

October Marketplace Update for Assisters: Getting Ready for Open Enrollment 2018

October 2017

Highlights in the Open Enrollment Edition of the Marketplace Update for Assisters: [Hurricane Guidance](#), [Tips for taking the Assister Training](#) and New Assister Resources/Guidance on the [Marketplace Application](#), [Re-enrollment/Redetermination](#), [QSEHRA](#) and [QRS](#)

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Hurricane Special Enrollment Period Guidance

CMS has [announced](#) that special enrollment periods (SEPs) and other flexibilities are available for consumers impacted by Hurricanes Harvey, Irma, Maria and Nate.

Marketplace Special Enrollment Periods (SEPs)

Consumers who experienced an [SEP qualifying event](#) between 60 days prior to the start date of the hurricane event, and December 31, 2017, but were unable to complete the application, plan selection, or enrollment process due to a hurricane- will have access to an Exceptional Circumstances SEP. This SEP will allow impacted consumers to select a new 2017 Marketplace plan or make changes to their existing 2017 plan any time before December, 31, 2017. Assisters can help affected consumers by contacting the Marketplace Call Center at 1-800-318-2596 or TTY at 1-855-889-4325 to request enrollment using this SEP.

Consumers will be considered “affected” and eligible for this SEP if they experienced an SEP qualifying event and attest that they reside, or resided at the time of the hurricane, in any of the counties declared as meeting the level of “individual assistance” or “public assistance” by the Federal Emergency Management Agency (FEMA).

In addition, consumers may have experienced qualifying events due to a hurricane that makes them eligible for SEPs, allowing them to access a new 2017 Qualified Health Plan (QHP). For example, a consumer who temporarily relocated due to a hurricane and is now residing outside of his or her current QHP’s service area may be eligible for an SEP due to this move. Find [more information on this and other circumstances and situations that may allow for an SEP](#). Assisters can help individuals eligible for these SEPs apply for coverage directly through HealthCare.gov.

Similarly, Marketplace SEP pre-enrollment verification requirements may be waived for new QHP enrollees with pended enrollment who attest to residing in areas affected by hurricanes and who created an application between 60-days prior to the start date of the incident period designated by FEMA and December 31, 2017.

Other Flexibilities

Consumers impacted by the hurricanes may also be considered for more generous deadlines when submitting consumer payments or receiving grace period extensions. Lastly, consumers affected by a hurricane may be exempted from tax penalties associated with termination of enrollment or coverage. Find more information about [2017 Hurricane Disasters – SEPs, Termination of Coverage, and Grace Period Flexibilities](#).

PY 2018 Marketplace Application Walkthrough

If this is your first open enrollment as an assister or if you are a returning assister wishing to refresh your application walkthrough knowledge, please view this [Marketplace Application Walkthrough](#) video. This instructional video provides a walkthrough of the Marketplace application at HealthCare.gov and highlights application features for a new consumer, as well as for someone who is re-enrolling. While very little has changed from the 2017 application, viewing this video is great training for new assisters, and can also serve as a useful reminder for



returning assisters.

Application Walkthrough Helpful Resources

- Learn what information you should share with consumers about [how to apply and enroll in coverage](#) (This information is also available in [Spanish](#)).
- Provide consumers with a [checklist](#) on what they need to apply for coverage.
- Know the [five ways to apply for Marketplace coverage](#) (This information is also available in [Spanish](#)).
- Understand the [application process](#), including training and consumer-facing outreach materials.
- Check out a step-by-step [guide to applying for coverage](#).
- Review a [list of resources](#) for each step of the application process.
- Find a presentation on [complex cases for eligibility and complicated households](#).
- Take a tutorial on [enrolling family members into different Marketplace plans](#).

PY 2018 Marketplace Coverage Renewal and Redetermination

The Marketplace annually re-determines consumers' eligibility for re-enrollment in qualified health plans (QHPs) and for financial assistance through the Marketplace. This process is referred to as auto-re-enrollment or Batch Auto Re-enrollment (BAR). Enrollees **who do not contact the Marketplace** to obtain an updated eligibility determination and select a QHP by December 15, 2017 will receive an updated eligibility notice from the Marketplace. For these enrollees, the Marketplace will establish 2018 eligibility for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) based on the most recent household income data available, together with updated federal poverty level (FPL) tables and benchmark plan premium information. This enrollment will not be visible to the consumer until December 16, and as mentioned above, only if the consumer does not select a plan by the December 15th deadline.

