

September 30, 2014

Sent via Email and U.S. Certified Mail/Return Receipt

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Re: Expedited Request for Information under Freedom of Information Act (FOIA)

Dear FOIA Officer:

The National Immigration Law Center (“NILC”), the Requester, makes this request for information under the Freedom of Information Act (“FOIA”), 5 U.S.C. § 552 *et seq.*, for records pertaining to the Department of Health and Human Services’ (“HHS”) ¹ intent to terminate approximately 115,000 individuals from health insurance coverage obtained from the marketplaces created by the Patient Protection and Affordable Care Act (“ACA”), 42 U.S.C. § 18001 *et seq.*; Pub. L. No. 111-148 & Pub. L. No. 111-152, due to data matching issues concerning their immigration or citizenship status.

I. Background

As you are aware, people who lack health insurance can apply for coverage in the marketplaces set up by the ACA if they meet certain eligibility requirements. Among these eligibility requirements is that the applicant be “lawfully present” in the United States, as defined by 45 C.F.R. § 152.2. Further, low-income applicants are eligible for subsidies to help lower the cost

¹This FOIA Request includes, but is not limited to, the Centers for Medicare & Medicaid Services (“CMS”), the Center for Consumer Information & Insurance Oversight (“CCIIO”), and any other subdivision of the Department for Health & Human Services charged with implementing the Affordable Care Act, to the extent they have records responsive to the Request.

of their health insurance to make it more affordable. These subsidies are called “premium assistance credits.” 26 U.S.C. § 36B.

HHS and CMS recently announced that as of September 14, 2014, approximately 115,000 individuals (“Terminated Applicants”) who applied for and enrolled in health care coverage through the ACA marketplaces (“ACA Coverage”) would have that coverage terminated on or about September 30, 2014, due to data-matching issues with their application related to inconsistencies regarding citizenship or legal residency. *See, e.g.*, “115,000 to lose coverage over immigration,” Brett Norman, POLITICO, Sep. 15, 2014, *available at* <http://www.politico.com/story/2014/09/health-care-immigration-110971.html>.

NILC seeks, through this FOIA Request, information related to the Terminated Applicants who will be losing their ACA Coverage.

II. FOIA Request²

1. All termination notices, whether written or electronic, provided by HHS or CMS in English to Terminated Applicants who will lose ACA Coverage as a result of inconsistencies or data-matching issues related to citizenship or immigration status.
2. All termination notices, whether written or electronic, provided by HHS or CMS in Spanish to applicants who will lose ACA Coverage as a result of inconsistencies or data-matching issues related to citizenship or immigration status.
3. All termination notices, whether written or electronic, provided by HHS or CMS in any language other than English or Spanish to applicants who will lose ACA Coverage as a result of inconsistencies or data-matching issues related to citizenship or immigration status.
4. Data which shows how many Terminated Applicants opened the electronic notices sent to them by electronic mail, disaggregated if available by language and state.

² For the purpose of all Requests seeking notices, NILC seeks the full range of notices sent out by HHS to examine how HHS and CMS communicated with Terminated Applicants. For example, if three versions of the termination or inconsistency notices were mailed out to Terminated Applicants, NILC seeks an example of each version. NILC does not seek the thousands of individual notices mailed to each Terminated Applicant. This pertains to Requests 1-3, and 5-7.

5. All notices sent prior to termination notices, whether written or electronic, provided by HHS or CMS in English to individuals enrolled in the federal marketplaces under the ACA related to an inconsistency or data-matching issue concerning citizenship or immigration status.
6. All notices sent prior to termination notices, whether written or electronic, provided by HHS or CMS in Spanish to individuals enrolled in the federal marketplaces under the ACA related to an inconsistency or data-matching issue concerning citizenship or immigration status.
7. All notices sent prior to termination notices, whether written or electronic, provided by HHS or CMS in any language other than English or Spanish to individuals enrolled in the federal marketplaces under the ACA related to an inconsistency or data-matching issue concerning citizenship or immigration status.
8. All notices sent to individuals enrolled in the federal marketplaces under the ACA indicating that they had satisfactorily resolved an inconsistency or data-matching issue concerning citizenship or immigration status, including copies in all languages the notices were sent in.
9. Records or data that show how many of the approximately 115,000 Terminated Applicants had submitted documents attempting to resolve an inconsistency or data-matching issue concerning citizenship or immigration status prior to September 5, 2014.
10. Records or data that show how many of the approximately 115,000 Terminated Applicants had submitted documents attempting to resolve an inconsistency or data-matching issue concerning citizenship or immigration status prior to September 15, 2014.
11. Records or data that show how many of the approximately 115,000 Terminated Applicants had submitted documents attempting to resolve an inconsistency or data-matching issue concerning citizenship or immigration status prior to September 30, 2014.
12. Records or data that show how many of the approximately 115,000 Terminated Applicants had an inconsistency or data-matching issue concerning citizenship and how many had an inconsistency or data-matching issue concerning immigration status.
13. Records or data that show how many of the approximately 115,000 Terminated Applicants identified themselves to HHS or CMS as preferring to receive correspondence in a language other than English, disaggregated by state and by language preference.

14. Records or data that show how many of the approximately 115,000 Terminated Applicants received premium assistance credits at any point after enrollment, disaggregated by state and by language preference.
15. All records related to the policies or procedures of HHS or CMS for restoring ACA Coverage through the Special Enrollment Period identified by the CMS September 23, 2014 Newsletter.³
16. All records indicating how HHS or CMS intended to or intends to notify Terminated Applicants of the possibility of restoring ACA Coverage through the Special Enrollment Period identified by the CMS September 23, 2014 Newsletter.⁴
17. All records related to guidance, including but not limited to scripts, provided to marketplace call center representatives regarding information to provide to enrollees who received notices indicating an inconsistency or data-matching issue, including Terminated Applicants.
18. All records related to policies, information, or guidance related to plans or methods to recover any share of premium assistance credits received by Terminated Applicants from the Terminated Applicants themselves.
19. All records related to policies, information, or guidance related to plans or methods to recover any share of premium assistance credits received by Terminated Applicants from someone other than the Terminated Applicants themselves, including from health care insurers.
20. Records or data related to the share of termination notices sent to Terminated Applicants that were returned as undeliverable.

III. NILC Seeks a Waiver of All Costs Related to the Request

NILC requests a waiver of all costs pursuant to the public interest/benefit fee waiver established by 5 U.S.C. § 552(a)(4)(A)(iii).⁵ The public interest/benefit fee waiver provisions of the FOIA are to be “liberally construed” and are “consistently associated with requests from journalists,

³ Attached as Exhibit A.

⁴ Attached as Exhibit A.

