



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers

*An Overview for  
Agents and Brokers*

*October 14, 2015*

*Centers for Medicare & Medicaid  
Services (CMS)  
Center for Consumer Information  
& Insurance Oversight (CCIIO)*



# Disclaimer

*The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.*

*This document generally is not intended for use in State-based Marketplaces, but some of the material in it might be relevant if you are in a state with a State-based Marketplace that is using HealthCare.gov for eligibility and enrollment. Please review the guidance on the Agent and Broker Resources webpage (<https://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>) and [Marketplace.cms.gov](https://www.Marketplace.cms.gov) to learn more.*



# Webinar Agenda

- Overview of Open Enrollment for Plan Year 2016 in the FFMs
- Overview of Periodic Data Matching Process
- Overview of Process for Ending Qualified Health Plan (QHP) Coverage
- Resources



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Overview of  
Open  
Enrollment  
for Plan Year  
2016 in the  
FFMs*

# Open Enrollment 2016 - Overview

- Open Enrollment for plan year 2016 begins on Sunday, November 1, 2015, and ends at 3:00 AM Eastern Time (ET) on Monday, February 1, 2016.
  - We will have a maintenance page in place starting on the evening of October 31, so HealthCare.gov will be ready for Open Enrollment traffic at 7:00 AM ET on November 1.
  - Initial employer group enrollments in the Small Business Health Options Program (SHOP) Marketplace continue on a monthly basis throughout 2016.
- During Open Enrollment, consumers can select or change plans without needing to have a “special enrollment period” (SEP) – but individuals can still get SEPs that may allow for coverage to start faster than Open Enrollment effective dates, or be retroactive to a past date.

# Open Enrollment 2016 - Overview (Cont.)

- December 15 and January 15 are plan selection cutoff dates for coverage to be effective for the 1<sup>st</sup> of the following month.
  - Consequently, these will be days of extremely high traffic.
- During Open Enrollment 2016, we will also be closing out plan year 2015 coverage within the Marketplace for Individuals and Families.
  - 12 month plan years in the SHOP Marketplace could have begun as late as December 1, 2015 and may thus continue through the end of November 2016.



# Key Open Enrollment Dates for Plan Year 2016

Desired Coverage Effective Date	Deadline to Select a Plan
January 1, 2016	December 15, 2015 (3:00 AM ET on December 16)*
February 1, 2016	January 15, 2016 (3:00 AM ET on January 16)*
March 1, 2016	January 31, 2016 (3:00 AM ET on February 1)*

*\*Note: The deadline for the employer to submit its group enrollment in the SHOP Marketplace is 11:59 PM ET on the 15<sup>th</sup> of every month.*

CMS will communicate any changes to these deadlines as quickly as possible.

# Open Enrollment 2016 – What's New

- Open Enrollment for plan year 2016 starts and ends two weeks earlier than it did for plan year 2015.
  - While Open Enrollment is the same length of time as last year – three months – consumers will have two weeks longer to enroll for January 1, 2016 coverage.
  - The regular deadline for January 1, 2016 coverage is 3:00 AM ET on December 16, 2015.
- Updates to user interface based on consumer research
  - Guiding questions
  - On-screen eligibility results
  - Notice improvements
  - Easier to view and compare 2016 crosswalk plan
- Decision support features
  - Formulary lookup

# Open Enrollment 2016 – What’s New (Cont.)

- Streamlined application (“Application 2.0”) for more consumers
  - Re-enrollees
  - Enrollees reporting life changes
  - Direct Enrollment
- Early, invisible auto re-enrollment with redetermination of eligibility for advanced payments of the premium tax credit (APTC) (“batch auto re-enrollment” (BAR))
  - Enrollees who are auto-reenrolled still have the ability to change plans during the Open Enrollment Period or any available SEPs.
- Failure to reconcile (FTR)
  - In order to obtain APTC for coverage year 2016, a consumer who had APTC for coverage year 2014 must have filed a tax return and reconciled the APTC.

# Marketplace Open Enrollment Notice (MOEN)

- The MOEN welcomes current enrollees back to the Marketplaces for Open Enrollment, provides a call to action for some groups of people who are at risk of losing eligibility for APTC, and compliments issuer notices.
- There are “financial assistance” and “non-financial assistance” MOENs, an income-based outreach MOEN for enrollees for whom it is particularly important to confirm eligibility information, and a special combined message for opt-out, special notice group, and failure to reconcile (FTR) groups who will lose eligibility for APTC on December 31 unless they come back to the Marketplaces and are determined eligible.
- For 2016, CMS will send approximately 5.5 million MOENs.
  - ~80% financial assistance, ~20% non-financial assistance
  - English and Spanish
  - ~65% mail, ~35% electronic
  - New for this year – not sending MOENs to unenrolled people
- All MOENs must be provided by November 1, 2015.

# Auto Re-enrollment

- Auto re-enrollment, also referred to as BAR, is the process that the FFMs use to help ensure that current enrollees who do not make an active plan selection on or before 3:00 AM ET on December 16, 2015 have coverage on January 1, 2016.
  - BAR will not occur for enrollees whose plan is not being offered in 2016 and for whom there is not a crosswalk plan.
- Key improvements for this year include:
  - Using latest income and plan data to redetermine APTC eligibility
    - Last year: generally carried over exact APTC amounts
  - Removing APTC / cost-sharing reductions (CSR) for people who are flagged as FTR
    - Last year: FTR not applicable
  - Running BAR before Open Enrollment, invisibly to enrollees
    - Last year: didn't send auto reenrollments to issuers before December 16, causing a delay in processing enrollments which led to consumer/issuer complaints

# Auto Re-enrollment Process

- Auto re-enrollment will run in two rounds
  - October 14 Start: Current enrollees without data matching issues
  - December 16 Start: Enrollees skipped in first round; new enrollees; enrollees who updated eligibility information after BAR 1 but did not select a plan; enrollees who were FTR and have since updated their information in the Marketplaces
- General process
  - Select applications with current enrollment
  - Exclude any with open data matching issues (save for round 2)
  - Create 2016 application in the background
    - Not visible to consumer until November 1
    - Use offline income verification (OIV) and methodology from redetermination guidance APTC / CSR
  - Create 2016 enrollment using plan crosswalk provided by issuer
    - Not visible to consumer until December 16, and only if they don't select a plan by then
  - Send enrollment transaction to issuer
  - Generate eligibility determination notice and enrollment confirmation message
    - Does not occur until BAR 1 and BAR 2 are completed

# Marketplace Operations Coordination Center

- The Marketplace Operations Coordination Center (MOCC) addresses specific program management needs which were identified as critical by a broad coalition of internal stakeholders prior to Open Enrollment for plan year 2015.
- Several key principles guide the implementation of MOCC, including:
  - Integrating business teams without adding redundancy - by allowing effective processes to continue uninterrupted
  - Staying lightweight and nimble - by taking the lead only where needed, focusing on rapid problem identification and resolution, and adapting processes to fit operational needs
  - Centralizing issue identification, reporting, and escalation - by consolidating and disseminating operational updates to both leadership and Marketplace team members
  - Integrating business and technical solutions to problems - by providing a strong linkage between business and technical teams

# Marketplace Operations Coordination Center (Cont.)

This year, agents/brokers will have a consistent presence at these daily stand-up calls to bring forward known system issues and other concerns.





# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*New Agent/Broker  
Support for Open  
Enrollment 2016*

# New for Agents/Brokers this Open Enrollment 2016

- **Dedicated agent/broker call center representatives to answer questions** about agents' and brokers' user IDs for registration and training for the FFMs, the new Marketplace Learning Management System (MLMS) and CMS-approved vendor training options, the inclusion of National Producer Numbers (NPNs) on Marketplace applications, and other related topics
  - These new resources will complement existing email support help desks and the Marketplace Call Center for consumer application assistance.
  - The phone number for this new resource will be shared with the agent/broker community closer to November 1 after the call center representatives are fully trained and in place to serve you.
- Updates to Find Local Help on HealthCare.gov

# New for Agents/Brokers this Open Enrollment 2016 (Cont.)

- Link to Agents and Brokers Resources webpage from HealthCare.gov
- Email address for FFM-registered agents/brokers to alert CMS operations team about system issues
  - Agent/broker concerns will be brought to daily operations stand-up calls.
- FFM-registered agents/brokers will be invited to share good news stories on how they are helping consumers enroll in Marketplace coverage.
  - CMS will work with agent/broker trade associations and establish a mechanism to share good news story submissions for consideration in promotion materials.
- Identify high-producing FFM registered agents/brokers for 2016 for Marketplace Agent/Broker “Hall of Fame”

# New for Agents/Brokers this Open Enrollment 2016 (Cont.)



- Twice weekly touch base webinars throughout Open Enrollment to communicate Marketplace updates and reminders
  - Tuesdays from 3:00-4:00 PM ET and Thursdays from 10:00-11:00 AM ET
  - Registration information for these calls will be shared soon
  - These calls will not replace periodic content webinars for agents and brokers

# Tentative Twice Weekly Call Schedule

*(Subject to Change)*

Tuesdays – 3:00–4:00 PM ET	Thursdays – 10:00–11:00 AM ET
November 3	November 5
November 10	November 12
November 17	November 19
November 24	<del>November 26</del> – THANKSGIVING
December 1	December 3
December 8	December 10
<del>December 15</del> – 1 <sup>ST</sup> OE DEADLINE	December 17
December 22	<del>December 24</del> – CHRISTMAS EVE
December 29	<del>December 31</del> – NEW YEAR’S EVE
January 5	January 7
January 12	<del>January 14</del> – 2 <sup>ND</sup> OE DEADLINE ON 1/15/16
January 19	January 21
January 26	<del>January 28</del> – FINAL OE DEADLINE ON 1/31/16



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Updates to Find  
Local Help  
on  
HealthCare.gov*

# Consumers Will Begin by Entering Their Location

**HealthCare.gov**    **INDIVIDUALS & FAMILIES**    **SMALL BUSINESSES**    **LOG IN**    **ESPAÑOL**

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## Get help applying for health coverage

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Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget odio.

