



*Making Healthcare Work Better For You.*

**CASE MANAGER: FREQUENTLY ASKED QUESTIONS**

**2024 Plan Year**

## **CASE MANAGER FREQUENTLY ASKED QUESTIONS: ACA ENROLLMENT - PLAN YEAR 2024**

### **OPEN ENROLLMENT**

#### **When is Open Enrollment?**

November 1st, 2023 to January 15th, 2024

#### **What are American Exchange's hours of operation during the open enrollment period?**

American Exchange offers extended hours during open enrollment:

##### **Open Enrollment Call Center Hours (Eastern Time)**

- Monday through Friday from 8:00 a.m. to 8:00 p.m.
- Saturday from 8:00 a.m. to 5:00 p.m.

##### **Call Center Holiday Closures**

The American Exchange call center will be closed on the following dates and Federal Holidays:

- Thanksgiving (November 23rd) and the day after (November 24th)
- December 16th and 17th
- Christmas Eve/ Christmas Day (observed December 23rd-25th)
- New Year's Day (January 1st)
- MLK Jr. Day (observed January 16th)

##### **Additional Ways to Reach American Exchange**

- Fax: 423.567.1075
- Missouri Hotline: 844.357.8779
- Email: [mo@americanexchange.com](mailto:mo@americanexchange.com)
- Chat feature on the website: [www.americanexchange.com/missouri](http://www.americanexchange.com/missouri)

##### **Assessment Submission Deadlines**

- **American Exchange will stop accepting ACA 2024 Assessments on December 15, 2023, at 12:00 p.m. Central Standard Time (CST) to ensure that all ACA assessments are processed and clients enrolled by the end of the day to ensure a January 1, 2024 plan effective date.**



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- The last day to call American Exchange and complete a phone assessment will be December 14, 2023.
- **American Exchange cannot guarantee that a message left after hours on December 14, 2023, to complete a telephonic assessment, will be returned in time to ensure a January 1, 2024 effective date.**
  - We strongly encourage the use of the online assessments.
- **Any assessment received after December 15, 2023, at 12:00 CST will be processed with a plan effective date of February 1, 2024.**

#### **Do I have to use American Exchange to do health insurance marketplace enrollments for my clients?**

No. Using American Exchange is one option available to your clients, but there is value in doing so:

1. You will not have to rely on clients to bring in their health plan documentation (e.g., premium amount, a bill from the health insurance carrier, subscriber ID number, or Marketplace Eligibility Notice). All information will be provided in the American Exchange insurance benefits management system.
2. American Exchange will be able to provide customer service support to clients who use the online system to resolve any issues with the marketplace or their health insurance carriers.

#### **Do clients whose plans are ending on December 31, 2023, qualify for a Special Enrollment Period (SEP)?**

Yes. If the client was enrolled in a Cigna plan that was still active. Cigna Healthcare is exiting the Missouri Market therefore all clients with an active Cigna plan 12.31.2023 would be eligible for an SEP. If the client has Ambetter, Anthem, Cox, or BCBS KC, then they will not be eligible for this SEP. Also, if the client was enrolled in the approved Cigna plan but the plan terminated prior to 12.31.2023, they would not be eligible for this SEP.

#### **When is the last day to switch plans for a client?**

The last day a client can opt to switch to another carrier or plan is December 4, 2023.



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American Exchange strongly encourages looking at what medications the client takes, as well as each carrier's provider network when making a selection on plan preference for the client. Carriers make adjustments to their network and formularies during Open Enrollment, so a client may need to switch plans. This ensures that American Exchange has adequate time to make the adjustment and get the appropriate information to HSI for binder payment processing.

Please keep in mind that payments are sent to carriers with priority to their binder requirement deadline. That being said, if a client asks for a specific carrier, and then switches weeks later, the binder payment may have already been sent and will be returned to the client. In these instances, it is the responsibility of the client to return all funds received from the carrier to HSI.