⁵ (“Documents shall be furnished without any charge ... if disclosure of the information is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in the commercial interest of the Requester.”).

scholars, and non-profit interest groups who it was intended to benefit.” See *Judicial Watch, Inc. v. Rossotti*, 326 F.3d 1309, 1312 (D.C. Cir. 2003) (“Congress amended FOIA to ensure that it be ‘liberally construed in favor of fee waivers for noncommercial requesters.’”) (citation omitted); see also 6 C.F.R. § 5.11(k).

Further, Congress has provided that a “minimal showing” is all that is necessary for an agency to grant a FOIA fee waiver. “[T]he legislative history . . . demonstrates that Congress intended independent researchers, journalists, and public interest watchdog groups to have inexpensive access to government records in order to provide the type of public disclosure believed essential to our society. Moreover, in the 1986 amendments to FOIA, Congress ensured that when such requesters demonstrated information in a way that contributes to public understanding of the operations of government agencies, no fee attaches to their request. *Institute for Wildlife Protection v. U.S. Fish & Wildlife Serv.*, 290 F. Supp. 2d 1226, 1232 (D. Or. 2003).

The Ninth Circuit has interpreted the requisite “minimal showing” in noting that “if a non-profit organization has ‘identified why they wanted the administrative record, what they intended to do with it, to whom they planned on distributing it, and the [relevant] expertise of their membership,’ then a waiver is appropriate.” *Ctr. For Biological Diversity v. Office of Mgmt. & Budget*, 546 F. Supp. 2d 722, 727 (N.D. Cal. 2008) (quoting *Friends of the Coast Fork v. U.S. Dep’t of the Interior*, 110 F.3d 53, 55 (9th Cir. 1997)).

NILC is a nonprofit national legal advocacy organization that engages in policy analysis, advocacy, education, and litigation to promote and advance the rights of low-income immigrants and their families. NILC serves as an important resource to a broad range of immigrant advocacy groups, community organizations, legal service organizations, and the general public. As a part of its work, NILC disseminates information to the public through electronic newsletters, news alerts, issue briefs, trainings, and other educational and informational materials. In addition, NILC disseminates information to individuals, tax-exempt organizations, not-for-profit groups, and members through its website at <http://www.nilc.org>.

With respect to the ACA, NILC has done extensive work in developing and disseminating background information about the ACA, as well as fact sheets that legal service providers, policy advocates, enrollment assisters, government officials, and other stakeholders have used in their work with individuals eligible to apply for health care coverage through the ACA’s marketplaces. These resources include fact sheets related to (1) who is considered “lawfully present” for purposes of the ACA; (2) the exclusion of people granted Deferred Action for Childhood Arrivals (DACA) from affordable health care; and (3) mixed-status families and their access to health care coverage under the ACA. See <http://nilc.org/ACAfacts.html>. NILC has also conducted a number of webinar trainings on immigrant access to health care under the ACA, including, at the invitation of HHS, three trainings for HHS-funded assisters and personnel, reaching over 5,000 advocates, assisters and service providers.

It is NILC's intent to synthesize and disseminate the information produced by this FOIA request in a manner that is accessible to a broad public audience. NILC has analyzed, synthesized, and disseminated information from prior FOIA requests in the past to facilitate the sharing of this information with a broad public audience.⁶

The records requested are not sought for commercial use, and NILC, a nonprofit organization, plans to disseminate the disclosed information to the public at no cost. *See* 6 C.F.R. § 5.11(k). Disclosure of the requested records is likely to contribute significantly to public understanding of the operations and activities of the government regarding the implementation of the ACA marketplaces. The requested information is of great interest to the public at large, but it is not available in the public domain.

Release of this information to NILC will significantly advance the general public's understanding of the ACA and the affordable health insurance programs that are available. It is very likely that a proper search in response to this Request will turn up a sizable volume of information. NILC has the capacity, intent, and legal expertise to review, analyze, and synthesize this information and make it accessible and disseminate it to a broad range of audiences for the public's benefit, including sharing information with local, regional, and national media through press releases and media interviews; publishing reports and memoranda through internet websites and email to individuals and organizations working on immigration issues; and creating and disseminating materials to educate the public about federal immigration laws and policies and about the ACA and immigrants' access to health care specifically. NILC's website receives nearly 34,000 visits per month, and many visitors actively download our reports, brochures, and fact sheets. NILC's email listserv has about 18,000 subscribers.

In short, NILC is exactly the type of organization contemplated by Congress when it established the public interest/benefit fee waiver provisions of the FOIA. For all of these reasons, disclosure of the requested records is required by the FOIA and a total fee waiver is justified. If the fee waiver request is denied, while reserving our right to appeal the denial, NILC will pay fees up to \$25. If fees are estimated to exceed this limit, please inform us.

⁶ *See* Deportation without Due Process, report by NILC, Western State Immigration Clinic & Stanford Law School Immigrants' Rights Clinic summarizing 20,000 pages of FOIA documents, available at <http://www.nilc.org/document.html?id=6>

IV. NILC Seeks a Limitation of Processing Fees and Waiver of Search and Review Fees

If the request for waiver of all costs is denied, NILC requests a limitation of processing fees pursuant to 5 U.S.C. § 552(a)(4)(A)(ii)(II).⁷

One of NILC's primary functions is to analyze, synthesize, and disseminate information to the public just as the news media does. Notably, nonprofit organizations such as NILC are routinely deemed representatives of the news media under this portion of the FOIA. *See, e.g., ACLU of Wash. v. Dep't of Justice*, 2011 WL 887731, *10 (W.D. Wash. 2011) on reconsideration. In fact, NILC is frequently the primary reporter to the public about important changes and developments in immigration laws and government policies.⁸

The information requested under the FOIA here is not sought for a commercial purpose, as it is NILC's intent to synthesize the information to facilitate the dissemination of this information to a broad public audience free of charge as NILC has done with previous FOIAs.⁹

Therefore, pursuant to 5 U.S.C. § 552(a)(4)(A)(ii)(II), NILC requests a limitation of processing fees.

V. Requester Seeks Expedited Processing Due to the Urgency of Impending Terminations

Expedited processing is warranted because there is "an urgency to inform the public about an actual or alleged federal government activity" by organizations "primarily engaged in disseminating information." 5 U.S.C. § 552(a)(6)(E)(v)(II).

This request implicates a matter of urgent public concern, namely, the termination of 115,000 people from the ACA marketplaces because of the government's inability to verify their citizenship or immigration status.

There is "an urgency to inform the public" about this government activity because it will allow attorneys, advocates, enrollers, and legal organizations to serve a larger number of ACA-eligible individuals more effectively. Specifically, the increased dissemination of the information

⁷ ("Fees shall be limited to reasonable standard charges for document duplication when records are not sought for commercial use and the request is made by ... a representative of the news media ...").

