MECHANISMS OF THE MARKETPLACE

Enrollment Changes and Reminders for 2026

Tierney Queen-Stewart, Director of Cover Montana,
MPCA

Shannon Cottrell, Quality Assurance Program Coordinator,
First Choice Services

VIRTUAL COVER MONTANA SUMMIT

October 23 – 24, 2025

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

LEARNING TOGETHER IN ZOOM

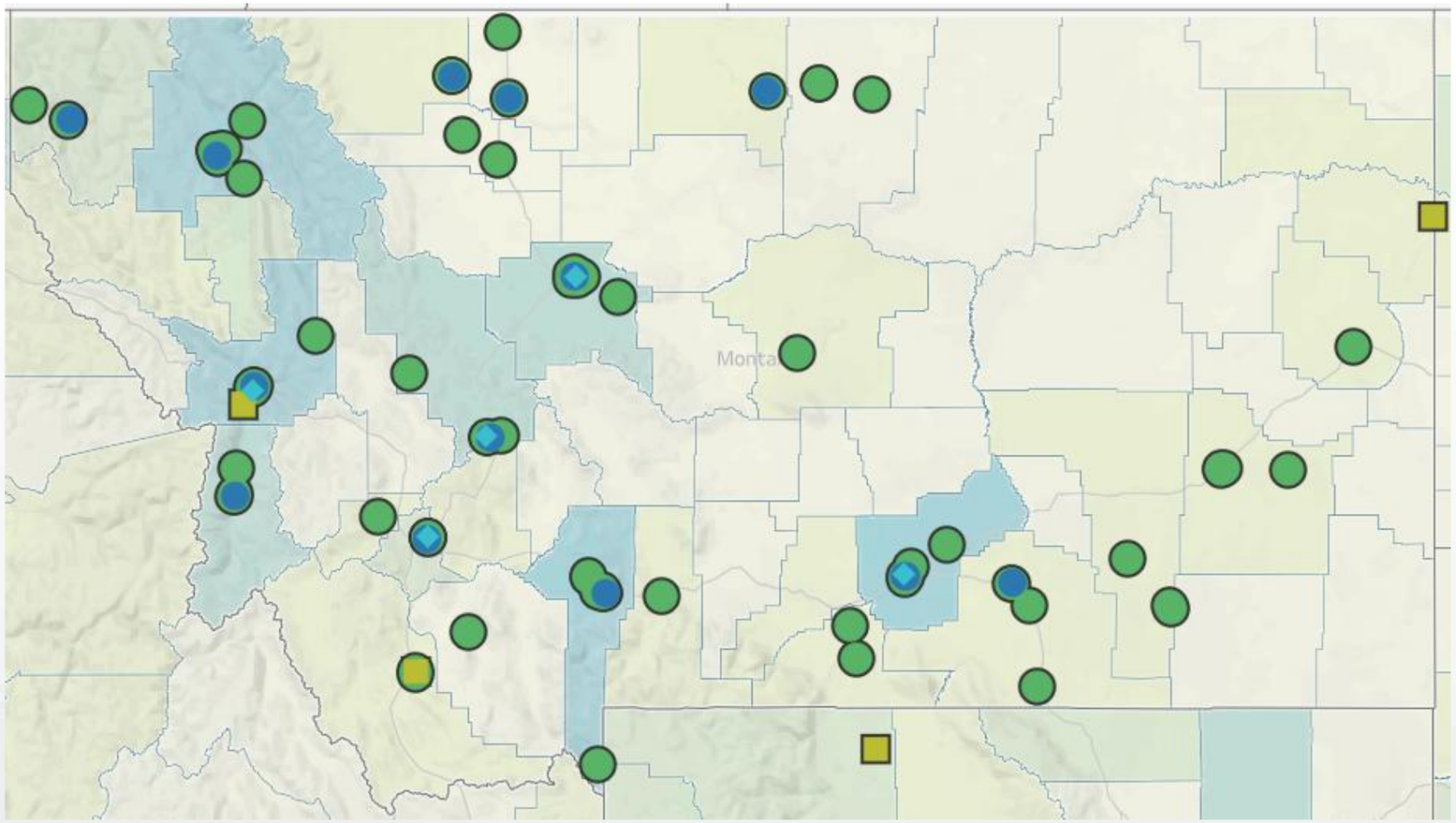
CHAT

Q & A

PARKING LOT

AGENDA

- Introduction
- Open Enrollment and Coverage Effectuation
- Tips and Tricks for Enrollment
- Plan Renewals and Auto Re-Enrollment
- Complex Cases, Appeals, and Hardship Exemptions
- Terminating Coverage



Our Mission

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

JAMES BROWN CSI
COMMISSIONER OF SECURITIES & INSURANCE
OFFICE OF THE MONTANA STATE AUDITOR

ABOUT NEWS LAND BOARD PUBLIC NOTICES CONTACT OUTREACH EVENTS

The Unaffordable Care Act: Rate hikes are coming

August 11, 2025

Montanans are about to face another steep increase in health insurance premiums — some plans may see costs rise by more than 20%. This increase will hit our small businesses, working families, and self-employed ranchers. In short, the people who need affordable health care most.

Health insurance premiums are going up next year — unless you work at these companies

Healthcare subsidies stir debate in Montana amid government shutdown

Is it Too Late for ACA Insurers to Change Their Premiums?