To request a plan change for any client that has submitted a PreAssessment prior to plans being approved for 2024, please utilize PureChat on our site or email [mo@americanexchange.com](mailto:mo@americanexchange.com). It is important to provide the client's name and date of birth as well in these requests, with the preferred plan change. If emailed, please remember to encrypt.

### ADVANCE PREMIUM TAX CREDITS AND TAX FORMS

#### **Will the clients be eligible for Premium Assistance if they are below 139% FPL?**

No, they are not eligible for Advanced Tax Premium Credits (APTC) through the Federal Marketplace but should qualify for Medicaid. Their application will be processed for Medicaid determination due to Missouri's Medicaid expansion.

#### **If a client failed to report a change in income how much of the Advanced Premium Tax Credit will they potentially owe back when filing taxes?**

MAGI	2023 Coverage	2024 Coverage
< 200%FPL	Single: \$ 350 Other: \$ 700	Single: \$ 375 Other:
< 300% FPL	Single: \$ 900 Other: \$1,800	Single: \$ 950 Other: \$1,900



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MAGI	2023 Coverage	2024 Coverage
< 400% FPL	Single: \$1,500 Other: \$1,800	Single: \$1,575 Other: \$3,150
>= 4-00% FPL	No Cap	No Cap

#### No Cap above 400% of FPL

#### If my client rejects employer coverage, are they still eligible for Advance Premium Tax Credits?

As long as the job-based plan is considered affordable and meets [minimum value standards](#), clients will not be eligible. Most job-based plans meet these standards.

Affordable coverage is considered 8.39% or less of the employee's household income:

The adjusted percentage applies on a plan-year basis, so plans will continue to use 9.12 percent to determine affordability in 2024 until their new plan year begins if it does not begin at the start of the calendar year.

For 2024 calendar-year plans using the federal poverty line (FPL) affordability safe harbor, the required employee contribution cannot exceed 8.39 percent of the FPL for a particular area—\$14,580 for the mainland U.S. That comes out to \$101.94 per month, down from \$103.28 in 2023.

- Please reference: <https://www.healthcare.gov/glossary/affordable-coverage/>
- The cost is the amount the employee would pay for the insurance, not the plan's total premium.
- The employee's total household income is used. Total household income includes income from everybody in the household who is on the same tax return.

#### How can we get tax forms necessary at the end of the year, like a 1095-A?

American Exchange will be able to assist most clients with 1095-A forms when they are released in February 2024. If a client did not enroll through American Exchange or there has been an update done outside of American Exchange



through the health insurance marketplace we cannot guarantee that we will have access to the client's 1095-A.

## ASSESSMENT

### **When selecting a gender on the American Exchange website, what should we select for clients who identify as transgender?**

The client should choose Male or Female based on what matches their current Driver's License or other documentation. At this time, there are only two gender options on a health insurance application.

The 2024 Missouri ACA Assessment has a Special Instructions section. This section should be utilized for clients who identify with a pronoun that differs from what the client must identify as on their Health Insurance Application, or let us know the client's preferred name. In this section, please make sure to include the pronoun the client prefers to be addressed by when communicating by email or phone, as well as typing "See Nytearia." This allows the Account Manager to ensure that the client is enrolled correctly and their profile is notated to address the client appropriately.

### **What happens when you select "No" to the assessment question, "Do you plan to file a Federal Income Tax Return for 2023"?**

For 2024 Open Enrollment, it is assumed that if "No" is selected and the client has income that is taxable, this was selected in error. The client will be enrolled with the appropriate APTCs applied.

**\*Please note** it is the client's responsibility to report this is inaccurate if the client is enrolled in an ACA plan with an Advanced Premium Tax Credit and should not be. (If Salary/Wages is selected and "Not Planning to File Taxes" is selected, AE WILL enroll in a plan with APTCs if eligible.)

**\*\*If the client has income that will not be reported on their taxes, it should not be included in the assessment.**

The client can be fined by the IRS based on where they fall on the FPL (Federal Poverty Level) for receiving APTCs they are not eligible for if the client does not file taxes and is ineligible to receive but accepts APTCs.