Batch Auto Re-enrollment BAR will also occur in cases where a current issuer has no re-enrollment QHP option available to them. In these instances, the enrollee will receive:

- A discontinuation notice from the old issuer;
- A notice and emails from the Marketplace encouraging active selection and enrollment in a new plan; and,



- An acknowledgment of the pending enrollment from the new issuer that was selected by the enrollee's State Department of Insurance or the Marketplace.

Assisters should encourage consumers to return to the Marketplaces during the Open Enrollment period to update and confirm the information on their application. Pre-populated 2018 applications will be available to consumers with prior Marketplace applications beginning November 1, 2017. Consumers can access their pre-populated applications by logging into their existing Marketplace account. Assisters should work with consumers to help them provide updated information, get an updated eligibility determination, and browse available plans to find the best options for their families.

- [Find more information about the annual redetermination and auto re-enrollment process.](#)

Updated Enrollment Toolkit

CMS' [From Coverage to Care \(C2C\)](#) has updated the [Enrollment Toolkit](#) to reflect 2018 figures. The updated version is available for download or print on the C2C website. The [Enrollment Toolkit](#) is a resource designed for community partners, assisters, and other people who help consumers enroll in coverage or change their plan. The toolkit has 5 sections that include why consumers should sign up for health coverage, what to know before enrolling, what to know when picking a plan, what to do after enrollment, and information for special circumstance. The toolkit can help guide consumers to choose the plan that meets their needs so they can get the care they need. Download a copy of the [Enrollment Toolkit](#) today!

Refresher: Assister Dos and Don'ts

Assisters in the Federally-facilitated Marketplaces (FFM), must provide information in a fair, accurate, and impartial manner to everyone who seeks help. To provide fair, accurate, and impartial information, assisters must:

- Provide information that helps consumers submit a Marketplace eligibility application for coverage and financial assistance;
- Provide comprehensive information about the substantive benefits and features of a plan;
- Help consumers find plans with cost-sharing reductions or other federal financial assistance, if they are eligible;
- Clarify distinctions among coverage types, including qualified health plans (QHPs), Medicaid and CHIP;
- Make sure consumers make their own informed choices about which coverage option best meets their needs and budget; and,



- Make sure the acts of applying for, selecting and enrolling in a plan stay in the consumer's hands.

To provide fair, accurate, and impartial information, assisters **must not**:

- Log into the consumer's online Marketplace account, fill out the Marketplace application, or select a plan on their own;
- Recommend that a consumer select a specific plan or set of plans; or,
- Refer a consumer to any specific agent or broker or any specific set of agents or brokers.

Find guidance at the [Providing Application and Enrollment Assistance in FFM's](#).

Find guidance on [Outreach and Education Activities in FFM's](#).

Find more [information on how and when to provide information about agent and broker services](#).

Refresher: Conflicts of Interest

Certain relationships with health insurance issuers or stop loss insurance issuers could affect, or appear to affect, the impartiality of the help assisters provide to consumers.

Navigators **cannot**:

- Be a health insurance issuer or issuer of stop loss insurance;
- Be a subsidiary of a health insurance issuer or issuer of stop loss insurance;
- Be an association that includes members of, or lobbies on behalf of, the insurance industry; or,
- Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop loss insurance in connection with enrolling a consumer in a QHP or non-QHP.

CACs **cannot**:

- Receive any consideration directly or indirectly from any health insurance issuer or issuer of stop-loss insurance in connection with the enrollment of any individuals in a QHP or a non-QHP.

Refer to this [tip sheet about FFM Assister Conflict of Interest Requirements](#).



Refresher: Handling Personally Identifiable Information

Assisters helping consumers applying for health insurance through an FFM may encounter consumers' personally identifiable information (PII).

Personally Identifiable Information (PII) includes any information that can be used to distinguish or trace an individual's identity either alone or when combined with other information that is linked or linkable to a specific individual. **FFM Navigators and CACs are permitted to create, collect, disclose, access, maintain, store and use consumer PII only to perform functions that they are authorized to perform as assisters**, including:

- Their required assister duties; or,
- For other purposes for which the consumer provides his or her specific, informed consent.

Find [best practices for handling consumer's PII](#).

Learn about [how to obtain a consumer's authorization before gaining access to their PII](#).

Below are example authorization forms you can adapt for your organization:

- For [Navigators](#) (Updated 2017)
- For [certified application counselors](#) (Updated 2017)

We will be posting Spanish versions of the updated authorization forms shortly.

Having Trouble with the Assister Training? Here is a Tip!!