⁸ *See, e.g., Karen Tumlin et al., A Broken System: Confidential Reports Reveal Failure in U.S. Immigration Detention Centers* (July 2009), *available at* www.nilc.org/document.html?id=9; *see also* www.nilc.org/newsreleases.html (news releases and NILC statements informing the public about new developments).

⁹ *See* Note 4, *supra*.

requested will benefit otherwise ACA-eligible individuals, who have attempted to apply for health care coverage for themselves or for their dependents without success and who might be able to restore their coverage through the Special Enrollment Period established by DHS. To that end, informing the public about this government activity will assist otherwise eligible individuals in maintaining affordable health insurance.

Should you determine that expedited processing is not warranted, while reserving our right to appeal that decision, NILC expects a response within the twenty-day time limit set forth under 5 U.S.C. § 552(a)(6)(A)(ii).

VI. Requester Seeks Release of All Responsive Records

NILC believes that all of the records requested are subject to disclosure, and requests prompt processing and release of the requested information. NILC also requests a complete list of documents covered by the request.

To the extent that any requested records are redacted, please redact only the necessary portions of those records and immediately provide us with the remaining portions. If any records, or portions thereof are withheld, please state the exemption claimed and provide a list of the records being withheld.

If this Request is denied in whole or in part, please provide a written explanation for that denial, including reference to the specific supporting statutory provisions, and notify us of appeal procedures available under the law.

VII. Requester Seeks Records in Electronic Format

NILC requests information responsive to the Request be provided in electronic format, on a CD-ROM or via electronic transfer.

VIII. Conclusion

Given the critical nature health insurance plays in the day-to-day lives of individuals and their families, and the near certainty that for 115,000 individuals across the country, this essential coverage will be terminated in a day or soon thereafter, NILC looks forward to a response to this Request as soon as possible.

Alternatively, if the documents cannot be provided in an expedited fashion, NILC expects full compliance with the statutory time period of twenty (20) working days following receipt of this Request. *See* 5 U.S.C. § 552(a)(6)(A)(ii).

Finally, without waiving any other appeal rights, NILC reserves the right to appeal a constructive denial of this Request as well as decisions to deny expedited processing, to withhold any information, to deny a waiver of fees, or to deny a limitation of processing fees. NILC also reserves the right to challenge the adequacy of the search for responsive documents, the withholding of any documents, as well as any redactions in the materials produced in response to this Request.

If you have any questions, please contact me directly at (213) 674-2829 or via email huerta@nilc.org. Thank you in advance for your prompt response to this Request.

Sincerely,

s/Alvaro M. Huerta

Alvaro M. Huerta

Staff Attorney

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cc: George E. Schulz, Jr., Holland and Knight, LLP
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EXHIBIT A

CMS NEWSLETTER, September 23, 2014



Today's newsletter will cover:

- [I. Assister Webinar Fall Schedule](#)
- [II. NEW REPORT: Health Insurance Marketplace will have 25 percent more issuers in 2015](#)
- [III. NEW REPORT: Plan Selections by ZIP Code in the Health Insurance Marketplace](#)
- [IV. NEW PARTNER RESOURCE: Marketplace Plan Selections by Zip Code](#)
- [V. NEW SEP INFORMATION: Warning Notices for Consumers with Outstanding Income Data Matching Issues and Outstanding Immigration/Citizenship Data Matching Issues](#)
- [VI. NEW: Tips and FAQs for Resolving Immigration/Citizenship Data Matching Issues and Special Enrollment Periods](#)
- [VII. REMINDER: Tips for Providing Proof of No Income and Tips for Young Adults](#)
- [VIII. NEW: Consumer Follow-Up during the Annual Marketplace Redetermination and Re-enrollment Process](#)
- [IX. NEW: Tips Regarding Appointment Scheduling Software](#)
- [X. NEW RESOURCE: Veterans "Deep Dive" Presentation for Assisters Slide Deck](#)
- [XI. REMINDER: 2014 Assister Training Launched on the Medicare Learning Network](#)
- [XII. NEW RESOURCE: Launch of 2014 FFM Assister Training Slide Deck](#)
- [XIII. NEW Deep Dive: Assisting Immigrant Families - Overview of Immigrant Eligibility Policies for Health Insurance Affordability Programs](#)
- [XIV. NEW Spotlight on Outreach: Hispanic Heritage Month](#)
- [XV. REMINDER: 2015 Open Enrollment Period Begins November 15, 2014](#)
- [XVI. Standing Assister Resources](#)
- [XVII. Stay in Touch with Us](#)

I. Assister Webinar Fall Schedule

We have resumed our weekly webinar schedule in advance of the upcoming open enrollment period. Below are dates for webinars during the remainder of September through October.

September/October Webinar Schedule:

- Friday, September 26 at 2:00 – 3:30 pm EDT – Unique Concerns and the Application Process for Health Insurance Affordability Programs for Families that Include Immigrants. Held in partnership with the National Immigration Law Center, the Center on Budget and Policy Priorities, and the Georgetown University Center for Children and Families.
- THURSDAY, October 2 at 2:00 pm EDT – Please note that this week the webinar will be held on Thursday due to the Yom Kippur holiday.
- Friday, October 10 at 2:00 pm EDT
- Friday, October 17 at 2:00 pm EDT
- Friday, October 24 at 2:00 pm EDT
- Friday, October 31 at 2:00 pm EDT

NOTE: The webinar schedule is subject to change in order to deliver late-breaking information.

II. NEW REPORT: Health Insurance Marketplace will have 25 percent more issuers in 2015

HHS released a report today that shows that consumers will have more choices as they shop for coverage on the Health Insurance Marketplace in 2015, because there will be a net 25 percent increase in the number of issuers offering Marketplace coverage. In total, 77 new issuers will offer coverage on the Marketplace. This increase is also important because [previous estimates](#) have found a connection between greater competition and lower costs. In other words, it suggests that the Marketplace is working to increase competition, provide consumers with more opportunity to pick the plan that best meets their needs, and ultimately lower costs for consumers. We hope this information will help assisters as you work to spread the word about the next open enrollment period.

The report includes preliminary data from 36 Federally-facilitated and State Partnership Marketplace states, as well as eight states operating State-based Marketplaces. Details include:

- In the 44 states for which we have data, 77 issuers will be newly offering coverage in 2015.
- The Federal Marketplace states alone will have 57 more issuers in 2015; a 30 percent net increase over this year.
- The eight State-based Marketplaces where data is already available will have a total of six more issuers in 2015, a ten percent net increase over this year.
- Four of the 36 states in the Federal Marketplace will have at least double the number of issuers they had in 2014.
- In total, 36 of the 44 states will have at least one new issuer next year. And some of the nation's largest insurance companies will be offering coverage in more than a dozen new states, joining the hundreds of insurance companies already participating in the Marketplace.

