I qualified for an SEP?

A: We recommend you report life changes, such as marriage or divorce, as soon as possible. If you lost or are losing health coverage as a result of your divorce, you should report the date. You may select a plan anytime within 60 days of the date you lost or will lose coverage.

Q: I just got married. I'm enrolled in a QHP but my husband and I want to be on the same health plan. Am I able to replace my QHP with one that better meets our needs now that I am married?

A: Yes. Marriage is a qualifying life event for an SEP and you can change plans.

Q: My daughter just got a new job and I need to drop her from my QHP. Do I have to wait for open enrollment to do this?

A: No. You should indicate your daughter's new job on your application. Select "Report a Life Change" and review and revise your application answers as necessary. When you complete your application, depending on the results, you will need to confirm your current plan, or may change to a different plan.

Q: My spouse was just released from prison. Does this qualify him for an SEP so that he may enroll in a QHP?

A: Yes. Release from incarceration triggers an SEP for the individual and the family.

Q: I just found out that I am expecting a child. Does that qualify me for an SEP?

A: No. Pregnancy does not trigger an SEP. However, you should report this change to the Marketplace. In some cases, the pregnancy may make you eligible for Medicaid. Remember—under the ACA, your health insurance must now include benefits associated with pregnancy and prenatal care. Once you have the baby, this event will trigger an SEP for you and your family. You should report this life event to the Marketplace.

Q: I'm separated or am otherwise estranged from my spouse and have filed for divorce. If I don't plan to file taxes jointly with my current spouse, how else can I apply and potentially be determined eligible for tax credits and cost-sharing reductions?

A: You will need to either obtain a divorce or have a legal separation (granted by a court) by the end of the year (for example, by 12/31/2014 for this year's open enrollment period) if you want to file separate taxes and be eligible for tax credits. Another option is to file your taxes as a "head of household" (HOH), which allows for APTCs. To do this, you must have a dependent child or other qualifying person living with you for more than half a year, pay more than half the cost of keeping up the home, and have been living apart from the spouse for the last six months of the tax year.

The Marketplace does not yet recognize the HOH option for "married but filing separate" couples. So you will want to work through the Call Center.

Once you know how you will be your filing taxes, you should update your tax filing status on your application. Your tax filing status impacts your eligibility for APTC and CSR. To update your application, select "Report a Life Change" and review and revise your application answers as necessary. When you complete your application, depending on the results, you will need to confirm your current plan, or may change to a different plan.

Attesting to an Eligible Immigration Status

On the application in the Family and Household section, applicants will be asked, "Is **[Name of Applicant]** a U.S. citizen or U.S. national?" If the applicant checks "No," a box will appear that they can check in order to attest to having an eligible immigration status. There is a link on this section of the application to a page that provides a list of [eligible immigration statuses](#) for coverage through the Marketplace. Once a consumer checks this box, a drop-down list will appear with possible document types for a consumer to choose from, depending on what type of immigration document they have that supports their current immigration status. Some may select a Green Card (I-551), or I-766, among others. If consumers have questions about the document type options, there is another link on the application to a page that provides information about the [types of documents](#) that can be selected and how to find the requested information on the document.

Some consumers do not have, or have had difficulty, finding all of the document numbers that may be requested for a particular document type, but do have either an Alien Number or an I-94 Number; these consumers can verify their information through another route. These consumers should instead select **“Other documents or status types”** from the drop down, instead of selecting their specific document type.

They will then be shown a list of other document or status options. Here consumers should select **“Other.”** A field will appear where consumers should describe the type of document they have. For example, if they have a Green Card, they should type Green Card. Consumers should then select whether they have an alien number or I-94 number, and enter the number in the field that appears. **Note** - If a consumer has immediate access to all of the document numbers, we recommend that they select their specific document in the drop-down list and enter all of the numbers requested. While it is possible to use just one number, the system will produce better verification results if all of the numbers are provided.

The consumer will also be asked if the name as entered on their application for Marketplace coverage is the same name that appears on their immigration documentation. If it differs, they should select **“No,”** and enter in their name as it appears on their immigration documentation. They will also be asked if they’ve been in the U.S. since 1996.

Naturalized Citizenship Verification

Consumers who are *citizens* (including those who are naturalized or derived citizens) should attest that they are citizens. The Marketplace will verify their citizenship with the Social Security Administration (SSA), and if it can’t verify it with SSA, it will try verifying it with DHS. Naturalized or derived citizens who do not have a Naturalization Certificate or a Certificate of Citizenship can upload a copy of their U.S. Passport or other citizenship documentation if asked to provide more information to the Marketplace. They can do this either through their MyAccount or by mailing it to the Marketplace to be reviewed.

Eligibility and Application Help Resources for Citizens and non-Citizens:

- Information on immigration document types - <https://www.healthcare.gov/help/immigration-document-types/>
- Information on eligible immigration statuses - <https://www.healthcare.gov/help/immigration-status-questions/>
- Information on Citizenship and immigration statuses - <https://www.healthcare.gov/help/citizenship-and-immigration-status-questions/>
- Information on Electronic Verification of Immigration Status on HealthCare.gov - <http://marketplace.cms.gov/help-us/electronic-verification-of-immigration.pdf>

Have something you want us to possibly add to next week's newsletter? Email Kim VanPelt at kim.vanpelt@slhi.org.

