

**Centers for Medicare & Medicaid Services**  
**Transcript: Assister Technical Assistance Webinar**  
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**Welcome**

Good afternoon, everyone. My name is Melissa McLean and I am with the Consumer Support Group. Before we start today's presentation I wanted to go over a few technical details. All of the lines have been muted so everyone can have a good learning experience. If you're listening through your computer speakers and have any audio issues or if your slides are not advancing you can refresh the webinar. Press the refresh icon that looks like two arrows and it's the third icon in the row near the volume bar. You can also log out and back into the webinar to help you reconnect. If you continue to have problems, you are welcome to join us through the telephone line. The instructions are included there on the screen. We will have questions being answered during the presentation and if you have any you can type in them in the ask a question box. I'm now going to turn us over to the Deborah Bryant, please go ahead.

Good afternoon! Thank you for joining us today and welcome to our weekly assister webinar. My name is Deborah Bryant, and I'm the Director of the Division of Consumer Advocacy and Assister Support for the Marketplace.

As a reminder, this call is intended as technical assistance for assisters. It is not intended 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](mailto:press@cms.hhs.gov). Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

We're into the fifth week of open enrollment and so far everything seems to be going smoothly. We've just received the numbers for week 4 enrollment and these data reflect continued progress. So far more than 2 million consumers have selected coverage, including over 700,000 new consumers and over 1.3 million existing Marketplace enrollees who have returned to shop for 2016 coverage. You can view the Week 4 Enrollment Snapshot by clicking on the link on the slide.

Today we will feature three presentations. First, we'll provide an overview of previewing plans and prices on HealthCare.gov, including the new consumer support decision tools available to help consumers see estimates of their out-of-pocket costs, check to see if their current doctor participates in a plan, and find out whether a plan covers their prescription drugs. After that, we have an application spotlight on the income section of the traditional online application. And finally, we are very pleased to be joined by a special guest from the National Disability Navigator Resource Collaborative, who will present on working with and understanding the health coverage needs of people with disabilities.

### **Marketplace Updates**

Before we get started on today's presentations, we have a few Marketplace updates.

First, effective yesterday, December 3, the Marketplace Learning Management System, or MLMS, Help Desk hours of operation are now Monday through Friday from 9:00 a.m. to 5:00 p.m. EST, except on Federal holidays. All inquiries should receive a response within 8 business hours.

### **Payment Notice Update**

Next, as many of you may have seen, we recently published the 2017 Payment Notice proposed rule on November 20th, and it includes several proposed revisions to the regulations for Navigators, non-Navigator assistance personnel, and certified application counselors (CACs). So we just wanted to highlight a few of them that may be of interest to assisters, but we encourage you to look at the whole rule for more information on proposals that impact consumers. First, we proposed to specify that each of these assisters must be trained and certified before performing any assister duties—including outreach and education activities—not just application and enrollment assistance. We know many of you are already doing this, but we wanted make this a clear requirement in this rule.

Deborah?

Yes.

I'm sorry to break in its Missy, unfortunately we are having issues with the phone line not being connected. So I'm going to need reconnect the call. Can we hold for just a minute?

Sure.

Okay. Hold on.

Hi Deborah, can you hear me?

Yes, I can.

Okay. I don't know if the phone lines are connecting through on the phone or not. It's not showing my voice speaking. I don't know how else we can test that. I apologize. I will see if we continue to get word that we are not being heard on the phone but apparently we are being heard on the webinar so I guess we can continue.

Okay. So apologies for these technical difficulties. Because we are short for time today I'm going to continue going over where we left off with updates to the Payment Notice. So first I talked about the proposed requirements for assisters to be trained before performing any assister duties.

Next, we're proposing to expand Navigators' required duties to include providing Marketplace assistance in 5 areas beyond just application and enrollment assistance, because we know lots of consumers need skilled post-enrollment assistance. So first: (1) Helping consumers file Marketplace eligibility appeals, (2) Helping them apply for exemptions through the Marketplace, (3) Helping them understand basic information about reconciliation of premium tax credits (so not providing tax advice, really just helping them access forms like 1095-As and helping them understand the purpose of the forms), (4) Helping consumers navigate the transition from coverage to care, and (5) Making referrals to licensed tax advisers, tax preparers, or other resources for assistance with tax preparation and tax advice. And we know many assisters are already working on these pieces, which is fantastic, so we would just be formalizing the requirements.

The next proposal is also specific to Navigators. We're proposing to require Navigators to target vulnerable and underserved populations in your service area. In the Federally-facilitated Marketplace, HHS is planning to give Navigator grant applicants an opportunity to propose vulnerable and underserved communities to target during the grant application process.

Next, we're proposing that CAC organizations would report performance data to the Marketplace, to help us understand where additional consumer assistance and assister support is needed.

Finally, we're proposing to simplify the rules around the provision of gifts and promotional items by assisters. So assisters would not be allowed to provide gifts or promotional items of any value as an inducement for enrollment. But we're proposing that they could provide gifts and promotional items, as long as they are not used to induce enrollment, are not purchased with Marketplace funds, and do not exceed a \$15 value.

Again these are just a few of the relevant proposals in the Payment Notice. We really want to encourage you all to comment on these proposals. Comments are due by 5pm on December 21, and there are links on this slide to a press release and fact sheet about the proposed rule, and a link to the Federal Register where you can read the proposal and submit comments. We also sent included a short summary of these assister pieces in this week's newsletter, as well as some other proposals in the Payment Notice that affect consumers and that we thought you might be interested in reviewing. So I encourage you all to look at that as well.

For our final Marketplace Update, I'll turn it over to Rachel Arguello from our Marketplace Eligibility and Enrollment Group, who will present on Special Enrollment Period and Change-in-Circumstance cut-off dates for 2015. Rachel?

### **SEP and CIC Cut-off Dates**

Great, thanks much, Deborah. So today I'm just going to quickly go over some important dates to keep in mind, one of which has already passed, that pertain to Special Enrollment periods and changes in circumstances on 2015 applications.