To view a press release announcing the report, which includes an infographic illustrating its results, click here: <http://www.hhs.gov/news/press/2014pres/09/20140923a.html>

To view the full report, click here: http://aspe.hhs.gov/health/reports/2014/NewEntrants/ib_NewEntrants.pdf

To view the June 2014 report that connects increased competition among issuers to lower costs and a greater variety of choices for consumers, click here:

<http://aspe.hhs.gov/health/reports/2014/Premiums/2014MktPlacePremBrf.pdf>

Please see below infographics found at [#ACAisWorking](#), sample tweets, and new videos that show that the ACA is working.

By the numbers:

- More choice & competition in the Marketplace means a 25% increase in # of insurers in 2015 Marketplace. [#ACAisWorking](#) [ATTACH 25% GRAPHIC]
- New #'s show choice and competition in 2015 Marketplace, including a 25% increase in # of insurers. [#ACAisWorking](#) [ATTACH 25% GRAPHIC]
- [#ACAisWorking](#) to give consumers more choice & competition in 2015: [ATTACH 25% GRAPHIC]
- [#ACAisWorking](#): In just one year [#ACA](#) has reduced the number of uninsured adults by 26%. [ATTACH 26% GRAPHIC]
- [#ACAisWorking](#) --> 10.3M fewer adults are uninsured today than in 2013, reducing the # of uninsured by 26%. [ATTACH 26% GRAPHIC]
- [#ACAisWorking](#): Millions of previously uninsured Americans are covered. In 1 yr [#ACA](#) reduced # of uninsured by 26%. [ATTACH 26% GRAPHIC]
- [#ACAisWorking](#): Hardworking, middle class families have more money in their budgets because of [#ACA](#). [ATTACH 80/20 GRAPHIC]
- [#ACAisWorking](#): Today, insurance companies are required to spend at least 80% of your premium, on your health care: [ATTACH 80/20 GRAPHIC]
- Since 2012 families have saved \$80/avg b/c [#ACA](#) 80/20 rule - more of your money going towards your care [#ACAisWorking](#) [ATTACH 80/20 GRAPHIC]

Real Stories, Real Coverage:

NEW VIDEO: Meet Robert Mandler Video

- Health insurance saved Robert's life. And to think, he was not always in favor of the Affordable Care Act. <https://www.youtube.com/watch?v=cM1CS0EaYzc> #GetCovered #ACA
- Robert is cancer-free today because he got covered and got the treatments he needed. Watch his amazing #GetCovered story: <https://www.youtube.com/watch?v=cM1CS0EaYzc>
- Robert changed his mind. Originally, he didn't want to sign up for health insurance. Then, this happened: <https://www.youtube.com/watch?v=cM1CS0EaYzc> #GetCovered

Meet Betsy Furler Video

- Before Betsy worked extra jobs just for insurance. Now she has peace of mind that her family is covered <http://1.usa.gov/1rjgAcG> #ACAisWorking
- #ACAisWorking Check out Betsy's #GetCovered story – from uninsured to #covered: <http://1.usa.gov/1rjgAcG>
- Every member of Betsy's family has a pre-existing condition. #ACAisWorking because today they're #covered: <http://1.usa.gov/1rjgAcG>
- "Finally, some peace of mind..." Check out Betsy's #GetCovered story: <http://1.usa.gov/1rjgAcG>. #ACAisWorking

[Tune in to @SecBurwell](#) for more updates & major announcements to share and amplify this week.

III. NEW REPORT: Plan Selections by ZIP Code in the Health Insurance Marketplace

The HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) has released a data file with the enrollment numbers by ZIP Code for the 36 states that are participating in the Federally-facilitated and State Partnership Marketplaces. The data is from the initial Marketplace open enrollment period, October 1, 2013 through March 31, 2014, including additional special enrollment period activity reported through April 19, 2014. The data represents the number of unique individuals who were determined eligible to enroll in a qualified health plan and selected a plan by April 19. They do not include the District of Columbia and 14 other states that have State-based Marketplaces. A summary of the data can be found here, along with a link to download the full data file.

http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/EnrollmentByZip/rpt_EnrollmentByZip.cfm

IV. NEW PARTNER RESOURCE: Marketplace Plan Selections by Zip Code

Many of our external partners have developed tools, tips, materials, or training sessions that assisters can use. We are sharing those resources through this weekly newsletter and by posting on Marketplace.cms.gov. If you would like to recommend helpful resources, please email CACQuestions@cms.hhs.gov. We will be limited to sharing resources that are (1) applicable to assisters facilitating enrollment in the Federally-facilitated Marketplaces (including State Partnership Marketplaces); (2) open and accessible to the public; and (3) reviewed by CMS.

The State Health Access Data Assistance Center (SHADAC), a health policy research center, has created an infographic to help visualize the data released by ASPE mentioned in item III of this newsletter. This map of the U.S. illustrates enrollment numbers by zip code using shading, and can be viewed here:

<http://umn.maps.arcgis.com/apps/Viewer/index.html?appid=49d92e9c19d843f5a8bd354a77b55d95>

NOTE: Marketplace.cms.gov includes links to other federal agencies and in some instances, non-government Web sites. We provide these links because they contain additional information that may be useful or interesting and is consistent with the intended purpose of Marketplace.cms.gov. We cannot attest to the accuracy of information provided by these third-party sites or any other linked site. We are providing these links for your reference. Linking to a non-Marketplace.cms.gov Web site does not constitute an endorsement by CMS or any of its employees or the sponsors or the information and products presented on the Web site. Also, please be aware that the privacy protection provided on Marketplace.cms.gov does not apply to these third-party sites.

V. NEW SEP INFORMATION: Warning Notices for Consumers with Outstanding Income Data Matching Issues and Outstanding Immigration/Citizenship Data Matching Issues

Thank you for your continued support helping consumers resolve their outstanding **immigration and citizenship** data matching issues. We ask that you also continue to assist consumers to resolve their outstanding **income** data matching issues as we increase our outreach efforts to reach this group of consumers. We are working hard to process the thousands of documents that have been submitted by consumers to confirm their coverage, but we still have more work to do.

As a reminder, if consumers with outstanding **immigration and citizenship** data matching issues missed the September 5th deadline, please encourage them to keep uploading or mailing in documents. Consumers who did not submit documents to resolve their immigration or citizenship data matching issues will receive an official notice from the Marketplace. The Marketplace started sending out these notices last week (week of September 15th). The notices outline the date the consumer's coverage or financial assistance will end, and explain what options may be available to the consumer, such as an appeal. Consumers whose coverage was terminated because of an immigration or citizenship data matching issue, but who later submit supporting documentation that resolves the issue, **may be eligible for a Special Enrollment Period (SEP)**. More information on Special Enrollment Periods can be found in the next section.

