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Welcome

Good afternoon, everyone. Welcome to today's assister webinar. My name is Melissa MacLean, and I'm with the Consumer Support Group. Before we start today's presentation, I would like to go over a few technical issues with you. All lines have been muted to prevent background noise and so everyone can have a good learning experience. If you are listening through your speakers or if your slides do not appear to be advancing, you can try to refresh the webinar. Please press the refresh icon. If that does not help, sometimes logging off and logging back on will help make a new connection for you. If you continue to have any audio issues, you are welcome to join us via the telephone. Instructions for that are in the alternate audio tab. You can ask any questions that you have by typing them into the ask a question tab. I'm going to get started and turn this over Michelle. Please go ahead.

Great. Thanks so much and good afternoon everyone and welcome to our weekly assister call. My name is Michelle and I am the technical assistance team lead for the Division of Consumer Advocacy and Assister Support for the Marketplace. As a reminder this call is intended for technical assistance for assisters and it is not for press purposes and is not on the record. If you are a member of the press please email our press office at press@cms.hhs.gov and please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

Marketplace Updates

Before getting started with our agenda I would like to express our gratitude for all your work in helping consumers meet the deadline this week for coverage starting January 1st. As you know we had an unprecedented demand this year and we're so grateful for your help in making this happen. Although the deadline for January 1 coverage has now passed, we want to reassure you that consumers who were unable to enroll online or through the call center on either December 14th or 15th and submitted their contact information to the Marketplace are still considered to be quote in line. These consumers will receive a response from the Marketplace within the next few days and still be able to enroll in coverage for January 1. Of course open enrollment continues and consumers still have until January 31 to enroll in coverage through the Marketplace.

We also want to remind you about the 2017 payment notice proposed rule which was published on November 20. The proposed rule includes several proposed revisions to regulations for Navigators, non-navigators, assistance personnel and certified application counselors and we really want to encourage you to read these proposals and comment on them. Comments are due by 5 PM this coming Monday, December 21 and there are links on this slide to the press release and fact sheet about the proposed rule and a link to the federal register where you can read the proposal and submit formal comments.

Before we get started with our presentations for today I am going to turn it over to Kyle Miller from our Exchange Policy and Operations Group here at CCIIO for a quick update on preparing for taxes.

Preparing for 2015 Tax Season

Thanks, Michelle. I'm going to spend the next five minutes or so talking about 2015 tax season preparedness. For those of you have been around for a few years you know this is the second year that we are gearing up to send out to 1095-A's so this serves as a little bit of a refresher presentation and we will come back later and do a deeper dive and I'm happy to attend as many of these as necessary -- as long as folks continue to have questions.

With that said on the second slide of this presentation I go over what is the form 1095-A. It is a pre-populated tax form that the Marketplace will send to any consumer who had Marketplace coverage that was a qualified health plan and it's very much like a W-2. You're going to take that and use it and transpose the data onto your actual tax forms that you or your tax filer or tax filer software will then submit to the IRS. The form 1095-A provides consumers with information to file their taxes but more importantly to reconcile any APTC that they received with the amount they were supposed to receive or were eligible for and then also to claim any PTC if they did not submit for APTC during the initial application. Consumers will need this information to file the 8962 which is the form I was talking about that actually gets sent to the IRS. This is a good example of general education that the assisters can provide to consumers about the 1095-A.

Going to slide number three we talked a little bit about the dissemination of the form. By January 31 we will have all of the forms printed and mailed. Consumers are going to receive a mail copy and it will also be posted into their online accounts. We will start this process around January 6 and we complete the process in batches on a state-by-state basis. If you are a assister in one state and you hear the consumers are starting to receive their 1095-A, but it's in early or mid-January, give it a few more days -- wait until the next week before you give us a call, we're probably going as planned but we go on a state-by-state basis. Other info on this slide, just who is going to be included on the form. As I mentioned the tax filer or anyone else who is enrolled in a QHP and receives APTC or folks that don't receive APTC, other responsible adults. Instances where you are enrolled in a QHP and are responsible for one or more individuals but didn't receive APTC, we call you the other responsible adult.

If we can move to slide number four at this point. I touched on who the form is going to be addressed to in the 1095-A cover letter. It will be the tax filer or the other responsible adult. Included on the form is members of the household whether or not they received the financial assistance. Anyone that is covered under your tax household as long as you were enrolled in a QHP. I alluded to this, but just for full clarification, consumers that are in catastrophic plans or that received an exemption or adjusted dental plan will not receive 1095-A specific for those policies.

Going to slide number five, we talked a little bit about troubleshooting. If the end of December comes and goes and folks have started to file their taxes and they haven't received a form you can remind them that they can access the form online if they are just checking the mail. If they don't have an online account they can create one and it will be automatically linked so long as the form was created properly. If the consumer experiences issues while creating their online account and it is not posted in their online account then they can proceed to call the Marketplace call center. Essentially if there is an issue where they are not getting them in the mail and not seeing it online, the first resource that you should direct them to the Marketplace call center.

Going into slide number six, should there be an issue that requires a correction, those will be starting to be distributed in early February. We have about a month head start on last year's process for those of you who were around. As opposed to starting at the end of February and early March we'll be starting in early February this year with our correction cycles. If and when someone has been approved for a correction they will receive a second form and it will be distinct in that it will have the corrected checkbox at the top marked, so they will be able to differentiate between their first form and their corrected form. Additionally we will send that information that is on the corrected form to the IRS. There will be no mismatch when the consumer goes to put that information on their 8962.

I think we can go to slide number seven at this point. Here's where I talk a little bit about the role of assisters during tax season. We put this slide together last year and the assisters were a great resource. Just as a reminder of some of the things you helped us accomplish , you helped us let consumers understand what the form 1095-A was for, the timing of when things were going to be printed and mailed, how to access things online, the value of this tax document and its implications for PTC and APTC , the form 1095-A accuracy and what to do if the form was incorrect, potential implications of not providing any information at all on your taxes and what that could mean for a reconciliation or any sort of fees you may owe to the IRS , and the one thing that we did point out at the bottom of the slide is that we went away from providing assistance with filing taxes or giving tax advice. We direct those types of things to the IRS, and I have a slide or two on that as well.

I think we can move to slide number eight. These are the types of questions I would encourage folks to direct to the Marketplace and it's not just if you have a problem, but there are more in-depth questions that the call center has been given scripts to specifically address so I've vetted those, some other members of my team vetted those and there are some pretty detailed responses that can remain consistent if you direct these consumers to the Marketplace call center. Just a few examples, how do I get another copy of my 1095-A? I think my 1095-A may have gone to the wrong address, what do I do? This information does not look correct, how can I change it? I added a dependent, but they are not on my form or I had a mid-year change in circumstance and I'm not seeing that represented. Those types of things would be great to direct to the Marketplace call center.

The last couple of slides today are just some additional resources. We put this together last year and I checked the links and they still hold true. The first is just two resources for tax preparation. For those folks that aren't familiar with the tax filing process, I would definitely advise them to check out these couple of links because I know that is often the case with some consumers receiving APTC for the first time or just filing because they heard they had to, because they have health insurance coverage now. The last slide is more 1095-A specific resources so we have the form 1095-A and the instructions. Those are all in PDF form posted on IRS.gov. We have some information on the tax provisions and then some tax facts posted by IRS and then some details on the individual shared responsibility provision which is what the consumer would be responsible for paying should they not receive healthcare coverage throughout the year or have specific coverage without a more than 90 day gap. That is all I had planned for today. I think others can compile questions. I'm happy to answer them, and like I said I would be happy to join other presentations. With that I will toss it back to Michelle.

Great, thanks Kyle. I know there was a lot of important and helpful information and links in there so I want to note that these slides will be posted online and we will share that link when it is available with everyone. We're also planning to do a deeper dive tax session in January so please submit your tax related questions and we'll try to make sure to provide answers and cover a lot of information in that presentation.

Modified Adjusted Gross Income 101

Now we will begin with our presentations for the day. For our first presentations we are joined by Wayne Turner from the National Health Law Program for an in-depth look at the rules of calculating a consumer's modified adjusted gross income or MAGI. With that I will turn it over to Wayne.

