



COVER MONTANA
CONNECTING YOU TO HEALTH INSURANCE COVERAGE

Preparing for Open Enrollment – Marketplace Tips, Tricks, & Reminders

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First Choice Services

Agenda



Open Enrollment Overview



Find Local Help & Making Referrals



FFM Application Updates & Tips



Reporting Changes & SEPs



Providing Virtual Enrollment Assistance



Questions and Resources

OE Timeline: Nov. 1st – Jan 15th

11/1: Open Enrollment starts for 2025

1/15: Open Enrollment ends

12/15: Last day to enroll for coverage to start 1/1

2/1: Coverage starts for enrollments between 12/16 - 1/15



CDOs & CACs

CDO application information

The Centers for Medicare & Medicaid Services (CMS) invites organizations that **do not** have an active CMS-CDO agreement that wish to become a Certified Application Counselor Designated Organization (CDO) in a Federally-facilitated Marketplace (FFM) to learn more about being a CDO and submit an application. The application window is now open year-round.



Find Local Help



Find an assister or agent/broker

Find local help



Get contacted by an agent/broker

Get contacted

Cover Montana Navigator - Bozeman and SW Montana

4 years of service

Assister

⊕ More details

[\(406\) 634 - 3105](tel:(406)634-3105) (Main)

[\(844\) 682 - 6837](tel:(844)682-6837) (Toll-free)

tstrandberg@mtpca.org

<https://www.covermt.org>

Update role and organization information
on Find Local Help

Find Local Help



FIND LOCAL HELP

Need help with your health insurance application?
Enter your ZIP code below to find appointments with
local application assisters.

59101

25 miles away



Any Language



Show locations that offer: In Person Telephone Zoom

SEARCH FOR HELP



11 mi

Indian Health Service - Pryor Health Station

2 Pryor Gap Road, Pryor, MT, 59066
+1 406-259-9813



16 mi

RiverStone Health

123 South 27th, Billings, MT, 59101
+1 406-651-6540



16 mi

MT Migrant and Seasonal Farmworkers Council

3318 3rd Ave North, Suite 200, Billings, MT, 59101
+1 406-248-3149



16 mi

Billings Clinic

801 North 29th, Billings, MT, 59101
+1 406-238-2601



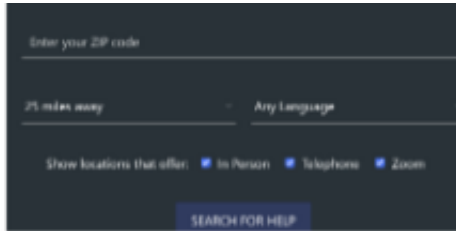
St. Vincent Healthcare

2910 12th Ave. North, Billings, MT,

Check your
information!



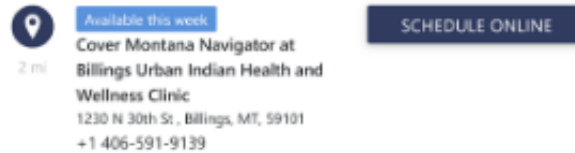
HOW TO SCHEDULE AN APPOINTMENT: Go to Find Local Help on CoverMT.org



Enter your zip code

Enter your zip code and language preference. You can select to view appointments that are phone, virtual, in-person, or all the above.

Schedule an Appointment Online



See Schedules

It will show you available schedules that match you search criteria. Click on "schedule online" to see all available appointments for each Navigator.



Schedule appointment

Select "schedule online" for the for your preferred time format - phone, virtual, in-person. Fill in your name and contact info. You don't need an email to schedule, but a phone number is required.

Don't want to schedule? No problem.
Call the Cover MT Helpline: 844-682-6837



New Consumer Outreach

Enrollment Assistance Programs (EAPs) will do initial outreach to consumers who lost Medicaid coverage

They will offer real-time assistance and schedule consumers who prefer in-person assistance with Navigators



- Medicaid applications?
- Refer to CAC's and community partners?
- Montana-specific EAPs?





Welcome to the Health Insurance
Marketplace[®]

FFM Applications – Updates & Tips

Enhanced ATPC for 2025

Expected Premium Contribution (Coverage Year 2025)

Annual Household Income (% of FPL)	Up to 150% FPL	200% FPL	250% FPL	300% FPL	400% FPL & Above
Expected Premium Contribution (% of Income)	0%	2%	4%	6%	8.5%

Source: American Rescue Plan Act Public Law No: 117-2; Inflation Reduction Act Public Law No: 117-169



See What You Qualify For

With just some basic information, the calculator estimates what you qualify for including Medicaid, Healthy Montana Kids, and the Marketplace.

Enter your zip code

59718

Your county is **GALLATIN**.

