

Updates from HHS and CMS – Region 9



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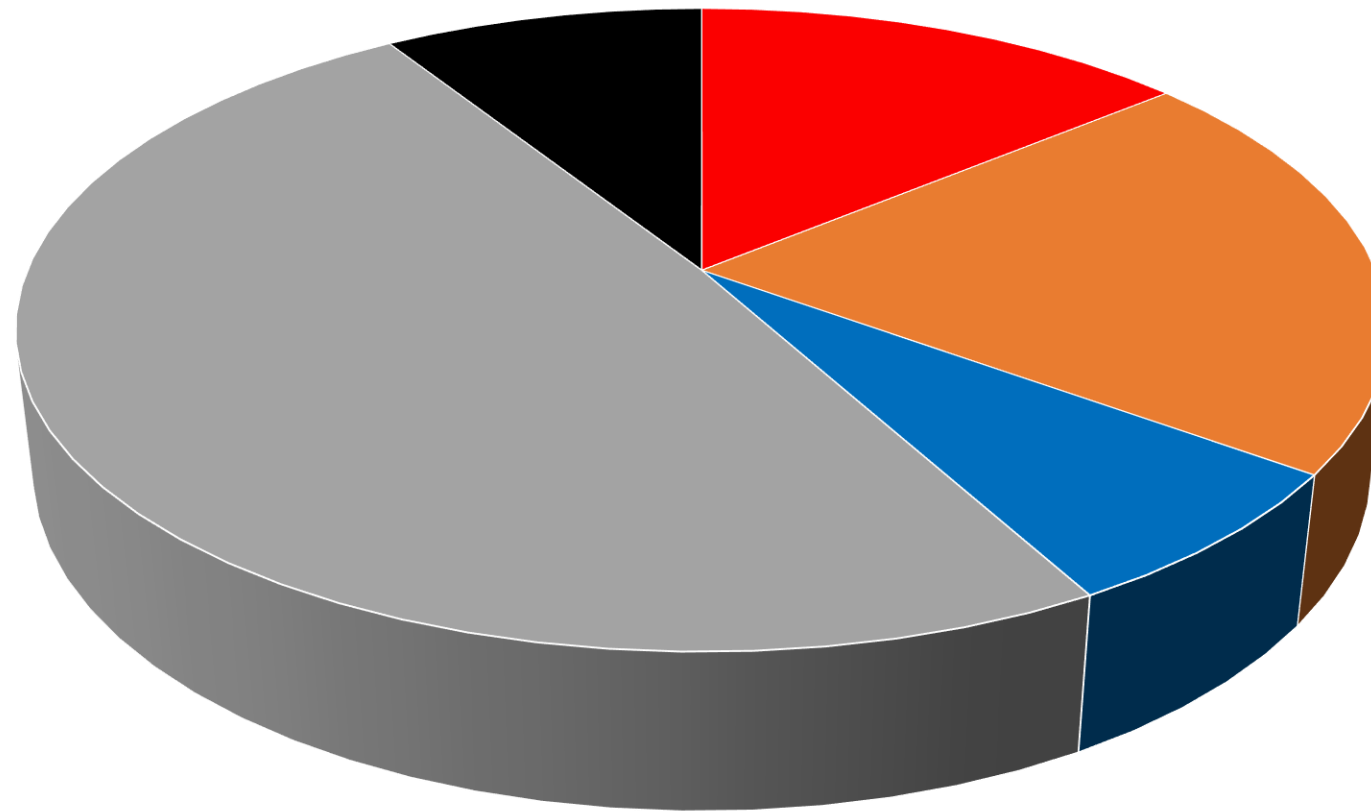
Schuyler Hall

“Working to Achieve Health Equity”

A Brief Primer on Health Insurance

Where Do People Get Coverage?

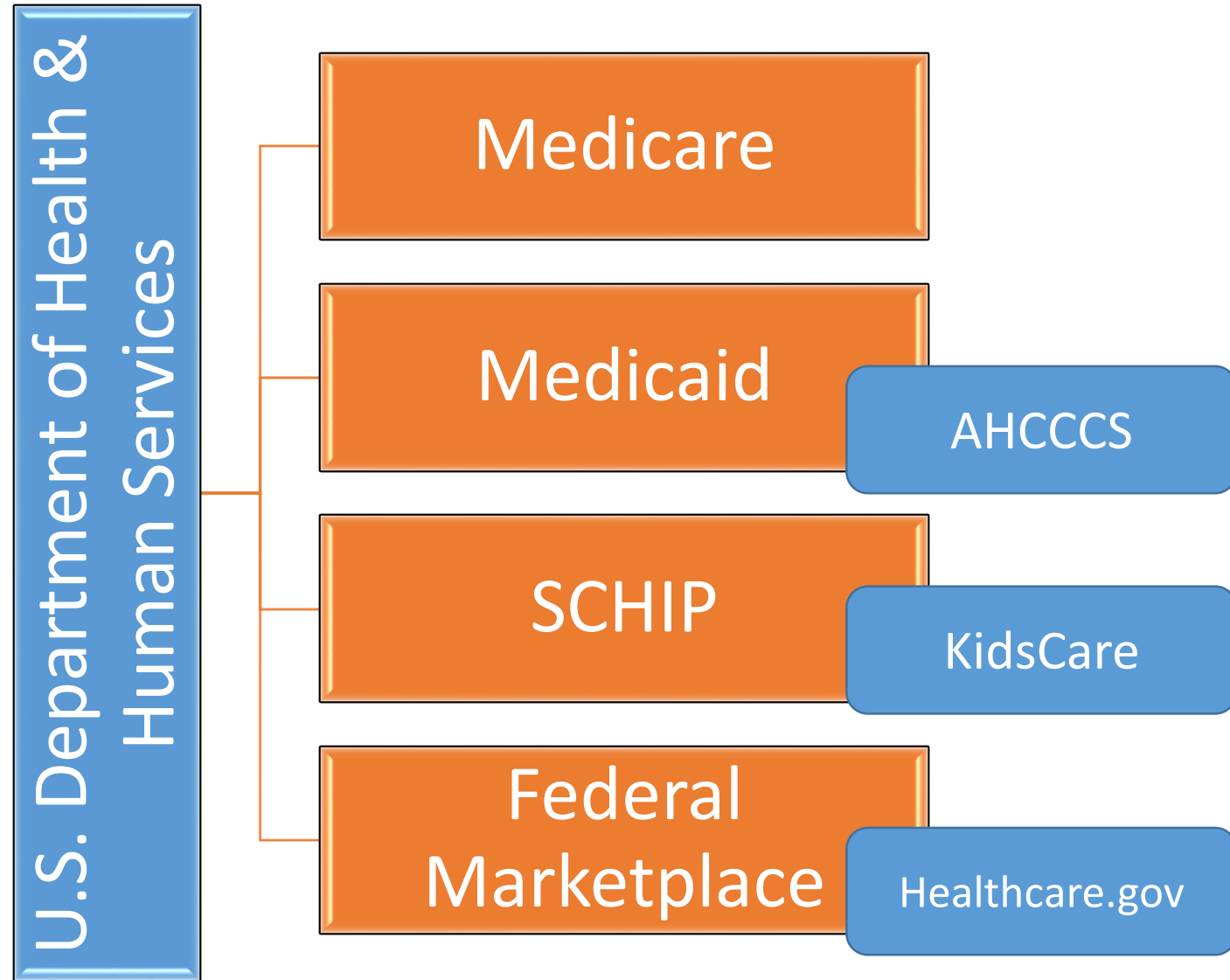
Percent by Insurance Type (2017)



