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Informing Ohioans about the ACA: A primer on consumer assistance

Among the key components of the Patient Protection and Affordable Care Act (ACA), passed in March 2010, are new health insurance coverage requirements and options for Americans. Recognizing the need to inform the public about health coverage changes and options and to provide enrollment assistance, the law and subsequent regulations establish and define consumer assistance programs. In this paper, consumer assistance programs are defined as those which train or certify individuals and/or organizations to assist consumers with enrolling in the marketplace.

This paper provides an overview of consumer assistance provisions of the ACA, subsequent federal and state regulations and consumer assistance efforts underway in Ohio as of mid-2014. It does not address broader education and outreach efforts that many organizations conducted.

Coverage components of the Affordable Care Act (ACA)

Major coverage components of the ACA include:

- **Individual mandate:** U.S. citizens and legal residents are required to have qualifying health coverage; those without coverage pay a penalty.[1] The law allows exemptions for certain individuals.[2]
- **Insurance market reforms[3]**:
  - Insurers must sell and renew policies to all who apply (known as "guaranteed issue and renewal")
  - Insurers cannot deny coverage for a pre-existing condition
  - Insurers cannot impose lifetime or annual limits
  - Insurers cannot charge people with poor health more than others; premiums can only vary by a limited amount and only on the basis of a few factors (tobacco use, age, geographic area and family size)
  - Insurers cannot discriminate based on a person's mental or physical disability
  - Young adults — up to age 26 — can remain on their parents' health insurance, if desired
- **Medicaid expansion:** The law provided for an expansion of Medicaid coverage to all non-Medicare eligible individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 138%[4] of the federal poverty level (FPL) based on modified adjusted gross income (MAGI) standards. As with previous law, undocumented immigrants are not eligible for Medicaid. The Supreme Court ruling on the constitutionality of the ACA upheld Medicaid expansion but limited the ability of the federal government to enforce it. As a result, Medicaid expansion is optional for states. Ohio implemented Medicaid expansion effective January 1, 2014.
- **Marketplace:** The law established the American Health Benefit Exchanges — now called Health Insurance Marketplaces — to facilitate the purchase and sale of qualified health plans (QHPs) in the individual market in states. Likewise, the law established the Small Business Health Options Program (SHOP) to enable small businesses with between 1 and 50 employees to purchase qualified health coverage. The aim of these new marketplaces is to reduce the number of uninsured, increase transparency in the insurer marketplace, provide consumer education and assist qualifying individuals with accessing publicly-funded insurance programs, premium assistance and cost-sharing reductions.

  Only consumers who are not eligible for Medicaid or Medicare and do not have access to affordable employer-sponsored insurance (defined as no more than 9.5% of income[5]) or employer-sponsored insurance that meets threshold benefit requirements, are eligible to purchase insurance through the marketplace. Premium subsidies, in the

Figure 1. **2014 Federal Poverty Level (FPL) Guidelines (by household size)**

	64%	90%	100%	138%	200%	250%	400%
1	$7,469	$10,503	$11,670	$16.105	$23,340	$29,175	$46,680
2	$10,067	$14,157	$15,730	$21,707	$31,460	$39,325	$62,920
3	$12,666	$17,811	$19,790	$27,310	$39,580	$49,475	$79,160
4	$15,264	$21,465	$23,850	$32,913	$47,700	$59,625	$95,400

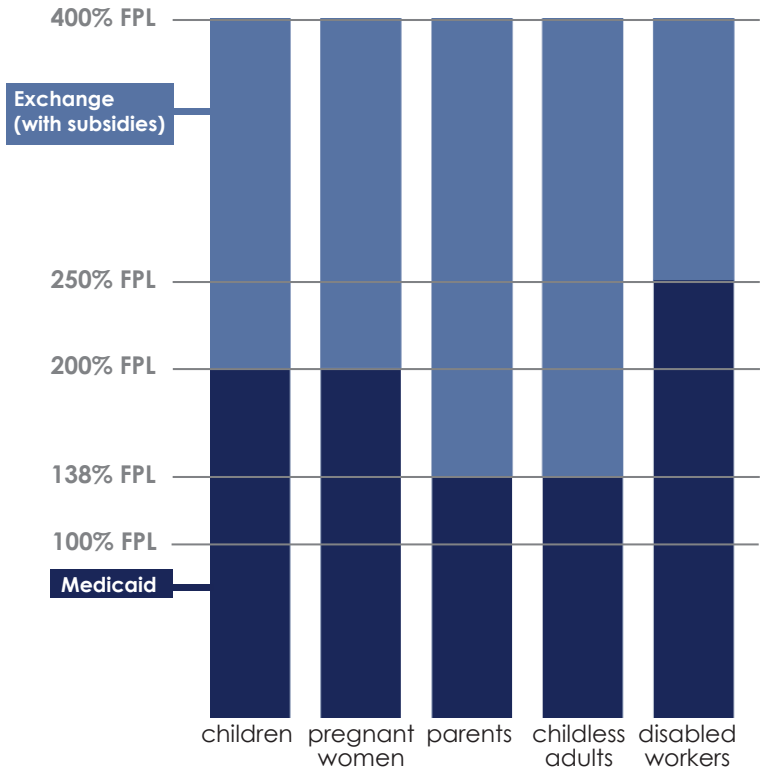
Source: *Federal Register*, January 22, 2014
Note: Annual guidelines for all states except Alaska, Hawaii and DC. For each additional person, add $4,060