Well thank you so much and thank you all for joining us today. We appreciate the opportunity to be here. I am Wayne Turner. I'm a staff attorney with the National Health Law Program. We are a nonprofit public interest law firm advocating on behalf of low income and underserved populations. We have a lot of material to cover today so let's just get right to it. In part one of today's presentation we're going to look at MAGI and what is MAGI, when it applies and how those income counting rules work. Part two we're going to look at the household size rules, both for Marketplace and MAGI households -- and we're going to go into many of the exceptions and special rules that make MAGI household composition especially challenging for many.

With that, what is MAGI? Of course it is modified adjusted gross income and it is a methodology for determining financial eligibility across multiple insurance affordability programs. We're talking only about financial eligibility here so that's where the MAGI rules apply. It replaces many of the existing income counting rules and income disregards for many Medicaid eligibility categories. It also eliminates the asset test that may have applied to many of those categories. We are not doing a full analysis of MAGI because it can be a little complicated. The National Health Law Program produced the advocate guide to MAGI -- we recently updated it and that's available on our website which is healthlaw.org and I believe the link went out to the assisters in the newsletter. That is a free resource that is available and we update it periodically but many answers to the many sides of MAGI can be found in that guide.

What we are asking? Why MAGI? MAGI is used to streamline eligibility determinations across multiple insurance affordability programs. We are using one methodology to determine someone's financial eligibility in many of the Medicaid categories as well as the Children's Health Insurance Program otherwise known as CHIP and also for Marketplace coverage for the premium tax credits and the cost sharing reductions that are available through Marketplace coverage. The number that we are trying to reach on MAGI is a total household income as a percentage of the federal poverty level for a household of that size. What we're not going to go into today is a whole other webinar on how the actual APTC amount is calculated. What we are doing under the MAGI rules is to pin the total household income as a percentage of the federal poverty level.

MAGI applies in many of the Medicaid categories but not all of them. This is just a summary list, but we have a more complete list available in the advocates guide to MAGI, but generally speaking MAGI applies to the new Medicaid expansion category, to pregnant women, to most of the children's categories, and parent and caretaker relatives, whereas the non-MAGI categories are some of the disability categories, long-term care, persons in age, blindness and disabled categories. The existing household and income counting rules continue to apply in those non-MAGI categories and those could be very state specific. Keep in mind when people are being assessed. There are the MAGI determinations for the MAGI Medicaid eligibility categories and it's a separate determination, separate rules apply for the non-MAGI categories.

When we're talking about MAGI we're actually talking about two things. We're talking about income and what income gets counted, and we're also talking about household size. There are two questions, who was in the household and what is that household size? We're going to get into what the difference is there. Again, MAGI is a singular term or singular methodology, but it really has these two faces; both income and household size. That's what we’re going to be going over today.

Generally speaking when we're talking about the MAGI rules for income, it’s based upon the tax household and taxable income and so again our total household income under MAGI is the sum of the modified adjusted gross income for everybody in the household who is required to file a federal income tax return. And that’s a key point, so the total household income is everyone who is required to file federal income tax return. And of course we know that the eligibility for people in that household is based upon where you fall on the federal poverty line. There's some differences between MAGI as it applies to Medicaid and CHIP eligibility determinations and Marketplace determinations. This is an area where it can get pretty confusing. We'll go through this in some more detail later on but under Medicaid, Medicaid eligibility determinations are based on current monthly income and household size whereas the Marketplace eligibility is based upon projected annual income. There's some special exceptions on income in Medicaid that we’ll talk about in just a little bit. Also because Medicaid looks at current monthly income, lump sum payments are counted in the month they are received from Medicaid determinations whereas lump sum payments are included in your projected annual income. There’s a couple of examples to this – I think Lottery winnings are often used as an example of a lump sum payment, so you have lottery winnings, in Medicaid that applies in the month you receive it. We've also been providing technical assistance. An issue came up with someone who made proceeds on the sale of a home and so the profits for those, those taxable profits would be considered a lump sum payment. That would count as income in the month that it was received, or in the month it was received for Medicaid purposes.

There’s some kind of confusing rules for married people. As you no doubt recall for Marketplace eligibility for the premium tax credits, married couples must file jointly. That is the joint filing requirement. There are some exceptions to that for abandoned spouses and survivors of domestic violence but generally speaking that joint filing requirement applies across the board for eligibility for APTC. In Medicaid there is not really a joint filing requirement but if married couples are living together, so if a married couple lives together they're going to be in the same Medicaid household regardless of how they file taxes, either jointly or married filing separately.

There's also a rule that when the differences between the calculation of MAGI for Medicaid purposes and MAGI for Marketplace purposes - when you run each of those calculations and based upon the different sets of rules for Marketplace and Medicaid - those methodologies render the person ineligible for either program, the MAGI rules will say, that you use just the Marketplace methodology to make those eligibility determinations. We provided an example of this in the MAGI guide but this issue comes up from time to time.

When we are getting into the MAGI and income tax and income filing let's just kind of go over some of the basic definitions and concepts. When we are talking about a tax filer, for MAGI purposes we're talking about a person who files income taxes and who claims the personal exemption amount. What that means is the person is not claimed or cannot be claimed as a dependent by someone else. That's a tax filer. We don't really say taxpayer, because everybody is a taxpayer. Many of us are taxpayers but we're talking about a tax filer for MAGI purposes. If you have spouses who are filing jointly they are both considered tax filers. One other thing, one spouse never claims the other spouse as a dependent when you are married and filing taxes you file jointly. We're talking about dependents and there are actually two types of dependents. There is a qualifying child and a qualifying relative. There are various tests that the IRS lays out for who can be a qualifying child and who could be a qualifying relative so we are not going to go into all of those details here, but those are available both in the MAGI guide and are easy easily available via the IRS website. Suffice it to say that in order to be claimed as a dependent an individual has to meet the test for either qualifying child or qualifying relative. One point to keep in mind here is that someone could be your qualifying child and not be your actual biological or step or adopted child's. Those rules are elaborated on the IRS website. Here is an interesting point too, in terms of who was a tax filer. Some people are required to file federal income taxes but that’s based upon their income or their filing status but sometimes you have dependents who file taxes so think for example if your teenage daughter has a summer job. She may want to file taxes just to get the withholding back so if you are claiming her as a dependent and she is still filing taxes, she's a dependent, she is not a tax filer even though she is filing taxes. Remember if we go to our definition of what a tax filer is, it is someone who files federal income taxes and is not claimed as a dependent by someone else. This is going to be a key point in terms of dependents who file taxes.

When we talk about who must file federal income taxes these are the federal income tax filing thresholds. It varies, but is based upon income and age and filing status. For dependents in 2015 the income thresholds are $1050 in unearned income, things like interest, earned income of more than $6,300, and then we have a third combination of the two when you add them together. These are the income filing thresholds for dependents. If you're being claimed as a dependent by someone else, you may have a tax filing requirement, if you meet one of these thresholds. For people who are non-dependents of course the numbers are higher. Very low income people, people whose annual income is $10,300, those people are not required to file federal income taxes so they are under that filing threshold. Again these numbers vary by age and income and other statuses so the IRS publication 501 is a good resource to check on who must file federal income taxes. Again this question of who has a tax filing requirement is going to be key because remember your total MAGI household income is based upon the total income of everybody who has a tax filing requirement. We are going to really be paying attention to the dependents who have a tax filing requirement because if they a have tax filing requirement the net income is going to account for a total household income. Let's see what that looks like. Again suppose your child has a summer job and makes about $6000 per year. Well you see that

$6000 per year is below the filing threshold and so that income is not going to count toward the total household income. But suppose your child makes just $400 more, $6400 per year. That is over the filing thresholds and so that $6400 is now going to count towards your total household income because the child has a tax filing requirement. *[Indistinguishable]* Suppose your child gets $1,200 -- in dividend income. That child is going to have tax filing requirement because that is going to be over the $1050 threshold for unearned income. Again those threshold filing numbers are important. The last issue on this slide and we're going to come back to this issue because it's been a point of confusion but if your child is receiving Social Security benefits and the example here is survivors benefits - those Social Security benefits although it is unearned income it's not counted toward the unearned income filing thresholds in the same way. If your child's only income is $7000 per year in Social Security benefits then that child is not going to have an income tax filing requirement and so that Social Security benefit is not going to be counted towards the total household income. We're going to get back to this issue because this has been a point of contention.