Consumers who have outstanding **income** data matching issues should have heard from the Marketplace last week (week of September 15th) requesting that they submit their documents to the Marketplace **by Tuesday, September 30, 2014**. If they do not submit documents, the Marketplace will re-determine their premium tax credits and cost-sharing reductions. These notices are being sent in English and/or Spanish based on the consumer's selected language preference. Consumers may also receive notifications from their issuers about data matching issues. Please continue to help these consumers submit documents to the Marketplace **no later than Tuesday, September 30, 2014**.

If consumers with outstanding **income** data matching issues do not submit required documents by the September 30 deadline, they will get an official notice from the Marketplace in October letting them know the date that their premium tax credit or cost sharing reductions will end or change. After that date, the consumer may have to pay a higher monthly premium, deductible, copayments and/or coinsurance through the Marketplace. This change could also impact the consumer's 2014 tax returns. Remember that while the Marketplace is working to review documents that consumers submit to resolve outstanding **income** data matching issues, **these consumers will continue to receive the financial assistance they currently receive from the Marketplace until October 31, 2014**.

We have sent warning notices to consumers with income data matching issues from whom we haven't received copies of any of the documents we requested. Even if consumers think that they received the warning notice in error, and/or that they previously tried to submit documents, it's still important that everyone who receives this warning notice regarding income verification **act immediately** and resubmit documents so that the Marketplace can verify that they are eligible to continue receiving financial assistance to help with Marketplace costs. In addition to submitting documentation again, consumers that believe they have already submitted the proper documentation can also continue to contact the Marketplace Call Center to find out if the Marketplace has received their documents.

We'll continue to share the latest information about data matching issues in the coming weeks, and appreciate your work with consumers to help resolve these issues.

VI. NEW: Tips and FAQs for Resolving Immigration/Citizenship Data Matching Issues and Special Enrollment Periods

What happens if a consumer did not submit any documents to resolve their immigration/citizenship data matching issue? Are they at risk of losing their coverage?

We sent warning notices to consumers from whom we hadn't received copies of any of the documents we requested to resolve their immigration/citizenship data matching issues. Consumers with outstanding immigration and citizenship data matching issues from whom we did not receive any copies of requested documents to the Marketplace by Friday, September 5, should have received an official Marketplace notice in mid-September letting them know the date that their Marketplace coverage will end and the next steps available to them. Remember that while we're working on reviewing consumers' documents, they will get to keep their Marketplace coverage until September 30.

What happens if a consumer did submit documents to resolve their immigration/citizenship data matching issue, but their data matching issue is still under review?

Consumers with unresolved data matching issues who submitted documentation will get to keep their Marketplace coverage while we are reviewing their documents. The important thing for consumers to remember is that they need to submit documentation so that the Marketplace can resolve their data matching issue. We will continue to share the latest information with assisters on this topic.

What coverage options are there for a consumer who loses their coverage because of an immigration/citizenship data matching issue?

If a consumer does not follow up with additional information by the time indicated in their letter and is losing coverage because of an immigration/citizenship data matching issue, he or she will receive an official notice in the mail in September letting them know that their Marketplace coverage is ending on September 30th. Consumers that lose eligibility for Marketplace coverage may be able to purchase a plan sold outside the Marketplace through a SEP (because of a loss of minimum essential coverage) and will be directed to the issuer to continue their coverage outside of the Marketplace. Consumers can visit Plan Finder (<https://finder.healthcare.gov/>) to search plans available in their area and contact the issuer directly to enroll. Consumers that lose eligibility for Marketplace coverage may also be eligible to enroll in coverage through the Marketplace with a Special Enrollment Period (SEP) if they resolve their data matching issue(s), and are otherwise eligible for Marketplace coverage and/or APTC/CSRs.

Can a consumer still submit documents to resolve their data matching issue if they have lost their coverage? If the consumer resolves their data matching issue after they lose coverage can they re-enroll in the Marketplace?

Yes, a consumer can still submit documents to resolve their data matching issue if he or she is terminated from their current Marketplace coverage and APTC/CSR. Individuals who are terminated from coverage because of an immigration/citizenship data matching issue, but then submit the requested supporting documentation that resolves their data matching issue may be eligible for a 60-day special enrollment period (SEP) to enroll in coverage through the Marketplace.

If a consumer is eligible for a SEP, he or she will receive an official eligibility notice in the mail that says "the Health Insurance Marketplace Verified your Information" or an email informing the consumer that there is an update to his or her account that outlines that the consumer is eligible to reenroll for coverage in the Marketplace. The consumer can then call the Marketplace Call Center at 1-800-318-2596 (or TTY: 1-855-889-4325) and explain that the Marketplace sent him or her a notice that the data matching issue was resolved and that he or she now wants to re-enroll in a health plan through the Marketplace. A consumer will have 60 days to re-enroll in a Marketplace health plan from the day that the consumer calls the Call Center regarding their eligibility to re-enroll in a Marketplace plan.

These individuals can either request a retroactive effective date of coverage that dates back to the 1st of the month following termination to prevent a gap in coverage, a "prospective" effective date that is the 1st of the month following plan selection, or a normal effective date which is either the 1st of the month or the first of the second following month depending on the date of plan selection. For example, if a consumer's previous coverage ended on September 30, he or she can ask for their new coverage to be effective back to October 1, so there is not a gap. If the consumer does not ask for this option, their coverage will start on the first day of the next month if he or she selects their plan between the first and fifteenth of the month, or coverage will start on the first day of the second following month if the consumer selects their plan between the sixteenth and the end of the month. For example, if a consumer selects a plan on October 12, his or her coverage will start on November 1; if the consumer selects a plan on October 22, his or her coverage will start on December 1.

If a consumer loses coverage or their APTC/CSR because of an unresolved data matching issue, how does he or she submit documentation to the Marketplace after he or she has lost coverage?

If a consumer wants to submit documentation after he or she has received a termination letter from the Marketplace, he or she can submit documentation via mail, but the consumer may or may not be able to upload documents to the Marketplace via their My Account.

The lack of an upload button or a grayed out button may occur for a consumer whose data matching issue is already resolved and/or expired. If there is a consumer within the enrollment group whose data matching issue has not yet expired or has not been terminated, they will be able to upload documents to the consumer's My Account. However, if the consumer is the only member of the enrollment group and they are terminated from coverage because of a data matching issue, or if every member of the household has been terminated, the consumer(s) will need to mail in their documents.

If an immigration/data matching issue is not resolved will the entire household lose coverage?