Montana News

With subsidies in jeopardy, thousands of Montanans face health insurance cost hikes

ACA Marketplace Premium Payments Would More than Double on Average Next Year if Enhanced Premium Tax Credits Expire

MT auditor urges Congress to renew health insurance subsidies, keep costs 'within reach'

CARLY GRAF carly.graf@missoulian.com Sep 16, 2025

HEALTHCARE

‘One Way or Another’: As Affordable Care Act Subsidies Hang in Shutdown Limbo, Health Care Leaders Warn of Impacts

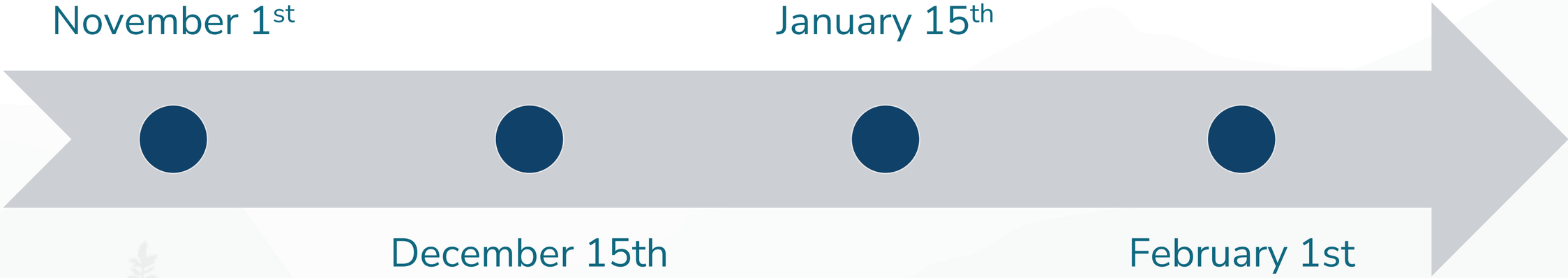
WHAT DO WE KNOW?

People need health insurance and will need help more than ever figuring out what they are eligible for

Insurance and the cost of healthcare area already too expensive for many people

There is less enrollment assistance capacity to help

OPEN ENROLLMENT PLAN YEAR 2026



Coverage Start Dates

November 1 – December 15 – **January 1**
December 16 – January 15 – **February 1**

OE for 2027 will be November 1 – December 15

Enroll prior to Dec. 15 to avoid a gap or restarting the plan year on Feb. 1

Consumers can change plans after enrolling up to Jan. 15

ENROLLMENT PROCESS ON HEALTHCARE.GOV

Application & Eligibility Determination

Enrollment or Re-enrollment

AUTOMATIC RE-ENROLLMENT

- December 16th – Enrollees who did not actively enroll will be reassessed for eligibility and enrollment using available information
- Uses tax data and prior year application information to determine eligibility for APTC and CSRs and to enroll in the same plan
- Higher likelihood of incorrect application information, enrollment without APTC or CSRs, or enrollment into a different plan
- Consumers can update application, change plans, or terminate coverage between December 16 – 31 or until January 15 if they have paid the first premium

Encourage active enrollment – especially this year – even if they want to keep the same plan

COVERAGE EFFECTUATION

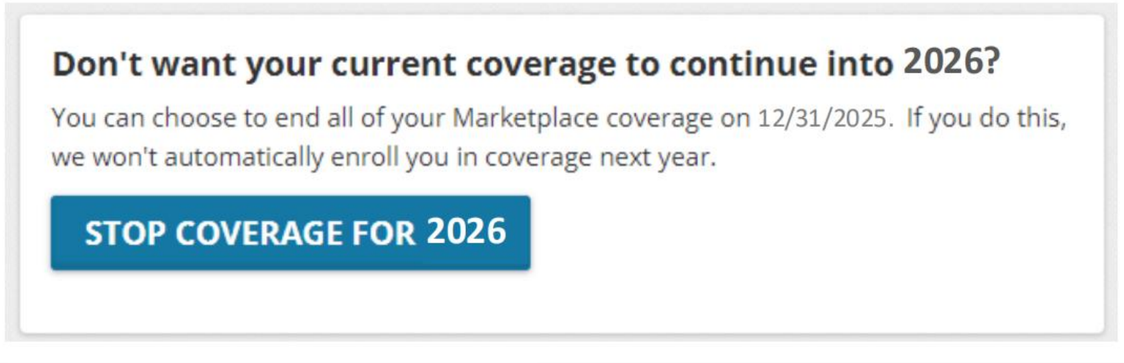
- Plans are tentative until the first premium is paid – the “binder payment”
- For most people this must be paid by January 1st
- For $0 premiums, coverage is effectuated by completing the enrollment process with the insurance company and the Marketplace sends the enrollment information*
- Missed payments after the binder payment for consumers with APTC enter a three-month grace period to pay monthly premiums – plan is cancelled after three months

Make sure people have a plan to pay their first premium prior to the coverage start date

End of the month enrollments can take a few days for the carrier to have record of the new plan

TERMINATING COVERAGE

- Consumers can end their 2026 plan if they enrolled or were auto re-enrolled prior to December 31



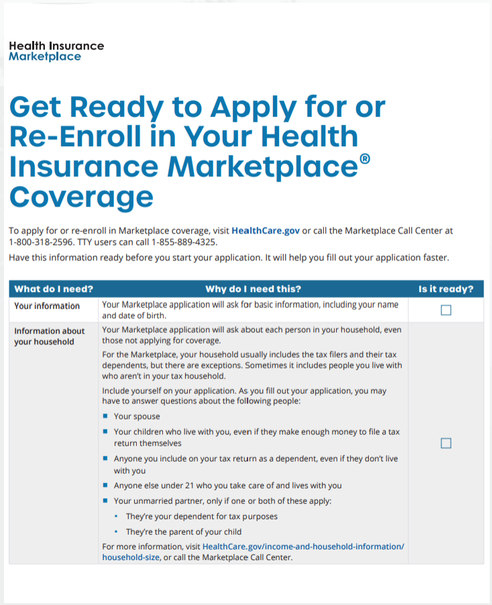
- Coverage can be terminated at any point in the year, but premiums that were paid will not be returned, and consumers will not be able to enroll again unless they are eligible for an SEP

If people are cancelling coverage for some household members but not all – call FFM Call Center to terminate!