Now when we are talking about what income gets counted and what income doesn't get counted – again this is just based upon existing tax rules. This is harmonizing Medicaid and CHIP eligibility and using Marketplace eligibility determinations to line up with income tax filing. On the left-hand side you see the traditional income sources that are taxed, that are counted whereas – and so its things like Social Security benefits, unemployment benefits, alimony, self-employment income taxable wages, those are all counted towards your total household income.

On the other side of the column we see things like SSI and child support received. Those are not counted toward your total household income. Putting a little pin in the issue of veterans benefits, there are many kinds of veterans benefits out there so that is something to pay attention to. The distinction or generalized distinction to keep in mind is if it's a pension benefit then it is most likely taxable and therefore counted. If it is a disability benefit than it is not taxable and it won't be counted. Again, there are many kinds of veteran's benefits and through the MAGI guide to produce we provide helpful links to resources and there's also some resources via the VA, but that is something to keep an eye out for.

In terms of how to count the income again this is just based upon tax law so our first step is to calculate your adjusted gross income and we could do that just by looking at the 1040 tax form. You add up all the income on your 1040 tax form and subtract the adjustments and that you'll change your adjusted gross income and that is the basic 1040 on line 37. This is what our basic 1040 looks like just so we have an idea. Again the top of the form wed see all the sources of income that are counted towards your total income. We see the adjustments in the second section on adjusted gross income and it's this line, line number 37 and that can shoot your adjusted gross income. That's the important number. We have the AGI, the adjusted gross income and then we are going to modify it. We take our AGI and we modify it by adding in income from three additional sources. The first is excluded foreign income so foreign income that is not otherwise included in your adjusted gross income is added in. The tax-exempt interest gets added in and then the nontaxable Social Security benefits get added in. You add in, your modified adjusted gross income and that's the M for modified adjusted gross income. That this how we go from AGI to MAGI.

Now here's a note about Social Security benefits versus supplemental security. This gets a little confusing sometimes. When we are talking about Social Security benefits, those provided under title II of the Social Security act so those are things like Social Security disability insurance, retirement income, survivors benefits so all of these income sources are counted towards MAGI. There is a separate program created under a separate title, title 16 of the Social Security act and that is called supplemental security income or SSI. SSI is a specialized program for people who are very, very low income who are aged or blind or disabled and they have very limited assets. The SSI income is not counted towards MAGI because it is not taxed. Something to be aware of - are you dealing with SSDI or SSI because there is a big difference in where those two incomes may end up.

Just to revisit this issue about the Social Security income. If you are a tax filer, if you are a tax filer, all of your Social Security income will count towards your total household MAGI because it is the adjusted gross income AGI modified to include even the non-taxable social security income -- if you are a dependent though we have to go back to another rule. Your social Security income is counted towards your total household income only if that the dependent is required to file a federal income tax return. Again, it becomes very important whether that dependent has a tax filing requirement or not to know whether the dependent’s Social Security income is going to count towards the total household income or MAGI. We write about this in the MAGI guide and I know that there’s some terrific resources available through CCIIO and elsewhere on when to count the Social Security income of dependents, but our rule is you only count it if the dependent is required to file a federal income tax return and whether or not that dependent is required to file brings us back to those earlier rules about the income filing thresholds for when dependents must file a tax return.

I mentioned this earlier, but there are some special rules that apply to income counting and Medicaid. There are certain kinds of scholarship and fellowship income that are excluded in Medicaid income calculations. There's also certain kinds of Native American incomes that Medicaid excludes. If you are working with clients who have income from either of these sources, be aware that they will have two separate income determinations. One for Marketplace and one for Medicaid. These situations aren't as rare as they may seem, and we talk about, particularly on the second issue listed there about the Native American income. We provide them some links to some terrific resources explaining what Native American income gets excluded under this special Medicaid rule. I'm going to say it again just because it comes up. The lump sum income and Medicaid is only counted in the month it is received. Whereas lump sum income is included in annual income for your APTC calculation. And that brings us to really one of the sometimes confusing points with MAGI when it comes to Marketplace and Medicaid determinations. For Marketplace eligibility - for eligibility for the premium tax credits and cost sharing reductions -- we use projected annual income. For Medicaid, for Medicaid eligibility we use current income. That is a point in time determination. It gets a little bit more confusing than that. In the MAGI regulation that talks about for applicants so for people who are applying for coverage, newly applying for coverage, states must use the current monthly income/family size but if you are recipients sates have an option to either use your current monthly income or your projected income for the remainder of the calendar year. Whether your state is exercising this option is reflected in the state plan amendment that your state Medicaid agency has adopted to implement MAGI. For both applicants and recipients for Medicaid states may adopt a method to include prorated future income increases, increases or decreases. This methodology for predicting fluctuations in income really applies to things like seasonal workers or self-employed people and so some states have exercise this option and some states have not. Keep in mind this is one of those distinctions between Marketplace and Medicaid. We have projected annual Medicaid is point in time but states have some flexibility to account for fluctuations in income.

So let’s just take a review for where we are for MAGI and income. First we use MAGI to calculate what income gets counted. There is no asset test. I didn't mention this earlier but we have a 5% income disregard that applies only in Medicaid and CHIP eligibility determinations. There is no disregard, no income disregard when we're talking about eligibility for premium tax credits or cost-sharing reductions.

Remember that married couples must file jointly in order to be eligible for advanced premium tax credits. There are some exceptions to that of course such as for domestic violence survivors and abandoned spouses – we have to look out for the differences between current monthly income and the projected annual income. Again Marketplace versus Medicaid determinations and to get our MAGI we take the adjusted gross income and we modify it by adding in those income add-ins - foreign tax interest, Social Security income and the like. And then finally we do the sum of the MAGI so we do that income calculation for everybody in that household and we ask who is required to file a federal income tax return. Everybody who is required to file a federal income tax return in the household, their income is going to be counted toward the total household income. I know this is a lot to take in, but again we are basing all of this on the tax rules, which can be complicated but we have some pretty broad applicability of those things. Again the number we are trying to get to is the total household income as a percentage of the federal poverty level.

With that we're going to take a breath and shift gears to the second phase, the second part of MAGI. And those are the household composition rules and household size. The household size is important because of course – but we’re going to kind of go through this step-by-step. First when we’re talking about household composition, we’re talking about identifying individuals who are members of the household and then when we are calculating the household size it is the sum of the total individuals in the household. The household composition and household size aren't necessarily going to be the same thing. That's why this can get a little confusing. It is also confusing because there are different rules for determining who was in the household and how to count them for both Marketplace and Medicaid MAGI determinations. This is where it can get a little complicated so hopefully by kind of walking through these rules and many of these will be already familiar to you, this will help make sense of this all.

Moving to some general principles, this is an analytical framework which I think is very helpful and I encourage you if you have not consider thinking about these issues in this way to do so. The first is to conduct a person by person analysis. Our question is who is seeking an eligibility determination? And then conduct two analyses. Determine the Marketplace household size and the Medicaid household size for each individual. I think eventually we think well what’s the household size and who’s all in the household and it’s like no, no we have to do individualized determinations but for Medicaid your household size may vary. I may be in your Medicaid household but you may not be in my Medicaid household. That’s why it is important for us do a person by person analysis to get to our household size. Again we ask who is seeking the eligibility determination? We're not really asking who the applicant is because as you know you can apply on behalf of someone else. When you’re determining someone's household size ask who is this person who is seeking an eligibility determination? Remember also, and this seems obvious but it may not necessarily be intuitive, that you don't have to be eligible for a program to be counted as a member of a Marketplace or Medicaid household. You may not be Medicaid eligible but you’ll still have a Medicaid household and you may be in somebody's Medicaid household. That's just something to keep in mind.

When we're talking about the Marketplace household and this is actually a pretty straightforward rule. The Marketplace household consists of the tax filer plus the dependents, we have the S in parentheticals there because if you are a married couple filing jointly you are both tax filers. The Marketplace household is always going to include the tax filer plus dependents and will include the qualifying child and or qualifying relative. Those are our two kinds of dependents. And it is also going to include the dependent who expects to file federal income taxes. Remember if you have a dependent who is filing a tax return the person is not a tax filer if you are claiming them as a dependent, so if they are going to be in your household if you are claiming them as a dependent.