form of tax credits, are available for consumers with incomes between 100% and 400% of the federal poverty level (FPL) and cost-sharing subsidies are available for consumers with incomes between 100% and 250% FPL.[6]

Enrollment and eligibility overview

State options and decisions impact the roles and responsibilities of states and the federal government. Because the state of Ohio opted for the federally-facilitated marketplace (FFM) while maintaining responsibility for plan management, the federal government operates the Ohio Health Insurance Marketplace and determines eligibility for marketplace coverage, cost-sharing subsidies and premium assistance. Because Ohio elected to maintain responsibility for determining Medicaid eligibility, including for applications received through the marketplace, Ohio operates the Medicaid eligibility determination system.

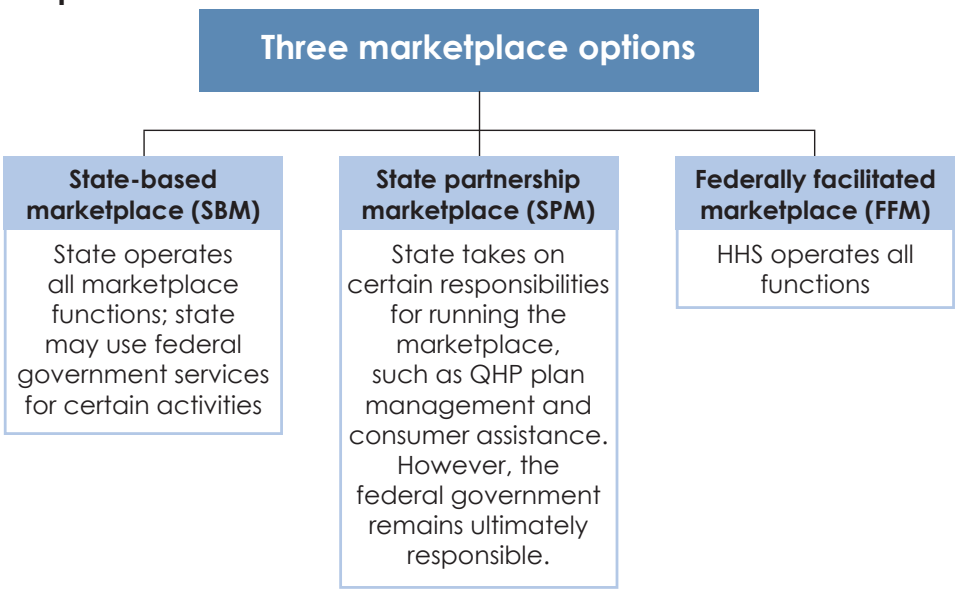
Figure 2. **Subsidized health coverage eligibility for Ohioans in 2014**



Note: These categories reflect the Medicaid population referred to as being in the MAGI category (Modified Adjusted Gross Income); a population newly defined in the Affordable Care Act. Essentially, the MAGI population's eligibility for Medicaid is determined solely by income, that is, anyone who is under age 65, not on Medicare, meets citizenship requirements, and whose income is up to 138% FPL is eligible for Medicaid. This chart does not include the Aged, Blind and Disabled (ABD) Medicaid category which has an income eligibility level of 64% FPL.

The ACA requires that the marketplace and Medicaid eligibility systems be interoperable to allow consumers to switch from private insurance through the marketplace to

Figure 3. **Marketplace models**



Note: Ohio is technically an FFM, but the Ohio Department of Insurance performs certain plan management functions

Medicaid and vice versa as their circumstances change. As such, the marketplace and Medicaid are required to use a single common enrollment application that can be completed online, by mail, over the telephone, or in person. These provisions are intended to provide seamless "no wrong door" access to coverage options for consumers. This means that no matter how an individual submits an application, or whether that application is received by the marketplace or by Medicaid, the individual will receive an eligibility determination without the need to submit information to multiple programs.

