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Welcome

Good afternoon, everyone. Welcome to today's assister webinar. My name is Melissa McLean and I'm with the CMS Consumer Support Group. Before we start the presentation I want to go over a few technical details with you. All of your lines have been muted so that everyone can have a good learning experience. If you are listening through your computer speakers and have any audio issues or if your slides do not appear to be advancing, please try to refresh the webinar. You can press the refresh icon, it looks like two arrows in a circle, and it's the third icon in the row near the volume bar. If you continue to have issues log out and log back into the webinar again. Sometimes that helps reset things. You are also always welcome to join us via telephone. Instructions for that are included in the alternate audio tab. If you would like to ask a question during the presentation please do so by typing those questions into the ask a question tab on your screen. With that I will get us started and turn us over to our first speaker, Ms. Deborah Bryant.

Thank you Melissa and good afternoon everyone. Thank you for joining us this Friday afternoon for our biweekly assister call. As Melissa mentioned my name is Deborah Bryant and I am the Director of the Division of Consumer Advocacy and Assister Support for the Marketplace. I want to remind you that the today's call is intended for technical assistance for assisters and is not intended for press purposes and is not on the record. If you are a member of the press email our press office at press@cms.hhs.gov. Also we want to remind everyone that the information presented today is intended for informal technical assistance and is not intended as official CMS guidance.

During this time of year we know that many of you are working with consumers that may have questions related to tax season and other post enrollment issues. In order to help answer some of those questions, today's webinar features two presentations one on exemptions from the individual shared responsibility payment as well as another presentation on best practices for helping consumers during the tax season. Before we start on the presentations we have a few Marketplace updates. I will turn it over to Michelle Koltov, our technical assistance team lead, who will lead us through our Marketplace updates and moderate the rest of the call. If you have any questions throughout the call you can use the chat feature in your webinar box.

Marketplace Updates

Coverage to Care Roadmaps

Great, thanks Deborah. First we want to let everyone know the Coverage to Care *Roadmap to Better Care and Healthier You* are back in stock and now that open enrollment is complete these maps are a great resource to help consumers understand their benefits and help them connect to primary care and the preventative services that are right for them. We encourage you to share these resources with consumers and help them on their journey from coverage to care. The roadmaps are available in English, Spanish, Arabic, Chinese, Haitian Creole, Korean, Russian, and Vietnamese as well as a tribal version. Copies of the road map as well as other Coverage to Care consumer tools, the roadmap poster, and 8 step booklets can be ordered for free and shipped at no cost from the CMS product ordering warehouse. To order these products please visit the link on the slide. Create an account and then login and order the products of your choosing. For more information about Coverage to Care and placing an order you can click on the second link on your slide and also feel free to email Coverage to Care with any questions.

ASPE Uninsured Issue Brief

Next, earlier this week ASPE released a new report that the provisions of the Affordable Care Act have resulted in an estimated 20 million people gaining health insurance coverage between the passage of the law in 2010 and early 2016. As HHS secretary Sylvia Burwell has said, Americans with insurance through the health insurance Marketplace or through their employers have benefited from better coverage and a reduction in the growth of healthcare costs. To read the press release and read the full report, visit the link on the slide.

Final Rule: HHS Notice of Benefit and Payment Parameters for 2017

Next, earlier this week on February 29th CMS issued the final 2017 HHS Notice of Benefit and Payment Parameters for the 2017 coverage year. The rule includes updated requirements for Navigators and non-navigator assistance personnel, such as certified application counselors. For Navigators in the Federally-facilitated Marketplace the rule expands post enrollment and duties such as helping consumers understand the basic process of filing Marketplace eligibility appeals, helping consumers apply for an understand exemptions from the individual shared responsibility payments that are granted through the

Marketplace and helping consumers understand basic concepts and rights related to health coverage and how to use it. The rule requires Navigators to provide targeted assistance to vulnerable or underserved populations in their Marketplace service area and permits each Marketplace to define and identify the underserved and vulnerable populations its navigators will target. These new standards will be required for Navigators in the Federally-facilitated Marketplace beginning with Navigator grants awarded in 2018 and SBMs have the option of requiring or authorizing these requirements. For certified application counselors, or CACs, this rule requires that CAC designated organizations provide the Marketplace metrics related to the number and performance of the organization's CACs at the Marketplace's request. Lastly for assisters, the rule requires all assisters complete assister certification training prior to performing outreach and education activities and prior to providing application or enrollment assistance to consumers. Also note the final rule finalizes the open enrollment period for future years so for coverage in 2017 and 2018 open enrollment will begin on November 1st of the previous year and runs through January 31st of the coverage year. For coverage year in 2019 and beyond open enrollment will begin on November 1st and end on December 15th of the preceding year. For example open enrollment will run from November 1st, 2018 through December 15th, 2018 for the 2019 coverage year. You can click on the link on the slides to read the full rule or a fact sheet about these and other provisions and note we plan to provide a deep dive presentation on these assister provisions in an upcoming webinar.

