



MARKETPLACE ASSISTER NEWSLETTER

September Issue 2020

News Flash!

2021 Assister Certification Training Modules Now Available!

We are pleased to invite assisters to take the **2021 Assister Certification training** beginning, **September 15, 2020**. In preparation for the Marketplace Open Enrollment Period starting November 1, 2020 for the 2021 Plan Year, the Centers for Medicare & Medicaid Services (CMS) have updated the Assister Certification Training curriculum.

The training is hosted on the Marketplace Learning Management System (MLMS); the online web-based training platform for assisters providing application and enrollment assistance to consumers in Federally-Facilitated Marketplaces and State-based Marketplaces using the Federal platform. The MLMS can be accessed through the CMS Enterprise Portal.

- New users register here: [New User Registration](#)
- Existing users can login at: [Existing User Registration](#)

You can find training presentations and additional resources, such as Frequently Asked Questions (FAQs), and MLMS Quick Reference Guides at the following link: [Assister Training Materials](#).

Please note: this is training for assisters in the Federally-facilitated Marketplace (FFM). Assistors in states that operate a State-based Marketplace (SBM) or State-based Marketplace using the Federal platform (SBM-FP) should follow their state's guidance regarding training and certification requirements.

Certified Application Counselor Designated Organization (CDO) Program Announcements

NEW: CAC Roster Requirement for PY2021

CMS has announced a [new tool](#) to help CDOs collect and maintain certified application counselor (CAC) information. To begin using this tool, active CDOs with CMS will add a roster of their active CACs using the [CDO Organizational Maintenance web form](#). To prepare for this feature, ensure that each CAC is assigned a [unique CAC ID](#).



For plan year 2021 and beyond, CDOs must maintain a roster of their active CACs using their CDO Organization Maintenance web form in order for their CACs to be able to access the annual certification training on the Marketplace Learning Management System (MLMS).

For an [overview of the CDO Roster requirement](#) and resources like [FAQs](#) and [demonstration videos](#) that walk users through how to use the CAC Roster, visit the [Information for Active CDOs](#) page of Marketplace.CMS.gov.

Existing CDOs Must Renew CDO Certification Every Two Years

CMS certifies CDOs on a two (2)-year basis. CDOs that completed the CDO Refresh process and were certified in 2018 are now due for [CDO Renewal in 2020](#).

CMS will email your CDO contacts when it's time to renew. CDOs must renew certification within 30 days of the CDO certification expiration date. If a CDO does not renew its CDO certification, the organization will need to re-apply to the CAC Program. The CDO certification expiration date can be found on the CDO Summary page of the CDO Organizational Maintenance web form, or you can email us at CACQuestions@cms.hhs.gov.

To renew CDO certification with CMS, one of the organization's three unique contacts can access the [CDO Organizational Maintenance web form](#), review and update the organization's information as needed, and upload a newly signed and dated CMS-CDO agreement.

For an [overview of the CDO Renewal process](#) and resource like [FAQs](#) and [demonstration videos](#) that walk users through how to complete a renewal, visit the Information for Active CDOs page of Marketplace.CMS.gov.

CMS Announces a Temporary Policy for Premium Reductions

On August 4, 2020, as a part of the agency's efforts to facilitate the nation's response to the coronavirus disease 2019 ("COVID-19") public health emergency, the Centers for Medicare & Medicaid Services (CMS) announced a policy that will allow issuers to offer temporary premium reductions for individuals with 2020 coverage in the individual and small group markets. CMS is providing this additional flexibility to help ensure that consumers struggling to pay their premiums can continue to be covered to receive the care they may need during this time.

Marketplace Periodic Data Matching (PDM) Operations

Consumers enrolled in minimum essential coverage (MEC), such as Medicare, Medicaid, or CHIP, in addition to a Marketplace plan are *not* eligible to receive APTC or CSRs to help pay



for the cost of a Marketplace plan and covered services. When consumers are enrolled in MEC and a Marketplace plan, the Marketplace notifies these consumers that records show they are “dually enrolled” and urges them to end their Marketplace coverage with APTC/CSRs or update their application to tell the Marketplace that they’re not enrolled in Medicare, Medicaid, or CHIP. If the consumer doesn’t respond to the notice within 30 days, the Marketplace ends their APTC/CSRs or – in the case of Medicare – their Marketplace plan, if the enrollee consented to have their coverage ended if they were later found to be enrolled in Medicare.