Ohioans use HealthCare.gov to apply for both marketplace health coverage and Medicaid. Additionally, they can check their eligibility for premium tax credits and cost-sharing subsidies and compare qualified health plans. Options for applying include:

- *Online:* Visit www.HealthCare.gov
- *Phone:* Call the federal hotline at 1.800.318.2596

Who determines Medicaid eligibility—the marketplace or the state?

People who qualify for Medicaid are not eligible for subsidized health coverage offered through the marketplace. As a result, the marketplace must determine eligibility for Medicaid before it evaluates eligibility for premium tax credits and cost-sharing subsidies. States have two options for the marketplace role in Medicaid eligibility:

- Determination model: the marketplace directly determines Medicaid eligibility
- Assessment model: the marketplace assesses potential eligibility for Medicaid. If applications meet eligibility requirements, the marketplace transfers their files electronically to the state Medicaid agency for a final determination

Ohio chose the assessment model, meaning applications of Ohioans who apply for health insurance through the federal portal (HealthCare.gov) but are found eligible for Medicaid will be transferred automaticaly to the state and applications of Ohioans who apply through the state's portal (benefits.ohio.gov) and are not eligible for Medicaid will be transferred to the federal marketplace (HealthCare.gov).

Technical issues have prevented HealthCare.gov from transferring Medicaid applications to states automatically. As a result, many individuals who thought they had applied for Medicaid through HealthCare.gov (245,700 in Ohio as of April 2014), did not have their applications transferred to the state for final Medicaid eligibility determinations. Pending the fix of automatic transfer capability, federal and state officials have worked out a process by which applications can be sent to the state. The applications have now been sent to Ohio; Ohio Medicaid and county job and family services agencies are processing the applications.[7]

- *In person:* Find an assister at localhelp.HealthCare.gov or at an enrollment event (find a list at ohioforhealth.org/events)
- *By mail:* Print a paper application at www.HealthCare.gov and mail it to the address listed

In addition to applying for coverage and subsidies, individuals also may apply for exemptions from the individual mandate at HealthCare.gov or on their federal tax return.

Ohioans have the option to apply for Medicaid coverage through Ohio's online self-serve portal, benefits.ohio.gov. This website went live in October 2013 and is at the core of the state's eligibility modernization efforts. Ohio residents who are likely eligible for Medicaid are encouraged to use benefits.ohio.gov to apply, especially while HealthCare.gov is unable to transfer Medicaid applications to the state automatically. In addition to applying online, applications can be submitted at county job and family services offices or by calling the Ohio Medicaid Consumer Hotline at 1.800.324.8680.

Consumer Assistance provisions of the ACA

The ACA requires that consumers have access to assistance in understanding their options for health coverage and guiding them through the complexities of enrollment through the marketplace. The cost of premiums and additional out-of-pocket costs such as deductibles and co-pays, what benefits and prescription drugs are covered, and which providers are included in plans' provider networks are some of the issues that consumers need to consider when choosing a plan. This assistance must be available both in-person and via telephone.[10]

The consumer assistance framework includes three categories of assisters:
- Navigators
- In-Person Assisters (IPAs)[11]
- Certified Application Counselors (CACs)

In addition, the ACA provides a role for health insurance agents and brokers to help enroll consumers in the marketplace.

Marketplace Open Enrollment Period

Open enrollment period refers to the period of time during which eligible individuals may enroll in a qualified health plan in the marketplace. For coverage that started in 2014, the open enrollment period was October 1, 2013–March 31, 2014. For coverage starting in 2015, the proposed open enrollment period is November 15, 2014–February 15, 2015. Individuals may qualify for special enrollment periods outside of open enrollment if they experience certain qualifying life events.

There is no open enrollment period for Medicaid; individuals can apply for Medicaid at any time of the year.[8,9]

Consumer Assistance Funding

The existence, implementation and funding for each of these assister categories varies depending upon the type of marketplace a state elects.