**Enter your ZIP code or city and state**

**GO**

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[SITE MAP](#) | [GLOSSARY](#) | [CONTACT US](#) | [ARCHIVE](#)      [NONDISCRIMINATION](#) | [ACCESSIBILITY](#) | [PRIVACY](#) | [USING THE SITE](#) | [PLAIN WRITING](#) | [VIEWERS & PLAYERS](#)

 A federal government website managed by the  
U.S. Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

 **USA.gov**  
Your source for government information

# City, State, and Zip Code Will Populate Based on Consumer Inputs

**HealthCare.gov**    INDIVIDUALS & FAMILIES    SMALL BUSINESSES    LOG IN    **ESPAÑOL**

## Get help applying for health coverage

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget odio.

### Enter your ZIP code or city and state

220
BURKE, VA 22009
BURKE, VA 22015
ANNANDALE, VA 22003

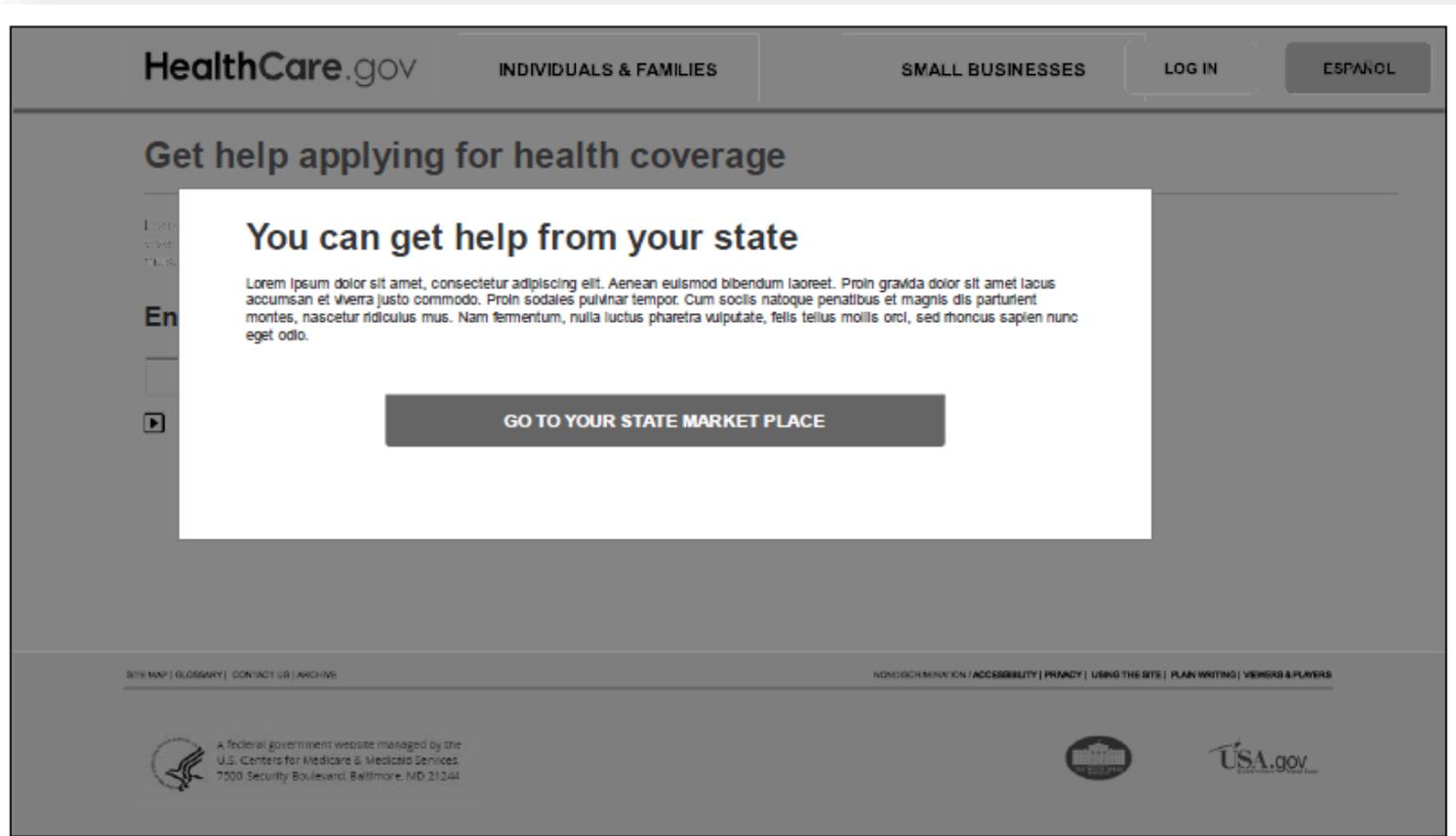
**GO**

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 A federal government website managed by the U.S. Centers for Medicare & Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244



# Consumers Will be Redirected to Their State-based Marketplaces, As Appropriate



# Consumers Can Request Help by Coverage Type

HealthCare.gov [INDIVIDUALS & FAMILIES](#) [SMALL BUSINESSES](#) [LOG IN](#) [ESPAÑOL](#)

## Get help applying for health coverage

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Aenean euismod bibendum laoreet. Proin gravida dolor sit amet lacus accumsan et viverra justo commodo. Proin sodales pulvinar tempor. Cum sociis natoque penatibus et magnis dis parturient montes, nascetur ridiculus mus. Nam fermentum, nulla luctus pharetra vulputate, felis tellus mollis orci, sed rhoncus sapien nunc eget odio.

**Enter your ZIP code or city and state**

**Select the coverage you need help with**

- Coverage for myself or my family
- Medicaid or CHIP coverage
- Coverage for my small business

Advanced search options 

**SEARCH**

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U.S. Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Baltimore, MD 21244

# Advanced Search Options are Available

Advanced search options

**Distance**  
within 5 miles

**Language**

<input type="checkbox"/> American Sign Language	<input type="checkbox"/> German	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish Creole
<input type="checkbox"/> Arabic	<input type="checkbox"/> Greek	<input type="checkbox"/> Italian	<input type="checkbox"/> Tagalog
<input type="checkbox"/> Chinese	<input type="checkbox"/> Gujarati	<input type="checkbox"/> Polish	<input type="checkbox"/> Urdu
<input type="checkbox"/> English	<input type="checkbox"/> Hindi	<input type="checkbox"/> Persian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French	<input type="checkbox"/> Italian	<input type="checkbox"/> Russian	
<input type="checkbox"/> French Creole	<input type="checkbox"/> Japanese	<input type="checkbox"/> Spanish	

**Special services**

<input type="checkbox"/> Ex-offenders	<input type="checkbox"/> Homeless	<input type="checkbox"/> Mental health patients
<input type="checkbox"/> HIV/AIDS patients	<input type="checkbox"/> LGBT	<input type="checkbox"/> Students/young adults
<input type="checkbox"/> Homebound	<input type="checkbox"/> Low-income	<input type="checkbox"/> Unemployed

**Extended hours**

<input type="checkbox"/> Before 9 am	<input type="checkbox"/> Saturdays
<input type="checkbox"/> Evenings	<input type="checkbox"/> Sundays

**Appointment options**

- By appointment only
- Walk-ins welcome

**Accessibility**

- Wheelchair accessible

# Consumers May Click on a Separate Tab to Find Local Agents/Brokers

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for 'INDIVIDUALS & FAMILIES', 'SMALL BUSINESSES', 'LOG IN', and 'ESPAÑOL'. The main heading is 'Get help applying for health coverage'. Below this, there are three tabs: 'Your Search', 'Assisters' (31 matches), and 'Agents and Brokers' (34 matches). A red arrow points to the 'Agents and Brokers' tab. The 'Agents and Brokers' tab is active, displaying a search result for 'John K. Done' in Annandale, VA. The search filters include 'Location: ANNANDALE, VA, 22003', 'Distance: within 10 miles', and 'COVERAGE TYPE: Myself or my family'. The search results show '34 results for 22003, Annandale VA' and '1-5 of 34 results' with a '5 results per page' dropdown. The details for John K. Done include contact information (phone: (703) 354-6345, email: yrie@kcsogw.org, address: 7700 Little River Turnpike, Suite 406, Annandale, VA 22003), languages spoken (English, Korean, Spanish, Vietnamese), and hours of operation (Monday: 9:00 am - 5:00 pm, Tuesday: 9:00 am - 5:00 pm, Wednesday: 9:00 am - 5:00 pm, Thursday: 9:00 am - 5:00 pm, Friday: 9:00 am - 5:00 pm, Saturday: 10:00 am - 3:00 pm). Special services listed are Homebound, Seniors, and Young adults. A 'View more details' link is at the bottom of the result.



## Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Why Participate  
in  
Open Enrollment  
2016?*

# We Need Your Help to Get More Americans Enrolled in Coverage!

- While the number of uninsured is at a record low (dropping from 20.3% of U.S. population in 2013 to 13.2% in 2015), there are still millions of individuals in need of coverage.
- Getting more individuals enrolled in coverage helps to reduce overall costs to the health delivery system and keep premiums as affordable as possible for your new and existing clients.
- Assisting consumers determine if they may be eligible for Marketplace coverage, getting them enrolled, or letting them know about local Navigator or assister resources can help with word of mouth referrals for your business.



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers

*Getting Ready  
for  
Open  
Enrollment 2016*



# Individual Marketplace Registration

- Agent/broker registration for plan year 2016\* is available through the CMS Enterprise Portal.
- Agents and brokers who wish to participate in the FFMs must complete the following actions on the CMS Enterprise Portal (<https://portal.cms.gov/>):
  - Create an account
  - Request the FFM agent/broker role
  - Complete remote identity proofing through the Enterprise Identity Management (EIDM) System

*\*Note: 45 C.F.R. § 155.20 defines “plan year” as a consecutive 12-month period during which a health plan provides coverage for health benefits. A plan year may be a calendar year or otherwise.*

# Individual Marketplace Registration (Cont.)

Agents and brokers must also complete the following actions:

- Complete an agent/broker profile on the new Marketplace Learning Management System (MLMS)
- Enroll in the applicable required Marketplace training (i.e., Individual and/or SHOP) on the MLMS or through a CMS-approved vendor via the CMS Enterprise Portal
- Complete assigned training courses and pass exams through the MLMS or through a CMS-approved vendor via the CMS Enterprise Portal
- Read and accept the applicable Marketplace Agreement(s) on the MLMS

*The new MLMS replaces the previously used Marketplace Learning Network® (MLN) and can be accessed via the Registration Status page on the CMS Enterprise Portal.*

# SHOP Marketplace Registration

To register to participate in the SHOP Marketplace, agents and brokers:

- Must complete the SHOP Privacy & Security Agreement in the MLMS
- Must complete their searchable profile on the SHOP Marketplace Agent/Broker Portal
- May complete the SHOP Marketplace training and exam. It is highly recommended that agents and brokers complete SHOP Marketplace training, but this training is not required.

*To access the SHOP Marketplace Agent/Broker Portal to complete your searchable profile and manage SHOP accounts visit:*

*<https://healthcare.gov/marketplace/small-businesses/agent>*



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Tips from the  
Marketplace Call  
Center*

# Tips from the Marketplace Call Center

- Utilize this documentation check-list when helping consumers with their applications: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.
- To reduce wait times at the Call Center, do not wait until the last minute to seek assistance.
  - Avoid calling during peak times of the day—especially between the hours of 4:00 PM ET and 8:00 PM ET and around December 13-15, January 13-15, and January 29-31
- Every 365 days, consumers need to reauthorize the Call Center to allow an agent/broker to work on their behalf.
  - Complete these reauthorizations during off-peak hours and avoid enrollment deadline days whenever possible.



## Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers

*Working with  
Navigators and  
Other Non-  
Agent/Broker  
Assisters*



# Dos and Don'ts of Working with Navigators and Other Assisters

## DO:

- ✓ Understand the constraints Navigators and other assisters (certified application counselors and Non-Navigator assistance personnel in FFM) must adhere to:
  - See <https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF>
- ✓ Participate in community events.
  - Introduce yourself to Navigator and other assister staff members and ask to be invited to their events.
  - Find Navigators and other assisters in your area by going to Find Local Help on HealthCare.gov.

# Dos and Don'ts of Working with Navigators and Other Assisters (Cont.)

## DO:

- ✓ When you are unable to assist a consumer with, for example, a Medicaid enrollment, make sure your client knows about local Navigators and other assisters for assistance.
- ✓ Ensure your information is up to date on Find Local Help to ensure consumers can find you when a Navigator or other assister uses this tool to help a consumer find an agent/broker.
  - You can make these changes in the new MLMS registration/training system.

# Dos and Don'ts of Working with Navigators and Other Assisters (Cont.)

## *DON'T:*

- × Attempt to establish an exclusive referral relationship with Navigators and other assisters.
- × Offer consideration of any kind (direct or indirect, cash or in-kind) that could be tied to the compensation received by you from a health insurance or stop loss insurance issuer for enrolling a person in a QHP or non-QHP.



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers

## *Understanding Your Target Market*



# Who are the Uninsured?

- About 10.5 million uninsured Americans are eligible for Marketplace coverage in the upcoming Open Enrollment.
- Almost half of the uninsured individuals who are likely eligible for Marketplace plans are between the ages of 18 and 34.

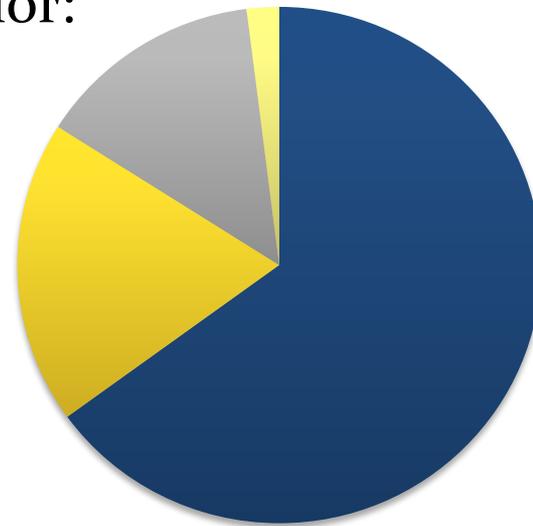


*Source:*

<http://www.hhs.gov/about/news/2015/09/22/secretary-burwell-previews-third-open-enrollment.html>

# Who are the Uninsured? (Cont.)

- Almost 40 percent of the uninsured who qualify for Marketplace plans are living between 139 and 250 percent of the federal poverty level (about \$34,000 to \$61,000 for a family of four).
- Approximately one-third of the uninsured who qualify for Marketplace plans are people of color:
  - Approximately 19% are Hispanic
  - 14% are African American
  - 2% are Asian American



■ Other ■ Hispanic ■ African American ■ Asian American

Source:

<http://www.hhs.gov/about/news/2015/09/22/secretary-burwell-previews-third-open-enrollment.html>

# Who are the Uninsured? (Cont.)

- Most uninsured individuals think that having health insurance is important.
  - More than four in ten have looked into getting insurance on their own in the last year.
  - Fifty-six percent say they are likely to go to the Marketplaces in the future.
- Cost remains the main barrier to insurance.
  - Those who have looked made a calculated decision based on more than just the premium.
  - They also consider out-of-pocket expenses, deductibles, co-pays and other factors in their decision.

*Source: The “Understanding the Uninsured Now” study conducted by PerryUndem Research/Communication and funded by Robert Wood Johnson Foundation (June 2015). For more information visit [http://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2015/rwjf420854](http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2015/rwjf420854)*

# Who are the Uninsured? (Cont.)

- Many are struggling financially but are optimistic about the future. They believe their finances will improve soon and that they may get insurance then.
- There are other reasons uninsured individuals may be putting off insurance:
  - The ability to still get care and pay for it out-of-pocket even without insurance
  - The perception of insurance as a “commitment” rather than something temporary to get in between jobs

*Source: The “Understanding the Uninsured Now” study conducted by PerryUndem Research/Communication and funded by Robert Wood Johnson Foundation (June 2015). For more information visit [http://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2015/rwjf420854](http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2015/rwjf420854)*

# Who are the Uninsured? (Cont.)

- Almost half (47%) have not gone to the Health Insurance Marketplaces and another 10% are unsure if they have. This means there is still a substantial number of uninsured to reach with information encouraging them to look into their options.
- There are substantial knowledge gaps around the tax credits and SEPs that need to be filled. Education about the increasing individual responsibility penalty amount could drive about one-quarter of the uninsured to enroll.