The Marketplace also periodically examines available data sources to identify Marketplace enrollees who have died throughout a plan year. All enrollees (or their estates) identified by the Marketplace receive an initial warning notice and have 30 days to respond to the notice or the deceased enrollee’s Marketplace coverage is terminated.

This summer, the Marketplace sent initial warning notices to dual enrollees and deceased enrollees (or their estates.) The Marketplace will remove APTC/CSRs or end Marketplace coverage of non-responders effective October 1, 2020. In the case of deceased enrollees, coverage will be terminated retroactive to the date of death.

HealthCare.gov Income Calculation Tool

The Center for Medicare and Medicare Services (CMS) developed a tool on HealthCare.gov to assist consumers in estimating their household income. We know some people’s income and expenses may change throughout the year and be hard to estimate. Consumers can use this tool for help making the best estimate. If consumers’ or their household members’ income changes after they submit an application, encourage them to come back to the Marketplace and update their application. This will help make sure they’re getting the right amount of savings.

The [income calculator tool](#) is live, and accessible via both the HealthCare.gov ‘Learn’ pages and via the income section of the streamlined eligibility application, App3.0. Visit [how to report income](#) for guidance on reporting income. To see a video please visit [Income Calculation Tool video](#).

HHS Initiatives to Address the Disparate Impact of COVID-19 on African Americans and Other Racial and Ethnic Minorities

HHS has released a fact sheet that outlines some activities underway to improve prevention, testing, and treatment of COVID-19 among minority populations and reduce racial and ethnic disparities. It includes information on initiatives on data collection, making treatment more accessible and affordable, tailored guidance for individuals and communities most at risk,



expanding telehealth options and strengthening COVID-19 outreach and communications. For more information visit the [fact sheet](#).

2020 MLR Rebates to Consumers May Come Early

The Patient Protection and Affordable Care Act (PPACA) requires health insurance issuers offering group or individual health insurance coverage, including those offering qualified health plans (QHPs) through the Marketplace, to issue an annual rebate to enrollees if their medical loss ratio (MLR) is less than 80 percent in the individual and small group markets and 85 percent in the large group market. In general, an issuer's MLR is calculated as the ratio of the issuer's expenses for medical claims to the issuer's premium revenue, with certain adjustments. The total rebate amount is based on the difference between the required MLR and the issuer's actual MLR, and then apportioned to each enrollee based on the amount of premium paid. This rebate is typically issued in September or October.

Due to the urgent need to help facilitate the nation's response to the public health emergency posed by COVID-19, the Centers for Medicare & Medicaid Services (CMS) is permitting issuers to *prepay* enrollees a portion or all of the estimated MLR rebate for the 2019 MLR reporting year to support continuity of coverage for enrollees who may struggle to pay premiums because of illness or loss of income resulting from the COVID-19 public health emergency. Consumers may receive these prepaid rebates in the form of a premium credit, a lump-sum check or lump-sum reimbursement to the account used to pay the premium. Issuers will provide a notice containing information about MLR and the rebate to enrollees who are receiving a rebate. You can help consumers understand their notices and general information about MLR, and the rules around prepaid rebates by referring to this guidance on the [Temporary Period of Relaxed Enforcement for Submitting the 2019 MLR Annual Reporting Form and Issuing MLR Rebates](#).

CARES Act Updates to Health Care Flexible Spending Accounts

The CARES Act also modifies the rules that apply to various tax-advantaged accounts (HSAs, Archer MSAs, Health FSAs, and HRAs) so that additional items are "qualified medical expenses" that may be reimbursed from those accounts. Specifically, the cost of menstrual care products is now reimbursable. These products are defined as tampons, pads, liners, cups, sponges or other similar products. In addition, over-the-counter products and medications are now reimbursable without a prescription. The new rules apply to amounts paid after Dec. 31, 2019. Taxpayers should save receipts of their purchases for their records and so that they are able to submit claims for reimbursement.