■ Medicare ■ Medicaid/SCHIP ■ Direct Purchase ■ Employer ■ Uninsured

A Brief Primer on Health Insurance

HHS & State Programs



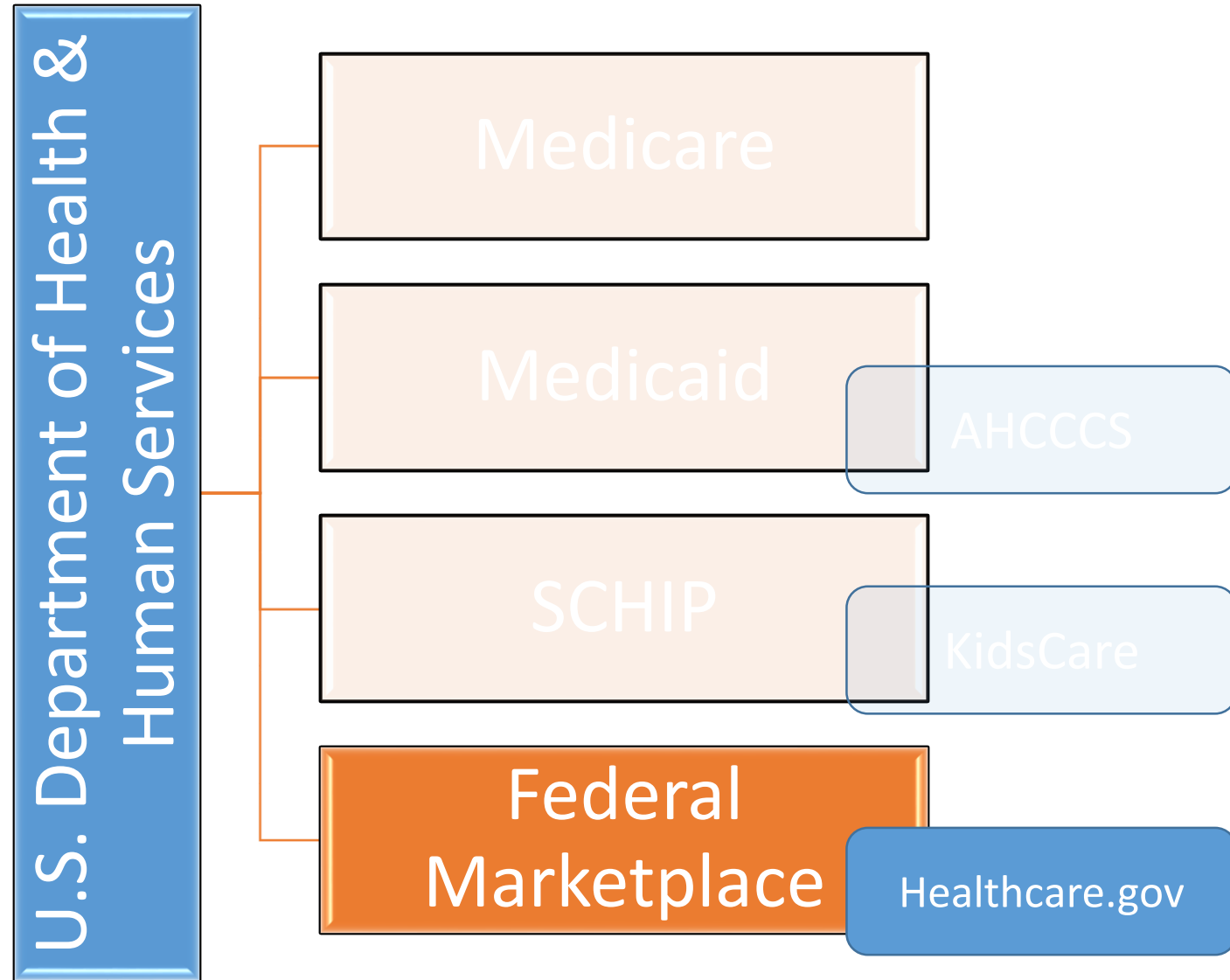
A Brief Primer on Health Insurance

The Patient Protection & Affordable Care Act

- **Medicaid Expansion: Three major changes**
 - Increases **income limits** for adults and children to 133% of the Federal Poverty Level
 - Expands eligibility to **childless adults**
 - Removes the **asset limit** for eligibility
- **Health Insurance Marketplace** provides more affordable options for health insurance
- Health insurers can no longer deny coverage or charge more based on **preexisting conditions**
- No **lifetime limits** on the amount policies will pay
- Certain **preventive services** are without copayment
- **Medical Loss Ratio limits** tie rates to paid claims.

A Brief Primer on Health Insurance

HHS & State Programs



Marketplace Enrollment Data in Historical Context

- Total Plan Selections Year-Over-Year

	OE1 Oct 1, 2013 – Mar 31, 2014	OE2 Nov 15, 2014- Feb 15, 2015	OE3 Nov 1, 2015- Jan 31, 2016	OE4 Nov 1, 2016 – Jan 31, 2017	OE5 Nov 1 – Dec 15, 2017	OE6 Nov 1 – Dec 15, 2018
Nationwide	8 million	11.7 million	14.7 million	12.2 million	11.8 million	11.4 million
Arizona	120,071	205,666	203,066	196,291	165,758	160,456

- Arizona Plan Selections Year-Over-Year with Financial Assistance

	OE2	OE3	OE4	OE5	OE6
Total Plan Selections	205,666	203,066	196,291	165,758	160,456
% APTC	75%	74%	79%	82%	81%
% CSR	54%	51%	51%	49%	46%

Marketplace Enrollment Data

- Weekly Arizona Enrollment Snapshot (11/1/18 – 12/23/18)

CUMULATIVE PLAN SELECTIONS	Week 3	Week 4	Week 5	Week 6	Week 7	Final
CY 2018	32,631	40,861	55,090	73,214	161,241	160,456
CY 2017	43,499	51,615	67,266	87,687	166,961	165,758

- Total Effectuated Enrollment & Enrollees Receiving APTC and CSR (March 15, 2019)