So these are cutoff dates after which consumers are no longer able to make these changes to their 2015 applications and will be encouraged instead to make those changes on their 2016 applications. So as you can see on the slide the first cutoff date just passed and this was 11/30. And so after this date, so starting on December 1, consumers are no longer able to enroll in or select a different plan on HealthCare.gov or by calling the Marketplace call-center due to special enrollment periods that are granted through the application including those listed on the slide. So as assisters if a consumer comes to you now and wants to report a change in circumstance that would qualify him or her for one of the listed special enrollment periods, please advise the consumer to make that update on the 2016 application.

If a consumer attempts to make this change on their online application, they will see a pop-up that lets them know that this change can no longer be made to their 2015 application. I also want to note that if consumers experience issues with reporting a change in circumstance, so a change in circumstance that would not qualify a consumer for a special enrollment period, if you experience difficulties completing that update or making that change, please call the Marketplace call-center to report that issue.

So the next slide shows again and 11/30 cutoff date and so this has to do again with special enrollment periods, but these are those that are not granted through the online application but where consumers can qualify by calling the Marketplace call-center. So again, you will see on the slide these are listed below but consumers can no longer qualify for these special enrollment periods for 2015. So again, the advice should be that of course want consumers to report these changes but they should do so on the 2016 application. Also noted in bold text, from now through the fifth consumers will not be able to make updates to their financial information on their 2015 application. There is a plan to some updates that is going to be in effect on the fifth that will once again enable consumers to report these changes and so they will again be able to do so starting on the sixth either online or through the Marketplace call-center. So if consumers are asking about whether they want to make these changes for 2015, again this only impacts 2015 apps, you should encourage consumers to come back after the sixth to report those changes.

So the next cutoff date is December 15. So after that date the 2015 application will no longer be available to consumers or consumers will no longer be able to make updates or changes to their 2015 applications online. So again if a consumer attempts to access his or her 2015 application, online on HealthCare.gov and make a change, he or she will see a pop-up that will direct the consumer to the Marketplace call-center. So Marketplace call-center reps will still be able to make certain changes to 2015 applications after December 15 but they are the only ones who will be able to access these 2015 applications for the remainder of the year. So the bullets on the slide show updates that can still be made via the Marketplace call-center and consumers should call the Marketplace call-center to make those changes. Also I'll quickly note that this also inclusive of the special enrollment period for birth, adoption, foster care placement, or court order, those special enrollment periods that give the consumer retroactive coverage effective dates, will still be able to be made by calling the Marketplace call-center.

And I'll quickly show you what the pop up text looks like. So this is the pop-up text that consumers will see if they try to report a qualified life event that qualifies the consumer for a special enrollment period on the 2015 application that they can no longer qualify for 2015.

In the next pop-up shows this is the pop-up text that consumers will see if they attempt to report a life change or make any changes to their 2015 applications after December 15. Okay. With that I will turn it back over to Deborah.

### **Previewing Plans and Prices On HealthCare.gov**

Thanks Rachel. So that's our last Marketplace update for today. For our first presentation we're joined by Lisa Ann Bailey from the Marketplace Plan Management Group. Lisa Ann will provide an overview of previewing plans and prices on HealthCare.gov. As a reminder, if you have any questions, please submit them through the chat feature and we'll try to answer them at the end of today's webinar session. Lisa Ann?

Thank you so much, Deborah. Like Deborah said my name is Lisa Ann Bailey and I work for the Plan Management team up in CClIO and I've been working closely with the Office of Communication on the machine readable content and the subsequent decision support features, that are using that machine-readable content, in order to help consumers search for physicians and drugs and facilities that are available in the plans in their area. I just want to recognize right off the bat that this information is a little late in coming across. The tools have been available and you likely have been seeing them if you're helping consumers enroll in open enrollment 2016. So hopefully you don't see anything here that is brand-new to you, although I know that the facility search isn't quite 100% rolled out. Meaning, I don't know that every consumer who enters the Marketplace will see the facilities pop-up yet so that might be something that you haven't seen that does appear in this presentation. This is one of those CMS presentations that has talking points explicitly included with every slide. I'm not sure if you will see those or not but it's a slide that's cleared for public consumption and so the talking points reflect that. If we have a chance and if anyone has questions during the Q&A, if there is time for Q&A, at the end of this call then I'm going to stick around and if you have questions please feel free to ask those question. So that can we get the next slide please?

Thanks. So when you go to the window shopping feature that's where these search tools exist right now. You will see the first page that you always see on open enrollment. It may not look exactly like this, I don't know which pictures are up there now, remember these slides were snapshots taken at a point in time. The first thing you're going to do is preview plan choices, which is what we click on in order to get into the window shopping tool, also known as PET or anonymous shopping, so we're not talking about plan compare were someone actually enrolls here.

So the first thing a consumer does as you know is they enter their ZIP Code. That's what that screen looks like to enter the zip. They then are going to enter some personal data, then they're going to get their county solidified in case there's more than one county. Then there's a question that asks whether or not the person is enrolled in a Marketplace health plan currently. We want to know that because we will give them some information that allows them to look at the renewal plan from what their 2015 plan was, which may or may not have the same plan ID, so that is why the information is asked. You can actually see plans and search for doctors and all of that no matter what your answers here, although if the answer is yes they're going to ask you for your plan ID. Okay. And to your plan ID.

Now here is where you are going to begin giving information about the tax household. Again this is all the same information that is already out there on an anonymous shopper. This information is not specifically tied to the shopping tools but these are the questions you have to answer in order to get the results. Marital status, I'm going to go through these kind of quickly assuming everyone has already seen

them. Enter your dependent information. You can always skip some of the steps to as you know, but it could change the results you get. Add some personal information, so we can exclude from QHP plans for anyone who gets Medicaid. Enter your dependent information. Confirm your household members. This is where you confirm all the information you just put in. Put in the consumers expected income. And this is where you get your estimate of your APTC amounts, if any.