FAQs about Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation Part 43

On June 23, 2020, CMS released additional frequently asked questions (FAQs) regarding implementation of the Families First Coronavirus Response Act (the FFCRA), the Coronavirus Aid, Relief, and Economic Security Act (the CARES Act), and other health coverage issues related to Coronavirus Disease 2019 (COVID-19). These FAQs have been prepared jointly by the Department of Labor (DOL), the Department of Health and Human Services (HHS), and the Department of the Treasury (collectively, the Departments).

These FAQs address questions such as COVID-19 diagnostic testing and cost-sharing requirements, reimbursement rates for providers of COVID-19 testing, telehealth and other remote care services, and individual coverage health reimbursement arrangements.

To see these most recent FAQs, visit [FAQs for Families First CARES Act](#)

To see previously issued FAQs, visit [CCIIO COVID-19 FAQs](#) and [ACA Implementation FAQs](#)

In Case You Missed It

Resources for COVID-19 Federal Response

The federal government is taking action to protect the health and safety of our nation's patients and providers in response to the coronavirus 2019 (COVID-19). There are a number of sources of information about actions being taken across the federal government.

- To keep up with the important work the White House Task Force is doing in response to COVID-19, visit [White House Task Force](#).
- For the latest information about COVID-19 prevention, symptoms, and answers to common questions, visit [up-to-date COVID-19 information](#).
- For information on the actions CMS is taking in response to COVID-19, please visit the [CMS News Room](#) and [Current Emergencies Website](#).
- For COVID-19 guidance for individual and small group private insurance, visit [Coronavirus Disease 2019 \(COVID-19\) FAQs](#).
- Please see the HealthCare.gov webpage for Marketplace-specific information, [Marketplace-specific information related to COVID-19](#).
- To listen to the audio files and read the transcripts for the COVID-19 Stakeholder calls, visit the [Podcast and Transcripts page](#).



- Link to CMS COVID-19 Partner toolkit and more resources is available at [Coronavirus Partner Toolkit](#).
- *From Coverage to Care* (C2C) has released two new resources focused on coronavirus and health coverage. Click here to see the [new C2C resources](#).
- See the guidance on [Medicaid and CHIP coverage and benefits related to COVID-19](#).

For guidance and information related to Special Enrollment Periods (SEPs) for individuals whose job-based coverage has been impacted by COVID-19, visit this fact sheet on [SEPs and COVID-19](#).

Economic Impact Payments and Unemployment Benefits

In order to ensure that they report their annual income accurately, consumers should include all unemployment compensation they're receiving, including the additional \$600/week of federal pandemic unemployment compensation granted under the CARES Act, when reporting their current month income on their HealthCare.gov application.

The CARES Act calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If consumers get one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact their eligibility for financial assistance for health care coverage through the Marketplace, or their eligibility for Medicaid or the Children's Health Insurance Program (CHIP). For more information, visit [IRS Coronavirus Tax Relief](#) information.

New Guidance on Extension of Timeframes for COBRA and Coverage Appeals

On April 28, 2020, a Department of Labor notice, jointly issued with the Department of the Treasury and Internal Revenue Service (IRS), extends certain timeframes affecting participants' rights to healthcare coverage, portability, and continuation of group health plan coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act), and extends the time for plan participants to file or perfect benefit claims or appeals of denied claims. These extensions provide participants and beneficiaries of employee benefit plans additional time to make important health coverage and other decisions affecting their benefits during the coronavirus outbreak.

For a link to this guidance, visit [COBRA Timeframe](#). Visit [EBSA guidance](#) for other guidance related to group health plans.



Curriculum Corner

MAGI / Income	
Overview	<p>Consumers applying for coverage through the Marketplaces 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 minimum essential coverage (MEC). When a consumer applies for help paying for coverage, the Marketplace calculates the consumer's household income using the modified adjusted gross income (MAGI) methodology. Then the dollar amount is converted to a percentage of the federal poverty level (FPL) to determine eligibility for each program.</p>
Key Updates for Assisters	<p>The Coronavirus Aid, Relief, and Economic Security (CARES) Act calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If a consumer gets one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact a consumer's eligibility for financial assistance for health care coverage through the Marketplace or their eligibility for Medicaid or CHIP. For more information, visit IRS Coronavirus Tax Relief information.</p> <p>Any unemployment compensation received must be included in the consumer's income.</p>
Assister Resources	<ul style="list-style-type: none">• Income Eligibility Using Modified Adjusted Gross Income (MAGI) Rules webinar slides: An overview of the income number that the Marketplace uses to determine eligibility for help paying for coverage.• Guide to Confirming Your Income Information: A consumer's guide to confirming their income when the Marketplace can't immediately verify their information with its trusted data sources.



