



Plan Year 2017 Open Enrollment

*A Primer for Agents and
Brokers Participating in the
Marketplace*

October 2016

*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 the State-based Marketplaces (SBMs), but some of the material in it might be relevant if you are in a state with an SBM that is using HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and <https://Marketplace.CMS.gov> to learn more.

Plan Year 2017 Topics Covered in Today's Webinar

- Agent/Broker Registration Reminders and Tips
- Overview of Open Enrollment
- Annual Redetermination and Auto-Re-enrollment Updates
- Helping Consumers with Data Matching Issues (DMIs)
- New Call Center Resources for Agents/Brokers
- Marketplace Call Center Tips
- Working with Navigators and Other Non-Agent/Broker Assistants
- Overview of Pathways to Assist Consumers Enrolling in Coverage through the Individual Marketplace
- Step-by-step Review of the Individual Marketplace Online Application
- Small Business Health Options Program (SHOP) Marketplace Highlights

This webinar reviews the processes and requirements for agents and brokers who are assisting consumers in the Individual Marketplace, as well as small group market employers and employees in the SHOP Marketplace.

Plan Year 2017 Open Enrollment



*Recap from
Last Year*

Summary of Last Year's Open Enrollment

- Thousands of agents and brokers assisted millions of consumers find quality, affordable coverage through the Health Insurance Marketplace during last year's Open Enrollment.
- *Thank you for helping us have a successful Open Enrollment!*
- With your assistance, 70 percent of customers who returned last year actively shopped for a plan.
- In addition to record enrollments in the Marketplace, customer satisfaction with the Marketplace is also up.

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

- While the number of uninsured is at a record low (dropping from 20% of the U.S. population in 2013 to 9.1% in 2015), millions of individuals are still in need of coverage—especially “young invincibles” between the ages of 18 and 34.
- In addition, the Department of Health and Human Services (HHS) recently released data showing that 2.5 million Americans who currently purchase off-Marketplace individual market coverage may qualify for tax credits if they shop for 2017 coverage through the Marketplace.
- Getting more individuals enrolled in coverage helps to reduce overall costs to the health delivery system and keeps premiums as affordable as possible for new and existing consumers.
- Assisting consumers in determining if they may be eligible for Marketplace coverage, getting them enrolled, or letting them know about available resources **can help you build your business.**

Plan Year 2017 Open Enrollment



*Training and
Registration
for Open
Enrollment 2017*

Individual Marketplace Registration

- Agent/broker registration for plan year 2017 is available through the CMS Enterprise Portal.
- **Registered agents/brokers from last year (plan year 2016) will be able to take shorter “refresher” training courses this year.**
- You must also complete the following actions:
 - Complete or update your agent/broker profile on the Marketplace Learning Management System (MLMS). This profile information populates “Find Local Help” on HealthCare.gov so consumers can find you.
 - Enroll in the applicable required Individual Marketplace training 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.

SHOP Marketplace Registration

To register to participate in the SHOP Marketplace, you:

- Must complete the SHOP Privacy & Security Agreement in the MLMS
- May complete the SHOP Marketplace training and exam
 - CMS recommends that you complete SHOP Marketplace training, but this training is not required.

To access the SHOP Marketplace Agent/Broker Portal to manage your SHOP client accounts, visit: <https://healthcare.gov/marketplace/small-businesses/agent>.

Best Practices for Completing Registration and Training

- The MLMS works best with Chrome or Firefox web browsers.
 - Use the Computer Configuration Quick Reference Guide at: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Quick-Reference-Guide_ComputerConfigReqs_PY2017_FINAL.pdf to prepare your system for the functional requirements of the MLMS.
- It's best to use the internal course navigation features and “Exit” button—not the browser back or close buttons—to navigate through the course.
 - Using the browser close (“X”) button to exit may cause issues with saving your place in the course or exam.
- You should capture a screenshot of a course completion screen prior to exiting to save as a secondary record of your completion.

Best Practices for Completing Registration and Training (Continued)

- You must enter a correct National Producer Number (NPN) in your MLMS profile to receive credit for completing registration.
 - The NPN can be up to 10 digits long and must not begin with a zero (0).
 - The NPN must not include any special characters or letters.
 - The NPN is generally not the same as your state license number. You should be sure to use your NPN, not a state license number.
- To update the NPN, select the “Complete Agent Broker Training” link and update the information in your MLMS profile.
- Agent and broker NPNs can be found at:
www.nipr.com/PacNpnSearch.htm.

You should confirm your NPN is correct in your MLMS profiles. Entering an inaccurate NPN could result in denial of compensation/credit by an issuer.

Best Practices for Completing Registration and Training (Continued)

- CMS Enterprise Portal passwords must be changed every 180 days. Follow these steps to change the password:
 - Visit the CMS Enterprise Portal at: <https://portal.cms.gov/>.
 - Click “Forgot Password?” on the right side of the home page.
 - Follow the instructions to complete the action.
 - Use these same steps to recover your user ID.
- If you are locked out of your account and do not know the answers to your security questions, contact the Exchange Operation Support Center at CMS_FEPS@cms.hhs.gov or 1-855-267-1515, Monday through Friday, 9:00 AM to 6:00 PM Eastern Time (ET).