And now the next slide is one that is the new information. This is where we ask consumers if they want an estimate of the total yearly costs. This is information that is sometimes referred to as the out of pocket maximum cost calculator. There are algorithms behind this information that are based upon enormous data and claim information to try to estimate what a low user, a medium user, and a high user of healthcare might be for total cost for the year including premium. So they can look at this or not and what you should understand as assisters when you working with consumers, is that there are all kinds of assumptions that go into this. We don't actually know exactly how any particular consumer is going to use their health plan, although many consumers have plans for using her health plans already. You will see when we get to the next couple of slides that there are some assumptions built in that you can see that can help the consumer select whether or not they are low, medium, or high user. So here is where they select, and if you highlight and we can't do that here because these are slides and not the live system, but for the medium plan it looks like 5 doctor visits, 2 labs, 10 prescriptions, and \$200 in other medical expenses. So that's the medium user, so I think that's the selection that has gone through for illustrative purposes. So that is going to generate the first of the four decision-support features. And that is the out-of-pocket maximum cost calculator.

Here come the next one. For the first time, we are enabling consumers to enter the names of doctors, facilities, or drugs into the anonymous shopper and then we will report information based upon what issuers have reported to us about whether or not those drugs, providers, or facilities are included as part of the plan's network or formulary. So this is the informative screen that says do you want to do this and for our purposes of course we're going to select continue.

So the first thing they are asking is, do you want to find your doctor or drugs? It says find your doctor at the top of the slide but it's really the same screen every single time. And the system knows whether or not you typed in a drug or doctor or facility.

So the consumer types in that field the name of the drug or the doctor or facility and once they do that a drop-down of what did you really mean, kind of drop-down that you may have seen in other search functions on the web. So whatever they type, then there's a drop-down selection that the consumer can make because the cost will be different. It might even be different coverage tiers depending upon the strength the drug or the way the drug is delivered whether that's in a pill form or injectable so we do our best to try and get as much detail as we can without doing overly cumbersome to the consumer's ability pick one of those selections and then they would click add. It's important that they click add and not just choose a selection.

And then once you hit add, then your consumer will be able to put in another one if they want. And it's another drug or doctor or facility.

So this says plans are on the way to add a facility lookup future. This facility lookup feature has been out to some consumers. I don't think it's out yet to all consumers, it's at the very beginning. So that's coming soon.

So this is the screen where you confirm all the information you just put in - you have household members, the ZIP Code, your expected income, I think whether or not you are low medium or high user appears at the bottom of the screen, and of the doctors and prescription drug that you selected to search for.

Then the next time you hit continue you're going to get your typical plans and pricing result that you always get. So here we have the total number of plans. I'm just going to emphasize the red boxes because I know everyone on this call has seen this information. You're going to get your total number of plans based on the information that you entered regarding the primary dependents, the estimated premium, and the deductible and out-of-pocket maximum and we are highlighting those because those amounts are directly part of the out of pocket cost calculator which is the last red square on this page. So as a function of those amounts for this particular plan there is an algorithm behind it that says if we need what was it 5 doctor visits, 2 drugs etc. and this particular plan has a \$5000 deductible, \$6850 out-of-pocket, what might be the maximum cost? And that is broken into premium for the year and also total amounts of out-of-pocket. So that can be different. You can imagine for a plan with the deductible only and no co-pays, or plans that have a co-pay only and no deductible, or a plan in a plan with different cost sharing, you can help the consumer select which plan they will need. Understanding again, and I can't say this enough, there's no guarantee and that it's only an example of this particular algorithm, of how an individual uses the plan will result in individual costs.

You can sort your plans of course. And you can see we can actually sort here on metal level, your yearly cost, or deductible amounts, as well as all the search features that are to the left. I don't think they have outlined it yet but our search feature appears right in the middle in the same way that the out-of-pocket costs calculator was circled in red, I am hoping I just can't remember right now, that the doctor and drug search will be in the middle so right under the deductible column there's a square that shows whether or not the doctor that was searched for or the drug that was searched for appears. There are different words that should display depending upon whether or not the doctor is covered, not covered, or the insurer simply didn't provide the information. So this is kind of off the slide a little bit. Insurers were required to provide machine-readable data plan your 2016. Some issuers have yet to provide that information. So if we don't have an issuer providing the information we can't tell the consumer that the doctor isn't covered because the doctor might indeed be covered and we can't tell the consumer that the doctor is covered because they might not, so we have separate verbiage that says that the information has not yet been provided by the issuer if that is the case. So the results you could see are that it is covered, it's not covered, or information not provided. What you won't see but we hope to show in the future, is tiering information – how a drug is covered, whether the doctor is covered as a specialist or as a primary care doctor, etc. At this time we are just showing covered, not covered, or the issuer did not provide the information. I think we're just about done here.

On the compare plan, it is the same compare plan screen, you just have the additional information for your doctor and drug coverage.

This I'm not actually that familiar with this is kind of new to me. I have not used this when I tested. It looks like there are multiple locations of a single provider, it's going to let you see those multiple locations, so that the consumer can tell whether or not the provider is the right provider. It's a way for the consumer to see if this is the right Kirk Johnson they were trying to search for, which has been a challenge believe it or not. One of the challenging thing about displaying this data is making sure that the John Smith is the John Smith that the consumer thinks it is so that is actually a helpful tool.

Here's just a focus on a pop out of the prescription drug coverage and how those results look.

Another display of comparing plans. Consumers do have the ability to report whether or not when they see physician, facility, or drug information they believe is incorrect. If you have a consumer that has a plan right now and they want some detail about the plan they are going to be enrolled into online. And they use the physician look up feature and they want to search for drugs and doctors and they say wait a minute I searched for my doctor and I know my doctor is in the 2015 plan and this is saying that she's not covered in the 2016 plan, and I don't think that's right. And the consumer gets on the phone and calls the doctor and the doctor says yes, I am on there. Or the consumer goes to the page where the SBC link is or the provider link is displayed and looks at the providers that the issuers displaying on the website and sure enough the physician is there, but this tool shows that the physician isn't there. This may be a situation where the consumer wants to let us know that the data is bad according to other information they have. So the consumer can click that they want to report an issue with this information. There's a link at the bottom of the page and then they will be prompted to share their feedback.