Navigators

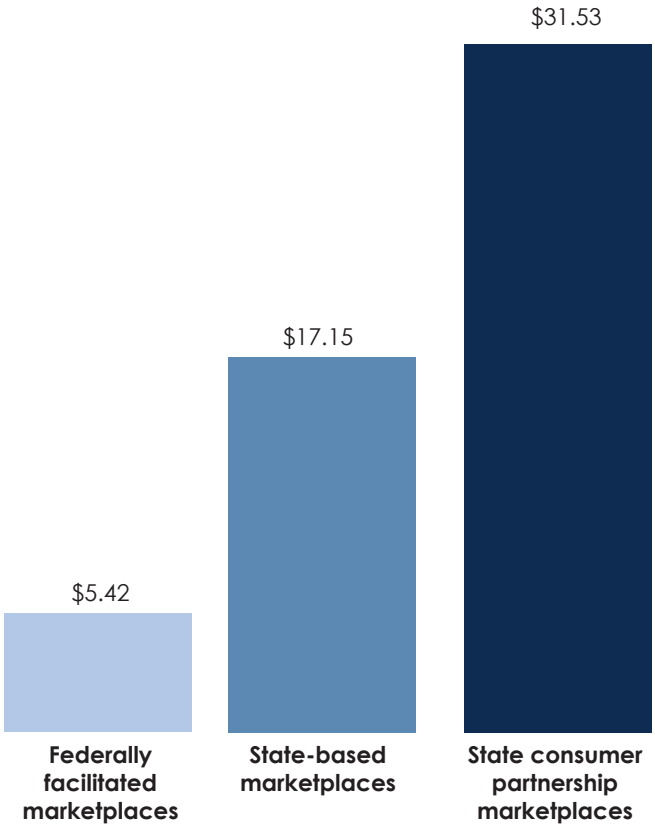
Broadly speaking, navigator programs in state-based marketplace (SBM) states are operated by the state and funded by revenues generated from the marketplace, while navigator programs in federally-facilitated marketplace (FFM) states are funded and operated by the federal government. Navigators assist consumers with marketplace enrollment and conduct public education activities to raise awareness about the marketplace. A total of $67 million in navigator funding was awarded to 102 entities in 29 FFM states and 2 partnership states; the specific amount for each state included base funding of $600,000 with the remainder allocated according to a formula based on the number of uninsured residents under age 65.[12]

In-person assisters (IPAs)

In-person assisters are an optional program available only to state-based marketplaces (SBMs) and therefore do not exist in Ohio.

Certified Application Counselors (CACs)
Certified application counselors were established by rule and have similar functions to navigators, although CACs are not required to conduct outreach and have less stringent training requirements. CACs are not funded by the federal or state consumer assistance programs with one exception—federally qualified health centers receive federal funding for consumer assistance. In FFM and partnership states, health centers receiving this funding were required to become CAC organizations.[13]

Figure 4. **Consumer assistance funding per eligible uninsured, by marketplace type**



Note: In this analysis, state consumer partnership marketplaces include only those states that retained responsibility for consumer assistance. The two partnership states that do not run their own consumer assistance programs (Iowa and Michigan) are included in the federally facilitated marketplaces.

Source: University of Pennsylvania Leonard Davis Institute of Health Economics and the Robert Wood Johnson Foundation

A recent analysis comparing national consumer assistance funding to the number of uninsured found that one-half of consumer assistance funds were spent in SBM states where thirty-one percent of uninsured Americans live, one-third of consumer assistance funds were spent in FFM states where sixty-one percent of the uninsured live, and seventeen percent were spent in partnership states where six percent of the uninsured live. More specifically, consumer assistance funding per eligible uninsured person varied across marketplace type, as seen in figure 4.

This variation is explained in large part by the differences in funding eligibility defined by marketplace type. Partnership states are the only states with access to all three consumer assistance funding streams, namely federal navigator funding, in-person assistance funding, and community health center funding. FFM and SBM states each only have access to two funding streams.

Ohio Consumer Assistance Entities

Navigators
The ACA requires each marketplace to develop and implement navigator grant programs designed to assist consumers with marketplace enrollment. As an FFM state, the federal government funds and administers Ohio's navigator program. Federal code requires navigators to do the following[14]:

- Maintain expertise in eligibility, enrollment, and program specifications and conduct public education activities to raise awareness about the marketplace
- Provide information and services in a fair, accurate and impartial manner. Such information must acknowledge other health programs
- Facilitate selection of a qualified health plan (QHP)
- Provide referrals to any applicable office of health insurance consumer

assistance or health insurance ombudsman, or any other appropriate state agency or agencies, for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage
- Provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the marketplace, including individuals with limited English proficiency, and ensure accessibility and usability of navigator tools and functions for individuals with disabilities.

The law requires that at least two types of entities serve as navigators in each marketplace, and that at least one navigator be a community and consumer-focused nonprofit.[15]

The law also requires that entities or individuals serving as navigators must have expertise in eligibility and enrollment rules and procedures; the range of qualified health plan options and insurance affordability programs; the needs of underserved and vulnerable populations (such as rural populations and individuals with limited English proficiency); and privacy and security standards.[16] Federal code requires that each marketplace must develop training programs to ensure that navigators can acquire this expertise.[17] Navigators cannot receive compensation from any health plan in connection with enrolling someone in a plan offered through the exchange.

