VIRTUAL COVER MONTANA SUMMIT

October 23 – 24, 2025

COVER MONTANA
CONNECTING YOU TO HEALTH INSURANCE COVERAGE

Montana Primary Care Association

The State of the Marketplace

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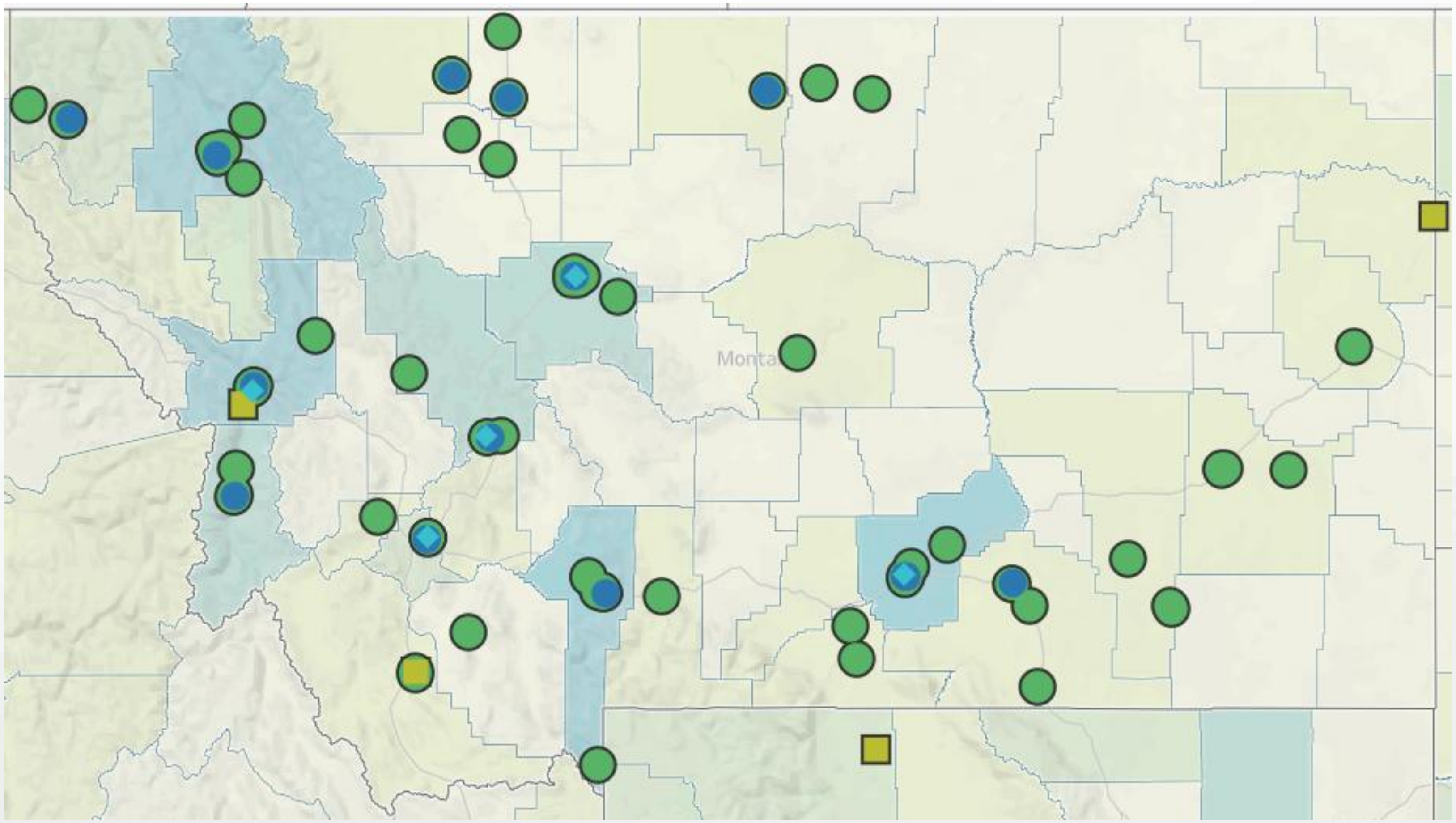

Our Mission
is to promote integrated primary healthcare to achieve health and well-being for Montanans.