Here is your plan summary page back again. It's an overview. You can use the toolbar at the top of the page to print or email them or save the links. Once the consumer has decided that they are done shopping, just like always before the decision-support features were, they can click the box at the top of the page which will take them to the HealthCare.gov login. I won't spend any more time on that.

So we can get some questions if you want to. Okay. That's the end, I hope that was helpful. I think this information you already knew about was possibly the exception of reporting the complaint which those complaints are delivered to issuers so feel free. If you have consumers who think the information is wrong. It's not going to be a place where you're going to be able to just complain generally about the plan benefits, it's really specific to what consumers can do. It opens up the complaint menu and they can just click one of four options about each one of the search functions. The tool says my doctor's not here, but the doctor says they are. So it is very specific stuff. So you just can't complain about anything but you can complain about these features using that link. Thanks very much for having me and again I'm happy to answer questions when we get to that point in the presentation.

### **Application Spotlight on Income**

Thanks so much Lisa Ann and if you don't mind waiting around because we are running a little bit behind time because of our technical issues today, so we're going to continue to the next presentation and then at the end take questions. So next we have Carolyn Kraemer from the Consumer Support Group who's going to provide an overview of the income section of the Marketplace online application. Ready Carolyn?

Yes, thanks, Deborah. As Deborah mentioned, today's application spotlight is just going to go through the income section of the Marketplace application. This is an important section to understand and help consumers understand so they can enter their income correctly and qualify for the correct amount of APTC. Before I get started today, I'm just going to go ahead and skip to the last slide in the presentation for just one moment, the slide includes several links about HealthCare.gov and the last one is on Marketplace.CMS.gov that will be helpful in just understanding what kind of income information consumers are required to provide when they fill out the application and going through this content on HealthCare.gov and on Marketplace@cms.gov can help you. It's important that assisters have a really good understanding of this material so that you can answer any questions that consumers may have. So

I'll just leave that up for one more moment because I know sometimes there's a slight delay on our slides, I want to make sure that everybody has access to these links. Another thing to note is that this entire slide deck will be available online and included in next week's assister newsletter so stay tuned for that.

All right, I will go back to these links again at the end of the presentation but for now we will move on here. So on the slide you are seeing now you will see a quick introduction to the income section of the application. It includes on the second half a couple of suggestions for documentation that may be helpful to consumers as they fill out the income section of the application. So this includes things like paystubs, W-2 forms, and any information that they may have just about what their income is and what their dependent's income is so that they have an accurate and as clear sense as possible as they fill out the application so that they can be prepared beforehand.

One other note about today's presentation is that there are two application pathways. One is a shorter application for consumers with less complex households and what we refer to as the traditional online application. And the other handles more complex households and that is the application that we will be going through today. Though there is no difference in terms of income or accountability purposes that is just a note on the specific application screens that we are going to be looking at today. Another thing to note for context is that the income section comes after the family and household section which is covered in a separate application spotlight presentation, that I believe we delivered in October. So to view this presentation you can go to [marketplace.CMS.gov](https://marketplace.cms.gov), click on technical assistance, and then click on assistance with the application process, and then the presentation on the family and household section, you will see it posted online. Okay.

So moving on, this next slide just shows sort of the first thing that consumers will see. And so it just presents a list of the different kinds of income that consumers should include in the application. In this example, our first applicant's name is Andre Hill and so you can see the system will just first ask if you have any of these types of income and so if the answer is yes he will select yes and then continue to enter this income. Another note is to learn more about these different types of income, you can actually reference, a few of the links that showed up on your screen at the very beginning of this presentation, and there's also a link on this page to learn more about income at the time that you are actually helping somebody fill out the application. Another thing to note is that if someone is a tax dependent we recommend entering this person's income as well because the system will automatically determine whether or not to count their income toward the household income so it's really better to enter the income so that it can be counted for eligibility purposes. Another thing to keep in mind is it's important for consumers to understand that they really should enter all of their income and if they have any doubts about whether somebody's income should be counted whether it might fall under the other income category they should still enter it because even if it overestimates household income it will provide a buffer so that they don't get too much financial assistance and be required to pay back later when they reconcile their financial assistance of next time. So help consumers understand that it's important that they include all their income.

Moving on from this page, we can see that after we click yes that Andre Hill does have one of these types of incomes to report, there will be a drop-down menu where he will select what type of income he would like to add, so then he will just go ahead and select which type of income he would like to add first. And this next screenshot just provides another detail of what it will actually look like, so we can see that he will just select one of those options there. And then this next screen provides just what it will look like once the applicant has selected a type of income. In this case he, Andre Hill, would like to add

to the application and details that he will need to submit including in this case for a job the name of the employer, the amount of income that's included and then the frequency of the income. That will help the application calculate the total amount of the income. An important thing to know at this point is that if this income isn't earned steadily throughout the year the applicant will have an opportunity to clarify that. For example, if job income is only earned for 10 months of the year, Andre Hill, in this case, would have an opportunity to clarify that that is the case. Another quick note, and this information is also available online, while it is better to enter income if there are any doubts about it, there are certain kinds of other income that don't need to be included and those are available online that just include things like child support, gifts, and workers' compensation so again, do check out those links are provided initially and that we'll provide at the end of the presentation to see a list of income that should not be included. Okay. So on this screen you can just see that there's an opportunity to add additional categories of income as well. So that folks can continue to add all of the different kinds of income that they have and just another reminder it's really important to help consumers understand that they should be adding all of their income even income that they might earn in cash income.

On the next page after the applicant has finished adding, in this case all of the types of income that he has, he will have an opportunity to enter information about deductions. So just generally speaking, this deduction section applies to deductions that you would take on the front of a 1040 federal income tax return. For example, it includes things like alimony payments, student loan interest paid, or contributions to traditional IRA. So this is a good section to help consumers understand, but it's also important to understand that just like underestimating income, overestimating deductions and thereby underestimating the applicant's total household income could result in additional liability at tax time if the applicant qualifies for too much financial assistance. So as you fill out this section and help consumers understand it's very important to be accurate but also to kind of help them understand the big picture of how the information that they are providing is used. And so just like for the income section, if an applicant indicates that his deductions that he would like to add, you see that he will get this drop-down menu where he can select the type of deduction that he would like to add and here on this next slide it just illustrates that drop-down menu. Or he can select the type of deduction that he would like to add. And then on the next slide just very parallel to when we were looking at how to add income, this screen provides details once he has selected the type of deductions that he wants to enter you can enter the amount of that deduction and then the frequency with which that deduction occurs.