Medicare	
Overview	<p>Medicare is a federal health coverage program for people who are entitled to Social Security or Railroad Retirement benefits and are 65 or older or disabled. It also covers consumers of any age who have end-stage renal disease. Consumers who are eligible for premium-free Medicare part A are not eligible for financial assistance through the Marketplace. The Marketplace periodically checks for consumers who may be “dually enrolled” and sends a notice to identified consumers with actions they need to take.</p> <p>During a process known as periodic data matching (PDM), the Marketplace identifies consumers who are enrolled in both Marketplace coverage and Medicare that qualifies as minimum essential coverage (MEC). Consumers who are identified as enrolled in MEC Medicare and Marketplace coverage should end their Marketplace coverage. Otherwise, they may have to pay back all or some of the advance payments of the premium tax credit (APTC) paid on their behalf for the months they had both MEC Medicare and Marketplace coverage with APTC when they file their federal income tax return.</p>
Assister Resources	<p>Key Resources:</p> <ul style="list-style-type: none">• Medicare and the Marketplace: Information and tips for assisters on what consumers with a Marketplace plan need to know when they’re becoming eligible for Medicare.• Medicare & the Health Insurance Marketplace: A consumer’s guide to Medicare enrollment and Marketplace eligibility.• Medicare Periodic Data Matching (PDM) Round 4: An overview of how the Marketplace identifies and notifies consumers who are dually enrolled in FFM Coverage and Medicare that counts as minimum essential coverage (MEC). <p>Helpful websites:</p> <ul style="list-style-type: none">• Marketplace.cms.gov Medicare resources• HealthCare.gov Medicare information (also available in Spanish).• Medicare.gov



Previous Webinars / Q&A

Assister Standard Operating Procedure (SOP):

- [SOP 3—Create an Account](#)
- [SOP 11—Exemptions](#)
- [SOP 12—Reporting Minimal Essential Coverage and Reconciling Advance Payments of the Premium Tax Credit](#)
- [SOP 13—Update a Federally-facilitated Marketplace Account](#)

Assister Job Aids:

- [Stand-alone Dental Plans Job Aid](#)
- [Income Resource Chart](#)
- [ID Validation process for Assister Certification Training](#)
- [CDO Renewal Job Aid](#)
- [CDO Roster Job Aid](#)
- [CDO Contact Changes Job Aid](#)

Previous Webinars / Q&A

- Visit [Understanding COBRA](#) to see the April 29, 2020 presentation
- Visit [Medicaid and CHIP Overview](#) to see the May 13, 2020 presentation
- Visit [Income Eligibility Using Modified Adjusted Gross Income \(MAGI\) Rules](#) to see the July 15, 2020 presentation



Questions and Answers from Webinar:

Understanding CORBA (April 29, 2020)

Q1: Does the loss of qualifying coverage special enrollment period (SEP) to enroll in Marketplace coverage start on the date when a worker loses their job, or when their employer-sponsored health care coverage ends?

A1: This SEP starts on the day the consumer's job-based coverage ends. The consumer has up to 60 days before and 60 days after the date that their employer-sponsored health coverage ends to select a Marketplace plan. For example, if a consumer loses their job on June 21 but their coverage does not end until June 30, they have up to 60 days before or after June 30 to apply for Marketplace coverage and select a plan. Their Marketplace coverage can start as soon as the first day of the money following plan selection and after their employer-sponsored coverage (ESC) ends. It's important to remember that even if a consumer is eligible for COBRA coverage after their traditional ESC ends, the consumer instead opt for Marketplace coverage and may be eligible for help paying the cost of their Marketplace plan.

