

***Producer  
Individual Marketplace  
Certification Training:  
Affordable Care Act***



**Module 1**



## Learning Objectives

**By the end of this lesson, you will be able to...**

- Describe the benefits of the Affordable Care Act (ACA) for individuals and small businesses.
- Describe the types of insurance that will be offered through the Marketplace.
- Describe the eligibility determination process for insurance subsidies in the Marketplace.
- Review the Producer Individual Marketplace Certification process.

## **Affordable Care Act**

Two Major Goals:

- To increase access to health care coverage for all Americans.
- To introduce new protections for people who have health insurance.

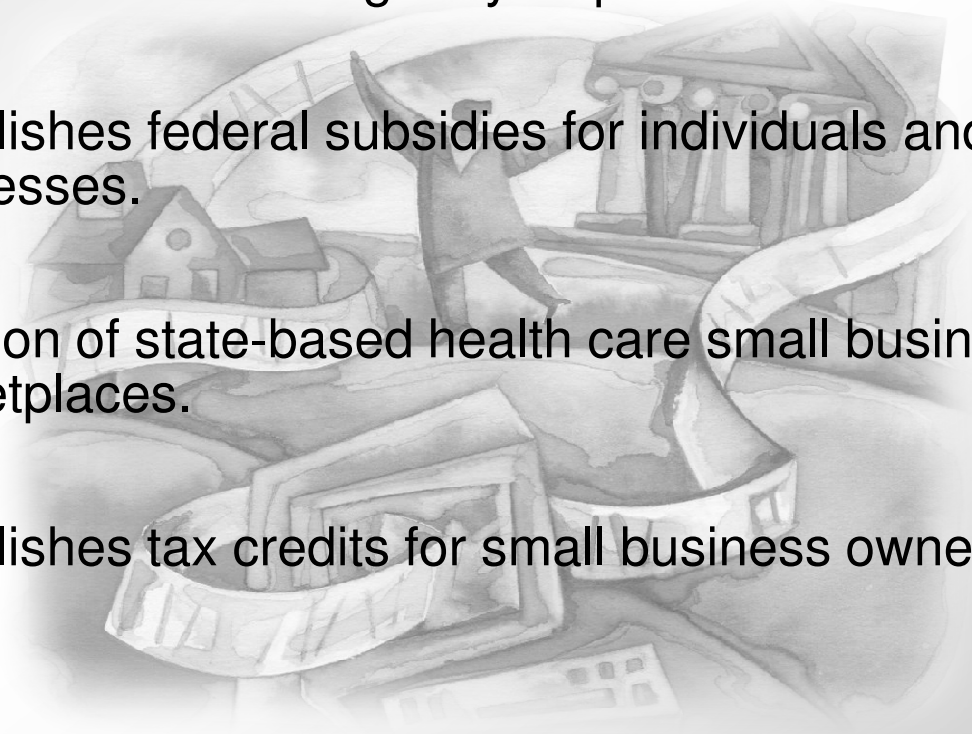


## **Affordable Care Act**

- Creation of health care marketplaces
- Coverage to dependent children up to the age of 26.
  - NYS law covers dependent children up to the age of 29.
- Requires individuals buy health insurance or they may be subject to fines by the IRS.
- Prohibits denials or waiting periods due to pre-existing conditions.
- Eliminates annual and lifetime dollar limits on coverage.

## Affordable Care Act

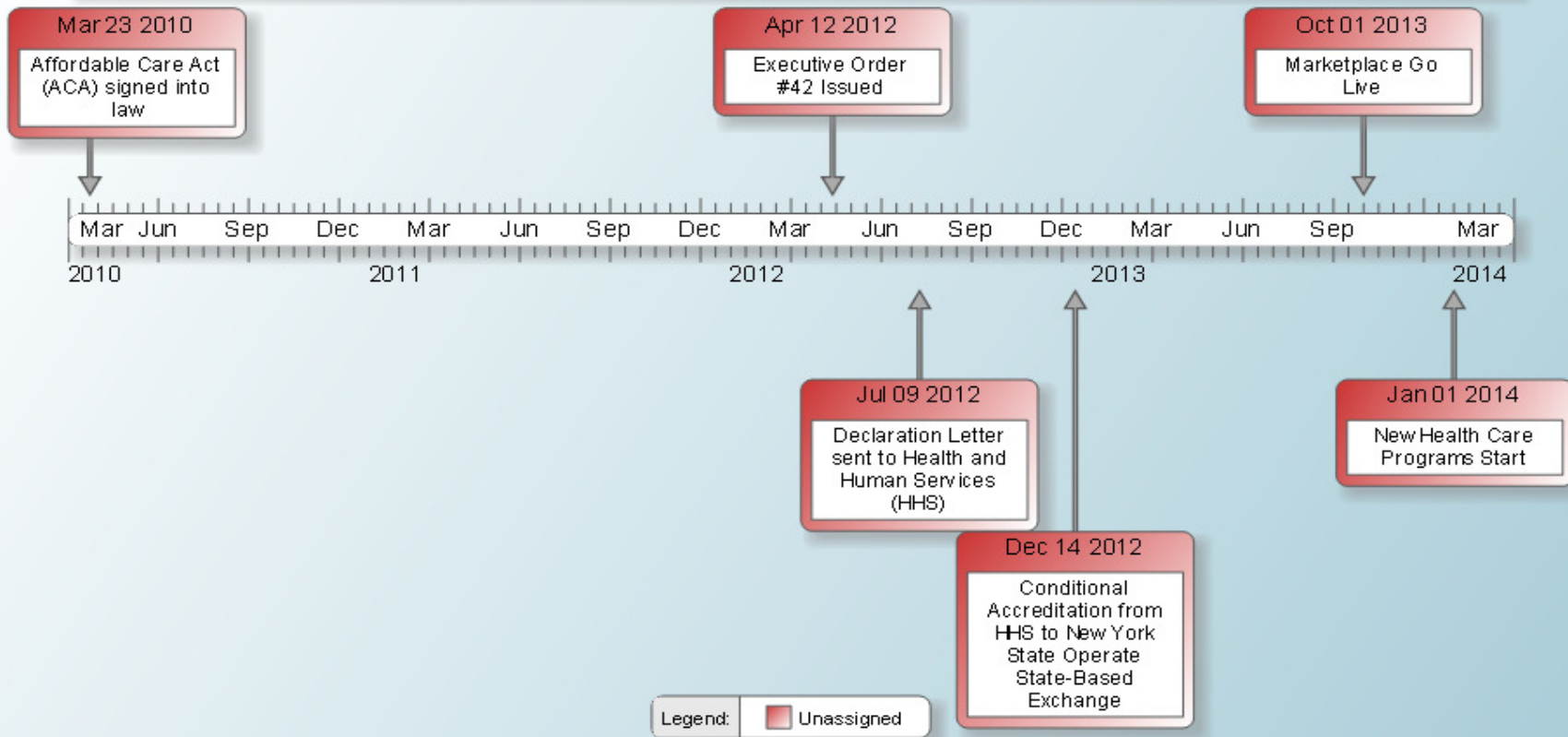
- Expands Medicaid eligibility requirements for individuals.
- Establishes federal subsidies for individuals and small businesses.
- Creation of state-based health care small business marketplaces.
- Establishes tax credits for small business owners



## The Marketplace – Timeline

75

### New York State of Health Implementation



Created with Timeline Maker Professional. Produced on Aug 12 2013.

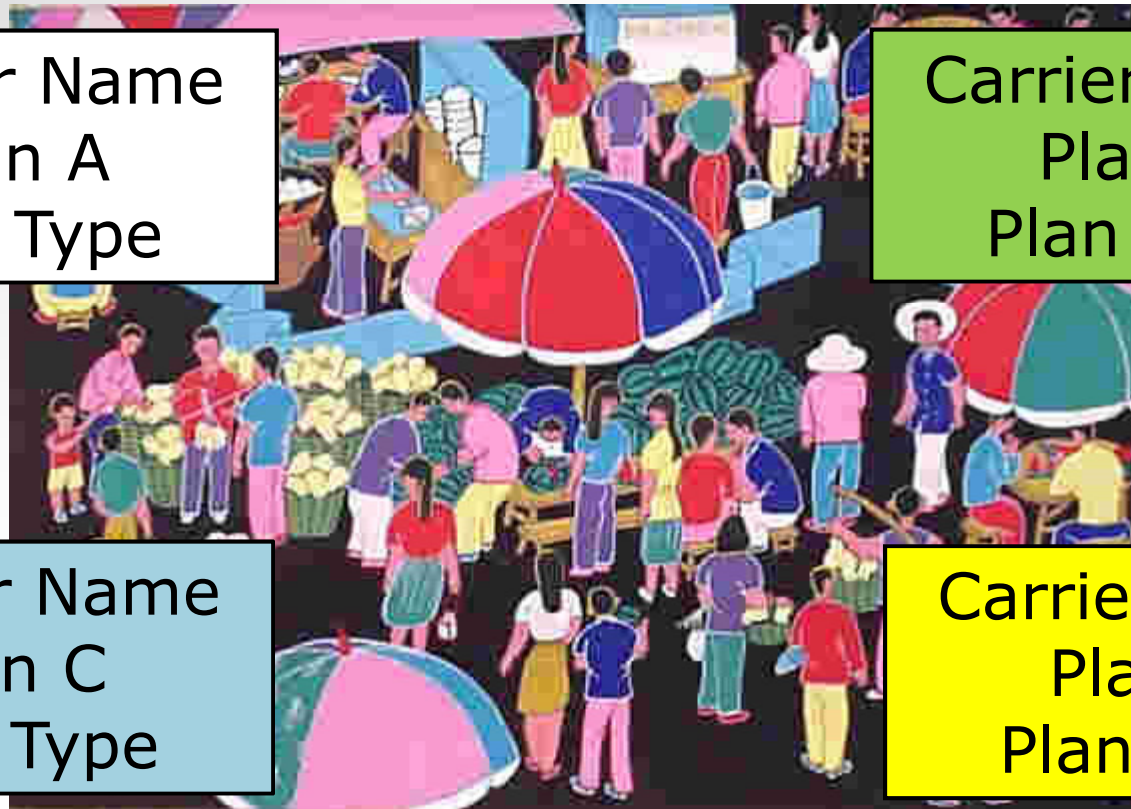
## The Marketplace

Carrier Name  
Plan A  
Plan Type

Carrier Name  
Plan B  
Plan Type

Carrier Name  
Plan C  
Plan Type

Carrier Name  
Plan D  
Plan Type



## The Marketplace – Individual Eligibility and Enrollment



- 1.
- Citizenship/Immigration Status
  - Consumer's address (physical & mailing)
  - Household composition
  - Household relationships
  - Household income
  - Other health insurance for household members

The Marketplace



2.

3.

4. Program eligibility is determined and consumer selects a health plan

6. Consumer makes monthly premium payments

7. Consumer contacts insurance carrier for service issues

5. The Marketplace completes enrollment and sends to health care insurer



3<sup>rd</sup> party data sources

Carrier Name  
Plan A  
Plan Type



## The Marketplace – Individual Penalties

Individuals will be required to:

- Purchase health insurance that represents “Minimum Essential Coverage”.

*or*

- Be subject to penalty - phased in between 2014 (\$95) to 2016 (\$695).



## Small Business Health Options Programs (SHOP)



1. Employer submits application
2. Employer makes plan selections and submits enrollment application



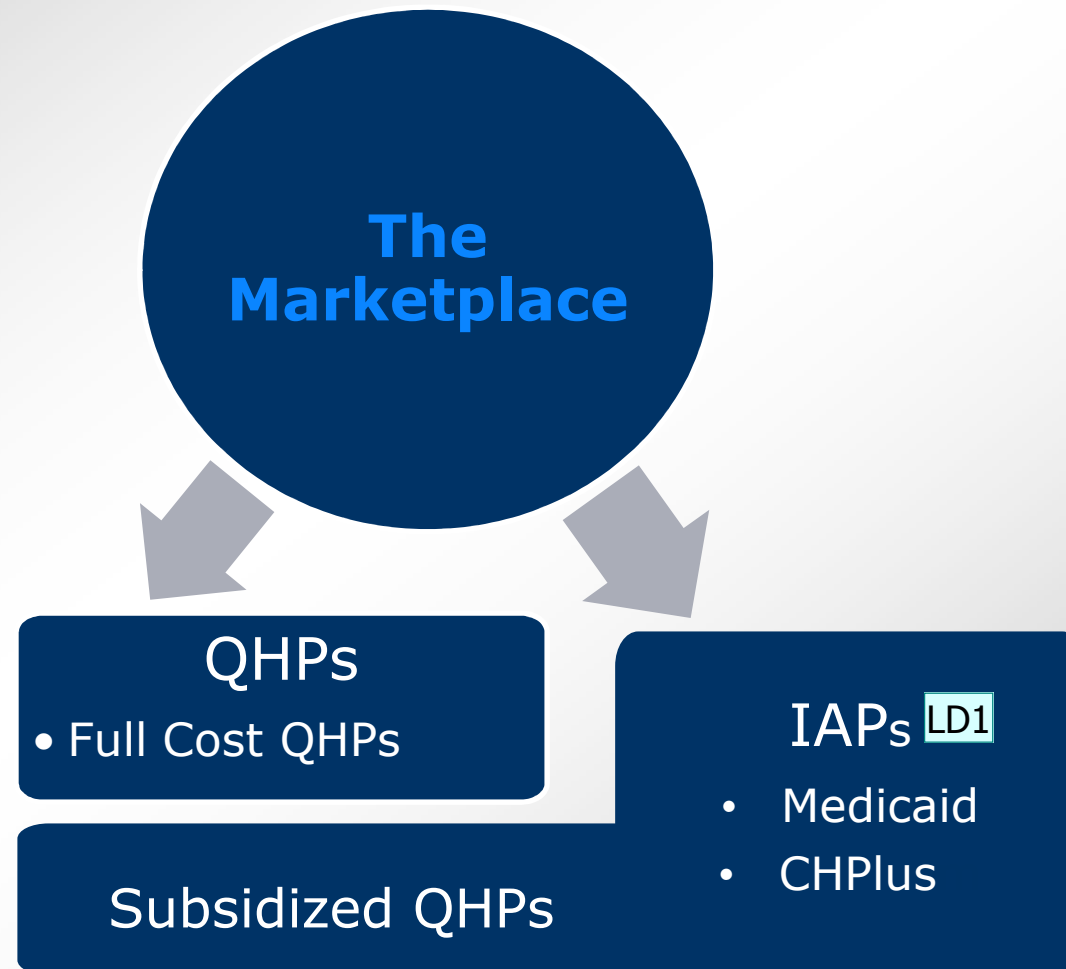
SHOP Marketplace



3. Employee accesses portal, makes plan selection, and submits enrollment application

4. Employer accesses portal to see status of employees' enrollments

## The Marketplace



## Qualified Health Plans (QHPs)

A health insurance plan certified by the



## Insurance Affordability Programs (IAPs)

- Medicaid
- Child Health Plus (CHPlus)
- Advance Premium Tax Credit
- Cost Sharing Reductions



## **Federal Poverty Level (FPL)**

- The Federal Poverty Level is a measure of income level issued annually by the Department of Health and Human Services.
- Insurance programs in the Marketplace have income eligibility criteria.
- Income eligibility is expressed as a percentage of the FPL.

## Producer Individual Marketplace Certification Road Map

1. Complete the SHOP Marketplace certification course as a prerequisite for the Individual Marketplace certification course.
2. Attend an approved Individual marketplace training course and pass the required examination.
3. Complete the certification process.
4. Be prepared to help the NYS Residents starting on October 1, 2013.



## Check for Understanding

### **1. What is your role as a Producer in the Individual Marketplace? (check all that apply)**

- A. To guess which insurance programs people are eligible for
- B. To tell people what health services they should use
- C. To help people apply for high quality affordable insurance through the Marketplace
- D. To meet with as many consumers a day as possible



## Check for Understanding

### 1. Answer:

**C. To help people apply for high quality affordable insurance through the Marketplace**

## **Check for Understanding**

### **2. What is the Marketplace?**

- A. A Marketplace where consumers can exchange health benefits that they have but are not using.
- B. A Marketplace where Producers sell insurance.
- C. A Marketplace where medical professionals apply for licenses.
- D. An online Marketplace where people can more easily purchase affordable high quality health insurance.

## Check for Understanding

### 2. Answer:

**D. An online Marketplace where people can more easily purchase affordable high quality health insurance.**

## Check for Understanding

### True or False?

**3.** The Marketplace will be utilizing state and federal third party databases to “identity proof” individuals who are applying through the Marketplace.

## Check for Understanding

**3. Answer:**

**True**

## Check for Understanding

### True or False?

**4.** The Marketplace is a tool for consumers to understand if they are eligible for subsidies which may make insurance more affordable for individuals and families.

## Check for Understanding

**4. Answer:**

**True**

## Check for Understanding

### **5. Which Insurance Affordability Programs are consumers able to find out if they are eligible for within the Marketplace? (check all that apply)**

- .Medicaid
- .Progressive
- .Child Health Plus
- .United States Federal Health Plan
- .Qualified Health Plans with additional subsidies



## What Questions Do You Have?



***Producer  
Individual Marketplace  
Certification Training:  
Affordable Care Act***



**Module 1**



***Producer  
Individual Marketplace  
Certification Training:  
Privacy and Security***



**Module 2**



## Learning Objectives

**By the end of this lesson, you will be able to...**

- Define the Health Insurance Portability & Accountability Act (HIPAA) of 1996.
- Describe the types of information that are categorized by Personally Identifiable Information & Protected Health Information (PII & PHI).
- Explain when it is acceptable to view and utilize PII & PHI.
- Describe the importance of safeguarding computer and internet information.

## Single Streamlined Application

Individuals applying for coverage through the Marketplace must provide personal information, which may include:

- Address
- Telephone Number
- Date of Birth
- Social Security Number
- Citizenship Information
- Immigration Status Information
- Employment Information
- Household Income Information
- Medicaid Benefit Information
- Unemployment Information (benefits)
- Tax information (which may be found on returns, W-2 Forms, etc.)

This personally identifiable information is **confidential information** and is **protected by federal and state laws.**

## HIPAA and the ACA

**H**ealth **I**nsurance **P**ortability & **A**ccountability **A**ct (HIPAA) is a **federal law** that contains requirements for handling *and* protecting individually identifiable health information, referred to as **Protected Health Information**, or “PHI.”

HIPAA was amended by another Federal Law called HITECH, which contains penalties and sanctions for failing to handle and protect PHI appropriately.

The ACA contains requirements for the Marketplace to handle and protect all Personally Identifiable Information, referred to as “PII.”



## **HIPAA and the Consumer**

Consumers have the right to control their own information.



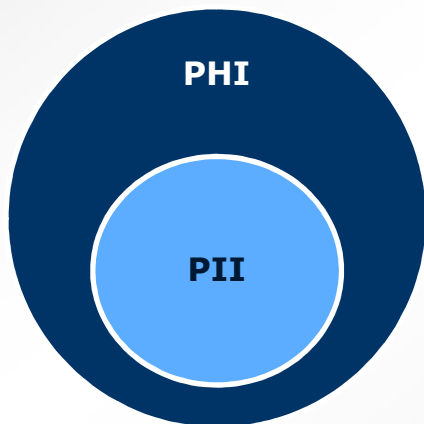
## PHI

**Protected Health Information (PHI)** refers to individually identifiable health information that is maintained or transmitted by a Covered Entity or its Business Associate, in any form or medium, whether electronic, paper, or verbally.

### **PHI Includes:**

• **Personally Identifiable Information (PII)** is any information that identifies a particular individual, including name, address or date of birth, and includes any health information such as:

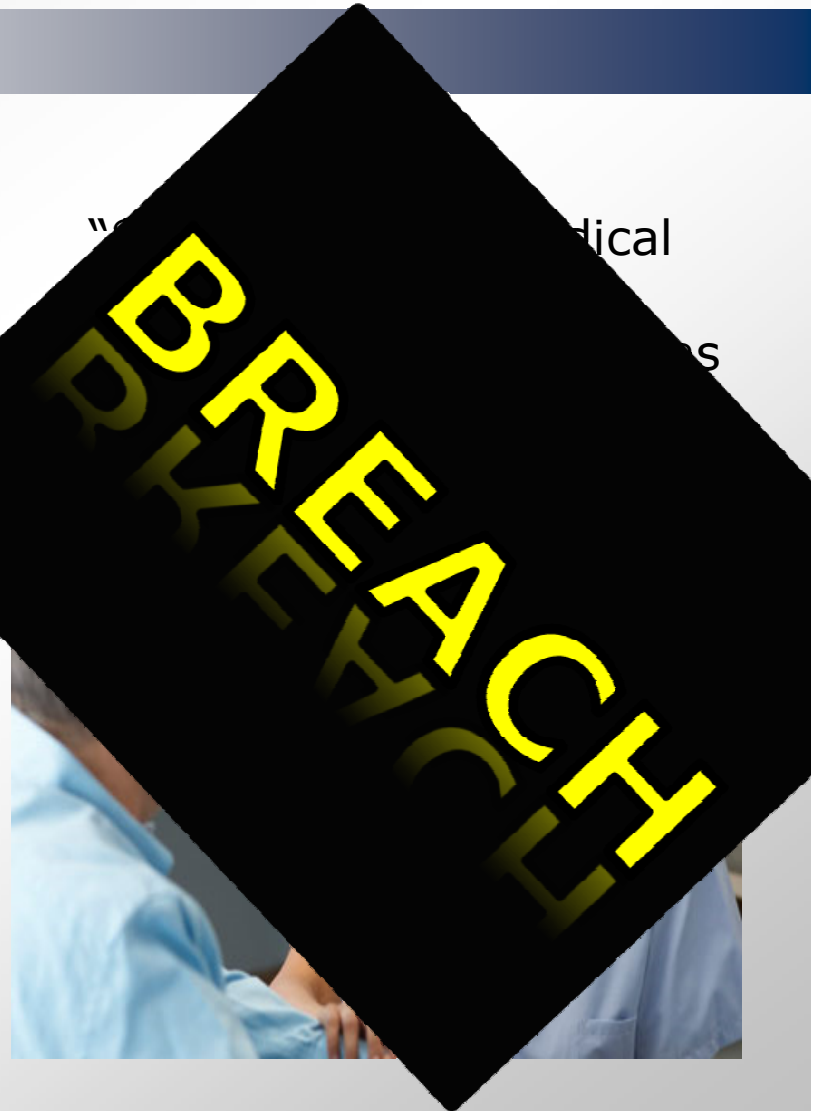
- Information about enrollment in an Insurance Affordability Program (IAP), such as Child Health Plus or Medicaid.
- Health information, such as a diagnosis.





## Examples of PHI

- Name, Address, DOB, SSN, associated with:
  - Payment for health care
  - Insurance coverage, enrollment, or disenrollment
  - Diagnostic information
  - Medical, dental, or prescription records
  - Health plan beneficiary/medical record number



## Need to Know

Need to Know - A demonstrated need.

When a demonstrated need is identified, then employees should be provided with only the *minimum* information necessary in order to perform their job function.