State	Total Enrollment	APTC Enrollment	Percentage of Enrollment with APTC	CSR Enrollment	Percentage of Enrollment with CSR
Nationwide	10,579,744	9,250,243	87%	5,468,004	52%
Arizona	147,099	123,442	84%	71,137	48%

Source: Early 2019 Effectuated Enrollment Data at <https://www.cms.gov/sites/default/files/2019-08/08-12-2019%20TABLE%20Early-2019-2018-Average-Effectuated-Enrollment.pdf>

Marketplace Enrollment Data

- Average Total Premium & Average APTC (March 15, 2019)

State	Average Total Premium per Month	Average APTC per Month
Nationwide	\$594.17	\$514.01
Arizona	\$592.40	\$495.26

- 2018 Monthly Effectuated Enrollment (1/1/18 – 12/31/2018)

	18-Jan	18-Feb	18-Mar	18-Apr	18-May	18-Jun	18-Jul	18-Aug	18-Sep	18-Oct	18-Nov	18-Dec
Total	10,514,435	10,515,192	10,420,260	10,267,115	10,033,627	9,895,870	9,790,841	9,696,478	9,593,307	9,484,041	9,360,377	9,170,812
AZ	150,415	148,714	146,074	144,239	141,330	139,556	137,975	136,247	135,008	133,520	131,875	128,916

Source: Early 2019 Effectuated Enrollment Data at <https://www.cms.gov/sites/default/files/2019-08/08-12-2019%20TABLE%20Early-2019-2018-Average-Effectuated-Enrollment.pdf>

What Marketplace Health Insurance Plans Cover

- All plans offered in the Marketplace cover these 10 essential health benefits:
 - Ambulatory patient services (outpatient care you get without being admitted to a hospital)
 - Emergency services
 - Hospitalization (like surgery and overnight stays)
 - Pregnancy, maternity, and newborn care (both before and after birth)
 - Mental health and substance use disorder services, including behavioral health treatment (e.g. counseling & psychotherapy)
 - Prescription drugs
 - Rehabilitative and habilitative services & devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
 - Laboratory services
 - Preventive and wellness services & chronic disease management
 - Pediatric services, including oral and vision care (note: adult dental and vision coverage are not essential health benefits)
- More info: <https://www.healthcare.gov/coverage/what-marketplace-plans-cover/>



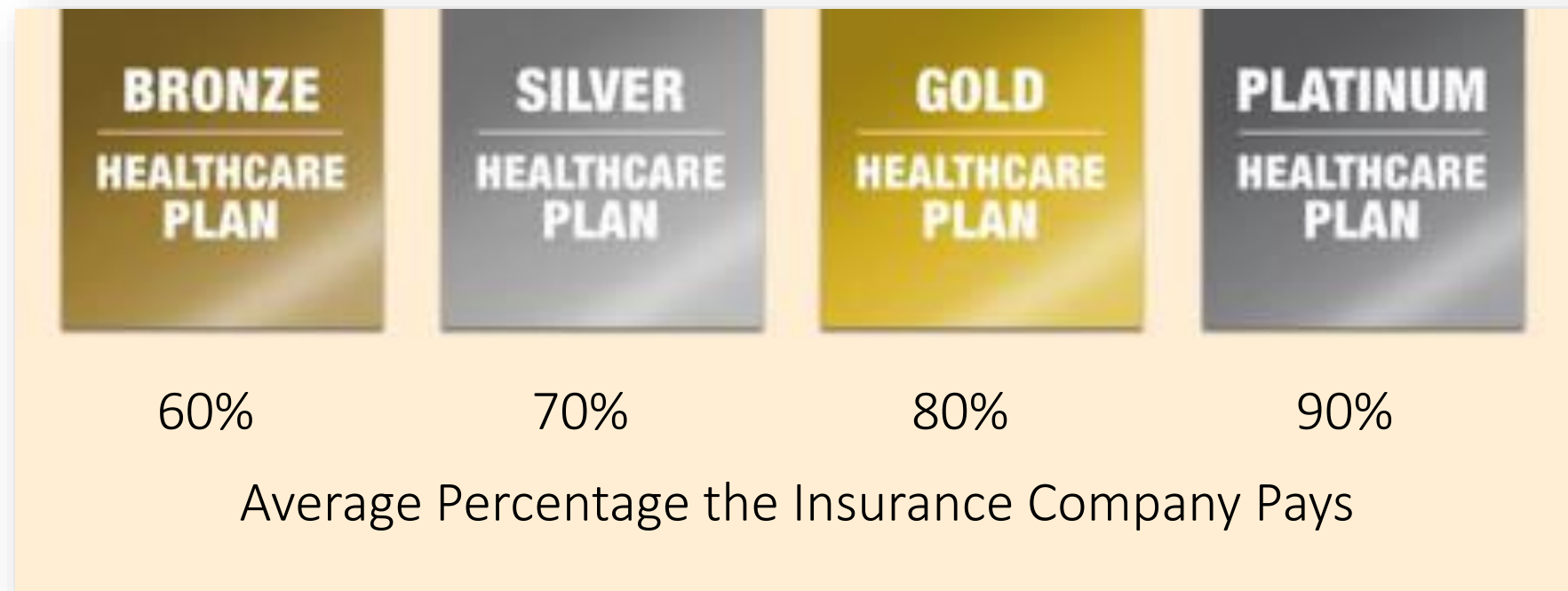
Preventive Care Benefits for Adults

- All Marketplace health plans and many other plans must cover the following list of preventive services without charging you a [copayment](#) or [coinsurance](#). This is true even if you haven't met your yearly [deductible](#).
 - [Alcohol misuse screening and counseling](#)
 - [Blood pressure screening](#)
 - [Cholesterol screening](#) for adults of certain ages or at higher risk
 - [Colorectal cancer screening](#) for adults 50 to 75
 - [Depression screening](#)
 - [Diabetes \(Type 2\) screening](#) for adults 40 to 70 years who are overweight or obese
 - [Hepatitis C screening](#) for adults at increased risk, and one time for everyone born 1945–1965
 - [HIV screening](#) for everyone ages 15 to 65, and other ages at increased risk
 - [Obesity screening and counseling](#)
 - [Sexually transmitted infection \(STI\) prevention counseling](#) for adults at higher risk
 - [Tobacco use screening](#) for all adults and cessation interventions for tobacco users
- More info: <https://www.healthcare.gov/preventive-care-adults/>
- Preventive Services Resources: <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumerresources/prevention-resources.html>