Make Sure You're on the Registration Completion List Before Enrolling Customers

Data.HealthCare.gov | [Sign In to Data.HealthCare.gov](#)

FFM Agent Broker Registration and Termination Status Page

Agent and Broker FFM Registration Completion List

Registration Completion List Disclaimer

The Centers for Medicare & Medicaid Services (CMS) is making the Agent and Broker Federally-facilitated Marketplace (FFM) Registration Completion List available to the public on a monthly basis pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0500), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013). The information within the Agent and Broker List may be used only for the following purposes:

1. To confirm that an agent or broker has successfully completed registration requirements for the FFM for the Individual Marketplace and/or the Small Business Health Options Program Marketplace (SHOP); and
2. To allow states and other stakeholders to conduct oversight, monitoring and enforcement activities related to agents and brokers, and to educate consumers about agents and brokers who may provide assistance to consumer who are interested in obtaining health care coverage through the FFM in their states.

The information contained in the Agent and Broker FFM Registration Completion List may be used and/or disclosed only to the extent necessary to accomplish these purposes and never to discriminate inappropriately.

Be aware that an agent's or broker's registration effective date for a particular plan year for a may fall before, during, or after a plan year's open enrollment period. Agents and brokers may only assist with or facilitate enrollment of qualified individuals, qualified employers or qualified employees in coverage in a manner that constitutes enrollment through the FFMs, or assist individuals in applying for advance payments of the premium tax credit or cost-sharing reductions to support enrollment in an FFM qualified health plan assist consumers with FFM transactions, while they have a valid registration status and current FFM agreement(s).

Plan Year 2014 registration and FFM agreements became available 8/30/2013 and expired 9/30/2014
Plan Year 2015 registration and FFM agreements became available 7/7/2014 and expired 11/12/2015
Plan Year 2016 registration and FFM agreements became available 9/15/2015 and expire 10/31/2016

[Access Agent and Broker FFM Registration Completion List](#)

Agent and Broker FFM Registration Termination List

TERMINATION LIST DISCLAIMER

The Centers for Medicare & Medicaid Services (CMS) is making the Agent and Broker Federally-facilitated Marketplace (FFM) Registration Termination List available to the public on a monthly basis pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0500), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013).

Termination and suspension are described in regulation at 45 CFR § 155.220(f)-(g). Lifting of suspension and reconsideration of termination are described at 45 CFR § 155.220(g)(5)(i)(B) and (h) respectively. The information within the Agent Broker FFM Registration Termination List may be used only to allow states and other stakeholders to conduct oversight, monitoring, and enforcement activities related to agents and brokers, and to educate consumers about agents and brokers who may not provide assistance to consumers who are interested in obtaining health coverage through the FFM in their states.

The information contained in the Agent Broker FFM Registration Termination List may be used and/or disclosed only to the extent necessary to accomplish this purpose and never to discriminate inappropriately.

[Access Agent and Broker FFM Termination List](#)

Upon successful completion of the registration requirements, you should confirm your information is included accurately in the plan year 2017 Agent and Broker FFM Registration Completion List (RCL).

- New for plan year 2017, the RCL and Agent and Broker FFM Registration Termination List, which you can access via the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIOAB>), will be updated as frequently as daily.
- You can also access the RCL and Registration Termination List directly at: https://data.healthcare.gov/ffm_ab_registration_lists.
- If your NPN doesn't appear for plan year 2017, send an email to: FFMProducer-AssisterHelpDesk@cms.hhs.gov.

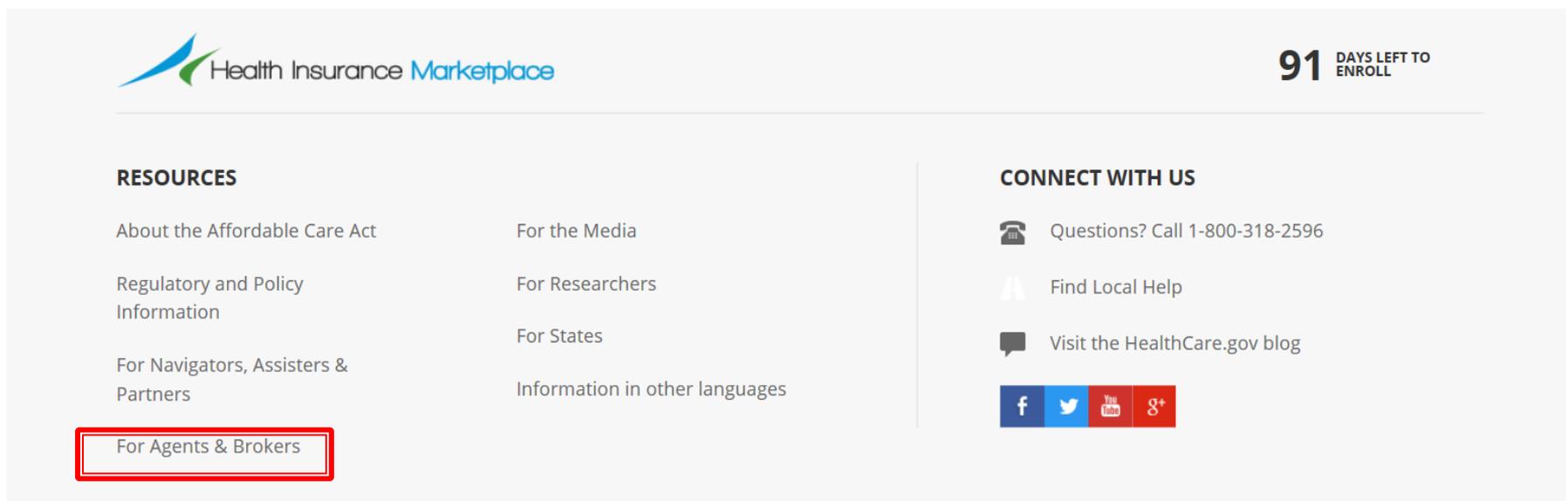
Registration and Training Resources Available on Agent/Broker Resources Page