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If there is a question on income, please include this in the *Special Instructions* section of the assessment, or reach out to the American Exchange Team for assistance.

Get more information about reconciling [premium tax credits](https://www.healthcare.gov/taxes-reconciling/).  
(url: <https://www.healthcare.gov/taxes-reconciling/>)

#### **If “Married Filing Separately” is selected on the assessment, is the client still eligible for APTC?**

If a client plans to file taxes in 2023 as “Married filing Separately,” they are still eligible to enroll in a Marketplace health insurance plan, but they will not be eligible for APTC or Cost-Sharing Reductions that reduce the overall cost of health insurance coverage.

#### **If two MARRIED clients are enrolled in Missouri ADAP services, should they enroll in a Family Plan?**

Yes. When completing the 2024 Missouri Assessment Form, if both the married client and spouse are actively enrolled in RW ADAP Services, please complete an assessment with **both** clients enrolling in the same plan.

Please use the *Special Instructions* section and indicate “**Family Plan**” so that we can ensure the enrollment process is completed appropriately for these married clients.

If the clients are living together and NOT married, please submit separate assessments for each client.

#### **Are clients allowed to passively renew through the Health Insurance Marketplace?**

No. Clients must actively renew health insurance marketplace plans for 2024.

#### **If an Assessment with incorrect information (e.g., first and last name are entered backward, date of birth, Social Security Number, or address) is submitted to American Exchange, what should the Case Manager do?- ACA/New Medicaid Assessment Specific**

When submitting Assessments electronically or over the phone with one of our Representatives please ensure information is accurate. If a name is entered



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incorrectly this can cause data matching issues with Medicaid Applications as well as ACA enrollments which can lead to delays and/or terminations.

If discovered that information was incorrect when submitting an Assessment please reach out to American Exchange immediately so that we can rectify the applications. Utilize the chat feature through our site, email [mo@americanexchange.com](mailto:mo@americanexchange.com), or call to update the assessment already submitted. Please note- a new assessment is NOT needed to update information. Creating a new assessment in these instances can delay processing and cause issues with the enrollment process.

#### **What should be entered in the “Household Size” question on the assessment?**

The answer should include all members of the household including the primary applicant. The household size is asking specifically for TAX household members. Any members of your “household” that are not included when filing taxes should not be included.

If this information is incorrect, the FPL will not compute correctly. An incorrect response will also impact Medicaid determinations and eligibility.

#### **On the Assessment, when asked “Pay Frequency” and “Pay Amount” what should be entered?**

Pay Frequency *	Pay Amount *
<input type="text"/>	<input type="text"/>
	<small>Enter the amount based on the pay frequency - the application will calculate the total household income</small>

Follow the prompts under each question for clarification. If 'Weekly' is selected under “Pay Frequency”, the amount entered under “Pay Amount” should be the weekly rate of pay.

If frequency and amount do not match correctly when the application is submitted to the marketplace, the incorrect Advance Premium Tax Credit (APTC) will be selected, which can affect the client when reconciling their taxes. Please also note that when answering income questions, the assessment is asking for the gross pay amount (pretax and additional deductions).

The answer to this question will also impact the FPL. It is important to double-check the frequency and amount prior to submitting the assessment.



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#### **Is there a way to go back to a submitted pre-assessment for a client to select a preferred plan/insurance carrier once the approved plans have been released?**

No. Unfortunately, there is no way to go back and make adjustments to an assessment that has already been submitted. Case Managers, Assistors, and clients can contact American Exchange after an assessment has been submitted to make any corrections to the assessment or address any questions.

We definitely want the client to select a preference. If they do not have one, please advise the client that American Exchange will select from the approved plans with the priority of ARV Formulary restrictions and then HIV Specialist. American Exchange will not assume based on the Case Manager Agency which hospital or HIV Specialist the client frequents for medical services. In most cases, that client would be enrolled in the plan they were previously enrolled in the prior year unless there is information in the assessment that has been updated.