Coverage for Pre-Existing Conditions

- All Marketplace plans must cover treatment for pre-existing medical conditions.
- No insurance plan can reject you, charge you more, or refuse to pay for essential health benefits for any condition you had before your coverage started.
- Once you're enrolled, the plan can't deny you coverage or raise your rates based only on your health.
- [Medicaid](#) and the [Children's Health Insurance Program \(CHIP\)](#) also can't refuse to cover you or charge you more because of your pre-existing condition.
- Pregnancy is covered from the day your plan starts
- If you're pregnant when you apply, an insurance plan can't reject you or charge you more because of your pregnancy.
- Once you're enrolled, your pregnancy and childbirth are covered from the day your plan starts.
 - If you have a 2019 health plan & give birth or adopt after you enrolled:
 - Your child's birth or adoption qualifies you for a [Special Enrollment Period](#). This means you can enroll in or change plans outside the annual Open Enrollment Period.
 - Your coverage can start from the date of birth or adoption, even if you enroll up to 60 days afterward.
- More info: <https://www.healthcare.gov/coverage/pre-existing-conditions/>

Health Plan Categories



More info: <https://www.healthcare.gov/lower-costs/save-on-monthly-premiums/>

Saving on your Monthly Insurance Bill

Premium Tax Credits

- When you apply for coverage in the Health Insurance Marketplace, you'll find out if you qualify for a "premium tax credit" that lowers your premium — the amount you pay each month to your insurance plan.
- The amount of your premium tax credit depends on the estimated household income for 2019 that you put on your Marketplace application.
- You can apply some or all of this tax credit to your monthly insurance premium payment. The Marketplace will send your tax credit directly to your insurance company, so you'll pay less each month. This is called taking an "advance payment of the premium tax credit," or APTC.

Saving on your Monthly Insurance Bill

Cost Sharing Reductions (CSR)

If you qualify for savings on out-of-pocket costs and enroll in a Silver plan:

- **You'll have a lower deductible.** This means the insurance plan starts to pay its share of your medical costs sooner. For example, if a particular Silver plan has a \$750 deductible, you have to pay the first \$750 of medical care yourself before the insurance company pays anything (other than for free preventive services). But if you qualify for [cost-sharing reductions](#) (CSR), your deductible for a Silver plan could be \$300 or \$500, depending on your income.
- **You'll have lower copayments or coinsurance.** These are the payments you make each time you get care — like \$30 for a doctor visit. For example: If a Silver plan's copayment is \$30 for a doctor's visit, if you enroll in the plan and qualify for extra savings, you may pay \$20 or \$15 instead.
- **You'll have a lower "out-of-pocket maximum."** This means the total amount you'd have to pay in a year if you used a lot of care, like if you got seriously sick or had an accident, would be lower. For example: Instead of \$5,000 for a given plan, your out-of-pocket maximum for a particular Silver plan could be \$3,000 due to your CSR.

More info: <https://www.healthcare.gov/lower-costs/save-on-out-of-pocket-costs/>

Healthcare.gov/ Cuidadodesalud.gov

HealthCare.gov

Español

Log in

Get Coverage

Keep or Update Your Plan

See Topics ▾

Get Answers

Search

SEARCH

2019 Open Enrollment is over. Still need health insurance?

You can enroll in or change plans if you have certain life changes, or qualify for Medicaid or CHIP.

SEE IF I CAN ENROLL

SEE IF I CAN CHANGE

CuidadoDeSalud.gov

English

Iniciar sesión

Obtenga Cobertura

Mantenga o Cambie Su Plan

Todos los temas ▾

Respuestas

Buscar

BUSQUE

La Inscripción Abierta para 2019 terminó. ¿Aún necesita cobertura médica?

Puede inscribirse o cambiar de plan si tiene ciertos cambios en su vida o si califica para Medicaid o CHIP.

VER SI PUEDO INSCRIBIRME

VER SI PUEDO CAMBIAR

¿Buscando cobertura para un pequeño negocio? [Aprenda más](#)

Eligibility & Enrollment in the Individual Market

- To be eligible for Marketplace coverage, you must
 - Be a resident of a state served by the Marketplace, and
 - Be a U.S. citizen, U.S. national, or a non-citizen who's lawfully present in the U.S. (and expected to be for the entire time coverage is sought), and
 - Not be incarcerated (other than incarceration pending disposition of charges)
- Enrollment Dates: November 1 - December 15, 2019
 - Coverage begins January 1, 2020

Qualified Health Plans (QHPs)

A QHP

- Is offered through the Marketplace by an issuer that's licensed by the state and in good standing
- Covers essential health benefits
- Is offered by an issuer that offers at least one plan at the “Silver” and one at the “Gold” plan category of actuarial value
- Charges the same premium whether offered through a Marketplace or outside a Marketplace

Star Ratings

CMS is Bringing Health Plan Quality Ratings to All Exchanges for the First Time

- For the first time, the Centers for Medicare & Medicaid Services (CMS) will require the display of the five-star Quality Rating System (or star ratings) available nationwide for health plans offered on the Health Insurance Exchanges beginning with the 2020 Open Enrollment Period.
- The purpose of the star ratings is to: (1) help consumers make informed healthcare decisions, (2) facilitate oversight of health plans, and (3) provide actionable information to health plans to improve the quality of services they provide
- Under the five-star star ratings, Exchange health plans are given a rating on a 1 to 5 scale, with 5 stars representing highest quality. Star ratings are based on a number of important factors, including how other enrollees rate the doctors in the plan's network and the care they receive, how well the plan's network providers coordinate with enrollees and other doctors to give members healthcare that achieves the best results, and the overall administration of the plan including customer service and availability of information.
- In some cases — like when plans are new or have low enrollment — star ratings may not be available in all areas of the country. The lack of a star rating does not mean the plans have a low quality rating.
- **More information:** <https://www.cms.gov/newsroom/press-releases/cms-bringing-health-plan-quality-ratings-all-exchanges-first-time>
- **Fact Sheet:** <https://www.cms.gov/newsroom/fact-sheets/health-insurance-exchange-quality-ratings-system-101>

Other Medicare Compare Sites:

- Hospital Compare: <https://www.medicare.gov/hospitalcompare/search.html>
- Nursing Home Compare: <https://www.medicare.gov/nursinghomecompare/search.html>
- Physician Compare: <https://www.medicare.gov/physiciancompare/>
- Hospice, Dialysis, Long-Term Care Hospital and more at : <https://www.cms.gov/newsroom/fact-sheets/hospice-compare-website>

Steps to Effectuate Coverage

Using the Federal Eligibility and Enrollment Platform

- Consumer completes application.
- Consumer selects a plan.
- Issuer timely collects first premium from the consumer.
- Issuer informs the FFE of effectuated coverage.