Federal training and certification requirements for navigators include the following:
- Complete a 20 hour on-line training course approved by the Department of Health and Human Services (HHS)
- Pass a certification test and be recertified annually
- Disclosure of any potential conflicts of interest[18]

Ohio law includes additional requirements for navigators, including[19]:
- Successful completion of a criminal background check
- Each business entity insurance navigator must pay an application fee and annual certification renewal fee[20]
- Submission of an application for navigator licensure and disclosure form by which a navigator is to disclose any potential conflicts of interest
- Prohibition against receiving financial compensation from an insurer offering a QHP on the marketplace

Certified application counselors (CACs)
Unlike navigator organizations, CACs do not receive funding from the marketplace. In order to become

Ohio's navigators

Five Ohio organizations initially were awarded federal navigator grants in August 2013: Ohio Association of Foodbanks, Cincinnati Children's Hospital Medical Center, Clermont Recovery Center, Helping Hands Community Outreach Center in Dayton, and Neighborhood Health Association in Toledo.[21] State legislation, discussed in more detail on page 7 of this brief, was passed soon after and restricted two of these organizations from participating in the program. As a result, Ohio's final navigator grant amount totaled about $3 million dollars, distributed among three organizations. The Ohio Association of Foodbanks (OAF) was the largest recipient with an award of $2 million. Helping Hands Community Outreach Center received $231,000 and Neighborhood Health Association received $753,000.[22] To achieve statewide reach, the Ohio Association of Foodbanks operates as a navigator consortium, partnering with eleven agencies throughout the state; the Association itself provides navigation services in Ohio counties that do not have a navigator presence.

The initial federal navigator grant awards continue through August 2014. While information about the next round of funding has not been released, it is widely expected that the amount of available funding will be less.

To find a list of navigators in Ohio, visit localhelp.HealthCare.gov or ohioforhealth.org (includes navigators working through the Ohio Association of Foodbanks consortium).

State regulation of navigators

State regulation of navigators promises to be a key area of policy consideration moving forward. Ohio is one of at least 17 states that passed legislation and implemented rules imposing additional restrictions on navigators.[23] Whether these rules protect consumers, or hinder their ability to learn about the health law and find coverage, is an ongoing debate both in Ohio and across the country.

As mentioned earlier, five organizations in Ohio initially were awarded federal navigator grants in August 2013. Soon afterwards, H.B. 3 of the 130th General Assembly (or Ohio's "navigator bill") became law and established additional state regulations for navigator organizations. A few months later, the Ohio Department of Insurance promulgated rule 3901-5-13 to implement the law.[24] Ultimately, as a result of H.B. 3 and the accompanying rules, two organizations had to decline navigator grants. In particular, a specific provision in the state law prohibits any "entity that is receiving financial compensation, including monetary and in-kind compensation, gifts, or grants, on or after October 1, 2013, from an insurer offering a qualified health benefit plan through an exchange operating in this state" from acting as a navigator. As medical providers, Cincinnati Children's Hospital Medical Center and Clermont Recovery Center receive payment from health insurers and were unable to participate in the navigator program.[25]

In January 23, 2014, a Missouri federal court became one of the first to weigh in on the issue, concluding that state restrictions on consumer assisters likely violate federal law. The court blocked the state from enforcing its navigator statute.[26]

In May 2014, the Centers for Medicare and Medicaid Services (CMS) issued a final rule[26] that addresses a variety of issues related to exchanges, including the relationship between federal and state navigator laws. The rule provides more detail about which types of state laws the U.S. Department of Health and Human Services considers to be overly restrictive to federal navigator and consumer assistance laws.

Precedent set by the Missouri decision and the CMS final rule suggest that Ohio's prohibition against any entity receiving financial compensation from an insurer offering plans through the marketplace acting as a navigator could be invalidated.

a designated CAC organization, an entity is required to submit an application to the Centers for Medicare and Medicaid Services (CMS). After an organization has been designated a "CAC organization," individuals affiliated with the organization can become certified CACs by completing an on-line five-hour training course that covers the basics of health insurance, the new health insurance marketplaces, how to assist consumers, and privacy and security standards. CACs are required by federal code to do the following[28]:

- Provide information to individuals and employees about the full range of qualified health plan options and insurance affordability programs for which they are eligible
- Assist individuals and employees with applying for coverage in a QHP through the marketplace and for insurance affordability programs
- Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs

During the initial open enrollment period, there were an estimated 450 CACs in Ohio. However, estimates suggest that a smaller number were actively working to provide assistance during that time.

Community health centers as CACs

Through the Health Center Outreach and Enrollment Assistance Supplemental Funding Opportunity, the Health Resources Services Administration (HRSA) provided supplemental funding awards to community health centers to support efforts to raise awareness of insurance options and provide eligibility and enrollment assistance to eligible patients and residents in their service areas.[29]

Because Ohio is an FFM, community health centers receiving the awards are required to become CACs, making community health centers in effect the only federally-funded Certified Application Counselors. In Ohio, $5.9 million was awarded to community health centers across the state ($3.9 million in FY13 and $2 million in FY14). Community health centers will continue to receive federal funding to support outreach and education activities. One hundred eighty-nine CACs provide services at 130 of the 200 community health center sites throughout Ohio.