COVER MONTANA

- Statewide training and technical assistance to enrollment Assisters
- Federal Navigator grantee since 2021
- Helpline provides phone and virtual assistance to the public
- Resources, local help directory, and health coverage updates available on covermt.org

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Learning together in Zoom

CHAT

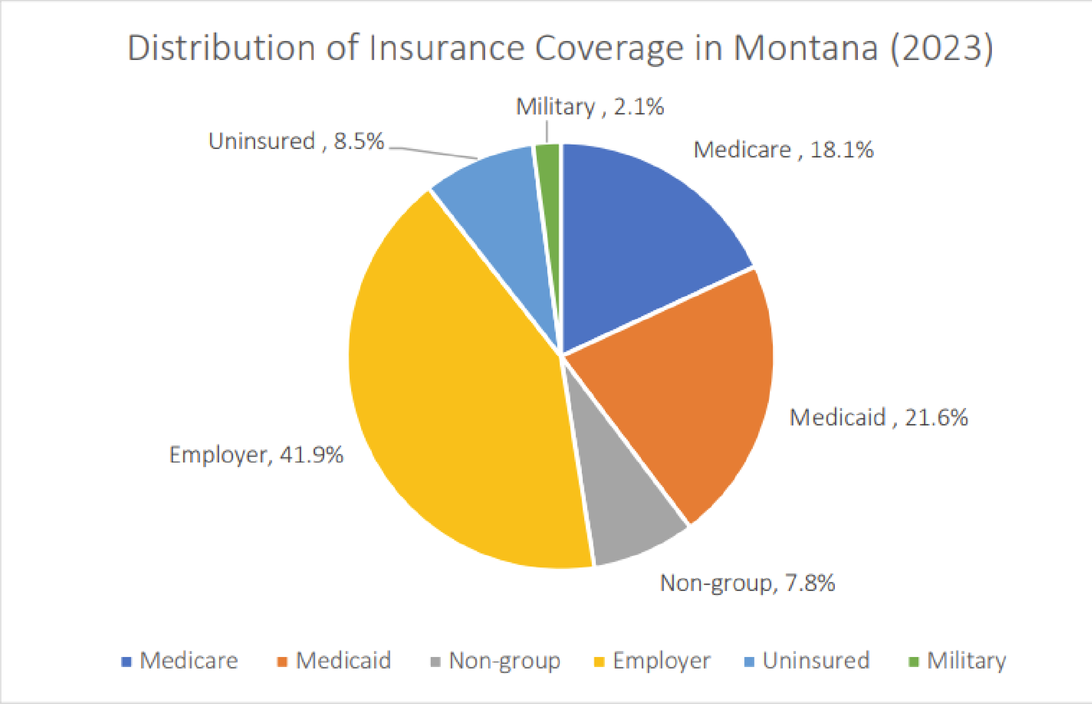
Q & A

PARKING LOT

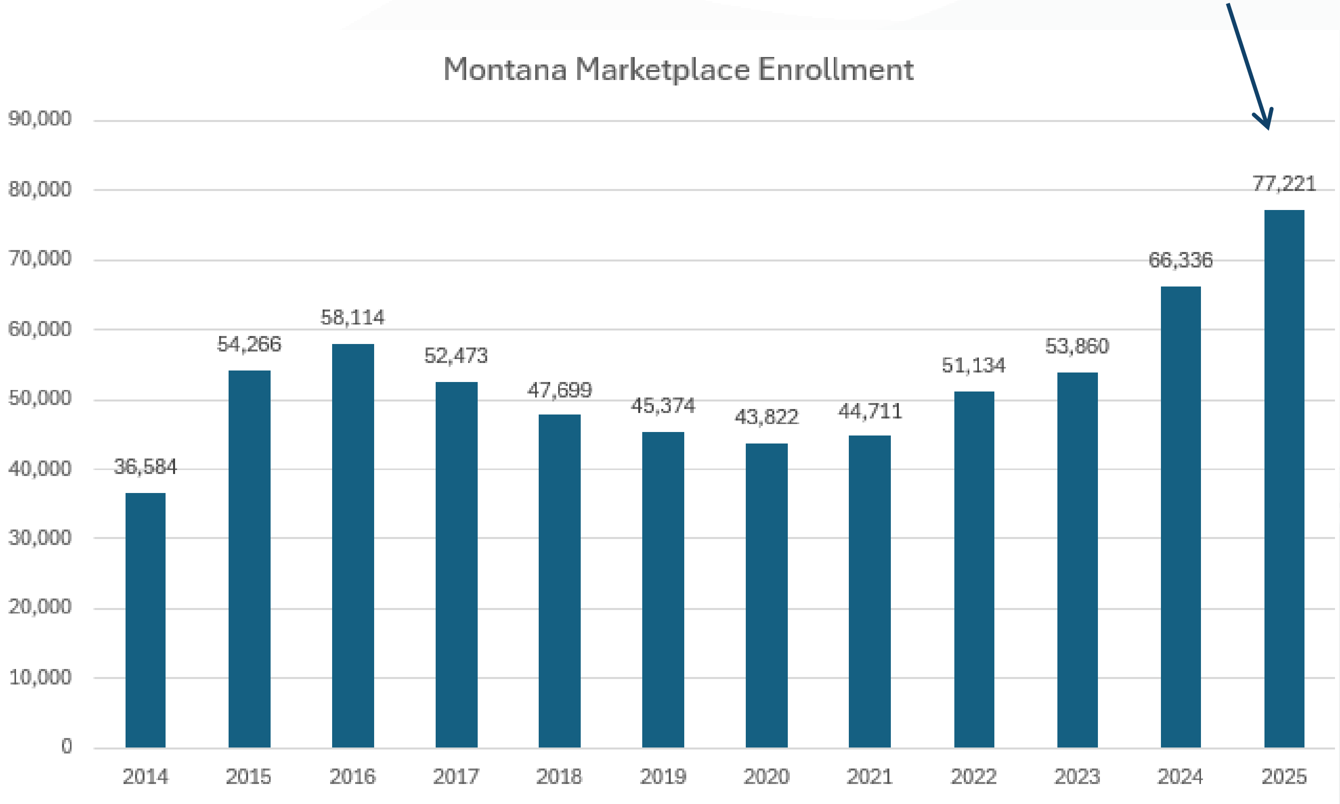
Agenda

- Health coverage in Montana
- The big policy changes that are keeping us up at night
- Coverage loss + uncompensated care = less access to care for Montanans
- Timeline and details of HR1
- APTCs vs. eAPTCs
- Becoming an enrollment assister
- Moving forward in this moment