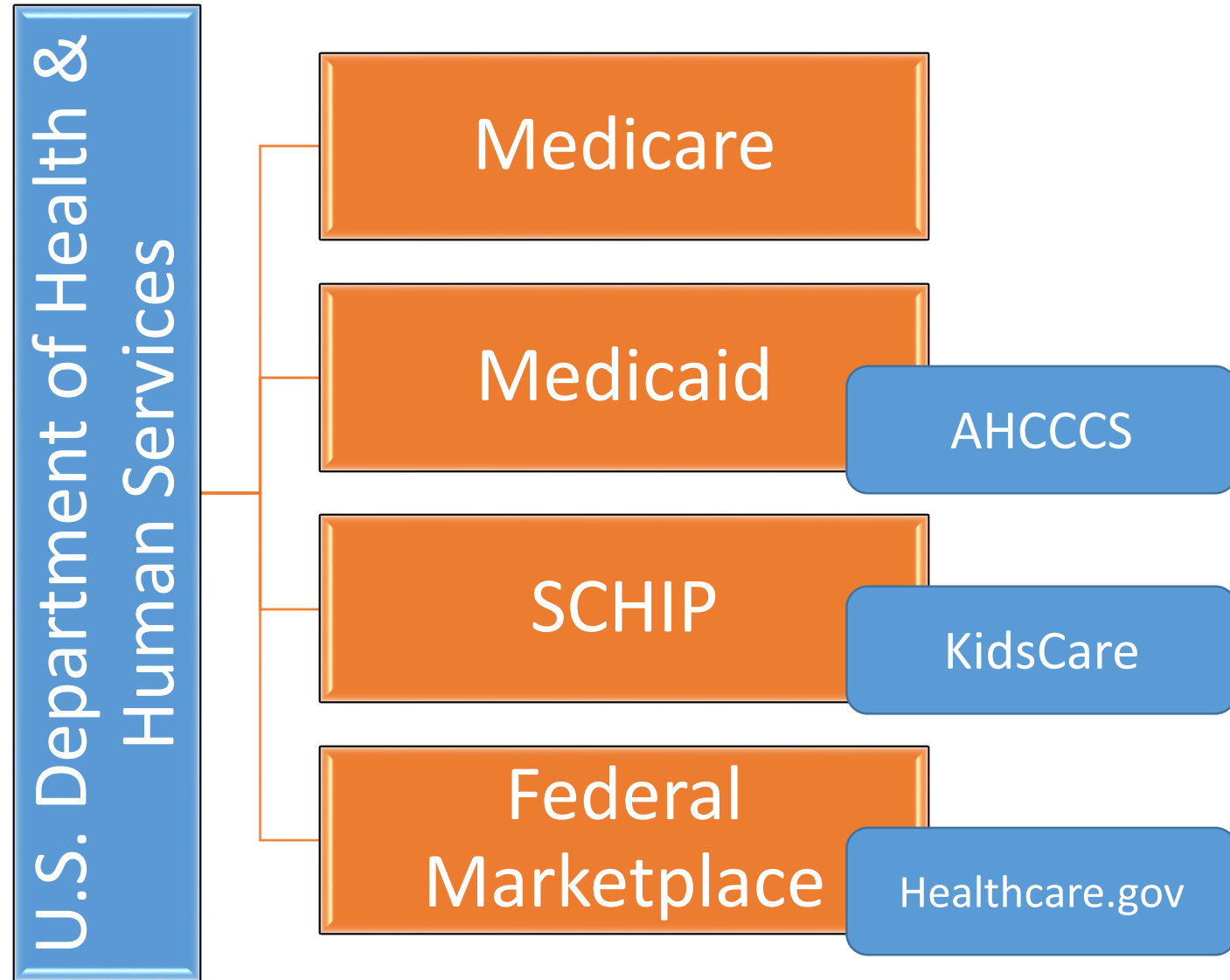
Binder Payment and Effectuation

- Consumers must pay their first month's premium ("binder payment") for enrollment to be effectuated.
- The deadline for making the binder payment for enrollment to be effectuated must be:
 - No earlier than the coverage effective date.
 - No later than 30 calendar days from the coverage effective date.

More information

<https://marketplace.cms.gov/technical-assistance-resources/coverage-effectuation.pdf>

How Do the Programs Interact?



Medicaid, SCHIP, Medicare, & Marketplace

- Generally, there's no coordination of benefits between Marketplace Qualified Health Plans (QHPs) and Medicare
- QHPs aren't secondary insurance to Medicare
- Consumers are not eligible to receive advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) if enrolled in both MEC Medicaid or SCHIP and an Exchange QHP
 - Consumers may be inadvertently paying for duplicate coverage if they are enrolled in both programs.

Medicaid, SCHIP, Medicare, & Marketplace

- Prior to 2019, Medicare, Medicaid, or SCHIP PDM was a semi-manual process that was resource intensive and the Federally-facilitated Exchange (FFE) did not have the functionality to automatically end APTC/ CSRs.
- Beginning in Winter 2019, the FFE will have the functionality in place to automatically end APTC/CSRs for Exchange enrollees that are dually enrolled in Medicare, Medicaid, or SCHIP and the Marketplace.
- Additionally, the FFE will also end QHP coverage for dual enrollees who permit the FFE to act on their behalf and end their coverage if they are found to be dually enrolled in Medicare, Medicaid, or SCHIP and the Exchange at a later date (i.e., via Medicare PDM).

Medicaid, SCHIP, Medicare, & Marketplace

In order to end QHP coverage, the FFE will leverage the newly added attestation question to the FFE application where consumers can agree or disagree to the following statement:

If anyone on your application enrolls in coverage through a Marketplace plan, but is later found to have other qualifying health coverage (including Medicare, Medicaid, and/or CHIP), you have the option to allow the Marketplace to end their Marketplace coverage if you select “I agree to this statement” below.

If you select “I disagree to this statement,” anyone in this situation will stay enrolled in Marketplace coverage and will pay full cost for their Marketplace plan since they’ll no longer be eligible for advance payments of the premium tax credit or extra savings.



I agree to this statement.



I disagree to this statement.

Medicaid, SCHIP, Medicare, & Marketplace

Assistance with Medicare:

- AZ SHIP Hotline: 1-(800)-432-4040 (Leave a message for a callback)
- Eight Regional SHIP offices:
<https://des.az.gov/services/aging-and-adult/state-health-insurance/ship-offices>

Assistance with AHCCCS & KidsCare:

- Call 1-(855)-HEA-PLUS (1-855-432-7587)
- Via website: www.healthearizonaplus.gov

Where to Seek Help for Common Issues

- Issues divided into two categories:
 - Pre-enrollment: Contact Marketplace
 - <https://www.healthcare.gov/> and <https://www.cuidadodesalud.gov>
 - 1-800-318-2596 (TTY: 1-855-889-4325)
 - Available 24 hours a day, 7 days a week (except holidays)
 - FAQs: <https://www.healthcare.gov/get-answers/>
 - Post enrollment: Contact Issuer and/or AZ DOI
 - questions about plan benefits, premiums, cost-share

Where to Seek Help for Common Issues

Marketplace Call Center and Online

- Account and Eligibility Matters
 - Difficulty completing a Marketplace application
 - Password resets
 - Unlocking HealthCare.gov accounts
- Data Match Issues
 - Checking on the status of sent materials
 - Exemptions
 - Needing an exemption certificate number (ECN)
 - Checking on the status of an exemption request

