



COVER MONTANA
CONNECTING YOU TO HEALTH INSURANCE COVERAGE

Marketplace Updates & FAQs

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Agenda

- Open Enrollment updates
- Ongoing SEPs
- New Marketplace screens & features
- Medicaid Unwinding and the Marketplace
- FAQs
- Ongoing questions



Open Enrollment for 2024

- Nov. 1st – Jan. 15th
- Enroll by Dec. 15th for coverage to begin Jan. 1st

Open Enrollment for 2024 is November 1 – January 15

Starting November 1, you can log into HealthCare.gov, fill out an application, and enroll in a 2024 Marketplace health plan. Enroll by December 15 for coverage that starts January 1.

2024 plans and prices will be available to preview shortly before November 1.

You can get health coverage for the rest of the year if you qualify for:

- A Special Enrollment Period due to a recent life event, like losing other coverage, moving, getting married, or having a baby.
- Medicaid, the Children's Health Insurance Program (CHIP), or based on estimated household income.

Start here



Check if you qualify



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

• New for 2024

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)



Special Enrollment Periods (SEPs)

- 150% of FPL ongoing SEP
 - Can enroll in a QHP at any point in the year
 - Household of 1: \$21,870
 - Household of 4: \$45,000
- Medicaid Unwinding SEP from March 2023 – July 2024
 - Can enroll in a QHP at any time if they attest that they lost coverage during Unwinding
- Covid loss of coverage SEP has ended



New plan comparison features

Blue Cross and Blue Shield of Montana

[Blue Focus Bronze POSSM 705](#)

Bronze | HMO | Plan ID: 30751MT0650035 | Rating 

Premium

\$327.05 /month

Estimated total yearly cost

[Add yearly cost](#)

Deductible

\$9,100


Individual total
(health & drug combined)
[Extra deductible for some services](#)

Out-of-pocket maximum


\$9,100

Individual total

You pay

 Check what you pay when you get care

You pay

 Check what you pay when you get care

Primary care	No charge after deductible
Specialist care	No charge after deductible
Urgent care	No charge after deductible
Emergency room	No charge after deductible
Outpatient mental health	No charge after deductible
Generic drugs	No charge after deductible


[View plan details](#) for full list of benefits, limits, and exclusions.



Standardized Plans/ Easy Pricing plans

Mountain Health CO-OP

[Connect Ind Silver Standard MT](#)


 Easy pricing

Silver | PPO | Plan ID: 32225MT0090011 | Rating 

Premium

\$533.82 /month

Estimated total yearly cost

 [Add yearly cost](#)

Deductible

\$5,800

Individual total
(health & drug combined)


[Extra deductible for some services](#)

Out-of-pocket maximum

\$8,900

Individual total

You pay

 [Check what you pay when you get care](#)

Primary care	\$40 per visit from day 1
Specialist care	\$80 per visit from day 1
Urgent care	\$60 per visit from day 1
Emergency room	40% coinsurance after deductible
Outpatient mental health	\$40 per visit from day 1
Generic drugs	\$20

[View plan details](#) for full list of benefits, limits, and exclusions.



Medicaid Unwinding & the Marketplace

- Cover Montana continues to assist consumers who have lost Medicaid but believe they are still eligible with reapplying via [healthcare.gov](https://www.healthcare.gov) when possible
- Some of these cases make it through auto-authorization processes when transferred to MT DPHHS and are approved and authorized more quickly
- Marketplace enrollment in QHPs remains low for households that have lost Medicaid coverage during Unwinding
- End of continuous eligibility in Montana making application processes more confusing for consumers and assisters
- Many adults who got transitional Medicaid during Unwinding are having that coverage end now and may need assistance with a transition plan



Unwinding 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
6 / 31 / 2023

[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

Legitimately 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



Healthcare.gov efficacy during Unwinding

- Cover Montana is exploring with national partners to determine if encouraging consumers to reapply for Medicaid via healthcare.gov instead of SSP on their own is strategic – may create a consumer facing resource with guidance
- Reports that the new screening questions are confusing and that some people are being awarded APTC and enrolling in QHPs rather than getting sent back to Medicaid
- Delayed processing of Redetermination cases by DPHHS that result in household not being eligible can result in gaps in coverage
 - Ex. Household submits redetermination information in May, loses coverage at the end of that month but the state is still processing their information, doesn't receive official denial until August and has accrued medical bills during that time



Marketplace FAQs

- 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



Ongoing questions

- Adding children only to existing plan, only BCBS plans being offered
- APTC reconciliation for people with dual coverage during Unwinding for 2023 tax year
 - Safe harbor for APTC repayment if you transitioned from Marketplace to Medicaid
 - If people enroll in QHP with APTC by answering the Medicaid Unwinding screening questions, they should not owe APTC back at the end of the year even if their income is below Medicaid/HMK eligibility
 - [best-practices-resolving-1095-conflicts.pdf \(irs.gov\)](#)
- Some instances of new Medicaid applications being determined eligible by the Marketplace but not being authorized by MT DPHHS





COVER MONTANA

Thank you!

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