**Centers for Medicare & Medicaid Services**
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## Contents



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## Welcome

Good afternoon everyone. Welcome to today's assister webinar. My name is Melissa McLean and I am with the CMS Consumer Support Group. Before we start today's presentation. I would like to go over a few technical details with you. All lines have been muted to prevent background noise. If you are listening through your computer speakers and have any audio issues or if your slides do not appear to be advancing, please try to refresh the webinar. You can press the refresh icon that looks like two arrows. It's the third icon in the row near the volume bar. If you continuing to have issues, please try to logout and back in again. Sometimes that will help to reset the system. You are always also welcome to join us via telephone. The instructions for that are in the alternate audio tab. If you would like to ask a question during the presentation, please do so by typing them into the "Ask a question" tab on your screen. I'm going to now turn us over to Mrs. Deborah Bryant. Deborah, please go ahead.

Thank you so much, Melissa. Good afternoon everyone. Thank you for joining today. Welcome to our biweekly assister call. As Melissa said my name is Deborah Bryant and I'm the Director of the Division of the Consumer Advocacy and the Assister Support for the Marketplace. As a reminder, today's call is intended as technical assistance for assisters, 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. Please also note that the information presented in today's webinar is intended for informal technical assistance for assisters and it is not official CMS guidance. We also want to remind you that our webinars are

recorded and posted online. You can visit those webinars at Marketplace.cms.gov where you will find past presentation materials, written transcripts, and video slide presentations. We will continue to update that list with materials from our weekly webinar as they become available.

For today, we have three post-enrollment presentations. We will start off with an Overview of the Medicaid Coverage Gap Special Enrollment Period. This presentation will include details on eligibility and the process for applying for this SEP. We will then have a presentation from our colleagues on Coverage to Care and this will include updates on how assisters can help the newly insured better understand and appropriately utilize their new health insurance coverage. And then finally our last presentation will be a Complex Case Scenario on Assisting Victims of Domestic Violence. But first I'm going to turn it over to Michelle Koltov from our Consumer Support Group who will provide Marketplace updates and moderate the rest of today's webinar. As a reminder, if you have any questions, feel free to submit them through the webinar chat feature. Michelle?

### Marketplace Updates

Great, thank you Deborah. For our first of update we wanted to let everyone know that the Consumer Support Group here at CCIIO has just released a new resource for assisters. We've received many requests for a resource that would help you as assisters work with rural populations, because this community can face unique challenges and enrollment and eligibility issues. This publication, Serving Special Populations: Rural Areas: Fast Facts for Assisters, has strategies to help you address some of the challenges this community can face in getting access to meaningful health coverage. These consumers may face limited choice and access to care, have concerns over affordability, face barriers to communication and lack of transportation.

Serving Special Populations: Rural Areas: Fast Facts for Assisters will give you strategies to help reach rural consumers, educate them about their health coverage options, and apply for and enroll in health coverage. Please check out the Fast Facts on Marketplace.cms.gov, and you can also click on the link in your slide. We will also be including this information in next week's newsletter.

Last week, the Centers for Medicare and Medicaid services, CMS, updated issuer discontinuation and renewal notices, based on issuer and stakeholder feedback. We are soliciting comments on the draft updated federal standard notices of product discontinuation and renewal for use in the individual market. Once finalized, the notices will be used by issuers in the individual market to satisfy the requirement under the guaranteed renewability regulations to provide notice of product discontinuation, coverage renewal, and non-renewal or termination based on enrollee's movement outside a product service area. For more information you can click on the link on your slide.

And next we wanted to highlight an update that was included in this week's assister newsletter. As a reminder the Marketplace has implemented a system improvement that redirects consumers who are not likely to have their identity verified successfully through the Experian Call Center directly to the document upload step of the application. Sometimes by using consumer's responses to core questions, such as name/date of birth, Social Security or other information, the Marketplace is able to identify that the consumer will not be able to be helped through the Experian call center and will need to submit documents to complete the ID proofing process. Accordingly, the Marketplace has made an enhancement to its software to recognize consumers in this situation and route them around the Experian call center step, straight to the document upload step. To help these consumers upload or mail their additional documentation, see the uploading documents page link, which you can click on, on the

current slide. You can also view a list of documents that consumers can submit to verify their identity on the second link.

### Medicaid Coverage Gap Special Enrollment Period Overview

Now, let's get started with our presentations for today. For our first presentation Deborah Bryant will provide an overview of the Medicaid Coverage Gap SEP. As a reminder if you have any questions throughout her presentation, please submit them through the webinar chat feature. Deborah?

Thanks, Michelle. I will provide an overview of the Medicaid Coverage Gap SEP. Many of you have seen that we sent an update about this SEP to the listserv about two weeks ago. We thought we would take the opportunity today to walk through the eligibility requirements for this SEP, and also the steps to apply. Next slide please.