2. Enter yearly household income as...

2024 Dollars % of Poverty

40,000

3. Is coverage available from your or your spouse's job?

Yes No

Estimated financial help:

\$330

per month (\$3,964 per year) as a premium tax credit. This covers 67% of the monthly costs.

Your cost for a silver plan:

\$166


per month (\$1,988 per year) in premiums (which equals 4.97% of your household income).

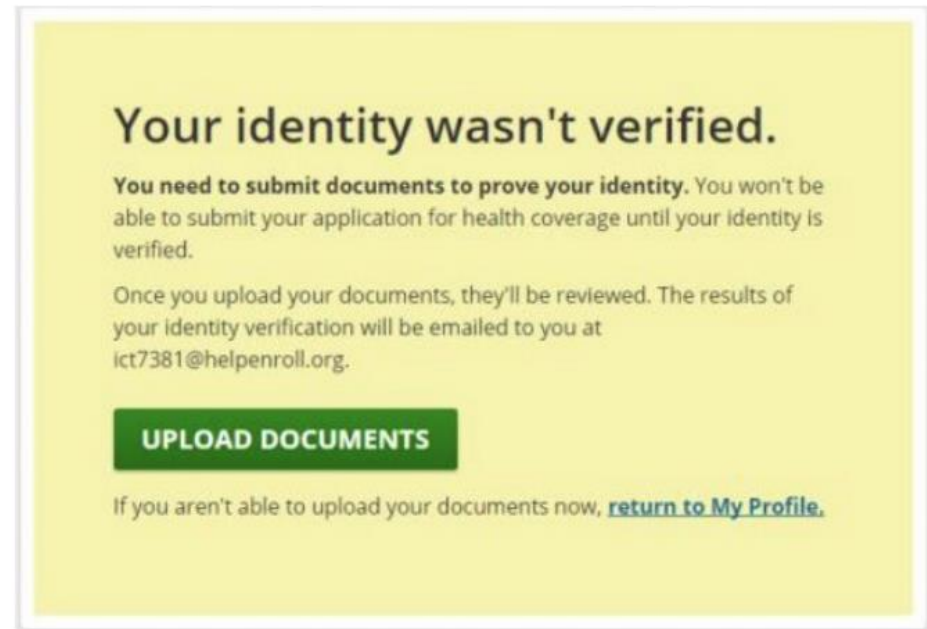


Account Creation Troubleshooting

- FFM Assister Line for password resets
- Data Matching Issues (DMIs) can cause barriers with identity verification, demographic information, and income attestation
 - May be required to submit additional documentation to maintain coverage and ATPCs/CSRs



- HealthCare.gov gives people two attempts to complete the ID proofing process, if both attempts are unsuccessful, you will see this screen 
- Upload documents immediately, if they're available
- Complete the family & household and income sections of the application
- Then call the marketplace call center to have them finish and submit the application
- After the call center pushes the application through, log back into the account and complete the enrollment process



Identity Verification

Automatic Re-enrollment

- Households enrolled in a QHP will be automatically re-enrolled in the same plan if they do not update their application and select a different plan before December 15th
- Consumers can still update their applications and select a different plan between December 15th – January 15th
- Continuing for 2025

CSR-eligible people enrolled in a bronze plan who do not actively select a new plan during Open Enrollment will be automatically re-enrolled into a silver plan

ONLY IF there is a silver plan within the same product, with the same provider network, and with a lower or equivalent premium after accounting for the premium tax credit (PTC)



Optional: Get information on how to register to vote

Voter registration

Resources are available if you're interested, but your eligibility for health coverage isn't linked in any way to being registered to vote.

If you're already registered to vote, [keep your information up-to-date](#).

Would you like information on registering to vote?

Optional

Yes

No

Prefer not to answer

[Clear your selection](#)

[Save & continue](#)

[Skip this question](#)

New application question

Register to vote or update your registration

Once you register, you can vote in national, state, and local elections.

[Select your state or territory to begin](#)

SOGI Data

- Starting [November 2023](#), the HealthCare.gov application has included optional demographic questions regarding sex assigned at birth, sexual orientation, and gender identity
 - Being asked on all HealthCare.gov applications, online and paper, for all individuals or members of a household over the age of 12
 - Appear alongside other demographic questions (e.g. race and ethnicity)
 - **Each question is optional** and offers a free response text box for consumers to describe themselves in their own words

What's Whitney's gender identity?