TIPS & TRICKS FOR ENROLLMENT ASSISTERS

Encourage consumers prior to appointment to:

- Access healthcare.gov account
- Reset passwords
- Bring checklist items



Health Insurance Marketplace

Get Ready to Apply for or Re-Enroll in Your Health Insurance Marketplace® Coverage

To apply for or re-enroll in Marketplace coverage, visit **HealthCare.gov** or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

Have this information ready before you start your application. It will help you fill out your application faster.

What do I need?	Why do I need this?	Is it ready?
Your information	Your Marketplace application will ask for basic information, including your name and date of birth.	☐
Information about your household	Your Marketplace application will ask about each person in your household, even those not applying for coverage. For the Marketplace, your household usually includes the tax filers and their tax dependents, but there are exceptions. Sometimes it includes people you live with who aren't in your tax household. Include yourself on your application. As you fill out your application, you may have to answer questions about the following people: ■ Your spouse ■ Your children who live with you, even if they make enough money to file a tax return themselves ■ Anyone you include on your tax return as a dependent, even if they don't live with you ■ Anyone else under 21 who you take care of and lives with you ■ Your unmarried partner, only if one or both of these apply: • They're your dependent for tax purposes • They're the parent of your child For more information, visit HealthCare.gov/income-and-household-information/household-size, or call the Marketplace Call Center.	☐

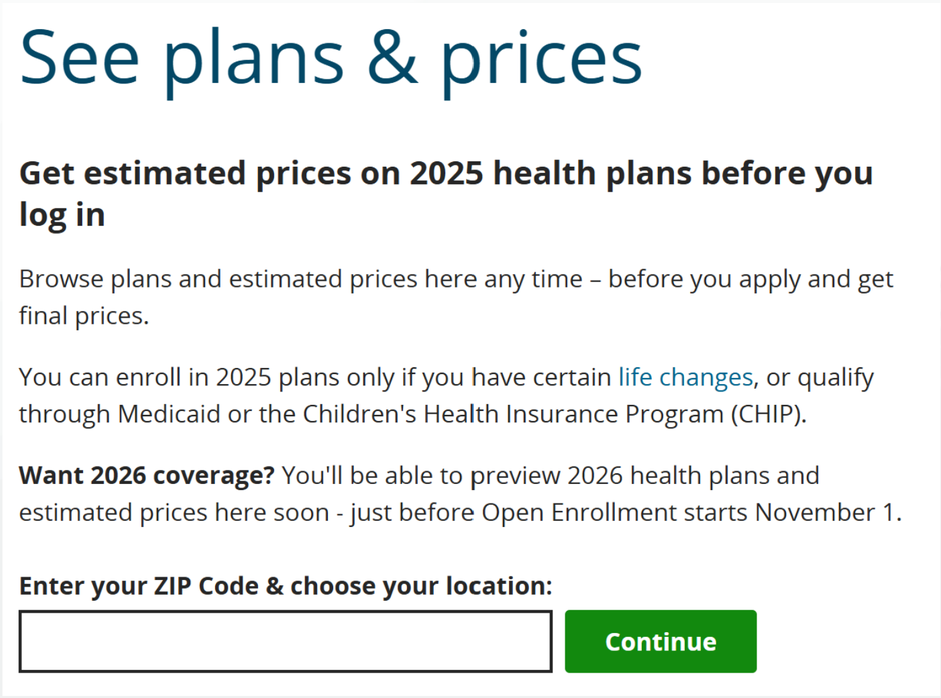
Break application and plan selection into two appointments:

1. Update application, review eligibility results, orient to plan comparison tool, ask consumers to screen and compare options

