

CKF Questions for Connect for Health Colorado

3/27/2015

- How can assistors continue to help clients enroll outside of the Open Enrollment Period? Please also include clarification on how Qualified Life Change events are different depending on if a consumer is already enrolled in C4HCO or not.
 - Answer: Assistors can continue to support customers as they always have; however, those assisting financial customers still need to call our service center to report changes at this time.
 - Please see next page in regard to what Qualified Life Change events apply to new versus existing customers.
- Does the DOI's decision to no longer offer non-ACA compliant plans in 2016 impact plans on C4HCO?
 - Answer: This decision does not impact Marketplace plans, but it does broaden the Marketplace's pool of individuals who may come to the Marketplace. This is likely to increase our enrollments to be more in line with our 2012 forecasts. Just a reminder, every year prior to the Affordable Care Act, it has always been the carrier's decision whether to carry plans over to the next year. Also, these individuals may not currently have all the minimum essential health benefits. The good news with this is that these individuals will have the opportunity to transition to plans with all minimum essential health benefits.
- Other items to share with the group:
 - Due to the complexity and newness of the 1095 process, if a customer has received an incorrect 1095 from a marketplace and submitted it with their taxes, the IRS will not hold customers responsible this year. This means that customers do not need to file an amended 1095; however, if a marketplace said the customer received more tax credits than the customer actually did, the customer may *want* to file an amended 1095 to reduce their tax liability.
 - The Marketplace is using 2015 FPLs for plans to stay in sync with the entire eligibility process so that all programs are using the same guidelines. These FPLs apply to all programs as of April 1st eligibility.
 - On April 1st is the second of five meetings during the legislative session for the Marketplace with the Legislative Implementation Review Committee (LIRC). It will be a review of where we have been and where we are going. We believe the other three meetings will be about our path forward. Senator Roberts, the new chair, has said she wants the LIRC to be more in touch with us, as they and our board provide our governance.

Conditions or events that allow CURRENT customers to shop for a new plan or change an existing plan	Conditions or events that may allow CURRENT OR NEW customers to shop for a health plan or make changes to existing health insurance coverage	Conditions or events that may allow a CURRENT customer to make changes to their EXISTING health insurance coverage
<ul style="list-style-type: none"> • You gained or lost eligibility for tax credits or cost sharing reductions OR you had a change in level of cost sharing reductions • Your income changed enough to impact your eligibility for financial assistance or enough to impact the amount or type of assistance you receive • You were incorrectly or inappropriately enrolled in a health plan for some reason that is not due to an error or omission on your part • Your health insurance carrier has materially violated its contract with you • You changed your place of legal residence and have gained access to new Qualified Health Plans 	<ul style="list-style-type: none"> • Your family grew through birth or adoption • You got married or were legally united through a civil union • You previously had health insurance through another source, and it is no longer available to you • Your employer-provided coverage is no longer affordable • You became a lawfully-present resident of the United States • You became a resident of Colorado • You had a change in your American Indian/Alaska Native status • You can prove misconduct on the part of a person not associated with the Marketplace who is helping with enrollment 	<ul style="list-style-type: none"> • Your household size has gotten smaller for any reason (ex. divorce, death, etc.) • One of your dependents is no longer eligible for coverage under your health insurance plan because they are turning or have turned 26 • Someone in your household has a change in tobacco use status • Someone in your household gains other minimum essential coverage

*As any additional understanding becomes available, this information will be updated and shared.