## Check for Understanding

1. What does HIPAA mean for consumers of the Marketplace?
  - A) They can finally buy affordable health insurance.
  - B) Their medical information will be viewable for other consumers.
  - C) Their health information is protected under federal law.
  - D) Their health information is protected by their local department of Social Services only.

**C) Their health information is protected under federal law.**

## Check for Understanding

2. Which of these items are considered to be PII or PHI? (check all that apply)
- Shoe Size
  - Social Security Number
  - Medical Diagnosis
  - License Plate Number
  - Favorite Number
  - Email Address
  - Tax Return Information
  - Citizenship Information
  - Address
  - Medicaid Information

## Check for Understanding

True or False?

3. There are no legal penalties for HIPAA violations.

**False - Individuals who do not comply with Privacy & Security Requirements may be subject to fines and penalties.**

## Check for Understanding

True or False?

6. It is your job as a Producer to protect PHI and follow the HIPAA laws to the best of your ability.

**True**

## The Marketplace Covered Entity

Under HIPAA, certain types of organizations, called “Covered Entities,” are subject to specific rules for handling and protecting PHI.

Covered Entities include:

- **Health Plans** – Insurance companies, HMOs, Medicaid, Child Health Plus.
- **Health Care Providers** – Physicians, hospitals, or other providers.
- **Health Care Clearinghouses** – Certain companies that assist with billing and processing claims.

**The Marketplace is a Covered Entity and is legally required to protect the privacy and security of PHI.**

## **Business Associates**

Producers are Business Associates of the Marketplace, which means that they are performing services for the Marketplace involving PII/PHI, and are legally required to comply with rules to protect the privacy and security of information.





## **HIPAA and Family**

As a Producer, you must exercise professional judgment in the applicant's best interest to not disclose Protected Health Information when there is potential for harm.

If a family member or caregiver inquires about an applicant's PHI/PII, you must ask for documentation which demonstrates proof that this person has:

- Health Care Proxy
- Power of Attorney
- Guardianship



## **HIPAA Privacy Rule**

HIPAA includes a **Privacy Rule** *and* a **Security Rule**.

The **Privacy Rule** requires the protection of PII/PHI by Covered Entities and Business Associates, and gives individuals certain rights with respect to that information.

The Privacy Rule allows the disclosure of PII/PHI for:

- Treatment
- Payment
- Health Care Operations

Under the Privacy Rule, Producers may *not* disclose PII/PHI, **except as required to assist a consumer through the enrollment process.**

## HIPAA Security Rule

The **Security Rule** requires a series of administrative, physical, and technical safeguards for Covered Entities, (e.g. Marketplace) and Business Associates, (e.g. Producers) to assure the:

- Confidentiality of PII/PHI
- Integrity of PII/PHI



## Security Rules

### **To protect your workstation you should:**

1. Lock your workstation when you leave your desk.
2. Protect your user IDs.
3. Protect your passwords (work PC, laptops, palm devices), change them frequently and do not share.
4. Use anti-virus software on PCs, laptops, palm devices.
5. Never let anyone else use your account.
6. Minimize storage of PII/PHI on your hard drive.
7. Secure any written PII/PHI.
8. PII/PHI must not be copied on to magnetic devices such as flash drives or disks.
9. Don't leave PII/PHI in the copier, the fax or trash can.
10. Shred PII/PHI when finished with it, or store securely.

## **Security Rule - Public Location Scenarios**

<b>Problem</b>	<b>Corrective Action</b>
Shoulder Surfers	Pick a space within your public location that is least subject to your computer screen being viewed by others.
Eavesdroppers	Encourage consumers to be aware, and speak quietly when providing information.
Non-reading Consumers or Translators	Set the tone; let them know that it may be beneficial to move to a secure location, or explain that you will be speaking quietly when reviewing PHI/PII.
PHI/PII Disposal	Encourage consumers to take responsibility for their own materials, or dispose of them in a non-public location.

## More Rules

# Producers should **NEVER**:

- Discuss PII/PHI with co-workers who do not have a “need to know.”
- Transmit PII/PHI via email.
- Discuss PII/PHI with a non-authorized person.

## Application Consent

PII/PHI and financial information provided to Producers may be shared with the Marketplace for **eligibility determinations**, and **enrollment** into **Insurance Affordability Programs**, or other plans offered through the Marketplace called **Qualified Health Plans**.

The consumer must consent to the release of his/her personal information needed for **eligibility and enrollment**.



## Scenarios

<b>Scenario</b>	<b>Appropriate Response</b>
You are meeting with a consumer who would like you to call their aunt to explain the consumer's eligibility. The aunt is a nurse and the consumer would feel more comfortable choosing a plan with her guidance. However, this aunt works until 8pm and they would like you to call her tomorrow when she has the day off.	Explain confidentiality and ask if the consumer is willing to sign a release of information form. Explain that you cannot discuss PII/PHI over the phone, but with a signed release, the aunt and the consumer may come in together to discuss the options.
You are meeting with a consumer who wants to hand you information papers and leave because he/she has a busy day. The consumer asks you to look over their documents and complete the application.	<ol style="list-style-type: none"><li>1. Explain that you are not permitted to complete an application on their behalf, rather your role is to <i>help</i> with the application.</li><li>2. Explain that due to HIPAA, you are not allowed to go through PII/PHI materials without them present, and without their immediate consent.</li><li>3. Ask the consumer to return on a different day that might be more convenient for them.</li></ol>



## **Incident & Breach Reporting**

- **Violating a security policy would be an incident, and unauthorized disclosure of PII/PHI would be a breach.**
- **If a Producer suspects there has been an incident or breach, he/she must *immediately* report it to the Marketplace.**

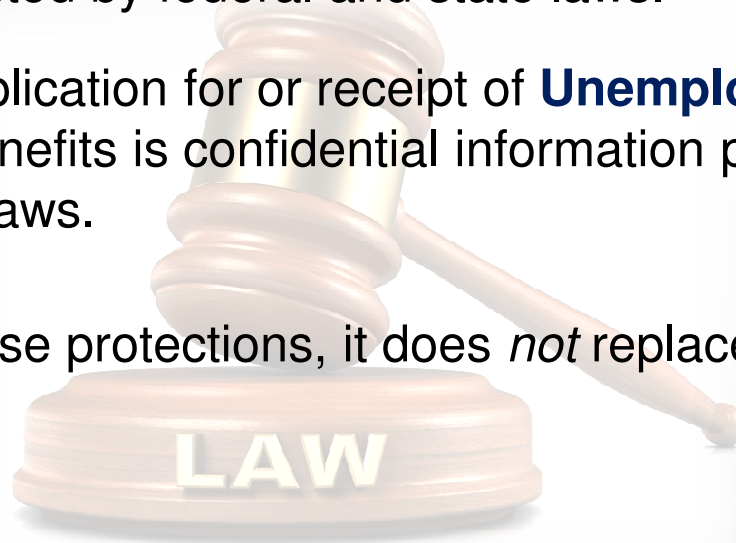
## Sanctions

- Individuals who do not comply with Privacy & Security Requirements may be subject to fines and penalties.
- Any person who knowingly and willfully uses or discloses information in violation of Section 1411(g) of the Affordable Care Act will be subject to a civil penalty of not more than **\$25,000** per person or entity, per use or disclosure, in addition to other penalties that may be prescribed by law.



## Medicaid Confidential Data, Unemployment Information

- In addition to HIPAA, individually identifiable **Medicaid confidential data** is also protected by federal and state laws.
- An individual's application for or receipt of **Unemployment Insurance (UI)** benefits is confidential information protected under federal and state laws.
- HIPAA adds to these protections, it does *not* replace them.



## Overview

- When an individual is applying for health insurance, **all** of his/her personal information is PII/PHI and is protected under federal and state laws.
- Producers must protect the privacy of PII/PHI by keeping it confidential and disclosing it only as necessary to perform Producer services.
- Producers must use appropriate safeguards to protect the security of PII/PHI, such as protecting their work space.
- There are criminal penalties and sanctions for disclosure of PII/PHI, Medicaid confidential data or unemployment benefit information.

## Check for Understanding (2)

True or False?

1. As a Producer, I am a Business Associate of the Marketplace and, therefore, legally required to uphold the rules and regulations of HIPAA.

**True**

## Check for Understanding (2)

2. If I release a consumer's PII/PHI to a non-authorized source, I put the consumer at risk for: (check all that apply)
- . Public Embarrassment
  - . Financial Identity Theft
  - . Medical Identity Theft

**All are correct**

## Check for Understanding (2)

True or False?

3. I can store a consumer's PII/PHI on a flash drive so that I can meet with them again to complete their application.

**False – Producers are never to use a flash drive to store a consumer's PII/PHI.**

## Check for Understanding (2)

True or False?

4. I can access a consumer's PII/PHI when I am helping them enroll in the Marketplace.

**True**



## Check for Understanding (2)

True or False?

5. I should explain why I am asking a consumer for PII/PHI every time.

**True**

## Check for Understanding (2)

6. What could constitute as a security breach within HIPAA? (check all that apply)
- . Leaving your laptop open and unattended.
  - . Leaving papers containing PHI sitting on the fax machine.
  - . Disclosing PHI to other staff so that they can assist with an application on the Marketplace.
  - . Throwing a copy of a consumer's Federal Tax Return in the garbage can when you're done using it for an application on the Marketplace.
  - . Telling a co-worker that your last consumer has been receiving Medicaid their entire life.
  - . Uploading PHI into the Marketplace for the purpose of an application.

***Producer  
Individual Marketplace  
Certification Training:  
Privacy and Security***



**Module 2**



***Producer  
Individual Marketplace  
Certification Training:***

***Roles and  
Responsibilities***



**Module 3**



## **Learning Objectives**

**By the end of this lesson, you will be able to:**

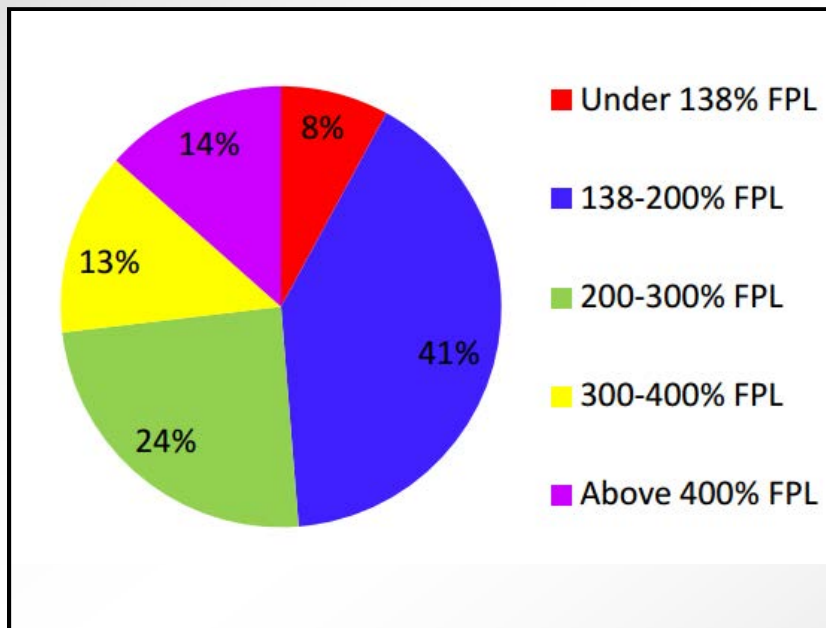
- Understand your role in assisting a consumer in the Marketplace.
- Understand the characteristics of potential consumers.
- Understand what it means to be linguistically and culturally competent.
- Understand the Americans with Disabilities Act

## **Producer Assistance**

- Assist consumers in understanding the benefits of the Marketplace.
- Remain objective to consumer's options in the ACA or in the Marketplace.

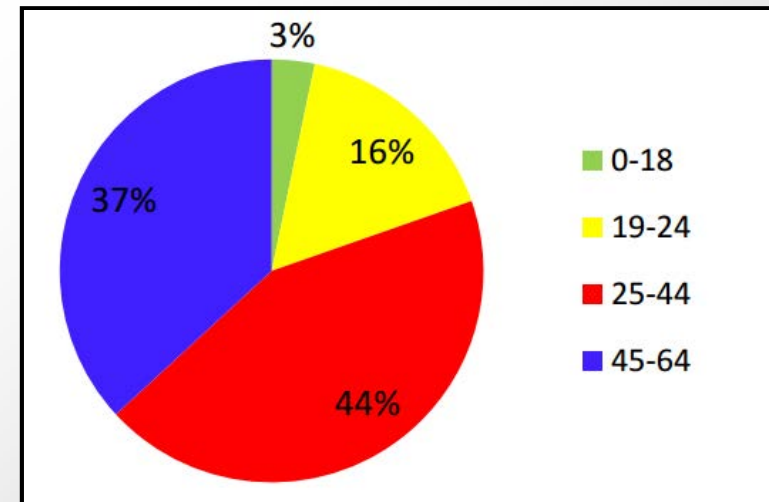
## Anticipated Enrollees of New York State

### Enrollee Characteristics by Income



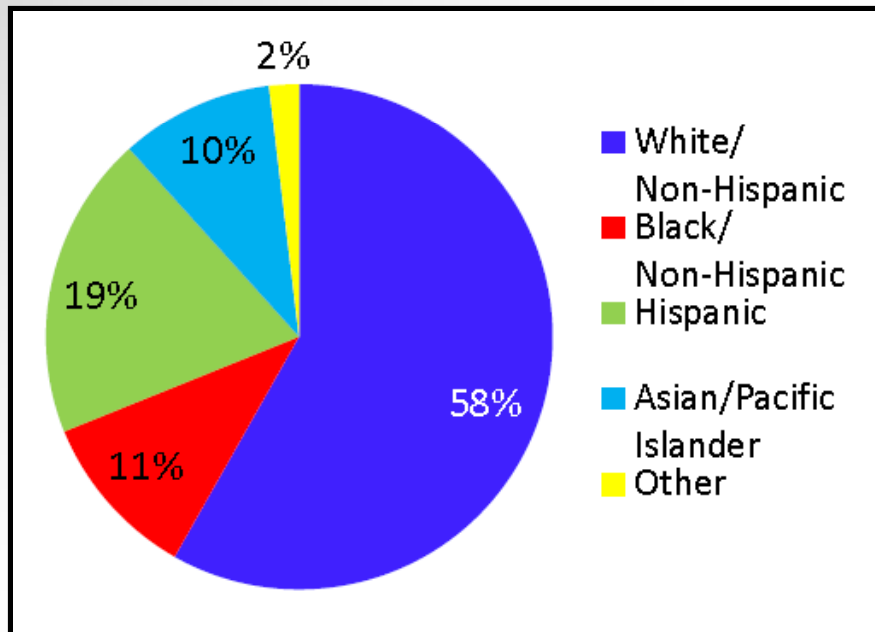
**FPL – Federal Poverty Level**

### Enrollee Characteristics by Age

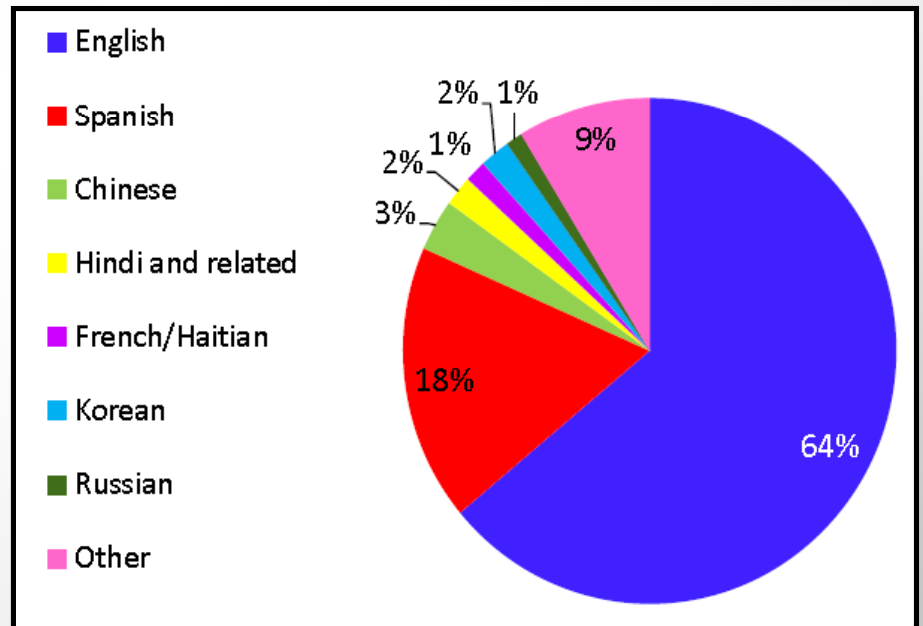


## Anticipated Enrollees of New York State

### Enrollee Characteristics by Race/Ethnicity



### Enrollee Characteristics by Language





## Cultural Competence



In order to make your services accessible to all New Yorkers, it is important to provide services that are linguistically and culturally competent, as well as disability accessible.

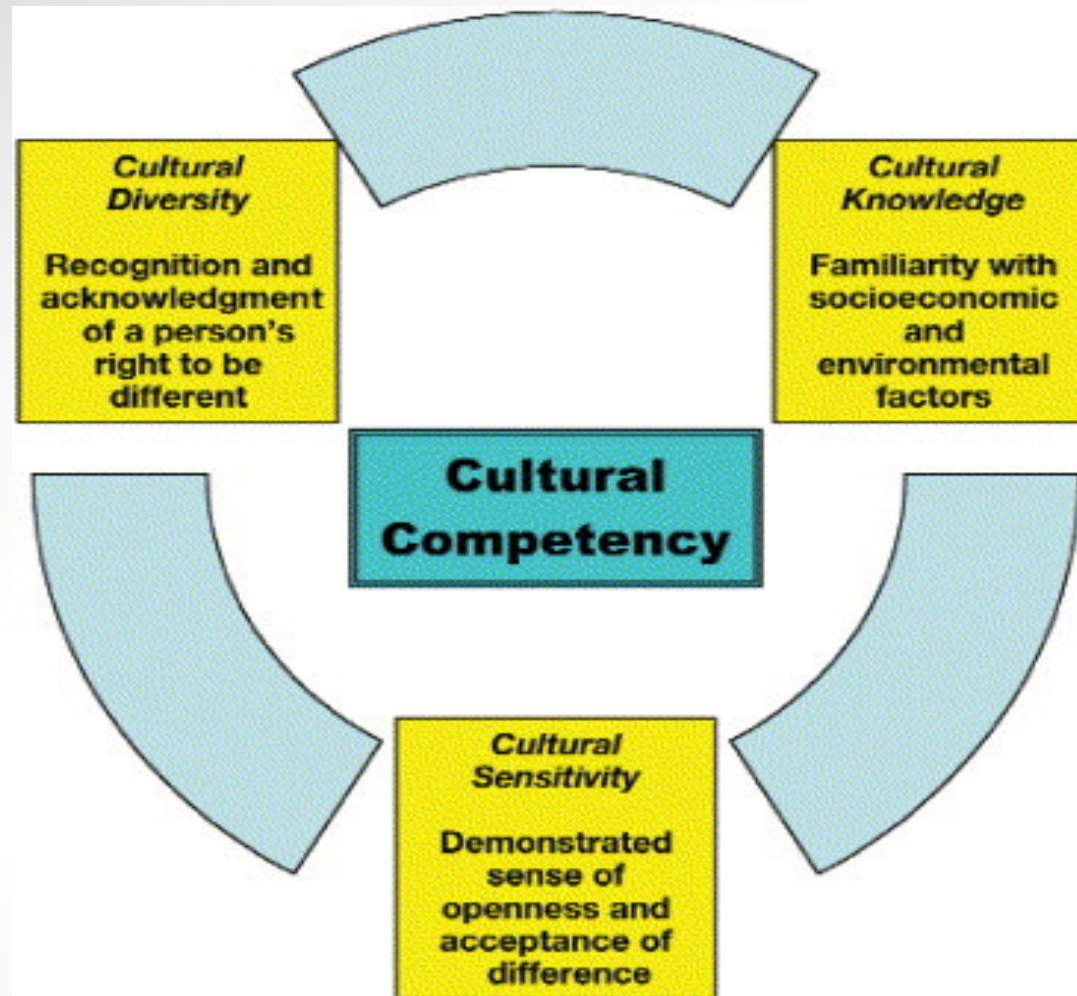
## Cultural Competence

When services are **not** linguistically or culturally competent, potential enrollees could experience:

- Feelings of being insulted or treated rudely.
- Fear of contacting a Producer, the Marketplace or an Insurer.
- Feeling confused and overwhelmed about meeting with a Producer or enrolling in the Marketplace.
- Feeling unwelcome, unwanted and not valued



## Cultural Competence



## Linguistic Competence

# JAPANESE

多様な視聴者が簡単に理解されてい  
低識字能力があるか、読み書きができ  
ない。

A capacidade de uma organização e seu pessoal para comunicar-se

# PORTUGUESE

facilmente  
limitado a  
literaciação baixa ou  
que são surdas ou

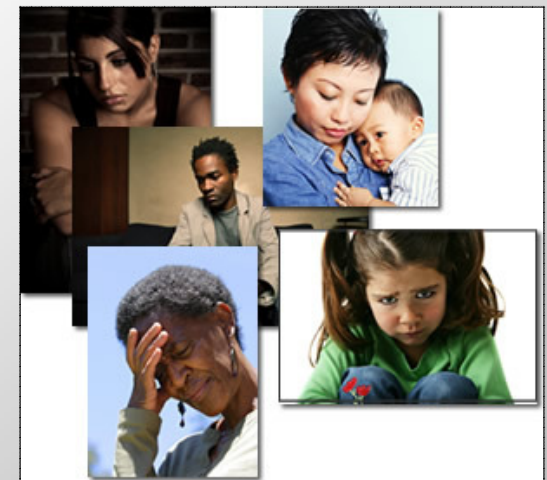
com deficiência auditiva.

Η ικανότητα ενός οργανισμού και του προσωπικού να

# GREEK

και να μεταφέρει  
ε να είναι εύκολα  
προσθήρια,

από περιορισμένη  
αγγλική γλώσσα, εκείνους που έχουν χαμηλά επίπεδα  
αλφαριθμητισμού ή δεν είναι εγγράμματοι, άτομα με ειδικές  
ανάγκες, και εκείνους που είναι κωφά ή βαρήκοα.



## Linguistic Competence

The capacity of an organization or person to communicate effectively and convey information in a manner that is easily understood by diverse audiences, including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.



## Linguistic Competence

As a Producer, if you are unable to communicate with a consumer in their preferred language, and your agency cannot assist with translation...