The following registration and training resources are available at <http://go.cms.gov/CCIIOAB>:

- Plan Year 2017 FFM Registration and Training for Agents and Brokers NEW to the FFMs
- Plan Year 2017 FFM Registration and Refresher Training for Agents and Brokers RETURNING to the FFMs
- Marketplace Learning Management System (MLMS) Frequently Asked Questions (FAQs)
- Quick Reference Guide – Plan Year 2017 FFM Registration for Agents and Brokers
- What's New for Agents and Brokers for Plan Year 2017
- Myths and Facts about FFM Plan Year 2017 Registration for Agents and Brokers
- Quick Reference Guide: Plan Year 2017 Computer Configuration Requirements
- Plan Year 2017 FFM Registration and Refresher Training for Agents and Brokers Returning to the FFMs Webinar Slides
- Plan Year 2017 FFM Registration and Training for Agents and Brokers New to the FFMs Webinar Slides
- Quick Reference Guide: Avoiding the Creation of a Duplicate CMS Enterprise Portal Account

Shortcut to Agent/Broker Resources Page from HealthCare.gov

- A new link has been added to HealthCare.gov—making it easier for agents and brokers to get to the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>).



The screenshot shows the top of the Health Insurance Marketplace website. The logo is on the left, and a countdown timer '91 DAYS LEFT TO ENROLL' is on the right. Below the header is a 'RESOURCES' section with a grid of links. The link 'For Agents & Brokers' is highlighted with a red rectangular box. To the right is a 'CONNECT WITH US' section with social media icons for Facebook, Twitter, YouTube, and Google+, and a text link to visit the HealthCare.gov blog.

Health Insurance Marketplace

91 DAYS LEFT TO ENROLL

RESOURCES

- About the Affordable Care Act
- Regulatory and Policy Information
- For Navigators, Assistants & Partners
- For the Media
- For Researchers
- For States
- Information in other languages
- For Agents & Brokers**

CONNECT WITH US

- Questions? Call 1-800-318-2596
- Find Local Help
- Visit the HealthCare.gov blog

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Plan Year 2017 Open Enrollment



*Upcoming
Annual
Agent/Broker
Revocation
Process for Plan
Year 2016*

Don't Lose Your Ability to Sell Marketplace Plans for 2017

- CMS will programmatically remove agent/broker roles for agents and brokers who were registered for plan year 2016, but did not complete registration for plan year 2017 before plan year 2017 Open Enrollment begins (**prior to November 1, 2016**).

Reinstating Your Ability to Sell Marketplace Plans if CMS Removes Your Agent/Broker Role

- If CMS removes your agent/broker role, you can obtain the role again by completing the applicable plan year 2017 training and executing the applicable Marketplace Agreement(s) via the CMS Enterprise Portal.
 - You can complete training and sign the Agreement(s) any time, but cannot assist consumers prior to obtaining the role and completing all other applicable registration and training requirements for plan year 2017.
- If you have successfully completed identity proofing in a prior year, you do not need to recomplete identity proofing.
- If CMS removes your FFM agent/broker role, you will not be able to receive compensation for assisting consumers until this role is re-established. Any consumer eligibility and/or enrollment assistance that you provide for coverage offered through the Marketplace during the lapse in your FFM agent/broker role is not eligible for compensation by the qualified health plan (QHP) issuer.

Plan Year 2017 Open Enrollment



Plan Year 2017 Open Enrollment Overview

Plan Year 2017

Open Enrollment Overview

Individual Marketplace plan year 2017 Open Enrollment begins on November 1, 2016 and ends on January 31, 2017.

- Individual Marketplace consumers who do not enroll in a 2017 health insurance plan by January 31, 2017 cannot enroll in a plan for 2017 through the Marketplace unless they qualify for a special enrollment period (SEP).
- Initial employer group enrollments in the SHOP Marketplace continue on a monthly basis throughout 2017.

*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.*

Plan Year 2017

Open Enrollment Overview (Continued)

- Plan year 2016 Individual Marketplace consumers who do not actively re-enroll for 2017 may be automatically re-enrolled to prevent a lapse in coverage.
- Agents/brokers are encouraged to assist consumers to return to the Marketplace and review whether their existing coverage is the best option for their plan year 2017 coverage.