***Please note:** plan changes during Open Enrollment 2024 will not be accepted AFTER December 4, 2023.*

#### **If the client does not have a preference for the insurance carrier and I (the Assistor or Case Manager) enter the Specialist/Dr information into the appropriate section of the assessment, is it okay to go ahead and complete the pre-assessments now in the system before plans have been approved?**

Yes. If the client does not have a preference, select that option on the assessment form **until** plans have been approved. Once plans are selected, the person completing the assessment will have to select a carrier.

While it is mandatory for the ARV Medication, HIV Specialist, and Preferred Hospital to be noted in the assessment, if a preferred carrier is selected on the assessment, the preferred carrier selection will supersede any non-corresponding information (ARV Medication, HIV Specialist, and Preferred Hospital).

***Please note:** plan changes during Open Enrollment 2024 will not be accepted AFTER December 4, 2023.*





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#### **My computer is having difficulty with the American Exchange application. Are there any tips for using this application?**

Yes. Here are some tips:

- Be sure to use the most recent version of one of the four preferred browsers (Microsoft Edge, Mozilla Firefox, Google Chrome, or Apple Safari).
- You may also want to make sure that the browser accepts cookies and that you clear your cache.
- Make sure to check with your organization's policies and procedures before making any changes to your browser or computer.

## REQUIRED DOCUMENTATION

#### **Are all clients required to submit proof of income, citizenship, or legal immigration status? (ACA-specific)**

No, not all clients will be required to provide proof of income, citizenship, or legal immigration status.

- Clients that are required to do so must provide any requested documents within 90 days.
- If income documentation is not provided, the client may lose their tax credit, but it will not cancel their health insurance plan.
- If citizenship information is not provided within 90 days, the client's plan will be canceled.
- If immigration information is not provided within 90 days, the client's plan will be canceled.

#### **Proof of Income/Clarification on Income Documentation**

The documents required by the marketplace to confirm income must show a yearly income amount that closely matches the yearly income amount a client entered on their application. For example, if the client had a different job than last year, the client must submit to the marketplace a recent pay stub from their new job, instead of last year's tax return or W2.

***Click the link below for more information on the acceptable types of proof of income:***

- [How Do I Resolve an Inconsistency?](#)



### **Proof of Citizenship**

The following are documents clients can submit as proof of citizenship:

- U.S. passport
- Certificate of Naturalization (N-550/N-570)
- Certificate of Citizenship (N-560/N-561)
- State-issued enhanced driver's license (available in Michigan, New York, Vermont, and Washington)
- Document from a federally recognized Indian tribe that includes your name and the name of the federally recognized Indian tribe that issued the document, and shows your membership, enrollment, or affiliation with the tribe.

***Click the link below for more information on the acceptable types of proof of citizenship:***

- [How Do I Resolve an Inconsistency?](#)

### **Proof of Immigration Status**

There are many documents a client may submit as proof of citizenship, including:

- Lawful permanent resident (LPR/Green Card holder)
- Asylee
- Refugee
- Cuban/Haitian entrant
- Paroled into the U.S.
- Conditional entrant granted before 1980
- Battered spouse, child, or parent
- Victim of trafficking and their spouse, child, sibling, or parent
- Special Immigrant Visa holders from Iraq or Afghanistan
- Granted Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT)
- Individuals with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)
- Temporary Protected Status (TPS)
- Deferred Enforced Departure (DED)



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- Deferred Action Status (Exception: Deferred Action for Childhood Arrivals (DACA) isn't considered an eligible immigration status for health coverage through the Marketplace)
- Lawful temporary resident
- Granted an administrative stay of removal by the Department of Homeland Security (DHS)
- Member of a federally recognized Indian tribe or American Indian born in Canada
- A Resident of American Samoa
- Special Immigrant Juvenile Status.

***Or, if the client is an applicant for:***

- Temporary protected status with employment authorization
- Special Immigrant Juvenile Status
- Adjustment to LPR Status with an approved visa petition
- Victim of trafficking visa
- Asylum — See note below.
- Withholding of Deportation or Withholding of Removal, under the immigration laws or under the Convention against Torture (CAT) — See note below.
- Cancellation of Removal or Suspension of Deportation with approved employment authorization
- Legalization under the Immigration Reform and Control Act (IRCA) with approved employment authorization.