Where to Seek Help for Common Issues

Marketplace Call Center and Online

- Special Enrollment Periods/Changes in Circumstance Examples
 - Gaining/losing minimum essential coverage (MEC)
 - Birth/adoption of child
 - Changes in annual income
 - Requesting plan termination
- Plan Compare
 - Assistance reviewing available plans/costs
 - Identifying local assister resources in the community

Where to Seek Help for Common Issues

Marketplace Call Center and Online

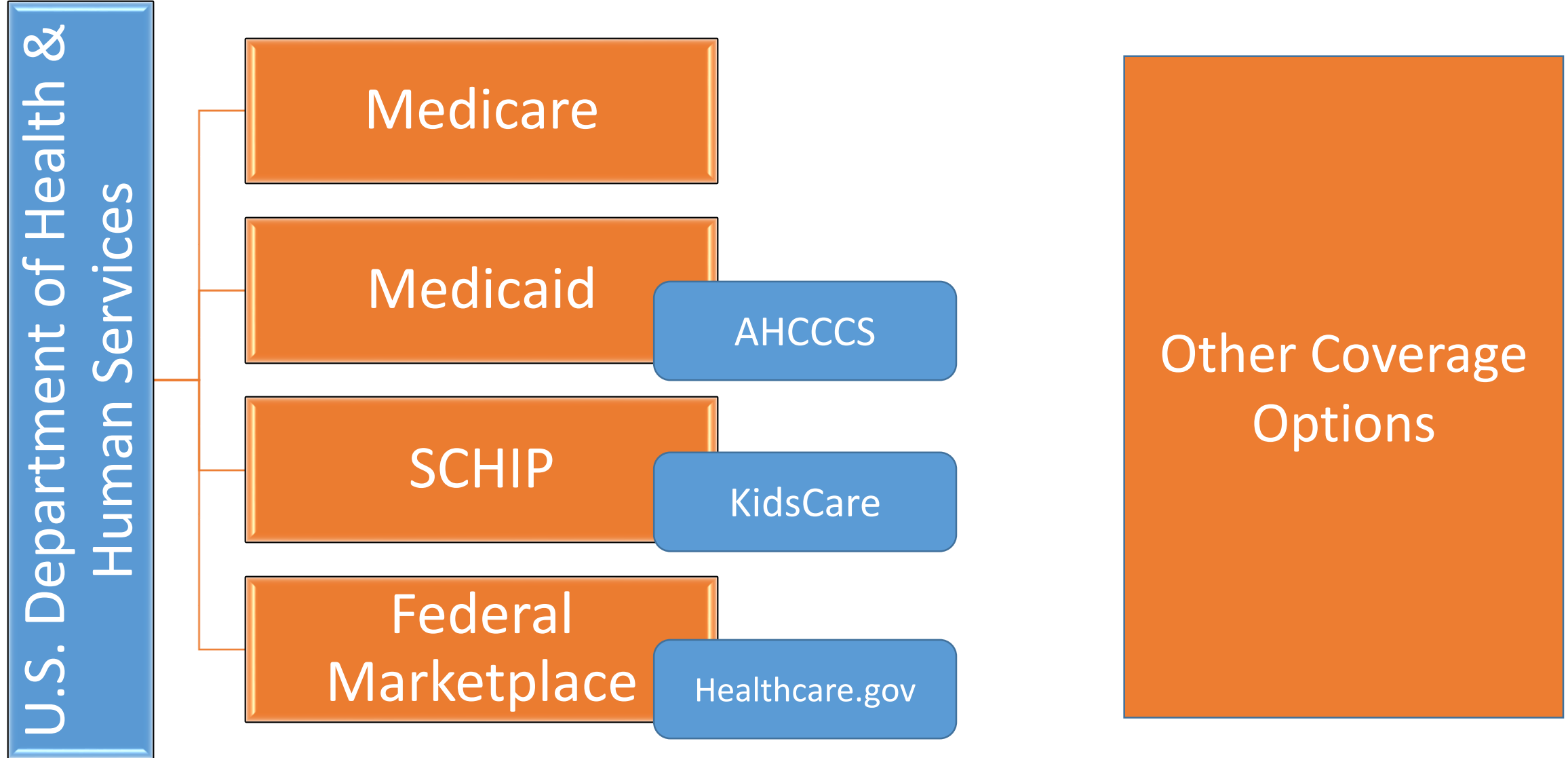
- 1095-A Tax Forms
 - Requests for reprints or non-receipt of forms
 - Consumers are encouraged to first check their HealthCare.gov My Account to retrieve copies of their forms
 - Mailing address corrections
 - Request will be forwarded to a CMS contractor for review and handling
 - Disagreement with coverage period or other information on the form
 - Consumers should first check with their issuer and see what enrollment periods/APTC their issuer has on file

Where to Seek Help for Common Issues

Marketplace Issuers

- Enrollment Issues
 - Delayed enrollment processing
 - Requests for earlier termination dates than the Marketplace has awarded
 - Incorrect application of APTC and/or CSR
- Benefit Coverage
 - Questions about coverage and formularies
 - Difficulty finding a network provider
 - Excessive cost-sharing being charged
 - Claims processing
 - Internal claims appeals and external review

Other Coverage Options



Short-term, limited-duration insurance (STLDI)

	Short-Term Limited Duration Insurance Plans	Marketplace Qualified Health Plans
Prohibition on coverage limitations or exclusions based on pre-existing conditions*	No	Yes
Required coverage of essential health benefits*	No	Yes
Prohibition on annual dollar limits on plan payments*	No	Yes
Guaranteed availability*	No	Yes
Guaranteed renewability	No	Yes
Rating restrictions*	No	Yes

** States can regulate STLDI in these areas in different ways than the federal definition. Check state requirements for details.*

- STLDI coverage is designed to fill gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage, such as an individual who is between jobs.
- STLDI plans are generally not required to comply with ACA provisions that apply to individual health coverage plans.
- STLDI coverage cannot be sold on the Marketplace and is not considered to be Marketplace coverage.
- Consumers cannot receive APTC to pay for STLDI premiums and are not eligible for CSRs for STLDI coverage.

Short-term, limited-duration insurance (STLDI)

- On August 1, 2018, the Departments of Health & Human Services, Labor, and Treasury issued a final rule that changes the federal definition of STLDI to permit a maximum duration of STLDI coverage from any period less than 3 months to any period less than 12 months.
- The rule allows STLDI policies that:
 - Are less than 12 months;
 - Contain important language to help consumers understand the coverage they are getting; and
 - May be renewed for up to 36 months.
- States can regulate STLDI in ways that are more restrictive than the federal standards (e.g., shorter initial contract period; shorter renewal period; additional disclosure language). As an agent or broker assisting Marketplace consumers, it is important for you to know about STLDI – and how it differs from Marketplace coverage – so you can make sure you are helping consumers select the coverage they are looking for.

