

Centers for Medicare & Medicaid Services News for Agents and Brokers

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An electronic source of information for Federally-facilitated Marketplace (FFM) Agents and Brokers

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FFM Agent and Broker Training and Registration Update

Part I of the FFM agent and broker training and training curriculum completion certificates are no longer available on the Medicare Learning Network® (MLN) Learning Management System (LMS) for plan year 2015. Part II of the agent and broker registration process for plan year 2015 must be completed by July 1, 2015. If you wish to complete Part II of the registration process for plan year 2015, please visit the Centers for Medicare & Medicaid Services (CMS) Enterprise Portal at <https://portal.cms.gov> to:

- Create an FFM user account; and
- Complete identity proofing to add the “FFM agent broker” role to your account.

CMS is preparing to launch plan year 2016 training on a new Marketplace Learning Management System (MLMS) later this summer. The option to take training on an approved vendor’s website will also become available at a later date.

In preparation for the transition to the new MLMS, CMS will be hosting a webinar in July titled, “Plan Year 2016 Registration and Training for Agents and Brokers.” The purpose of this webinar will be to provide the plan year 2016 requirements you will need to complete, either through the new web platform MLMS or through a CMS-approved vendor, in order to become registered to assist consumers through the FFM.



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CMS will provide additional information on the transition for agents and brokers from plan year 2015 to plan year 2016 on a continual flow basis on the Agents and Brokers Resources webpage, so please continue to check there for updates. CMS will also provide updates via email blasts, the monthly News for Agents and Brokers newsletter, as well as through Twitter ([@CMSGov](#)).

For questions, please contact the FFM Producer and Assister Help Desk via email at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

Spotlight on Eligibility and Enrollment

Special Enrollment Period (SEP) Screener Tool

CMS recently released a new [SEP Screener Tool](#) to help consumers better understand SEPs. You can use the tool to help consumers evaluate whether they may be eligible for an SEP to enroll in 2015 health insurance coverage through the Marketplace or enroll in Medicaid or the Children's Health Insurance Program (CHIP). It is important to remember, this tool is not an application for an SEP; it is a tool you can use to help consumers understand their eligibility options.

Grace Periods for Premium Payments

Consumers may ask you questions about what happens if they miss a premium payment. Typically, if a consumer does not pay the monthly premium payment for his or her health insurance coverage in full, an issuer can decide to terminate the consumer's plan coverage.

However, the Marketplace has rules in place that give consumers with outstanding premiums for qualified health plan (QHP) coverage a short period of time to pay before the issuer can terminate. This short period of time is called a "grace period," and it varies depending on whether a consumer is receiving advance payments of the premium tax credit or not. Under the rules, QHP issuers must:

- Allow consumers who receive advance payments of the premium tax credit and who previously paid at least one full month's premium during the benefit year a three-month grace period.
- Grant consumers who do not receive advance payments of the premium tax credit a grace period in accordance with state rules. You may want to contact your state Department of Insurance (DOI) for more information on grace periods based on the rules in your state.

If a consumer reaches the end of his or her grace period and has not paid all outstanding premium payments in full, coverage can be terminated retroactive to the last day of the first month of the grace period. For example, if a consumer misses a premium payment in May, the grace period that went into effect would expire on July 31. The consumer could lose coverage retroactive to the last day of May.



You can also inform a consumer that the start date for this grace period does not “re-set” until a consumer pays in full all outstanding premiums owed. For example, if a consumer misses a premium payment in May and then submits payments appropriately in June and July, but remains delinquent for May, the grace period will expire July 31. The consumer could lose coverage retroactive to the last day of May due to the outstanding May payment.

Special Populations

As an agent or broker, you may be in a position to help special populations of consumers apply for an SEP to enroll in a Marketplace health plan or obtain advance payments of the premium tax credit and cost-sharing reductions, if eligible. Two special populations that qualify for SEPs are refugees and new parents.

Refugees

The [Refugees and the Affordable Care Act Fact Sheet](#) states that refugees who are admitted to the United States meet the immigration status eligibility requirements for immediate access to health coverage options under the Affordable Care Act, Medicaid, and CHIP. Remember that refugees are people who were persecuted in their countries because of their race, religion, nationality, membership of a particular social group, or political opinion. Refugees may need to submit documentation (e.g., a Refugee Travel Document (1-571), Certification from the U.S. Department of Health & Human Services, Office of Refugee Resettlement (ORR), ORR eligibility letter) when applying for and enrolling in Marketplace coverage.

For more information about refugees, visit the ORR website at <http://www.acf.hhs.gov/programs/orr>.

For more information about immigration documents that may be required or used to verify immigration status, depending on the individual situation, visit the Marketplace at <https://www.healthcare.gov/immigrants/documentation/>.

New Parents

Giving birth, adopting, or fostering a child can be an overwhelming life change. Agents and brokers have a unique opportunity to help new parents get health insurance coverage for their family.

Although the 2015 Open Enrollment period has come to a close, these life events qualify consumers for an SEP to be able to enroll in a QHP. Remind consumers they must report the event to the Marketplace to qualify and the enrollment window is up to 60 days after the life event. Coverage can take effect as of the date of birth, adoption, placement for adoption, or placement in foster care.