Key Open Enrollment Dates for Plan Year 2017

Desired Coverage Effective Date	Deadline to Select a Plan
January 1, 2017	December 15, 2016 (3:00 AM ET on December 16)*
February 1, 2017	January 15, 2017 (3:00 AM ET on January 16)*
March 1, 2017	January 31, 2017 (3:00 AM ET on February 1)*

**Note: The deadline for the employer to submit a group enrollment in the SHOP Marketplace is 11:59 PM ET on the 15th of every month.*

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

Plan Year 2017 Open Enrollment – New Consumer Support Features

Feature	Improvement
Streamlined Marketplace Application 2.0	<ul style="list-style-type: none"> Agents/brokers can report consumer changes in circumstances without having to generate a new policy, but they still need to submit updated application and enrollment in order for application changes to take effect.
Enhanced “Plan Compare” Feature	<ul style="list-style-type: none"> Plan Compare has a new interface that includes Simple Choice (standardized plans), network size (in pilot states), and quality star ratings (in pilot states). Agents/brokers can review plan availability and prices prior to Open Enrollment.
Better Provider Network Classification	<ul style="list-style-type: none"> Agents/brokers can see information on the relative size and breadth of provider networks (as compared to other Marketplace plans in the county) on HealthCare.gov for plans in a limited number of states. Agents/brokers can view networks for three (3) provider types, including adult primary care providers, pediatricians, and hospitals.

Plan Year 2017 Open Enrollment – New Consumer Support Features (Continued)

Feature	Improvement
Enhanced Agent/Broker Locator Tool for Consumers	<ul style="list-style-type: none"> • Consumers can search on HealthCare.gov for agents and brokers who have completed registration based on location and hours of operation.
New Agent/Broker Call Center Support	<ul style="list-style-type: none"> • Agents/brokers will have streamlined access to Marketplace Call Center representatives.
New Mobile Device Capabilities and Direct Enrollment Enhancements	<ul style="list-style-type: none"> • Agents/brokers and consumers can use mobile devices to apply and enroll through HealthCare.gov. • Agents/brokers working through web-based direct enrollment, such as a web-broker or issuer consumer-facing website, will have a clearer, more accurate experience. <ul style="list-style-type: none"> ○ A new welcome page helps set expectations for the next steps on HealthCare.gov before being redirected back to the enrollment partner website.

Selling Marketplace Coverage: Affordability

When you factor in tax credits, most consumers can find a Marketplace plan with a monthly premium between \$50 and \$100.

Selling Marketplace Coverage: Individual Shared Responsibility Payment

- For consumers who do not have minimum essential coverage (MEC) or an exemption in plan year 2017, the individual shared responsibility payment percentage is the same as last year, but the per person dollar amount increases, based on cost-of-living adjustments:

	Plan Year 2017	Plan Year 2016
Percentage of Consumer's Yearly Household Income*	2.5%	2.5%
Per Person for the Year**	TBD	\$695 (\$347.50 per child under 18)

**Only the amount of income above the tax filing threshold, about \$10,150 for an individual, is used to calculate the penalty. The maximum penalty is the national average premium for a Bronze plan.*

***Consumers are required to pay the higher of the two methods of calculation.*

- Consumers can use the Internal Revenue Service's (IRS) "Am I required to make an Individual Shared Responsibility Payment" tool to determine if they qualify for an exemption (available at www.irs.gov/uac/Am-I-eligible-for-a-coverage-exemption-or-required-to-make-an-Individual-Shared-Responsibility-Payment%3F).

Marketplace Open Enrollment Notice (MOEN)

- The MOEN welcomes current enrollees back to the Marketplace for Open Enrollment, provides a call to action for people who are at risk of losing eligibility for advance payments of the premium tax credit (APTC), and compliments issuer notices.
- There are different MOENs:
 - “Financial assistance” and “non-financial assistance” MOENs
 - An income-based outreach MOEN for enrollees for whom it is particularly important to confirm eligibility information
 - A special combined message for opt-out, special notice group, and failure to reconcile APTC groups that will lose eligibility for APTC on December 31 unless they come back to the Marketplace and are determined eligible
 - Previously re-enrolled automatically, but not currently eligible for automatic re-enrollment with a tax credit or help with costs for 2017 coverage
- CMS will provide all MOENs to consumers by November 1, 2016.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
465 INDUSTRIAL BOULEVARD
LONDON, KENTUCKY 40750-0001

[First Name Last Name of Primary Contact] [Date of notice]
[Address of Primary Contact]

2016 Application ID: [Application ID]

It's time to review your Health Insurance Marketplace coverage and make sure you're getting the right coverage and costs in the year ahead. The following people are currently enrolled in coverage with financial help through the Marketplace:

[First Name Last Name]

Action required: You could lose your eligibility for Marketplace coverage and/or your help with costs for 2016 and 2017. Our records show that you still need to upload or mail documents that the Marketplace requested for your 2016 application. To learn more, visit HealthCare.gov/verify-information/ or call the Marketplace Call Center.

The following information is about your coverage for 2017. It applies only if your household sent the requested documents.