FLH Training for Assisters

Next, CMS has made updates to Find Local Help to help consumers more easily locate local enrollment assisters. To learn more about the new functionality please plan to attend the Find Local Help webinar training that we are hosting on Monday, March 14th from 2:30 PM to 3:30 PM Eastern time. The webinar training will provide you with an opportunity to ask questions about Find Local Help and provide direction for how you can make sure your organization's Find Local Help listing is correct. The information on the webinar is provided on the slide and if you have any questions about the training contact your Navigator project officer or you can email the CAC questions inbox.

So that is it for Marketplace updates this week. For our first presentation we are joined by Matt Becker from our Consumer Support Group here at CCIIO who is going to provide an updated presentation on assister approaches to helping consumers during tax season. As a reminder if you have questions throughout the presentation fell free to submit them through the chat feature. Matt?

Assister Approaches to Helping Consumers During Tax Season

Thank you, Michelle. Hello everyone and thank you for joining us for the webinar. As many of you already know since last year individuals and families have been asked for health coverage information on their tax returns. The Marketplace's priority is to ensure that individuals and families have the right information and support they need to successfully file their tax returns. Please note that for the purposes of this presentation the term assister refers to Navigators, non-navigator assistance personnel, and certified counselors in the Federally-facilitated Marketplace. Just a note before we start, I'll be summarizing legal standards here but for complete and current termination you should refer to the applicable statutes, regulations, grant terms, and conditions or agreements with CMS.

This presentation, updated from last year, features some examples of practices used by assisters to help consumers understand these requirements and in some cases to seek assistance from qualified tax professionals. Additionally we know many others are working hard on this issue and we invite you to share your experiences along with your questions in the chat feature during today's presentation. Today's presentation includes a variety of approaches to supporting consumers during the tax season including training assisters and preparers, working with tax preparers, hosting joint events and collaborating with organizations on Marketplace coverage and taxes. Activities that are best for you depend on several factors including organization type and consumer need. Please note that these activities should be conducted in a fair, accurate, and impartial manner.

Our first assister example is an example of internal assister training and education. One basic way to assist consumers during the tax season is to ensure your organization's assisters understand key concepts such as how to where to receive information on reconciling advance payments of premium tax cred or applying for an exemption and that they can explain them to consumers. Two Navigator grantees in Texas, East Texas Behavioral Network and MHP Salud distribute information from HealthCare.gov and the IRS website on the ACA to their Navigators so they are up to date on what consumers will need to know. Resources that they found especially useful include the instructions for Forms 8962, premium tax credit, and 8965, for exemptions and the HealthCare.gov tool for calculating plan affordability. We'll include links to these resources, along with other helpful materials, at the end of the presentation. These have also been featured in past assister newsletters.

The next three examples are collaborating with other organizations. Kansas Association for the Medically Underserved, or KAMU, is a Navigator grantee and primary care association with a long history of working with the volunteer income tax assistance, or VITA, IRS initiative. The VITA program offers free tax help from IRS certified volunteers to people who generally make $53,000 or less, persons with disabilities, the elderly, and limited English-speaking taxpayers. Given KAMU's experience, they understand that each VITA site is unique with variable staffing and structures. Therefore they developed a list of sites and their unique characteristics which their Navigator's used to do targeted outreach to the most appropriate volunteer tax professionals in the community. This has created an additional opportunity for Navigators to form relationships with tax preparers and partner on activities based on the particular consumer's needs.

Several other Navigator grantees have also established partnerships with specific tax preparers to help consumers know where they can find tax related help, understand the intersection between Marketplace coverage and their taxes, and educate individuals without coverage about their coverage options. MHP Salud has partnered with a local nonprofit organization that provides free income tax preparation under the VITA program. One of Enroll the Ridge's Navigators works as a tax preparer during tax season. The Navigator's experience as an assister and tax preparer helps her to educate consumers.