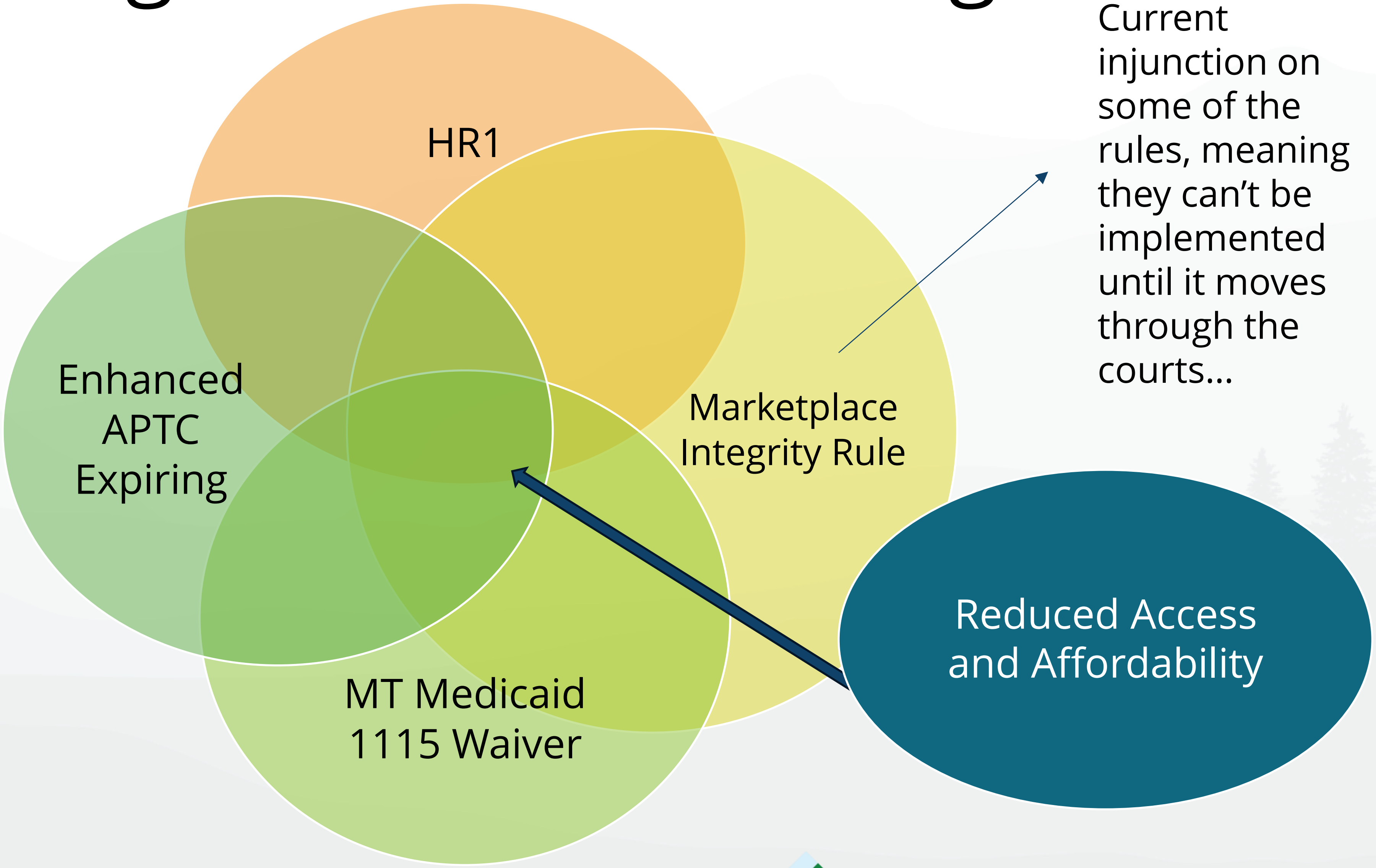
Health Coverage in Montana



Source: KFF, Health Insurance Coverage of the Total Population, 2023

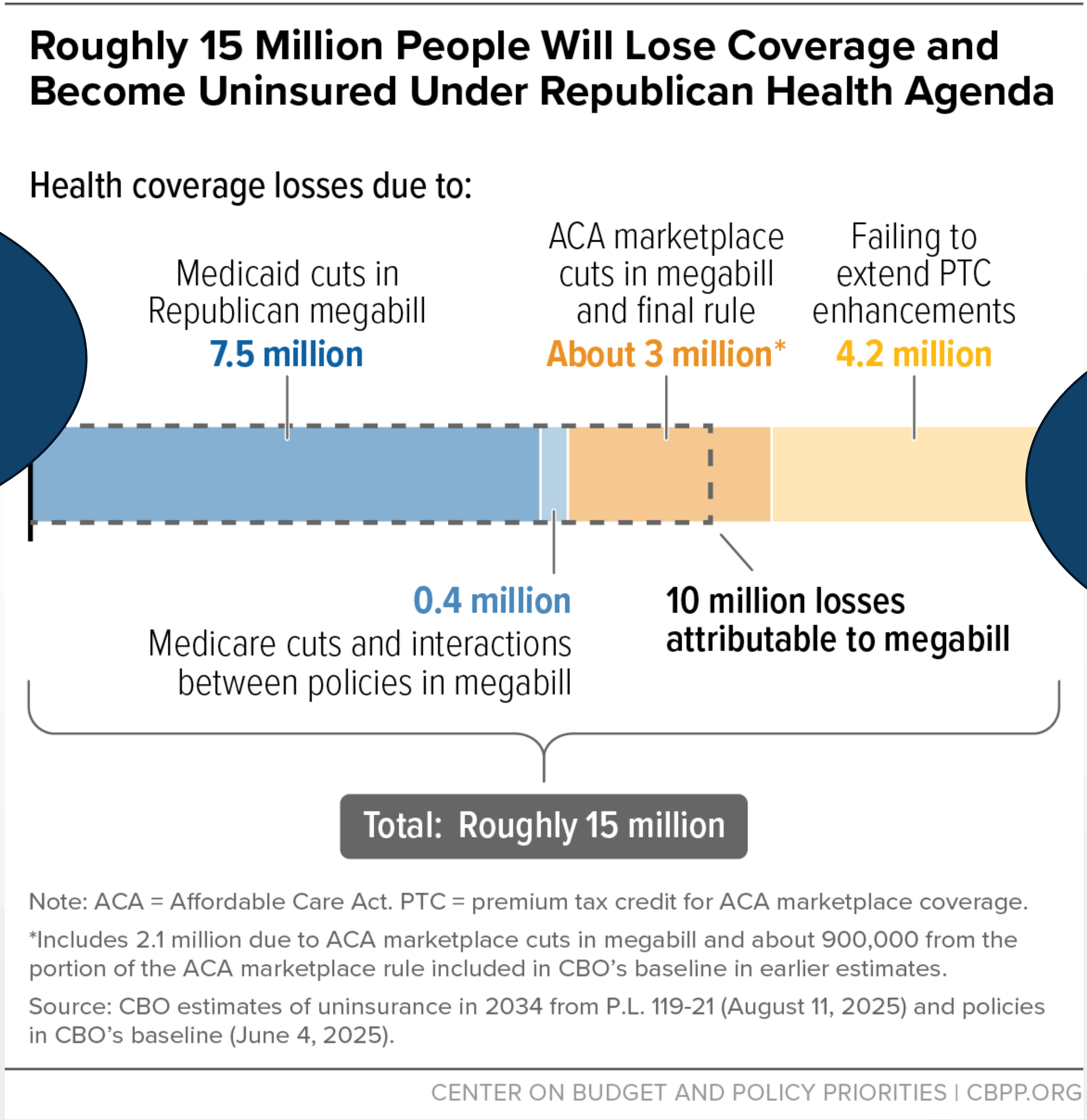


Coverage and Access Changes



Current injunction on some of the rules, meaning they can't be implemented until it moves through the courts…

Montana Medicaid coverage loss ~34,000



Montana Marketplace coverage loss ~18,000

Coverage loss data source: KFF

What happens when people lose coverage?