Before we talk about what the SEP or the special enrollment period is, I would like to just cover what the Medicaid Coverage Gap is for those who might not be aware. The Medicaid coverage gap is a term that we use to define a gap between state Medicaid eligibility and Marketplace subsidy eligibility. So consumers who earn under 100% of the Federal Poverty Level or what I will refer to as the FPL, are unable to enroll in a QHP with Advance Premium Tax Credits, or APTC's. These consumers might also be ineligible for Medicaid coverage because their state did not choose to expand Medicaid coverage with the passing of the ACA. Because these consumer's incomes are too high to qualify for Medicaid, and too low to qualify for a subsidy through the Marketplace, these consumers fall in between the Medicaid coverage gap.

The Marketplace offers a special enrollment period for consumers who fell within the Medicaid coverage gap the opportunity to enroll in a qualified health plan with APTC if they experience an increase in household income that makes them newly eligible for APTC and meet all other criteria. What are these criteria you may ask and who's eligible for the special enrollment period? One, a consumer that fell in the Medicaid coverage gap so that means that the consumer must live in a state that did not expand Medicaid coverage to adults with income below 100% of the federal poverty level. Again, these consumers must have had an income at one point that made them ineligible for APTC at the same time. These consumers then must have experienced a change in income that now makes them newly eligible for APTC's through the Marketplace.

If a consumer thinks that they may be eligible for this special enrollment period, there are a few steps that they need to take. The first step is to complete a Marketplace application. They can do this either online, with the help of an assister, or they can do it by calling the Marketplace call center. This is an important step because the consumer must first prove that they are now eligible for APTC. Once they complete the Marketplace application online, they must submit the application and receive an eligibility determination notice.

If the consumer decided to do the application online, this would be the point in which they call the Marketplace call center. Of course if they called the call center to do the application, they do not have to call back, they would just continue the conversation once they've completed the application, and they'd let the call center know that they live in a Medicaid non-expansion state. And that they were previously ineligible for both Medicaid and APTC's through the Marketplace, because their income was too low for Medicaid and too high for APTC. But, now their household has experienced an increase in income, which

makes them newly eligible for APTC's and I think I just said that backwards. Their income was too low for APTC but too high for Medicaid. The call center will confirm that the consumer is eligible for APTC and meets the criteria and then the Marketplace call center representative will escalate their application to a review team, who will determine if the consumer is indeed eligible for this SEP. After their application has been escalated, the review process may take up to 10 business days. The consumer should expect to hear from the Marketplace shortly after that and they should expect a letter in the mail that will tell them if they are indeed eligible for this SEP.

If they are eligible for this SEP, they can return to their Marketplace application, either online, or through the call center, to complete the enrollment process - such as picking a plan, payment, etc. If the consumer is not eligible for this SEP, they must wait until the next open enrollment period or they may become eligible for another SEP before the next open enrollment period. Consumers also have the right to appeal the decision made by the Marketplace.

I would just like to stress some very important reminders about this SEP – some things that we hear from assisters quite often and consumers that are sometimes a bit confusing. First, when this SEP was first made available, consumers had to have certain documentation such as a Medicaid denial notice in order to qualify. This is no longer the case. Consumers do not need a Medicaid denial, an exemption certification number, or a previous Marketplace denial for APTC in order to be eligible for this step. However, consumers must call the Marketplace to request this SEP within 60 days of their income change. Let me just stress that again. Consumers must call the Marketplace to request this SEP within 60 days of their income change in order to be eligible.

One note - when completing the application, some consumers may experience what we call a data matching issue, or a DMI. These consumers may need to provide the Marketplace with additional documentation to verify their income, if the Marketplace data sources cannot verify their income, and they request more information.

Again I would like to also stress that consumers are only eligible for this SEP if they live within a state that did not expand Medicaid. If you are an assister working with consumers in Alabama, this SEP may apply to them. Whereas if you are a consumer in New Jersey, you would not qualify for this SEP, because the state did expand Medicaid. As we noted before, consumers must complete the application to determine if they are newly eligible for APTC. I would like to emphasize that an increase in income does not automatically make a consumer eligible for APTC. For instance, a consumer may experience an increase in income that puts them over 100% of the FPL, but for other reasons such as having access to other minimum essential coverage, they would not be eligible for APTC. Also to note, this SEP provides prospective coverage and it follows the regular coverage effective dates. Again, you can find more about this coverage SEP, in the article we sent out in a newsletter about a week or two ago and I will hold for questions I think.

### From Coverage to Care: Helping the Newly Insured Connect to Care

Great. Thank you so much Deborah. We will hold all questions until the end so we can be sure that we get to all of our presentations for today. For the next presentation we are joined by Ashley Peddicord-Austin from the CMS Office of Minority Health for a presentation from our Coverage to Care initiative, who will go over how assisters can better help newly insured consumers better understand and utilize

their new coverage. As a reminder, if you have any questions throughout the presentation, please feel free to submit them through the webinar chat feature. Ashley.