2. Follow-up appointment to choose between plans and enroll, go over post-enrollment and payment information

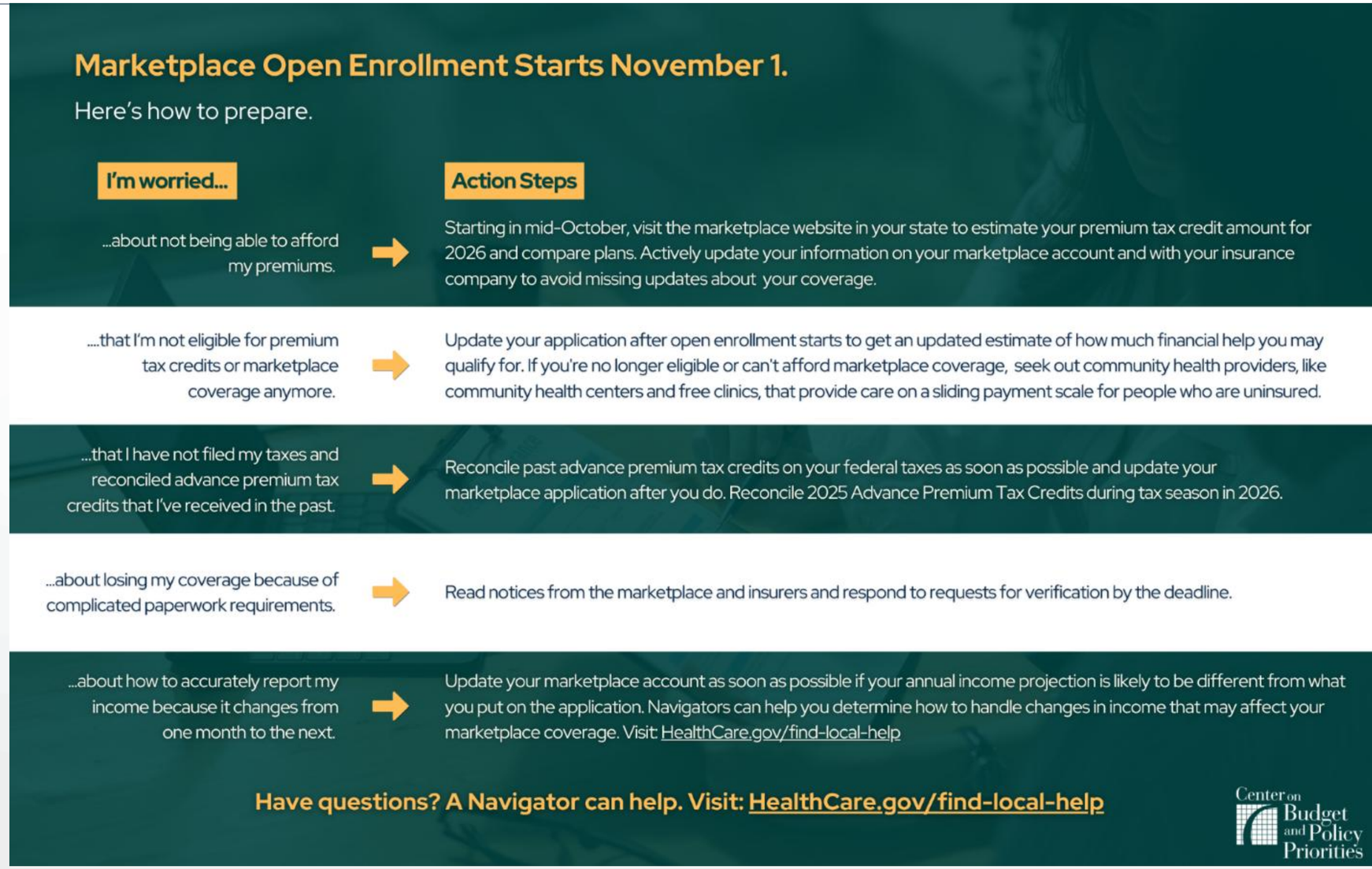
PRACTICE!

- Create healthcare.gov account and practice application processes without submitting applications
- 2025 Window Shopping – 2026 Plans available just before Nov 1st
  - Prescription Drug Formularies
  - Provider Directories
  - EOBs
  - Specific kinds of care
- Enrolling households in multiple groups
- Explaining plan or cost changes to consumers



TIPS FOR CONSUMERS

- Actively re-assess eligibility
- Make informed choices about cost
- Track income closely, report changes, understand repayment requirements
- Reach out for help early and often
- Connect with programs that offer care at no or low cost whether you have insurance or not



COMPLEX CASE

01

A complex case is a case involving a single consumer or tax household where the assister has been unable to resolve a specific issue on the consumer or tax household’s application for Marketplace coverage.

02

Only federally certified application counselors (CACs) or Navigators in a Federally-facilitated Marketplace (FFM) may submit complex cases.

03

Complex cases are not policy questions or general questions about the Marketplace application.

PREPARE FOR SUBMITTING A COMPLEX CASE

Attempt

Attempt to resolve the case with the Marketplace Call Center 1-800-318-2596

Confirm

Confirm that the consumer’s contact information is up to date on their application

Collect

Collect all necessary information, including: application ID, state , is the case medically urgent, is there an open appeal