*Source: The “Understanding the Uninsured Now” study conducted by PerryUndem Research/Communication and funded by Robert Wood Johnson Foundation (June 2015). For more information visit [http://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2015/rwjf420854](http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2015/rwjf420854)*

# Who are the Uninsured? (Cont.)

- Outreach efforts should continue to drill down to places where large numbers of the uninsured can be reached. For example, many of the uninsured report working for small companies. Engaging small business owners not offering coverage in efforts to inform their workers about the Marketplaces could be effective.
- The increasing individual responsibility penalty may be a strong motivator for some (up to 26%) to enroll in coverage this year. Thus, there is little harm in talking to individuals about the penalty.
- People still want one-on-one help to enroll. More than 70% say it would be important for them to talk with someone when buying insurance.

*Source: The “Understanding the Uninsured Now” study conducted by PerryUndem Research/Communication and funded by Robert Wood Johnson Foundation (June 2015). For more information visit [http://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2015/rwjf420854](http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2015/rwjf420854)*

# Messages that Move

Based on consumer research, we know that there is certain information that drives consumers to take action. Below are the key points that consumers need to know:

- **It's time to get covered.** If you – or someone you know – needs health insurance, now's your chance to sign up for quality and affordable coverage. Open Enrollment only happens once each year. This year's Open Enrollment runs from November 1 through January 31. Don't miss your chance to get covered.
- **Sign up by December 15 and start the New Year with coverage.** If you want coverage to start January 1, the deadline to enroll is December 15.

# Messages that Move (Cont.)

- **Financial help is available.** Over 8 out of 10 people who enrolled in health coverage through HealthCare.gov qualified for financial help to make their monthly premiums more affordable. In fact, most people can find health insurance plans available for \$75 or less per month. If you choose not to buy health insurance this year, you may need to pay a tax penalty of \$695 or more.
- **Getting covered is easier than ever.** Every year, the process of signing-up for coverage gets simpler. You can even apply on your cell phone. During last year's Open Enrollment, it took most people about 10 minutes to submit an application.
- **Free help is available.** Get answers to your questions by contacting our trained professionals for free and confidential assistance. Call 1-800-318-2596 or find free, in-person help in your community by visiting <https://localhelp.healthcare.gov/>. Information and additional resources are available at HealthCare.gov or CuidadoDeSalud.gov.

# Messages that Move (Cont.)

Consumers with 2015 plans should come back to renew their coverage or 2016. Here are key points that work well for this audience:

- **Did your job, family, or health status change?** Come back to shop and make sure you're enrolled in the plan that best meets your budget and health needs.
- **Compare and save.** Visit [HealthCare.gov](http://HealthCare.gov) and compare your options for 2016 coverage. You could save money by switching to a new plan.
- **It's easy to renew.** It will only take a few minutes to update your application, review your options, and select a plan.

# CMS Target Markets for Plan Year 2016 Open Enrollment

- As announced by the Secretary of the U.S. Department of Health & Human Services (HHS) on September 22, the target markets for plan year 2016 Open Enrollment include:
  - Florida (Miami)
  - Illinois (Chicago)
  - New York (Albany)
  - Texas (Dallas & Houston)
- Our focus is national, so we will also be targeting other critical markets

# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



## *Periodic Data Matching*

# Periodic Data Matching: Overview

- Periodic data matching (PDM) identifies consumers enrolled in coverage through the FFMs with APTC or CSRs and minimum essential coverage (MEC)\* Medicaid or the Children's Health Insurance Program (CHIP) (i.e., dually-enrolled).
- Why PDM is important for consumers?
- What agents and brokers should know and how they can help

*\* Most Medicaid or CHIP is considered MEC; some forms of Medicaid or CHIP coverage (e.g., emergency or coverage for pregnancy-related services only) are not considered MEC.*

# Periodic Data Matching: Background

Marketplaces must:

- Periodically examine available data sources to determine whether consumers who are enrolled in Marketplace coverage with APTC or CSRs have been determined eligible for Medicaid or CHIP (45 CFR 155.330(d))
- Notify these consumers, and if the consumer doesn't respond to the notice, end APTC/CSRs (45 CFR 155.330(e))

***IMPORTANT:*** In 2015, the Marketplaces will not take action to end consumers' APTC/CSRs as a result of PDM. Consumers will need to take action to end their Marketplace coverage with APTC/CSRs. If dually-enrolled consumers do not end their Marketplace coverage with APTC, the tax filer(s) will likely have to pay back all or some of the APTC received during the months the consumers are also eligible for Medicaid or CHIP (note: liability starts the first of the month following the Medicaid or CHIP eligibility determination).

# Periodic Data Matching: Notifying Dually-Enrolled Consumers

CMS mailed paper notices\* to the household contact for consumers who may be dually-enrolled, that included:

- Names of consumers who were found to be dually-enrolled
- A warning that individuals who are eligible for Medicaid or CHIP are not eligible for financial assistance through the Marketplaces, and about potential tax liability when a consumer is enrolled in Medicaid or CHIP and Marketplace coverage with APTC/CSRs
- Instructions on how to end Marketplace coverage with APTC (for consumers enrolled in Medicaid or CHIP)
- A note that no action is needed at the Marketplaces for consumers who aren't enrolled in Medicaid or CHIP
- Contact information for the state Medicaid or CHIP agency to confirm if enrolled or for any questions

*\*Paper notices have only been sent via mail. PDM notices will not be posted electronically to consumers' accounts.*

# Periodic Data Matching: Notifying Dually-Enrolled Consumers

- **Not all dually-enrolled consumers in all states will receive notices because not all states were able to fully participate in this round of PDM.**
- **Consumers in the following states will not receive notices in this round of PDM: AK, DE, GA, ME, MI, NJ, OR, TN, SC and WY.**



# Periodic Data Matching: Sample Notice

9/18/2015

Application date: 3/1/2014

Application ID: 123456789

Dear J-Ohn:

**You're getting this notice because some people in your household may be enrolled in both a Marketplace health plan and Medicaid or Children's Health Insurance Program (CHIP) and you may need to take action immediately to end Marketplace coverage with advance payments of the premium tax credit.**

Consumers aren't eligible for a Marketplace plan with the premium tax credit if they were determined eligible for Medicaid or CHIP coverage that qualifies as minimum essential coverage. The Marketplace has information indicating that the following people are enrolled in a Marketplace plan with premium tax credits and Michigan Department of Community Health (Medicaid) or Michigan MICHild (CHIP):

- John Doe
- Jane Doe
- Mira Doe

**If the people listed above are enrolled in Medicaid or CHIP benefits, they should immediately end their Marketplace coverage with premium tax credits.** The tax filer(s) who claim these people as dependents on their income tax return will likely have to pay back all or some of the premium tax credits received for a Marketplace plan during the months the people listed above were also enrolled in Medicaid or CHIP.

# Why PDM and Noticing is Important for Consumers

- Consumers determined eligible for MEC Medicaid or CHIP are not eligible for a Marketplace plan with APTC or CSRs and should end their Marketplace coverage with APTC/CSRs.\*
- If consumers enrolled in MEC Medicaid or CHIP do not end their Marketplace coverage with APTC/CSRs, the tax filer(s) will likely have to pay back all or some of the APTC received for a Marketplace plan for the months following the consumers' eligibility determination for MEC Medicaid or CHIP when they file their tax return.

*\* Consumers enrolled in MEC Medicaid or CHIP who still want a Marketplace plan would have to pay the full price without a tax credit or other savings.*

# What Agents/Brokers Should Know – How to Help

## **Consumers who receive the notice may contact agents/brokers:**

- For help understanding the notice
- For help ending Marketplace coverage with APTC/CSRs
  - See “Resources” slide for instructions on ending coverage through an FFM
- If they don't think they're enrolled in MEC Medicaid or CHIP
  - No further action needed with the Marketplaces, but consumers may opt to contact their state Medicaid or CHIP agency to confirm that they're not enrolled. Contact information for state Medicaid or CHIP agencies is available in the notice.

# What Agents/Brokers Should Know – How to Help (Cont.)

- If they want more information about Medicaid or CHIP OR if they aren't sure if they're enrolled in Medicaid or CHIP
  - Consumers can contact their state Medicaid or CHIP agency for more information. Contact information for state Medicaid or CHIP agencies is available in the notice.



# What Agents/Brokers Should Know- How to Help (Cont.)

- If they're enrolled in MEC Medicaid or CHIP but believe they are actually eligible to remain enrolled in Marketplace coverage with APTC/CSRs
  - Example: The consumer has experienced a household or income change that makes him or her ineligible for Medicaid/CHIP.
  - The consumer should contact his or her state Medicaid/CHIP agency to inform them of the change and receive a redetermination of eligibility for Medicaid/CHIP. If found no longer eligible for Medicaid/CHIP, his or her coverage will end. The consumer can remain in his or her Marketplace coverage with APTC/CSRs, if otherwise eligible.