If a consumer initially elects COBRA continuation coverage, they may still use their SEP due to loss of their non-COBRA ESC to enroll in Marketplace coverage until the end of their 60-day SEP window. Additionally, to qualify for APTC, they can terminate their COBRA continuation coverage. However, if a consumer decides to terminate the COBRA continuation coverage before it runs out and after 60 days have passed since their loss of pre-COBRA job-based coverage, the employee will not be eligible for a loss-of-coverage SEP based on the termination of COBRA continuation coverage and will need to wait to enroll in Marketplace coverage until the next Open Enrollment Period (OEP), unless they qualify for another SEP. Also, an individual enrolled in COBRA continuation coverage can qualify for a SEP if COBRA continuation coverage costs change because their former employer stops contributing and they must pay full cost.

Q2: If a consumer enrolls in COBRA after losing their job, and while enrolled in COBRA, they have trouble continuing to make their COBRA premium payments, will a consumer be eligible for an SEP to enroll in a Marketplace plan?

A2: First, be aware that consumers are not obligated to take COBRA coverage. Eligibility for COBRA continuation coverage does not disqualify an individual from a loss-of-coverage SEP. Additionally, if an employee initially elects COBRA continuation coverage, they may still use their loss-of-coverage SEP to enroll in Marketplace coverage until the end of their SEP window, which is 60 days after their loss of pre-COBRA job-based coverage. They may also qualify for APTC if they terminate the COBRA continuation coverage before it runs out and after 60 days have passed since their loss of pre-COBRA job-based coverage, the employee will not be eligible for a loss-of-coverage SEP based on the termination of COBRA continuation coverage and will generally need to wait to enroll in individual market coverage until the next OEP, unless they qualify for another SEP. Also, an individual enrolled in COBRA continuation coverage can qualify for a SEP if COBRA continuation coverage runs out, or if costs change because their former employer stops contributing and they must pay full cost.



If the consumer just finds it to be unaffordable to them for another reason, they can drop their COBRA coverage at any time. However, voluntarily dropping COBRA coverage does not itself make the consumer eligible for an SEP to enroll in Marketplace coverage outside of the OEP: if the consumer voluntarily drops their COBRA coverage outside of the OEP, the consumer must be eligible for some other SEP to enroll in Marketplace coverage. If the consumer voluntarily drops their COBRA coverage during the OEP, the consumer can enroll in Marketplace coverage.

For more information about the Marketplace for businesses and consumers impacted by COVID-19, see this FAQ: <https://marketplace.cms.gov/technical-assistance-resources/training-materials/business-impact-covid-19.pdf> and this page on HealthCare.gov: <https://www.healthcare.gov/coronavirus/>.

Q3: If a consumer is eligible for COBRA, declines it and chooses to enroll in a Marketplace plan, is it true that they won't receive a subsidy because the Marketplace considers COBRA coverage to be affordable?

A3: No, this is not true. Eligibility for COBRA continuation coverage does not disqualify an individual from a loss-of-coverage SEP, or from APTC eligibility as long as they decline to enroll in COBRA continuation coverage, or end their COBRA continuation coverage before their Marketplace coverage starts. That is, consumers who are eligible for but not enrolled in COBRA coverage may be determined APTC eligible when they apply for Marketplace coverage, if they meet other APTC eligibility requirements.

Additionally, if an employee initially elects COBRA continuation coverage, they may still use their loss-of-coverage SEP to enroll in Marketplace coverage until the end of their SEP window, which is 60 days after their loss of pre-COBRA job-based coverage. They may also qualify for APTC if they terminate their COBRA continuation coverage. However, if the employee decides to terminate their COBRA continuation coverage before it runs out and after 60 days have passed since their loss of pre-COBRA job-based coverage, the employee will not be eligible for a loss-of-coverage SEP based on the termination of COBRA continuation coverage and will generally need to wait to enroll in individual market coverage until the next OEP, unless they qualify for another SEP.

A consumer should consider all of their options for health coverage before enrolling in COBRA. Since an employee often must pay the full cost of COBRA coverage themselves, COBRA may not always be the most affordable options for a consumer.

Q4: Do Coronavirus Aid, Relief, and Economic Security (CARES) Act payments need to be reported to the Marketplace? Do these payments impact eligibility for financial assistance through the Marketplace?



A4: The CARES Act calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If a consumer gets one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact eligibility for financial assistance for health care coverage through the Marketplace, or eligibility for Medicaid or CHIP. For more information, visit [IRS Coronavirus Tax Relief information](#).