Thank you and thanks for having me. As she said, my name is Ashley Peddicord-Austin and I'm with the CMS Office of Minority Health and we work with the From Coverage to Care program. Many of you may be familiar with Coverage to Care already, but just in case we will give you a little overview. Coverage to Care seeks to help consumers understand new coverage or old coverage if maybe they need a refresher and engage in the healthcare system and equip them and provide resources that they need to connect with care. So following input from a variety of sources, consumers, providers, community partners, and others, CMS developed this set of resources to help educate and empower consumers.

Coverage to Care likes to build on our existing networks to help present our information. We want to make sure that you understand and are aware of the resources that we have. As you know, many people who have enrolled with coverage with you will come back and ask you questions about it.

So today we will just give you a short overview and we'll talk about how you can actually use the roadmap and share it with people. We'll give you some information about our post open enrollment plan we have going on right now, including new resources that we have. And then of course we'll give you information on where you can find Coverage to Care resources.

As many of you may know, our signature piece is and remains the *Roadmap to Better Care and a Healthier You* and we have it in several languages including Spanish but it's also available in Arabic, Chinese, Haitian Creole, Korean, Russian, and Vietnamese and there's also a Tribal version in what we call a fillable PDF. A syllable PDF might be useful for partners because it allows you to customize a page of the roadmap to input your own information, your contact information, or information about other local resources. Each step is broken out into its separate step, which are also available in the multiple languages, and includes sample insurance cards, explanation of benefits, and a glossary of healthcare terms. We have a discussion guide and video or other situations which may be put on loop on an enrollment toolkit, which many of you might be familiar with which we've discussed often before open enrollment. And then we have our two new resources which we will go over today our community presentation and our five ways to make the most of your healthcare coverage. As well as our partner toolkit. Those are all indicated as new and they are posted. And then coming soon to our website will be prevention materials.

This is a screenshot of our new website. We just wanted to take a second to highlight it, because we did move the Marketplace page so if you have the Marketplace C2C page bookmarked, it will re-direct you to our new page so you don't necessarily have to remember or write down this URL but you might want to check out the new site because it is very different from our old one. You can see the new URL at the top, go.CMS.gov/C2C and you will see our From Coverage to Care banner there. So again if somebody goes to the Marketplace C2C page, it will redirect you but just take a second to review the new page. We hope it'll be a little more updated and user friendly but it still has all of our resources and information but added is a new section on how partners can use our information and use some ideas on what you can do with your community.

So pictured here is our actual roadmap. We will go through these eight steps today but as you can see the roadmap lays out a path for consumers to connect with care. First it step 1, put your health first and it goes all the way through to step 8, next steps after your appointment. You can walk through it one

step at a time or take the journey all at once. You can download the roadmap and of course other information like I said from our new website, go.cms.gov/c2c, posted at the bottom of your screen.

Pictured here is step one, and that is put your health first. A lot of times we try to remind people about prevention during this step. At their first step to better care and a healthier you many people think about health insurance as something to be used only when you are sick. You can and you should use your coverage to stay healthy. Regular care and health habits will help you live a long and healthy life. Encourage consumers to receive the preventative services that are right for them. Remind them that many of these are available for zero dollars or no co-pay. There are four parts that we would like to stress about putting your health first: physical activity, healthy eating, managing stress, taking an active role in your health, and C2C has a number of resources about prevention which are being posted on our site soon so if you have the time to go into more detail or somebody has some questions, feel free to share those with your consumers.

Next is step two: understand your health coverage. Step 2 focuses on understanding important healthcare insurance terms and financial health literacy. There's a lot covered here so you may need to spend some time on it. Tell consumers it is okay if they don't know every detail, but it is good to understand what is covered, how much they should expect to pay if they go to the doctor, or other services. Most importantly, if they still don't know the information, know where they can find it.

Today, we will take a little bit of time to go through some key terms. These are the ones that consumers really do need to know and understand so that they know how much their healthcare is going to cost when they go to use it. The first are premiums. This is a fairly basic one, but remember even those of us who work on this every day, when we're asked to explain it, sometimes it's a little hard to actually define these terms out loud. So we'll have them here and you'll have them in the back of the roadmap to reference it. Premiums are payments generally made each month to an insurance company to maintain coverage. Some consumers need to be reminded that it is important to pay their premiums regardless of whether they use services to ensure that they keep coverage. So make sure consumers understand this and make sure they get the idea. Ask them how much they pat each month, or how much it is, or whether their employer pays it. That will help make sure that they understand.

The deductible is the dollar amount that you have to pay for healthcare services before your plan will start paying for care. The deductible may not apply to all healthcare services. If you can, help consumers look at their plan or contact their plan for more details. For some plans, the person will not have to pay the deductible for preventative services and sometimes prescription drugs. We suggest consumers keep track of how much they've paid towards their deductible so they know what is left and remind them that each year the deductible is reset.