# Periodic Data Matching: Estimated Timeline

**September 2015:** Notices sent to consumers who may be dually-enrolled, as identified through periodic data matching

**2016:** Additional periodic data matching and notifying of consumers

*All dates are subject to change.*



## Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Process for  
Ending Coverage  
in a QHP  
through the  
Marketplaces  
with APTC and  
CSRs*

# Application Updates

- Consumers are required to update their application information if it changes at any time during the year within 30 days of a change.
- When an application is updated, a Marketplace may find that an applicant who was previously enrolled in a QHP through the Marketplace with APTC and CSRs is now eligible for Medicaid or CHIP coverage.
  - This could be because the state Medicaid or CHIP program made changes, like expanding eligibility, or because the applicant experienced a change in income or other life change.

# Assessment vs. Determination States

- In certain states, known as “assessment states,” the Marketplaces make preliminary Medicaid or CHIP eligibility assessment and, if a consumer is potentially eligible, the Marketplaces transfers the consumer’s account to the state Medicaid or CHIP agency, which makes a final Medicaid or CHIP eligibility determination.
- In other states, known as “determination states,” the Marketplaces makes a final determination of a consumer’s Medicaid or CHIP eligibility and transfers the consumer’s account to the state Medicaid or CHIP agency for enrollment.
- For a breakdown of which states are assessment versus determination states visit: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html>.

# Program Eligibility Considerations

After being determined eligible for Medicaid or CHIP that qualifies as minimum essential coverage, a consumer is no longer eligible for APTC and CSRs through the Marketplaces.

- Tax filers may be liable to pay back APTC received for the months that the consumer in their tax household is enrolled in Medicaid or CHIP while receiving APTC, starting with the first month following the Medicaid or CHIP eligibility determination.
- Consumers who receive APTC and have been determined eligible for or are enrolled in Medicaid or CHIP should take the steps outlined in this presentation to end their QHP coverage with APTC and CSRs.
- Consumers in determination states should end their QHP coverage with APTC and CSRs immediately after being determined eligible for Medicaid or CHIP, while consumers in assessment states should wait until being determined eligible for Medicaid or CHIP by the state Medicaid or CHIP agency before ending their QHP coverage with APTC and CSRs.

# Program Eligibility Considerations (Cont.)

If a consumer enrolled in Medicaid wishes to maintain coverage in a QHP through a Marketplace, he or she may re-apply for QHP coverage without financial assistance during an Open Enrollment Period or SEP if otherwise eligible.



# Ending QHP Coverage when Eligible for Medicaid or CHIP

- This presentation includes instructions on how consumers can end QHP coverage through the Marketplaces and APTC or CSRs:
  - 1) When a Marketplace assesses or determines a consumer to be eligible for Medicaid or CHIP
  - 2) When a consumer is dually enrolled in Marketplace coverage with APTC or CSRs and Medicaid or CHIP that qualifies as minimum essential coverage
- Instructions are for when:
  - 1) All applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP.
  - 2) Some applicants have been assessed or determined Medicaid or CHIP eligible or are enrolled in Medicaid or CHIP and other applicants remain QHP eligible.

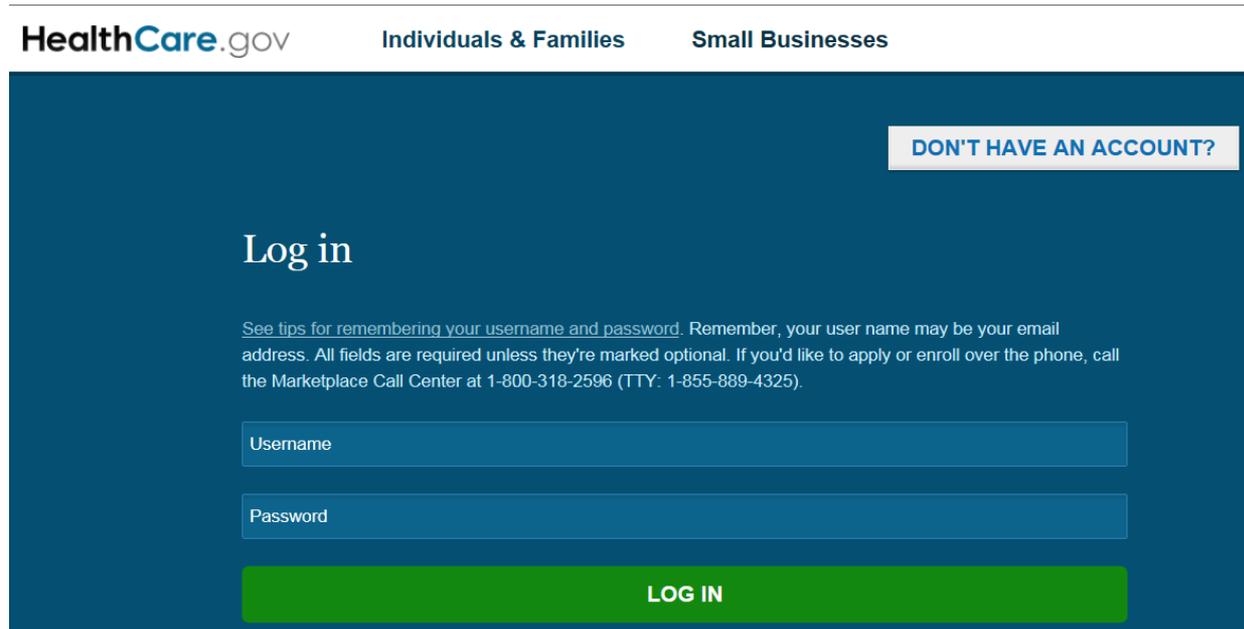
Note: This presentation only applies to Individual Marketplace coverage, not to SHOP Marketplace coverage.

# Disclaimer

*Please note that the information included in this presentation is solely illustrative. Several slides contain screenshots with names and/or specific issuers/plans. The purpose of these screenshots are to provide examples. Names presented are made up and issuer/plan names displayed were selected at random. These examples do not include personally identifiable information and are not an endorsement of specific issuers/plans.*

# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees: Log into HealthCare.gov

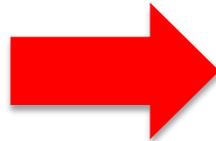
*Use this process to terminate Marketplace coverage after it has started.*



The screenshot shows the HealthCare.gov login interface. At the top, the logo "HealthCare.gov" is on the left, and navigation links for "Individuals & Families" and "Small Businesses" are on the right. A link "DON'T HAVE AN ACCOUNT?" is located in the top right corner. The main heading is "Log in". Below this, there is a paragraph of text: "See tips for remembering your username and password. Remember, your user name may be your email address. All fields are required unless they're marked optional. If you'd like to apply or enroll over the phone, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325)." There are two input fields: "Username" and "Password". At the bottom, there is a green "LOG IN" button.

Note: Only use “End (Terminate) All Coverage” when you want to end Marketplace coverage for everyone on the application. This will end all medical and dental policies associated with the application.

# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees



*Click “Visit the Marketplace for Individuals and Families.”*

SUSAN, where would you like to go?

## INDIVIDUALS & FAMILIES

**VISIT THE MARKETPLACE FOR INDIVIDUALS AND FAMILIES »**

Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.

## FOR EMPLOYERS

[VISIT EMPLOYER MARKETPLACE »](#)

If you're a small business employer, choose this option to provide health coverage to you and your employees. You can also view and make changes to your current coverage offering. [Learn more about coverage options for small businesses.](#)

## FOR EMPLOYEES

[VISIT EMPLOYEE MARKETPLACE »](#)

Starting November 15, you'll be able to choose this option if you're a small business employee and you've received a SHOP employee code from your employer. You'll also be able to view and make changes to your coverage. [Find out what you can do to get ready now and learn more about coverage options for employees of small businesses.](#)

# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

**Get coverage for:**

Select Year ▼ Select State ▼ **APPLY OR RENEW**

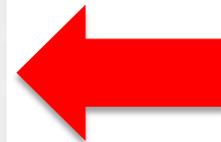
Don't see your state? Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). [Find your State's website.](#)

Want coverage for 2014? You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

**Your existing applications:**

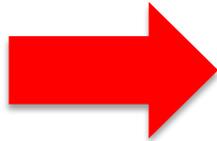
<a href="#">2015 Virginia application for Individual &amp; Family Coverage</a>	Status: <b>Complete</b> ID#: 907562500
<a href="#">2014 Virginia application for Individual &amp; Family Coverage</a>	Status: <b>In progress</b> ID#: 896039051 <a href="#">REMOVE</a>

*Select the application.*



# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

*Click “My Plans and Programs.”*



2015 application for Individuals & Families (ID#: 105991722) View all applications

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions

**MY COVERAGE**

**My plans & programs**

**UPMC Advantage Bronze \$6,000/\$25 - Partner Network**  
Andre and Bridget  
Status: Initial Enrollment

**Delta Dental PPO Basic Plan for Families**  
Bridget  
Status: Initial Enrollment

**PREMIUM TAX CREDIT**

**Premium tax credit usage**  
Bridget and Andre

<b>Using:</b>	<b>Eligible for:</b>
\$67 per month	\$67 per month

**PAY YOUR FIRST PREMIUM**

**Need to remove your application?**

You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)

# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

2014 application for Individuals & Families (ID#: 96033346) [View all applications](#)

Members:	Start date:	End date:	Action:
ritika garg	01/01/2014	12/31/2014	<a href="#">REMOVE</a>

[CHANGE TO A DIFFERENT PLAN](#)

During Open Enrollment, you can change the health insurance plan for this group.