The Marketplace Open Enrollment Period is from November 1, 2016 - January 31, 2017. During this time you can shop for new Marketplace coverage or decide to stay in the same type of plan, if it's still right for you. You're currently getting help with the cost of health coverage each month. It's important to update your household's income and other information to make sure you're getting the right amount of help.

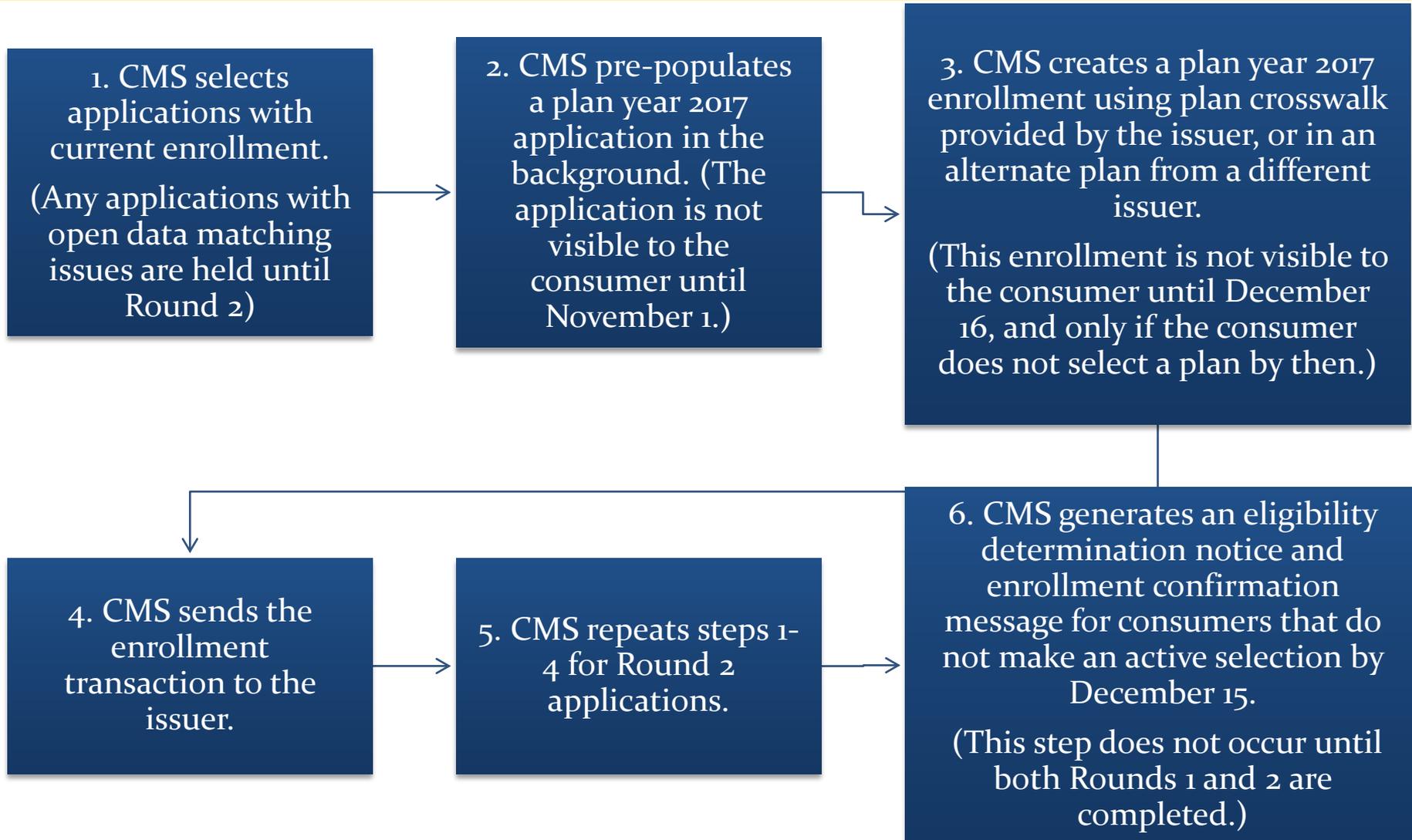
For 2017 coverage, update your Marketplace application by December 15, 2016
It's important for you to come to the Marketplace and provide updated information during Open Enrollment. If you don't update your Marketplace application with your current household income and other information by December 15, 2016, we'll review your eligibility for coverage and help with costs in 2017 based on information from the most recent income data sources we have for your household.

Auto Re-enrollment



- Auto re-enrollment, also referred to as Batch Auto-Re-enrollment (BAR), is the process that the Marketplace uses to help ensure that current enrollees who do not make an active plan selection by December 15, 2016 can have coverage on January 1, 2017.
- Auto re-enrollment will run in three (3) rounds:
 1. October 12 Start: Enrollees who are being cross walked to the same issuer
 2. November 21 Start: Enrollees who are being cross walked to a different issuer
 3. December TBD Start: New 2016 enrollees; enrollees who newly enrolled after earlier batch auto re-enrollment rounds or updated information after earlier batch auto re-enrollment rounds, but did not select a plan; enrollees who failed to reconcile (FTR) their tax return and have updated FTR information from the IRS
- The NPNs of licensed agents/brokers who have successfully completed their 2017 Marketplace registration generally will be sent to issuers as part of the BAR process.
- Information will not be visible in consumers accounts until December 16.