Access to a language line (translator services) is available through the Marketplace Service Center. Please call for assistance:

**1-855-355-5777**



## Linguistic Competence

**All notices sent from the Marketplace will contain this message:**

 <p>Governor Andrew M. Cuomo <b>New York State Notice of Important Document</b></p>	
<b>ENGLISH</b>	This is an important document. If you need help to understand it, please call xxx-xxx-xxxx. An interpreter will be provided free.
<b>Español</b>	Esto es un documento importante. Si necesitas ayuda en entenderlo, por favor llame al xxx-xxx-xxxx. Un intérprete será disponible gratuito.
<a href="#">简体字</a>	这是一份重要文件。如果您需要帮助理解此文件，请打电话至 xxx-xxx-xxxx。您会得到免费翻译服务。
<a href="#">簡體字</a>	这是一份重要文件。如果您需要帮助理解此文件，請打電話至 xxx-xxx-xxxx。您会得到免費翻譯服務。
<b>Kreyòl Ayisyen</b>	Sa a se yon dokiman enpòtan. Si ou bezwen èd pou konprann li, tanpri rele: xxx-xxx-xxxx. Y ap ba ou yon entèprèt gratis.
<b>Italiano</b>	Il presente documento è importante. Per qualsiasi chiarimento può chiamare il numero xxx-xxx-xxxx. Un interprete sarà disponibile gratuitamente.
한국어	이것은 중요한 서류입니다. 도움이 필요하시면, 연락해 주십시오: xxx-xxx-xxxx. 무료 통역이 제공됩니다.
<b>Русский</b>	Это важный документ. Если Вам нужна помощь для понимания этого документа, позвоните по телефону xxx-xxx-xxxx. Переводчик предоставляется бесплатно.

If a notice from the Marketplace cannot be read, this envelope will provide instructions to call the Marketplace Service Center for access to translation services.

## Disability Accessibility

**Americans with Disabilities Act (ADA)** – Ensuring that programs and activities are readily accessible to and usable by individuals with disabilities, including but not limited to:

- Visual Disability
- Auditory Disability
- Mobility Disability
- Cognitive Disability





## **Disability Accessibility**

- Make Producer services available in locations accessible to those using wheelchair, crutches, or walkers.
- When potential enrollees are deaf or hard of hearing, provide a sign language interpreter or connect them with TTY services at the Marketplace Service Center.

## Check for Understanding

True or False?

1. When the service provided is not linguistically or culturally competent, potential enrollees could feel confused and overwhelmed.

**TRUE**

## Check for Understanding

2. If a consumer receives a notice from the Marketplace and is unable to read it, who could be called to help translate the notice?  
(Check all that apply)

- A neighbor
- The Producer
- The Marketplace Service Center
- The IRS Representative

**The Producer/the Marketplace Service Center**

***Producer  
Individual Marketplace  
Certification Training:***

***Roles and  
Responsibilities***



**Module 3**



***Producer  
Individual Marketplace  
Certification Training:***

***Marketplace Terms and  
Program Information***



**Module 4**



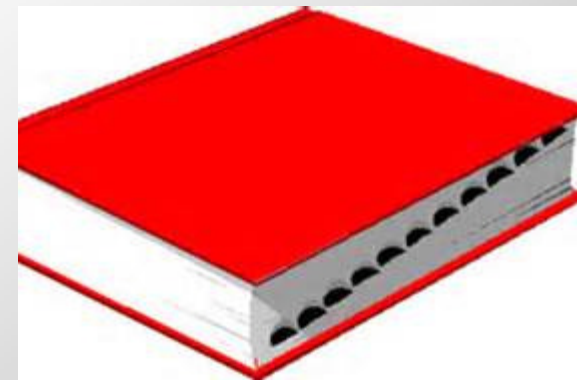
## **Learning Objectives**

**By the end of this lesson, you will be able to...**

- Define Common Health Care Terms.
- Define Essential Health Benefits (EHBs).
- Describe Medicaid and Child Health Plus.
- Define Qualified Health Plans (QHPs).
- Define the Metal Levels and their relationship to QHPs.
- Describe Advanced Premium Tax Credits (APTC) and Cost-Sharing Reductions.
- Define the enrollment periods for Marketplace programs.

## Health Care Terms

- Premium
- Deductible
- Copayment
- Coinsurance
- Maximum Out-of-Pocket Cost (MOOP)
- In-Network
- Out-of- Network
- Formulary



## **Types of Insurance**

- **Commercial Insurance**
- **Public Insurance**





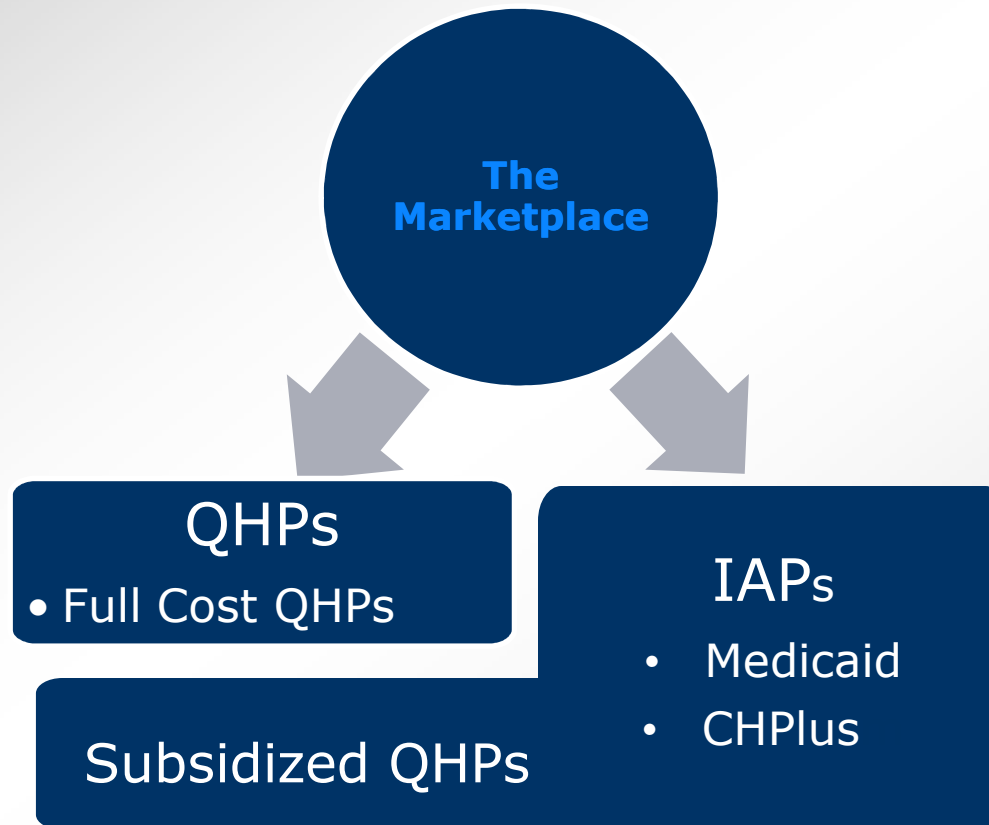
## Public Insurance

- **Veterans Administration Coverage**
- **Tricare**
- **Medicare**
- **Special Needs Plans (SNP)**

## Essential Health Benefits (EHBs)

Ambulatory patient services	Emergency services
Hospitalization	Maternity and newborn care
Mental health and substance use disorder services, including behavioral health treatment	Rehabilitative and habilitative services and devices
Prescription drugs	Laboratory services
Preventive and wellness and chronic disease management	Pediatric services, including oral and vision care

## The Marketplace



## Medicaid – Basics

Medicaid is low-cost or no-cost public medical insurance based on income level.

- To be Medicaid eligible individuals would need to meet income eligibility. Income eligibility is:
  - ✓ up to 138% of the FPL for adults
  - ✓ up to 223% of the FPL for pregnant women and infants under the age of 1
  - ✓ up to 154% of the FPL for children ages 1 through 18.
- There are no premiums and there are some minimal copayments for prescriptions.



## Medicaid – Basics

- Consumers may be eligible for Medicaid if they are income eligible using Modified Adjusted Gross Income (MAGI) budgeting and meet other Medicaid eligibility criteria. Starting in 2014, anyone who meets these income requirements will be able to enroll in Medicaid using The Marketplace.
- MAGI Population includes:
  - ✓ Pregnant Women
  - ✓ Children
  - ✓ Parents, Caretakers, and Relatives
  - ✓ Adults under age 65, not on Medicare



## Medicaid – Basics

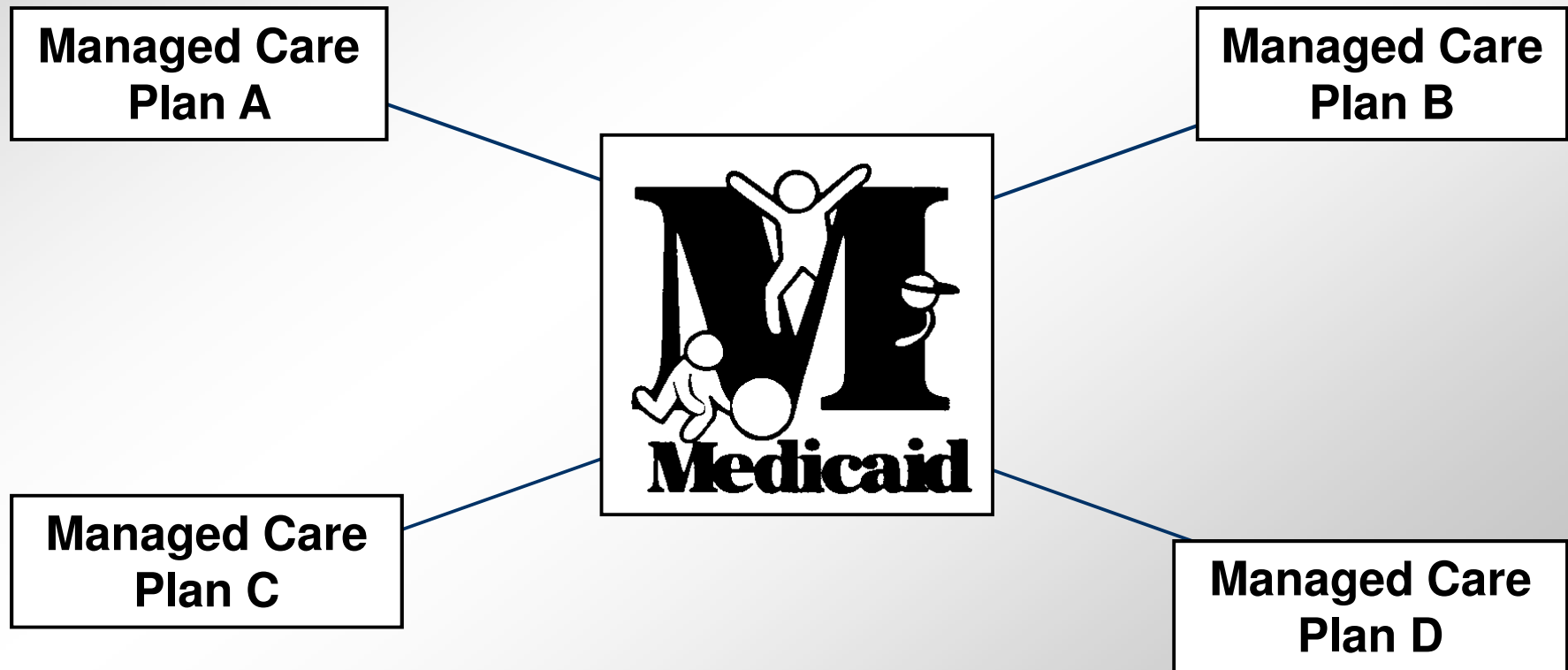
- Consumers who are eligible for Medicaid due to non-financial criteria, must be referred to the **Local District Social Services (LDSS)**
- Non-MAGI Population includes:
  - ✓ Categorically eligible (i.e. Temporary Assistance for Needed Families (TANF), SSI, foster care)
  - ✓ Individuals 65 and older when granted conditional eligibility
  - ✓ Individuals whose eligibility is based on being blind or disabled
  - ✓ Individuals who request coverage for long-term care services
  - ✓ Medicare Savings
  - ✓ Medically Needy
  - ✓ Medicaid Buy-In for Working persons with Disabilities
  - ✓ Cancer Services Program
  - ✓ Former Foster Care Youth
  - ✓ Residents of adult homes
  - ✓ Residential treatment centers/community residences operated by OMH

## **Medicaid – Basics**

**Medicaid Emergency Services** - individuals applying for coverage in the Marketplace who do not have satisfactory citizenship/immigration status may still be eligible for treatment for an emergency medical condition related to serious injury or involving risk of death.

## Medicaid Managed Care

NYS pays a monthly premium to the health plan on behalf of the individual.





## Medicaid Non-Managed Care

**Exempt Populations** that **can stay** with fee-for-service (FFS) Medicaid:

- People in long-term alcohol or drug residential programs
- People who live in facilities for the developmentally disabled
- People who are in regular Medicaid and are being treated for a chronic medical condition for 6 months or more by a fee-for-service Medicaid specialist who is not in a Medicaid health plan.
- People in waived programs such as Care At Home and TBI
- American Indians

## **Medicaid Non-Managed Care**

**Excluded populations MUST stay with fee-for service Medicaid:**

- Children or adults who live in state psychiatric or residential treatment facilities
- People who will get Medicaid only after they spend some of their own money for medical needs (spend-down cases)
- People with other full benefit health insurance
- Infants living with their mothers in jail or prison
- All Foster care children living in NYC
- All Foster care children living in an institutional setting outside of NYC

## **Medicaid Managed Care – Benefits**

Medicaid Managed Care offers additional benefits that exceed the Essential Health Benefits:

- Transportation to medical appointments, including public transportation and car mileage.
  - ✓ Plan coverage for this benefit varies by county. Please be sure to advise the consumer to contact their health plan to verify this benefit. If the benefit is not offered through the plan, it is available under fee-for-service Medicaid.

## **Medicaid Managed Care – Costs**

Some services require a copayment at the point-of-service. Examples include:

- Brand Name Prescription Drugs – \$3
- Generic Prescription Drugs - \$1
- Over the Counters Drugs- \$.50

Each individual has a Copay Maximum of \$200 in a service year.

The following populations will not pay a copay:

- Children under the age of 21
- People receiving family planning services
- Residents of a Nursing Home

A consumer cannot be denied care or services because he/she cannot pay the copayment.

## **Medicaid Continuous Coverage**

- In 2014 New York State Social Services Law will provide continuous coverage for certain Medicaid beneficiaries for a period of twelve months from the date of initial eligibility and subsequent redetermination of eligibility.
- Continuous Coverage will provide stability and continuity of coverage and care to adults in the same way that it has for children on Medicaid.

## Child Health Plus

- Medicaid covers many individuals and families with children, but certain households don't qualify for Medicaid coverage.
- Child Health Plus is a subsidized insurance program for uninsured New York State children under the age of 19, who are not Medicaid eligible and do not have access to a state benefits plan.
- Children with income at or below 400% of the FPL receive subsidized coverage.
- Children with income above 400% of the FPL can purchase CHP at full cost.



## CHPlus Eligibility

- Ineligible for Medicaid
- Under the age of 19
- Resident of New York State
- Do not have access to the New York State Health Insurance Program (NYSHIP)



## CHPlus – Costs

Percent of FPL	Family Premium Contribution	Monthly Family Maximum (Up to 3 Children)
<160% FPL	No Premium Contribution	
161-222% FPL	\$9 Per Child Per Month	\$27
223-250% FPL	\$15 Per Child Per Month	\$45
251-300% FPL	\$30 Per Child Per Month	\$90
301-350% FPL	\$45 Per Child Per Month	\$135
351-400% FPL	\$60 Per Child Per Month	\$180
> 400% FPL	Full Premium (amount varies by health plan)	



## **CHPlus – Waiting Period**

- Some children, who were covered by employer-based health insurance within the past six months, may be subject to a 90 day waiting period before they can be enrolled in Child Health Plus.
- The waiting period only applies to children in households with income is between 251% and 400% of the federal poverty level.



## **CHPlus – Waiting Period**

In some instances children have a 90 day waiting period before they can be enrolled in CHPlus.

Exceptions to this 90 day waiting period occur when:

- The certificate holder/employee involuntarily loses his/her job.
- The death of a family member results in child's coverage being ended.
- The certificate holder/employee changes jobs and the new employer does not provide health benefits.
- The certificate holder/employee moves and no employer-based health benefits are available.
- The employer stops offering health benefits coverage to all employees.
- Health benefits are terminated due to a long-term disability.
- COBRA coverage expires.

## **CHPlus – Waiting Period – More Exceptions**

The 90 day waiting period for CHPlus is also waived when:

- The cost of the child's portion of family coverage is more than 5% of the household income.
- The cost of family coverage that includes the child exceeds 9.5% of the household income.
- The child applying for CHPlus coverage is at or below the age of 5.
- The child applying for CHPlus coverage is pregnant.
- The child has lost coverage due to divorce.
- The child has special health care needs.



## **CHPlus –Continuous Coverage**

Children have 12 months of continuous coverage in the Child Health Plus program, subject to the following exclusions:

- The child no longer resides in New York State.
- The child turns 19 years of age.
- The child has obtained other health insurance.
- The child has obtained access to state health benefits plan subsequent to the initial enrollment/renewal period.
- The required family premiums contributions were not paid in accordance with programmatic requirements.
- The child becomes Medicaid eligible.
- The child was not eligible either because the health plan did not comply with program rules or because the eligibility determination was based on fraudulent information.

## **CHPlus Continuous Coverage**

- The period of eligibility shall begin on the first day of the month an eligible child is enrolled or is recertified for enrollment on an annual basis, based on all required documentation, and shall continue for twelve (12) months ending on the last day of the twelfth month.
- Presumptive enrollees are not eligible for 12 months of continuous coverage until all required documentation is submitted and a child is determined fully eligible for CHPlus at which time the 12 months of continuous coverage will begin on the day presumptive eligibility began.

## **NYSHIP**

- State Health Benefits Plans provide health insurance through the New York State Health Insurance Program (NYSHIP).
- Coverage is offered to employees/retirees of NYS government, the State Legislature and the Unified Court System. Some local government agencies and school districts also elect to participate in NYSHIP.
- If a child has access to State Health Insurance Benefits through NYSHIP, he/she will not be able to enroll in CHPlus.

## **Family Health Plus**

Existing Members -- no new rules or changes.

No new applications accepted for this program due to:

- Medicaid Expansion
- Advance Premium Tax Credits
- Qualified Health Plans (Silver Metal Level)
  - Cost-Sharing Reductions
  - State Premium Assistance



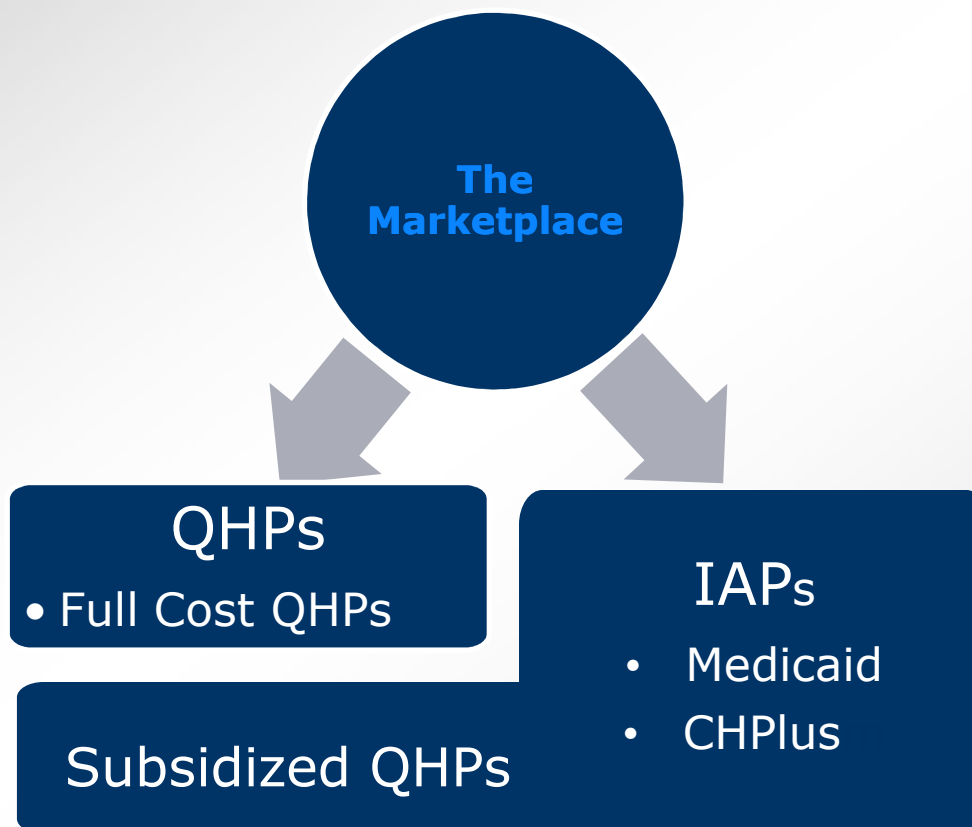
## Healthy New York

- Healthy NY (HNY) coverage will be discontinued on December 31, 2013 for individuals and sole proprietors; but consumers can shop for, compare, and enroll in comprehensive low cost health insurance through the Marketplace.
- Most of the same insurers that offered HNY plans will offer new products through the Marketplace.





## The Marketplace



## **Qualified Health Plans (QHP)**

QHPs are licensed, commercial health plans that have been approved by the Marketplace to provide comprehensive coverage, follow limits on out-of-pocket expenses (such as deductibles, copayments, and out-of-pocket maximums), and meet other requirements.



## Qualified Health Plans

A QHP must:

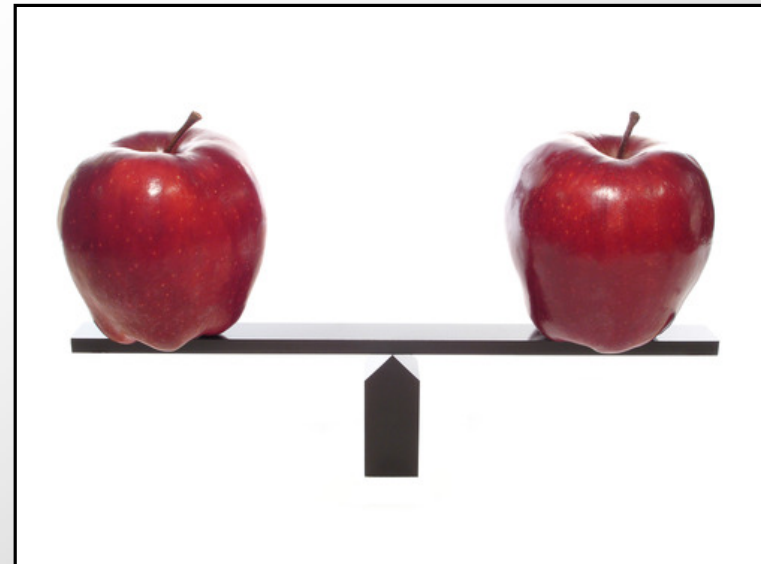
- Be certified to participate in the Marketplace and maintain certification.
- Offer a minimum of the Essential Health Benefits (EHBs) package.
- Have an adequate network.