Co-pay is a fixed amount you pay for health care services or supplies. Co-payments are usually set but they can vary based on the type of service. So maybe $15 for a primary care or $35 for a specialty visit. The amount of the co-pay can differ so give the example to consumers: if you got to this doctor, it could be $15, if you go to this doctor, it could be $30. Help consumers to understand and if you are working with a Medicaid beneficiary, they usually may not have a co-pay, so remember that. Co-pay is not to be confused with coinsurance. Coinsurance is a share of the cost of a covered health insurance service. While the co-pay is generally a fixed amount, the coinsurance is not. For example, if your coinsurance is a percent – perhaps 20%, you could use that as an example – if the cost of an office visit is $100 and the consumer's share or coinsurance is 20%, then explain that he or she would pay $20.

And again, these terms and many others are listed in the glossary of the roadmap so you can reference it at any time. Also included under step two are sample cost tables. They are examples of what someone might pay in real situations. They are not real costs though. If you are like me and you are a visual, this can help explain how this will actually work out. The first part in green shows all of the costs for a service. And you can see on the having a baby example, the hospital pay, vaccines, and more. And then it provides a total. Likewise for the diabetes example, which shows prescription costs, office visit costs, etc. and then a total. Then each shows what the person will pay as well and it shows the deductible, co-pay or coinsurance pay depending on your plan, and the total out-of-pocket costs.

Another tool that is in step 2 is the sample for an insurance card. This slide shows what it could look like and highlights some key terms. It is important to know that not all consumers receive a card but they will have this information from their plan. We like to use this as a way to confirm that they are enrolled in coverage. This is also a great interactive activity. So if you are doing an event, or a presentation to a group of people, you could use this as an icebreaker, perhaps to wake up a sleepy audience or test their knowledge. Ask your audience to pull out their insurance cards and see if together you can identify the information listed here. Point out where it has their name, has the plan information, member number, group number, and ask the consumers if they see the amount for a co-pay. Ask if it's listed for a primary care visit and then see about a prescription. Remind them this is a quick and easy way to have this information handy. Then have consumers turn over their insurance card over. And this is where they will find the plan contact information. If they have questions about coverage or a claim, urge them to call that number.

And then there's step 3. Know where to go for care. This is an important step since we are trying to ensure that people are receiving primary care services and that they're utilizing their primary care doctor when they can versus going to the emergency department. So the main point to stress is that they should be using the emergency department only for life-threatening illness or an injury. We encourage you to use this as an opportunity to talk to consumers about where in your community someone can go for primary care and help connect them to local providers who take their coverage.

Step three has a chart - primary care versus emergency care that helps depict the differences between the two. This is also available as its own separate handout. There's a few points that you'll probably want to highlight with consumers. One of the first things to note is that if you use the emergency room for non-life-threatening injuries or illnesses you will likely pay more. Typically a co-pay for an ER visit is higher than for a primary care visit. Another difference to highlight is that we can all call for an appointment with a primary care provider, but in the ER we would have to be wait to be seen based on the severity of conditions and seriousness of other people waiting. When someone sees their primary care provider, the provider will get to know the person, their health history and they can access health records. At the ER the providers may or may not be able to look at your health records or be familiar with the patient. Many people ask about urgent care as well. And that is a question that is frequently brought up. An urgent care is for an illness, injury, or condition that is serious enough that a person can be seen right away but maybe not so severe that it needs emergency room care. Urgent care centers also carry more accessible hours than a primary care provider and they are certainly more accessible than an ER, but suggest to consumers if they want to use one, they should check with the plan ahead of time to see what the cost will be.

If you have an audience of consumers, this is another chance to make your presentation interactive. Think of situations or ask consumers for ideas and discuss whether the person would go to the ER or to their primary care provider.

Next we have step 4. Find a provider. After talking to consumers about where to get care, you can begin a discussion about what type of providers to see and how to find one that is right for their needs and takes their coverage. This step includes a checklist of things to think about when selecting a provider, such as whether the office is accessible, whether they need prior authorization, and if there are interpreter services available. This is also a good time to remind the consumer the cost implications of finding a provider who is out of network and the implications of not getting pre-authorization if the plan requires it. Tell consumers about this, ask the audience to raise their hand if they have a primary care provider. For those that do, ask them how they found it. Maybe they have problems you can help them with.

Step five. It seems simple, but it's important to bring up just as well and that's to make an appointment. This goes through information that consumers should have ready, what they should say, when they call to make an appointment. If you want to do this interactively again you can have a pretend conversation with consumers and pretend that you're office staff, go through what you would do on the phone call. Let the office staff know the reason for the visit, if it's an illness. Of course if they are sick, of course the consumer would want to mention that, because they'll want to be seen right away, and then tell consumers that they would often be asked if they are a new patient or a returning patient and this is also a good time that you can set expectations for the consumers about how it may sometimes take a little while to schedule an appointment as a new patient. Another important point to remember to confirm on the phone if the provider accepts your health coverage and if consumers have any particular needs like a translation service or they need accessible medical equipment, tell them they should mention this now when they make the appointment.