***Click the link below for more information on the acceptable types of proof of immigration status:***

- [How Do I Resolve an Inconsistency?](#)

**How do I upload the requested documents to American Exchange?**

Upload documents directly to American Exchange online at the link below

[Secure Upload Site - American Exchange](#)

(URL: <https://www.americanexchange.com/upload-pdf/>)

When submitting the assessment or Medicaid Update Form please submit any documentation that would assist the team. If the information is not provided please note this will delay processing of ACA enrollments and Medicaid Application Submissions.



To successfully upload documents to American Exchange's secure site:

1. The document must be in PDF format.
2. Use the drop-down menu to select the appropriate *Document Type* that will be uploaded.
3. In the *Email for Confirmation Notice* field, enter the client's Case Manager's email address so an American Exchange agent can reach out if more documentation is needed.

**Can I apply through American Exchange if I have a client whose marketplace health insurance premium is funded through ADAP, but that client also has family members who are on a marketplace health insurance plan, but that are not funded through ADAP?**

Yes. In this case, in either the dependent or spouse sections of the assessment please answer appropriately on who needs coverage. A team member will reach out to the client for additional information as far as plan selection in these instances. If the team does not have a successful follow-up with the family member please note the family member will NOT be enrolled in an ACA plan. It is important that the question regarding if the family member is receiving services through a Premium Assistance Portal is answered correctly. In the instance above, please select "No."

In addition to assisting other family members with plan selection, American Exchange will make sure the client who is funded through ADAP is in an approved plan that fits their needs.

\*It is important to note that family members need to be enrolled under the same application in the Health Insurance Marketplace but American Exchange is able to split the plan selection so that each plan creates a separate invoice.

**How/When will clients be notified that the enrollment has been processed and what plan they will have for 2024?**

American Exchange sends an email to each client with a valid email address and case manager once the assessment has been completed.

Healthcare.gov notifications are followed by the 2024 marketplace eligibility reports and correspondence from their health insurance carrier in the mail.



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Medical Case Managers will be able to see the created referral initiated by HSI once the enrollment is complete.

Each client enrolled in an ACA plan will receive an enrollment confirmation email within seconds of completing the application in the Health Insurance Marketplace.

Each Medicaid-eligible client and their Case Manager will receive an email with each update of the status of the application submitted.

#### MEDICAID AND HIPP

##### **Is there an easy way to identify if a client got MHN through AE as opposed to a traditional application?**

Please reach out to American Exchange via chat or email.

##### **If we update the client's income/ address etc. within Scout within the last 30 days do we still need to complete the MCD update form?**

Yes. Any information entered in SCOUT does not alert American Exchange. It is important to update American Exchange any time income, household size, or residency changes.

##### **Is the 2023 MO Assessment page still available for Medicaid Applications?**

Yes, the Assessment will be available for 2023 Medicaid Applications until 12/31/2023 but please note that if your client needs a plan for 2024 until the Medicaid Application is approved, a 2024 Assessment will still need to be completed AFTER submitting the 2023 Assessment.

##### **Will American Exchange have access to status updates on a client's Missouri Medicaid Application?**

Yes. By having the two required documents signed, we will be able to complete the client's Medicaid application. We are also able to follow up on the status of the application, including if additional information is needed.

##### **Will a client who falls below 139% FPL be enrolled in an ACA Plan for 2023?**

Yes. To ensure there is no lapse in care, each client who submits a 2024 ACA Assessment will be enrolled in an ACA Plan if eligible. Once their Medicaid



Application has been approved, we will update HSI, and payments for the client's ACA Plan will stop.

**\*\*New for 2024**, once it has been discovered the client has coverage, ACA plans will immediately be terminated. This disclaimer has been added to the 2024 Assessment for ACA Enrollments.