## **QHP Standard Products**

Insurers **must** offer:

- The exact same benefits
- The exact same cost-sharing
- Prescription Formulary options



## **QHP Non-Standard Products**

Insurers **may** offer:

- Different networks
- Variations on standard cost-sharing
- Additional benefits not included in EHB
- Limited substitutions in two benefit categories -  
Rehabilitative and Habilitative

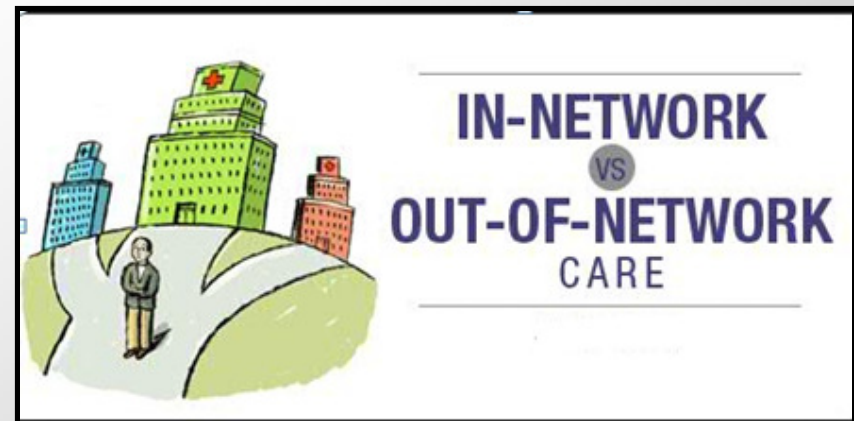
## **QHP Network Adequacy Standards**

QHPs must ensure the provider network meets the following standards:

- Network of sufficient types of providers
- Offers a directory of providers

### Out-of-Network Benefits

- Allows the consumer to use providers outside of the QHP's network
- Offered at Silver and Platinum levels only



## Actuarial Value

Actuarial Value (AV) measures the average percentage of medical expenses to be paid by the plan for its enrollees.

As plans increase in actuarial value – bronze, silver, gold, and platinum – they would cover a greater share of enrollees' medical expenses overall



## Actuarial Value

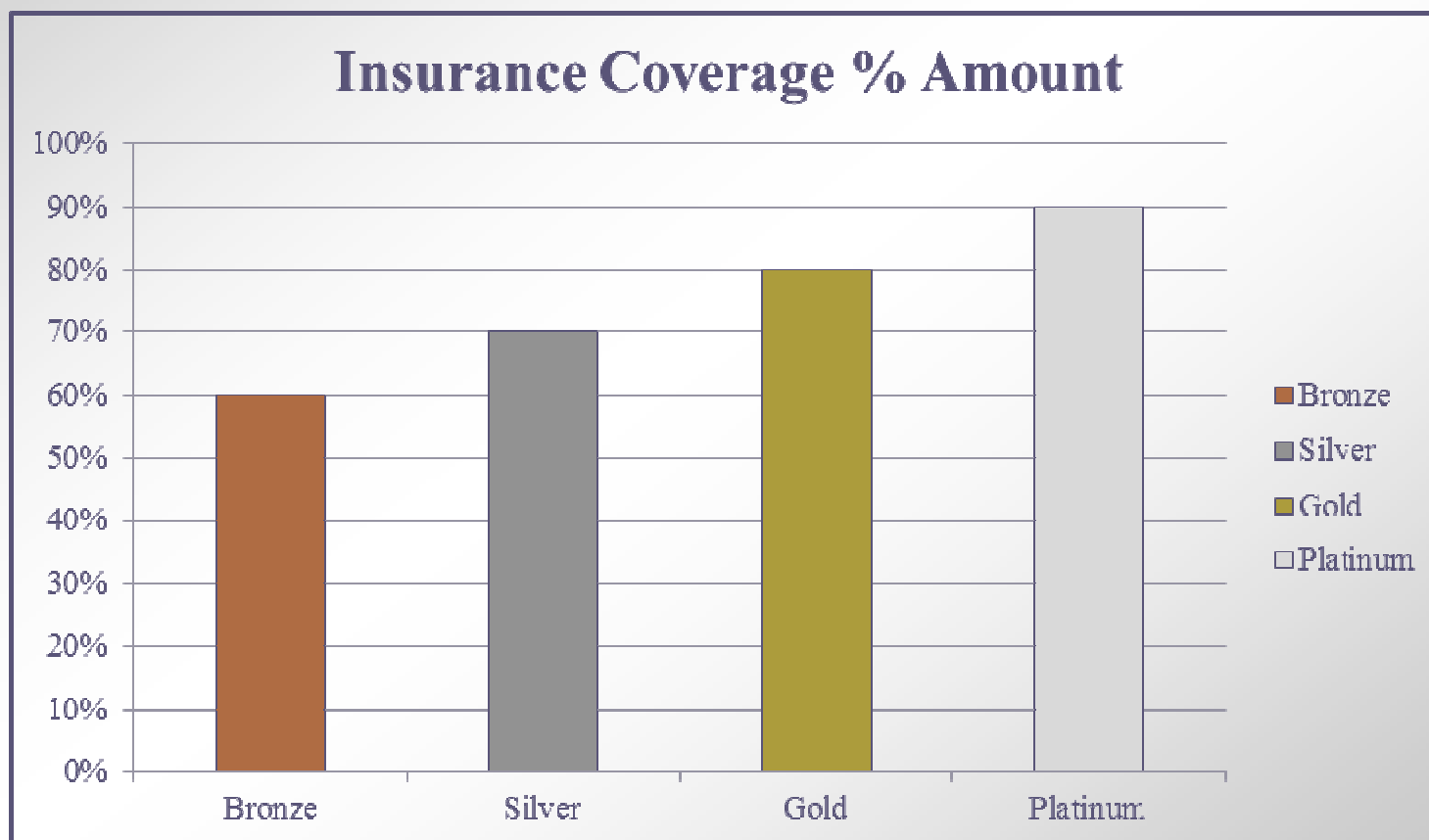
Same Actuarial Value, Different Charges

	Silver Plan #1 (enrollee pays)	Silver Plan #2 (enrollee pays)
Deductible (Indiv)	\$2,000	\$2,500
Maximum OOP limit (Indiv)	\$5,500	\$6,350
Inpatient hospital (After deductible)	\$1,500 / admission	30%
Office visit (After deductible)	\$30	\$35

Key Takeaway: Cost-sharing charges can differ even if the plans have the same actuarial value.



## Metal Levels



## Comparing Metal Levels for the Same Plan

### Stars Health Insurance Bronze

- Premium: \$275 per month
- Deductible: \$3,000 (excludes preventative visits)
- Coinsurance: 40% of the cost of the health care visit

### Stars Health Insurance Silver

- Premium: \$349 per month
- Deductible: \$2,000 (excludes preventative visits)
- Copayment: \$50.00 paid at point of service

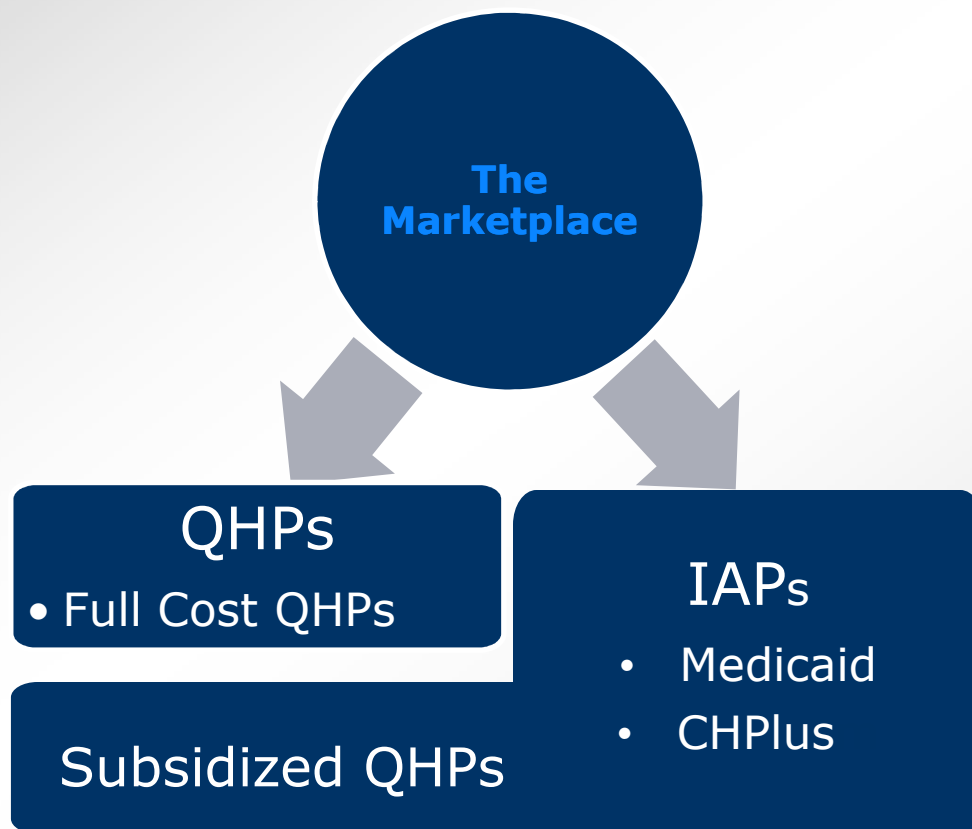
### Stars Health Insurance Gold

- Premium: \$395 per month
- Deductible: \$600 (excludes preventative visits)
- Copayment: \$25 paid at point of service

### Stars Health Insurance Platinum

- Premium: \$423 per month
- Deductible: \$0
- Copayment: \$15 paid at point of service

## The Marketplace



## **IAP Benefits within QHPs**

- **Advance Premium Tax Credits (APTC)** – lower the cost of monthly health insurance premiums
- **Cost-Sharing Reductions (CSR)** – reduce out-of-pocket costs
  - Copayments
  - Coinsurance
  - Deductibles



## **IAP Benefits within QHPs - APTC**

- Available to eligible individuals who enroll in QHPs.
- Individuals and families with income between 100% to 400% FPL.
- Consumers that would be eligible for Medicaid are ineligible for tax credits.

Applicants have the option to choose how their credit is applied.

- Can go towards lowering monthly premium.
- Can be received in a lump sum when filing taxes.



**Producer Individual Marketplace  
Certification Training: Marketplace Terms**

*"If I take the tax credit now, I lower my monthly premium costs to \$60."*

Monthly Premium	\$300
<b>Monthly Tax Credit</b>	<b><u>- \$240</u></b>
New Monthly Cost	\$60



*"If I take the same tax credit later, I pay the full \$300 premium now, but get a bigger refund next April."*

Tax Due	\$900
<b>Yearly Tax Credit</b>	<b><u>- \$2,880</u></b>
IRS Refund	\$1,980

## **APTC – Consumer’s Choice**

If a consumer takes the tax credit in **advance**, changes to the family size or income, or even a new job that offers health insurance, could mean getting the wrong amount of tax credit.

To make sure the consumer gets the right amount of tax credit, he/she must contact the Marketplace when he/she has changes.



## Advanced Premium Tax Credit

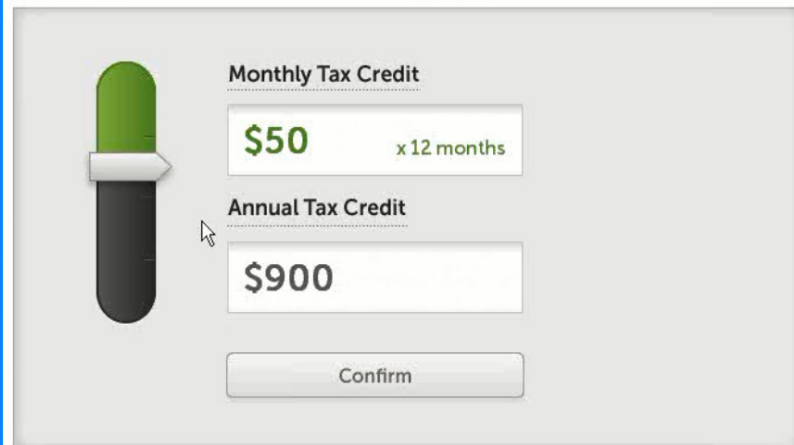
After entering all of his family information, and selecting a QHP, Mr. Smith is eligible to receive \$1,500 in APTCs per year as long as his income and eligibility remain the same throughout that year.

Mr. Smith decides to split up his APTC so that he can save money each month off of his premium, and also receive the remainder of his tax credits annually when he files his taxes.

\*Additionally, if he gets a small raise this year, his eligibility for APTC may change and he has created a buffer by which he can be sure he will not owe money at tax time.

**3** Adjust the slider or enter an amount to set your \$1,500 tax credit.

If your actual household income for 2014 is more than you expected, you may have to repay some or all of the monthly tax credit. You will be able to adjust this PTC setting again when you choose your health plan.



The screenshot shows a user interface for adjusting the tax credit. On the left is a vertical slider with a green top and a white arrow pointing right. To the right of the slider, the 'Monthly Tax Credit' is set to '\$50 x 12 months'. Below that, the 'Annual Tax Credit' is set to '\$900'. At the bottom right is a 'Confirm' button.

Category	Amount
Monthly Tax Credit	\$50 x 12 months
Annual Tax Credit	\$900



## Advanced Premium Tax Credit

### Expected Contributions at Certain Income Levels

Annual Household Income		Expected Premium Contribution	
% of FPL	Income Amount <sup>1</sup>	% of Income	Dollar Amount <sup>2</sup>
< 138%	< \$15,282	2%	< \$306
133 - 150%	\$15,282 - \$17,235	3% - 4%	\$459 - \$689
150 - 200%	\$17,235 - \$22,980	4% - 6.3%	\$689 - \$1,448
200 - 250%	\$22,980 - \$28,725	6.3% - 8.05%	\$1,448 - \$2,312
250 - 300%	\$28,725 - \$34,470	8.05% - 9.5%	\$2,312 - \$3,275
300 - 350%	\$34,470 - \$40,215	9.5%	\$3,275 - \$3,820
350 - 400%	\$40,215 - \$45,960	9.5%	\$3,820 - \$4,366
> 400%	> \$45,960	n/a	n/a

## Advanced Premium Tax Credit

**Scenario:** John

Age 24

Yearly Plan Cost **\$5,000**

Example 1: **200% FPL**

Income: \$22,980

Expected Premium  
Contribution:

- Share of income: **6.3%**

- Amount: \$1,448

\$5,000

- \$1,448

\$3,553

Premium Credit: \$3,552

Example 2: **300% FPL**

Income: \$34,470

Expected Premium  
Contribution:

- Share of income: **9.5%**

- Amount: \$3,275

\$5,000

- \$3,275

\$1,725

Premium Credit: \$1,725

## **QHPs – Cost-Sharing Reductions (CSRs)**

- Sliding Scale based on calculations performed by The Marketplace.
- Allows the consumer to pay a percentage of out-of-pocket costs, and the federal government covers the rest.
- Covers:
  - Deductibles
  - Copayments
  - Coinsurance
- Must enroll in Silver Level Plan – must be high-level quality health insurance.



# Producer Individual Marketplace Certification Training: Marketplace Terms



## CSR Versions

TYPE OF SERVICE	Platinum (AV = 0.88 to 0.92)	Gold (AV = 0.78 to 0.82)	Silver (AV = 0.68 to 0.72)	Silver - CSR Versions		
				200 - 250 % FPL (AV = 0.72 to 0.74)	150 - 200% FPL (AV = 0.86 to 0.88)	100 - 150% FPL (AV = 0.93 to 0.95)
DEDUCTIBLE (single)	\$0	\$600	\$2,000	\$1,500	\$200	\$0
MAXIMUM OUT OF POCKET LIMIT (single) Includes the deductible	\$3,000	\$4,000	\$5,000	\$4,000	\$2,000	\$1,000
<b>COST SHARING - MEDICAL SERVICES</b>						
Inpatient Facility/SNF/Hospice	\$500 per admission	\$1,000 per admission	\$1,500 per admission	\$1,500 per admission	\$250 per admission	\$100 per admission
Outpatient Facility-Surgery, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25
Surgeon - Inpatient facility, outpatient facility, including freestanding surgicenters	\$100	\$100	\$100	\$100	\$75	\$25
	One such copay per surgery and applies only to surgery performed in a hospital inpatient or hospital outpatient facility setting, including freestanding surgicenters, not to office surgery. See also "Maternity delivery and post natal care-physician/midwife" under "physician services".					
PCP	\$15	\$25	\$30	\$25	\$15	\$10
Specialist	\$35	\$40	\$50	\$40	\$35	\$20
PT/OT/ST - rehabilitative & habilitative therapies	\$25	\$30	\$30	\$30	\$25	\$15
ER	\$150	\$150	\$150	\$150	\$75	\$50
Ambulance	\$150	\$150	\$150	\$150	\$75	\$50
Urgent Care	\$55	\$60	\$70	\$60	\$50	\$30
DME/Medical supplies	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing
Hearing aids	10% cost sharing	20% cost sharing	30% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing
Eye wear	10% cost sharing	20% cost sharing	20% cost sharing	25% cost sharing	10% cost sharing	5% cost sharing

**Second Lowest  
Silver Plan**

## QHPs – Cost-Sharing Reductions (CSRs)

Example: One Cost-Sharing Reduction Plan, Two People



John:  
Health care: 3 office visits  
- Total bill: \$300



Jane:  
Health care: Hospitalized for broken leg, 3 doctor visits, 20 physical therapy visits  
- Total bill: \$7,300

	Silver Plan 70% AV	Variation 87% AV (150-200% FPL)
<b>Deductible</b>	\$2,000	\$250
<b>OOP Max</b>	\$5,500	\$2,000
<b>Inpatient</b>	\$1,500/Admission	\$250/Admission
<b>Office Visit</b>	\$30	\$15
<b>John's OOP</b>	<b>\$300</b>	<b>\$265</b>
<b>Jane's OOP</b>	<b>\$4,190</b>	<b>\$845</b>

## **QHPs – Income Eligibility**

Families with above 400% FPL can purchase Qualified Health Plans at full cost.

<b>FEDERAL POVERTY LEVEL</b>		
<b>Household Size</b>	<b>138%</b>	<b>400%</b>
1	\$15,856.20	\$45,960
2	\$21,403.80	\$62,040
3	\$26,951.40	\$78,120
4	\$32,499.00	\$94,200
For each additional person, add	\$5,547.60	\$16,080

## **Catastrophic Coverage**

A health insurance policy that is designed to give protection against catastrophic events.

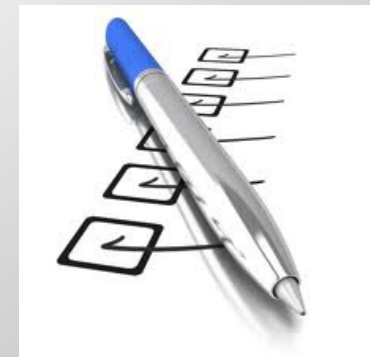
Who is Eligible?

- Young adults under 30
- Individuals exempt from the Individual Mandate because they cannot find affordable insurance

## Quality and Enrollee Satisfaction

All health plans offered through the Marketplace will be assigned a quality rating based on:

- Effectiveness
- Access and availability of care
- Cost of care
- Use and frequency of services
- Satisfaction with the experience of care
- Certifications or other descriptive information





## Premium Payment – Next Steps

Upon completion of the enrollment, the consumer will be provided with options to make the first monthly premium payment.

Consumers will be given a Grace Period to pay their premiums:

- **QHPS** - Will have 10-day grace period at the start of their enrollment and 90 days every month after
- **CHPlus** – Will have 30-day grace period

## Individual Marketplace QHP Enrollment Periods

- Initial Open Enrollment Period
- Annual Open Enrollment Period
- Special Enrollment Period



## **QHP Initial Enrollment Period**

- October 1, 2013 through March 31, 2014
- Applications received between October 1<sup>st</sup> and December 15<sup>th</sup> will have a January 1<sup>st</sup> effective date.
- Applications received between December 16<sup>th</sup> and January 15<sup>th</sup> will have a February 1<sup>st</sup> effective date.
- In 2014, all applications received between the 1<sup>st</sup> and 15<sup>th</sup> day of the month, will be effective the 1<sup>st</sup> of the following month.
- All applications received between the 16<sup>th</sup> and the last day of the month, will be effective the 1<sup>st</sup> day of the second month after the application is received.

## QHP Annual Enrollment Period

For benefit years beginning on or after January 15, 2015:

- October 15<sup>th</sup> through December 7<sup>th</sup> of the preceding calendar year.
- Effective date of enrollment will be January 1<sup>st</sup> of **the following year.**

## **Special Enrollment Period**

Outside of the Annual Open Enrollment Period, during which individuals who meet specific qualifying criteria may enroll in or change QHPs.

### Specific Qualifying Life Events

- Birth of Child
- Marriage
- Death
- Divorce
- Adoption

American Indians and Alaska Natives may enroll in a QHP at any time and may change from one QHP to another once per month.

## Medicaid/CHPlus Enrollment Periods

- Initial Open Enrollment Period
- Ongoing Enrollment Period
- Applications received between October 1st and December 15th will have a January 1st effective date.
- Any consumer needing coverage on or before January 1st will need to go to their Local Department of Social Services.



## **Medicaid/CHPlus Standard Enrollment Period**

### **CHPlus**

- In 2014, an application received between the 1<sup>st</sup> and the 15<sup>th</sup> of a month, will be effective the first day of the following month.

### **Medicaid**

- In 2014, all applications will be effective the first day of the month in which they are received.
- Retroactive coverage can be requested by the consumer.

***Producer  
Individual Marketplace  
Certification Training:  
Marketplace Terms and  
Program Information***



**Module 4**





***Producer  
Individual Marketplace  
Certification Training:  
Individual Marketplace***



**Module 5**



## Learning Objectives

**By the end of this lesson, you will be able to:**

- Identify what information is entered into the portal.
- Explain how to build the consumer's household.
- Explain how to build household income by each household member.
- Explain how to complete additional questions for eligibility determination.
- Describe the high level process the portal engages in to determine health care coverage eligibility.

## Producer Role

When scheduling appointments with consumers, please be sure they are able to provide the following information for

**each person** in their household:

- Social Security Numbers
- Document Numbers for Legal Immigrants
- Birth Dates
- Employer & Income Information (for everyone in the household)

### **Examples:**

- Paystubs
- W-2 Forms
- Wage & Tax Statements
- Information about any additional insurance available for the consumer and their family

### **Examples:**

- Insurance Card
- Identification number

## **Best Practice:**

- Explain that the questions asked during the application process cover details by which the consumer's answers may affect program subsidy eligibility.
- Explain that you **MUST** ask **EVERY** consumer each question as it appears on the Marketplace portal application screens.
- Explain that the Marketplace is a secure system and reiterate that you are required to maintain confidentiality.