So once the applicant has finished this section, the system will calculate or provide an estimate of what this applicant's yearly income should be. And at this point, the applicant you are helping will have the opportunity to indicate whether he or she thinks that this estimate is accurate. You can see the applicant can select yes or no. And so if this estimate is not accurate for whatever reason, you know maybe the consumer doesn't earn income every month or it is inaccurate for some other reason, at this point the applicant does have an opportunity to correct that, so that's an important thing to help consumers understand, that they should really take a look at this estimate, think about it, think about whether it is accurate to take this opportunity to make sure that it is, in so far as they can predict.

So this next screen actually illustrates what happens if the applicant for some reason says no, this income it's not accurate for me. It shows how he or she will have the opportunity to make a correction. As you can see the screen illustrates in this case Andre Hill has an opportunity to enter what his total yearly income amount will actually be. At this point it's a good idea to talk to consumers if their estimate differs from estimates the Marketplace adjusted, it's important for that to be as accurate as possible. You will see this page also includes a little note in the blue box at the bottom that says the consumer may be asked to provide his or her proof of income and so if income changes he or she may be asked to

report the change, so if you have just a moment or two just say to the consumer is important this information is correct and important to follow up with the Marketplace to provide the correct information if you are requested to do so, that it is a good idea for purposes of ensuring a smooth application process and correct financial assistance.

So this next screen just illustrates a summary of reported income and deductions as the consumer has reported then. And again, this is just another opportunity for the consumer to just confirm that the information is accurate. Finally, this last screenshot illustrates an application where the first applicant has finished up reporting his income. He has a yearly income estimate and a monthly income estimate that he is satisfied with and in this case the application will then move onto the next applicant and this process will be repeated over again for the next applicant to report her income to ultimately provide an estimate for the whole household. Another important thing to know at this stage is that if the applicants provide valid Social Security Numbers the system can automatically attempt to verify their income against IRS data and other data sources. And so in this section it is important to note that providing that accurate Social Security number really can be very helpful in ensuring that this part of the application goes smoothly and making sure that what the consumer put as his or her income is verified so we really encourage folks to enter their correct Social Security Numbers at this point. And again, once you ultimately move on and help consumers get to their eligibility notice this is also a great time to discuss with a consumer if they have a data matching issue, if they need to provide more income or more information to verify their income just remind them that that is important and they should do so to make sure that they get the amount of financial assistance that they qualify for.

All right, so this concludes our walk-through of the income section of the application today. The slide you are seeing now is again that additional resources section that we showed at the very beginning of some really good resources to read through thoroughly that will help you understand what consumers are required to provide and just how the application works. Again, the slide deck and presentation is available online and we'll include a link to it in next week's newsletter so please be on the lookout for that. Thanks so much and back to Deborah.

### **Understanding the Health Coverage Needs of People with Disabilities**

Thanks so much, Carolyn. So since we want to make sure that we get all the presentations in today we are going to move on to our next presentation and I know we've received a few questions in the chat feature on this one as well so we will revisit at the end if we have time. So for our next and final presentation for today we are joined by Karl Cooper who is the Project Manager for the National Disability Navigator Resource Collaborative. Karl is going to provide us with important information on understanding the health coverage needs of people with disabilities. And as a reminder, you can use your web chat feature to send us some questions. Karl?

Thank you, Deborah. As Deborah said my name is called Karl Cooper I'm with the American Association on Health and Disability and we have the privilege of running the National Disability Navigator Resource Collaborative or as I'll refer to it for the remainder of my presentation as the NDNRC. The NDNRC came out of a concern of disability organizations that Navigators and other Assisters wouldn't have a sufficient knowledge base to be able to assist individuals with disabilities and the unique health care needs that they have as they have made those healthcare enrollment decisions. Several of these organizations began discussing ways to reach out to Navigators, provide technical assistance, and better prepare them for assisting this population of consumers so our project is made up of 10 national disability organizations and our 10 partner organizations are the American Association on Health and Disability,

my own organization, the Association of University Centers on Disabilities, Autism Speaks, Christopher and Dana Reeve Foundation, The Disability Rights Education Defense Fund, Family Voices, the National Alliance on Mental Illness, the National Multiple Sclerosis Society, the ARC, and the United Spinal Association. Now I seem to be having a problem, I don't think my slides are advancing correctly. I don't know if I'm doing something wrong on my end? Deborah?

Karl, I will advance it for you, just say next slide whenever you are ready.

Okay.

It's estimated that when the Affordable Care Act was passed in 2010 that 3.5 million people between ages of 16 and 65 were either uninsured, either had pre-existing medical conditions and or disabilities. These individuals face multiple options when enrolling under the Affordable Care Act, including Medicaid in their state, possible Medicaid extension if their state is expanding Medicaid, and then of course the exchange or the Marketplace for insurance coverage.

If you could go to the next one up for the mission statement? So the NDNRC's mission is to provide disability support to Navigators. Another role or specialty is ensuring people with disabilities receive accurate information on selecting and enrolling insurance through the Affordable Care Act Marketplaces.

Next slide. One of the ways we get our information out is through our homepage and our website which can be found at [www.nationaldisabilitynavigator.org](http://www.nationaldisabilitynavigator.org) and at that place you can find all the resources that we put out. I will talk about those resources in a moment if you can go to the next slide. At the bottom of the homepage we have our state resource guide map which takes into all the various state pages that we have. On that you will find information about every state in terms of what Marketplace types they have, also whether they have extended Medicaid. It also has some information specifically about disabilities, there's assister technology programs in every state, and we have the contact information for that. And then we also have state specific resources for every state and the District. So you can go there and find specific information about your state if you so choose. Next slide please?