Report

Report health plan change without prior knowledge or consent

https://mats-cms-ccrms.my.salesforce-sites.com/complexcase/

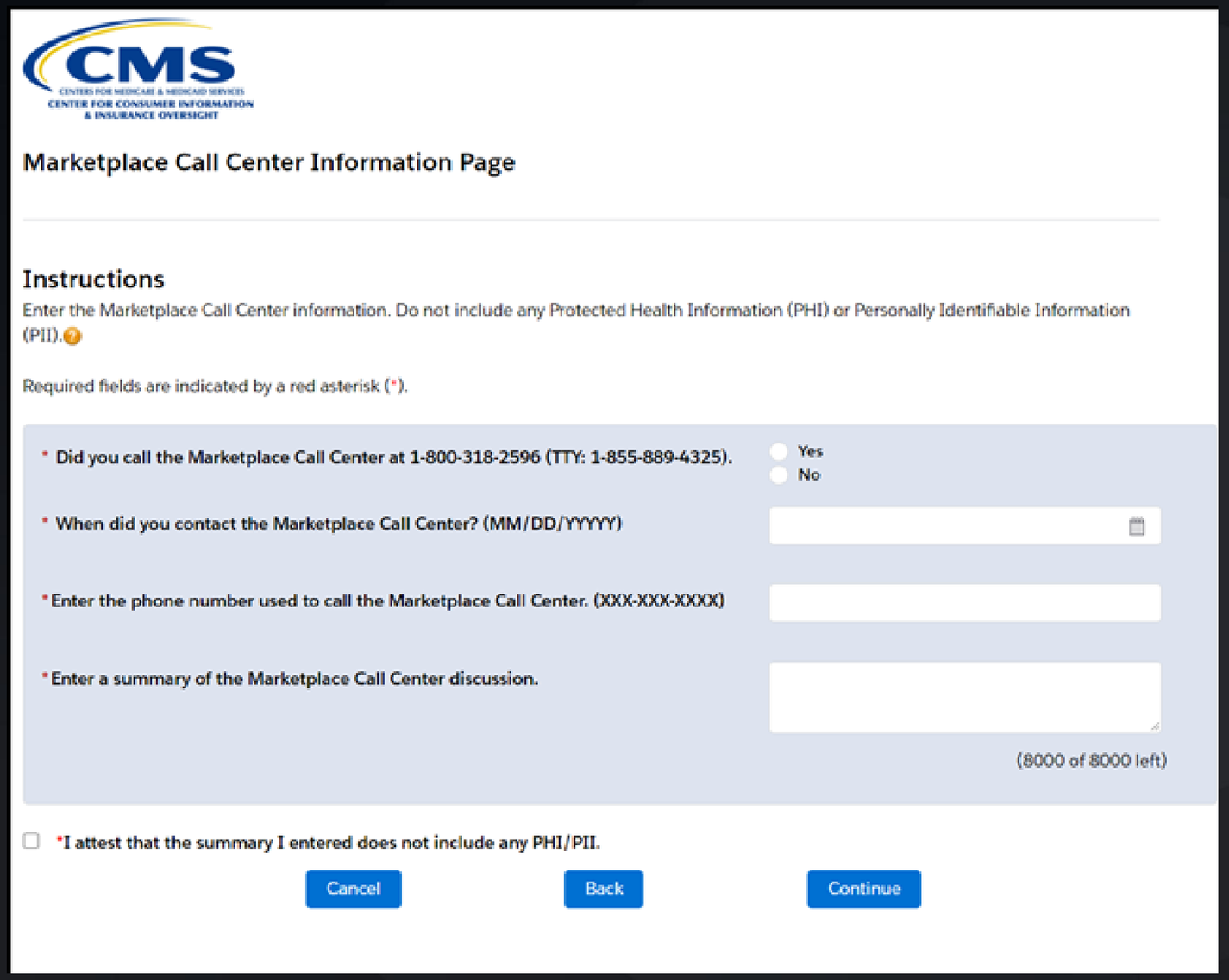
Tips for Submitting a Complex Case

Expertise

Completion and submission of the complex case web form MUST be done in a single session.

Security

Do NOT include any personally identifiable information (PII). PII consists of name, address, social security number, etc. However, you will have to submit an Application ID



YOU MUST CALL THE MARKETPLACE CALL CENTER BEFORE SUBMITTING A COMPLEX CASE UNLESS IT IS A FRAUD CASE

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

Submitter Contact Information

Before starting this web form:

- Confirm that the consumer's contact information is current on their Marketplace application.
- Collect all necessary information as you must complete and submit this web form in a single session.
  - If you select the Cancel button or close your browser before submitting the web form, you will lose all entered data.
  - If you are inactive for 30 minutes, the web form will time out and all of your information will be lost.
- Notify the consumer that they will receive a phone call from a caseworker with the Complex Case Help Center (CCHC) that their response is critical to timely case response.

Instructions

Enter your contact information as the submitter.

Required fields are indicated by red asterisk (*).

Submitter Contact Information

***First Name:**		***Last Name:**	
***Email Address:** **(email@domain.extension)**		***Job Title:**	
***Phone Number** **(XXX-XXX-XXXX):**		**Phone Extension:**	

Cancel Back Continue

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

Assister Contact Information Page

Instructions

Enter the assister organization and assister contact information.

Required fields are indicated by red asterisk(*)

* Assister Organization Name	Example Organization
* Assister ID	TXCDOZ00
* Assister Organization Type	○ Navigator ● CDO ○ Other Description

Select the Same as Submitter check box to auto populate the submitter's contact information. This check box only applies to one of these contacts. If the contact is not the submitter, enter the assister's contact information.

Assister Contact Information ☑ Same as Submitter

* First Name	First	* Last Name	Last
* Email Address	flast@example.com	Job Title	Example
* Phone Number	555-555-5555	Phone Extension	

Back Continue

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CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT

Consumer Information Page

Instructions

Enter the consumer information.

Required fields are indicated by red asterisk(*)