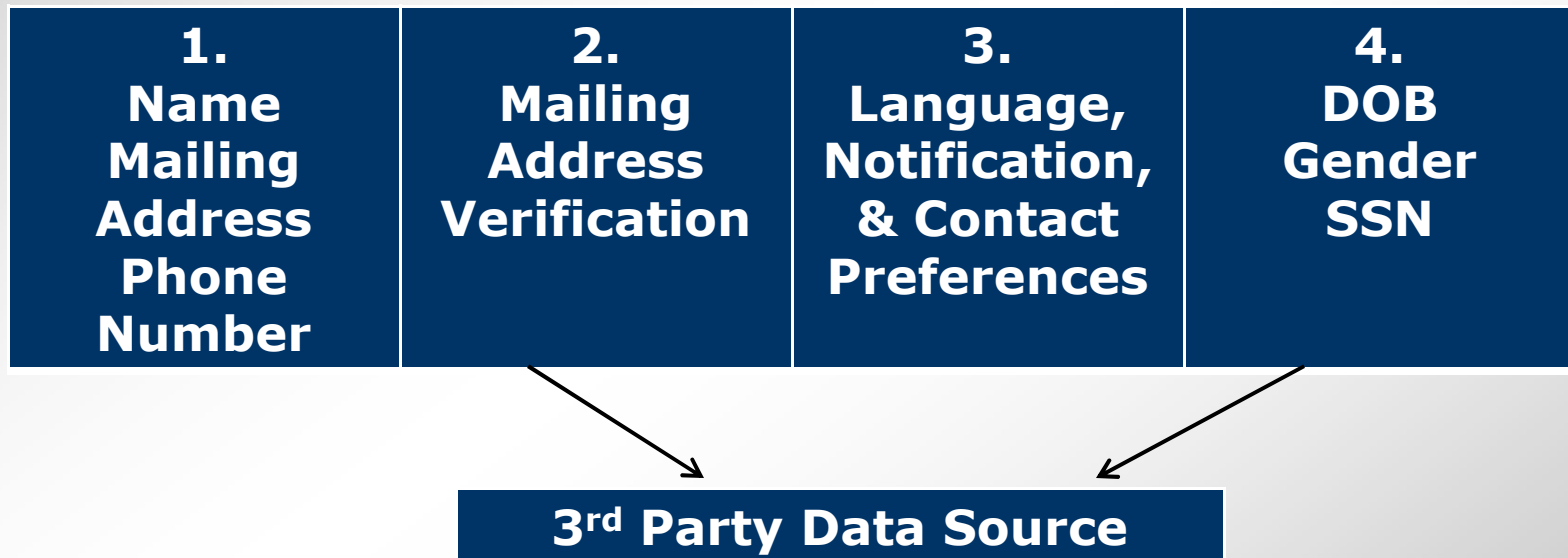
## Data Steps

There are 5 distinct sections of data input, where the consumer's information will be verified.

- **Step 1: Identity Proofing**
- Step 2: Build Household / Non- Income factors for help in determining eligibility
- Step 3: Build Household Income
- Step 4: Additional Information
- Step 5: Eligibility Determination

## **Step 1: Identity Proofing & Contact Information**

This is the first step in the process. At this point, the portal will use third party data to verify the identity of the consumer.



At this point no eligibility determination is being made; we are simply verifying the information above.

## **Step 1: Identity Proofing**

# **“I do not wish to provide my Social Security Number”**

Individuals who have a SSN and are seeking coverage, must provide their SSN in order to receive coverage through the Marketplace.

- This option can only be chosen due to religious reasons.
- Parents can enroll their children in CHPlus without providing the child’s SSN or proving that they are legally documented.

## **Identity Proofing Results**

- A portal screen “Identity Not Found” will appear if the consumer’s information is not correct when verified through the third party database.
- The system needs to ensure that the consumer is not committing fraud, nor having fraud committed against them.
- A portal screen “Account and Identity Information Summary” will appear if the individual has been successfully identity proofed.



## Data Steps

There are 5 distinct sections of data input, where the consumer's information will be verified.

- Step 1: Identity Proofing
- **Step 2: Build household / Non- Income factors for help in determining eligibility**
- Step 3: Build Household Income
- Step 4: Additional Information
- Step 5: Eligibility Determination

## **Step 2: Build Your Household**

**The consumer provides information about the following:**

- Anyone who is listed on their tax return filing
- Spouse, if married
- Children who are dependents of the consumer
- Qualifying relative

## **Step 2: Building Household**

Information requested for each household member:

- Full Legal Name
- Gender
- Are they seeking coverage

Include these people on this application:

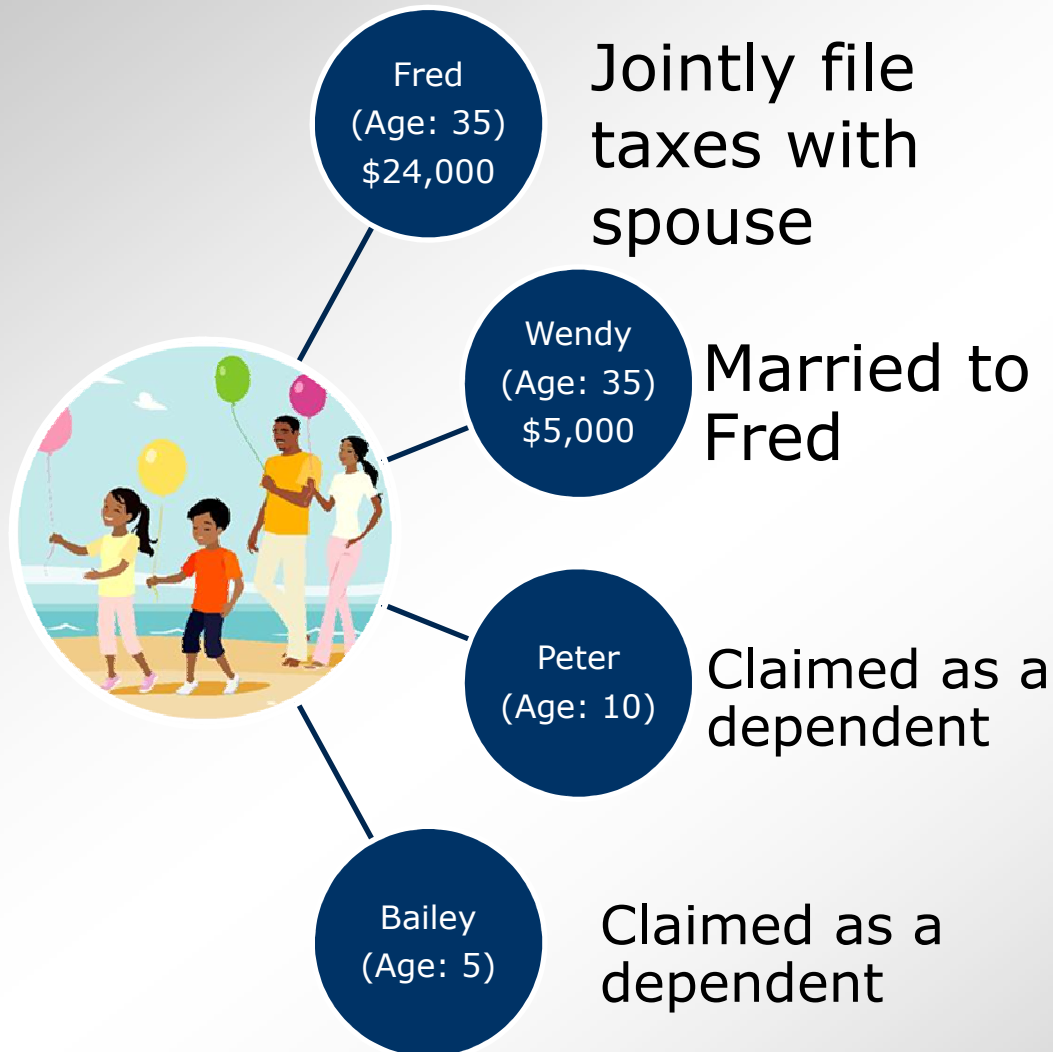
- 1) the consumer
- 2) the spouse, if married
- 3) any children
- 4) the partner who lives with the consumer
- 5) anyone the consumer includes on their federal income tax return.

- **Please note that identify verification will happen for each household member.**

## **NY Marriage Equality State**

- Married same sex couples are entitled to apply in the Individual Marketplace for everyone in their household, including children.
- New laws are in place regarding filing joint federal income taxes.

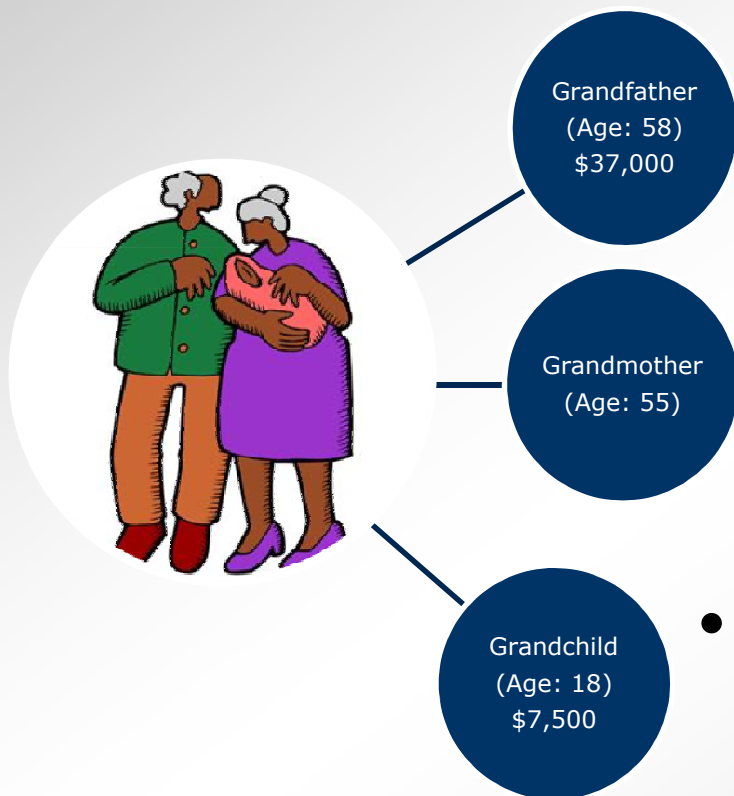
## Scenario 1- Family of Four



Fred is filing this application.

Who is in his household?

## Scenario 2 – Grandparents raising grandchild



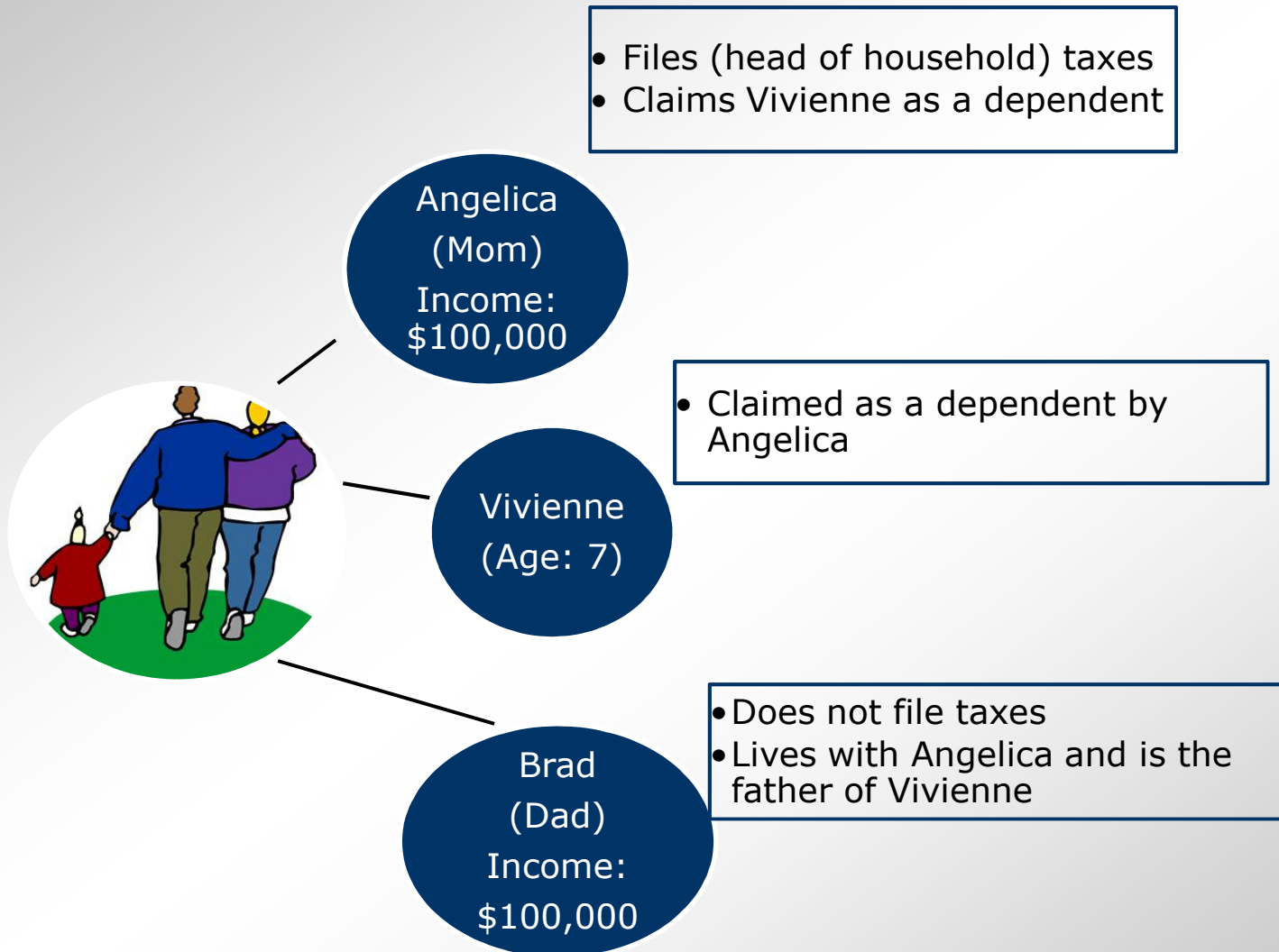
- Jointly file taxes with spouse

Grandpa is filing this application.

- Claimed as a dependent

Who is in his household?

## Scenario 3 – Brad & Angelica



Angelica is filing this application. Who is in her household?

Brad is filing his own application. Who is in his household?

## **Step 2: Non-Income Factors - Citizenship**

**US Citizen** - Person who is born in the U.S., has one or both parents who is a citizen, or has gone through the naturalization process.

**Naturalized Citizen** - Person not born in the United States who voluntarily becomes a U.S. Citizen.

**Immigrant Non- Citizen** – Person who lives and works in the United States with the permission of the United States Citizenship and Immigration Services (USCIS).

**Non-Immigrant Visa Holder** - Person with short-term visa, such as tourist, foreign student, or temporary worker.

**Other** - Person who is not a U.S. citizen or does not have a valid immigration status or visa.



## **Step 2: Non-Income Factors - Citizenship**

Lawfully Present Immigrants – Non-U.S. Citizens who have permission to live and/or work in the United States.

### **Residency Test:**

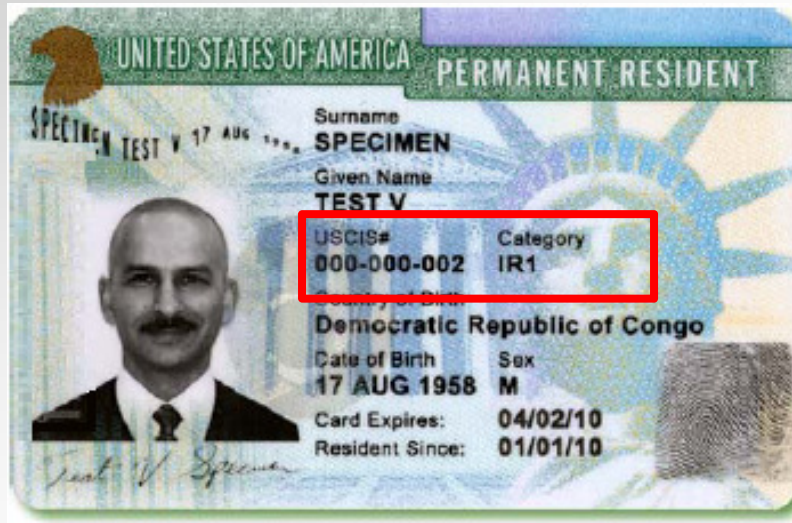
- Must Reside in New York State
- Must be moving to New York State within 90 days for a job

Students, depending on their circumstances, may be residents.

Visitors & Tourists do not meet Residency Test requirements and therefore would not be eligible to enroll in The Marketplace.

## Step 2: Non-Income Factors - Immigration

### I-511 Permanent Resident Card



### I-688B or I-766 Employment Authorization Card



## Step 2: Non-Income Factors – Immigration

### I-94 Arrival/Departure Card

212267781 12

Immigration and Naturalization Service  
I-94  
Departure Record

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION  
ADMITTED PHO  
APR 29 2011  
CLASS FI  
Limit D/S

14. Family Name  
R eyes S warez

15. First (Given) Name  
M ary L ouisa

16. Birth Date (Day/Mo/Yr)  
06/10/85

17. Country of Citizenship  
D o m i n i c a n R e p

See Other Side      specimen      STAPLE HERE

### I-797 Notice of Action

Department of Homeland Security  
U.S. Citizenship and Immigration Service

I-797, Notice of Action

**THE UNITED STATES OF AMERICA**

RECEIPT NUMBER SRC-07- [REDACTED]	CASE TYPE I140	PETITIONER [REDACTED]
RECEIPT DATE October 2, 2006	PRIORITY DATE September 28, 2006	BENEFICIARY A099 [REDACTED]
NOTICE DATE November 6, 2006	PAGE 1 of 1	

MICHAEL I. BROOKS  
LAW OFFICES OF MICHAEL I BROOKS &  
3255 WILSHIRE BLVD STE 901  
LOS ANGELES CA 90010

Notice Type: Approval Notice  
Section: Alien of Extraordinary Ability, Sec.203(b)(1)(A)

The above petition has been approved. The petition indicates that the person for whom you are petitioning is in the United States and will apply for adjustment of status. He or she should contact the local INS office to obtain Form I-485, Application for Permanent Residence. A copy of this notice should be submitted with the application, with appropriate fee, to this Service Center. Additional information about eligibility for adjustment of status may be obtained from the local INS office serving the area where he or she lives, or by calling 1-800-375-5283.

If the person for whom you are petitioning decides to apply for a visa outside the United States based on this petition, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we send the petition to the Department of State National Visa Center (NVC).

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

## Step 2: Building Household - Race and Ethnicity

# “Race & Ethnicity (Check all that apply)”

The consumer is not **required** to complete this section.

- It is helpful to obtain this information to assess if and how different communities are accessing the Marketplace.

## **Step 2: Non-Income Factors - Gender Specific**

### **“Is (*name*) pregnant?”**

- All women of child bearing age (10 to 65) will be asked to identify if they are pregnant – Yes / No
- If yes, consumer should indicate the number of children expected and anticipated due date.
- This question may affect program eligibility, and could help women receive more affordable benefits.

## **Step 2: Non-Income Factors - Age Specific Questions**

### **“Is (*name*) a full time student?”**

- All dependents who are 19 & 20 years old will be asked to identify if they are a full time student – Yes / No
- This question may affect Medicaid program eligibility.

## **Step 2: Non-Income Factors - Age Specific Questions**

**“Was (name) ever in foster care?”**

**Check this box if (name) is currently in foster care.**

**What age was (name) when he/she left foster care?**

**What state was (name) in foster care?**

- These questions in conjunction with the age of the consumer will impact Medicaid Eligibility.

**Step 2: Non-Income Factors - American Indian / Alaskan Natives**

# “American Indian / Alaskan Native?”

- All consumers who mark Yes to this question will be asked to identify the federally recognized tribe to which they belong.



## **Step 2: Non-Income Factors - Disability Questions**

**“Is this person applying for or in  
a Residential Treatment  
Facility...?”**

**“Is this person blind?”**

- Consumer’s answers to these questions may categorize them as non-MAGI, resulting in a referral to Local DSS.
- Referral instructions will be provided by the Marketplace.

## **Step 2: Non-Income Factors - Disability Questions**

# **“Is this consumer disabled or chronically ill?”**

- If a consumer answers Yes to this first question, he/she will be asked to state whether or not he/she is certified disabled.
- Certified Disabled Categories:
  - Supplemental Security Income (SSI) / Social Security Disability Insurance (SSDI) Recipients
  - Railroad Retirement (as totally & permanently)
  - Not yet certified

**Consumers’ answers to these questions may categorize them as non-MAGI, resulting in a referral to their LDSS/HRA.**

## **Step 2: Non-Income Factors - Disability Questions**

**“Does this person need the following services?”**

- Waiver Services – check box
- Personal Care – check box
- Home Care Services – check box

**Consumer’s answers to these questions may categorize them as non-MAGI, resulting in a referral to their LDSS/HRA.**

## **Step 2: Additional Information**

**“Does (*name*) want help paying for medical bills in the past 3 months?”**

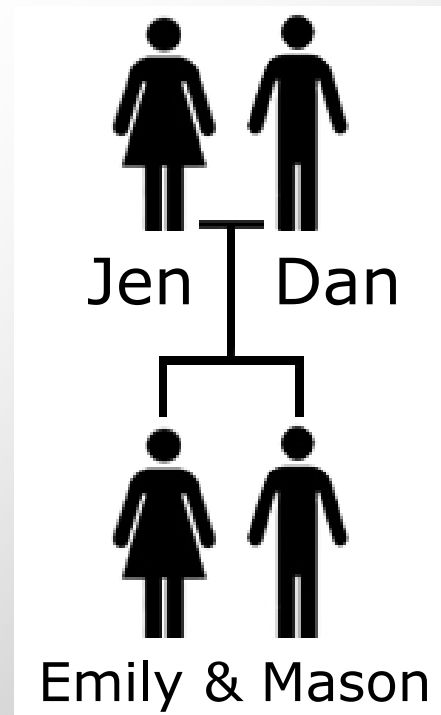
**Consumer’s answer to this question will trigger the Marketplace to evaluate whether the consumer is eligible for retroactive Medicaid coverage.**

## **Step 2 – Non-Income Factors - Verification Discrepancies**

- A consumer will receive a notification (error message) when data entered does not match data that is available within one of the third party databases.
- Upon receipt of error message, the consumer will need to review the discrepancy and make corrections.
- If after the third attempt, the data does not match, the consumer will be asked to provide supporting documentation.

## Step 2: Build Your Household - Household Relationships

**Relationships must be reciprocal and matching.**



## Step 2: Build Your Household

- **No Fixed Address**
- **Address Confidentiality Program**
  - Mailing address must be provided
  - Zip code and County must be provided

**\*Zip Code & County  
affect Medicaid  
Managed Care Program  
Eligibility**



## Step 2: Build Your Household

An out-of-state resident could be someone who is:

- Moving to NY State within 90 days for employment or seeking employment (with proof of residency). This application will pend for 90 days awaiting address verification.
- A full time student who may live out of state if their permanent address is in NY State.





## Data Steps

There are 5 distinct sections of data input, where the consumer's information will be verified.