Issue: Returning Navigators are logging into their account, with their Navigator IDs, but are not seeing the *Refresher* course offering displayed.

Steps to Resolve/Avoid

1. Ensure all system setup protocols are followed. (For steps to follow, refer to [the MLMS Quick Reference Guide: Plan Year 2018](#).)
2. Upon logging into MLMS—Navigators need to **hit the SAVE & UPDATE** button to be sure they are given the correct Training Options. Navigators should only have to do this step once to allow the system to verify that the Navigator is eligible for the Returning Navigator Curriculum.



Navigator Recertification

Welcome to the MLMS

Prior to navigation to the MLMS homepage, you are required to enter/validate your assister profile information.

New users: Please enter your assister information and click the "Save/Update" button at the bottom of the screen to be re-directed to the MLMS Homepage.

Existing users: You may update your profile and click the "Save/Update" button or click the "Next" button if your information is valid.

Note: Navigators/Federal IPA users, your organization information will be obtained from HIOS and a manual entry.

Email:

Assister Type: *

Training Language Selection: *

How Many Years Have You Been an Assister: *

When Did You Last Complete Federal Assister Training: *

Organization Type: *

Navigator ID (Required for Navigator): *

If you completed the full Navigator curriculum last year, indicate that this is not the first time taking Assister training.

Select Save/Update to be validated against HIOS and be granted access to the Returning Navigator Curriculum.

The Navigator ID field is completed with the HIOS ID provided separately.

IRS Releases Draft 2017 1095-A Form and Instructions

The Internal Revenue Service (IRS) has posted an early release draft of the updated 2017 [Form 1095-A](#) and associated [instructions](#) to its website. As a reminder, Form 1095-A is used to report information to the IRS about individuals who enroll in a qualified health plan (QHP) through the Marketplace. It also allows individuals to claim the premium tax credit, to reconcile the credit on their Federal tax returns with advance payments of the premium tax credit, and to file an accurate tax return.

Marketplace Quality Rating System Pilot Program for Virginia and Wisconsin

Below is information on the Marketplace Quality Rating System (QRS) Pilot Program for 2018 Open Enrollment Period, which starts November 1 and ends December 15.

Earlier this year, CMS announced plans to conduct a second year of consumer pilot testing during the 2018 individual market open enrollment period of the display of Qualified Health Plan (QHP) quality rating information, or star ratings, on HealthCare.gov for plans in Virginia and Wisconsin.

Each rated health plan has an "overall" quality rating of 1 to 5 stars (5 is highest), which accounts for member experience, medical care, and health plan administration. This gives



consumers another way to quickly compare plans, based on quality, as they shop. The plans' overall rating is based on three categories, each with its own star rating:

1. **Member experience:** Based on surveys of member satisfaction with:
 - a. Their health care, doctors, and other providers
 - b. Ease of getting appointments and services
2. **Medical care:** Based on how well the plans' network providers manage member health care, including:
 - a. Providing regular screenings, vaccines, and other basic health services
 - b. Monitoring some conditions
3. **Plan administration:** Based on how well the plan is run, including:
 - a. Customer service
 - b. Access to needed information
 - c. Network providers ordering appropriate tests and treatment

Using information provided by the plans, CMS calculates and assigns the ratings using the five-star system. In some cases, ratings are not available. This does not mean the plans are low quality. It may mean that a plan is new or has low enrollment, or is a certain type of health plan, such as a child-only or stand-alone dental plan, which are not currently required to collect quality ratings data.

In addition to the quality ratings, consumers can still compare plans using other factors, such as premium price range, yearly deductible, Marketplace health plan category (Bronze, Silver, Gold, Platinum, Catastrophic), health plan type (e.g. HMO or PPO), and Health Savings Account (HSA) eligibility.

Questions & Answers about the QRS Pilot Program

Q: Does CMS plan to display the quality rating information in any states other than Virginia and Wisconsin?

A: The quality ratings information will only be displayed in the two pilot States, Virginia and Wisconsin, during 2018 open enrollment, and the ratings will continue to be displayed after the open enrollment period closes. These states were chosen for their large and diverse community of Qualified Health Plans (QHPs) offered on the Marketplaces and mix of quality ratings among QHPs offered on the Marketplaces, based on 2017 QHP quality rating data. CMS expects all States will be required to display the ratings information during 2019 open enrollment.

Q: Are there any State-based Marketplaces (SBMs) that will display quality information during the 2018 open enrollment period? How will display work in those states?

A: SBMs have the option to display quality rating information for the 2018 open enrollment period. SBMs can choose to display the star ratings of the QHPs on the Marketplace websites that consumers in their states use to select QHPs.