Association Health Plans (AHPs)

- Association Health Plans work by allowing small businesses, including self-employed workers, to band together by geography or industry to obtain healthcare coverage as if they were a single large employer.
- Department of Labor Resources: <https://www.dol.gov/general/topic/association-health-plans>

Health Reimbursement Arrangements (HRAs)

- Health reimbursement arrangements (HRAs) are a type of account-based health plan that employers can use to reimburse employees for their medical care expenses.
- More information, including FAQs and Fact Sheet:
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/Health-Reimbursement-Arrangements.html>

Health Reimbursement Arrangements (HRAs)

- The Final Rules include several distinct components:
 - Individual coverage HRAs
 - Excepted Benefit HRAs
 - DOL-only safe harbor to clarify that individual health insurance coverage purchased with HRA will not be subject to ERISA, so long as certain conditions are met.
 - IRS-only rule regarding eligibility for premium tax credits for HRA participants and beneficiaries.
 - HHS-only rule creating special enrollment period for individuals who newly gain access to an individual coverage HRA or QSEHRA.

Individual Coverage HRAs

- Individual coverage HRA requirements:
 - Participants and dependents are enrolled in individual health insurance coverage or Medicare Part A and B or Part C.
 - No traditional group health plan is offered to the same class of employees.
 - HRA has reasonable procedures to verify and substantiate enrollment in coverage.
 - HRA allows participants to opt-out of the HRA once annually and on termination of employment
 - HRA must provide a notice containing certain specified information.
 - Must offer the HRA on the same terms to all employees within a class, subject to certain exceptions.

Public Charge

Effective Date: October 15, 2019

On August 14, 2019, the U.S. Department of Homeland Security (DHS) published the Inadmissibility on Public Charge Grounds final rule that codifies regulations governing the application of the public charge inadmissibility ground under INA section 212(a)(4). On Oct. 10, 2018, DHS issued a Notice of Proposed Rulemaking (NPRM), which published in the Federal Register for a 60-day comment period. DHS received and considered over 266,000 public comments before issuing this final rule. The final rule provides summaries and responses to all significant public comments.

The final rule enables the federal government to better carry out provisions of U.S. immigration law related to the public charge ground of inadmissibility. The final rule clarifies the factors considered when determining whether someone is likely at any time in the future to become a public charge, is inadmissible under section 212(a)(4) of the INA, and therefore, ineligible for admission or adjustment of status.

The rule applies to applicants for admission, aliens seeking to adjust their status to that of lawful permanent residents from within the United States, and aliens within the United States who hold a nonimmigrant visa and seek to extend their stay in the same nonimmigrant classification or to change their status to a different nonimmigrant classification.

The final rule does not create any penalty or disincentive for past, current, or future receipt of public benefits by U.S. citizens or aliens whom Congress has exempted from the public charge ground of inadmissibility. The final rule does not apply to U.S. citizens, even if the U.S. citizen is related to a noncitizen who is subject to the public charge ground of inadmissibility. The rule also does not apply to aliens whom Congress exempted from the public charge ground of inadmissibility, such as **refugees, asylees, Afghans and Iraqis with special immigrant visas, and certain nonimmigrant trafficking and crime victims, individuals applying under the Violence Against Women Act, special immigrant juveniles, or to those who DHS has granted a waiver of public charge inadmissibility.**

Public Charge

Effective Date: October 15, 2019

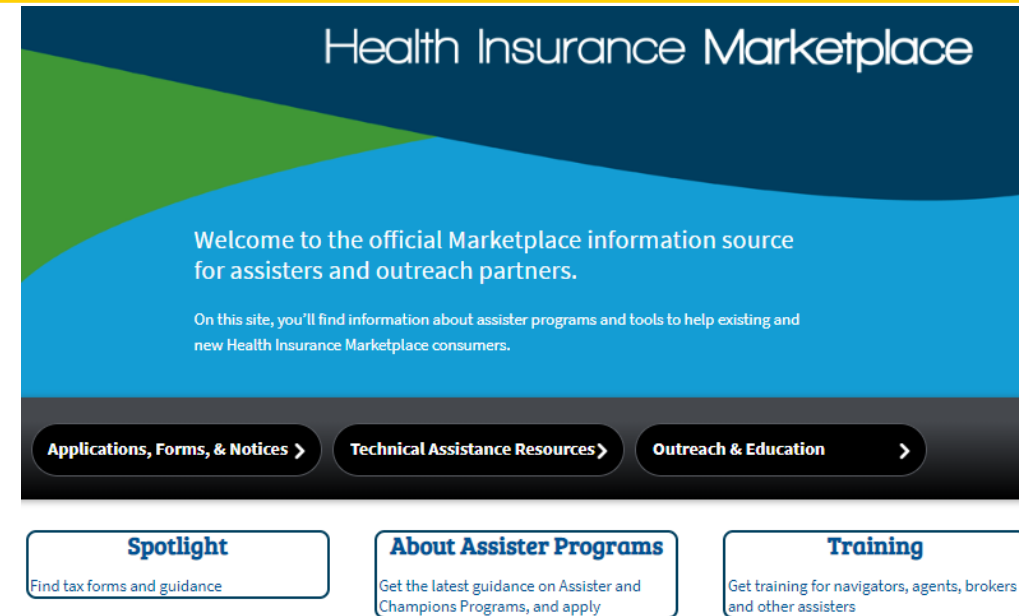
Comment: One commenter stated that DHS should exempt up to two years of the ACA premium subsidy, also known as the Premium Tax Credit (PTC), usage when the individual has shown past ability and earning potential. In addition, the commenter indicated that the ACA premium subsidies are applied based on income levels without the individual choosing to apply for the subsidies. Another commenter suggested that DHS should not consider PTC for purchasing individual market coverage in a public charge determination at all. One commenter stated that, in addition to continuing to exclude exchange programs such as ACTC under the ACA ^[485] from public charge consideration, DHS should clarify the interaction between applications for exchange programs and other potentially impacted benefits. The commenter explained that marketplaces are required by law to feature a uniform application process for Medicaid and non-Medicaid health programs and stated that this could cause confusion because an individual attempting to apply for exchange insurance and programs could inadvertently be seen as a “Medicaid applicant.”

In contrast, some commenters suggested that DHS should reconsider whether immigrants wishing to reside in the United States will have the ability to support themselves, and any subsequently born children, without using benefits like subsidies under the ACA. Another commenter indicated that serious consideration should be given to adding subsidies that underwrite more than 50 percent of premium costs to the list in [8 CFR 212.21\(b\)](#). The commenter stated that these benefits are provided from appropriated funds and, with few exceptions, are accessed on an individualized basis using means-tested criteria.