Remember that the spouses must file jointly so that's a nice, simple basic rule. That's going to be an important rule because actually -- it applies in many ways to Medicaid households. If our starting point is let's look at the Marketplace household tax filer plus dependents. Then we're going to go through and ask well are any of these separate rules or exceptions applicable? Because that's when we deviate from the tax filer plus dependents general rule. We're going to go through the list now of the issues or facts to be on the alert for, and if you see one of these things in the clients that you are working with, have a little alarm bell in your head, like an exception may apply. First we have to be on the lookout for people who do not expect to file federal income taxes or be claimed as dependents. Now the shorthand way I have of phrasing this is the non-filers and non-dependents. Remember if you're annual income as an individual is less than $10,000 per year than you are not required to file federal income taxes. Well you can still be eligible for Medicaid so we are going to push -- we have to have a way to calculate your household we have to be on the alert for those individuals because we have separate Medicaid rules to determine their house of composition. In Medicaid we have to be on the lookout for pregnant women. There are three sets of rules on how to count pregnant women. We're going to talk about those. And Medicaid remember that you can have can have newly married couples living together but filing taxes separately. They're going to be in the same household if they live together under the Medicaid rules. In the Marketplace if a married couple files taxes separately then in most cases they are not going to be eligible for premium tax credits because of that joint filing requirement.

Then there are the other two big exceptions in terms of Medicaid household rules to be on the alert for concerning dependents. So the first is when you have a child who is claimed by only one parent and claimed by -- as a dependent by only one parent and that could be in two situations. When you have the parents who are living together but are not married or filing jointly and you can also have a child who is being claimed by a noncustodial parent. The other situation to be on the alert for are dependent relatives. The way -- if you have someone who is been claimed as a dependent or a dependent relative – now the way that this is phrased in the Medicaid regulation is a dependent who is other than the spouse or the child of the tax filer. If we see these two situations, child claimed by one parent or dependent relative we're going to apply some of these separate rules for the non-filers and non-dependents. So we're going to go through a few examples of this so we can see how looks like and how to apply those rules. If you have the chance to download the one-page quick reference guide to household composition -- now is a good time to have that handy because we're going to kind of go through these rules and see how they work.

Let's start off with our rules for the non-filers and non-dependents. Again these rules also apply if those two big exceptions for dependents apply. This is how it applies to the household composition. If you're an adult your Medicaid household is going consist of the individual, the individual spouse, but again this living with the individual, the individual's children living with the individual. We have an asterisk by children because here we have an age restriction applying so it means a minor child under 19 or under 21 for full-time students. States have an option on this and you need to check with your state Medicaid agency to find out how your state is counting children in the Medicaid MAGI age restricted context.

For children, again minor children, the Medicaid household under these rules for non-filers and non-dependents is going to consist of the child, the child's parent or parents if living with the child, the child's siblings if living with the child. Again siblings, minor meaning under 19 or age 21. The child could have a child and the child could have a spouse. Those individuals would also be included in the child's household for non-filers and non-dependents.

The cheat sheet that you have in front of you, the quick reference guide is handy to have in front of you because we are going to see these rules apply not only to people who don't file federal income taxes -- for those two big exceptions for dependents.

Let's step back a little bit and get our basic framework on how do we analyze a Medicaid household? Our first question needs to be who is seeking an eligibility determination? Ask yourself is this person the tax filer or are they claimed as a dependent? If the answer is no to either of those questions, or to both of those questions…sorry about that we're getting a little ahead of ourselves. If the answer is no -- forgive me my slide advancing got crazy here. Here we go. So this is our methodology. If someone is neither a tax filer nor a dependent we’re just going to apply those separate rules. Then we're going to think about our exceptions or special rules. Dependents. Is there a child claimed by only one parent? Is there a dependent who the spouse nor the child’s tax filer? We’re going to look for married couples. If you have married couples who are living together but filing separately they’re going to be in the same Medicaid household. And they would want to look for pregnant women. We want to be on the alert for all of these situations to know which set of rules applies and how to apply them. Here is our example. This is our basic general rule example of George and Louise being married. They file a joint federal income tax return, they have a teenage child whom they claim as a dependent, as a qualifying child. So their Marketplace household is three. I should be doing a person by person analysis here but we know that we have a tax filer plus dependents and that is going to be true for all three of them. For the Medicaid household we are going to do our person by person analysis. We have a tax filer plus a dependent. We have no alerts for fact patterns here, there’s no pregnant women – the dependent child is being claimed by both parents, they all live together. We're just applying our basic general rule here: tax filer plus dependents for each of these individuals. That's how the basic general rule works and that's where you see the Marketplace and the Medicaid rules align.

Let's suppose that George and Louise, same tax pattern but here they are not filing federal income taxes so there is no tax filing requirement and no one is claiming them as a dependent. We are going to get out this special rules for non-filers and not dependents. First we're going to start with our Marketplace household and you know what - they have to file federal income taxes in order to be eligible for premium tax credits and we know that to claim that tax credit you must file a federal income tax. We're going to proceed now to the Medicaid household composition rules. George’s Medicaid household is three, he is an adult, and he is in the same household with a spouse that he was with and the child that he lives with. Same thing as Louise. She is an adult in the same household as a spouse that she lives with and the child that she lives with. And the same thing with Lionel, so again if you're looking at column three of the quick reference guide you'll see that this is how those rules are applied. You'll see that this household composition looks very much like how their household would look like if they filed taxes. That is not always going to be the case but this is why we need these separate rules for people who don't file income taxes and aren't claimed as dependents.

Let's switch gears and see how some of these exceptions apply. Here we have George and Louise, they are unmarried and they are living together. They file separate federal income tax returns but they have a child together who lives with them. In this scenario George is claiming Lionel as a dependent and Louise is filing her own tax return. We're going to do our person by person analysis. George is a tax filer, his Marketplace household is a tax filer plus his dependent. Louise is also a tax filer. She is not claiming any dependents and so her Marketplace household is one. Of course Lionel being claimed as a dependent is in the same tax household as the tax filer claiming him. You notice how George and Lionel are always going to be in the same household when it comes to Marketplace determinations. For Medicaid, George's Medicaid household is two. Why? Well it is the basic rule - tax filer plus dependent. For Louise her Medicaid household is one. Tax filer, no dependent, there are no exceptions applying here, remember because Georgia and Louise are unmarried. Now for Lionel – Lionel's Medicaid household is three. It consists of George, Louise, and Lionel. Why is that? Here is our explanation. Lionel is claimed as a dependent by just one parent. And so that's his Marketplace household but for the Medicaid we will apply those rules for non-filers and non-dependents. And so Lionel's Medicaid household includes the parents that he lives with. That is why Lionel has a Medicaid household of three that includes both George and Louise. You see Louise is in Lionel's Medicaid household but Lionel is not in Louise's Medicaid household. That is why we do our person by person analysis.

Let's see a different version of this. Here we have George and Louise, now they are divorced and living apart. Of course because there are divorced they are filing separate federal income tax returns. Here we have George claiming Lionel is a dependent but Lionel is living with Louise and he just spends the weekends with George. Now Louise is filing her own tax return and not claiming any dependents. We're going to do our person by person analysis and again this is our tax filer plus dependents so that's always going to be true in our Marketplace analysis but let's do our Medicaid analysis. So George's Medicaid household is going to be two. George and Lionel. Remember, Lionel does not live with George full time. He is living with Louise but for George's Medicaid household it is going to consist of the tax filer plus dependents. For Louise, Louise's Medicaid household is also going to be one. She is a tax filer and there is no exceptions applied. For Lionel, Lionel's Medicaid household is two, but his Medicaid household consists of Louise and Lionel whereas Lionel's Marketplace household does because it is George and Lionel. So let's see – go to our explanation. Lionel is in the Marketplace household with George because George claims him as a tax dependent. But because Lionel is claimed as a dependent by a noncustodial parent we're going to apply the separate rules for the non-filers and not dependents. Lionel's Medicaid household is going to include the parent that he lives with, Louise. So you see, I think once you start working with some of these examples and scenarios and getting a little bit more familiar with these rules they start making sense.