You can also encourage consumers to ask their providers about their cancellation policy. We found out that many consumers do not know that a cancellation fee often exists and they can be harmed by that so make sure that they ask it and know ahead of time if they're going to have a fee if they cancel the appointment. Finally, remind consumers to write down the date and time of their appointment on their calendar or set a reminder on their phone.

Step six is to be prepared for this visit. This goes through what to bring to your appointment, the check-in process, and includes some questions that consumers should be able to answer before they leave the provider's office. Encourage consumers to ask questions of their provider and make sure they understand health issues, if they have any, and what they need to do when they go home. Ask consumers to think about what they should bring to the appointment. This would include their insurance card, photo ID, a list of any current medications that they currently take, or other forms or information that the office maybe asks them to bring, and of course enough money for the co-payment or coinsurance. You can talk with consumers about asking their provider for generics or low-cost medication options if they are concerned they won't be able to afford any prescriptions. And finally remind them that they have the right to be respected and the right for their information to be kept private. Step 6 has room for audience participation again. You can bring sample copies of a medical record for consumers to fill out or ask the audience to share some of their questions they want to know when they are going to see their healthcare provider. Ask the audience to think about family history, writing down any conditions the parents, siblings, or grandparents have and if they do not know, encourage consumers to talk with their families about it. Remind them that conditions are preventable and with this information, consumers can work with their provider to prevent any issues or catch anything early and then they'll have the best chance for a cure.

Step seven is decide if the provider is right for you. So in this step we want to tell the consumer that they should be looking for a provider that they can trust and that they can work with comfortably to achieve their health and wellness goals. Step seven includes a list of questions that we can go through with the consumer to help them reflect on whether their provider is right for them. The checklist includes questions such as whether the provider listens to them, if they feel their questions were answered, could they understand the answers, were you treated fairly, and if you needed an interpreter or accessible equipment, did the provider accommodate you. If the consumer says no they can talk with the provider or office staff and maybe it's something easy that can be worked out. If not, if the person feels it can't be resolved and they still have concerns, they can always find a new provider. This is again another thing we've heard that consumers don't always realize or thought about so of course they would want to return to step 4 to make sure they are finding a provider who is in their network and accepts their coverage. You might want to note with consumers that they may wish to call their insurance plan to be sure that if they do go to another provider that it will be covered just in case they need to wait a certain period of time or receive a different type of service.

Finally, is step eight - the next steps after your appointment, for most of us, it's a good idea to write down any instructions or tips we received while we were at the doctor's office. Suggest to consumers that before they leave the office they can answer a list of questions – do you need additional tests? Do you need to fill a prescription? What do I need to do now to stay healthy? Warn consumers that they may receive a bill, a statement, or some other type of document after their visit that is important to read, with their mail and make sure that their service was covered and check whether anything is still owed. After the appointment, consumers should realize that health insurance plans can change and so can our healthcare needs so that's why it's important to review coverage options each year during the open enrollment and make sure that your plan still meets your needs. And of course as you all know that we can remind consumers that if the move, get married, have a baby, or lose coverage, they may be eligible for a special enrollment period.

This slide is an example of one of our consumer tools, the explanation of benefits (EOB) letter. Walk through this with a consumer. Explain that this paper describes services received, what the provider charged, what the plan paid, and sometimes tells you what you may owe but it is not the actual bill so highlight that consumers may not owe anything after the co-payment. However they could be billed later on so if they do receive more notices, they should continue to read those. If you have Medicaid beneficiaries in your audience, they may not receive this type of letter.

If the consumer has questions after reading their EOB, or about the services or the charges, explain that they would contact their insurance plan. Likewise, if they were denied or they disagree with the policy or payment decision, they could appeal or file a grievance and try and change the decision, so they would contact the insurance plan again. This is another opportunity to remind consumers they need to continue to pay their premiums and their bills to their providers and to their plans to ensure they are still covered continuously.

And other things that you may find in the roadmap of course, is a glossary, a list of resources for additional information if you need to dig a little further, a checklist where you can keep track of your personal health information, about which services were received, and a page for coverage and provider information so you have a quick and handy place to put down phone numbers, plan ID information, etc.

Today, we would like to discuss some ideas on how to actually use the roadmap. You are our trusted sources for the newly insured and many others, so we want to encourage you to use the roadmap to

start a conversation with consumers. When you begin this conversation, you may want to ask consumers which step is most appropriate place to start so you can personalize the journey and meet their needs. You may want to customize the roadmap by adding information on local resources. You can also link consumers to videos and resources at each step of the roadmap to further their understanding of the material. Coverage to Care resources are your tool, the stories, explanations, and conversations you actually have with the new consumers are will help them understand and remember the steps.