- Step 1: Identity Proofing
- Step 2: Build Household / Non- Income factors for help in determining eligibility
- **Step 3: Build Household Income**
- Step 4: Additional Information
- Step 5: Eligibility Determination

## Step 3: Build Household Income

When building the household income, the consumer must complete the information based off of their anticipated Tax Status.

- Married Filing Jointly
- Married Filing Single
- Dependents:
  - Relationship
  - Residence
  - Age
  - Support
- Anticipated Income

Consumers must attest to filing taxes for the upcoming year to have their application processed, and understand that any information that is entered will be verified off the previous year's tax file.

## Step 3: Build Household Income

**“Will anyone not in this household claim “Joey” as a dependent in 2013?”**

The answer to this question may affect eligibility for multiple programs.

## **Step 3: Build Household Income**

Do you expect [name]'s income for [2014] to be the same as what was reported on his/her [year of last federal tax return] federal income tax return? Yes/No

What do you expect [name]'s yearly income will be in [coverage year]?

## **Step 3: Build Household Income**

If the consumer needs to add an income source that was not listed on the screen, they will:

***Click on "Add Income Source" to add a job that is not listed below (on the screen).***

***Click on "Never worked here" if you have never worked at the job shown below (on the screen).***

***Click on "No longer working here" if you will not be working at this job in the future.***

***If you do not have any income from a job, check the box next to your name that reads: [name] will have no earned income in [year]."***

## **Step 3: Self Employment Income**

- The Marketplace asks for three months of information because the consumer may not earn the same amount each month. Therefore, collecting three months will be more accurate than one month.
- These Four Categories will create a total **Gross Income** for that time period:
  - Gross Sales
  - Rents Received
  - Royalties Received
  - Inventory Purchases

## **Step 3: Unemployment Income**

- After entering income data, if using the portal it is going to ask if there are other types of income that need to be captured.
- The first “other” type of income the system is Unemployment Income. If any members of the household collected unemployment income, the consumer will need to enter this information.
- This should come off of a payment stub or some other documentation, whenever possible.

### **Step 3: Additional Income**

- The Marketplace also needs to know about other benefits that the consumer and their family will receive in the coverage year.
- The consumer does not need to tell the Marketplace about child support or Veterans Payment.
- An individual's answer to this question could affect eligibility for different health care programs because it affects the household income.



## **Step 3: Deductions**

Options:

- Educator expenses
- IRA deduction
- Student loan interest deduction
- Tuition & fees
- Certain business expenses (reservists, artists, government officials)
- Health savings account deduction
- Moving expenses
- Deductible part of Self-Employment (S/E) tax
- S/E SEP, SIMPLE, & qualified plans
- S/E health insurance deduction
- Penalty on early withdrawal of savings
- Alimony paid
- Domestic production activities deduction
- Additional adjustments added on line 36 (1040 only)
  - Archer MSA deduction
  - Housing deduction
  - Other adjustments

## Step 3: Data Sources for Income

IRS ← Federal Tax Information

Department of Labor ← Unemployment

Social Security Administration ← Title II

Department of Tax and Finance ← New Hire / Wage Reporting



## **Step 3: Income Discrepancies**

If there is an income discrepancy, the Marketplace will notify the consumer.

# **Consumer vs. Data Source**

## Scenario 1- Family of Four

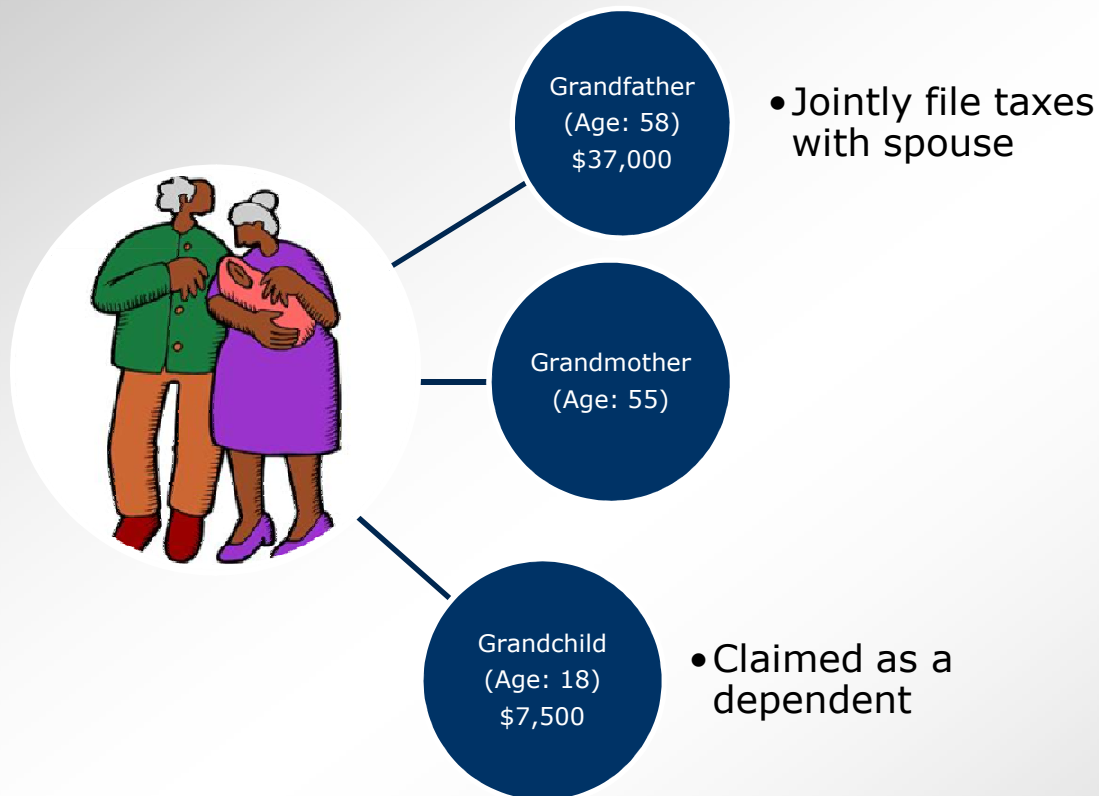


Fred is filing this application.  
Fred's household includes:

- Fred
- Wendy
- Peter
- Bailey

What is Fred's Household income?

## Scenario 2 – Grandparents raising grandchild



Grandpa is filing this application.

Grandpa's household includes:

- Grandpa
- Grandma
- Grandchild

What is Grandpa's Household Income?

## Scenario 3 – Brad & Angelica

Angelica is filing this application.  
Angelica's household includes:

- Angelica
- Vivienne

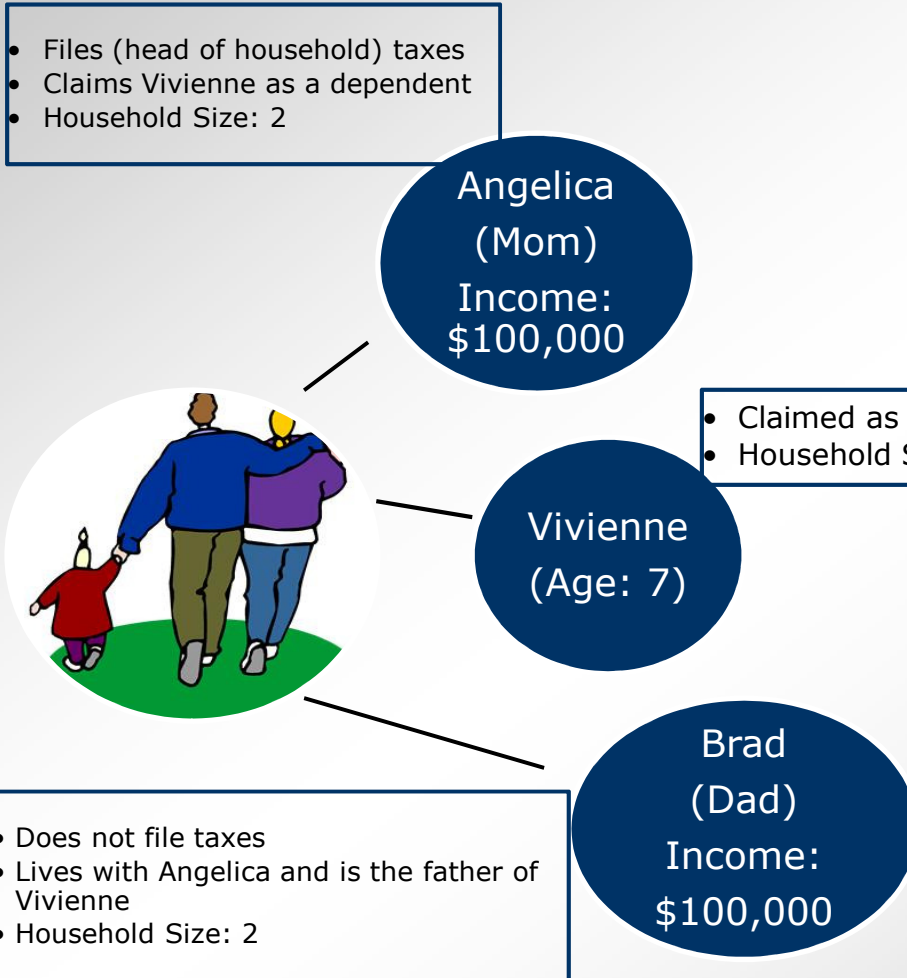
What is Angelica's Household income?

Brad is filing his own application.

Brad's Household includes:

- Brad
- Vivienne

What is Brad's Household income?



## Data Steps

There are 5 distinct sections of data input, where the consumers information will be verified.

- Step 1: Identity Proofing
- Step 2: Build household / Non- Income factors for help in determining eligibility
- Step 3: Build Household Income
- **Step 4: Additional Information**
- Step 5: Eligibility Determination

## **Step 4: Additional Information – Other Coverage**

The Marketplace portal will now check the entire household for other public coverage.

There are other types of public insurance which an individual may receive.

The consumer's answers to these questions may affect program eligibility.



**Step 4: Additional Information- Other Public Health Care Coverage**

The answer to this question will also affect program eligibility.

If using the Marketplace portal, the questions appears as:

**“We see that you are currently enrolled in [health plan name] until [end date]. Is this information correct?”**

## **Step 4: Additional Questions / Absent Parent**

- In households where there are children under the age of 21, the consumer will be asked a question about an absent parent.
- Does [name] have a parent living outside the home? If yes, the consumer will be asked to enter the absent parent's personal information.
- An adult can have good cause and choose not to answer this question. There is a check box at the very top of this screen outlined here in red which reads:  
**"If you fear physical or emotional harm if you provide information about this parent, who does not live in the home, check this box."**
- Consumers who check this box will see that all the questions listed on this screen will be removed and they do not need to provide the absent parent's information.

## **Step 4: Additional Questions / Other Benefits**

- At this point the Marketplace will move the consumer to this screen which asks about Other Benefits.

**Have you applied for Social Security Retirement Benefits?**

**Have you applied for Social Security Disability Benefits?**

- A Consumer's answers to these questions may change their household income and therefore may affect eligibility for programs (Medicaid).

## **Step 4: Additional Questions - Other Health Insurance**

### **Is this person enrolled in health care coverage now?**

- Coverage under an eligible employer sponsored health plan
- COBRA
- Retiree insurance
- Accident only coverage or disability insurance
- Coverage issued as a supplement to liability insurance
- Liability insurance including auto insurance
- Workers compensation or similar insurance
- Automobile medical payment insurance
- Credit-only insurance
- Coverage for on-site medical clinics
- Dental-only, vision only, or long term care insurance
- Specific disease coverage
- Hospital indemnity or other fixed dollar indemnity coverage
- CHAMPUS/Tricare supplemental coverage
- Prescription drug coverage
- None of these coverage types

## **Step 4: Additional Questions - Other Health Insurance**

- **In the portal, these questions will appear for each child in the household.**
- We checked state data sources and see that [name] enrolled in the NYSHIP. Is that correct?
- Is [name]'s parent or step-parent a public employee who can get family coverage through a state health benefits plan?
- In the last 6 months, has anyone in the household lost or cancelled his/her employer-based health insurance?

## **Step 4: Additional Questions - Other Health Insurance**

- **Can [name] get health insurance coverage through a job?**
- **Is [name] qualified to enroll in coverage?**

## Step 4: Additional Questions - Employer Sponsored Coverage

- Consumer must not have affordable coverage through his/her own employer or spouse's employer.
- **Affordable Coverage** – Employer-sponsored coverage that meets Minimum Essential Coverage Standards (60% AV or greater) and costs less than 9.5% of the employee's income for employee-only coverage.



## **Step 4: Additional Questions/Incarceration**

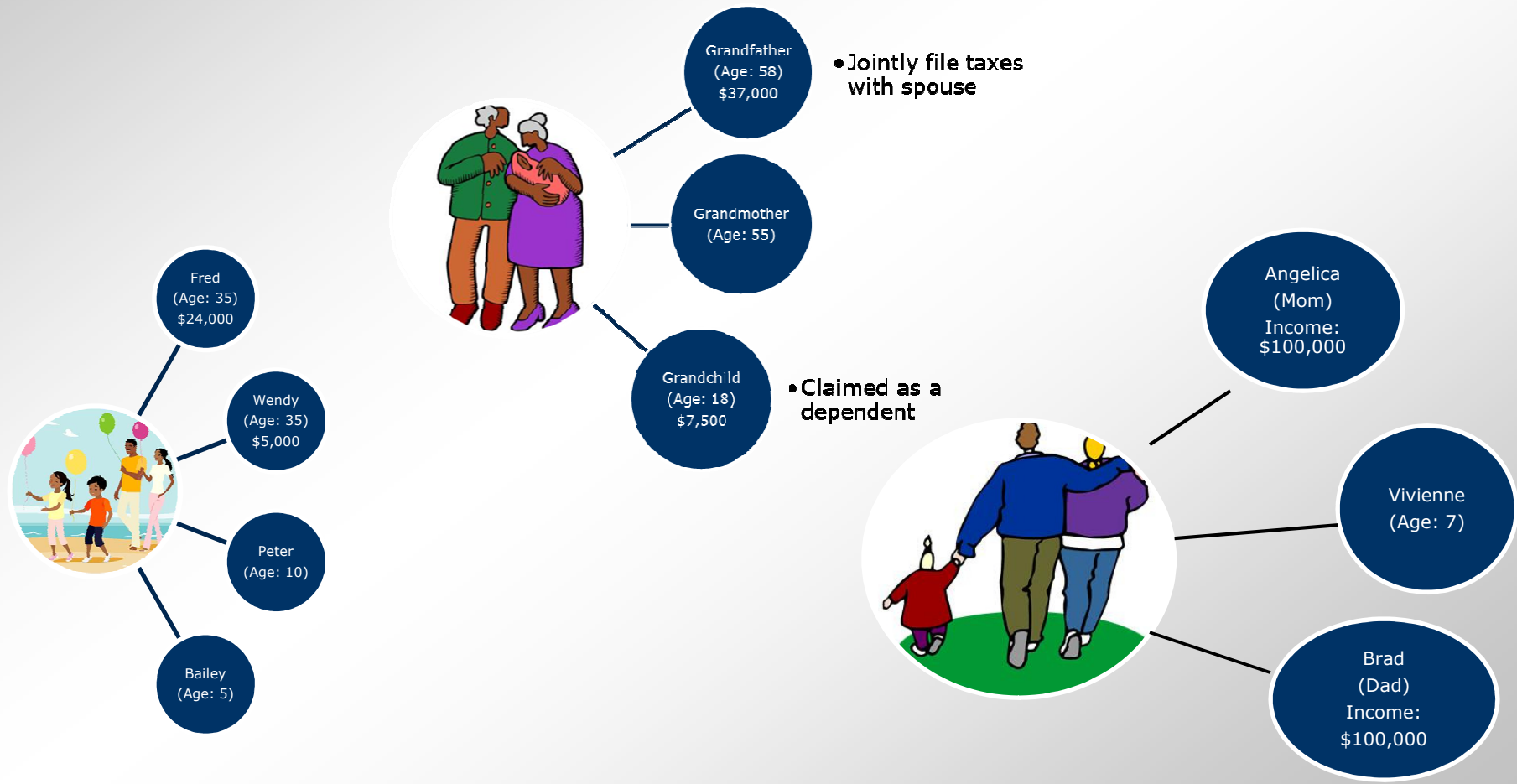
- When the Marketplace determines that [name] may be in jail or prison, the consumer will be moved to this screen which asks if the consumer agrees with this assessment.
- If the consumer marks no to this question and believes that the statement is incorrect, they will be asked to provide documentation proving the individual is not in jail or prison.
- An individual found to be in jail or prison is not eligible to buy coverage through the Marketplace. However, other family members may still be eligible for health coverage.



## **Terms Rights and Responsibilities - PDF**

- The consumer must initial for each member of their household, or electronically sign to indicate that everyone agrees to have their data used to complete the application process.
- The consumer can download a PDF copy of the “Terms Rights and Responsibilities” at this point, if he/she chooses.

## Step 4: Additional Questions



## Data Steps

There are 5 distinct sections of data input, where the consumers information will be verified.

- Step 1: Identity Proofing
- Step 2: Build household / Non- Income factors for help in determining eligibility
- Step 3: Build Household Income
- Step 4: Additional Information
- **Step 5: Eligibility Determination**

## **Step 5: Eligibility Determination**

- 1. Medicaid**
- 2. Child Health Plus (CHPlus)**
- 3. Qualified Health Plan with Advance Premium Tax Credits**
- 4. Qualified Health Plan with Advance Premium Tax Credits AND Cost Sharing Reductions**
- 5. Full Pay Qualified Health Plan**

# Producer Individual Marketplace Certification Training: Individual Marketplace



NYHBE Programs	Medicaid	Medicaid Emergency Services Only	CHPlus	QHP w/ APTC	QHP w/ APTC & CSR	Full Pay QHP
Eligibility Criteria						
US Citizen / Lawfully Residing Residents	<b>X</b>		<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
NYS Resident	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Income Requirements FPL	<ul style="list-style-type: none"> <li>•up to 138% of the FPL for adults.</li> <li>•up to 154% of the FPL for children ages 1-18.</li> <li>•up to 223% of the FPL for pregnant women and children under the age of one.</li> </ul>	<ul style="list-style-type: none"> <li>•up to 138% of the FPL for adults.</li> <li>•up to 154% of the FPL for children ages 1-18.</li> <li>•up to 223% of the FPL for pregnant women and children under the age of one.</li> </ul>	Subsides are available under 400% of the FPL	138% - 400% FPL *HH must file jointly	138% to 250% *HH must file jointly	No Income requirements

## Step 5: Eligibility Determination

- Once they have completed the terms, rights, and responsibilities, they will be shown which programs they and their household are eligible for.
- You may see this screen indicating that there are discrepancies between what was found in the IRS & homeland security databases, and what the consumer reports.
- This screen is where you can help the consumer scan and upload supporting documentation.

## **Step 5: Eligibility Determination - Reasonable Compatibility**

Outcomes of the Marketplace Data Sources Check:

- Exact Data Match = No action required
- Reasonable Compatibility = No Documentation Needed
- Eligibility Not Affected = No Documentation Needed
- **Eligibility Affected = Supporting Documentation May be Needed**

## **Step 5: Eligibility Determination - Documentation Verification**

**When documentation is required, it must be:**

- Received within the set number of days or the application will be pended.
- Provided in one of the three approved methods:
  - **Upload into the Marketplace**
  - Fax
  - Mail



## Documentation Clocks

### Medicaid

- Income – 14-days from date of application
  - No Enrollment (May enroll in APTC pending income documentation.)

### CHPlus

- Income – May enroll with a higher premium pending income documentation.

### APTC

- Income – 90 days from date on application
  - May enroll using previous tax data.

## Documentation Clocks

- SSN – 90 days (95 days from date of notice)
- Citizenship – 90 days (95 days from date of notice)
- American Indian/Alaskan Native –
  - Documentation required for APTC/CSR

## **Step 5: Eligibility Determination - Household Changes**

- All changes within a household will need to be reported to the Marketplace.
- Examples of Change:
  - Address change, income, birth of a child, marriage, divorce
- Consumers can:
  - Meet with Producer to make the update.
  - Log into their account and make the update.
  - Contact the Marketplace Customer Service Center to make the update.
- Medicaid & CHPlus include 12 months of continuous coverage.

## Scenario 1- Family of Four



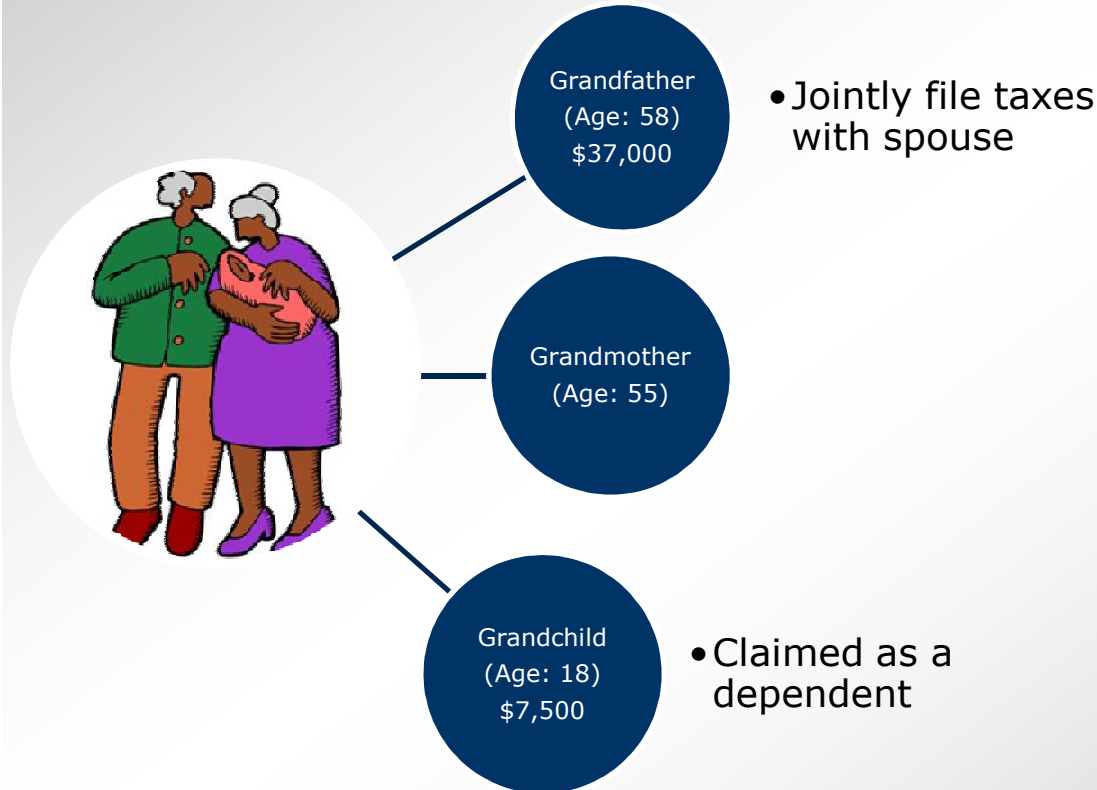
Fred is filing this application.  
Fred's household includes:

- Fred
- Wendy
- Peter
- Bailey

Fred's Household income is  
\$29,000  
123% of the FPL

Which program(s) is Fred's  
family eligible for?