We also have numerous resources on our website that are resources that other organizations have prepared or governmental sources. You can see all the categories of resources that we have available including ones that are specific to disability and also mental health and behavioral health and then we get into some of the ones that are related to Medicare and Medicaid and the programs or organizations that specifically deal with those issues and then enrollment statistics, we try and put up some of the enrollment statistics as we get them and then governmental resources include resources from CMS and HHS and [healthcare.gov](http://healthcare.gov). Next slide?

One of the resources we are most excited about is our disability guide, it was released in January 2014 shortly after open enrollment started for year one. It was revised again the beginning of this calendar year and revised information on Navigators and other enrollment specialists and special considerations for people with disabilities as they shop for healthcare coverage. It deals with issues like who are people with disabilities, what problems and barriers do people with disabilities historically encounter obtaining health care insurance, what do disability rights laws do, how do they affect the operation of the Marketplace, and what the Navigators need to know about disabilities, which deals with how is disability defined, what disability questions appear on the Marketplace applications, why is understanding disability so important? It deals with disability literacy, disability etiquette, some basic physical

accessibility issues, some issues in terms of communicating with people with disabilities that have communication issues, and also gets into some of the more technical problems that come about dealing with the adequacy of network providers and the like. Next slide please?

We put out several topical fact sheets in years one and two. To date we released 17 topical fact sheets which deal with a bunch of different areas. I won't sit here and read all them. You can see the first nine on this page and if you will advance to the next slide it will give you the next group, but they all deal with various areas. Some of them are a little more broad and deal with areas that are very, would be common to anyone. Some are very specific to certain disabilities are going have more limited use but they are still resources that are available that can help you answer questions, and it does so in a Q&A way, to sort of go through a lot of the topical areas that are addressed there. Next slide.

For open enrollment this year to we decided to go through and give more specific information about specific disabilities. So we've released a set of fact sheets entitled "what to know when assisting a consumer with" and then various conditions. So these included autism spectrum disorder, children with special health care needs, intellectual disabilities, mental illness, multiple sclerosis, and veterans. And those are all dealt with by the partner organizations that we have that worked with us and they were written by people that are familiar with those disabilities and the population specific fact sheets of course of this point we don't have every disability that exists but we certainly are trying to cover a broad range of them so that you can get an idea of all the various healthcare needs that come up in those different contexts. We are excited to announce that for year three we're going to be releasing four more fact sheets; these are ones on blood disorders, cerebral palsy, spinal bifida, and traumatic brain injury so you should be on the lookout for those. We will be releasing those within the next couple of weeks so that you can get more specific information about those specific disabilities as well. And if you go to the next slide please?

I always tell people that when you are enrolling in health coverage it's like playing a game of health insurance jeopardy and for those of you that are familiar with the game show Jeopardy you know that it is not about the answer, it's about asking the right question, so if you go to the next graphic. And so that is why it's so critical to make sure that you are asking the right questions about health plans because if you're not asking those right question it's really going to make it difficult for those people to get the answers that they need. We are going to go ahead and play a quick game of health insurance Jeopardy. This is Double Jeopardy for those of you who were around last year when I presented on the assisters webinar. We did some basic issues. I will be telling a little bit more about that in just a moment but for now we're going to be dealing with the disability specific fact sheets that we've released this past year and try and look at some of those issues. So if you will advance it please?

Intellectual disabilities for 400. Autism spectrum disorder cerebral palsy, attention deficit hyperactivity disorder, seizures, and mental illness. If you will advance, the question is in this instance what are some common occurring conditions for people with intellectual disabilities? And this is something that is interesting or important to remember that when you're dealing with any disability but especially with intellectual disabilities, they are usually are not happening in a vacuum. There's usually something else going on as well. There might be a physical component to it. There may be some mental health component to it and many times there are disabilities that occur together, so someone may have more than one. If you'll advance to the next? And go ahead and go to the next one.

Depression, anxiety, obesity, and diabetes. And in this instance these are some of the common secondary conditions people with intellectual disabilities encounter. Secondary conditions, these are

conditions that are brought on by the initial disability. So a person with intellectual disabilities, maybe they don't understand things as well, as a result it may cause depression or anxiety. It might be more difficult to really have them understand nutrition, so obesity and diabetes can become secondary conditions. It's important to know that people with disabilities as a whole, not just intellectual disabilities, people with disabilities as a whole are 30% more likely to be obese and there are over two and a half times more likely to develop diabetes, so these are issues that do come up routinely when you're dealing with people with disabilities. Go to the next one.

More than 80% of US medical students report receiving no clinical training regarding people with intellectual disabilities. And in this instance the question you need to ask is who are the physicians these people are seeing and are they in the network of providers? The reason that is so important is because there are many times very few doctors that really are familiar with treating people with intellectual disabilities and they will have a doctor that they will really want to keep so it's important that you are making sure that the doctors that they are currently seeing are going to be in the network providers of the plants they are potentially considering. Next slide.

Physical occupational behavioral speech is the clue. In this instance the question is what are common therapies used by people with intellectual disabilities? These are therapies that are used by many different people but these are many times specifically used by people with disabilities and if you go to the next slide?

You get into therapies that help with basic social skills, fine motor skills to help dress themselves, how to administer his or her own medications safely, and how to use a phone reserve. These are examples of what habilitation therapies are for people intellectual disabilities. The difference between rehab and habilitation I'll be talking about in a few moments but it is different and as a result you need to understand when you are helping people with intellectual disabilities, if they're using habilitation therapies that it is something you are going to need to think about. I will explain little bit more about that in just a moment. If we can go on to the next slide?

Moving now onto the category of mental illness, psychiatrists, psychologists, psychiatric or mental health nurse practitioners, mental health nurses, social workers, licensed professional counselor, peer specialists, and these are all the type of providers that an individual with mental illness could potentially see. So it's important not just be talking to them about the doctors they want to see but want to talk about all the providers and all the therapists that they could potentially see. And one of the ways people sometimes ask me in terms of mental illness, is that you don't want to come right out and ask someone because many times it isn't going to be obvious, it's going to be an invisible disability, how do you ask that question to find out if someone has a mental illness, if you don't want to come right out and ask it? Many times, and this is one the best ways to do it, is by asking them what types of providers or therapists have they seen in the past? And many times it will get them talking about that and it will allow you then to sort of get into that area without specifically asking them a question that might become uncomfortable. Moving on to the next one.