**If my client is below 139% FPL and has income, what is required to submit an assessment?**

As of November 20, 2021, proof of income must be included with any assessment that warrants a Medicaid determination if the income is over \$0. These will be required forms. If the forms are not submitted, a Medicaid application will not be processed for the client; the client will not be enrolled in an ACA plan either.

- Click here to [upload forms](https://americanexchange.com/missouri-upload-form/) (url: <https://americanexchange.com/missouri-upload-form/>)
- Email forms to [momedicaid@americanexchange.com](mailto:momedicaid@americanexchange.com). Include the client's name and date of birth.

**Are all clients required to submit proof of income, citizenship, or legal immigration status?- Medicaid Specific**

If an assessment is being submitted for a client who is eligible for AEG (Expanded Medicaid) then it is required to provide proof of income for any client who has income over \$0. If income is not provided at the time of the enrollment please note that any ACA enrollment will be halted until this information is provided to complete the Medicaid application submission process.

If a client is not a U.S. citizen but has legal immigration status please provide as much information as possible at the time of application submission. Until all information regarding legal immigration status is provided any ACA enrollment will be halted until this information is received to complete the Medicaid application submission process.

Clients who have not resided in the U.S. for at least 5 years are not eligible for MO Expanded Medicaid at this time.



**If an Assessment with incorrect information (e.g., first and last name are entered backward, date of birth, Social Security Number, or address) is submitted to American Exchange, what should the Case Manager do?- Medicaid Update Form Specific**

If you have submitted a Medicaid Update Form with information that is inaccurate please fill out a new Medicaid Update Form. Any new Update Form will supersede the information provided from the previous Update Form.

If you have any questions please reach out to American Exchange utilizing the chat feature through our site, email [mo@americanexchange.com](mailto:mo@americanexchange.com), or call. If calling please specify you are asking in regards to updating MO Medicaid Information.

**Will Case Managers be updated throughout the MO Medicaid Application Process on the status?**

If additional information is needed, one of our Missouri Medicaid Application Coordinators will reach out to the Case Manager who completed the 2024 assessment. To process these applications in a timely manner, it is important that American Exchange has the correct Case Manager, phone number, and email address. Once a determination is made, HSI will be made aware of the status change to the application.

Each Medicaid-eligible client and their Case Manager will receive an email with each update of the status of the application submitted.

**If the client is approved for MO Medicaid, will HSI be made aware?**

HSI will be made aware of any status changes in each client's Missouri Medicaid application. There are several stages to this process, including:

- *Pending* (the application has been submitted)
- *Documents Needed*
  - We will gather what is needed and coordinate with Case Manager as needed)
- *Approved*
  - We will update HSI with the retro-dated effective date
- *Denied*
  - We will update HSI of the denial and provide documentation).



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#### **Will American Exchange assist clients who are pregnant in applying for Medicaid?**

At this time American Exchange will not be processing Medicaid applications for short-term Medicaid plans. The only exceptions to this process would be if the client was already eligible based on their FPL to apply for Expanded Medicaid.

#### **Will American Exchange assist clients who are legally blind in applying for Medicaid?**

No. American Exchange has only been contracted to assist in processing Medicaid Applications specifically for clients who are eligible for AEG (Expanded Medicaid.)

#### **What is the process for required documents (proof of income and/or immigration/citizenship status) for Medicaid Application Processing specifically?**

The following process applies when authorizations are not signed:

- Three reminders are sent to Case Managers; two of those are encrypted messages.
  - The first email reminder is issued 24 hours after the assessment is submitted.
  - The second reminder is sent to the Case Manager 48 hours after the first email.
  - The final reminder is sent 48 hours after the second reminder.
    - *This reminder is sent to the Case Manager and client. We remove the client's name from the reminder so it does not have to be encrypted.*

**Please note** that if forms are not submitted, the assessment is placed in *Pending* status, and the client will not be enrolled in an ACA Plan during Open Enrollment until forms are submitted. Medicaid Applications are also pended until the forms are received.

#### **Can my client apply for Missouri Medicaid using the 2024 MO Assessment outside of Open Enrollment, i.e., after December 31, 2023?**

Yes. A client does **not** have to qualify for a SEP to apply for Missouri Medicaid. Please complete and submit the Assessment Form; our Medicaid Application Coordinators will process these applications appropriately.