## Scenario 2 – Grandparents raising grandchild



Grandpa is filing this application.

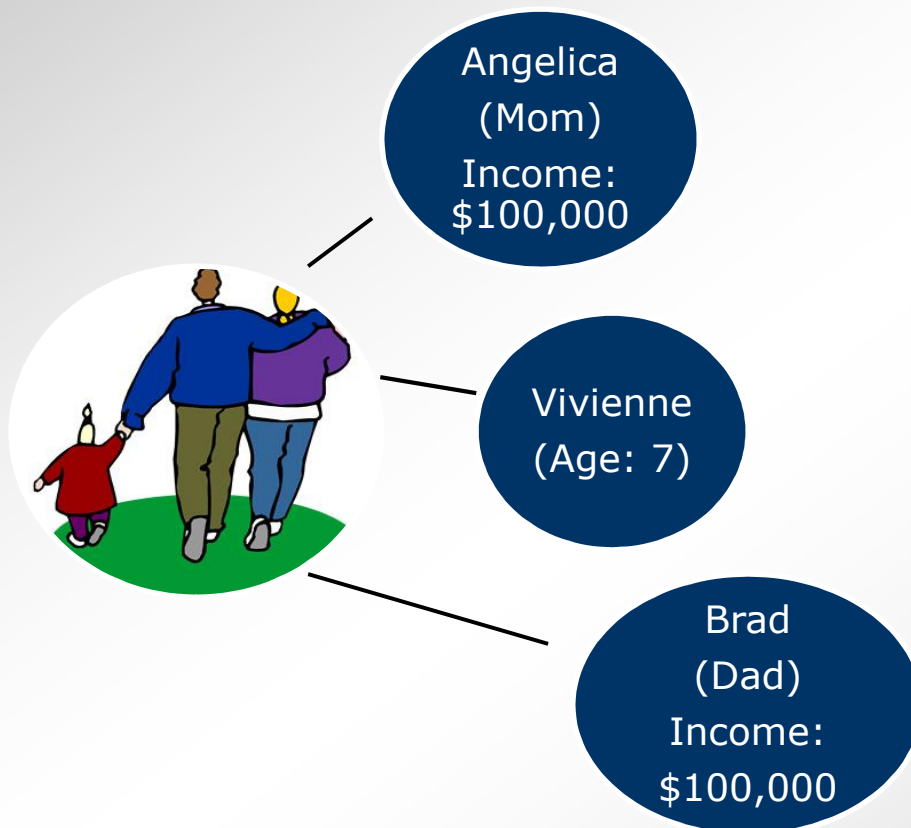
Grandpa's household includes:

- Grandpa
- Grandma
- Grandchild

Grandpa's household income is \$44,500  
227% of the FPL

Which program(s) is Grandpa's family eligible for?

### Scenario 3 – Brad & Angelica



Angelica is filing this application.

Angelica's household includes:

- Angelica
- Vivienne

Angelica's Household Income is  
\$100,000  
644% of the FPL

Which program(s) is Angelica's family eligible for?

Brad is filing his own application.

Brad's Household includes:

- Brad
- Vivienne

Brad's Household Income is  
\$100,000  
644% of the FPL

Which program(s) is Brad's family eligible for?

***Producer  
Individual Marketplace  
Certification Training:  
Individual Marketplace***



**Module 5**



***Producer  
Individual Marketplace  
Certification Training:***

***Pick a Plan***



**Module 6**





## **Learning Objectives**

**By the end of this lesson, you will be able to...**

- Explain the differences in consumer choice between the consumer ratings of Medicaid Managed Care & CHPlus Plans.
- Explain the differences between the Qualified Health Plan Metal Levels or a Catastrophic Plan, and the trade-offs in cost for the consumer.
- Assist consumers in selecting a Health Plan based on their individual needs and priorities.

## **Medicaid Managed Care Plans / CHPlus Plans**

### **Questions for Consumers:**

- 1) What providers do I see?
- 2) Which plans does my provider participate with?
- 3) Which plans can I eliminate from my choices, based on the provider network?
- 4) Plan selection page - why are the plans listed in this order? (Quality Rating alphabetically within each rating category)
- 5) What medications do I take?
- 6) Are my medications covered by the plans I am considering?
- 7) How do I compare various plans that have my providers in their networks, and cover my medications?
- 8) Is there one plan that appears to stand out based on my personal selection criteria?

## Medicaid Managed Care Plans / CHPlus Plans

- Cost is not a variable for Medicaid Managed Care.
- Cost is not a variable for subsidized CHPlus.
- Cost is a variable for Full-Pay CHPlus.
  
- MMC & CHPlus – Plans available by region  
[http://www.health.ny.gov/health\\_care/managed\\_care/pdf/cnty\\_dir.pdf](http://www.health.ny.gov/health_care/managed_care/pdf/cnty_dir.pdf)
  
- MMC & CHPlus – Consumer Guide by Region  
[http://www.health.ny.gov/health\\_care/managed\\_care/consumer\\_guides/](http://www.health.ny.gov/health_care/managed_care/consumer_guides/)

Compare:

- Available Plans as rated by Consumers
- In-Network Providers
- Proximity to Providers

## Consumer's Guide to Medicaid Managed Care

### **Medicaid Managed Care satisfaction rates consist of 3 categories:**

- Preventive and wellness care for adults and children
- Quality of care provided to members with illnesses
- Patient satisfaction with access and service

## Consumer's Guide to Child Health Plus

### **Child Health Plus consumer satisfaction ratings break down into 2 main categories:**

- Preventive and Well-Care for Children
- Quality of Care Provided to Members with Illnesses

## **Consumer's Guide to QHPs**

- Provider Network
- Prescription Drug Formulary
- Quality Rating
- Cost

## **Identify Consumer “Must Haves”**

- Consumer’s Provider is in-network
- Anticipated need for benefits
- Interest in certain plan features:
  - Adult Dental
  - Acupuncture
  - Diabetes Management
  - Weight Loss Services

## Consumer Priorities

### Service Needs

Which doctors, hospitals, clinics and other providers are currently used by the consumer and his/her family? Does the consumer want to select only from plans whose network includes these providers?

What happens if the consumer wants to see a specific specialist who is out-of-network? How is this specialist accessed under the plan he/she may be considering?

What medications do the consumer and his/her family members currently use? Are these generic or name brand medications?



## Consumer Priorities

### Service Needs

What is the plan's prescription medication formulary?  
How can the consumer look up covered medications in a selected plan's formulary? Are the medications the consumer uses contained in the formulary for some plans? Are the medications available in generic form within the plan being considered? Are name brands available? How much do the medications cost?

What happens if the family needs to access dental, hearing, and vision services?

## Marketplace – Search Filters

- There are tools embedded within the Marketplace to help consumers choose a plan that best suits their needs.
- Consumers will be able to search for and select a doctor or facility within different metal levels and plan types.
- Once consumers choose their preferences, they can apply the filter and search based on preference criteria.
- Based on the search results of providers and/or formularies, the consumer can eliminate some plans from consideration.

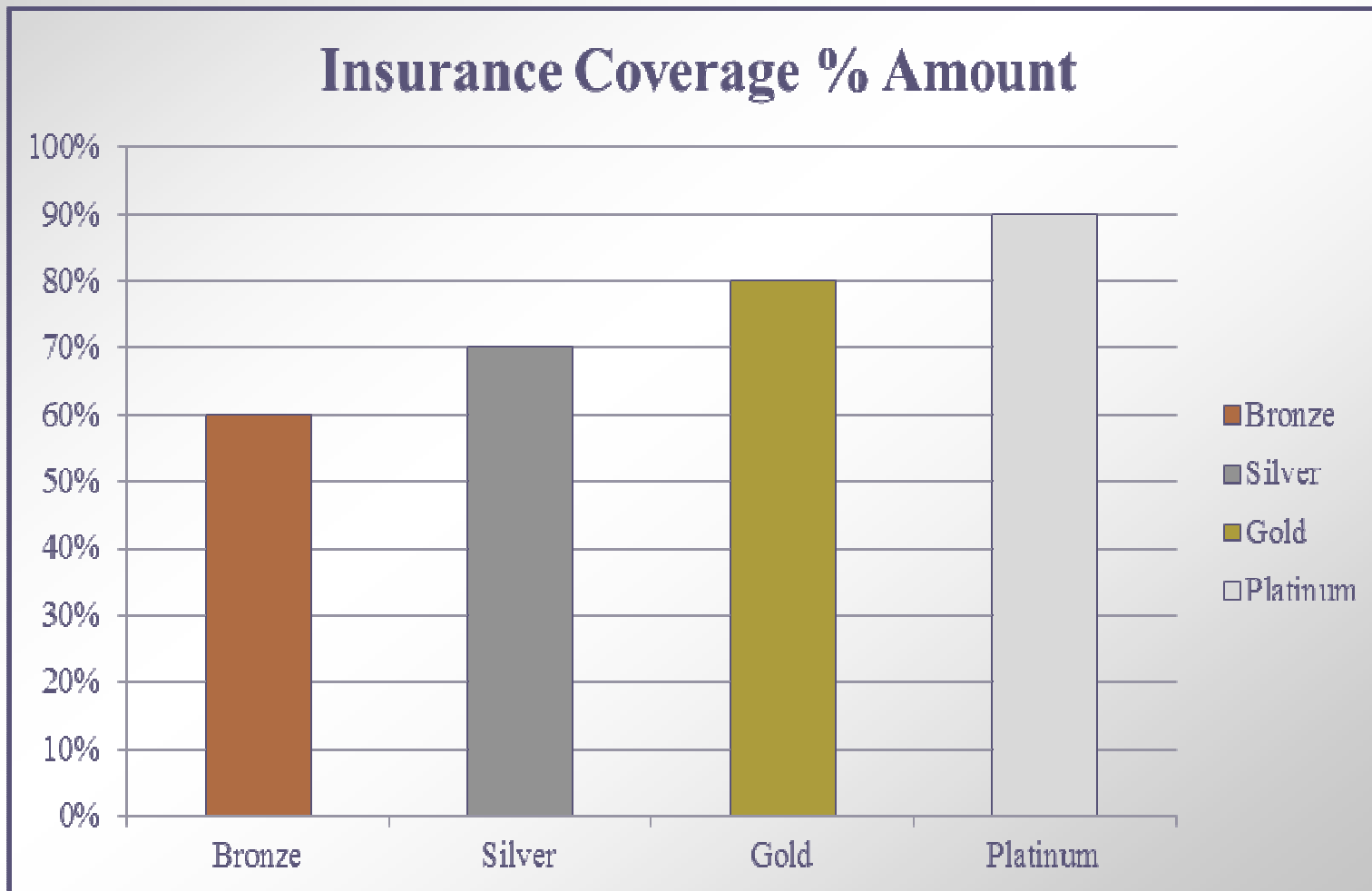
## Quality Ratings

Plans with quality ratings will be rated on a scale of one to five with:

- 1 Star being the lowest
- 5 Stars being the highest

New plans that do not have quality ratings will be identified in the portal as, "New plan. Quality data not yet available."

## QHPs – Metal Levels



## Consumer Priorities – QHPs & Full Pay CHPlus

### Cost

How much does the plan cost up front each month?

- Premiums

What are your out-of-pocket costs?

- Copays
- Coinsurance
- Deductibles
- Maximum Out-of-Pocket Costs

Is the consumer receiving assistance through APTC and/or CSR?

## QHPs – Costs Breakdown

Costs	Platinum	Gold	Silver	Bronze	Catastrophic
Individual Monthly Premiums	\$423	\$395	\$349	\$275	\$173
Deductible	\$0	\$600	\$2,000	\$3,000	\$6,400
copayment/ coinsurance for PCP visit	\$15	\$25	\$30	50% Cost Sharing	0% Cost Sharing
MOOP	\$2,000	\$4,000	\$5,500	\$6,350	\$6,400

## Producer Individual Marketplace Certification Training: Pick a Plan



John - 27 years old - Income is 432%FPL:

- 2 PCP Visits
- 1 Emergency Room Visit (Broken Wrist)
- 2 Tier 2 Prescriptions

\*John paid full cost for all visits because he did not meet his deductible.

	<b>Catastrophic Plan Charges</b>	<b>Catastrophic Deductible = \$6,400/year (amount consumer pays)</b>	<b>Silver Plan Charges</b>	<b>Silver Level Deductible = \$2,000/year (amount consumer pays)</b>
Monthly Premium	\$173	\$173/mo \$2,076/year	\$349	\$349/mo \$4,188/year
PCP Visit	\$150	\$0	\$150	\$0
PCP Visit	\$150	\$0	\$150	\$150
ER Visit	\$1200	\$1200	\$1,200	\$1,200
Tier 2 Rx	\$200	\$200	\$200	\$200
Tier 2 Rx	\$200	\$200	\$200	\$200
<b>Total</b>		<b>\$3,676</b>		<b>\$5,938</b>

## QHPs – Cost Breakdown - Annual

# John

Catastrophic Plan = \$3,176/year

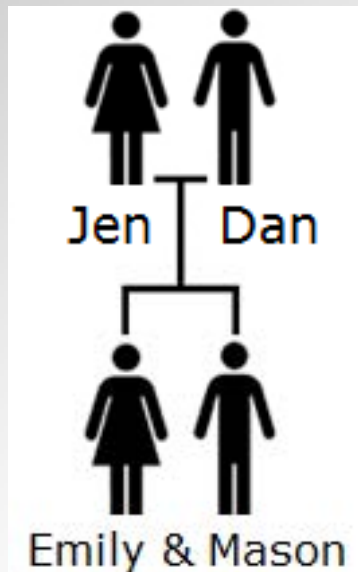
Silver Plan = \$5,048/year





# Meet the Sparky Family

Income is 415% FPL



Jen Sparky – 1 PCP visit

Dan Sparky – 1 Trip to Urgent Care & 3 Generic Rx

Emily Sparky – 1 PCP visit

Mason Sparky – 1 PCP Visit, 1 Trip to Urgent Care, 2 Specialist Visits & 2 tier 2 Prescriptions.

# Premiums



Add up yearly  
Premium Costs

$$\begin{aligned}
 & \$8,376/\text{adult premium cost} \\
 + & \$4,800/\text{children premium cost} \\
 \hline
 &
 \end{aligned}$$

**\$13,176/year**

	<b>Individual Premium Rate At Silver Level</b>	<b>Multiply by spouse rate cost</b>	<b>Total Monthly Premium</b>
Adults	Individual Premium \$349/month	multiply by 2	\$698/month  (x12) \$8,376/year

	<b>Premium Rate At Full Pay CHPlus</b>	<b>Multiply by number of children in HH</b>	<b>Total Monthly Premium</b>
Children	\$200/month	multiply by 2	\$400/month  \$4800/year

**Premium Costs WITH  
CHPlus**

$$\begin{aligned}
 & \$8,376 / \text{adult premium cost} \\
 + & \$4,800 / \text{children premium cost} \\
 \hline
 & \$13,176 / \text{year}
 \end{aligned}$$

Premium Costs with children included in Silver QHP.

	<b>Individual Premium Rate At Silver Level</b>	<b>Multiply by Family Rate</b>	<b>Total Monthly Premium</b>
Family	Individual Premium \$349/month	multiply by 2.85	\$995/month (x12)
			\$11,940/year

## Producer Individual Marketplace Certification Training: Pick a Plan



		Silver Level: Consumer pays costs until \$2,000 annual deductible is met		No Deductible (Amount Consumer Pays)
Jen PCP Visit		\$0		
Dan Urgent Care Visit		\$250		
Dan Rx		\$50		
Dan Rx		\$50		
Dan Rx		\$50		
Emily PCP Visit				\$0
Mason PCP Visit				\$0
Mason Urgent Care				\$0
Mason Specialist Visit				\$0
Mason Specialist Visit				\$0
Mason Tier 2 Rx				\$0
Mason Tier 2 Rx				\$0
<b>Total</b>		<b>\$400</b>		<b>\$0</b>

Out-of-Pocket Costs

# Out-of-Pocket Costs

Out of Pocket Costs with  
Children in CHPlus.  
Family OOP total = \$400

Out of Pocket Costs with  
Children in Full Pay Silver  
QHP.  
Family OOP total = \$1350

	<b>Silver Plan: Consumer pays costs until \$2,000 annual deductible is met</b>
Jen PCP Visit	\$0
Dan Urgent Care Visit	\$250
Dan Rx	\$50
Dan Rx	\$50
Dan Rx	\$50
Emily PCP Visit	\$0
Mason PCP Visit	\$0
Mason Urgent Care	\$250
Mason Specialist Visit	\$150
Mason Specialist Visit	\$150
Mason Tier 2 Rx	\$200
Mason Tier 2 Rx	\$200
<b>Total</b>	<b>\$1350</b>

## QHPs – Cost Breakdown - Annual

# Sparky Family

Silver Plan = \$8,776

+ CHPlus Plan = \$4,800

\$13,576/year

Silver Plan for Entire Family = \$13,290



## **Tools – Compare Plans**

- After the consumer eliminates those plans which don't fit their needs, the consumer can compare and contrast the remaining plans in order to arrive at a final selection from plans meeting the search criteria.
- The results screen contains the following information:
  - Name of the Plans
  - Monthly Premiums
  - Metal Levels (if applicable)
  - Type of Plans
  - Quality Ratings (if available)
  - Annual Deductibles

## Tools – Plan Details

- When clicking on **Compare Plans**, the Marketplace will bring the consumer to a screen that shows the plans side-by-side. The consumer can then see more information on:
  - Benefits
  - Cost sharing for those benefits
  - Cost for each benefit using an in-network or an out-of-network provider
  - Whether or not this benefit is subject to a deductible
  - Description of the service



## Tools – Change Plan Selection Screen

**Plan Groups:** Displays the Household Members covered by the selected plans.

**Medical Plan:** Displays the selected Medical Plan. You can select a new plan by clicking the **Change Medical Plan** button.

**Dental Plan:** Displays the selected Dental Plan. This window will not display if a Dental Plan was not chosen. You can select a new plan by clicking the **Change Dental Plan** button.

## **Tools – View Current Health Plans**

- The Plans & Programs tab displays the current health plans in which household members are enrolled, along with the plan name and telephone number.
- The Consumer can use this screen to verify the plan(s) in which each household member is enrolled.
- The name of the health plan, a brief description of the plan, and the telephone number for the plan issuer are shown. The Marketplace will provide the Consumer with the plan's telephone number in order to get specific plan information.

***Producer  
Individual Marketplace  
Certification Training:***

***Pick a Plan***



**Module 6**



***Producer  
Individual Marketplace  
Certification Training:  
Complaints and Appeals***



**Module 7**



## **Learning Objectives**

**By the end of this lesson, you will be able to...**

- Define the difference between a Marketplace complaint and an appeal.
- Understand the process a consumer will follow to file a Marketplace complaint or an appeal.
- Define a complaint or appeal that a consumer files with DFS due to medical coverage issues with a health plan.

## Complaint Versus Appeal

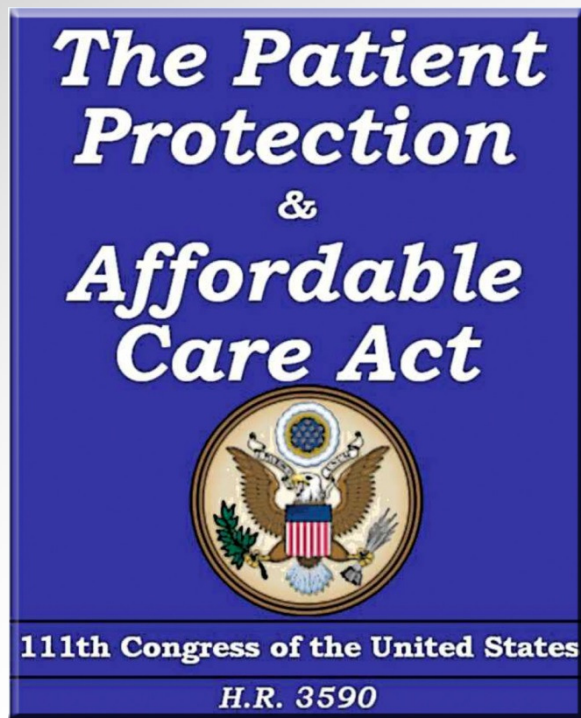
**According to the dictionary:**

**Complaint** - expression of grief, pain, or dissatisfaction

**Appeal** - a legal proceeding by which a case is brought before a higher court for review of the decision of a lower court



## Complaint Versus Appeal



### **According to the Affordable Care Act:**

**Complaint** – When an individual participating in the Marketplace feels the service received was unsatisfactory.

**Appeal** - When the individual participating in the Marketplace, does not agree with an eligibility determination, policy or other activity related to the health insurance coverage.

## **Producer - Complaint Process**

1. If you receive a call from a consumer regarding their eligibility, use your customer service skills to defuse the consumer's emotions and address the issue(s).
2. If the consumer is still dissatisfied, refer him/her to the Marketplace Service Center to have the complaint taken over the phone.



## **Marketplace Appeals Process – Individual**

A consumer can file an appeal based on:

- Eligibility determination (e.g., found eligible for QHP with an APTC and CSR reduction; attestation supports Medicaid eligibility).
- Level of APTC and CSR benefit.
- Failure of the Marketplace to provide timely notice of eligibility determination.
- Denial of special enrollment periods.
- Denial of Medicaid Premium Assistance Payments.
- Level of CHPlus Premium.

## Health Plan Coverage Appeals

Appeals about Enrollee Health Plan Coverage: **Use Existing NYS Processes that are the same for QHP and Commercial Health Plans**

- QHP Enrollee Coverage
- Child Health Plus Enrollee Coverage

Consumer can file a complaint regarding coverage issues with the Department of Financial Services.

Consumers can appeal a medical necessity denial through External Appeal.

- Medicaid Enrollee Health Plan Coverage

Consumers can request an appeal through the Office of Administrative Hearings or through DFS.