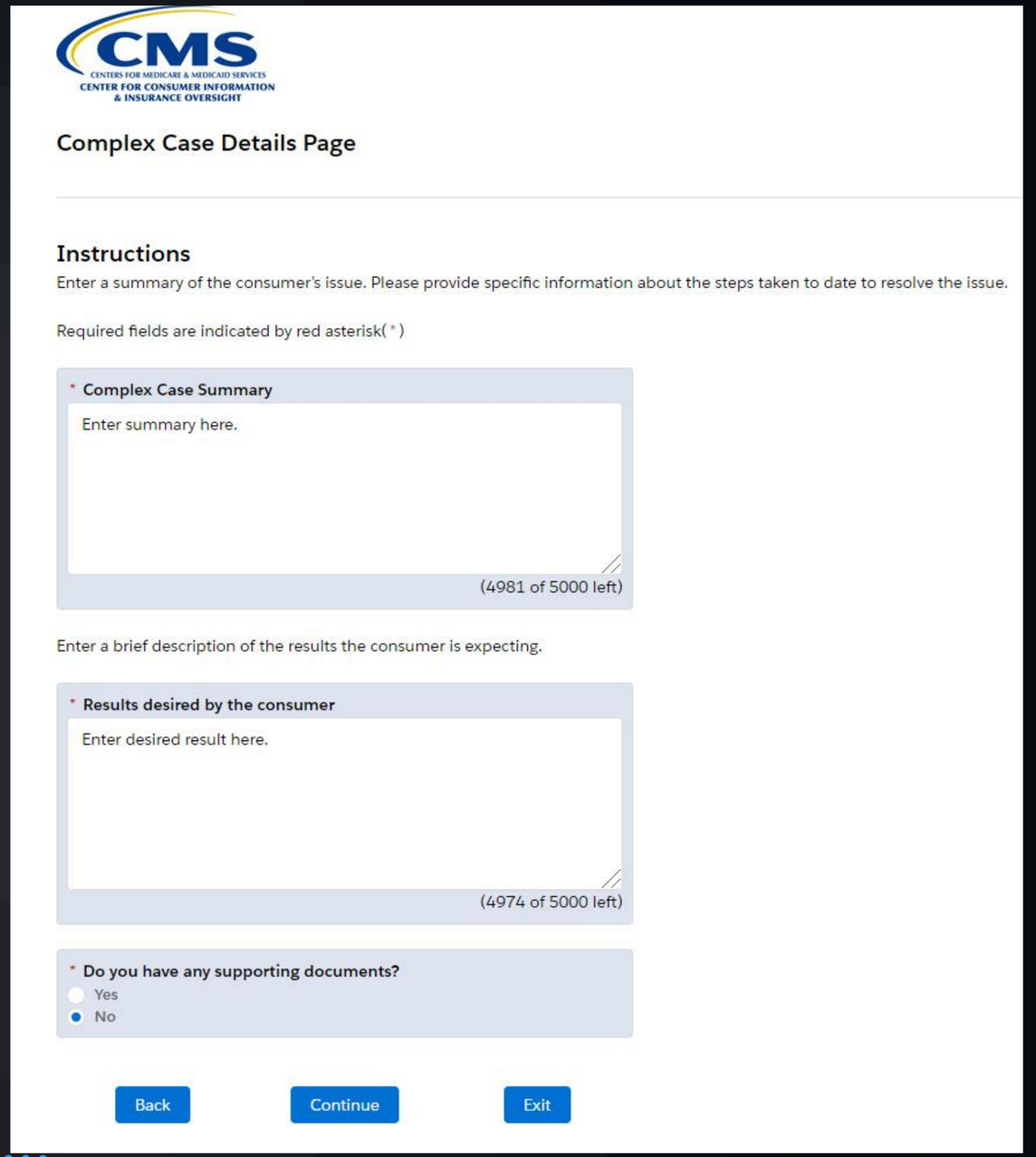
* Application ID	000000000
* In what state does the consumer live?	Texas
* Is the case Medically Urgent?	No
Name of the Issuer Company?	Optional
HICS Case Number, if any?	Optional
Date issue was identified:	
Date consumer met or discussed case with assister:	
Coverage application date:	
Where did the consumer apply for coverage?	Select an Option
* Does the consumer have an open appeal?	○ Yes ◉ No ○ Unknown
Issuer Appeal Number	
Enter the date of the Appeal:	
Marketplace Appeal Number	
Marketplace Appeal Date:	