Response: DHS has decided not to consider ACA subsidies or health insurance received through the health insurance marketplace outside of Medicaid as public benefits in the public charge inadmissibility determination, due to the complexity of assessing the value of the benefit and the higher income eligibility thresholds associated with the benefit, as compared to the eligibility thresholds for other benefits. As discussed in section III.R of this preamble, DHS has added a heavily weighted positive factor for private health insurance appropriate to the expected period of admission. This heavily weighted positive factor would not apply in the case of a plan for which the alien receives subsidies in the form of premium tax credits.

Resources

- CMS's official source for materials: <https://marketplace.cms.gov/>
- Steps to Order Materials
 - Go to: <https://productordering.cms.hhs.gov/>
 - Select "Request an Account."
 - Fill out the form with your contact and shipping information
 - In the "Why I need access?" field, type the name of your organization & its purpose.
(Example: ABC Partnership Group, an advocacy group for people with diabetes)
 - You will receive an approval notice by email within 3 days. Once approved, you can order resources.
- Facebook: <https://www.facebook.com/Healthcaregov/>
- Twitter: <https://twitter.com/Healthcaregov/>



Open Enrollment Notices

- Marketplace Open Enrollment & Annual Redetermination Notices
 - Enrolled, but may be eligible for different financial assistance
 - Enrolled, but losing financial assistance
 - Previously reenrolled automatically, but not currently eligible for automatic reenrollment with a tax credit or help with costs for 2020 coverage
 - Enrolled, but not currently getting a tax credit or help with costs for their 2019 Marketplace coverage
- Marketplace Automatic Enrollment Confirmation Messages
 - Marketplace automatically enrolls consumers who applied tax credit to their premiums
 - Marketplace unable to complete all automatic enrollments for the household
 - Enrolled, but may be eligible for different financial assistance
 - Marketplace automatically enrolls consumers who aren't currently eligible to get financial help in 2019
 - Marketplace automatically enrolls consumers in a new health plan with a different insurance company

Health Insurance Marketplace	DEPARTMENT OF HEALTH AND HUMAN SERVICES 465 INDUSTRIAL BOULEVARD LONDON, KENTUCKY 40750-0001
<hr/>	
[Name] [Address] [City, State, ZIP]	[Date]
2019 Application ID: [Application ID]	

- See Model Notices: <https://marketplace.cms.gov/applications-and-forms/notices.html>

Put Your Health First

Use your health coverage
to take care of yourself and
your baby!

During your pregnancy,
ask your health care provider
if you need to be screened for:

- Anemia
- Urinary Tract Infection
- Gestational Diabetes
- Sexually Transmitted Diseases
- Rh incompatibility



Did You Know?

Breastfeeding support, counseling,
and access to breastfeeding supplies
may be FREE with your health
coverage?

Make sure to
get enough
Folic Acid
to help your baby
grow and to
prevent major birth
defects.

Your recommended
pregnancy
screenings may be
FREE with your
health coverage.
Learn More!

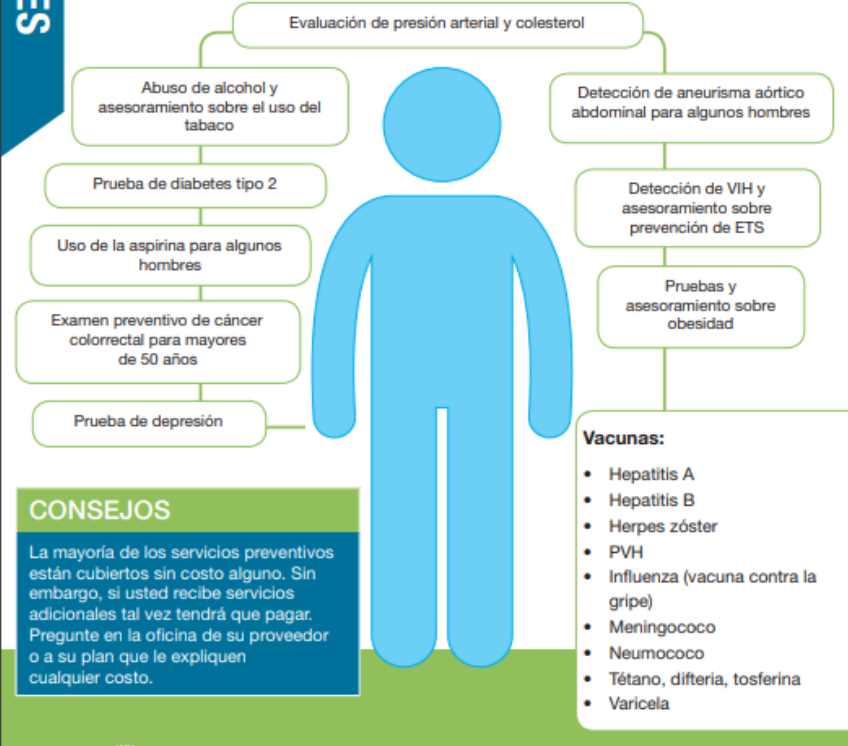


go.cms.gov/c2c

HOMBRES

Dele Prioridad A Su Salud

¡Obtenga los servicios preventivos adecuados para usted!
Aproveche estos y otros servicios disponibles para usted sin costo
alguno con la mayoría de los planes de salud.



CONSEJOS

La mayoría de los servicios preventivos
están cubiertos sin costo alguno. Sin
embargo, si usted recibe servicios
adicionales tal vez tendrá que pagar.
Pregunte en la oficina de su proveedor
o a su plan que le expliquen
cualquier costo.

Vacunas:

- Hepatitis A
- Hepatitis B
- Herpes zóster
- PVH
- Influenza (vacuna contra la gripe)
- Meningococo
- Neumococo
- Tétano, difteria, tosferina
- Varicela

من التغطية إلى العناية

احصل على العناية التي تحتاجها

احصلي على خدمات الوقاية المناسبة لك!
استغلي هذه الخدمات وغيرها من الخدمات المتاحة للنساء
بدون تكلفة في معظم التغطيات الصحية.



النساء

From Coverage to Care

- C2C Home Page: go.cms.gov/c2c
- Customer resources are available free of charge in multiple languages
 - 5 Ways to Make the Most of Your Health Coverage
 - A Roadmap to Better Care and a Healthier You
 - A Roadmap to Behavioral Health
 - How to Maximize Your Health Coverage
- <https://www.cms.gov/About-CMS/Agency-Information/OMH/equity-initiatives/c2c/consumer-resources.html>

More Info on Coverage

- Birth Control Benefits: <https://www.healthcare.gov/coverage/birth-control-benefits/>
- Dental Coverage: <https://www.healthcare.gov/coverage/dental-coverage/>
- Breastfeeding Coverage: <https://www.healthcare.gov/coverage/breast-feeding-benefits/>
- Mental Health and Substance Abuse Coverage: <https://www.healthcare.gov/coverage/mental-health-substance-abuse-coverage/>

Contact Us

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