Optional

Female

Male

Transgender female

Transgender male

A gender identity that's not listed

Not sure

Prefer not to answer

[Clear your selection](#)



SOGI Data

Best Practices for Asking SOGI Questions of Consumers

CMS has identified the following best practices to promote equitable and accurate data collection from consumers:

- Clearly outline the purpose of the SOGI questions, including privacy and security measures:
 - Explain that the questions will be used to help identify gaps in access to health coverage, similar to how race and ethnicity data are used. Responses to these questions will not impact plan pricing.
 - Emphasize that data will be kept private and secure. In other words, the data will not be shared with issuers, Medicaid and CHIP agencies, or other third parties at this time.
- Use Marketplace recommended question and answer wording to enhance consumers' understanding of SOGI questions and encourage responses:
 - Ensure consumers understand that the questions are optional. They can skip or respond, "Prefer not to answer."
 - Ensure consumers understand that they can use free text response options to enter their own preferred terms.
 - Use help text to provide further context and explanation of the questions and answer options.
 - Clarify that the application filer can skip the questions or respond "Not sure" if they are unsure of how to answer the questions for others on the application. This will help improve data accuracy.
 - Explain that the Marketplace application will ask these questions for household members ages 12 and older.
 - At any time, consumers can update their responses to the new SOGI questions, including changing or removing their previous responses.

Reporting Changes & SEPs

MARKETPLACE & MEDICAID



Medicaid Coverage Loss SEP

- Medicaid Unwinding SEP ending 11/30/2024
- Medicaid Coverage Loss SEP change for 2025
 - 90 days to enroll from qualifying event (losing Medicaid)
 - Does not apply to Medicaid application denials unless submitted during OE



Medicaid screening questions

[← Back](#) | 1 Set up - **2 Household** - 3 Coverage & changes - 4 Review & submit

Medicaid or CHIP coverage ending

[Learn more about Medicaid and Children's Health Insurance \(CHIP\) programs.](#)

Did Tierney have Montana Medicaid or Healthy Montana Kids (HMK) (CHIP) that recently ended or will end soon?

Select Yes if one applies:

- Tierney's coverage ended between 3/31/2023 and today
- Tierney's coverage is going to end between today and 12/8/2023

- Yes
- No

Enter the last day of Tierney's coverage.

If you don't know it, enter the last day of the month that you know Tierney had, or will have, coverage, for example: 10/31/2023. Most coverage ends on the last day of the month.

Month Day Year

/ /

Save & continue

Application ID: 5180092275

Screening cont.

Recent household or income changes

Has the household income or size changed since Tierney was/were found ineligible by the state?

Yes

No

Save & continue

Application ID: 5180092275

Any change to the information that DPHHS used to determine them ineligible, do not have to specify what changed

Determined ineligible and believe they no longer qualify for Medicaid programs



Recent Medicaid denial

Recent Medicaid or CHIP denial

Was Tierney found not eligible for Montana Medicaid or Healthy Montana Kids (HMK) (CHIP) since 7/11/2023?

[Learn more about being found not eligible for Medicaid or CHIP.](#)

Yes

No

Save & continue

Application ID: 5180092275

Don't select a person's name if they:

- Never applied for Medicaid or CHIP
- Were found not eligible for Medicaid or CHIP by the Marketplace, instead of the state Medicaid or CHIP agency
- Were denied or found no longer eligible for Medicaid or CHIP since the date shown but had changes in income or family size since the denial or loss of coverage (unless the denial was based on immigration status)
- Applied for Medicaid or CHIP with the state but haven't gotten a response
- Were denied Medicaid or CHIP coverage because they didn't turn in paperwork that the state asked for

150% of FPL SEP

Can apply on the FFM and enroll anytime during the year

Adults between 138% and 150% of FPL or who are ineligible for Medicaid for other reasons

138%	143%	150%
\$20,783	\$21,536	\$22,590
\$28,207	\$29,229	\$30,660
\$35,632	\$36,923	\$38,730
\$43,056	\$44,616	\$46,800
\$50,480	\$52,309	\$54,870
\$57,905	\$60,003	\$62,940
\$65,329	\$67,696	\$71,010

Special Enrollment Periods (SEP) Reference Chart

Generally, people can only enroll in a marketplace plan or switch plans on HealthCare.gov during the annual open enrollment period. But people who experience certain life events during the year are able to newly enroll in a plan or switch plans outside of open enrollment through a special enrollment period (SEP).

This [reference chart](#) is a comprehensive guide to SEPs. It covers the circumstances that trigger a SEP in the marketplace, the eligibility criteria for various SEPs, and the effective date of coverage once a health plan is selected.



Beyond the Basics SEP Chart

Reporting Changes on FFM

New household members

Moving from another state

Losing health coverage

Getting married

Income*



Reminders for Reporting Changes after Enrolling

- When adding people to existing Marketplace plan update existing application by reporting a change, do not start a new application
- All household members must be selected as needing coverage, even people currently enrolled in that Marketplace plan
- When household members are added to the same Marketplace plan due to an SEP, carriers cannot reset the deductible or OOPM
- People who are enrolled in Medicaid currently should report changes to the state directly, not through the FFM



Virtual Enrollment Assistance

BEST PRACTICES FROM OUR ENROLLMENT HELPLINE



Navigator Screening Checklist

Applicant Name: _____ Nav Name: _____

Call Date: _____ Start Time: _____ End Time: _____

Phone Number: _____ Referral Source: _____

Have you recently lost or will you soon lose health insurance coverage?