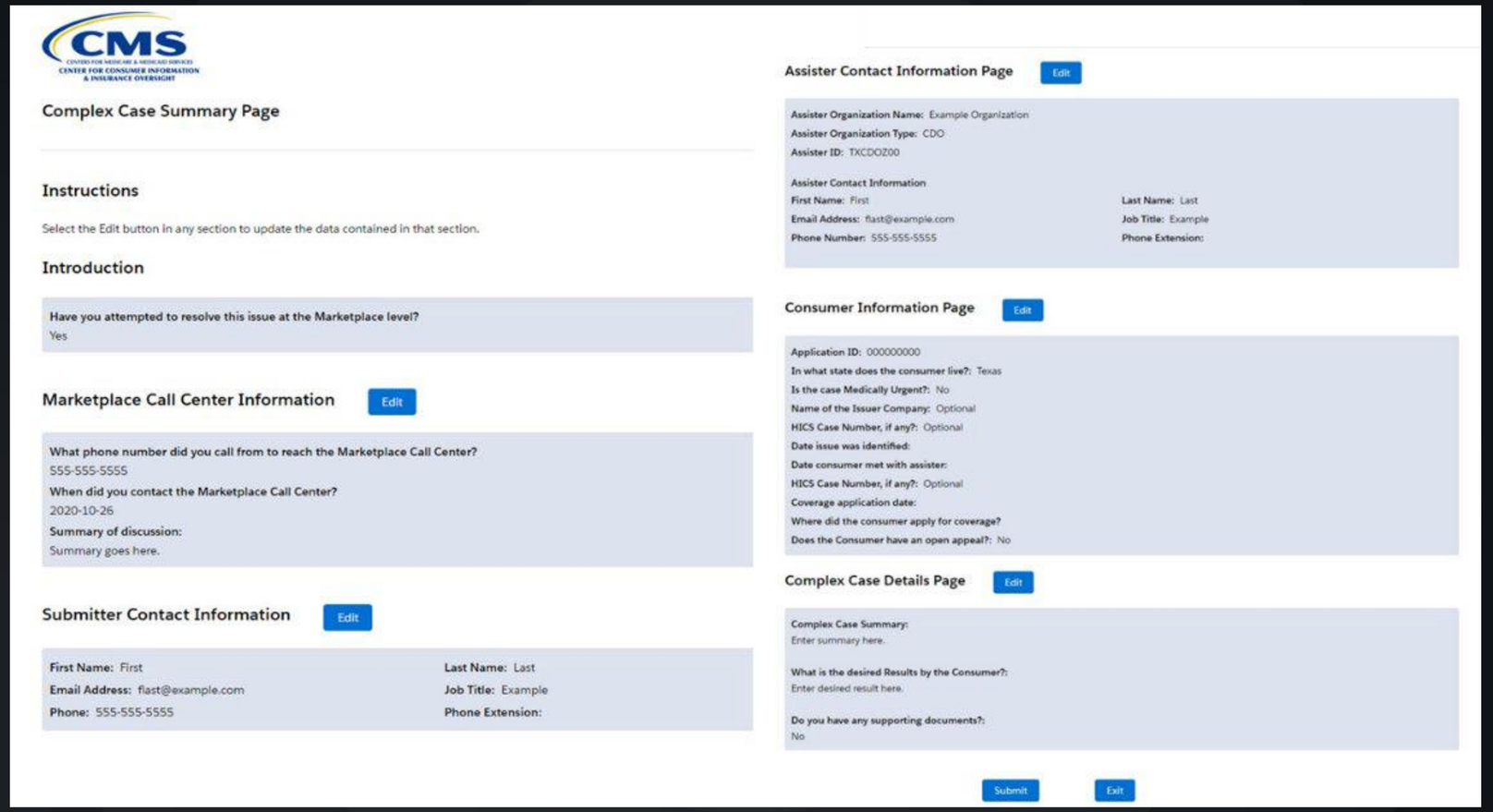
Back Continue

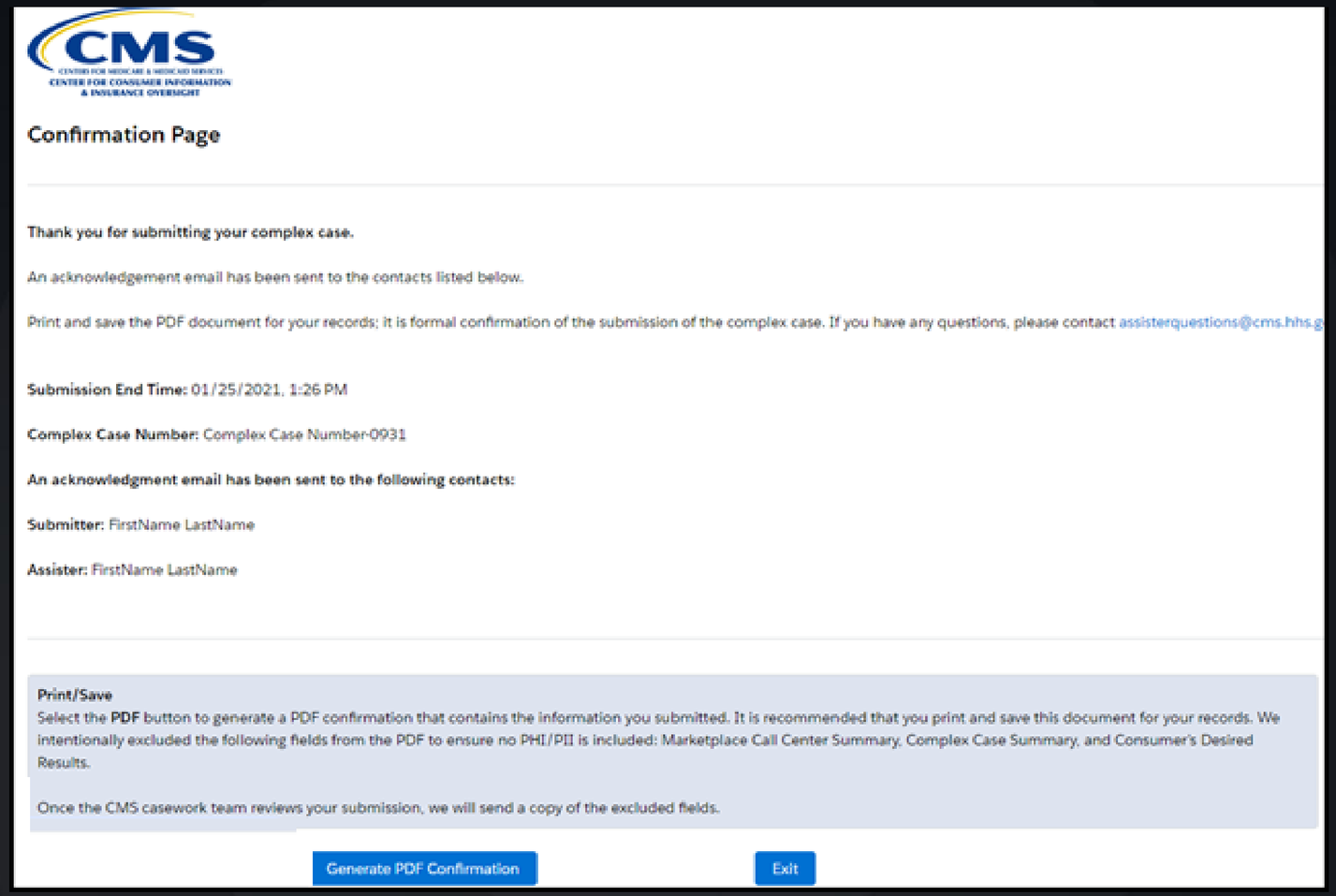
DO NOT INCLUDE ANY PERSONALLY IDENTIFIABLE INFORMATION (PII) INTO THE CASE SUMMARY NOR THE RESULTS DESIRED BOXES