So, just a little bit on what's happening right now – our post open enrollment plan. Of course as always we are looking to increase consumer connection to care, knowledge of health insurance and health literacy, and to of course encourage consumers to actually find a primary care provider, make that appointment, and utilize the free, preventative services. So, we're working with a number of partners and hopefully many of you will be one, identify some opportunities where we can collaborate and coordinate efforts, develop an outreach plan, and of course doing some digital media, utilize listservs, and of course some social media. You've seen some posts on CMS.gov and HealthCare.gov's Twitter handles and on the HealthCare.gov Facebook page, and we're hoping that many of you will be able to post your own as well.

This is a screenshot of one of your brand new resources that was just completed and is being uploaded to our site today, it's the partnership tool kit and we're hoping it will make your jobs a little easier. The idea is that we'd create the toolkit and give you language and ideas that you can then take and personalize and make it your own. So since all of our partnerships are informal, the participation is going to vary greatly. Some community organizations will use coverage to care as a minor part of their efforts and others will use it with a very heavy health literacy focus and incorporate coverage to care a little more widely. Regardless, we're hoping that this toolkit will make it easier for you.

So there's three main materials and language and the toolkit is of course available on our website and actually being put there today, an interactive PDF with links and – links that will take you to the information so hopefully you will find it easy to use. Here's a little bit of the content in the toolkit. It starts out with some basic information about Coverage to Care and lists all of the available resources that we have in multiple languages, but then we provide you with some ideas on how you can help spread the word. Then it's time for you to help us add to the post open-enrollment plan momentum. This is where we have sample materials and sample materials are available in English, as well as Spanish, and you can borrow these and make them your own, so it would include the blog post, a blurb for a newsletter or email listserv, and social media. The social media includes post texts, as well as graphics. On the screen here you'll see two examples of some of the graphics for social media. Each of these is offered in English and in Spanish so that hopefully we can reach a wider network of consumers and partners. So when you download the toolkit from the page it will come up as a zip drive. You'll see the actual toolkit as a PDF and then there's another file folder that will house all of the graphics so you'll have them available for your use. We do hope that you'll use these and the suggested language – nothing is required, and you can personalize it and make it your own.

So a little more about what you can do – you can publish an article on your blog, you can post a blurb in your newsletter, you can share social media on Coverage to Care, you can share our posts and retweet or repost or like or love or you can share your own and then of course we have a web badge if you want to direct people from your site to Coverage to Care – we have a new web badge that you can use and there's the hyperlink on your screen again.

Another thing you can do is plan an event. You can consider using the Coverage to Care community presentation slides. These are prepared slides – the slides are prepared as well as the script and it has cleared CMS language, so they're all ready for you to use, they're already posted on the website and some of them will look familiar to the slides that you saw today because there's all eight steps, it goes through all the consumer tools, and gives you the language. There is a guide for you and then a resources handout that you distribute to people if you have people in person, you can give them the hand out and that provides additional information, resources if they need a little more. And you use the presentation along with the roadmap of course. Another event you could do – you could work with local hospitals, clinics, health centers to add coverage to care presentations to their existing community education classes or include C2C materials as part of their health fairs. You could maybe host an awards breakfast, and recognize patients who've done an excellent job at managing their health coverage. Another idea is to collaborate with community centers to incorporate C2C into their current activities or special events and work with the person who coordinates the education classes or meetings at a local clinic, adult education institute, a civic club, or even a YMCA or other health facility. Engage your local church or place of worship to share materials and host some educational sessions.

You can host a webinar to share C2C or you could develop sessions for meetings or conferences that you're attending and mention the C2C materials or share a C2C presentation. You could host a workshop to help people understand how to make the most of their health coverage or hold a "Meet Your Provider" open house. Use Coverage to Care materials to talk to patients about how to prepare for their visits and what questions to ask. And then as always, at the bottom of the screen you'll see where you can send us stories about what's working or videos of how you were using C2C or other ways – any best practices that we could then share with other people. All of this information is reviewed in our partnership toolkit, which again is being put up on our site but we'll provide an email at the end of the presentation as well so if you'd like I'd be happy to send you a PDF of it.

This is a screenshot of another new resource that we have. It's called five ways to make the most of your health coverage. So we don't want to confuse anyone, we just went through eight steps of the roadmap and that is the full version of how to connect consumers with care and that goes into much more detail and is really a good way to connect consumers to care and help them understand but sometimes we don't have that much time. Sometimes we need something that is just front and back, and really quick and short. And that is where we came up with the five ways to make the most of your health coverage, the idea being that as soon as they enroll they're going to need to immediately need to do certain things and that is posted here on your screen so we have - confirm your coverage, know where to go for your answers and know how to contact your plan, and of course it links to the roadmap, finding a provider who accepts your coverage, actually making that appointment to receive your preventative services, and then knowing how to fill a prescription.

The filling a prescription is actually an important one. We hear that and understand from research that this is actually the thing that consumers most need to do. So either refilling a prescription that's about to run out or perhaps a prescription already lapsed. So there's important differences between generic and premium drugs so we want to make sure the consumers are able to get this information quickly and easily.