Q5: Does unemployment compensation need to be reported to the Marketplace?

A5: All types of unemployment compensation should be reported to the Marketplace application, including new benefits created through the CARES Act. The CARES Act provides new unemployment compensation, including:

- **Pandemic Unemployment Assistance (PUA):** Individuals who do not qualify for regular unemployment compensation and are unable to continue working as a result of COVID-19, such as self-employment workers, independent contractors, and gig workers, are eligible for PUA benefits. PUA provides up to 30 weeks of benefits to qualifying individuals.
- **The Federal Pandemic Unemployment Compensation (FPUC):** This program allows states to provide an additional \$600 per week benefit to individuals who are collecting regular UC. The CARES Act specifies that FPUC benefit payments will end after payments for the last week unemployment before July 31, 2020.
- **Pandemic Emergency Unemployment Compensation (PEUC):** Consumers are eligible for UC for an extended time period, even if they had UC that ended earlier this year. The CARES Act removed earlier UC waiting periods, and added 13 extra weeks to the unemployment benefit period.

Q6: A consumer temporarily loses their job-based health insurance and qualifies for an SEP to enroll in Marketplace coverage with APTC. The consumer then gets their job back and their job-based coverage. Will the consumer own back the APTC amount that they received for the few months they were unemployed when they reconcile their federal income taxes?

A6: No, they will not have to pay back APTC they received when they didn't have job-based coverage. APTC is provided on a monthly basis based on a consumer's projected annual household income and whether or not they are offered affordable coverage through an eligible employer-sponsored plan that provides minimum value. However, if a consumer's household income for the year is more than they estimated on their application, or if the number of people in their household is fewer than originally reported, their premium tax credits (PTC) or help with cost sharing might change. If a consumer doesn't report the changes, they may have to pay money back when they file their federal income tax return for the year. If a consumer's household income for the year is less than they estimated on their application, or the number of people in their tax household is more than originally reported, a consumer could qualify for more financial assistance and receive the additional amount of a tax refund. When the consumer gets their job back, it's important that they report any changes in household income and in eligibility



for job-based coverage to the Marketplace as soon as possible, and if applicable, to terminate enrollment in their Marketplace plan with APTC if they've re-enrolled in job-based coverage. If they receive more APTC than they are eligible for based on changes in household income, and don't report the changes on the Marketplace, they may have to pay back APTC when they file their federal income taxes.

Timely Topics (April 24, 2020)

Advanced Payments of the Premium Tax Credit (APTC) Questions

Q1: Do CARES Act payments need to be reported to the Marketplace? Do these payments impact eligibility for financial assistance through the Marketplace?

A1: The Coronavirus Aid, Relief, and Economic Security (CARES) Act calls for the IRS to make economic impact payments of up to \$1,200 per taxpayer and \$500 for each qualifying child. If a consumer gets one of these payments, they don't need to include it in the income they report on their HealthCare.gov application. These payments don't impact eligibility for financial assistance (i.e. APTC or CSRs) for health care coverage through the Marketplace, or eligibility for Medicaid or CHIP. For more information, visit [IRS Coronavirus Tax Relief information](#).

Q2: Does unemployment compensation need to be reported to the Marketplace?

A2: All types of unemployment compensation should be reported to the Marketplace application, including new benefits created through the CARES Act. The CARES Act provides new unemployment compensation, including:

- **Pandemic Unemployment Assistance (PUA):** Individuals who do not qualify for regular unemployment compensation and are unable to continue working as a result of COVID-19, such as self-employment workers, independent contractors, and gig workers, are eligible for PUA benefits. PUA provides up to 30 weeks of benefits to qualifying individuals.
- **The Federal Pandemic Unemployment Compensation (FPUC):** This program allows states to provide an additional \$600 per week benefit to individuals who are collecting regular UC. The CARES Act specifies that FPUC benefit payments will end after payments for the last week unemployment before July 31, 2020.
- **Pandemic Emergency Unemployment Compensation (PEUC):** Consumers are eligible for UC for an extended time period, even if they had UC that ended earlier this year. The CARES Act removed earlier UC waiting periods, and added 13 extra weeks to the unemployment benefit period.
- For more information please watch [Unemployment Compensation](#).