Q: What topics/areas are included in quality rating information?

A: CMS bases quality ratings on data from many areas, such as: how easy it is to get care when needed; whether the doctors, hospitals, and others in the plan's network give members health care that achieves the best results; member experience (i.e., how other plan members rate their doctors and the care they receive); how informed and up-to-date doctors are about a patient's health care status, blood tests, and X-ray results; and whether the plan coordinates the care members get from different providers.

Resources for the QRS Pilot Program

- QRS Pilot Program webinar: <https://marketplace.cms.gov/technical-assistance-resources/assister-webinars.html>
- Marketplace Quality Initiatives website: [CMS.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html](https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html)
- Contact the Marketplace Service Desk (reference "Marketplace Quality Initiatives") with specific questions via email at CMS_FEPS@cms.hhs.gov or call 1-855-CMS-1515 (1-855-267-1515)

NEW Assister Resources

Content of Navigator training courses

- [Required for returning Navigators seeking recertification – English](#)
- [Required for returning Navigators seeking recertification – Spanish](#)
- [Optional for returning Navigators seeking recertification – English](#)
- [Optional for returning Navigators seeking recertification – Spanish](#)
- [Required for new Navigators – English](#)
- [Required for new Navigators – Spanish](#)
- [Optional for new Navigators – English](#)
- [Optional for new Navigators – Spanish](#)



Content of certified application counselor (CAC) training courses

- [Required for CACs – English](#)
- [Required for CACs – Spanish](#)
- [Optional for CACs – English](#)
- [Optional for CACs – Spanish](#)

Plan Compare

- [Plan Compare Walk-through: Comparing and Selecting Plans – September 22, 2017 \(slides\)](#)
- [Plan Compare Job Aid – September 15, 2017](#)

COBRA

- [Understanding COBRA: When is COBRA the right option for a consumer? – September 22, 2017 \(slides\)](#)
- [COBRA Job Aid and Answer Key – posted September 19, 2017](#)

Handling Consumer PII

- [Requirements and Best Practices for Assisters on Handling Personally Identifiable Information – posted September 8, 2017](#)

Standing Assister Resources: Helpful Links / Call Center Hours / Contact Us

Links to Helpful Resources

- Marketplace Assister Training [Resources](#) and [Webinar](#)
- [Technical Assistance Resources](#)
- CMS Marketplace [Applications & Forms](#)
- CMS [Outreach and Education](#) Resources
- [Marketplace.CMS.gov Page](#)



- [CMSzONE Community Online Resource Library Pilot for Marketplace Assisters](#)
- [Find Local Help](#)

Marketplace Call Center and Shop Center Hours

Health Insurance Marketplace Call Center: 1-800-318-2596 (TTY: 1-855-889-4325). For customer service support, to start or finish an application, compare plans, enroll or ask a question. Available 24 hours a day, 7 days a week. Closed Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. CACs and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The dedicated Assister Line can also help with password resets and can help with access to non-application SEPs. Contact your Navigator Project Officer (for Navigators) or your designated organization leadership (for CACs) for more information on the Assister Line.

- Navigator Marketplace Call Center line: 1-855-868-4678
- CAC Marketplace Call Center line: 1-855-879-2683
- General consumer Call Center line: 1-800-318-2596 (TTY: 1-855-889-4325).

SHOP Call Center: For customer service support, including assisting employers and employees apply for and enroll in SHOP. 1-800-706-7893 (TTY: 711). Available M-F 9:00 am-7:00 pm EST. Closed New Year's Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

Stay in Touch

To sign up for the CMS Weekly Assister Newsletter, please send a request to the Assister Listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) write "Add to listserv" in the subject line, please include the email address that you would like to add in the body of your email. For requests to be removed from the listserv, please forward a copy of a webinar invite or newsletter received and write "Remove" in the subject line.

If you have specific questions or issues that you would like to see us highlight in our weekly webinar series or here in this newsletter please contact us.

- For **HHS Navigator grantees** - please get in touch with your Navigator Project Officer.
- For **CAC Designated Organizations in FFM or SPM states**—please send an email to CACQuestions@cms.hhs.gov.

Follow @HealthCaregov Twitter with the hashtag #ACAassisters for updates, reminders, and new publications for assisters.



We welcome questions, suggestions and comments, so please feel free to contact us!

Please note that the information presented in this Assister Newsletter is informal, technical assistance for assisters and is not intended as official CMS guidance.



Health Insurance Marketplace