HR1 (Reconciliation/BBBA)

Codifies many of the Marketplace Integrity Rule provisions into law

Marketplace:

- Removes repayment caps for APTC
- Ends silver-loading
- Requires pre-enrollment verification
- **Does not extend enhanced APTC**

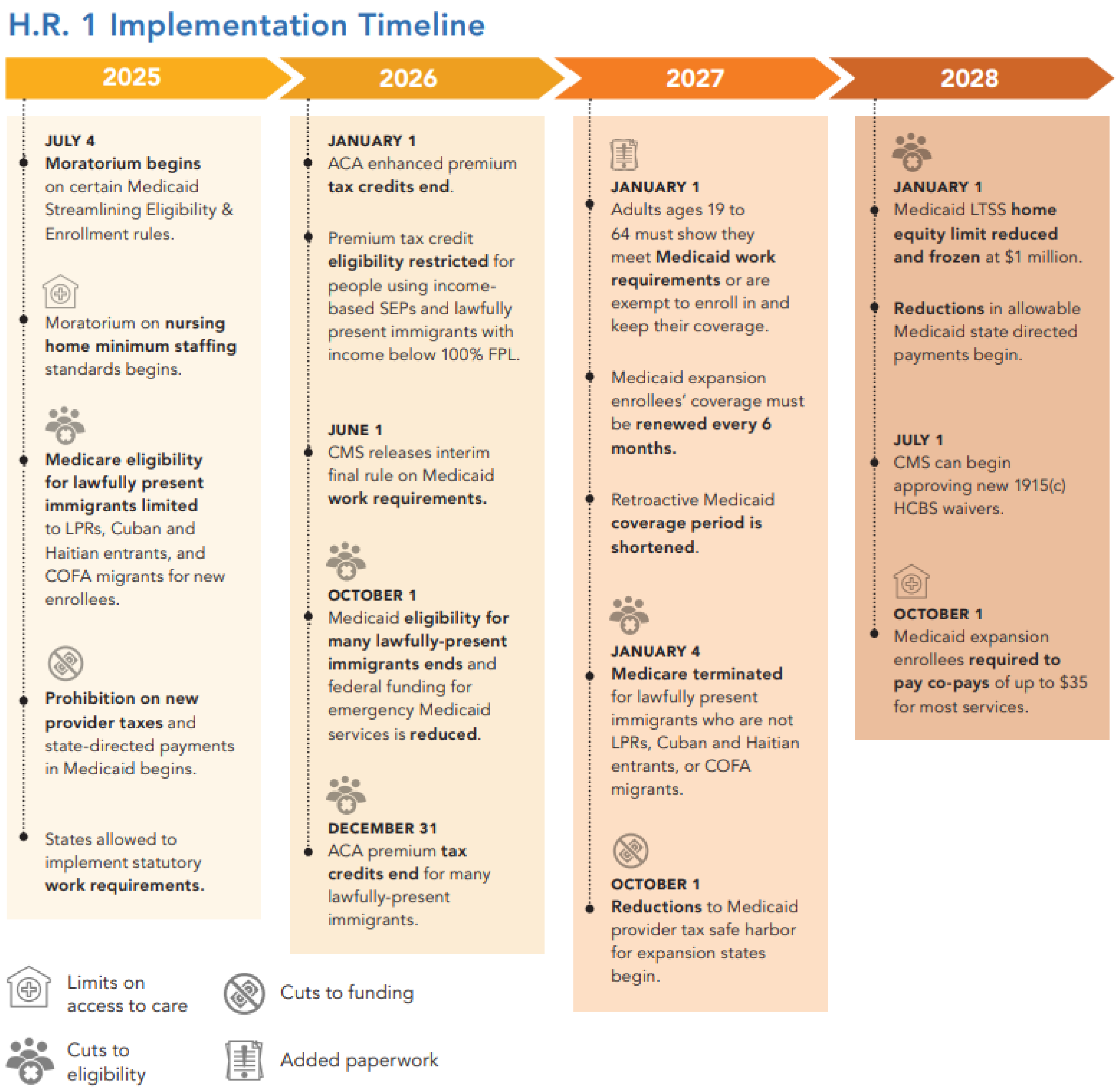
Medicaid:

We dive into the State of Medicaid tomorrow at 8:30am!

- Work requirements
- Delays implementation of CMS rule process simplifications and improvements until 2035
- More frequent redeterminations
- Cost sharing requirements

Timeline of HR1 Changes

Source: Justice in Aging, August 2025



August 25th, 2025

What took effect:

- **Eliminates the low-income special enrollment period (SEP).*** The rule eliminates the year-round SEP for people with incomes at or below 150 percent FPL in all states, effective 60 days after the regulation is published in the Federal Register.
- **Makes DACA recipients ineligible for marketplace coverage**, effective 60 days after the regulation is published in the Federal Register.
- **Allows less time to resolve data matching issues.** In all states, the rule ends the automatic 60-day extension to the 90-day period during which a person must resolve an income inconsistency to maintain coverage.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

August 25th, 2025

What has not taken effect because it is part of the legal challenge:

- **Imposing new paperwork requirements.*** People in all states would have been required to submit documentation to get or keep their marketplace coverage if:
  - Tax data for that person is unavailable.
  - Tax data is available but shows that the person has an income below 100 percent FPL.
- **Allowing insurance companies to add past-due premiums to enrollees' binder payments.** Insurers in all states would have been able to lock people out of coverage for an upcoming year if they had unpaid premiums at any point in the past.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

Plan Year 2026 – January 1, 2026

Will take effective for the 2026 Plan Year:

- **Prohibits marketplace insurers in all states from including gender-affirming care** as an essential health benefit.
- **Eliminates the provision allowing lawfully present immigrants who are ineligible for Medicaid due to their status and whose income is less than 100% of the FPL to access Premium Tax Credits (PTCs).**
- Eliminates PTC eligibility for people who enroll via an income-based SEP.
- **Ends the repayment limits** that protect enrollees with low and moderate incomes from owing large amounts of their Advance Premium Tax Credits (APTCs) back at tax time if their estimated income or household size changes during the year. Note this provision takes effect for APTCs received in 2026, but will not be felt by enrollees until they reconcile APTCs in early 2027.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

Plan Year 2026 – January 1, 2026

What may not take effect because it is part of the legal challenge:

- **Reinstating a one-year failure to reconcile policy.*** People who fail to reconcile past advance premium tax credit (APTC) amounts on their taxes for one year (rather than the previous policy of two years) would have been barred from marketplace coverage in all states.
- **Charging some people a fee for passive reenrollment.*** The rule would have required people in states using HealthCare.gov who would be automatically reenrolled into plans with a $0 net premium to return to the marketplace to update their information ("actively reenroll"), or else pay a $5/month premium until they do so.
- **Pre-enrollment verification for SEPs.*** People in states that use HealthCare.gov would have been required to upload documentation to prove that they are eligible for the following SEPs: loss of minimum essential coverage (MEC), marriage, birth/adoption/court order, permanent move, and loss of Medicaid/CHIP. A person's coverage would not have begun until they have completed the verification process.
- **Enabling insurers to offer lower value plans:** The rule would have changed "de minimis" amounts, enabling insurers to offer plans with actuarial values below the standard value.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

Plan Year 2027 – January 1, 2027

- **Eliminates PTC eligibility for most lawfully present immigrants,** including refugees, people granted asylum, certain survivors of domestic violence, sex or labor trafficking, and other crimes, special immigrant juveniles, and others. Only **U.S. citizens, legal permanent residents**, certain **Cuban and Haitian entrants,** and people from **COFA nations** will be eligible.

- **Shortens the open enrollment period.** Starting with the 2027 plan year, open enrollment will run from November 1 through December 15 of the prior year in states that use HealthCare.gov. SBMs will have the option to extend the open enrollment period through December 31, provided that the open enrollment period does not exceed nine weeks and that all coverage begins on January 1.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