### Terminate coverage

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 2 plan(s)

[END \(TERMINATE\) ALL COVERAGE](#)

*Click “End (Terminate) All Coverage.”*



# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

1. *Enter the date you want your coverage to end, starting 14 days from the current date.*
2. *Read and click the attestation.*
3. *Click “Terminate Coverage.”*

2014 application for Individuals & Families (ID#: 96033346) View all applications

**You've chosen to end this coverage:**

**Blue Cross and Blue Shield of Alabama Blue Saver Bronze**  
ritika garg

**Humana Insurance Company Humana Dental Smart Choice**  
ritika garg

Choose the date you want your coverage to end:

02/19/2014

I've fully read and understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I also understand that there may be a tax penalty for ending coverage early.

KEEP COVERAGE TERMINATE COVERAGE

# Terminating Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

*View  
termination  
confirmation.*

The screenshot displays a web interface for a 2014 application for Individuals & Families (ID#: 96033346). The page shows two terminated marketplace coverage plans. Each plan entry includes the plan name, ID number, provider information, contact details, and a 'VIEW PLAN BENEFITS' button. The monthly payment for each plan is also displayed.

Plan Name	Plan ID	Status	Monthly Payment
Blue Saver Bronze	46944AL0460001	Terminated	\$188.04/mo.
Humana Dental Smart Choice	44580AL0380001	Terminated	\$18.20/mo.

**2014 application for Individuals & Families (ID#: 96033346)** View all applications

**Status:** Terminated

**Blue Saver Bronze**  
**46944AL0460001**

Blue Cross and Blue Shield of Alabama  
450 Riverchase Pkwy East  
Birmingham, AL 35244-2858  
1-888-267-2955  
<https://www.ibcsal.com/sales/index.html>

**VIEW PLAN BENEFITS**

You pay: **\$188.04/mo.**

**Status:** Terminated

**Humana Dental Smart Choice**  
**44580AL0380001**

**VIEW PLAN BENEFITS**

You pay: **\$18.20/mo.**

# Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees: Select the Application

*Use this process to cancel Marketplace coverage before it starts.*

*Follow same first three steps:*

- 1. Log into HealthCare.gov*
- 2. Click “Visit the Marketplace for Individuals and Families”*
- 3. Select the application*

Note: Only use “End (Terminate) All Coverage” when you want to cancel Marketplace coverage for everyone on the application. This will cancel all health and dental policies associated with the application.

Get coverage for:

Select Year ▼ Select State ▼ **APPLY OR RENEW**

**Don't see your state?** Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

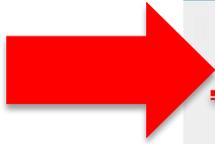
**Want coverage for 2014?** You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

**Your existing applications:**

<a href="#">2015 Alabama application for Individual &amp; Family Coverage</a>	Status: <b>Complete</b> ID#: <input type="text"/>
<a href="#">2015 Ohio application for Individual &amp; Family Coverage</a>	Status: <b>In progress</b> ID#: <input type="text"/> <b>REMOVE</b>

# Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees

*Click “My Plans and Programs.”*



2015 application for Individuals & Families (ID#: 110564090) View all applications

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions
- Tax forms

**MY COVERAGE**

**My plans & programs**

**UnitedHealthcare of Alabama, Inc.**  
**UnitedHealthcare Bronze Compass**  
**HSA 6275**  
Demetrius  
Status: Initial Enrollment

**UnitedHealthcare of Alabama, Inc.**  
**UnitedHealthcare Bronze Compass**  
**HSA 6275**  
Demetrius  
Status: Cancelled (coverage ended on 02/01/2015)

**PAY YOUR FIRST PREMIUM**

**Need to remove your application?**

You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)

# Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

2015 application for Individuals & Families (ID#: 110564090) View all applications

**My plans & programs (1)**

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

**Need to pay your first month's premium?** Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

**Status:** Initial Enrollment

**UnitedHealthcare Bronze Compass HSA 6275 68259AL0030009**

UnitedHealthcare of Alabama, Inc.  
33 Inverness Center Parkway  
Birmingham, AL 35242

**VIEW PLAN BENEFITS**

Base premium	\$492.93/mo.
<a href="#">Premium tax credit</a>	\$0.00/mo.
<b>You pay:</b>	<b>\$492.93/mo.</b>

Members:	Start date:	End date:	Action:
Demetrius Bautistaal	02/01/2015	12/31/2015	<b>REMOVE</b>

**CHANGE PLANS**

You can only change plans during Open Enrollment for 2015 or if you're eligible for a Special Enrollment Period.

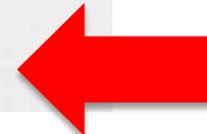
**Terminate coverage**

You can withdraw from coverage associated with this application. Doing so would end your coverage from all of the plans and programs listed above.

Enrolled in 1 plan(s)

**END (TERMINATE) ALL COVERAGE**

*Click "End (Terminate) All Coverage."*



# Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

1. Read and click the attestation.
2. Click “Terminate Coverage.”

Important: Coverage will be canceled effective immediately.

My plans & programs (1)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

**Need to pay your first month's premium?** Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

**You've chosen to end this coverage:**

**UnitedHealthcare of Alabama, Inc. UnitedHealthcare Bronze Compass HSA 6275**  
Demetrius Bautistaal

**You have until the 15th of the month to select a new plan for coverage that starts as soon as the 1st of the next month. If you enroll after the 15th, your coverage can start as soon as the month after that. For example, if you enroll by February 16, your coverage could begin April 1.**

[Learn more about terminating your coverage](#)

I fully understand that I'm choosing to end (terminate) coverage for the plan above for all members of my household that are currently enrolled in this plan. I understand that we can't enroll in other Marketplace coverage until the next Open Enrollment Period. I also understand that there may be a tax penalty for ending coverage early.

You can only change plans during Open Enrollment for 2015 or if you're eligible for a Special Enrollment Period.

Terminate coverage

*Click attestation and click “Terminate Coverage.”*

# Cancelling Marketplace Coverage with APTC and CSRs for All Enrollees (Cont.)

*View  
cancellation  
confirmation.*

The screenshot shows a user's account page with a sidebar menu on the left and main content on the right. The sidebar menu includes: 'My plans & programs' (highlighted), 'Eligibility & appeals', 'Applications details', 'Report a life change', 'Communication preferences', 'Authorized users', 'Exemptions', and 'Tax forms'. The main content area is titled 'My plans & programs (1)'. Below the title is a paragraph: 'Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).' Below this is a bolded instruction: 'Need to pay your first month's premium? Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).' A red banner below this text reads 'Status: Cancelled (coverage ended on 02/01/2015)'. Underneath, the plan details are listed: 'UnitedHealthcare Bronze Compass HSA 6275 68259AL0030009'. To the right of these details, a light blue box contains the text 'You pay: \$492.93/mo.'. At the bottom, the provider information is listed: 'UnitedHealthcare of Alabama, Inc. 33 Inverness Center Parkway Birmingham, AL 35242'.

o My plans & programs

o Eligibility & appeals

o Applications details

o Report a life change

o Communication preferences

o Authorized users

o Exemptions

o Tax forms

## My plans & programs (1)

Now that you're enrolled, you should contact your plan directly to learn more about your coverage and make sure to pay your first month's premium so your coverage can begin. If you need to make changes to your household information or income, you can [report a life change](#).

**Need to pay your first month's premium?** Call your plan's customer service number or select the "Pay" button from [your confirmation page to pay online](#).