Here is our last example along this line, in this is our other exception, the dependent relatives' exception. Here we have a family, we have Andy and Opie and they are father and son living with their aunt Bee. Andy is a tax filer so he is claiming Opie as a dependent is a qualifying child and Andy is claiming Aunt Bee as a dependent -- as a qualifying relative. We're going to start with the Marketplace analysis and their Marketplace household is three. Tax filer plus dependent and that will be true for each member of that Marketplace. But let's do our person by person analysis of the Medicaid household. Andy's Medicaid household is three, tax filer plus dependents so for Andy there are no exceptions here applying. For Opie, Opie's Medicaid household is also going to be three. It is going to be the tax filer plus the dependents. Remember now Opie is being raised by his widower father so there is no noncustodial parent sitting out there who could be claiming Opie as a dependent. With only one parent, with one dad, none of those child exceptions are going to apply. Let's look at Aunt Bee's household, and so Aunt Bee's Medicaid household is going to be one – just Aunt Bee. Now let's see why that is. See, Aunt Bee is a tax dependent but she is neither the spouse nor the child of the tax filer who claims her as a dependent. So we're going to apply those separate rules for the non-filers and non-dependents. Aunt Bee's Medicaid household is going to consist of just her. If she had a spouse or minor child they would be in her household too. Let's just pause for a moment to think about - what is a policy implication of this? By putting Aunt Bee in a Medicaid household all by herself we're just looking at her income. She is going to be pretty low income if Andy is being able to claim her as a dependent, as a qualifying relative.

You see if Aunt Bee were in the same Medicaid household with Andy then Andy's wages from his job as sheriff of Mayberry would count toward Aunt Bee's total household income but by putting her in a household by herself we're only going to be looking at her income and she is more likely to be eligible for Medicaid by having lower income and a smaller household size. This is a way to really facilitate her Medicaid eligibility. That is the method in this madness for carving out this exception.

Speaking of madness, these are some of the special rules for pregnant women. This can get a little confusing so we are going to walk through this. So first our basic rules in Marketplace is that a pregnant woman is counted as just one person. In Medicaid if the pregnant woman is seeking the eligibility determination for herself then she is counted as one person plus the number of children expected to deliver so that is why when you see on the applications they'll ask is anyone pregnant, how many babies are expected - well it goes to this rule that if a pregnant woman is seeking a determination for herself she is counted not just as an individual but her plus the number of children expected. Here is the third rule which makes it a little confusing. If a pregnant woman is in the household of somebody else, who is seeking an eligibility, then states have an option in how they count her. They can count her as one person, two people, or one person plus the number of children expected to deliver. This is where it gets confusing so we're going to show an example and see how this works.

Here's a pregnant woman and we'll just call her Jlo and she is expecting twins. She is living in Wheeling, West Virginia with her husband Marc and they file a joint federal income tax return and are not claiming any dependents right now. Jennifer's Marketplace household is two. Right, why? They are both tax filers. Her Medicaid household though is four so Jennifer is counted as one plus the two children expected to deliver, and Marc. That is when Jennifer is seeking a Medicaid eligibility determination. Let's switch it up a little bit. Here is our same fact pattern. We have Jennifer expecting twins, living in West Virginia with Marc and according to West Virginia's state Medicaid plan a pregnant woman is counted as just one person regardless of how many babies are expected if she is in household of somebody else seeking an eligibility determination. What is Marv's household? Marc is in the same household as a pregnant woman is seeking eligibility determination. What is Marc's household? So Marc is in the same household as a pregnant woman who is seeking an eligibility determination so Marc's household is going to be two. Just Jennifer and Marc. Why? That is how West Virginia counts pregnant women, just as one person. You see when Jennifer is seeking eligibility for herself -- she is counted as three people, one plus the two children expected to deliver. When Marc is seeking an eligibility determination, Jennifer is in his household but Jennifer only counts as one person. So this is how it gets confusing and this is why it's important to look and see what the state's Medicaid rules have opted for and how they count pregnant women when they are in the household of somebody else seeking an eligibility determination.

With that let's just do a little review. Here's the method again. Ask yourself who was seeking the eligibility determination? As we saw in that last example is it Jennifer seeking it for herself or is it Marc seeking it and she happens to be in his household? We make separate determinations for both the Marketplace and Medicaid households. I always start with Marketplace first because that is our general rule and then see if any exceptions apply. We go through and calculate the income for each household member, but then we ask what income is going to count for the total household income and what is our rule for that? We count the income of everybody has a tax filing requirement. So even the dependents who have a tax filing requirement, their income will count. If the dependent does not have tax filing requirement then their income does not count towards the total household income. All right you gotta watch out for pregnant women. We have three sets of rules for how to count them. Marketplace they're counted as one person, and then the states have the option for counting pregnant women when someone else is seeking the eligibility determination and the pregnant woman is living in the household.

We got to watch out for children. Now we didn't get into this too much, but you have to keep in mind on some of these Medicaid MAGI exceptions there are age restrictions that apply so are you looking at a MAGI child where there is a requirement that somebody be under 19 or under 21 notion as state options. One other thing to keep a note of it is remember for who gets to claim whom as a dependent there is a thing called a qualifying child. Those are IRS rules for what is a qualifying child that are separate and distinct and have their own test for who meets a qualifying child that are different from what a Medicaid MAGI child is. So you got to watch out for children and then again there are some state specificity particularly when it comes to the Medicaid what kind of state options they are exercising. So you find those state rules in the state plan. Remember that there have been mistakes in misapplying MAGI and so improperly including the Social Security income of dependents placed a lot of people, made them ineligible for Medicaid and put them into Marketplace coverage where they should have been in Medicaid. We see other states that are wrongfully counting the household size so these are all still pretty new rules and I think the systems are being worked out better as we go along, but is important to keep an eye open for the misapplication of MAGI because some people are actually being terminated from coverage entirely. That's what good assistance and appeals and the legal aid support of the services that we work with, it's what makes them very important. So with that, that is the end of this presentation. Again we have additional resources that are available on our website including the advocates guide to MAGI that provides 100 pages plus on everything you want to know about MAGI. If you have questions, that's a good place to start. With that, thank you very much.

Update to FFM Functionality for Immigrants under 100% FPL

Thank you so much, Wayne, for that presentation. I just want to note that we have two more presentations we want to get into day before we take a break for the holidays so it is quite possible that we may go past our 3:30 timeframe. For those of you who are able to stay on for the full presentations we hope that you are and if not this presentation is being recorded and we will be posting it online. If you have to sign off you will be able to get the information later.

For our next presentation we are joined by Dana Khron for an update regarding the Federally Facilitated Marketplace functionality for immigrants under 100% of the federal poverty level. As a reminder keep asking your questions throughout the presentation. With that I will turn it over to Dana.

Great, thank you. So I'm going to talk about some new functionality that we have for certain immigrant consumers with annual household income below 100% FPL. This a bit of a complicated topic so bear with me. I know it sounds like you just had another really complicated topic but I think this is really important, it really helps a group of consumers that need a lot of help. I hope that this presentation is useful to you.

What is this new functionality? This allows the FFM to more quickly and seamlessly determine whether certain immigrant applicants are eligible for advance payment of the premium tax credit (APTC) and cost-sharing reductions (CSR). It targets a really narrow group. It targets consumers with income under 100% of FPL, with an immigration status data matching issue, or DMI, and a data matching issue happens when the information the consumer enters in their market-based application doesn't match the data that the Marketplace checks against our trusted data sources such as the Department of Homeland Security. And number three when the consumer is not otherwise eligible for Medicaid or CHIP based on income or other factors. I will describe throughout other presentation a little bit more about these three criteria.

This functionality updates or automates an existing multistep manual process. It makes it easier for these consumers to be determined eligible for APTC. This functionality went live in the fall of this year so it is up and running and you may see the new notice language that I will describe in a few minutes.

To provide some background it is important to understand the distinction and immigration eligibility for Marketplace versus Medicaid and CHIP. To be eligible for Marketplace coverage for a qualified health plan through the Marketplace, an individual has to be lawfully present. With a few exceptions that basically means the individual has to be documented. They have to have papers that are valid and I will go through the different statuses that meet that criteria. The eligibility criteria for Medicaid and CHIP is more restrictive. An individual has to have an immigration status that is considered a qualified noncitizen status. In a few minutes I will go over the list of those statuses. In addition even if you have a qualified noncitizen status some of those statuses are subject to a five-year waiting period sometimes called a five-year bar which means you have to have that status for five years before you can be eligible for Medicaid or CHIP.

Basically the immigration eligibility requirements for Medicaid and CHIP are stricter than the ones for Marketplace coverage. Just to complicate things a little bit I think it is important to say that states have the option to expand their immigration eligibility requirements for children and pregnant women so for these two specific groups of vulnerable populations - from this narrow qualified noncitizen group to the broader lawfully present group. 29 states, DC and the Commonwealth of the Northern Mariana Islands cover lawfully present children and or pregnant women without a five-year waiting period.