Q3: If a consumer temporarily loses their job and their job-based health insurance and qualifies for a SEP to enroll in Marketplace coverage with APTC. The consumer then gets their job back



and their job-based coverage. Will the consumer owe back the APTC amount that they received for the few months they were unemployed when they reconcile their federal income taxes?

A3: APTC is provided on a monthly basis based on a consumer's projected annual household income and whether or not they are offered affordable coverage through an eligible employer-sponsored plan that provides minimum value. If a consumer's household income for the year is more than they estimated on their application, or if the number of people in their household is fewer than originally reported, their premium tax credits or help with cost sharing might change. If a consumer doesn't report the changes, they may have to pay money back when they file their federal income tax return for the year. If a consumer's household income for the year is less than they estimated on their application, or the number of people in their tax household is more than originally reported, a consumer could qualify for more financial assistance and receive the additional amount as a tax refund. When the consumer gets their job back, it's important that they report any changes in household income and in eligibility for job-based coverage to the Marketplace as soon as possible, and if applicable, to terminate enrollment in their Marketplace plan with APTC if they've re-enrolled in job-based coverage. If they receive more APTC than they are eligible for based on changes in household income, and don't report the changes to the Marketplace, they may have to pay back APTC when they file their federal income taxes.

Data Matching Issues (DMI) Questions

Q1: If an individual's interview with U.S. Citizenship and Immigration Services (USCIS) is canceled due to COVID-19 related delays, and he or she doesn't have a green card, what additional documentation is acceptable as proof of residency?

A1: If an individual is in the process of changing their immigration status, and has faced delays as a result of COVID-19, they should provide the documentation for their current immigration status. Expired documents can still be used through the DHE SAVE verification system to verify immigration status. For the list of acceptable documents, please visit [how do I resolve an inconsistency?](#)

Q2: What happens if a consumer submitted documents to renew their immigration status prior to COVID-19, but hasn't received a confirmation certifying their renewal? Will they lose their existing Marketplace coverage?

A2: If a consumer is in the process of renewing their immigration status, they should provide the documentation for their current immigration status. Expired documents can still be used through the DHS SAVE verification system to verify immigration status. For further information, please visit [immigration status.](#)



Important Reminders / Tips

Links to Helpful Resources

- Marketplace Assister Training [Resources](#) and [Webinar](#)
- [Technical Assistance Resources](#)
- CMS Marketplace [Applications & Forms](#)
- CMS [Outreach and Education](#) Resources
- [Marketplace.CMS.gov Page](#)
- [CMSzONE Community Online Resource Library Pilot for Marketplace Assisters](#)
- [Find Local Help](#)

Marketplace Call Center and SHOP Center Hours

Health Insurance Marketplace Call Center: 1-800-318-2596 (TTY: 1-855-889-4325). For customer service support, to start or finish an application, compare plans, enroll or ask a question. Available 24 hours a day, 7 days a week (except holidays). Certified Application Counselors (CACs) and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The Assister Line can also help with password resets and can help with access to non-applicant SEPs. Contact your Navigator Project Officer (for Navigators) or your designated organization leadership (for CACs) for more information on the Assister Line.

- **Navigator Marketplace Call Center line: 1-855-868-4678**
- **CAC Marketplace Call Center line: 1-855-879-2683**
- **General consumer Call Center line: 1-800-318-2596 (TTY: 1-855-889-4325)**

SHOP Call Center: For SHOP related questions, you and employers or employees you interact with may contact the SHOP Call Center at 1-800-706-7893 or by using the TTY phone number (for hearing impaired) at 1-888-201-6445.



Stay in Touch

To sign up for the CMS Assister Newsletter, please send a request to the Assister listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) write “Add to listserv” in the subject line, please include the email address that you would like to add in the body of your email. For requests to be removed from the listserv, please forward a copy of webinar invite or newsletter received and write “Remove” in the subject line.

If you have specific questions or issues that you would like us to highlight in our webinar series or here in this newsletter please contact us.

For **CMS Navigator grantees** – please get in touch with your Navigator Project Officer.

For **CAC Designated Organizations in FFM States** – please send an email to CACQuestions@cms.hhs.gov.

We welcome questions, suggestions and comments, so please feel free to contact us!

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