**Status:** Cancelled (coverage ended on 02/01/2015)

**UnitedHealthcare  
Bronze Compass HSA  
6275  
68259AL0030009**

You pay: **\$492.93/mo.**

**UnitedHealthcare of Alabama, Inc.**  
33 Inverness Center Parkway  
Birmingham, AL 35242

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application

*Use this process to end Marketplace coverage for some, but not all enrollees on an application, because only some enrollees have been determined eligible for or are enrolled in Medicaid or CHIP.*

*Follow same first three steps:*

- 1. Log into HealthCare.gov*
- 2. Click “Visit the Marketplace for Individuals and Families”*
- 3. Select the application*

**Get coverage for:**

Select Year ▼ Select State ▼ **APPLY OR RENEW**

**Don't see your state?** Visit the website of your state-based Marketplace, or call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325). [Find your State's website.](#)

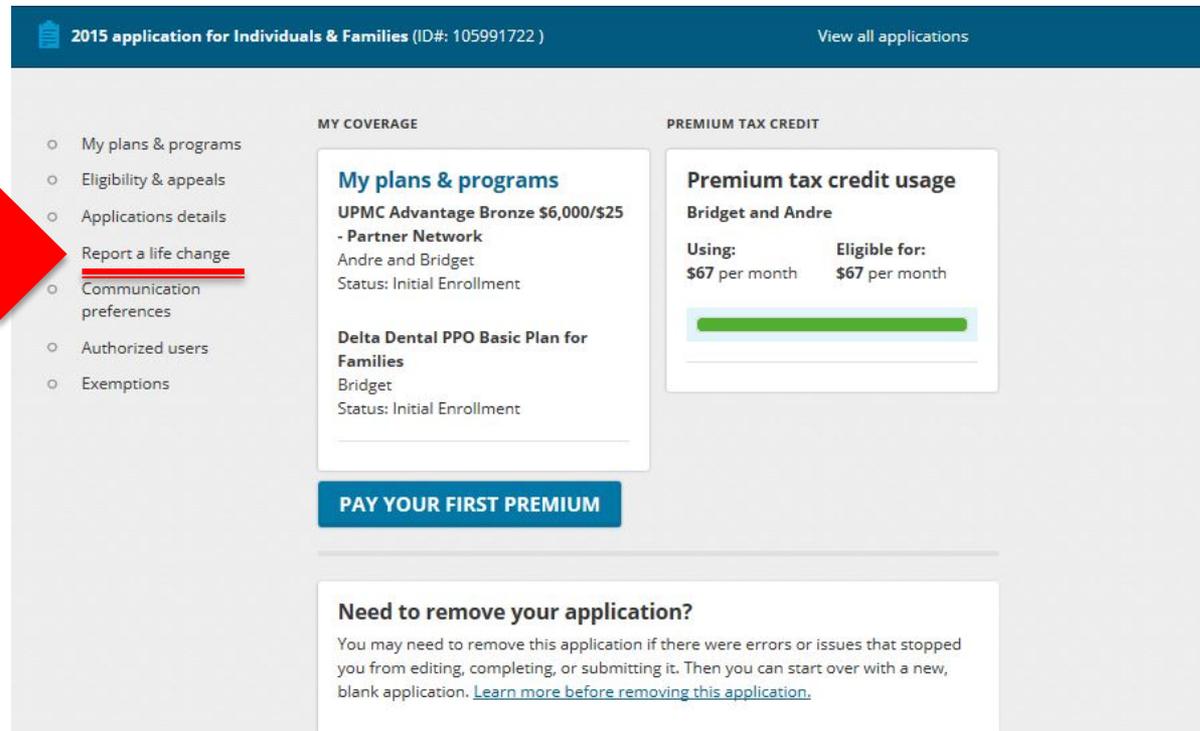
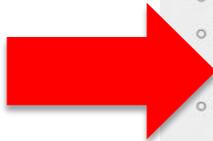
**Want coverage for 2014?** You can no longer apply online. To apply for 2014 coverage, call the Marketplace Call Center at 1-800-318-2596.

**Your existing applications:**

<a href="#">2015 Alabama application for Individual &amp; Family Coverage</a>	Status: <b>Complete</b> ID#: 110564090
<a href="#">2015 Ohio application for Individual &amp; Family Coverage</a>	Status: <b>In progress</b> ID#: 111780963 <b>REMOVE</b>

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

Click “Report a life change.”



2015 application for Individuals & Families (ID#: 105991722) [View all applications](#)

- My plans & programs
- Eligibility & appeals
- Applications details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions

**MY COVERAGE**

**My plans & programs**  
UPMC Advantage Bronze \$6,000/\$25 - Partner Network  
Andre and Bridget  
Status: Initial Enrollment

**Delta Dental PPO Basic Plan for Families**  
Bridget  
Status: Initial Enrollment

**PREMIUM TAX CREDIT**

**Premium tax credit usage**  
Bridget and Andre

Using:	Eligible for:
\$67 per month	\$67 per month

**PAY YOUR FIRST PREMIUM**

**Need to remove your application?**  
You may need to remove this application if there were errors or issues that stopped you from editing, completing, or submitting it. Then you can start over with a new, blank application. [Learn more before removing this application.](#)

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

*Click the green “Report A Life Change.”*

My plans & programs

Eligibility & appeals

Applications details

**Report a life change**

Communication preferences

Authorized users

Exemptions

Tax forms

## Report a life change

Do you want to report a change in circumstances that may qualify you or your dependents for a Special Enrollment Period?

### What kind of changes should I report?

Your household's income and size affect the program you qualify for, including help with costs. As soon as you have a change, report it here.

**Examples of changes to report:**

- Your household income goes up or down, like from a job or benefits
- Your household size changes because of things like marriage, divorce, a new baby, or someone moving out
- Someone needs new coverage
- Someone is getting new coverage, like from a job
- Your citizenship or immigration status is changing, like a visa expired and isn't renewed
- You want to change your preference on how we send information to you
- Your tax filing status changes

**Important: Check your income information frequently.** Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

After you report a change:

- You'll get new Eligibility Results that will explain if you're eligible for a Special Enrollment Period to enroll or change plans.
- You'll find out if you qualify for a different amount of help paying costs.
- You can check your enrollment details before we send your updates to your plan or your state.

**REPORT A LIFE CHANGE**

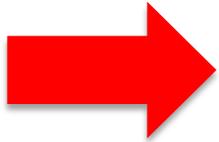
# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

## *Continue Through to Change Application Information.*

Select “Report a change in my household’s income, size, or other information.”

Then click the green “Continue” near the bottom of the screen.

Continue through application information, updating information as necessary.



### Have you had any changes like these?

- You moved to a different state
- You lost your job, got a new job, or your income changed
- You or one of your dependents turned 26
- You had family changes, like a new baby or a divorce

**Important: Check your income information frequently.** Your eligibility for help with costs is based on factors including your household income. Accurate information will help you get the right amount of help and avoid differences when you file your federal income tax return.

### Choose an option below to continue

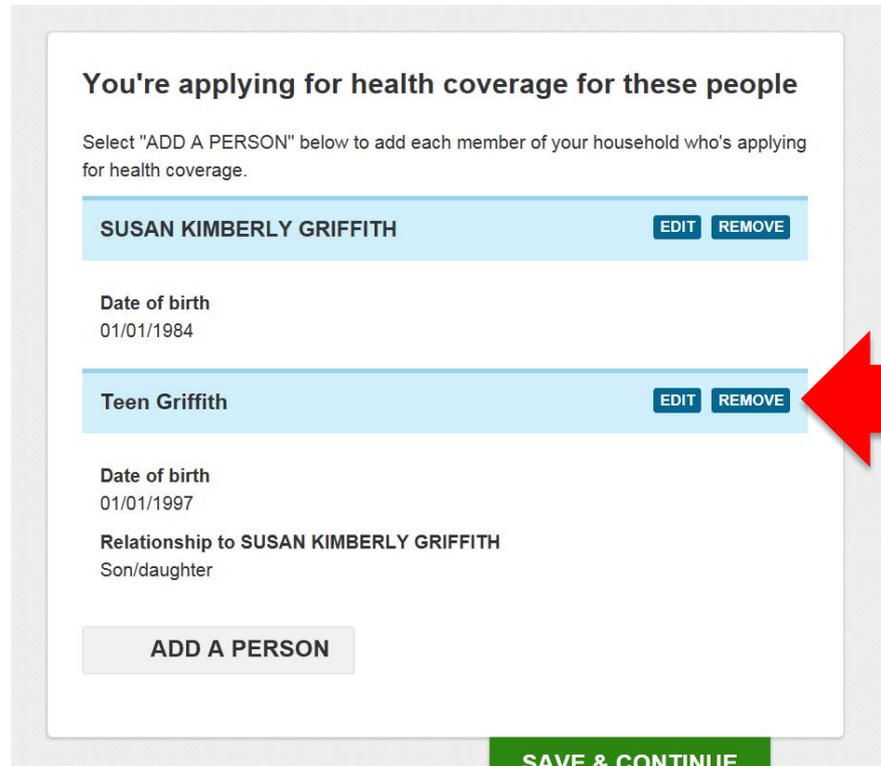
- Report a move to a new state
- Change how we send information to you
- Report a change in my household’s income, size, or other information

CANCEL

CONTINUE

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

*Remove people who aren't applying for coverage.*



**You're applying for health coverage for these people**

Select "ADD A PERSON" below to add each member of your household who's applying for health coverage.

<b>SUSAN KIMBERLY GRIFFITH</b>	<b>EDIT</b> <b>REMOVE</b>
Date of birth 01/01/1984	
<b>Teen Griffith</b>	<b>EDIT</b> <b>REMOVE</b>
Date of birth 01/01/1997	
Relationship to SUSAN KIMBERLY GRIFFITH Son/daughter	

**ADD A PERSON**

**SAVE & CONTINUE**

Then click the green "Save & Continue" near the bottom of the screen.

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

*Confirm removals and answer subsequent questions appropriately.*

**Confirm that you want to remove Teen Griffith from your application**

Yes. I want to remove this person from my application.