To find assistance through a community health center, visit the "find assistance tab" at ohiochc.org or localhelp.HealthCare.gov.

Agents and Brokers[30]

Licensed agents and brokers can help consumers select and enroll in coverage on the individual marketplace and help qualified small employers and their employees enroll in coverage through the Small Business Health Options Programs (SHOP). In order to assist consumers in the individual marketplace, agents and brokers must register with the federal Centers for Medicare and Medicaid Services (CMS). Registration requires[31]:

- Confirming identity
- Completing online training
- Agreeing to comply with federal and state laws, rules, standards and policies, including those related to privacy and security policies, as a condition of working with consumers in the marketplace

While not mandatory, CMS encourages agents and brokers working exclusively in SHOPs also to register and complete training.[32]

Agents and brokers who assist with marketplace enrollment are expected to work with all consumers who approach them for help, including those who are eligible for Medicaid.[33] Accordingly, agents and brokers are to be familiar with where to refer consumers eligible for Medicaid. Some agents and brokers help consumers apply for Medicaid directly.

As an established profession, a licensing and regulatory framework for agents and brokers was in existence before the Affordable Care Act. Agents and brokers are licensed and regulated by the state of Ohio and are expected to abide by a professional code of ethics. Ohio does not impose any additional requirements on agents and brokers who sell insurance in the marketplace other than to require that they must first complete the same on-line training that is mandatory for navigators.[34]

As they do for customers who purchase insurance outside the marketplace, agents and brokers can assist consumers after enrollment in a QHP, helping to resolve concerns and issues and providing support in utilizing health coverage throughout the plan year.[35] This type of support can be helpful especially for consumers who are newly insured and encounter challenges with their plan. For SHOP enrollment, agents and brokers are the primary contact for customer service issues for employers and remain in contact before and after enrollment.[36]

Agents and brokers are compensated through commissions on the sales of plans and must be appointed by each carrier they represent.[37] Some Ohio carriers who participate in the marketplace do not use agents and brokers to sell plans, and there is no requirement that carriers must appoint any willing agent and broker. As a result, agents and brokers represent a subset of carriers and plans offered on the marketplace. Agents and brokers are not required to provide consumers with information about the full range of QHPs available on the marketplace, and there are no requirements for agents and brokers to disclose their payment arrangements or their ability to sell only certain plans to consumers.

As of May 2014, nearly 580 Ohio agents and brokers were certified to sell QHPs on the marketplace.[38] For a list, visit the Ohio Department of Insurance's agent locator at www.insurance.ohio.gov or www.healthbenefits.ohio.com

CMS—Contracted Organizations

Because of the large number of uninsured Ohioans, the Centers for Medicare and Medicaid Services (CMS) contracted directly with two technology and consulting companies, Cognosante and SRA

Because Ohio declined to operate a state-based health insurance marketplace, there is no state-led initiative to coordinate outreach, enrollment and consumer assistance. To fill this void, the Ohio Network for Health Coverage and Enrollment (ONCE) was formed in Summer 2013. Sponsored and funded by the Philanthropy Ohio Health Initiative (POHI) and managed by the Health Policy Institute of Ohio (HPIO), the purpose of ONCE is to ensure that outreach, education, and enrollment efforts in Ohio are coordinated and effective so that uninsured Ohioans understand and enroll in health care coverage.

ONCE is open to all Ohio organizations that are committed to these efforts, and its network includes over 360 individuals representing more than 250 organizations. The ONCE network includes navigators, CACs, community organizations, providers, hospitals, community health centers, agents and brokers, small business representatives, community organizations and county departments of job and family services. ONCE meets regularly to share information, provide policy updates, identify best practices and network. For more information and to join the network, visit onceohio.org.

International, Inc., to provide in-person consumer assistance in Cuyahoga, Franklin and Hamilton counties during the marketplace open enrollment period. Combined, these contracts supported 57 in-person assisters throughout these communities who focused primarily on marketplace enrollment and young adults. Future CMS funding for these contracts is unclear.

County job and family services agencies
Medicaid applications that cannot be processed automatically through benefits.ohio.gov due to missing information or information that cannot be verified must be reviewed and processed by county job and family services agencies. While staffing models and availability differ across Ohio's 88 county job and family services agencies, Ohioans can contact or visit their county job and family service agency to apply for Medicaid. At this time, county job and family service staff do not provide assistance for marketplace enrollment. However, applications of individuals who apply for Medicaid but whose incomes are too high[39] are forwarded to HealthCare.gov for marketplace eligibility determination.

