

Information Memorandum Transmittal Medical Assistance Program



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Number: SS-IM-21-022

Issue date: 11/15/2021

Topic: Medical Benefits

Due date:

Subject: Federally Facilitated Marketplace (FFM) Open Enrollment Information and Resources

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Type B | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input type="checkbox"/> Other (<i>please specify</i>): |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Message: Federally Facilitated Marketplace (FFM) Open Enrollment Information and Resources.

This year's annual Open Enrollment through the FFM began on November 1, 2021 and will continue through January 15, 2022. Open Enrollment is when Oregonians can shop for and enroll in private health insurance coverage, known as a Qualified Health Plan (QHP), at [Healthcare.gov](https://www.healthcare.gov). They can also apply for financial assistance, referred to as Premium Tax Credits (PTC) and Cost-Sharing Reductions (CSR), to help pay for the cost of QHP enrollment.

Oregon Department of Human Services (ODHS) staff may receive phone calls from Oregonians asking about "Open Enrollment" for medical. This transmittal will cover Open Enrollment information specific to when individuals can apply for and enroll in a QHP through the FFM, not Medicaid/CHIP (OHP). Remember: Oregonians can apply for Medicaid/CHIP coverage at any time. Additionally, individuals covered by OHP have their own renewal periods and receive a letter in the mail when it is time to renew their coverage.

NOTE: If ODHS staff receive a call about Open Enrollment for *Medicare* (which is October 15 – December 7, 2021), these individuals may be looking to choose another Medicare Advantage or Part D plan. Refer to the [Complete Medicare - Medicaid Choice Counseling QRG](#), as well as the below resources for these callers:

- For help with counseling and enrollment: Contact SHIBA at their [website](#), at 800-722-4134 or shiba.oregon@oregon.gov.
- To enroll in Medicare plans: Medicare.gov or 1-800-MEDICARE (TTY 1-877-486-2048).

The below are available resources to assist you with any FFM related and Open Enrollment questions:

- A quick reference [FAQ guide](#) to assist with Open Enrollment questions specific to the FFM.
- The [Federally Facilitated Marketplace Applications](#) QRG to assist with processing FFM applications that are referred to the State.
- The [Eligibility Worker Tasks Part 1: A-E](#) QRG, which has information about other FFM related tasks in the ONE system.
- The [Retroactive Closures for Medical](#) QRG. Sometimes, individuals request to close their OHP medical benefits retroactively to avoid financial repercussions by the FFM when they have overlapping PTC or CSR and don't believe they should have been covered by OHP. Review of such requests are done on a case-by-case basis. **Medical benefits must NEVER be retroactively closed if an individual does not meet the listed criteria in the QRG.**
 - NOTE: Never advise an individual to voluntarily close their OHP medical benefits so they may obtain or keep benefits through the FFM.
- An optional [training](#) video about FFM in Workday Learning.

More information about HealthCare.gov

At the FFM, individuals can:

- Have their eligibility for Medicaid and CHIP assessed. The FFM will refer any individual who is potentially eligible for OHP (Non-MAGI and MAGI programs) to the State to perform a full medical determination. If the individual requests to have the State determine their Medicaid/CHIP eligibility, the FFM will also refer the individual to the State regardless of their Medicaid/CHIP assessment. The [Federally Facilitated Marketplace Applications](#) QRG has step-by-step guidance for processing these types of applications.

- Have their eligibility determined for Premium Tax Credits (PTC). PTCs are a federal tax credit, based on income, that lowers the individual's monthly health insurance premium. These are often referred to as "tax credits" or "subsidies." PTC can be used throughout the year to lower the monthly premium (referred to as Advanced Premium Tax Credits, or APTC) or claimed when filing taxes for the coverage year.
- Have their eligibility determined for Cost Sharing Reductions (CSRs). CSRs are extra savings, also based on income, that can reduce the individual's out-of-pocket costs associated with their QHP coverage. CSRs can reduce copayments, coinsurance, deductibles, and maximum out-of-pocket limits.
- Compare available QHPs and select a QHP to enroll in. These plans provide essential health benefits, follow established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meet other requirements under the Affordable Care Act. Eligible individuals can purchase coverage through the FFM whether or not they qualify for PTCs or CSRs. In order to receive PTC/CSR, however, individuals must apply through the FFM and request financial assistance.

Impact of having FFM insurance and OHP at the same time

FFM rules do not allow individuals to receive PTCs/CSRs when they are eligible for OHP medical at the CWM Plus and OHP Plus benefit level. This means if an individual is receiving CWM Plus or OHP Plus medical with PTC/CSR, they may be asked to repay any financial assistance received. **Important: There is no penalty from ODHS/OHA for an individual who is receiving OHP medical and FFM coverage at the same time.**

If an individual is determined eligible for CWM Plus or OHP Plus medical and they are receiving assistance through the FFM, they are responsible to notify the FFM as soon as they receive their OHP Notice of Eligibility. Although there are instances where ONE will electronically notify the FFM of the individual's OHP eligibility outcome, the FFM will not automatically cancel an individual's QHP enrollment or PTC/CSR.

The following are important points individuals must be aware of if they have financial assistance through the FFM that overlaps with their OHP Plus benefits:

- Individuals could be responsible for paying back any financial assistance used for months following notification of overlapping OHP medical eligibility. They will not need to repay financial assistance used for the month of their OHP Notice of Eligibility or any prior months.
 - Example: Individual currently receives PTC and is enrolled in a QHP. Due to a decrease in income, individual applied for OHP through ONE with date

of request (DOR) month of September 2021. The application is processed, and individual was approved and received notice in November 2021. Individual would not be subject to repay PTC for any months of overlapping PTC/OHP coverage applied to months before December 2021.

- Individuals will likely lose their PTC/CSR eligibility when determined *eligible* for CWM Plus/OHP Plus whether they choose to be enrolled in OHP or not. If they choose to keep their QHP after the loss of financial assistance, they will need to pay the full price of the monthly premium.
- Individuals who are *eligible* for OHP Plus medical but choose to voluntarily close their OHP benefits *cannot* receive financial assistance from the FFM. They would have to pay full cost to keep or enroll in a QHP.
- OHP recipients who are found *ineligible* for OHP medical benefits have 60 days from the date their OHP medical benefits end to enroll in coverage through the FFM, called a Special Enrollment Period (SEP). Those who miss this window must wait to enroll in coverage until the next annual Open Enrollment period.
- Individuals who choose to close OHP medical benefits voluntarily or opt-out of OHP medical benefits are not eligible to take advantage of the SEP.

If you have any questions about this information, contact:

Contact(s): HSD Medical Eligibility Policy	
Phone:	Fax:
Email: HSD.MedicalEligibilityPolicy@dhsosha.state.or.us	