In addition to partnering with tax preparers, some assisters educate tax preparers on Marketplace coverage and related topics including exemptions for consumers in non-Medicaid expansion. For example, ETBHN visits tax preparer locations to distribute literature and attend outreach events. They also have educated tax professionals on the implications of not having health insurance. An added bonus is that ETBHN has also been able to assist the tax preparer's employees with getting coverage because they are often seasonal employers and many do not have coverage themselves. ETBHN's current Navigators are making trips to the several tax preparation offices to drop off materials reminding consumers of using 1095-A's if they were covered by the Marketplace and those that did not enroll are being educated about the different exemptions that they may be able to claim.

In addition to working with tax preparers, some organization's assisters complete tax preparation training. For organizations that have this capacity this cross-training can advance services provided by both assisters and tax preparers. Community Action Network of Nebraska and United Way have provided information sessions on the ACA and taxes for their Navigators and sub grantees who have grants for tax training. Please note that assisters may not provide tax advice in their capacity as assisters. Where assisters are also tax professionals they might be in a position to assist clients with the tax filing components of the APTC reconciliation process or claiming exemptions through a tax return but should keep these duties separate and not perform any tax assistance within their capacity as Navigators or using Navigator grant funds.

As you've see in this presentation many assisters nationwide are doing great work to help support consumers during tax season. These are some of the things that worked well including inviting tax preparers to outreach events, inviting other community service providers to events to share information, attending tax events to educate and sign consumers up for Marketplace coverage, and using the HealthCare.gov and IRS.gov/ACA sites to convey accurate information to the consumers on the ACA and taxes.

We would like to give a special thank you to the assisters who shared their experiences for this presentation and note that in some instances examples have been condensed or combined to accommodate this presentation format and time parameters. Finally as I mentioned earlier there are many resources you can access online to help you as you work with consumers during tax season. These next three slides list some commonly used resources organized by where you can find them the HealthCare.gov website section on taxes, the Marketplace.CMS.gov site on tax related assistance and on the section of the IRS website dedicated to ACA provisions and forms.

And with that I will turn it back over to Michelle. Thank you for your time.

Exemption Explainer

Great, thanks so much Matt. I see some people have entered questions into the chat box and we will move on to the next presentation and then we will do questions at the end. For our next presentation, we are joined by Ashley Belin from our Marketplace Eligibility and Enrollment group here at CCIIO and she is going to highlight the basics of several exemptions to the individual shared responsibility payment. As a reminder, if you have any questions, please submit them through the chat feature.

Hello everyone. This is Ashley from the Exemptions team, thank you for the introduction. I am going over the exemptions - some basics about the exemptions process. In terms of the short-term coverage gaps, states that didn't expand Medicaid, American Indians Alaska natives or people eligible for Indian health services, member of certain religious sects, incarcerations and citizens living abroad and certain noncitizens.

So just to explain the short-term coverage gaps if you've lacked health insurance for no more than two continuous months you can qualify for a short-term coverage gap exemption. Anyone in health coverage of no more than two consecutive month can claim this exemption. Anyone else on your tax return who qualifies - you can claim the exemption as well when you file your taxes. This is actually an exemption that you will want to file with the IRS.

So just to help explain you are considered covered any month you had minimal essential coverage, even for one day. So for example if you did not have coverage from March 2 to June 15 your coverage gap was two months which would mean April and May because you had two days in March and 15 days in June and you would qualify for the exemption in April and May. If your gap was three months or more you cannot claim this exemption for any of those months so if you did not have coverage any day in April, May, or June you cannot claim this exemption for any of those months.

If your coverage gap crosses calendar years, the months without coverage of the second tax year are not counted for the exemption for the first tax year. I know that's confusing but the uncovered months from the first year are counted for the exemption for the second year. So let's look at this example. Let’s say you did not have qualifying coverage for November 2014, December 2014, and January 2015. You’re eligible for the short-term gap exemption for 2014 but the 2015 tax year you are not eligible for January of 2015 because you did not have coverage for three consecutive months from November 2014 through January 2015.

If you had two more gaps in coverage during the year you can claim this exemption only for the months of your first coverage gap – This is true even if both gaps are less than three months. So for example you did not have coverage any day in May or November or December you can claim this exemption only for May.

For residents of states that did not expand Medicaid. If both of the following apply to you in 2015 you qualify for an exemption: you live in a state that has not expanded Medicaid under the ACA and your income and household size would have qualified you or your family for Medicaid if the state had expanded coverage. If you qualify for an exemption, you don't have to pay the fee for any month of 2015.