FOR EXAMPLE: COVERAGE WAS CANCELLED PRIOR TO THE REQUESTED TERMINATION DATE OF 09/30/2025 FOR CONSUMERS SPOUSE

RESULTS DESIRED: PLEASE REINSTATE THE POLICY TO BE EFFECTIVE FOR THE ENTIRE MONTH OF SEPTEMBER WITH NO LAPSE IN COVERAGE




CMS
CENTER FOR CONSUMER INFORMATION & INSURANCE OVERSIGHT
Complex Case Summary Page
Instructions
Select the Edit button in any section to update the data contained in that section.
Introduction
Have you attempted to resolve this issue at the Marketplace level?
Yes
Marketplace Call Center Information
Edit
What phone number did you call from to reach the Marketplace Call Center?
555-555-5555
When did you contact the Marketplace Call Center?
2020-10-26
Summary of discussion:
Summary goes here.
Submitter Contact Information
Edit
First Name: First
Last Name: Last
Email Address: flast@example.com
Job Title: Example
Phone: 555-555-5555
Phone Extension:
Assister Contact Information Page
Edit
Assister Organization Name: Example Organization
Assister Organization Type: CDO
Assister ID: TXCDOZ00
Assister Contact Information
First Name: First
Last Name: Last
Email Address: flast@example.com
Job Title: Example
Phone Number: 555-555-5555
Phone Extension:
Consumer Information Page
Edit
Application ID: 000000000
In what state does the consumer live?: Texas
Is the case Medically Urgent?: No
Name of the Issuer Company: Optional
HICS Case Number, if any?: Optional
Date issue was identified:
Date consumer met with assister:
HICS Case Number, if any?: Optional
Coverage application date:
Where did the consumer apply for coverage?
Does the Consumer have an open appeal?: No
Complex Case Details Page
Edit
Complex Case Summary:
Enter summary here.
What is the desired Results by the Consumer?:
Enter desired result here.
Do you have any supporting documents?:
No
Submit
Exit



THIS PAGE IS IMPORTANT TO KEEP FOR YOUR RECORDS

MARKETPLACE ELIGIBILITY APPEALS

YOU HAVE 90 DAYS FROM THE DATE OF YOUR ELIGIBILITY NOTICE TO ASK FOR AN APPEAL

01 You can appeal if the Marketplace said you aren't eligible to: buy a plan or catastrophic coverage, get financial help with Marketplace costs, enroll or change your plan with a SEP and get an exemption.

02 You can also appeal: if the Marketplace didn't let you know your results soon enough or the date your Marketplace coverage started.

03 In Montana you can also appeal if you're told you are not eligible for Medicaid or HMK.

HOW TO FILE AN APPEAL

How you file an appeal (and the form you use) depends on where you live and if you have a Marketplace account.

Online

This is the fastest way to file your appeal.

- If you have a Marketplace account: Log into (or create) your account and select your current application. Then choose "Eligibility & appeals," and the link "File new appeal or check your appeal's status."
- If you're helping someone with their appeal or don't have a Marketplace account: Complete the online form through DocuSign, Inc., a company we partner with for filing an appeal

By mail or fax

Download the form (PDF 1,310 KB). Read all instructions carefully when filling out your form to avoid delays in your appeal process. Make copies and send your completed form to:

Mailing address:
Health Insurance Marketplace
Attn: Appeals
465 Industrial Blvd.
London, KY 40750-0061
Secure fax line: 1-877-369-0130

CATASTROPHIC COVERAGE

PY2026

CONSUMERS WHO ARE NEWLY INELIGIBLE FOR APTC OR CSRS DUE TO THEIR PROJECTED ANNUAL INCOME (BELOW 100 PERCENT OR ABOVE 400 PERCENT OF THE FEDERAL POVERTY LEVEL (FPL)) WILL BE ELIGIBLE FOR A HARDSHIP EXEMPTION AND CAN ENROLL IN CATASTROPHIC COVERAGE. CMS PLANS TO BEGIN STREAMLINING THIS PROCESS FOR CONSUMERS INELIGIBLE FOR APTC DUE TO INCOME AND EXPAND TO CONSUMERS WHO ARE OVER 250% OF THE FPL AND ARE ONLY INELIGIBLE FOR CSRS.

PY2026

HEALTH COVERAGE EXEMPTIONS, FORMS & HOW TO APPLY

***YOU NEED AN EXEMPTION IF YOU'RE 30 OR OLDER AND WANT TO ENROLL IN A "CATASTROPHIC" HEALTH PLAN.

You will need to visit this site:
https://www.healthcare.gov/exemption-form-instructions/

1. You will need to download and complete the forms then mail it to the Health Insurance Marketplace at the address shown on the form.
2. If your hardship exemption is approved, the letter you get will include information on health plans and how to enroll via the Marketplace call center.

Screen patients and clients for insurance

Share process and eligibility changes **with action items**

Bolster support for uninsured

Capture and communicate impact

YOU DON'T HAVE TO DO IT ALL ALONE!

CACs

Marketplace Call Center

Agents & Brokers

Insurance Companies

OPAs

SHIP Counselors

Resources

Self-Service Portal (SSP) Guide for Medicaid

Tips for using Montana's online public benefit portal apply.mt.gov

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This resource was created in July 2025 and reflects information available at that time but may not include future changes to application or case management processes. This work is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1.25M with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, Montana DPHHS, or the U.S. Government.

MONTANA LAW HELP

Maintained by Montana Legal Services Association

Beyond the Basics

What did we miss?

Reach out for Training/TA:

Tierney Queen-Stewart
tstrandberg@mtpca.org
406-595-2725

THANK YOU!

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