And it's similar with medications that they could be taking, anti-depressants, anti-anxiety medications, mood stabilizers, anti-psychotic medications, and stimulant medications, these are all common drugs prescribed for people with mental illness. Once again another question you can ask to sort of get to maybe what the issue is, and you can find out by asking what medications they take and that might help you to figure out if there is another condition that you really need to be talking about. Next slide please.

With cognitive behavioral therapy, dialectical behavioral therapy, cognitive enhancement therapy, psychodynamic therapy, individual psychotherapy, group therapy, and family therapy. These of course are all common therapies used by people with mental illness and they are very specific and very different and many times they may be dealt with differently by health plans. So knowing exactly what the therapy that individual needs and uses is going to be important so you're making sure they're getting the correct plan and you can steer them in the correct direction. Next slide please?

Substance use disorders, heart disease, hypertension, and diabetes. Once again talking about common co-occurring conditions and these are “what are common co-occurring conditions for people with mental illness”? So once again, thinking about how all these interplay and many times just because somebody has one condition, it's not going to be limited to that, they may have other health needs as a result of that. Next slide please.

Lack of network adequacy, limited provided networks, lack of parity in coverage, high out-of-pocket cost and wait times to see a provider and the question here is “what are common issues with mental health treatment and qualified health plans?” So looking at all these issues and finding a plan that is going to have a network of providers this going to be able to treat the individual and just because there's a list of providers that looks like they're going to be able to use that list that doesn't necessarily mean all of those people are available and taking new patients. Many times you might want to consider having the person call ahead before they make the enrollment decision to find out, all right this doctor is in the network, I want to find out if I'm going to be able to use that doctor, calling him up and saying are you accepting new patients right now? So that many times becomes an issue because even if they are on the provider network, many times mental health doctors and providers many times are very busy and very booked up and aren't accepting new patients so it sort becomes a problem then. It looks like there's an adequate network but when you really get into it there's not. Next slide please?

Moving on to multiple sclerosis as a disability, and in this instance we are asking the question what is the type of specialist or doctor that diagnoses and treats MS, and this is what is a neurologist? A neurologist is going to be the most common specialist that a person with MS is going to see. Many people with MS are only followed by their primary care doctor. You should know that, but if they do see a specialist for the condition it is going to be with a neurologist if that is the provider network you're going to be looking at when you are looking at provider networks. Next slide please?

These are the tests used to use to help diagnose MS and are an important component of monitoring disease progression. Multiple sclerosis is a progressive disease so seeing how it is progressing is important and the tests that are done are periodic magnetic resonance imaging, commonly known as MRIs. So knowing what the MRIs and how those kind of tests are covered and paid, and what the co-pays and co-insurance are for all those types of things is important because that could obviously drastically affect the out-of-pocket expenses of the individual, as they select a plan. Next slide.

Currently this is the number of drugs approved by the US food and drug administration which are available to reduce disease activity and disease progression for many people with relapsing forms of MS. The question here is what is 13? There are 13 drugs that are specifically approved to treat the progression of MS. Moving onto the next slide.

Of those 13 drugs this is the number of MS disease modifying therapies which are considered specialty pharmaceuticals. In this instance, the question is what is all of them? And that is very important because knowing that these are very specialized drugs and very highly useful to this population, but if they are all

on the specialty pharmaceutical tiers, many times they're going to be paying the higher co-pays or higher coinsurance that's associated with those drugs and therefore you can't just look at what the basic copay on a drug. You really have to look at if it's dealt with in a tiering level and if that is the case they are probably going to be paying the higher co-pays and coinsurances when they're going to get those pharmaceuticals and obviously that has an impact on out-of-pocket expenses. Next.

Bladder problems, infections, bowel dysfunction, depression, dizziness, vertigo, emotional changes fatigue itching pain sexual dysfunction, spasticity, tremors and walking difficulties. In this instance the question is what are common symptoms of patients with MS seek treatment for? So once again, sort of the secondary conditions that come about as a result the underlying condition of MS is all these other issues that come up, so those are all things that many times will cause additional treatment to be required and so if someone does tell you they have MS, it is going to manifest itself differently in every individual. So finding out exactly how it is manifesting with that person is going to be very important to be able to make sure they are making the right decisions about what is going to be covered in the plan that they select. Moving on now to paralysis. Stroke, multiple sclerosis, spinal cord injury, traumatic brain injury, and spina bifida, these are some of the common causes of paralysis. There are obviously many things that could potentially cause paralysis but these are some of the main causes of paralysis.

The next slide, the type of doctor that specializes in physical medicine and rehab that is what is a physiatrist? Physiatrists are very important to a population of individuals that are looking to try and get some rehab especially if they had an injury that caused it and they're looking to try maybe get back some function. Also very important, physiatrists usually deal with a lot of pain management as well. So if there are those symptoms as well that is the type of specialist they are probably going to want to see so those are the doctors you're going to want to be checking in the networks.

The next slide, this is the difference between, in therapies, between someone born with paralysis versus someone who is paralyzed later in life. So for instance the person that is born with cerebral palsy and therefore is born paralyzed versus someone who has a spinal cord injury in adulthood and becomes paralyzed, this is the difference between habilitation and rehabilitation. They differ simply as the re: which is the prefix of rehabilitation, it's trying to get something back that you have lost. Whereas habilitation is trying to get something that you never had or trying to acquire some sort of therapy or skill for something you never had. So many times it's dealt differently by insurance plans. You would think that that would be something that would be covered the same but it's not. So it's important to understand that if someone was born with paralysis, they are going to be seeking habilitation services and therefor understanding how the insurance company is dealing with those in terms of co-pays and all that and whether it's even covered or not is going to be one of those things that is going to be important to make sure you're getting. You can't assume. If it is talk about rehab benefits, that is something different than habilitation benefits. Next slide.