I'm going to skip ahead to the list of statuses. This page shows a list of statuses that make you eligible for Marketplace coverage so I want to point out that all of those first bullets are statuses that make you eligible just for Marketplace coverage and the last bullet says in addition it’s all the statuses that make you eligible for Medicaid coverage as well which we will go into on the next slide. A few that I would like to point out in the first bullet are individuals with valid nonimmigrant status such as a work visa, a student visa, a U-visa or T-visa. Another common one are people with temporary protected status and another important one to point out is that while individuals with deferred action are eligible for Marketplace coverage there is one important exception. Individuals with deferred action for childhood arrivals under that program are actually not eligible for coverage through the Marketplace. Generally most people with deferred action status are considered lawfully present for the purposes of Marketplace coverage but individuals with DACA status, sometimes called dreamers, they are not eligible for Marketplace coverage.

This next slide goes into the immigration statuses that make someone eligible for Medicaid. In the left-hand column you'll see the statuses that are subject to the five-year waiting period. The important ones there are people with lawful permanent resident status or a green card. What that means is that if someone has had a green card for three years they don't meet the immigration eligibility requirements for Medicaid or CHIP. The statuses in the right-hand column are qualified non-citizen statuses that are not subject to the five-year bar, the five-year waiting period. Some important ones include refugees, asylees, Iraqi and Afghan special immigrants, and also anyone who started out with one of these exempt statuses who becomes a lawful permanent resident is also exempt from the five-year bar.

I'm going to go back. Now that we’ve discussed immigration status I need to give you another important piece of background information. As I'm sure you all know, in general to be eligible for APTC through the Marketplace you have to have annual household income between 100% and 400% of the federal poverty level. However there's one important exception and that's immigrant applicants who are lawfully present but have an immigration status that makes them ineligible for Medicaid may be eligible for APTC and CSR's even where their household income is below 100%. I like to give a little bit of background when I explain this rule because otherwise it really seems not to make sense. When the ACA was drafted, it was assumed that all states would expand Medicaid and anyone with income between 100% and 400% of the FPL would be eligible for APTC and anyone with income below 100% FPL would be eligible for Medicaid except for people who were not eligible for Medicaid because of their immigration status and that's why this rule exists. So again, if your income is below 100% FPL but you are not eligible for Medicaid because of your immigration status, regardless of any other eligibility factors, you may be eligible for APTC. This new functionality targets that group of people.

The FFM must verify that an applicant is not eligible for Medicaid based on immigration status before awarding APTC or CSRs when the applicant's annual household income is below 100% FPL. Basically we have to know that the applicant falls into the special exception that I just described. In the majority of cases the FFM is able to verify the immigration status electronically when the applicant completes an application. The applicant provides information about the document number or the documents that they have provides their document number, we send that information to the Department of Homeland Security and DHS says that information back almost instantaneously and we verify their status. That gives us all the information we need to know, whether they fall into that exception or not.

But the problem arises when we cannot verify their immigration status in real time and a data matching issue occurs. In that case we have to ask consumers to provide proof of their status to the FFM. When an immigrant consumer under 100% FPL has a data matching issue one of two things happens. The FFM will look at all other eligibility factors and see whether the consumer appears eligible for Medicaid and CHIP. So we'll look at largely income but residency and any other relevant factors. If the consumer appears eligible for Medicaid and CHIP we'll transfer their application to the appropriate Medicaid or CHIP agency. That process stays the same. This new functionality doesn't affect the process.

Alternatively if the consumer does not appear eligible for Medicaid or CHIP based on income or other eligibility factors than what we do is we provide them or we determine them eligible for a QHP but without any APTC, without any financial assistance. This is because again when we can't verify their immigration status we don't know that they fall into this special exception so all we can do is provide them with the QHP without financial assistance. If the consumer with income below 100% FPL does not meet their income or other eligibility requirements for Medicaid chances are they live in a state that has not expanded Medicaid. If they live in a Medicaid expansion state chances are they will appear eligible for Medicaid and we'll send them there. This is a very narrow pool of consumers that we're working with.

These next couple of slides provide some tips on preventing data matching issues, but since I believe that is going to be covered later in today's presentation, I'm going to skip over that for now and talk straight - skip straight to talking about the new functionality.

Here is a process overview but I want to jump right in. The first thing, the first part of this new functionality is that we flag targeted consumers. Again this is individuals with annual household income below 100% FPL who have an immigration status data matching issue and are otherwise not eligible for Medicaid based on income or other factors. Impacted consumers will receive an eligibility notice with some new language when they apply for Marketplace coverage.

As you can see here we flagged the new notice language for you and basically what it says is that the consumer is eligible to enroll in Marketplace coverage and can pay the full amount for the first month if they want. It says that if they provide more information they may be determined eligible for APTC in the future and it says if we find them eligible for APTC they may also be eligible for a special enrollment period. The box in the left-hand column under the results section also explains a little bit about why they are getting this special language. It describes this rule a little bit.

Additionally consumers in this group will continue to see the language granting them an exemption so you'll see there exemption certificate number. They do continue to be eligible for an exemption and that is important for these consumers if they aren't able or don't want to pay for full price coverage unless and until they are determined eligible for APTC.

To consumers this is going to look like a normal eligibility notice. The process for sending in documents is the same but there is one important difference and that is that they don't receive APTC during the data matching period. Normally during a data matching period consumers do receive APTC during those 95 days, but in this case they will not receive APTC so that is one big difference.

Consumers should response to this notice by uploading or mailing documents to the Marketplace to resolve their immigration status DMI. This allows the Marketplace to verify the applicant's immigration status. Consumers can upload requested documents through their account on HealthCare.gov or mail in copies of documents. We have some information here about how to resolve an inconsistency, but the thing I want to highlight is that the process for resolving this type of inconsistency is the same as any other. To the consumer the process will be exactly the same.

This shows a screenshot of what it will look like in the My Account page when you have a data matching issue. It will say temporary eligibility.

After the consumer sends in documents, the Marketplace will verify the consumer's immigration status and notify him or her of their eligibility. They will provide a final eligibility notice. The Marketplace will verify whether the consumer's immigration status meets Marketplace and or Medicaid eligibility requirements using the immigration documents. Here I want to flag another difference in this functionality in this group of consumers. Normally when a consumer sends in documents, we review just to see whether they are lawfully present or whether they are eligible for Marketplace coverage. But by flagging this consumers, their application is going to go to a group of highly trained, specially trained, highly trained workers who are going to determine both whether they are eligible for Marketplace coverage and whether their immigration status makes them eligible or ineligible for Medicaid. That last piece allows us to determine whether they are eligible for APTC or not. The consumer will see this, this will have seamlessly on the back end, but their application will have this special review.

Once we make that determination, we will notify the consumer in a final eligibility notice.

Once we review the documents and make a final determination there's really one of two outcomes. If the applicant is lawfully present but is not eligible for Medicaid based on immigration status we will find that the applicant is eligible for QHP to enroll in Marketplace coverage. The applicant is eligible for APTC and the applicant is eligible for a special enrollment period to enroll in Marketplace coverage or change Marketplace plans if needed outside the open enrollment period. The SEP is accessible through HealthCare.gov and through the Marketplace call-center.

Once an SEP is granted eligible consumers can continue directly to plan compare, to enroll in a plan to provide financial assistance to the cause of the current plan if they enrolled at full cost. There's no need to update their application or answer any additional application questions. It is a very seamless process and an SEP will automatically be unlocked in their applications.

SEPs are available for 60 days from the date on the eligibility determination notice that notifies the consumer of SEPs. When consumers receive a notice granting them an SEP there will be instructions step-by-step instructions on how to go into their Marketplace application to enroll in a plan.

Now the alternative outcome is that we find the applicant is lawfully present and has an immigration status that does meet requirements for Medicaid eligibility. This might mean the applicant has a green card and has had it for six years whereas someone who is lawfully present but is not eligible for Medicaid based on immigration status that might be an applicant who has a green card but has only had it for three years and they have not met the five-year bar. The applicant is eligible for a QHP through the Marketplace without APTC and CSR. In that case their eligibility remains the same. That's what we determined in their initial eligibility notice. You can see some sample notice language here that a consumer with this outcome would see. What assisters should know and how to help - This new functionality affects a narrow population of consumers who meet all the following conditions. The immigrant consumer attests to having an eligible immigration status, he or she has an immigration status DMI, an annual household income below 100% FPL, is not eligible for Medicaid based on income or other factors, and is eligible for Marketplace coverage. Consumers impacted by this functionality may contact assisters for help understanding notices, for help determining correct documentation to submit to resolve a data matching issue, for help enrolling in Marketplace coverage with or without APTC or CSRs, or for help filing an appeal.