**If I have a client who has active Medicaid or is currently in the HIPP program, should I submit a 2024 Assessment?**

No. American Exchange is unable to assist with the renewal process of an existing Medicaid Application. Submitting an assessment for these clients will create confusion and may result in the client having two Medicaid Applications in the system, which may create data matching issues and require additional information from DSS to go forward with any of the applications.

**My client will be applying for HIPP. Will their ACA Plan be terminated in the health insurance marketplace once they are approved for Missouri Medicaid?**

American Exchange WILL term an ACA Plan if it has been determined or communicated by HSI that the client will **not** be applying for HIPP. If your client is applying for HIPP and additional information is needed, please contact American Exchange.

HIPP is a program outside of Ryan White, so please be specific about what is needed from American Exchange. We are more than happy to securely email the Case Manager screenshots, a Summary of Benefits, etc., but please specify the information that is needed. Also, keep in mind that HSI will immediately term future payments on any client's ACA Plan once they have been approved for Missouri Medicaid.

## **EMAIL ADDRESSES AND CONFIRMATION EMAILS**

**Will there be a confirmation email sent this year to notify Medical Case Managers and Assitors that the Assessment was received?**

Yes. The confirmation email will auto-generate once the online assessment is completed. If an assessment is uploaded electronically, the assessment confirmation will be sent from the Account Manager or the Missouri Enrollment Team. If an assessment is done over the phone, a confirmation email will be sent.

The confirmation email is sent to the client, Medical Case Manager, and Assistor. There are three email fields in the assessment. If any of the email fields are blank or have an invalid address, the confirmation cannot be sent to that field's intended recipient.



**Will leaving the email address on the confirmatory email jeopardize any PHI?**

No. The client's email address is not linked with any health information; therefore, it is not considered PHI. The Department of Health & Human Services states:

The Privacy Rule protects all "*individually identifiable health information*" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral. The Privacy Rule calls this information "protected health information (PHI)."

"Individually identifiable health information" is information, including demographic data, that relates to:

- The individual's past, present, or future physical or mental health or condition
- The provision of health care to the individual
- The past, present, or future payment for the provision of healthcare to the individual, and that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual. Individually identifiable health information includes many common identifiers (e.g., name, address, birth date, Social Security Number)

**When I completed the assessment, it stated "Successful Submission," but I did not receive a confirmation email. What happened?**

The Assessment was received. Due to certain firewalls within an agency, the confirmation email may be either in Quarantine, a Spam folder, or similar safety precautions set up with the agency.

Please check to make sure all emails sent from American Exchange and [amex@surefyre.co](mailto:amex@surefyre.co) are marked *Safe to Open* and that emails are whitelisted. Check with your IT department if you need assistance. Assessments can still be submitted and confirmatory emails will still be sent out when American Exchange is closed.



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## CHANGES TO CLIENT INFORMATION

### **Can a client update their income information or other life change mid-year?**

Yes. If a client enrolls through American Exchange during Open Enrollment for the 2023 plan year, then American Exchange will be able to assist with income and other life changes throughout the year. American Exchange will not be able to assist with life changes for clients who did not enroll through American Exchange if we cannot access the health insurance marketplace application.

## GENERAL INFORMATION

### **Should my client reach out about any unusual invoices or notices from their health insurance carrier or the health insurance marketplace?**

Yes. Please instruct your clients to immediately act on any unusual notices or invoices that they receive from their health insurance carrier or the health insurance marketplace so they don't experience any gaps in coverage or cancellations.

### **Will there be a way to get the application ID number to connect the application to a client's existing marketplace account?**

We provide the Marketplace Application ID Number, available in the American Exchange insurance benefits management system, to HSI.

**If there are additional questions about completing a Missouri 2024 ACA Assessment, please call American Exchange's Missouri Direct Line 844.357.8779 or email [mo@americanexchange.com](mailto:mo@americanexchange.com).**