No. The entire household does not lose coverage; only the members of the enrollment group that have unresolved immigration/citizenship data matching issues. The members of the enrollment group who remain eligible for coverage through the Marketplace, and APTC/CSR if applicable, will continue their coverage even if one or more members of the enrollment group are terminated. For example, if two parents and two children are in an enrollment group and one parent loses eligibility for coverage through the Marketplace, the remaining three members could still continue their enrollment. The household contact will receive an eligibility notice in the mail or via email based on their preferences for communication which will include which members of the household still have coverage. Note the remaining members of the household will still need to pay any subsequently charged premiums in order to continue their coverage.

If the remaining enrollees themselves do not count as a valid enrollment group based on the issuer's available plan offerings, the remaining members of the enrollment group will receive a SEP. For example, some issuers may not offer a "child-only" policy for two or more children, such as a policy with two children without an adult. In that case, the household contact for the remaining children in the enrollment group would receive an official eligibility notice that the remaining consumers are eligible for a SEP.

If a consumer loses eligibility for coverage through the Marketplace because of a data matching issue and then continues his or her coverage outside of the Marketplace, must an issuer apply any amounts previously paid toward deductibles and out-of-pocket limits to the coverage?

When an individual loses eligibility for Marketplace coverage due to a data matching issue, the individual will be directed to the QHP issuer to pursue continuation of his or her coverage outside the Marketplace. If a consumer is able to continue his or her coverage outside the Marketplace, the issuer is encouraged (but not required unless otherwise provided by State law) to apply any amounts paid toward deductibles and out-of-pocket limits toward the individual's coverage outside the Marketplace for plan year 2014.

What if the household contact loses eligibility for coverage through the Marketplace because of a data matching issue, but the rest of the household is able to continue their coverage through the Marketplace. Does the issuer have to apply any amounts previously paid toward deductibles and out-of-pocket limits to coverage of the remaining family members during the benefit year?

Yes, the issuer will apply amounts previously paid towards deductibles and out-of-pocket limits for the individual(s) who lost their coverage because of a data matching issue towards the coverage of the remaining members of the household for coverage for plan year 2014.

Can a consumer who is removed from coverage because of a data matching issue enroll in coverage during the 2015 open enrollment period?

Yes, consumers can apply for coverage during the 2015 open enrollment period, which is November 15, 2014 to February 15, 2015. Under the law, consumers must be determined eligible to enroll as qualified individuals and to receive APTC/CSR in the FFM. Note that if these individuals are not able to resolve their data matching issue after enrolling in 2015 coverage they will be determined not qualified for coverage and APTC/CSR by the Marketplace and will be subsequently terminated.

Related Resources:

As a reminder, below is a list of resources to help assisters who are working with consumers to resolve data matching issues. Additionally, tips on this issue are included in all June, August, and September assister newsletters.

- Press Release: [CMS Update on consumers who have data matching issues](#)
- Blog: [Act by September 30 to submit proof of income documents!](#)
- Slides: [Resolving Data Matching Issues \(or Inconsistencies\): Document Upload Walkthrough – September 2, 2014 \(slides\)](#). A step-by-step walkthrough of the online "Resolve Inconsistencies" upload feature of the Marketplace online. Includes screenshots.
- Slides: [Tips to Resolve Outstanding Data Matching Issues \(or Inconsistencies\) – August 15, 2014 \(slides\)](#) from our Friday, August 15 assister webinar where we shared information on immigration and citizenship data matching issues, information about warning notices that the Marketplace is sending to consumers from whom we have not received copies of requested documents, and tips for assisters as they help consumers resolve outstanding application data matching issues.

- Fact Sheet: [5 Things Assistants Should know about Data Matching Terminations](#) - highlights the basics about the immigration and citizenship-related inconsistency warning notices that went out earlier this month: who's impacted, what are the deadlines, and how you can help.
- Blog: [Still need to send documents to the Marketplace? If you get a letter this week, time is running out](#)
- Blog in Spanish: <https://www.cuidadodesalud.gov/es/blog/still-need-to-send-documents/>
- Fact Sheet: For the number of letters going out by state on behalf of the Federally-facilitated Marketplace visit, see the [Map of Warning Notices by State](#)
- Press Release: [Federal Health Insurance Marketplace: Send in Requested Documents Now to Keep Marketplace Coverage](#)
- [How do I resolve an inconsistency?](#)
- [The Marketplace might need more information from you](#)
- [Due Diligence—Double, Triple Checking Consumer Info](#)

VII. REMINDER: Tips for Providing Proof of No Income and Tips for Young Adults

As you are assisting consumers to resolve their income data matching issues, we are including this tip from last week's assister newsletter as a reminder. The following is information about what documents consumers, including young adults, can submit as proof that they have no income. We wanted to share additional information on what documents these consumers can submit to resolve an income data matching issue.

We know many young adults may experience a change in income throughout the year if they leave work and/or go back to school, and in some cases they may not have any income for the year. If a consumer receives a notice from the Marketplace saying that they need to send proof of income, consumers may send in documents from the acceptable document list below either by mail or by uploading the document to their Marketplace account online. **Note:** Previously, for proof of no income, we advised consumers to submit one of the documents below; **we are now advising that consumers in this situation should submit multiple documents from the list below, as applicable.**

Remember to also review the [list of documents](#) that a consumer can upload or mail to the Marketplace if he or she has a data matching issue. In addition, please review the list of acceptable documents below if they are relevant to the consumer's situation. It's important to send documents by the date shown in the consumer's notice. If the consumer has questions, he or she should call the Marketplace Call Center at 1-800-318-2596.

Consumers mailing their documents to the Marketplace should be sure to include the barcode page that was included with the initial eligibility notice they received from the Marketplace. If consumers do not have the barcode page, they should include the consumer's full legal name, state, and application ID number (found at the top of the eligibility notice) with their documents. Remember, any document that is not proof of income in itself (for example, proof of being a student) must be accompanied by a written explanation that the document is being submitted as proof of \$0 income or a loss of income.

Acceptable documents include:

- Any document showing that the consumer will have \$0 income for the year (for example, a contract for work with an end date in early 2014).
- Any document showing that the consumer has lost income for the year, such as a letter of termination from a job. Please include the date the job ended as well.
- Any signed letter from someone else (for example, a parent, grandparent, or guardian) stating that they provide financial support for the consumer.
- Any document from a federal or state benefit-granting agency showing that the consumer has zero income for the year (for example, a Medicaid eligibility notice or food stamp eligibility notice that shows the consumer's household income as zero).
- A written statement, signed by the consumer, that explains that the consumer does not expect to have any income for the year or experienced a change in income. For example, the statement: "I, [insert name], attest that I do not expect to have any income in 2014." The consumer should also include in the statement why they have a change in income (for example if they are going back to school and no longer working, or if they switched jobs and have a change in income), and when that change occurred.

- A document showing that the consumer is a student (for example, a transcript from their school, acceptance letter, class schedule), accompanied by a written explanation that the consumer is not receiving income because they are a full-time student.