Auto Re-enrollment Process



New for 2017: Auto Re-enrollment for Enrollees with Discontinued Plans

- BAR will occur for enrollees for whom there is no alternate plan by the same issuer.
- The applicable state authority (e.g., Department of Insurance [DOI]) or CMS will select an alternate QHP from a different issuer.
- The enrollee will receive:
 - A discontinuation notice from the old issuer;
 - A notice and emails from his or her Marketplace encouraging active selection and enrollment in a new plan; and
 - An acknowledgement of the pending enrollment from the new DOI/CMS-selected plan issuer.
- If the enrollee does not make an active plan selection by December 15, the Marketplace and the new issuer will send confirmation of enrollment in the DOI/CMS-selected plan (late December).
- The enrollee must make the first premium payment to effectuate the enrollment.

Messages for Enrollees with Discontinued Plans

Primary messages:

- Your current insurance company is not offering a plan available to you through the Marketplace in 2017.
- You need to shop for a new plan to find one that meets your needs and budget.
- Select a plan by December 15 for coverage starting January 1 so you do not have a gap in coverage.

Messages for Enrollees with Discontinued Plans (Continued)

Secondary messages:

- The Marketplace has matched you with an alternate plan so you do not have a gap in coverage.
- If you do not choose a plan by December 15, the Marketplace will select the matched alternate plan for you.
- You do not have to enroll or stay in this plan. You can shop and enroll in a plan that better meets your needs and budget.

Messages for Enrollees with Discontinued Plans (Continued)

Post-December 15 messages:

- If you like the alternate plan the Marketplace has matched you with, just pay the premium bill this insurance company sends you.
- You can still choose another plan anytime during the Open Enrollment period:
 - Open Enrollment runs November 1, 2016 through January 31, 2017.
- Enrollees in these plans are eligible for a loss of MEC SEP.



Plan Year 2017 Open Enrollment

*Updates for Open
Enrollment 2017
Annual
Redetermination and
Auto Re-enrollment*



Auto Re-enrollment and APTC: Refresher

- Each year, Marketplaces must redetermine the eligibility of consumers enrolled in coverage through the Marketplace.
- For an enrollee who does not contact the Marketplace to obtain an updated eligibility determination and select a QHP by December 15, 2016, the **Marketplace will establish 2016 eligibility for APTC and cost-sharing reductions (CSR) based on the most recent household income data available**, together with updated federal poverty level (FPL) tables and benchmark plan premium information and re-enroll the enrollee in his or her same, or similar plan, effective January 1, 2017 in accordance with 45 CFR 155.335(j).

Redetermining APTC: Refresher

- The FFM will calculate eligibility for 2017 APTC and CSR **using the most recent household income data available**, 2017 QHP premiums, and updated FPL. Most recent income data available may be:
 - Attested and verified income on the application
 - Tax data from the IRS
- The FFM will **discontinue APTC/CSR for enrollees who fall into one of the following groups:**
 - Did not authorize the Marketplace to check IRS data
 - Have income that is over 500% FPL
 - Previously received APTC, but the tax filer for the household failed to file a federal tax return and reconcile APTC for that year
 - **New:** Did not contact the Marketplace to obtain an updated eligibility determination for 2017, were auto re-enrolled by the Marketplace for 2015 and 2016, and have no tax data available for 2014 or 2015

NEW: Repeat Passive Re-enrollees

- As stated in the Annual Redetermination and Re-enrollment guidance published in April 2015, and further defined in the guidance published May 2016, the Marketplace will be discontinuing APTC and CSR for a new population of consumers who meet the following criteria:
 - Authorized the Marketplace to check data about their income and household size,
 - Were automatically re-enrolled by the Marketplace for coverage in 2015 and 2016 with APTC or CSR,
 - Did not submit an updated application that was used to enroll in a Marketplace plan for coverage in 2015 or 2016, and
 - No income information for this household is available from the IRS for tax years 2015 or 2014.

Repeat Passive Re-enrollees (Continued)

To encourage consumers who fall into the Repeat Passive Re-enrollee category to return to their application and provide updated information, the Marketplace will send a targeted MOEN telling them they are at risk for losing financial assistance if they do not update their information.

Updated Messaging: Auto Re-enrolled Consumer EDNs

- All consumers who are auto re-enrolled by the Marketplace receive an updated Eligibility Determination Notice (EDN).
- New: Consumers who are auto re-enrolled in 2017 coverage will now see the income that was used to redetermine their eligibility in the Results box in the notice.