In addition to rehab/hab therapies these are other critical Healthcare Services a person with paralysis needs to have access to. This is what are durable medical equipment and disposal medical supplies? Obviously wheelchairs is the common one you are going to talk about when you talk about paralysis for people specially if it was a spinal cord injury depending on what is affected, if it affects bladder function you're going to talk about catheters, and all those disposal medical supplies that go along with that so making sure that those things are going to be covered in the plan is all going to be important to that individual. Next slide.

Infections, bladder and bowel management, chronic pain, respiratory health, and depression. Once again these are common secondary conditions for people with paralysis so they've got the underlying condition and then it manifests itself with some of the secondary conditions as well as a result of the underlying condition. So again it's thinking about not just the specific disability but some of the other complications that are going to happen as a result of that. Next slide.

Let's go on to veterans. And these are veterans whose healthcare meets the minimum essential coverage under the requirements of the ACA. Minimum essential coverage is required for everyone, unless you are going to have the tax penalty, so what veterans meet the minimum essential coverage? The answer is any veteran who is enrolled in the VA's healthcare system does have minimal essential coverage under the ACA. They have to be enrolled in the VA healthcare system but if they are enrolled in the VA healthcare system they do have minimum essential coverage. Moving on to the next, the minimal active duty requirements for veterans listed after September 7, 1980. In this instance the question is what is 24 continuous months or the full period for which a veteran was called to active duty? So that is the minimum requirement for veterans who enlisted after that date. Next slide?

To get access to VA healthcare services. The question is what is eight? For example a veteran who the VA is at least 50% connected, so a veteran has a disability related to their service so we say service connected, they are placed in priority group 1. Veterans that receive VA pension benefits which are benefits for war time veterans who are 65 and older or low income or if they are under 65 and they are permanently and totally disabled, they're enrolled in priority group 5, so there's all different kinds of priority groups and determines what they can potentially get access to. Next slide.

This is the rating for service-connected disabilities where the veteran pays no co-pays for any care regardless of whether related to their service-connected disability or not and in that instance the question is what is a veteran who is rated by the VA at 50% or greater for their service-connected disabilities? Next slide.

These are family members of a veteran who are eligible for VA healthcare. In this instance the question is who are the dependents of a veteran who have been rated permanently and totally disabled for their service-connected disability by the VA? Or it's also, another possible correct answer here would be dependents of a veteran who died from a VA rated service-connected disability. So they have a disability as a result of their service and that results in the vets death, the dependents then would be eligible for health care through the VA. All of these disabilities that I went over and the vets fact sheet, I would encourage you to look at the population specific fact sheets if you want more specific information. And you can get that on our website and you can download those, they are available in PDF for download so you can keep them for reference at any time.

Moving on to the last category, and I'll try to get through this quick, because I know we are running short on time and we're going to be talking about accessibility for the last one and these are just some real quick things you need think about on accessibility. This is the one thing you need to think about when assisting a consumer with paralysis. The question is what is building accessibility? Making sure that your building is accessible and people can get around inside it, if they're using a wheelchair. Next slide.

One thing you need to think about when assisting a consumer with multiple sclerosis who was low vision, like I said MS is going to manifest itself in many different ways. Many times it affects vision and in

that instance you want to think about what is having materials available in alternative formats. Just going to the next slide.

The one thing you need to think about when assisting a consumer with intellectual disabilities and this is what is asking questions to verify the person understands the information? Don't just ask them do you understand because many times they will feel compelled to say yes. A better way to ask is ask them to repeat what you told them so they can explain it back. Moving on.

Talking about mental health, next slide, the one thing you need to think about when assisting a consumer with mental illness is educating yourself about mental health conditions. There's a lot of stigmas associated with mental health and mental illness so educating yourself about those conditions is going to help you greatly be able to assist those individuals. And then finally, go ahead that was fine.

Going to next slide, this is the one thing you should think about when assisting a consumer who is deaf or hard of hearing, what is that individual's preferred method of communication? Some of them are going to want to read lips, some of them are going to be okay with notes and giving notes back and forth, others are going to want a translator or interpreter in which case you need to provide that for them. Moving on finally, this is the double jeopardy round which is always of course in the game show followed by final jeopardy and I'll just give this last thing. Next slide please.

The one word that sums up this quality you can have when dealing with anyone with a disability and this is to answer the question what is respect? Just have respect for the individual if they are there with someone else, talk to that individual unless they specifically asked you to talk to the other person. Just trying to be respectful of those things and really looking at the ways you can try to show that respect to those individuals.

Finally the next slide, I'll tell you quickly if you missed last year's presentation on health insurance jeopardy and you want to have some information about more broad categories like prescription drugs, medical devices, rehabilitation benefits, we have six different videos that we broke that down into. They're all quick 3 to 5 minute videos on YouTube. You go ahead to our YouTube channel later on.

Moving onto the next slide and I'll go through these real quickly, we have community outreach collaboratives in 18 different states. If you're in any of these states, there's information for how to contact them. You go ahead and go to the next slide.

That will give you the information in terms of how to contact them. They're there to help bridge that gap between the Navigators and the disability community. You can see the first 11 we had for year two and if you go to next slide you could see the ones that we have for year three and the link at the bottom of that one, the year three COC slide has the link for all the COC's and has the contact information for them.

Finally, go to the next slide, it just gives my information about how to stay involved. We do have a weekly newsletter we put out every Friday. There are archived on our website, if you want to sign up to receive those if you don't already, by all means you can go to our homepage and there's a place to sign up for updates and you can do that there. With that, thank you for allowing me to speak with you today and I will turn it back to you, Deborah.

## Closing

Thanks so much, Karl for that important, interesting information. Unfortunately we are out of time. We see your questions and I want to assure you of a few things. One, slides from today's presentations will be posted and two, as a reminder we've started to post our webinars, so you can always come back and take a look and revisit the information that was shared today and we will let you know in our assister newsletter once this webinar is posted on our website. And then another reminder our next webinar is in two weeks on December 18th at 2 PM. I just want to thank Rachel, Lisa Ann, Carolyn, and Karl for joining us today. And to everyone on the line, I hope you have a great rest of the day. Bye.