The states that did not expand Medicaid and therefore these are the qualifying states for the exemption in 2015 are Alabama, Alaska, Florida, Georgia, Idaho, Kansas, Louisiana, Maine, Michigan, Missouri, Mississippi, Montana, North Carolina, Nebraska, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming.

So to continue for states that did not expand Medicaid your yearly income for 2015 is below 138% of the FPL which is the federal poverty level. In most states that is about $16,242 for individuals, $21,983 for a couple, or $33,465 for a family of four. You can look up online to find out on the IRS website to find out what that is for your state. You need to provide a copy of your Medicaid -- actually that is an error - going forward we actually do not need a copy of the Medicaid denial notice, so sorry about that. Here on form 8962 are the federal poverty levels for the 48 states, Alaska, and Hawaii.

If you are a member of a federally recognized Indian tribe, an Alaska Native shareholder, or were otherwise eligible for services from and Indian Health Care Provider, you also qualify for an exemption. What you need to know is that you qualify if you are a member of a federally recognized Indian tribe, an Alaska Native Claims Settlement Act Corporation Shareholder, regional or village, or otherwise eligible for services from an Indian healthcare provider or through the Indian health service. You qualify for the exemption any month you had any of these statuses for at least one day or for the full year if you had status all year. You can claim the exemptions for yourself or anyone else on your federal tax return who qualifies. So you can take a look on the next slide of the list of federally recognized Indian tribes or you can look at the list of villages or regional corporations formed under ANCSA.

So you can actually file – do this via the IRS or mail in the Marketplace exemption application.

If you already have an ECN for a tribal exemption you can use the same ECN to complete form 8965 of your 2015 tax return. You’ll need to provide the ECN and on your form 8965 every year for when you file your federal taxes as long as your tribal status doesn't change – it's what we call evergreen cause it doesn't change. You can also claim the exemption on the form 8965 without an ECM. If you claim it that way you'll also need to claim it each year.

Another way to get an exemption as if you are a member of an approved religious sect or division opposed to accepting private or public insurance benefits. So once again you don't have to pay the fee any a month you were a member of an approved religious sect or division.

So in order to get the exemption you have to be a member of a religious sect or division that is recognized by the SSA the Social Security Administration as conscientiously opposed to accepting any insurance benefits and that includes social security and Medicare. Your religious sect or division has to been in existence since December 31st, 1950. You need to fill out a paper exemption application and mail it to the Marketplace. If you get this exemption you don't have to reapply unless you turn 21 and then you will have to reapply and then after that -- you don't have to reapply or you leave your religious sect.

If you have an approved copy of your IRS form 4027 you should send it. You can use one application to claim the exemption for anyone you'll list on your federal income tax return who qualifies.

So another way to get an exemption is if you were incarcerated. If you were incarcerated during 2015, than you qualify for an exemption and once again it means you won't have to pay for an exemption any month you were incarcerated.

For these purposes incarcerated means serving a term in prison or jail. It does not include being on probation, parole, or home confinement. You are not considered incarcerated if you are being held but not convicted of a crime and you can claim this exemption for any month you are incarcerated for at least one day.

In addition you can receive an exemption for US citizens living abroad and certain non-US citizens. So if you are a US citizen who either spent at least 330 full days outside of the US during a 12-month period, or was a bona fide resident of a foreign country for a full tax year, or if you are a resident alien who both was a citizen or national of a foreign country with -- which the US has an income tax treaty with a nondiscrimination clause and was a bona fide resident of a foreign country for the tax year and you are not lawfully present in the US. So if one of these situations applies to you then you could qualify for an exemption.

If you are a US citizen or resident living abroad you can claim the exemption for any month during your tax year that's included in the 12 month period. If you are a US citizen who is a bona fide resident of another country or resident alien of a country with which the US has an income tax treaty, you can claim the exemption for the entire year. If you are a resident alien who's a citizen or national of a country with which the US has an income tax treaty with an applicable non-discriminant clause for and who's a bona fide resident of a foreign country for an uninterrupted period that includes an entire tax year, you can claim the exemption for the entire year and there included is a link to help with that.

The last slide is just additional resources.

Q&A

Thank you Ashley. I will leave these resources up on the screen in case anyone wants to check them out while we go through some questions that everyone has submitted. So the first question is can the exemption for incarceration also apply to minors who are in detention or a longer-term facility?