To assist consumers to check if they may be eligible for SEPs, direct them to the HealthCare.gov screener at <https://www.healthcare.gov/screener/>.

For more information about qualifying for an SEP, visit HealthCare.gov at <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>.

SEPs for Complex Issues: Survivors of Domestic Violence or Spousal Abandonment

As an agent or broker, you should be aware that survivors of domestic violence or spousal abandonment may qualify for an SEP and apply for coverage through the Marketplace separately from their spouses. As explained on the [“Special Enrollment Periods for complex issues”](#) page at Healthcare.gov, eligible consumers who are married, but are living apart from their spouses and are unable to file a joint tax return as a result of domestic abuse or spousal abandonment, may enroll in a QHP through the Marketplace with advance payments of the premium tax credit and cost-sharing reductions, if eligible. This SEP is limited to people who are married and who were in the same tax household (e.g., for the prior year’s federal income tax filing or prior to the domestic violence or spousal abandonment). Consumers in this unique circumstance should call the Marketplace Call Center at 1-800-318-2596 to explain that they are a survivor of domestic abuse/violence, or victim of spousal abandonment. Additionally, consumers must indicate on their FFM applications that they are not married even if they legally still are. Upon qualifying for the SEP, consumers will have 60 days to select and enroll in a QHP.

Webinar: SEPs in the FFM

On April 29, 2015, CMS conducted a webinar titled “Special Enrollment Periods in the Federally-facilitated Marketplace.” The webinar reviewed qualifying life events and exceptional circumstances that would qualify consumers for SEPs, how changes are reported to the FFM, and how consumers can make a QHP selection once approved for an SEP. The webinar also highlighted the recently finalized SEP regulations that will apply in plan year 2016. Slides from this webinar are now available [here](#) on the Agents and Brokers Resources webpage and in [REGTAP](#).

Small Business Health Options Program (SHOP) Corner

Who Can Use the SHOP Marketplace

You may find the [Who Can Use the SHOP Marketplace Guide](#) helpful as you assist small employers in determining if they can participate in the SHOP Marketplace. To participate in the SHOP Marketplace, an employer must:

- Have a principal business address within the state where the employer is buying coverage or have an eligible employee with a primary worksite within the state where the employer is buying coverage,
- Have at least one common-law employee on payroll (not including a business owner or sole proprietor, or the employer’s spouse),
- Offer coverage to all full-time employees, defined as individuals working an average of 30 or more hours per week, and
- Employ 50 or fewer full-time equivalent employees (FTEs), including part-time employees. For accounting purposes, two half-time employees generally equal one FTE. Also, please note that the SHOP Marketplace will be available for employers with 100 or fewer FTEs beginning January 1, 2016.



SHOP Employer and Employee Premium Payments

Small employers may ask you specific questions about how to make premium payments. The [SHOP Employer and Employee Premium Payment Resource](#) is a helpful guide as you assist them in managing their SHOP accounts (e.g., premium payments). Two key facts to share with employers are:

- Employers make one monthly premium payment directly to the SHOP Marketplace, even if the employer is offering a choice of plans. Then, the SHOP Marketplace sends all payments to the insurance companies, and
- Employers need to pay the first month's premium by the enrollment deadline (fifteenth day of the month prior to the coverage effective date) for coverage to start on the first day of the coverage month. Then, employees can get their health plan ID cards before their coverage starts.

You can also explain to employers that premium payments can be made in three ways. An employer may:

- **Pay online.** This is the fastest way to pay, so employers will not have any payment delays or lapse in coverage. Guide the employer to log on to HealthCare.gov/small-businesses/ and click on "View Invoice/Make a Payment". Employers may also choose the Auto-Pay option for added convenience. If employers pay their premium online, they will receive a payment confirmation notice. Remind employers to keep this notice for their records.
- **Pay by mail.** Employers should make checks payable to the SHOP Marketplace and allow five to seven days for delivery and processing. If employers make their payment through a paper check, they will not receive a payment confirmation notice. Employers can call the SHOP Call Center to confirm that their payment was received. Employers should mail SHOP payments to:

SHOP Marketplace
PO Box 2130
South Portland ME 04116

- **Pay by phone.** Employers can pay their premiums through the SHOP Call Center by calling 1-800-706-7893 (TTY: 711) Monday through Friday 9:00 AM–7:00 PM ET. A SHOP Call Center representative can start an electronic funds transfer on the employer's behalf.

Did You Know?

Most consumers must have minimum essential coverage or make an "individual shared responsibility payment" when filing their federal income tax returns. However, some consumers you work with may qualify for a health coverage exemption from the individual responsibility requirement and do not have to make this payment. CMS recently released a new [Exemptions Screener Tool](#) you can use to help consumers better understand exemptions for which they may qualify.

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For more information about the different types of exemptions, visit the Marketplace at <https://www.healthcare.gov/fees-exemptions/exemptions-from-the-fee/>.

Follow us on Twitter

Agents and brokers can find important information and updates by following the CMS Twitter handle ([@CMSGov](https://twitter.com/CMSGov)) or by searching the hashtags #ABFFM or #ABFFSHOP on Twitter.

Contact Us

For questions pertaining to the FFM agent and broker program, including the FFM registration requirements, please contact the FFM Producer and Assister Help Desk via email at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