Family member(s)	Results	Next steps
John Smith	<ul style="list-style-type: none">• Eligible to purchase health coverage through the Marketplace, but more information is needed• Eligible for a tax credit (\$53.00 each month, which is \$636.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of <u>\$30,000.00</u>. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available.	<ul style="list-style-type: none">• Send the Marketplace more information

Failure to File

- Beginning in Open Enrollment for 2016, the “Marketplace” **began discontinuing APTC/CSR for those enrollees whose tax filer had APTC paid on their behalf in 2014, but the IRS indicates did not comply with the requirement to file a 2014 income tax return and reconcile APTC.** The Marketplace will continue to implement this policy for the plan year 2017 Open Enrollment.
 - In September 2016, the Marketplace sent a request to the IRS for updated income information for all consumers enrolled in 2016 Marketplace coverage with APTC. Anyone who is enrolled with APTC for 2016, and who received APTC in 2014 or 2015, but whose tax filer has not filed a tax return and reconciled APTC for that year will receive a MOEN that includes language warning them they are at risk for losing financial assistance and that the tax filer should take action immediately to file a tax return(s) and let the Marketplace know that they filed by attesting on the application.
 - In December, right before auto re-enrollment, the Marketplace will check IRS data again to identify any late-filers. The Marketplace will then discontinue financial assistance for consumers who received APTC in a past year, have not filed a tax return and reconciled the APTC for that year or years, and have not attested on the application to having filed their tax return.

Failure to File: MOEN



Important: You must act now to get help with Marketplace coverage costs in 2017

It's time to review your Health Insurance Marketplace coverage and make sure you're getting the right coverage and costs in the year ahead. The following people are currently enrolled in coverage with financial help through the Marketplace:

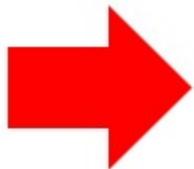
Susan Griffith

The Marketplace Open Enrollment Period is from November 1, 2016 - January 31, 2017. During this time you can shop for new Marketplace coverage or decide to stay in the same type of plan, if it's still right for you. You're currently getting financial help with the cost of health coverage each month.

Don't lose your help with costs for 2017 Marketplace coverage and for covered services (if applicable).

Advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs in prior years. As things stand right now, you may not be eligible for advance payments of the premium tax credit in 2017 for one of the following reasons:

- Advance payments of the premium tax credit were made to your health insurance company to reduce your premium costs during 2015 and we can't tell if a 2015 federal income tax return was filed for this household to reconcile the payments.
- When you applied for coverage, you chose not to allow the Marketplace to use income data, including information from tax returns, to help renew your eligibility.
- This household's income may be too high.



If you think your household should still qualify for help paying for premiums, there are 2 steps you can take to allow us to update your household's eligibility.

Failure to File: Action Steps

- The MOEN outlines the steps the enrollee should take if they think they should still qualify for APTC because they filed a tax return for 2014 and/or 2015:
 - Check with the tax filer to make sure a tax return was filed for their household for any year in which the enrollees received APTC, and if not, do so immediately.
 - If they did file (or once they file), return to the Marketplace application and attest that the tax filer has filed and reconciled APTC for the applicable coverage year(s).

Failure to File: Attestation Question

Like last year, the Marketplace application will include a tax filing-related question, but it has been updated to accommodate multiple tax years.

This question allows enrollees who received APTC to attest, under penalty of perjury, to having filed a tax return and reconciled APTC for **any past year they received APTC.**

- After filing and reconciling the APTC, attesting to having filed a tax return on the application allows the enrollee to maintain eligibility for APTC as IRS processes the return and updates its data.
- Enrollees who file a tax return and reconcile APTC must attest to having filed and reconciled on the application in order to maintain APTC eligibility for the future coverage year if IRS' data indicates otherwise.

Updated FTR Attestation Question

Did Piper, reconcile premium tax credits on your tax return for any past years? *optional*

Check the box below if **all** of these apply to you:

- You got premium tax credits to help pay for Marketplace coverage.
- The tax filer(s) on your application filed a federal income tax return for the same year you used tax credits. For example, in 2015 you got help paying for coverage, then and you also filed a tax return for that same year.
- The tax filer(s) submitted [IRS Form 8962](#) with the tax return.

Yes, prior premium tax credits were reconciled for past years.

Important: If you've gotten help paying for coverage in the past, but haven't filed taxes and reconciled your premium tax credits for those years, you won't be eligible for help paying for coverage until you do this.

[Learn more about reconciling tax credits.](#)

SAVE & CONTINUE

Resources

- MOEN examples can be found online under the heading of Open Enrollment Notices at:
<https://marketplace.cms.gov/applications-and-forms/notices.html>.
- Annual Redetermination and Re-enrollment guidance can be found at:
<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ARR-2017-Guidance-051016-508.pdf>



Plan Year 2017 Open Enrollment

*Best Practices for
Assisting Consumers
and Data Matching
Issues*



Best Practices for Assisting Consumers

- Agents and brokers may not log in to HealthCare.gov on a consumer's behalf (i.e., using the consumer's HealthCare.gov account). **In general, you should not include your email or contact information on the consumer application.**
- Use this documentation checklist when helping consumers with their applications:
<https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.



Helping with Data Matching Issues

- Consumers may generate a Data Matching Issue (DMI) when they submit an application, including existing enrollees.
- Consumers with DMIs must submit additional documentation to the Marketplace within 90-95 days to resolve their issue.
- Consumers who do not resolve their DMIs will lose their financial assistance or Marketplace coverage.
- **You can help consumers prevent and resolve their DMIs to keep their coverage.**

Tips for Preventing DMIs

- Complete all possible fields in the application.
- Ensure consumer's name exactly matches documents, such as their Social Security card.
- Non-applicants in the household are strongly encouraged to provide an Social Security number (SSN) if they have one.
- Double check that the information on the application is complete and that there are no errors or typos.