VIII. NEW: Consumer Follow-Up during the Annual Marketplace Redetermination and Re-enrollment Process

We want to reassure Assisters that if a consumer provided consent for you to follow up with him or her with regard to applying for or enrolling in coverage, you are permitted to re-contact the consumer regarding the annual Marketplace eligibility redetermination and re-enrollment processes. Consumer contact regarding annual eligibility redeterminations and plan renewals falls under the category of consent for following up on applying for coverage because these processes are a part of applying for or enrolling in coverage.

We plan to share a presentation on how assisters can help consumers navigate the renewals and automatic enrollment processes on an assister webinar in October, so please stay tuned.

For more information, please see the links below.

- Updated slide presentation: [Annual Eligibility Redeterminations for Exchanges and Health Insurance Issuer Standards Final Rule and Guidance – updated September 9, 2014 \(slides\) on the Technical Assistance Resources “Eligibility & enrollment resources” page](#)
- CMS fact sheet: <http://cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-09-02.html?DLPage=1&DLSort=0&DLSortDir=descending>
- Final rule: http://www.ofr.gov/OFRUpload/OFRData/2014-21178_PI.pdf
- Final issuer notices guidance: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/index.html#Health Insurance Market Reforms>

IX. NEW: Tips Regarding Appointment Scheduling Software

You or your organization may be interested in purchasing software to schedule appointments with consumers who come to you through various channels with an interest in receiving assister services. Here are 5 important things to keep in mind before buying or using scheduling tools.

1. While CMS cannot endorse any specific vendor or tool, we want to reassure you that you are permitted to use technology tools to help you schedule appointments with consumers.
2. For Navigator grantees and CMS contractors in the Enrollment Assistance Program (EAP), CMS will generally permit grant or contract funds to be used for scheduling tools. Please contact your project officer or EAP contract lead for more information or if you have additional questions regarding the use of grant or contract funds.
3. Review the software tool's terms of use carefully, including the consumer-facing terms of use. Check to confirm that the terms do not claim to be providing a service on behalf of CMS or the Marketplace. Also, make sure the terms provide clear, understandable details regarding how a consumer's information will be used by the tool. For example, you may want to check what specific consumer information may be collected and reported to a third party (such as the software vendor), as well as how long a consumer's information will be kept by a third party.
4. For any scheduling tool your assister organization may adopt, be sure to inform consumers how a scheduling tool will use their data by updating your organization's Privacy Notice Statement. Please refer to your privacy and security agreement or your organization's terms and conditions for more details on this Privacy Notice Statement.
5. If a specific scheduling tool involves you or your organization disclosing or reporting consumer information to any third party such as the vendor of the tool—which is considered outside of the scope of your assister duties—you should confirm that the vendor has put in place the ability for a consumer to consent to have the third party collect, use, and store his or her information through the tool. In addition, when you have an appointment with the consumer, we encourage you to have the consumer provide a separate consent where they agree to how you will disclose or report the consumer's information to a third party through the tool. Please note that this is a separate consent from the standard authorization that is required by federal regulations for any consumer you assist for the first time and it should be retained separately from the standard consumer authorization.

X. NEW RESOURCE: Veterans “Deep Dive” Presentation for Assisters Slide Deck

NEW Veterans Health Administration: Veterans “Deep Dive” Presentation for Assisters (slide presentation from Friday, July 11 assister webinar)

On Friday, July 11, our colleagues at the Veteran’s Health Administration shared information about Veterans and the Affordable Care Act. The slide presentation is now posted on our Marketplace.CMS.gov website. For more information, please see the webinar summary included in the July 15 edition of the assister newsletter.

- Marketplace.cms.gov category: “Special Populations”
- URL: <http://marketplace.cms.gov/technical-assistance-resources/veterans-deep-dive.pdf>

XI. REMINDER: 2014 Assister Training Launched on the Medicare Learning Network

The assister online training is now available to prepare assisters for the open enrollment period beginning on November 15, 2014. The updated training is available on the Medicare Learning Network’s (MLN) Health Insurance Marketplace Learning Management System at <http://Marketplace.MedicareLearningNetworkLMS.com>. To help assisters access and complete the training on MLN, a helpful instructions guide is available and can be found on the Marketplace.CMS.gov website: <http://marketplace.cms.gov/technical-assistance-resources/training-materials/assister-training-instructions.pdf>.

XII. NEW RESOURCE: Launch of 2014 FFM Assister Training Slide Deck

NEW Launch of 2014 FFM Assister Training (slide presentation from Friday, September 5th assister webinar):

During the Friday, September 5th assister webinar, we detailed the process through which assisters can set up their MLN accounts; access and complete their assister training; receive training completion certificates; and receive federal certification.

- Marketplace.cms.gov category: “Training”
- URL: <http://marketplace.cms.gov/technical-assistance-resources/2014-assister-training.pdf>

REMINDER Training Instructions: A Guide to Access and Complete the FFM Assister Training

To help assisters access and complete the training on CMS’ Medicare Learning Network

- Marketplace.cms.gov category: “Training”
- URL: <http://marketplace.cms.gov/technical-assistance-resources/training-materials/assister-training-instructions.pdf>

XIII. NEW Deep Dive: Assisting Immigrant Families - Overview of Immigrant Eligibility Policies for Health Insurance Affordability Programs

On Friday, September 19, in partnership with the Center on Budget and Policy Priorities, the National Immigration Law Center, and the Georgetown University Center for Children and Families, we provided information about assisting consumers who are immigrants or whose families include immigrants. The webinar included an overview of immigrant eligibility policies for health insurance affordability programs, along with a walkthrough of eligibility under different immigrant family scenarios.

The PowerPoint presentations from last Friday’s webinar can be found here:

- CBPP: <http://www.healthreformbeyondthebasics.org/assister-training-webinar-immigrant-eligibility-policies-for-health-insurance-affordability-programs/>
- NILC: <http://www.nilc.org/document.html?id=1138>
- CCF: <http://ccf.georgetown.edu/ccf-resources/overview-of-immigrant-eligibility-policies-for-health-insurance-affordability-programs-2/>

NOTE: Our website has links to many other federal agencies, and in a few cases we link to private organizations. You are subject to that site's privacy policy when you leave our site. We are not responsible for Section 508 compliance (accessibility) on other federal or private Web sites. Reference in this newsletter or on Marketplace.cms.gov to any specific commercial products, process, service, manufacturer, or company does not constitute its endorsement or recommendation by the U.S. Government or HHS. HHS is not responsible for the contents of any "off-site" web page referenced from this newsletter.

Friday's presentation was the first in a two-part series. Please stay tuned for the second part this Friday, September 26, during which we will address immigrants' unique concerns when applying for health coverage and share tips and strategies on how to navigate the application process for health insurance affordability programs.