The exemption for incarceration applies to consumers who are confined after the disposition of charges in jail, prison or a similar penal institutions or institution or correctional facilities. This includes minors in detention or long-term facilities following the disposition of charges so it does not include minors in detention who are awaiting trial so incarceration does not mean living at home or in a residential facility under supervision of the criminal justice system or living there voluntarily. So in other words incarceration does not include being on probation, parole, or home confinement.

Can a consumer appeal an exemption denial for 2015 even though 2015 is over and we are well into 2016?

Consumers can appeal their denial of exemption but they have to submit an appeal within 90 days of the denial so that basically means if you were denied the end of December you have more or less through March. For questions about exemptions that consumers claim on their tax return, a consumer should contact the IRS.

Okay I know we talked a little bit about tribal members. Do tribal members have to apply for exemption each year?

So if the consumers are eligible for tribal exemptions and receive an ECN they use that ECN for subsequent years on their IRS form 8965 as part of their annual tax filing and they do not need to re-apply for the tribal exemption. However if the consumer claims this exemption on the tax return they need to claim it each year on that form we mentioned or they may apply to the Marketplace for an ECN they can use for subsequent years.

Do consumers have to disclose their immigration status in order to claim the exemptions for citizens living abroad and certain noncitizens?

No. A consumer will indicate on the IRS form 8965 that they are claiming the exemption for citizens living abroad and they will identify the month for which the exemptions apply. They will not be required to disclose immigration status or indicate which category of eligible non-citizens they belong to.

Does a consumer still need to submit a paper exemption application if the claimed their tribal exemption when they filed their federal income taxes using form 8965?

No, if the consumer has submitted the exemption on the IRS form 8965, that's enough. You do not have to submit through the Marketplace as well.

If I get my services from an Indian health service provider do I need to have a health coverage exemption to avoid paying a tax penalty?

Yes, you will have to file for an exemption if the only health coverage you had is through the Indian Health Services and you don't have other insurance, such as through an employer, or through a federal health program such as the Marketplace, Medicare, Medicaid or the VA department.

Does a consumer need to have been denied Medicaid to qualify for the exemption for residents of a state that did not expand Medicaid?

No. Consumers can obtain a Medicaid Gap exemption for 2015 without having a Medicaid denial by claiming this exemption on their federal tax return. As previously mentioned, their income must be below 138% of the federal poverty level and the consumer has to have lived in the state that did not expand Medicaid. An individual or household claiming this exemption on their tax return does not need have applied for Medicaid or to have been denied Medicaid.

What if a consumer was denied Medicaid because their state is not an expansion state but then she experienced a change in income making her income above 138% of the poverty level, can she still claim the exemption on her tax return?

No. Consumers can only claim this exemption on their tax return if their annual household income is below 138% FPL. Consumers who were denied Medicaid and then experienced a change in income putting their yearly income above 138% FPL must apply for this exemption through the Marketplace and submit their Medicaid denial along with the hardship exemption application. Remember that consumers in this situation are eligible for an SEP to enroll in coverage through the Marketplace.

One last question - is the Medicaid gap exemption for the entire coverage year, or only for the portion of the coverage year when the consumer's income is below 138% of the federal poverty level?

The Medicaid gap exemption will be granted for the whole calendar year (e.g. January 2015 through December 2015). Consumers who experience a change in income or other life change affecting their eligibility for Medicaid or financial assistance through the Marketplace should report this change to the Marketplace. However, the Marketplace will not revoke a Medicaid gap exemption that had already been granted due to a change in income. The only case in which a mid-year change in income could affect a consumer’s eligibility for the Medicaid gap exemption is if a consumer did not receive a Medicaid denial during the coverage year and therefore cannot apply for the Medicaid exemption through the Marketplace, and the change in income caused her annual household income for the coverage year to be above 138% FPL, preventing her from claiming the Medicaid gap exemption on her tax return.

Closer

Great. I think that is all we have for today I know there are more questions and we thank you for submitting the questions in the chat feature. We will follow-up with additional answers to these questions in our newsletter in the coming weeks. A special thank you to our presenters Ashley and Matt for joining us today. Our next webinar will be in two weeks on March 18th at 2 PM. If you would like to sign up for the CMS weekly assister newsletter listserv and receive webinar invitations please send the request via the assister listserv inbox and write add to listserv in the subject line. Finally, thank you again for your hard work and we hope you have a wonderful weekend!