

# Louisiana *Healthy Self Campaign* Newsletter

Created Specifically for Louisiana Consumers by Louisiana Navigators  
July 2018

## What does “Reconciliation” mean for my Marketplace Coverage?

Reconciliation (for Marketplace Health Insurance/Federal Income tax purposes) means comparing the Advance Premium Tax Credit (APTC) amount that you received throughout the year to pay for your Marketplace coverage to what you should have actually received based on your final income and household size for the year (what you file on your federal income tax return). Any difference between what you put on your application and what you file on your federal income tax return will determine whether or not you have to pay back any APTC or if you are eligible for an additional tax credit amount.

You must file an income tax return if you receive an APTC to pay for your health insurance premiums on the Marketplace. Your return must be filed jointly if you are legally married! The amount of APTC that you received is shown on a form (1095-A) that is either mailed to you or can be accessed on your marketplace account. Please contact your local Certified Navigator if you need assistance with downloading your 1095-A form. You or your tax-preparer must use the information on the 1095-A to complete your federal tax return if you received an APTC to pay for health coverage in the Marketplace.

The amount of APTC you receive is based on your expected income and household size that you reported when you first submitted your application. This projected amount and the APTC amount are shown on your “Eligibility Notice” (which was either mailed or emailed to you after you submitted your application). We are over half-way through this calendar year, so now is the perfect time to take a few minutes to compare your current yearly household income to the amount you put on your Marketplace application. Since we are half-way through the year, you should be at about half of the income that you put on your Marketplace Application. If you are significantly higher or lower than you expected, you should contact your local Marketplace Navigator to report the change in household income to the Marketplace to avoid having to repay any tax credit.

For example, if you received a \$300.00 monthly APTC based on an expected annual income of \$20,000, but actually made \$25,000 for the year (and you did not report the change/increase during the year) you will owe part of the APTC back. This amount will be deducted from what you would get back on your federal income tax return. You can also run into issues if you have changes in household size (typically the tax filer, their spouse, and dependents) and do not report those changes. Please contact your local Certified Navigator for FREE assistance.



## KEY THINGS TO REMEMBER:



- The window to apply for a Special Enrollment Period is 60 days.
- The Marketplace requires proof showing loss of Health Coverage and the effective day (also includes Medicaid), before you will be eligible for the SEP or any Advance Premium Tax Credits.
- Please read all documents that you receive from the Marketplace:
  - ✓ If the Marketplace is sending a letter requesting more information for verification purposes and you miss the given deadline, it can affect your coverage.
  - ✓ Your Advance Premium Tax credit may be impacted.
- It is your responsibility to terminate your coverage through the Marketplace if you or any members on your application are found eligible for other minimum essential coverage, (such as Medicaid, Medicare, employer insurance, etc.).
- It is important to update your physical or mailing address in the event you move.
- It is important to provide a good estimate of your household size and income for each year you apply for coverage in the Marketplace. You can do this by:
  - ✓ Scheduling an appointment with a Navigator (free of cost).
  - ✓ Calling the Marketplace to make changes.
  - ✓ Logging into your account on [www.healthcare.gov](http://www.healthcare.gov) to report a life change

## Do you represent an organization that serves as a Certified Application Center for the Marketplace or one that would like to?

The Centers for Medicaid and Medicare Services (CMS) is currently refreshing the Certified Application Counselor (CAC) Program by implementing an enhanced application and renewal process. The new application process will promote better engagement with our Certified Application Counselor Designated Organizations (CDOs) and provide the CAC community with an improved user experience. Any organization seeking to provide CAC enrollment assistance to consumers for Plan Year 2019 must apply to become a CDO. Existing CDOs that fail to reapply during the CAC Program re-application window **will be de-designated** and will not be permitted to certify CACs or assist consumers.

CMS has sent invitations to reapply to ALL existing CDOs from April through June, requesting organizations re-apply to continue participating in the CAC Program. Now, we invite all interested organizations, as well as all existing CDOs that have not yet reapplied, to submit an application to become a CDO for Plan Year 2019. In preparation for the next Open Enrollment Period, the deadline to submit an application to become a CDO is **September 14, 2018**. If you represent an organization that needs to reapply for your CDO status or are interested in becoming one, send direct all questions to: [cacquestions@cms.hhs.gov](mailto:cacquestions@cms.hhs.gov)



## Medicaid Open Enrollment Began June 15

Open enrollment for Healthy Louisiana (Medicaid) began June 15, 2018, and runs through July 31, 2018. During this time, people enrolled in Medicaid’s managed care program, known as Healthy Louisiana, have the opportunity to choose a new health plan or do nothing and remain with their current plan. There are five health plans that deliver physical and behavioral health care services to the nearly 1.5 million Healthy Louisiana enrollees.

This once-a-year opportunity is the only time Healthy Louisiana enrollees can choose a new health plan without a qualifying reason, outside of their initial enrollment period (keep in mind, you can sign up for Medicaid year-round, but can only change plans during open enrollment).

Enrollment changes made during this time will go into effect on **September 1**.

If you currently have Medicaid, you were mailed a letter notifying you of the open enrollment period. If you have not updated any changes to your address, please call the Medicaid office at 1-888-342-6207 or contact your local Certified Navigator for assistance. If you wish to remain with your current health plan do not need to take any action.



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**Have questions or need FREE assistance?  
We are here to help...**

Parish Served	Phone Number
Winn, Grant, Rapides	318-443-2855
Beauregard, Allen, Calcasieu, Jefferson Davis, Cameron	337-478-4822
St Landry, Acadia, Lafayette, Iberia	337-989-0001
East Baton Rouge, Livingston, Ascension	225-757-9845
Orleans, Jefferson	1-800-435-2432

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