Regional assistance coalitions
Regional assistance coalitions have formed across the state to help coordinate enrollment efforts. Six geographic areas are represented by such a coalition: Center for Healthy Communities (greater Dayton and Montgomery County), Healthcare Collaborative of Greater Columbus (Franklin County and greater Columbus), Get Covered NW Ohio Coalition (Lucas, Wood, Sandusky, and Erie counties), Northeast Ohio Outreach and Enrollment Council (northeast Ohio), Southwest Ohio Marketplace Assister Workgroup (Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties), and Summit County Public Health (Summit County). A list of these coalitions with contact information is available at http://bit.ly/Ohiocoalitions

Conclusion

Consumer assistance for health coverage options is evolving and faces both opportunities and challenges. While the Affordable Care Act included provisions for consumer assistance, subsequent federal and state regulations have added to the policy framework. The interpretation of the law and regulations, the relatively short timeframe to plan for and implement consumer assistance, and the technology issues associated with the roll-out of HealthCare. gov created challenges.

Nevertheless, a wide range of Ohio organizations have provided some level of consumer assistance. In addition, many organizations conducted broader education and outreach efforts not addressed in this paper.

Some FFM states are actively partnering with the federal government to share responsibility of consumer assistance with the federal marketplace in the areas of marketing and advertising and coordinating the work of navigators and assisters with existing state consumer assistance efforts.[40] The state of Ohio could consider a more active role in these areas to ensure that Ohioans have the information they need to make decisions about the health insurance and coverage available to them.

Looking ahead to the 2015 open enrollment period, it is clear that Ohioans will continue to need consumer assistance to help evaluate health coverage options and choose the right plan for their family. As stakeholders plan for that effort, key challenges include likely fewer federal dollars to fund assistance in the state and how to coordinate efforts among entities with varying roles and strengths. In addition, stakeholders should develop strategies for more concretely evaluating the effectiveness of consumer assistance efforts so that future efforts and investments can be maximized.

Where to find help

Navigators: Visit localhelp.HealthCare.gov or ohioforhealth.org (includes navigators working through the Ohio Association of Foodbanks consortium)

Certified Application Counselors: Visit localhelp.HealthCare.gov or the "find assistance tab" at ohiochc.org (includes CACs available at local community health centers)

Agents and Brokers: Visit localhelp.HealthCare.gov, the "agent locator" tab at www.insurance.ohio.gov or visit www.healthbenefits.ohio.com