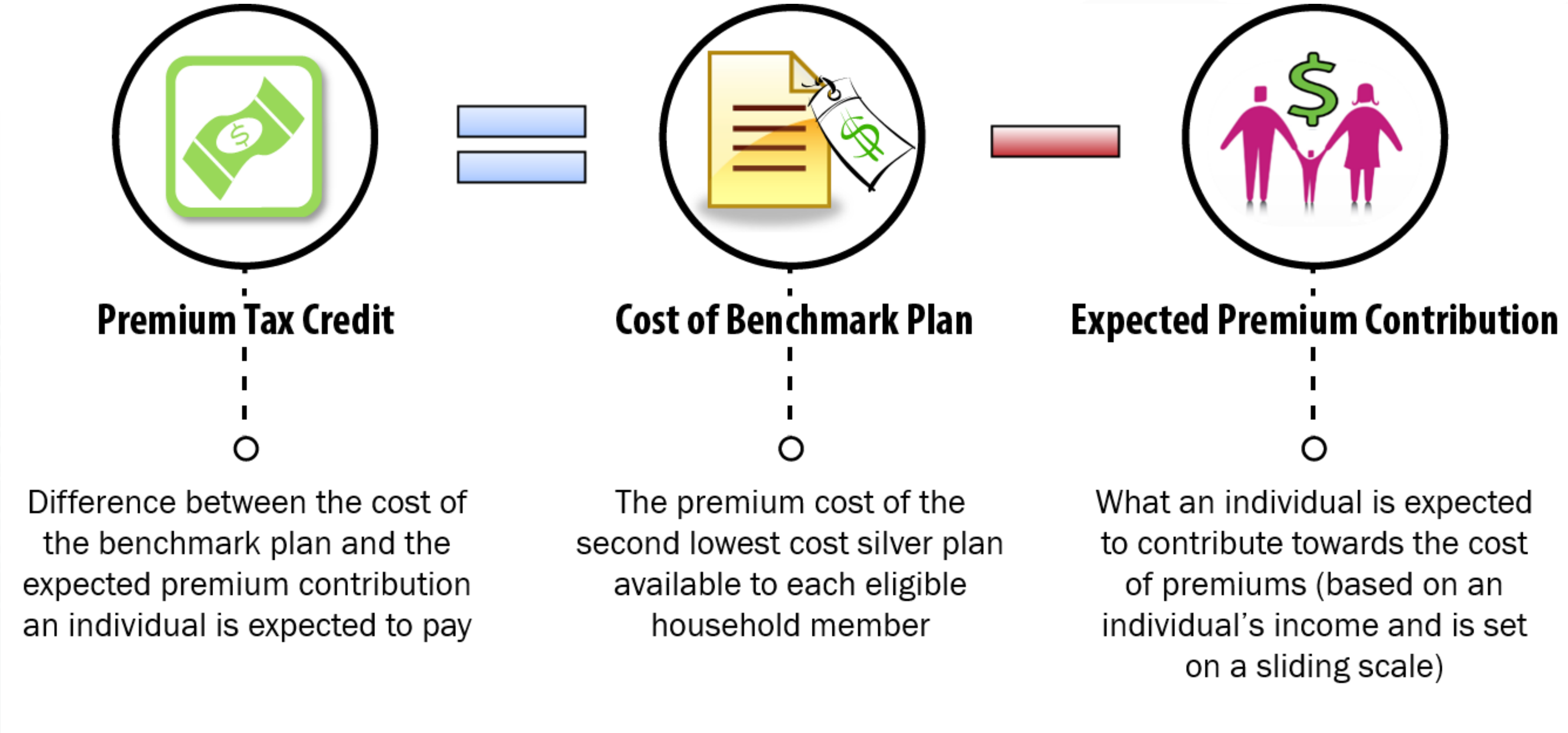
Plan Year 2028 – January 1, 2028

- Eliminates provisional Advance Premium Tax Credit (APTC) eligibility, **preventing people from getting APTC until the marketplace has verified their income and other eligibility criteria**. Allows the Secretary to waive this requirement for people enrolling during an SEP due to a change in family size. A person in this circumstance (e.g. a newborn) would be eligible to receive APTC while the household is in the process of verifying their eligibility.

- Requires all enrollees with PTCs to take action to continue their coverage from one year to the next, **eliminating automatic re-enrollment.** Allows marketplaces to use third party sources to generate information to be verified by the applicant.

Source: Health Reform Beyond the Basics, New Laws and Policies, as of October 22, 2025

How are APTC calculated?



Source: Health Reform Beyond the Basics: https://www.healthreformbeyondthebasics.org/premium-tax-credits-answers-to-frequently-asked-questions/.

eAPTC vs APTC

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

Expected Premium Contribution (Coverage Year 2026)								
Annual Household Income (% of FPL)	Less than 133% FPL	133% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300-400% FPL	More than 400% FPL
Expected Premium Contribution (% of Income)	2.10%	3.14%	3.45%	4.19%	6.60%	8.44%	9.96%	Ineligible for PTC

Note: These percentages are higher than for the 2025 coverage year because they do not incorporate premium tax credit enhancements, which are set to expire at the end of 2025 unless Congress acts. Source: https://www.irs.gov/pub/irs-drop/rp-25-25.pdf