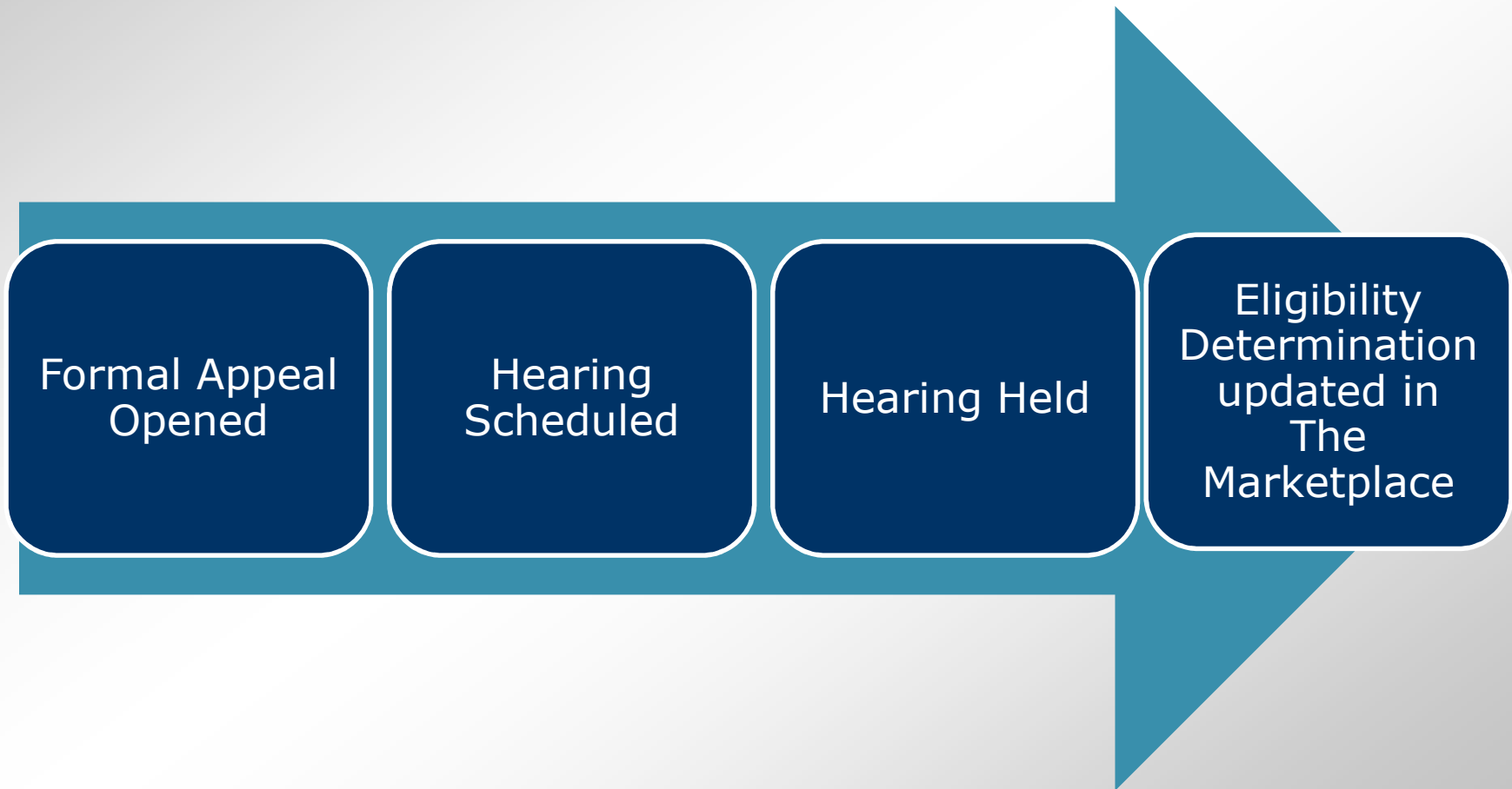
## Appeals Process

Refer the consumer to the correct path to file the Appeal

- Online
- Phone
- Fax
- Mail



## Marketplace Appeals Process



***Producer  
Individual Marketplace  
Certification Training:  
Complaints and Appeals***



**Module 7**



# *Producer Individual Marketplace Certification Training:*

## *Producer Resources*



# Module 8



## Learning Objectives

At the completion of this training module, you will be able to:

- **Identify the web sites pertaining to the Individual Marketplace.**
- **Identify the Individual Marketplace customer service options available for Producers.**

## **Web Sites**

- **NY State of Health website**
- **Producer Portal**
- **Department of Financial Services**



## NY State of Health Individual Marketplace Web Site



The screenshot shows the homepage of the NY State of Health Individual Marketplace. At the top, there is a navigation bar with "New York State" and "State Agencies" on the left, and a search bar on the right. Below this is the "nystateofhealth" logo and a search bar. The main navigation menu includes "HOME", "WHAT IS AN EXCHANGE?", "INFO FOR YOU", and "NEWS & EVENTS". Under "INFO FOR YOU", there is a "RESOURCES" section. The main heading is "Individuals & Families", with a breadcrumb trail "Home >> Info For You". A large image of a family (a man, a woman, and a baby) is featured. Below the image is a blue box with links for "FAQs", "News & Events", and "Resources". To the right of the image, there is a "Share this Page >>" section with social media icons for Facebook, Twitter, Google+, Email, and Print. Below this is a section titled "What Steps do I Need to Take?" with a paragraph of text: "Starting in October 2013, you will be able to shop for and enroll in health insurance through the Exchange for coverage that begins on January 1, 2014." Below this is a "Key Dates" section with the date "December 14, 2012" and the text: "NYS receives conditional approval of Blueprint application from HHS". At the bottom of the page, there is a footer with the text "Helping Individuals and Families Afford Insurance".

New York State State Agencies Search all of NY.gov

nystateofhealth The Official Health Plan Marketplace

HOME WHAT IS AN EXCHANGE? INFO FOR YOU NEWS & EVENTS

RESOURCES

### Individuals & Families

Home >> Info For You



FAQs News & Events Resources

Share this Page >>

What Steps do I Need to Take?

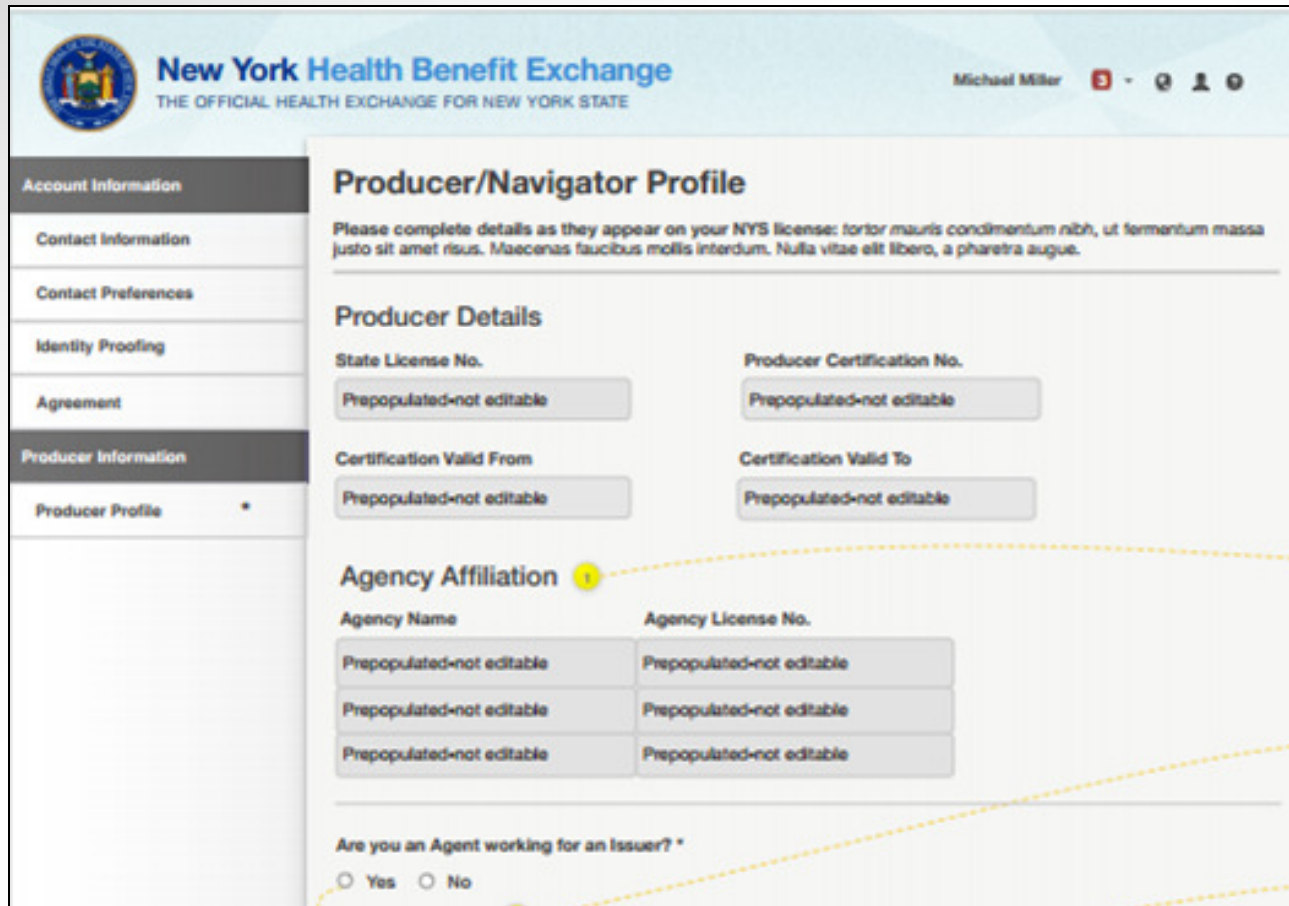
Starting in October 2013, you will be able to shop for and enroll in health insurance through the Exchange for coverage that begins on January 1, 2014.

Key Dates

**December 14, 2012**  
NYS receives conditional approval of Blueprint application from HHS

Helping Individuals and Families Afford Insurance

## Producer Portal



**New York Health Benefit Exchange**  
THE OFFICIAL HEALTH EXCHANGE FOR NEW YORK STATE

Michael Miller

**Account Information**

- Contact Information
- Contact Preferences
- Identity Proofing
- Agreement
- Producer Information**
- Producer Profile \*

### Producer/Navigator Profile

Please complete details as they appear on your NYS license: tortor mauris condimentum nibh, ut fermentum massa justo sit amet risus. Maecenas faucibus mollis interdum. Nulla vitae elit libero, a pharetra augue.

#### Producer Details

State License No.	Producer Certification No.
Prepopulated-not editable	Prepopulated-not editable
Certification Valid From	Certification Valid To
Prepopulated-not editable	Prepopulated-not editable

#### Agency Affiliation

Agency Name	Agency License No.
Prepopulated-not editable	Prepopulated-not editable
Prepopulated-not editable	Prepopulated-not editable
Prepopulated-not editable	Prepopulated-not editable

Are you an Agent working for an Issuer? \*

Yes  No

## The Marketplace– Assign New Client to Producer

- Consumer will receive invitation code requesting that the consumer create account credentials.
- Account credentials will include:
  - ✓ User ID
  - ✓ Password
- Note: *Producer cannot view this screen, per HIPAA.*
- Producer searches for new client.
- Producer assigns client to themselves – has authorization to work on behalf of the consumer.



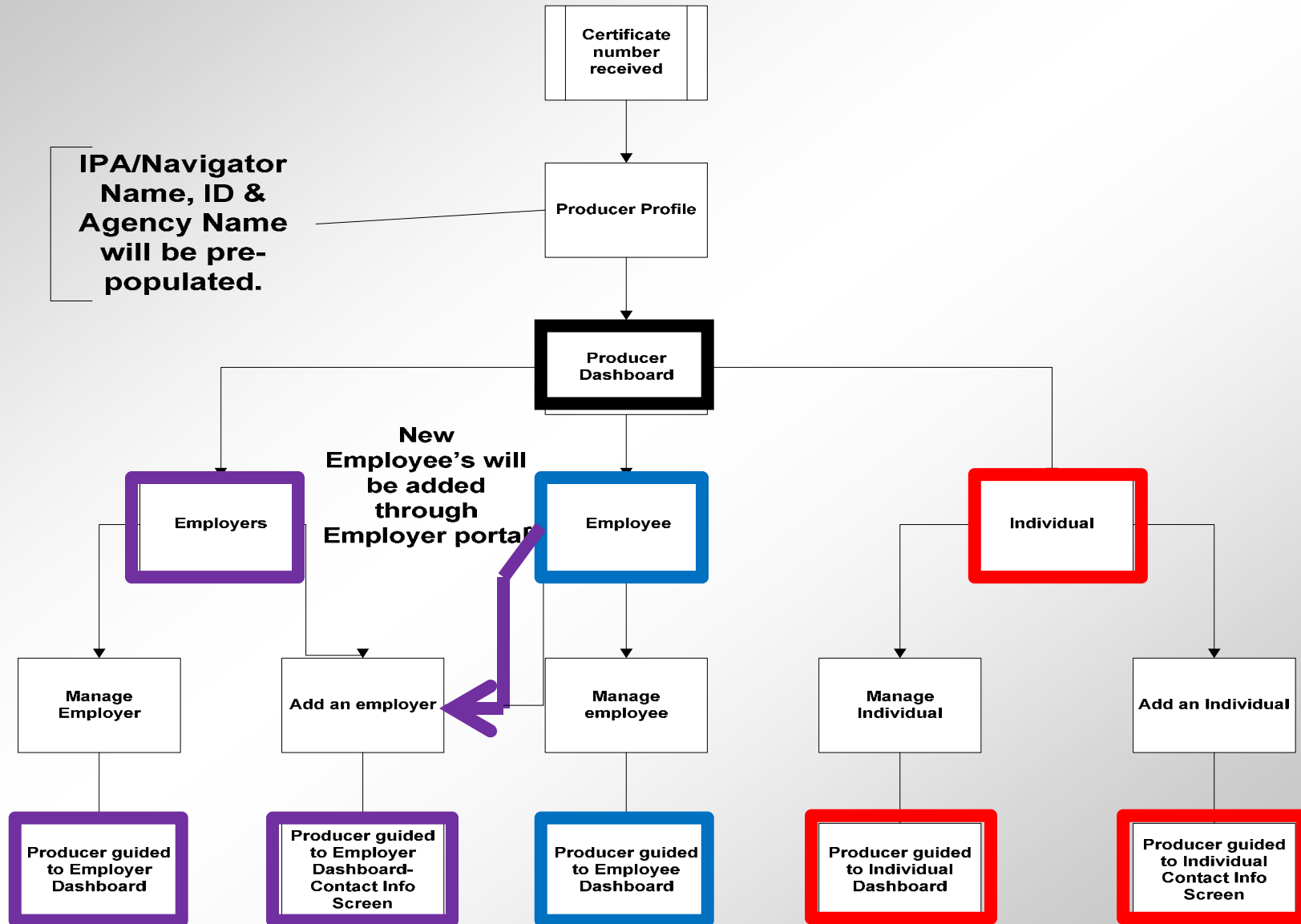
## The Marketplace – Dashboards

New Consumer  
Tab & Contact Info Screen

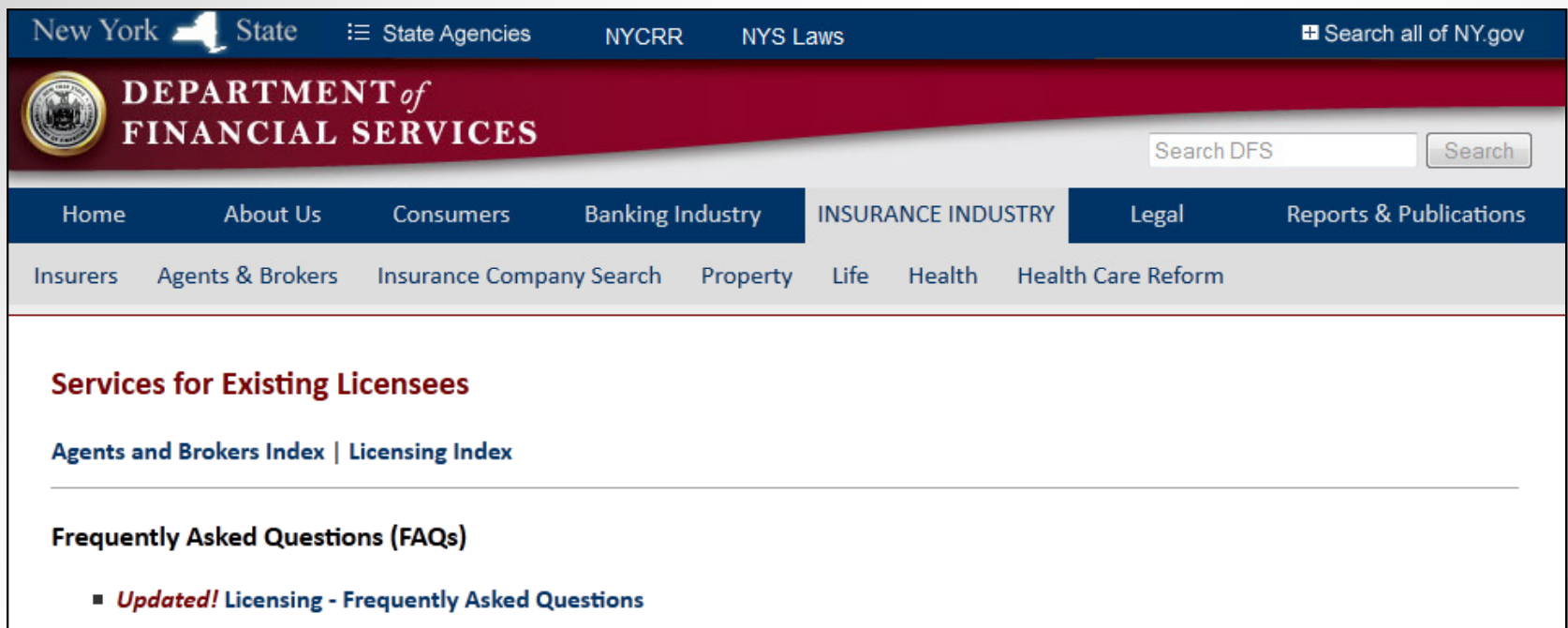
Existing Consumer  
Tab & Dashboard Screen

Individual (family) – **Individual Dashboard**  
Employer – **Employer Dashboard**  
New Employee – **Employer Dashboard**  
Existing Employee – **Employee Dashboard**

# Producer Individual Marketplace Certification Training: Producer Resources

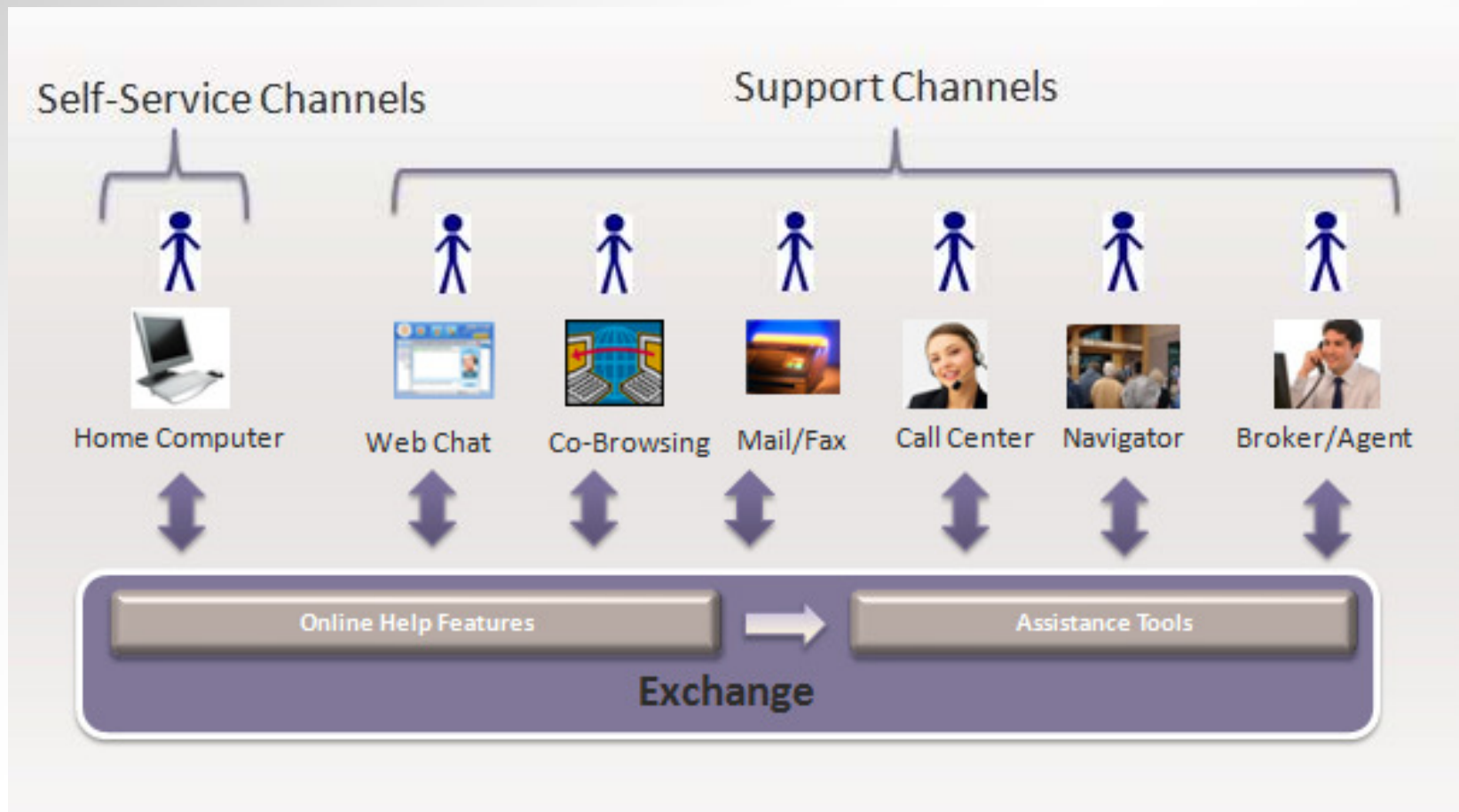


## Department of Financial Services



The screenshot shows the website for the New York State Department of Financial Services. At the top, there is a navigation bar with links for "New York State", "State Agencies", "NYCRR", and "NYS Laws", along with a search function for "Search all of NY.gov". Below this is a dark red banner with the department's seal and the text "DEPARTMENT of FINANCIAL SERVICES". A search bar labeled "Search DFS" is positioned on the right side of the banner. The main navigation menu includes "Home", "About Us", "Consumers", "Banking Industry", "INSURANCE INDUSTRY" (which is highlighted), "Legal", and "Reports & Publications". Underneath the "INSURANCE INDUSTRY" menu, there are sub-links for "Insurers", "Agents & Brokers", "Insurance Company Search", "Property", "Life", "Health", and "Health Care Reform". The main content area features the heading "Services for Existing Licensees" and two sub-links: "Agents and Brokers Index" and "Licensing Index". Below this, there is a section for "Frequently Asked Questions (FAQs)" with a sub-link for "Updated! Licensing - Frequently Asked Questions".

## NYHBE Consumer Services Options



## **The SHOP Consumer Services Specialists**

Consumer Services Specialists will be available by phone to answer specific questions. Let them know you are a Producer calling about the **Individual Marketplace** so that they can connect you to the correct resource.





## The Individual Marketplace Services Co-Browsing



The Individual Marketplace Consumer Services Specialists will be able to access your Producer Portal account and guide you by co-browsing.

## **The Individual Marketplace Web Chat Services**

The Individual Marketplace Consumer Services Specialists will be available to perform live web chats with Producers.



***Producer  
Individual Marketplace  
Certification Training:***

***Producer Resources***



**Module 8**