- Yes
 - When did you lose it?** _____
 - What type of coverage did you lose?** (i.e. Medicaid, Employer) _____
- No
 - Ok, have you recently gotten married or added a dependent?** _____

What SEP are they eligible for:

- Loss of Medicaid between 4/1/23 and 11/30/24
- Loss of Employer insurance
- Marriage/Divorce
- Adding a dependent
- Under 150% of FPL

- Moved from Out of State
- Released from incarceration
- Other _____

I would be happy to see what you may be eligible for, may I ask you a few questions?



Are you married and do you claim any dependents on your taxes?

- Single
- Married
- Claim any dependents: _____

Are you offered insurance from your employer or spouse's employer?

- Yes – **what is the cost of the insurance?** (if they don't have it, still do prices and plans, but let them know the affordability rules)
 - Individual Cost _____
 - Cost for Spouse _____
 - Cost for Family _____
- No

The next thing we will need to do is to estimate your income for this year. This is important because it will be used to determine your Advanced Premium Tax Credit which is what will help lower your cost.

What type of income do you have?

Types of income included:

- Wages from a job
 - Are you paid hourly or salary?** _____
 - If hourly: **how many hours do you work?** _____
 - How much are you paid hourly?** _____
 - Have you worked this job all year and do you plan to work the rest of the year?** _____
 - If not, get income from all jobs.



- Social Security and Disability
 - **Do you receive social security or disability?** _____
 - If yes to social security: **Are you over the age of 65?** _____
 - If yes to disability: **Have you received it for over 2 years?** _____
 - **Did you receive a lump sum payment for disability this year? If so, how much?** _____
- Tips
- Self-employment income (minus business expenses)
- Unemployment income
- Retirement
- Alimony (if finalized before 1/1/2019)
- Investment Income
- Rental/royalty income

Ok, is there any other type of income anybody in your tax household has coming in including tips, retirement, investment or rental income, 401k withdrawals? Anything that would be included on your taxes.

Total Income Calculated: _____

APTC: _____



Navigator Verbal Authorization Script

Mr. / Mrs. / Ms. _____,
before we start, I will need to obtain your verbal authorization.

[*Program name*] is a free, grant funded service and isn't permitted to promote any specific carrier. We do not receive any commissions and are not allowed to charge you for this service. As a Health Insurance Navigator, I go through annual training every year and am certified with the Centers for Medicare and Medicaid Services.

I am here to assist you and provide you with fair, accurate and impartial information with submitting a health insurance application. I cannot choose an insurance plan for you, but will help you to clarify the different health coverage options to find a health plan that best fits your healthcare needs



In order to help you figure out exactly what you qualify for, we will have to discuss and calculate your household's monthly and annual projected income. As part of the application process, you may also have to provide your household's birthdates and social security numbers. Anything we discuss is confidential and only for the purposes of helping you complete the application. We keep all information private and secure and we do not store dates of birth or social security numbers. We will never share your information with anyone.

As part of the process, if given, we will keep your phone number, address, and email address to contact you in the future for re-enrollments.

If given, you can revoke your authorization at any time.

Do I have your verbal authorization to proceed?

Okay, thank you.



QUESTIONS?



External Resources

- Beyond the Basics guides
 - [REFERENCEGUIDE_Medicaid-Household-Rules.pdf](https://healthreformbeyondthebasics.org/REFERENCEGUIDE_Medicaid-Household-Rules.pdf) (healthreformbeyondthebasics.org)
 - [Frequently Asked Questions | Beyond the Basics](https://healthreformbeyondthebasics.org/frequently-asked-questions) (healthreformbeyondthebasics.org)
- Medicaid Policy Manuals
 - MAGI: [Family Medicaid Program Policy Manual](https://mt.gov/magi-family-medicaid-program-policy-manual) (mt.gov)
 - ABD: [Medical Assistance \(MA\) Policy Manual](https://mt.gov/abd-medical-assistance-ma-policy-manual) (mt.gov)
- Administrative Review/Fair Hearing process
 - [Understanding Medicaid Fair Hearings factsheet](#)
 - [Office of Administrative Hearings](https://mt.gov/office-of-administrative-hearings) (mt.gov)
 - [CMA 1505-1 Fair Hearings, Administrative Reviews, and Appeals](https://mt.gov/cma-1505-1-fair-hearings-administrative-reviews-and-appeals) (mt.gov)
 - [Fair Hearings: How to Defend Your Rights \(FAQ\) | Montana Lawhelp](#)
 - [Frequently Asked Questions](https://mt.gov/frequently-asked-questions) (mt.gov)





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