I just want to highlight one thing that stays the same. I've talked a little bit about consumers who go down this QHP path and consumers who go down the Medicaid path - that is consumers who appear otherwise eligible for Medicaid based on income or other factors. These consumers, if the Medicaid agency finds that they are eligible for Medicaid based on immigration status, they can enroll. If the Medicaid agency determines that their immigration status makes them ineligible for Medicaid, their account gets sent back to the FFM they could come in and answer the set of questions that you see on the screen saying that they have been denied Medicaid or CHIP based on immigration status. Answering that question will help them be determined eligible for APTC and CSRs- and this process has existed for a while and will stay the same. This functionality will not affect that.

We have some resources here that I think should be helpful and with that I will turn it over.

Resolving Data Matching Issues

Great. Thank you so much, Dana. For our next presentation we are joined by Lena Rashid and Terrence Kane from CCIIO for a refresher on resolving data matching issues. As a reminder if you have questions about the presentation please continue to submit them through the chat feature.

Terrence and I are going to talk a little bit about what a data matching issue is and how you can help consumers resolve it. So this is actually really good timing that's going to complement what Dana presented earlier and hopefully this will be helpful. We're going to do an overview of what a data matching issue is, what a consumer is going to see, and our next steps. First we'll start with just an overview and as Dana kind of mentioned, a data matching issue is when people apply for coverage through HealthCare.gov and we need to get more information from them because their information wasn't verified. That is sometimes what we call a data matching issue or an inconsistency and we're going to use those two words interchangeably.

Here we have a couple of examples of some data matching issues that may occur. The most common that you will probably see when working with consumers are citizenship, immigration status or a change in annual income amounts. First off – Why is this important for consumers? The first thing we wanted to note is that if you're eligible for Marketplace coverage and you deal with a data matching issues you should be able to enroll in coverage through the Marketplace. So we will need more documents from you and additional information to make sure we can make a final determination and getting this information as soon as possible is really important because it can have implications for your coverage. So if you have an immigration or citizenship data matching issue, you could lose your coverage and if you have an income data matching issue you could experience a modification of your tax credits or cost-sharing reductions.

Next just talking a little bit about resolving a data matching issue. Consumers have to resolve their data matching issue by submitting documentation to the Marketplace and you can't just submit documents, you have to make sure that you're submitting documents that help matchup with our trusted data sources or confirm the information that was in your application. For example this is really important with your income information so when you're submitting those documents you're trying to send in documents that reinforce the income that you had initially.

Talking a little further - that is why it is really important for people to submit that information and what we're going to try to go through is a little bit more detail in some of those next steps *[Indiscernible - low volume].*

How do people really find out about this? We're going to go through in a couple different steps, but the most important thing is a consumer to get a notice that is telling them that they have data matching issue and that they need to submit more information.

So the consumers will see on their eligibility determination notice that they have a data matching issue. The Marketplace will then begin notifying consumers about every 30 days if they have a data matching issue - that is if they don't resolve their data matching issues. The Marketplace will continue to notify consumers until they resolve their data matching issues.

We are going to cover a couple of tips for preventing data matching issues. These are some tips you can use when you are helping somebody complete the application and hopefully some of these tips will actually help and they won't have a data matching issue and you won't have to submit more information. The first tip is to complete the whole application. I think it's really important if you see something optional and try to complete it because the more information the Marketplace has, the easier we can get your determination. The second item is to encourage applicants to select an appropriate immigration document type and provide all document numbers and ID numbers so this is actually something Dana covered in her presentation so – sometimes there is an alien number of A-number, that sort of information is really helpful to include. I know sometimes when you're working with consumers they might be nervous about including this information. One of the things you can really help with is reassuring them that we are really only gathering this information so that the Marketplace can determine your affordability and whether you are eligible for coverage. It's definitely not used for immigration enforcement purposes. Another assister tip is to remind them to include that documentation and just reinforce that it won't be used for anything other than for the Marketplace. One thing we see that happens really often is that if a consumer uses a different name on their Marketplace application than how it may appear in their immigration documents, so for example their social security card, it's really important to include that that name is different. We'll actually show you a screenshot in a second of where that shows up in the application.

As an assister tip this is a screenshot that I mentioned earlier so if asking if your name is the same as it appears on your document, you can include that information there and just include maybe your social security number or some other card that has a different name than what is provided.

The next tip is about providing your Social Security number. This is not required unless the applicant is a tax filer in the applicant's household, but it's really important to include the non-applicants as well. It really helps your application go through quicker. Also just double checking that the information is correct. This is true for the whole application, but particularly important for your Social Security number, your name, or your date of birth. This next screenshot talks about the pop up which really encourages you to include that information, so if you're walking a consumer through the application you can show them this information which kind of reinforces what we talked about earlier. I'm actually going turn it over to Terrence to talk about these.

We're going to talk a little bit more about preventing data matching issues. When you're going through your application it's really important that you review your projected annual income to make sure that it is as accurate as possible. This will help you avoid creating a data matching issue. A particular tip is help consumers locate their income on their eligibility determination notice. When consumers are resolving their annual income data matching issues they need to send in documentation that matches the income that is on their eligibility determination notice. Make sure they are matching up their income to their eligibility determination notice. Additionally, we recommend that consumers check the box at the end of the application that allows the Marketplace to request updated income information from the IRS. This will help consumers as we transition from year-to-year and help consumers keep their APTC when they switch over in plan years. And now back over to Lina.

This is the screenshot that Terrence just mentioned. This asks you if you were able to get their tax information, you can do that for up to five years, you can actually decide if you want to do it for less than five years as well but this is actually really important for re-enrollment and really important for preventing data matching issues.

The next slide here we're going to talk a little bit about when the consumer needs to submit documents to the Marketplace. So here a new applicant or enrollee receives their eligibility notice on November 15th they're going to have 90 days from that date if they have an income data matching issue and 95 days from that date if they have an immigration or citizenship data matching issue. So we'll talk a little bit later about this as a tip but it is really important that the day you actually apply for coverage and get your eligibility notice and that is when the clock starts ticking for when you need to submit your documentation.

You may have worked in the past and may also work with consumers who had immigration or citizenship data matching issue and they weren't able to submit their documents in time and lost their coverage. These consumers can actually regain their coverage through a special enrollment period and they can actually decide if they want to do that moving forward or going back to the date they lost coverage. That is an important thing for consumers to think about because they will have to pay for coverage during that retroactive time if they do want to do that option. Just like a lot of the other SEPs consumers can – will then have 60 days from that date to enroll in the SEP and enroll in coverage.

It is important that in order to qualify for that SEP that you have to successfully resolve your citizenship or immigration data matching issue. Simply submitting documentation will not make you eligible for this SEP. You do have to successfully resolve your data matching issue.

Thank you, Terrance. This next slide is talking about after open enrollment resolving data matching issues, where it becomes really important. I think one of the things saw on the earlier slides is that you find out about a data matching issue when you actually apply for coverage so it is something you are going to help people with right from the time they do enroll but it is crucially important afterwards as well to help them submit their documents and resolve their data matching issues moving forward.

Next we are going to run through the process of the consumer, what they will see and how they are informed and go from there on *[Indiscernible - low volume]*. The first thing is we talked a little bit about the notices that consumers are going to receive. The logo there is important because it helps consumers identify that notifications are from the Marketplace and that they're important. A lot of times consumers may get a lot of different mail and this helps them identify that this mail is from the Marketplace, its official and has important information. We mentioned earlier there are different notices that happen throughout the process so this subject line is what appears in the notices and it says you have to respond by these dates to keep your Marketplace coverage or the financial assistance that you're getting.