XIV. NEW Spotlight on Outreach: Hispanic Heritage Month

As part of National Hispanic Heritage Month, CMS is focusing outreach efforts on Latino Health. As part of this initiative, please refer to the following informational and promotional materials:

- "Happy National Hispanic Heritage Month" HHS Blog posting: http://www.hhs.gov/secretary/about/blogs/hispanic-heritage-month.html?utm_campaign=9/18/2014%20-%20sec%20blog%20for%20hhs&utm_medium=social&utm_source=tw-hhs.gov&utm_content=text-celebrating%20hhs
- Twitter conversation using the hashtag #HHMSalud – view the September 15 conversation here: <https://storify.com/MinorityHealth/national-hispanic-heritage-month-twitter-chat>. Also, be on the lookout for #GetCovered stories featuring Latina women – Twitter promotion in Spanish and English "My life is pretty busy. I don't have time to be sick. But illnesses don't care about schedules" [#1.usa.gov/1ueHMYS](http://1.usa.gov/1ueHMYS) #HHMSalud #GetCovered

"Estoy muy ocupada. No tengo tiempo para estar enferma. Pero las enfermedades no tienen horario" [#1.usa.gov/1ueHMYS](http://1.usa.gov/1ueHMYS) #HHMSalud #Asegúrate

"For the first time, we realized that we really could afford quality coverage..." Andrea's #GetCovered story: [#1.usa.gov/1ueHHV6](http://1.usa.gov/1ueHHV6) #TX #HHMSalud

"Por primera vez nos dimos cuenta que el cuidado de salud de buena calidad estaba al alcance". La historia #Asegúrate de Andrea: [#1.usa.gov/1ueHHV6](http://1.usa.gov/1ueHHV6) #TX #HHMSalud

- Spanish language materials advertising special enrollment periods (SEPs) due to [marriage](#), [having a baby](#), [turning 26](#), and [moving](#), and [getting kids covered through CHIP and Medicaid](#) (click here to view the whole series <https://www.flickr.com/photos/hhs.gov/14723908130/in/photostream/>)

You can promote these materials in Spanish and English using the following Tweets:

- Getting married means you have new options for health care: [#1.usa.gov/1ueE81c](http://1.usa.gov/1ueE81c) #GetCovered #HHM
- Casarse significa que tienes nuevas opciones para cobertura de salud: [#1.usa.gov/1mj2xDP](http://1.usa.gov/1mj2xDP) #Asegúrate #HHM
- Kids can be enrolled in #Medicaid and #CHIP all year long! [#1.usa.gov/1ueE81c](http://1.usa.gov/1ueE81c) #Enroll365 #HHM
- Lo Niños pueden ser inscrito en #Medicaid o #CHIP durante todo el año! [#1.usa.gov/1mj2xDP](http://1.usa.gov/1mj2xDP) #HHM #Asegúrate
- Having a baby? Your growing family may have new options for coverage: [#1.usa.gov/1ueE81c](http://1.usa.gov/1ueE81c) #GetCovered
- ¿Estas embarazada? Tu familia podría tener nuevas opciones para la cobertura de salud: [#1.usa.gov/1mj2xDP](http://1.usa.gov/1mj2xDP) #Asegúrate
- Unpack, then #GetCovered. A new address means new coverage options: [#1.usa.gov/1ueE81c](http://1.usa.gov/1ueE81c).

- Desempaque, y luego #Asegúrate. Un domicilio nuevo significa nuevas opciones para la cobertura de salud: <http://1.usa.gov/1mj2xDP>

Also, check out Spanish language resources on www.CuidadoDeSalud.gov, including an [introduction to the Marketplace](#), [answers to common questions about using health insurance](#), and [how to use your new Medicaid or CHIP coverage](#), along with [resources for assisting immigrants](#) and [outreach materials](#) in Spanish and English on www.Marketplace.CMS.gov.

XV. REMINDER: 2015 Open Enrollment Period Begins November 15, 2014

The open enrollment period for the 2015 plan year will begin on November 15, 2014 and continue through February 15, 2015.

Remember that if a consumer wants to keep their same coverage but get an updated eligibility determination for purposes of APTC/CSR, wants new coverage, or wants to make changes to existing coverage, the consumer will need to come back to the Marketplace and update their information and select a plan by December 15, 2014 in order for the coverage to go into effect on January 1, 2015. If a consumer selects a plan between December 16, 2014 and January 15, 2015 the new plan will be effective February 1, 2015. If a consumer selects a plan between January 16, 2015 and February 15, 2015, the new plan will be effective March 1, 2015.

In the coming weeks, our webinars and newsletters will continue to feature information to help you prepare for open enrollment, from reviewing the online application to presenting innovative ways to reach out to culturally and economically diverse communities.

As a reminder, while open enrollment offers the opportunity for all qualified individuals to apply for coverage, consumers may be able to enroll in health coverage outside of open enrollment if they qualify for a SEP, if they are enrolling through the Small Business Health Options Program (SHOP), or are if they are eligible for Medicaid or the Children's Health Insurance Program (CHIP).

- For more information on open enrollment, check out the fact sheet found here: <http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-03-05-2.html>
- For more information on SEPs, see this page on HealthCare.gov: <https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/>

XVI. Standing Assister Resources

Below are some resources that assisters use on a regular basis. Please note updated links due to the Marketplace.CMS.gov page redesign.

- [Technical Assistance Resources](#) (Former "Resources for Assisters" Page)
- CMS Marketplace [Applications & Forms](#)
- CMS [Outreach and Education](#) Resources
- Marketplace.CMS.gov Page
- HHS.gov Healthcare Web Page
- [Center for Consumer Information & Insurance Oversight Page](#)
- [Find Local Help](#)
- [CAC Email Inbox Address](mailto:CACQuestions@cms.hhs.gov) (CACQuestions@cms.hhs.gov)
- [HealthCare.gov Website](#)
- [Medicaid.gov Website](#)
- [Department of Labor Affordable Care Act Page](#)
- [IRS Affordable Care Act Tax Provisions Page](#)
- [Department of Veterans Affairs Affordable Care Act Page](#)
- [OPM's Multi-State Plan Program and the Marketplace Page](#)

XVII. Stay in Touch with Us

To sign up for the CMS weekly assister newsletter, please send a request via the CAC inbox (CACQuestions@cms.hhs.gov) and write "Add to listserv" in the subject line.

If you are a Navigator grantee and have specific questions or issues you'd like to see us highlight in our weekly webinar, or here in this newsletter, please get in touch with your Navigator project officer. If you are a CAC designated organization, please send an email to CACQuestions@cms.hhs.gov. We welcome suggestions and comments, so please feel free to contact us.

Please note that the information presented in this Assister Newsletter is informal, technical assistance for assisters and is not intended as official CMS guidance.

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