Like all our products, the five ways to make the most of your health coverage is available in the product ordering warehouse, it's on its way right now actually and it's of course on our website as a PDF. That's part of our new, updated website – you'll find an actual web focused version of the five ways to coverage when you go visit our new site. So, of course we ask our Navigators and assisters to help use

our resources but perhaps there's others in your community that are already using them that you could work with and collaborate so you share your combined efforts and not do things twice.

Here are some ideas of who you might want to reach out to. There's community health centers, hospitals, of course state or insurance companies that are maybe working on the plan, tribal organizations, libraries, state-based organizations, SHIP counselors, many others and also schools are working on Coverage to Care so take a look around your community and think about who might be using Coverage to Care or maybe would be interested in it and you can partner with them as well.

Finally, our contact information. So this is again our website - go.CMS.gov/C2C and that is our new updated page and then if you have questions, you can contact us at CoveragetoCare@CMS.HHS.gov. If you have any questions about becoming a partner, about using coverage to care, or want to share best practices, please feel free to email us at that address too: CoveragetoCare@CMS.HHS.gov. Thank you.

### Complex Case: Assisting Victims of Domestic Violence

Great. Thank you so much Ashley. I think it's great to always highlight some of the new resources because I know our assisters have used them in the past and really enjoyed them so thank you for that. As I mentioned, we will do questions after our next presentation so for our next presentation we are joined by Gurdev Anand for our Complex Case Scenario on Assisting Victims of Domestic Violence. Gurdev?

Thank you Michelle. When helping consumers with eligibility and enrollment activities, assisters may encounter some complex situations. This week we will present a complex scenario about helping consumers who experience domestic violence or spousal abandonment, enroll in health coverage.

In today's scenario you will meet Sonya, who experienced domestic violence, and her daughter Sophia. Although she is still legally married to her husband, they have not lived together for the past three weeks. Let's meet Sonya and Sophia. Sonya experienced domestic violence perpetrated by her husband about a month ago. As previously mentioned, Sonya is still legally married to her husband. However she has filed a restraining order against her husband and moved to a new house. She has a 4 year old daughter, Sophia, who lives with her year round. Sonya works as an office assistant at a small business and earns $28,000 annually. Her employer does not offer health insurance benefits to its employees. She wants to enroll in coverage separate from her abusive husband and is interested in getting coverage for her and her daughter through the Marketplace. However it is outside the Marketplace's annual open enrollment period.

Sonya and her husband will not be filing taxes jointly. Instead she will be filing her taxes under the married filing separately category. So the question is, since Sonya is still legally married but will not be filing taxes jointly with her husband, will Sonya be eligible to receive financial assistance through the Marketplace for her and her daughter, if otherwise eligible? And, since it's outside the Marketplace's annual Open Enrollment Period, will Sonya and her daughter be able to enroll in Marketplace coverage?

Before continuing with the scenario, let's review some important information relevant to consumers who have experienced domestic violence. Consumers who have experienced domestic violence or individuals who have experienced physical, psychological, sexual, or emotional abuse, including efforts by the perpetrator to control, isolate, humiliate, and intimidate, or to undermine the consumer's ability

to reason independently. The perpetrator of the domestic violence can be the consumer's spouse, domestic partner, or other household member. Besides experiencing domestic violence, consumers can also experience spousal abandonment, meaning they are unable to locate their spouse after reasonable diligence and taking all facts or circumstances into account. Usually consumers cannot enroll in Marketplace coverage outside the Marketplace's annual Open Enrollment period unless they experience certain qualifying events. Being a victim of domestic violence and wanting to enroll in coverage apart from your abuser is one of these qualifying events. Here we're asking is Sonya eligible for a Special Enrollment Period to enroll in Marketplace coverage outside the Marketplace's annual Open Enrollment period? The answer is yes. Victims of domestic violence, like Sonya, and their dependents, in this case Sonya's daughter, who want to enroll in coverage apart from their abuser, have experienced a qualifying event that qualifies them for a special enrollment period, otherwise known as SEP.

Sonya must call the Marketplace call center to request this SEP. And this SEP cannot be accessed through HealthCare.gov. After qualifying, Sonya has 60 days to select a plan. It is important to note that Sonya's daughter, as a dependent of a victim of domestic violence is able to enroll in Marketplace coverage with her mother through this special enrollment period. Victims of spousal abandonment and their dependents may also qualify for this SEP. It is also important to note that the victim of domestic violence or spousal abandonment does not need to be married to the perpetrator to qualify for this SEP. Victims of domestic violence or spousal abandonment do not have to show medical or legal records or other proof that they have experienced domestic violence or spousal abandonment in order to qualify for this SEP. Eligibility is based on self-attestation. You can click on to the following link for more details about this SEP.