**Is Teen Griffith deceased?**

**Important: Select at least 1 item(s)**

Yes.

No.

**Are you removing Teen Griffith because of a divorce?**

Yes.

No.

Then click the green “Save” then continue clicking through the application, updating information as necessary, until the question about claiming dependents on federal income tax return.

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

## *Adding back in relevant members of tax household*

*As applicable:*

- 1. Indicate whether the applicant is claiming dependents on their federal income tax return, and answer subsequent questions.*
- 2. Click the green “Save & Continue.”*
- 3. Continue clicking through the application, adding/updating information as needed.*

**IMPORTANT:** List the members in the applicant’s tax household; this may include listing the person/people who were just removed as applicants.

Will SUSAN GRIFFITH claim any dependents on her federal income tax return for 2015?

- Yes  
 No

Who are SUSAN GRIFFITH's dependents?

- Someone else

First name	Middle <i>optional</i>	Last name	Suffix <i>optional</i>
Teen		Griffith	Select... 

Date of birth

10/10/2000 

MM/DD/YYYY

ADD ANOTHER DEPENDENT

SAVE & CONTINUE

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

*Click “View Eligibility Results” and, when ready, “Continue to Enrollment.”*

**IMPORTANT:** Continue through “Enroll To-Do List,” including selecting and confirming a plan to complete the process.

Note: The plan subscriber (the policyholder) will be automatically reassigned based on the remaining enrollees.

**Eligibility results**

[Learn more about your eligibility results](#)

Results based on your application (ID 952699877) submitted on 12/18/2014

Your application was received and has been processed.

Your detailed eligibility results are ready

**Important:** You must complete these steps before you can enroll in coverage:

1. View your eligibility results. We'll let you know if there are any problems with your application that you need to fix before continuing. Select "VIEW ELIGIBILITY RESULTS".
2. View and select plans, and confirm your enrollment to get coverage for 2015. Select "CONTINUE TO ENROLLMENT".

You must select a plan to confirm your enrollment and save your updated application information.

**VIEW ELIGIBILITY RESULTS** **CONTINUE TO ENROLLMENT**

# Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application (Cont.)

Important information about confirming enrollment for QHP applicants:

- The plan selection will only show those consumers who applied and were determined eligible to enroll in a QHP through the Marketplaces. Consumers who are assessed or determined eligible for Medicaid or CHIP and who are no longer applying for QHP coverage through the Marketplaces will not appear.
- Consumers continuing their Marketplace coverage must select and confirm enrollment in a QHP for the coverage changes to go into effect. Consumers who are eligible for an SEP will be able to select a new plan if they wish.
- Once QHP enrollment is confirmed for the remaining applicants, coverage will be terminated for consumers who have been assessed or determined Medicaid or CHIP eligible, and who are no longer applying for coverage through the Marketplaces.

# Obtaining an SEP for Coverage in a QHP through the Marketplace

- Consumers may receive an SEP to enroll in coverage through a Marketplace if:
  1. They are assessed eligible for Medicaid or CHIP by the Marketplace, but later receive a denial letter from the state Medicaid or CHIP agency;
  2. They lose eligibility for Medicaid or CHIP outside of Open Enrollment and want to apply for Marketplace coverage; or
  3. They have certain changes in circumstance or other qualifying life event
- Consumers in these situations should contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

# Scenario 1

**Q: A consumer receives a notice indicating the entire family is dually enrolled in Marketplace coverage with APTC and Medicaid. The consumer wants to terminate Marketplace coverage for themselves and the rest of their family/enrollment group. What should the consumer do?**

**A: If no one on the application needs to keep their Marketplace coverage, the consumer should follow the “Terminating Marketplace Coverage with APTC and CSRs for All Enrollees” process.**

## Scenario 2

**Q: An enrollment group consisting of a mother, father, and child are enrolled in Marketplace coverage with APTC. The child is also enrolled in Medicaid. The father (the application filer/subscriber) and mother want to keep their Marketplace coverage, and end the child's Marketplace coverage with APTC (since the child is dually enrolled). How do they remove the child from the Marketplace plan?**

**A: The family should follow the “Ending QHP Coverage with APTC and CSRs for Some But Not All Enrollees on an Application” process.**



# Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces (FFMs) Overview and Kick-off for Agents and Brokers



*Agent and Broker  
Resources*

# Agent and Broker Resources

- *Additional resources can be found on CMS's Agents and Brokers Resources webpage: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *Additional information agents and brokers can use to educate consumers can be found at [HealthCare.gov](http://www.healthcare.gov).*
- *For more information about technical assistance training and support, please visit <http://www.regtap.info>.*
- *The CMS-approved vendors for plan year 2016 are:*
  - *AHIP: for more information go to <https://www.ahipexchangetraining.com/file.php/1/public/About.html>*
  - *Gorman Health Group: for more information go to <http://www.exchangebrokertraining.com>*
  - *NAHU: for more information go to <http://www.nahu.org/education/ffmtraining/index.cfm> or for CEU credit information visit <https://www.netstudy.com/nahu>*
- *The list of CMS-approved vendors can be found at: <https://www.cms.gov/cciiio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*

# Agent and Broker Resources (Cont.)

- *For more information on the registration and training requirements, please review the slides from the “FFM Agent and Broker Plan Year 2016 Registration and Training Requirements” webinar that was held in July and August and is posted to the Agents and Brokers Resources webpage at: <https://www.cms.gov/cciiio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *The CMS Enterprise Portal can be accessed at: <https://portal.cms.gov/>.*
- *Agent and Broker NPNs can be found at: [www.nipr.com/PacNpnSearch.htm](http://www.nipr.com/PacNpnSearch.htm).*
- *To access the SHOP Marketplace Agent/Broker Portal to complete searchable profile and manage SHOP accounts visit: <https://healthcare.gov/marketplace/small-businesses/agent>.*
- *To reference the statistics mentioned on who the uninsured consumers are review: <http://www.hhs.gov/about/news/2015/09/22/secretary-burwell-previews-third-open-enrollment.html>.*
- *For more information on the “Understanding the Uninsured Now” study conducted by PerryUndem Research/Communication and funded by Robert Wood Johnson Foundation visit: [http://www.rwjf.org/content/dam/farm/reports/surveys\\_and\\_polls/2015/rwjf420854](http://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2015/rwjf420854).*

# Agent and Broker Resources (Cont.)

- *To review the constraints of Navigators and assisters review:* <https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF>.
- *For information on the process for ending coverage in a QHP through the Marketplace with APTC and CSRs review:* <https://marketplace.cms.gov/technical-assistance-resources/ending-coverage-in-a-qhp.pdf>.
- *HealthCare.gov provides instructions on ending Marketplace coverage when a consumer gets Medicaid or CHIP at:* <https://www.healthcare.gov/medicaid-chip/cancelling-marketplace-plan/>.
- *HealthCare.gov provides general instructions on ending Marketplace coverage at:* <https://www.healthcare.gov/keep-or-change-plan/cancel-plan/>.
- *To review sample data matching notices visit:* <https://marketplace.cms.gov/applications-and-forms/notices.html>.
- *To access the checklist for completing a Marketplace application visit:* <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.
- *Periodic Data Matching in the Federally-facilitated Marketplaces (Marketplaces) FAQ:* <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Periodic-Data-Matching-FAQ-92815.pdf>

# Agent and Broker Resources (Cont.)

- *For a breakdown of which states are assessment versus determination states visit: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-and-the-marketplace/medicaid-chip-marketplace-interactions.html>.*
- *For the regulations outlining the CMS-approved vendor training option, review 45 CFR 155.222.*
- *For the regulations outlining CMS's eight privacy principals, review 45 CFR 155.260(a).*
- *The Find Local Help tool can be accessed at <https://localhelp.healthcare.gov/>.*
- *The August edition of the News for Agents and Brokers monthly newsletter contains important information about agent and broker registration and training for plan year 2016 for the FFMs. The News for Agents and Brokers monthly newsletter is distributed through GovDelivery. For agents and brokers who not receive the newsletter via email, CMS posts on the Agents and Brokers Resources webpage at: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *Current news and updates are distributed via email through GovDelivery and CMS's twitter handle, [@CMSGov](https://twitter.com/CMSGov).*

# Contact Information

For questions/comments about Agent/Broker participation in the FFMs: [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov) *New phone number coming soon!*

For questions/comments on the MLMS: [MLMSHelpDesk@CMS.HHS.gov](mailto:MLMSHelpDesk@CMS.HHS.gov)

For questions/comments about application and enrollment for the FFMs:  
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the FF-SHOP:  
1-800-706-7893 (TTY: 711) available M-F 9:00 AM-7:00 PM ET

For questions/comments regarding a CMS-approved vendor's training, agents and brokers should contact the respective vendor's help desk. Contact information can be found on the Agents and Brokers Resources webpage at <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.

For questions/comments about web-broker participation in the FFMs: [WebBroker@cms.hhs.gov](mailto:WebBroker@cms.hhs.gov)