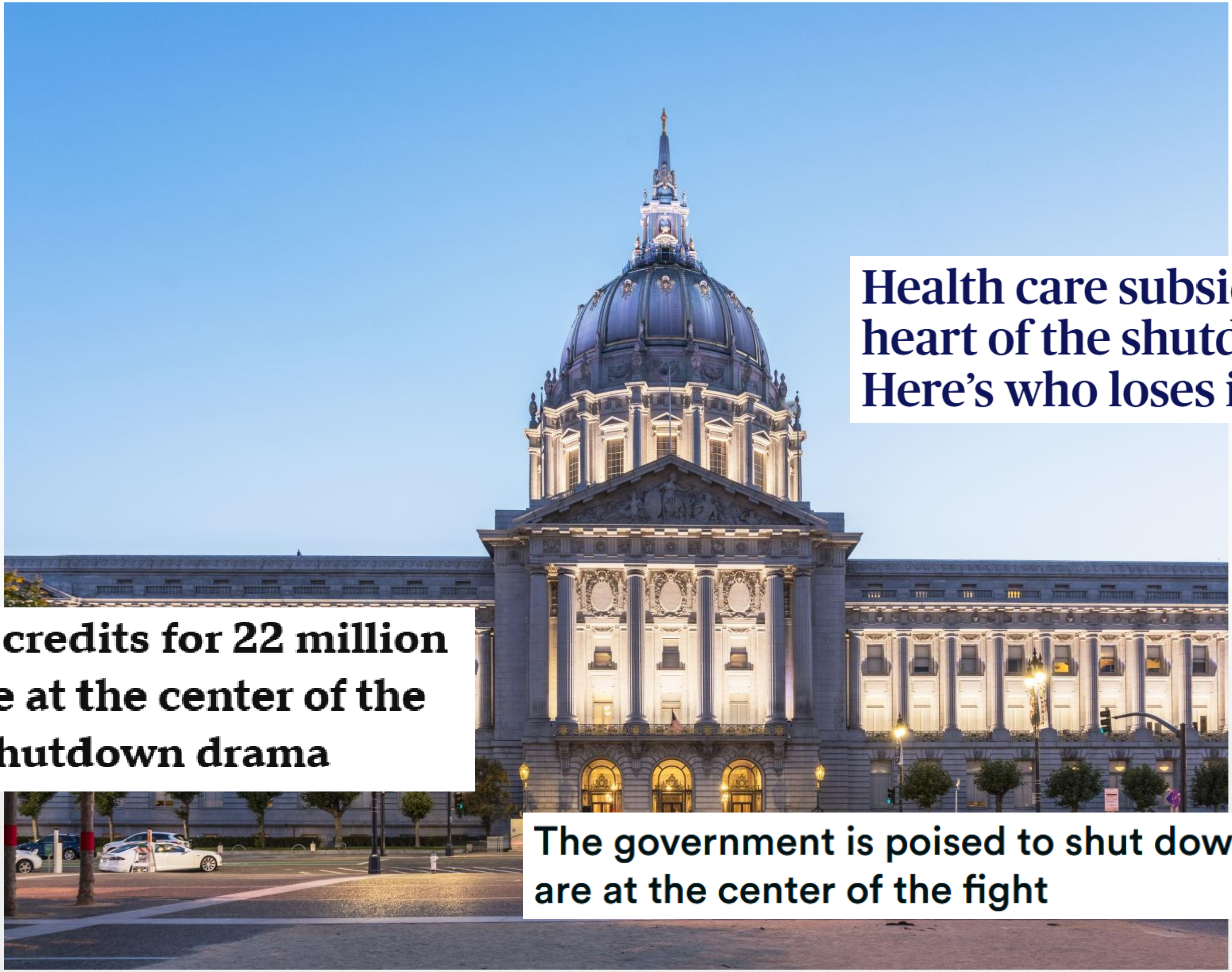
Example: eAPTC vs. APTC

Family of four (45, 41, 8, and 5 years old)

$97,000 annual income

- Enrolled in a Blue Focus Silver plan for 2025, paying ≈ $417 per month for the entire family
- Same plan would cost them ≈ $1,136 for 2026,

$719 more per month than this year for the same coverage



Health care subsidies are at the heart of the shutdown fight. Here's who loses if they expire

Why ACA tax credits for 22 million Americans are at the center of the government shutdown drama

The government is poised to shut down, and ACA credits are at the center of the fight

- Screen patients and clients for insurance
- Share process and eligibility changes **with action items**
- Bolster support for uninsured
- Capture and communicate impact

Becoming an enrollment assister…

MEDICAID APPLICATION ASSISTER

CERTIFIED APPLICATION COUNSELOR (CAC)

NAVIGATOR

So, you want to become a CAC…

Organization becomes a Certified Application Counselor Designated Organization (CDO)

→

CDO assigns you a CAC number

→

You complete the federal CAC training

↓

You apply for a CAC license with the Montana Commissioner of Securities and Insurance (CSI)

→

Yay, you're a CAC!

[Get started with the CAC process here.]

Step 1: Get Ready

Step 2: Plans and Prices Are Changing

Step 3: Get Help

More than 77,000 Montanans get their health insurance through the Health Insurance Marketplace at Healthcare.gov. But big changes are coming, and it's important to get ready.

What Cover MT can continue to do:

- Marketplace enrollment (but we'll be limited)
- Track changes to outreach and enrollment
- Provide monthly Cover Montana webinars and the Cover Montana Virtual Summit
- Training and technical assistance to our partners who are screening, referring, and providing enrollment assistance (for Medicaid and the Marketplace)
- Limited media capacity to share public information about changes to outreach and enrollment

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Thursday, October 23: 9am - 4:15pm

The State of Coverage	9am - 10am
Mechanisms of the Marketplace Join us for a review of both basic and more complex mechanisms of the Marketplace in advance of Open Enrollment. Shannon Cottrell, First Choice Services & Tierney Queen-Stewart, Cover Montana	10:30am - 11:45am
Lunch Break	11:45am - 1:00pm
2026 Montana Marketplace Plans Panel with Montana Marketplace Carriers	1pm - 2:30pm
Keynote: Referrals to Nowhere - enrollment assistance just got a lot harder - and what you can do about it Jamie Vanderlinden, LCSW, LAC, Behavioral Health, Montana Primary Care Association	3pm - 4:15pm

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Friday, October 24th: 8:30am - 1pm

The State of Montana Medicaid — 8:30am - 9:30am

Access and Affordability Programs for the Under and Uninsured — 9:45am - 11:15am

Learn about the programs and services available to Montanans including the Ryan White Program, the Montana Breast and Cervical Cancer Program, Montana Family Planning, prescription drug affordability programs, and more.

MAGI Medicaid 101 & Tips and Tricks Beyond the Application — 11:30am - 1pm

This hands-on session will walk through the MAGI Medicaid application at apply.mt.gov and share important reminders, tips, and tricks for Medicaid case management. Tierney Queen-Stewart, Director of Cover Montana, Montana Primary Care Association