Usually consumers who are legally married are required to file a joint federal income tax return with their spouse in order to receive financial assistance through the Marketplace, such as advance payments of the premium tax credit. However for consumers who have experienced domestic violence or spousal abandonment, getting in contact with their spouse for the purposes of filing a joint return may be traumatic, dangerous or prohibited by a restraining order. Because of this, the Marketplace makes an exception to the joint filing requirement for consumers in these circumstances. Here we're asking can Sonya receive cost-lowering financial assistance through the Marketplace. Again, the answer is yes. Sonya and her daughter can receive financial assistance through the Federally-facilitated Marketplace as long as they are otherwise eligible.

Generally, married consumers must file jointly to be eligible for financial assistance through the Marketplace. For victims of domestic violence or spousal abandonment however, this is not the case. Married victims of domestic violence or spousal abandonment who are applying for coverage separately from their abusive spouse or spouse who abandoned them, and filing taxes separately may be determined eligible for financial assistance through the Marketplace by indicating they are not married on their Marketplace application.

It is important to note that an assister should ensure Sonya that she will not face any penalties for representing that she is not married on the application. Sonya may be eligible for financial assistance even though she is married and will not file her taxes as married filing jointly. Before accessing the domestic violence SEP through the Marketplace call center, Sonya can fill out an application to see what financial assistance she may be eligible for.

Based on her household income of $28,000, and family size of two, Sonya may be eligible to receive financial assistance through the Marketplace, which can be applied to reduce the cost of monthly

premiums and other out-of-pocket costs for the health coverage she selected for herself and Sophia. Sonya can find out what financial assistance she could be eligible for by filling out a Marketplace application and submitting the application prior to calling the Marketplace call center to access the SEP for survivors of domestic violence.

Because Sonya is applying outside open enrollment she will not be able to actually select the plan until she is granted the SEP by the call center. Sonya's daughter Sophia may be determined to be eligible for a Marketplace plan with financial assistance as well or for the Children's Health Insurance Program, or CHIP, depending on her state's eligibility criteria.

Sonya is now ready to enroll in coverage but in order to do this she must call the Marketplace to access the SEP and enroll in coverage. Let's see how she can apply for coverage using the SEP for victims of domestic violence or spousal abandonment. If Sonya wants to see if she is eligible for Marketplace coverage and financial assistance through the Marketplace she can fill out and submit an application prior to calling the Marketplace call center to access the SEP to enroll in coverage or she can fill out an application with the assistance of the call center.

Remember that when filling out the Marketplace application, Sonya should 1 - indicate that she is not married on the application and 2 - indicate that her family size is two, consisting of Sonya and Sophia and her income is $28,000. She will not include her husband or his income on the application. Once Sonya has decided she wants to enroll in Marketplace coverage, she can access the SEP for victims of domestic violence through the Marketplace call center at the number listed on your screen. After accessing the SEP through the Marketplace call center, Sonya can now compare plans and enroll in coverage. Let's remember that Sonya will have 60 days from the date the call center grants her the SEP to enroll in coverage.

Let's talk about how Sonya would file her taxes. The Internal Revenue Service has clarified that certain victims of a domestic abuse and spousal abandonment can claim the premium tax credit and their Federal income tax return using the married filing separately filing status. For more information on this, see Treasury Notice 2014-23. Married consumers who receive advance premium tax credits and who have experienced domestic abuse or spousal abandonment must follow the IRS instructions for form 8962 to claim their premium tax credits on their tax return. To claim the premium tax credits, the consumer must be living apart from his or her spouse when they file their taxes.

Even if victims of domestic violence or spousal abandonment and their dependents are determined eligible for financial assistance through the Marketplace and eligible for the Special Enrollment Period, they may decide not to enroll in Marketplace coverage. These consumers may qualify for a hardship exemption which would allow them to be exempt from paying the individual shared responsibility fee for going without coverage for three or more consecutive months out of the year. On the hardship exemption application consumers will need to indicate when the domestic violence started, when the hardship ended, or if the hardship is ongoing. This will determine the length of the hardship exemption. Generally, hardship exemptions are provided for the month before the hardship begins, the months during which the hardship is experienced, and the month after which the hardship ends. For more information and step-by-step instructions on how to claim an exemption due to two domestic violence or spousal abandonment, and the form for claiming an exemption, go to the link listed there.

This concludes our complex case presentation on how to assist victims of domestic violence. Back to you, Michelle.

Great, thank you so much Gurdev and we are just at time so I just want to thank our presenters, Deborah and Ashley as well for joining us today. Thank you to everyone for the questions you have submitted through the chat feature. We will follow up with answers to some of the questions in an upcoming newsletter.

Our next webinar is Friday, May 13th at 2:00 p.m. If you would like to sign up for the CMS weekly assister newsletter listserv, and webinar invitations, please send a request via the assister listserv inbox and write add to listserv in the subject line. And finally, thank you again for all of your hard work and have a wonderful weekend!