Notes

1. The penalty is the greater of $695 per year up to a maximum of three times that amount ($2,085) per family or 2.5% of taxable household income. The penalty is phased-in as follows: $95 or 1.0% of taxable income in 2014; $325 or 2.0% of taxable income in 2015; and $695 or 2.5% of taxable income in 2016. After 2016, the penalty will increase annually by the cost-of-living adjustments. 26 U.S. Code §5000 A (c) "Requirement to maintain minimum essential health coverage"
2. Exemptions are granted for financial hardship, religious objections, American Indians, those without coverage for less than three months, undocumented immigrants, incarcerated individuals, those for whom the lowest plan option exceeds 8% of an individual's income, and those with incomes below the tax filing threshold. 26 U.S. Code §5000 A (d) and (e) "Requirement to maintain minimum essential health coverage"
3. http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Market-Reforms/
4. The ACA provides for an expansion of Medicaid up to 133% of the Federal Poverty Level (FPL). The law also standardizes how income is counted and establishes a 5% income disregard. For this reason, the effective eligibility level is up to 138% FPL.
5. Coverage for an employee under an eligible employer-sponsored plan is affordable if the employee's required contribution for self-only coverage does not exceed 9.5% of the taxpayer's household income. 26 U.S. Code §5000 (A)(e)(I)(B) and C.F.R. Section 36B(c)(2)(C)(i).
6. Patient Protection and Affordable Care Act, Section 1402
7. "Medicaid Applications in *Ohio Benefits*," updated April 30, 2014. Office of Health Transformation. Available at http://www.healthtransformation.ohio.gov/LinkClick.aspx?fileticket=Z-uXawTF1oA%3d&tabid=117
8. http://www.healthcare.gov/glossary/open-enrollment-period/
9. Individuals that become ineligible for Medicaid outside of the marketplace open enrollment period generally qualify for a special enrollment period and have sixty days to select a qualified health plan through the marketplace. https://www.healthcare.gov/how-can-i-get-coverage-outside-of-open-enrollment/
10. Enrollment assistance via telephone is available through the federal hotline at 1.800.318.2596. Navigators and Certified Application Counselors can answer questions and schedule appointments via telephone but are not permitted to collect consumer information over the telephone.
11. Recognizing that SBM states needed to conduct outreach and enrollment before their marketplaces started generating revenues, the Department of Health and Human Services (HHS) created the In-Person Assister (IPA) program that states could fund through the federal Exchange Establishment block grants.
12. Polsky, Daniel E., PhD, Weiner, Janet, MPH, Colameco, Christopher, and Becker, Nora. "Deciphering the Data: State-Based Marketplaces Spent Heavily to Help Enroll Consumers," April 2014. The Leonard David Institute of Health Economics and the Robert Wood Johnson Foundation.
13. Ibid.
14. 45 C.F.R. §155.210
15. Ibid.
16. Ibid.
17. Ibid.
18. Navigator entities must develop a plan to avoid any potential conflicts of interest. In the event that a potential conflict exists, the individual navigator must clearly disclose the potential conflict prior to beginning an enrollment appointment with a consumer.
19. Ohio Administrative Code, 3901-5-13.
20. For entities with less than one hundred employed insurance navigators the application fee cannot exceed $250 and the annual certification renewal fee cannot exceed $100; for entities with one hundred or more employed insurance navigators the application fee cannot exceed $500 and the annual certification renewal fee cannot exceed $250. See Ohio Administrative Code, 3901-5-13.
21. http://www.cleveland.com/healthfit/index.ssf/2013/08/3_million_awarded_to_ohio_for.html#incart_river
22. http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/navigator-list-10-18-2013.pdf
23. http://www.commonwealthfund.org/Blog/2013/Oct/Under-Pressure.aspx
24. http://www.registerofohio.state.oh.us/pdfs/3901/0/5/3901-5-13_PH_RV_N_RU_20130722_1317.pdf
25. Federally qualified health centers and federally qualified health center look-alikes are exempt from this prohibition and can be certified as navigators. See Ohio Administrative Code 3905.471 (F)(3)(a) and 3905.471 (F)(3)(b).
26. http://media.npr.org/documents/2014/jan/missouriorder.pdf
27. The final rule was released on May 16, 2014. See http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/508-CMS-9949-F-OFR-Version-5-16-14.pdf
28. The Certified Application Counselor (CAC) Program: Facts about the CAC Designation for Organizations, http://www.enrollamerica.org/the-certified-application-counselor-cac-program-facts-about-the-cac-designation-for-organizations/
29. http://bphc.hrsa.gov/about/healthcenterfactsheet.pdf
30. The terms Agents and Brokers are used interchangeably within this paper. However, the National Association of Insurance Commissioners (NAIC) defines the respective roles as follows: **Agent** — an individual who sells, services, or negotiates insurance policies either on behalf of a company or independently; **Broker** — an individual who receives commissions from the sale and service of insurance policies. These individuals work on behalf of the customer and are not restricted to selling policies for a specific company but commissions are paid by the company with which the sale was made. A third role is that of producer - an individual who sells, services, or negotiates insurance policies either on behalf of a company or independently. Source: NAIC Glossary of Insurance Terms, accessed 4 30 2014, http://www.naic.org/consumer_glossary.htm
31. CMS guidance, "Role of Agents, Brokers , and Web-brokers in Health Insurance Marketplaces," May 1, 2013. Available at http://www.cms.gov/CCIIO/resources/regulations-and-guidance/downloads/agent-broker-5-1-2013.pdf
32. CMS guidance, "Role of Agents, Brokers , and Web-brokers in Health Insurance Marketplaces," May 1, 2013. Available at http://www.cms.gov/CCIIO/resources/regulations-and-guidance/downloads/agent-broker-5-1-2013.pdf
33. Ibid.
34. Ohio Administrative Code, 3901-5-13
35. CMS May 1, 2013 guidance, "Role of Agents, Brokers, and Web-brokers in Health Insurance Marketplaces," accessed 5/5/2014 at http://www.cms.gov/CCIIO/resources/regulations-and-guidance/downloads/agent-broker-5-1-2013.pdf
36. Ibid.
37. As a condition of appointment for all carriers, agents and brokers are required to provide proof of errors and omissions liability coverage. Private email correspondence with Ohio Association of Health Underwriters, May 20, 2014.
38. List accessed 4/1/2014 at http://healthbenefitsohio.com
39. This also applies to legally residing immigrants determined ineligible for Medicaid based on 5-year waiting period requirements.
40. Dolan, Rachel, LeGrand, Jacqueline, Nagarajan, Julien, and Witgert, Katharine. "Shared Responsibility in consumer Assistance: Examples from Federally Facilitated and Partnership Marketplace States," January 2014. National Academy for State Health Policy.

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