Next to wanted to talk over how the Marketplace will contact consumers. We mentioned this earlier but there are is several notifications. The first one is your eligibility notice, there's a 90 day notice, 60 day notice, 30 day notice, and a reminder phone call as Terrence mentioned, about every 30 days that we're trying to reach out to folks. Sometimes your insurance company may send a notice about this as well, just encouraging consumers to submit their documents. One thing I'll mention here as well is that it's really important to make sure the consumer picks the right communication preference for receiving information from the Marketplace. So if it is email or it's in the mail, it's important to pick the one that they are going to check the most often just to make sure they are getting these important notifications. Sometimes I think folks are worried when they get a phone call or they don't know who it's from so this just provides you a little bit of information when a call is from the Marketplace so you can feel confident that the Marketplace is calling you and just lets you know that the Marketplace will ask you for some information like your name, date of birth, and mailing address.

So next we'll talk some actions steps for the consumer and for assisters. So the first step is to review the notice, it's really important to review the entire notice and make sure you know what type of data matching issue is there. The notice also tells you the deadline to submit documents and which household members have to provide more information. Again, the deadline depends on the type of data matching issue you have, it doesn't begin until the day you start your coverage. And again just a reminder, the notice might go to the household contact but there might be someone else in the household who needs to provide more information or documentation.

So there's a couple of ways you can find out if you have a data matching issue and the first one is your eligibility notice. You'll see some text here in yellow and this tells you if the consumer has a data matching issue and that you need to send the Marketplace more information. The next way you can find out if you have a data matching issue is actually through your Marketplace account so under application details there will be a list of all unresolved data matching issues, it's that text you see here in red. You saw this in the earlier presentation but this was a new improvement for this year – in your Marketplace account when you go to your My Account, it'll say temporary eligibility in red which you see in the arrow right there – and it tells you that you have a data matching issue as well. Lastly, consumers can also go to the Marketplace call center, again they'll ask you for some information, and they can tell you if you have a data matching issue there as well. So the next step is to confirm that the information in your application is correct. This is important, because we talked about it earlier, we want to make sure whatever you provided is correct, sometimes things might have been mistyped, misspelled, and that's a good way to check if your information was correct to begin with. So you can look at this list of acceptable documents and be able to see if what you provided was correct, and then we have some additional tips there to make sure you have the right information.

Yeah, and we really see this quite a bit where consumers are submitting good documents that accurately represent their status or their income but the consumer has incorrectly filled out their application and the Marketplace really has to resolve based on the attestation on the application so this is a really important tip – to make sure that everything in your application is correct.

Thanks, Terrence. And another point we want to remind folks is that sometimes people will submit one of the documents on the list but sometimes more than one document is actually required. So just another reason, there's a link there, it's just really important to just look at that list and make sure you're providing enough documentation. Here, these are just a couple of steps so when you go in your application and make sure things are correct, a lot of times you can do that by reporting a life change, and some of those steps are listed here, make sure you go through the whole application and make sure everything is correct. So here, submit the requested information, again the link is there for HealthCare.gov where you can see that information needs to be provided and then go through the steps to complete that. Another assister tip, we kind of touched on this earlier, but for an income data matching issue in particular. For example if I wrote in my application that I'm expecting to make $55,000 next year, you need to make sure that the paystubs and W2 and information you're collecting and submitting, matches up with that income. If you made less money last year and you send in the paystub from the previous year, that's not really going to help you resolve your data matching issue.

We see this a lot with consumers that work in occupations where their income can fluctuate, pay period to pay period. It's important that consumers try to submit documents that best represent the income that they are projecting on their application. Pick a paystub that is a good representation of what you to expect to make over the year. You can also submit multiple paystubs and we'll actually work to average those out calculate a projected income for you.

Thanks. Next on the slide we just wanted to remind you that consumers can submit their documents through the mail or they can upload them but uploading them is definitely the fastest way to get them to the Marketplace. In this next slide we're just showing you how to upload the documents, this screen shows you how it would look. I think the important thing to see here is if that verify green button shows up on the right that means that you were able to submit your documents successfully. Here we've shown you this as well so after choosing verify you select the file to upload, that's the document type that you see right there. Sometimes in the past we've seen consumers get a red box error or some sort of error message and sometimes that can occur if you're not including the right type of file and we have a couple of slides where we'll show you more information on that.

Just saying, that uploading is really the fastest way for the Marketplace to review consumers' documentation. That will allow the Marketplace to respond as quickly as possible to consumers so we highly recommend consumers upload their documents if possible. And to kind of piggy back off of that, a lot of times you may work with a consumer who applied through the call center and got their coverage that way, they can still create a HealthCare.gov account and provide their documentation. They don't have to mail them in.

So here are just some tips for uploading documents. Some of these characters that are listed here are things that you shouldn't include in the file, sometimes that causes you to not be able to upload the document. Another thing that sometimes happens is the document type, even if it doesn't list the exact document that you are trying to submit, you can always click the other option and then upload your document. Some additional tips for uploading documents you may need to submit more than one document and I think we talked about that earlier. There is a size limit as well and then there is some information on the type of file that you would submit so for example like a pdf, or a jpeg, sometimes people do copies of their documents and would show up as a jpg file. Here we have the address for sending in your documents to the Marketplace. A reminder, you can send copies. You don't need to submit the originals for any of the documents you're putting in.

Another thing that's important to note is that whenever consumers are submitting their documents, they actually get a barcode and that barcode appears on the warning notice and on the eligibility notice – we'll show you a screenshot in just a second. That's important to send in with your documents because it helps us match them up. It's also really helpful if on the document they put their state, their full legal name, their application ID, which is also in your eligibility notice as well. It just helps us match everything together when we're processing it. Right here, here's what that barcode looks like. What happens then is that after a consumer has sent in their documents, they'll get a notification from the Marketplace letting them know that they need to submit more information or if the information they've submitted is correct. Sometimes consumers may be anxious, they want to know if the Marketplace got their information. This actually happens a lot with consumers who mailed in their documents so they can contact the Marketplace call center to see if they've received their information. And this is just reinforcing what we talked about earlier, we try to reinforce this as much as we can, it's that they do need to send in their documents because it could have implications for their Marketplace coverage and the financial assistance that they're getting so the sooner they send those documents the better, especially since sometimes the documents they submit might not be the exact right ones so it's giving them more time to work through that process. If a consumer doesn't meet the deadline to submit documentation, they can get coverage outside of the Marketplace so there's some information there on that and on this next slide, just a reminder on what we talked about earlier, if you have a citizenship or immigration data matching issue and don't resolve in time but you do resolve your documents later, you can get a special enrollment period.

Another assister tip is just to continue to send in your documents, even if you've lost coverage or maybe if you had a change in your income and you have an income data matching issue that you can still send in documents to the Marketplace. This next tip is kind of reinforcing that they should submit changes throughout the year. Again that's through a change in circumstance, the example Terrence gave earlier, your income can change throughout the year, a new person is added to your household, it helps us make sure we have the most up to date information and it might help resolve a data matching issue as well. This next slide is a resource that we are really excited about. Our partners at the Marketplace helped us put it together. We've featured this in previous newsletters but it really helps you if you have an income data matching issue to understand what sort of information you should provide and how to resolve an income data matching issue, so this is a really helpful guide that we really encourage you to look at. Lastly, these are some other additional resources that will be helpful, I'll just point out a couple that I think we really want to make sure you look at. So the how do I resolve an inconsistency page is really important, it shows you the documents that you can provide. The resources on uploading documents walks you through that process if you want to submit your documents online, the sample data matching notices to the consumers – I think this is a really good place to look to see what those notices look like so that if a consumer comes to you and shows you the notice, it'll help you know which type of notice they may have received.

So with that, we really hope this information is helpful. I think your role is really critical because you can help a consumer resolve a data matching issue right when you are actually helping them with the enrollment process and then afterwards as well with any questions that come up. So with that, I'll turn it back to Michelle and we really thank you for joining. We know we ran a little bit over today.

Thank you so much, Lina and Terrence, and thank you everyone for staying on the line. Like Lina said, I think this was a really important presentation and I hope you all found it very helpful. I know everyone has submitted a lot of questions through the chat feature and we will follow up with our assister newsletter, webinar resource section in the coming weeks. A special thanks to our presenters Kyle, Wayne, Donna, Lina, and Terrence for joining us today. As we mentioned earlier, due to the holidays, there will be no webinar the next two weeks and our next webinar will be Friday, January 8th at 2 PM. As always, if you would like to sign up for the CMS weekly assister newsletter list serve and receive webinar invitations, please send a request via the assister list serve inbox and write add to list serve in the subject line. Finally, thanks again for all of your hard work. We all wish you a very wonderful holiday and wish everyone a very happy new year.