Steps to Help Resolve DMIs

1. Help confirm if the consumer has a DMI by looking at My Account and notices, which will include information on all DMIs on an application.
2. Help the consumer go back to the application to confirm the information that is included is correct and complete, and update the application if it is not.
3. Help the consumer submit document(s) online through My Account or by mail to resolve their DMI.



Plan Year 2017 Open Enrollment

*New Agent/Broker
Call Center
Resources and Call
Center Tips*



New: Health Insurance Marketplace Direct Agent/Broker Call Line

Beginning this Open Enrollment, the Individual Marketplace Call Center is streamlining access for agents and brokers **who have completed 2017 Marketplace registration**. To access this enhanced agent/broker service, follow the steps below.

1. Call 855-788-6275.
2. Enter your NPN.
 - Only registered agents/brokers with the Marketplace will be able to access this enhanced service.
 - Valid NPNs will be updated weekly (typically on Fridays).
3. When a valid NPN is entered, agents/brokers will be presented with three (3) options:
 - “Password Resets” for consumer HealthCare.gov accounts
 - “Special Enrollment Periods” (that aren’t common/available through the application)
 - “Other Issues”
- Agents/brokers entering invalid NPNs will be transferred to the main Marketplace Call Center line.

Summary of Agent/Broker Marketplace Help Desks and Call Centers

Help Desk Name	Phone # and/or Email Address	Types of Inquires Handled	Hours of Operation (Closed Holidays)
Individual Marketplace Direct Agent/Broker Call Line	855-788-6275	Individual Marketplace consumer issues: <ul style="list-style-type: none"> • Password resets for consumer accounts • Non-standard SEPs • Other consumer eligibility and enrollment issues 	Monday-Sunday 24 hours a day
Agent/Broker Email Help Desk	FFMProducer-AssisterHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • Identity proofing/Experian issues requiring manual verification • Policy questions • Web-broker inquiries • Escalated general registration and training questions (not related to a specific training platform), including SHOP Marketplace-related issues • Agent/broker registration completion list issues • Find Local Help issues 	Monday-Friday 8:00 AM-8:00 PM ET

Summary of Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquires Handled	Hours of Operation (Closed Holidays)
Agent/Broker Call Line	855-CMS-1515 855-267-1515 CMS_FEPS@cms.hs.gov	<ul style="list-style-type: none"> • Password resets & account lockouts on the CMS Enterprise portal • Login issues at the HealthCare.gov agent/broker landing page (often due to FFM User ID not populating correctly when the agent or broker is redirected from an issuer's or web-broker's site) • Other CMS Enterprise Portal account issues, requests, or error messages • HealthCre.gov website issues or potential defects • General registration and training questions (not related to a specific training platform), including SHOP Marketplace-related issues • Specific enrollment and eligibility policy questions related to the Individual Marketplace 	Monday-Saturday 8:00 AM – 10 PM ET

Summary of Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquires Handled	Hours of Operation (Closed Holidays)
Marketplace Learning Management System (MLMS) Email Help Desk	MLMSHelpDesk@cms.hhs.gov	<ul style="list-style-type: none"> • Technical or system-specific issues related to the MLMS • User-specific questions about maneuvering the MLMS site, or accessing training and exams 	Monday-Friday 8:00 AM-5:00 PM ET
SHOP Call Center	800-706-7893	<ul style="list-style-type: none"> • All inquiries related to the SHOP Marketplace • SHOP Agent/Broker Portal access questions • Employers and employees may also contact the SHOP Call Center for assistance 	Monday-Friday 9:00 AM-7:00 PM ET
Web-broker Email Help Desk	webbroker@cms.hhs.gov	<ul style="list-style-type: none"> • All inquiries specifically related to becoming and/or operating as a web-broker in the Marketplace 	Monday-Friday 9:00 AM-5:00 PM ET

Summary of Agent/Broker Marketplace Help Desks and Call Centers (Continued)

Help Desk Name	Phone # and/or Email Address	Types of Inquires Handled	Hours of Operation (Closed Holidays)
America's Health Insurance Plans (AHIP) Training Help Desk	support@ahipinsuranceeducation.org 800-984-8919	<ul style="list-style-type: none"> All inquiries specifically related to the AHIP agent/broker training platform 	<p>Call Center/Email Monday-Friday: 8:00 AM-12:00 AM Sat-Sun: 8:30 AM-5:30 PM</p> <p>Voicemail – 24hrs</p>
National Association of Health Underwriters (NAHU) Training Help Desk	NAHU-FFM@nahu.org 844-257-0990	<ul style="list-style-type: none"> All inquiries specifically related to the NAHU agent/broker training platform 	<p>Call Center: Monday-Friday: 9:00 AM-5:00 PM</p> <p>Tech Support: Monday-Friday: 8:00 AM-9:00 PM Saturday-Sunday: 8:00 AM-8:00 PM (email and voicemail only)</p>

Tips from the Marketplace Call Center

- In most cases, you can use self-service options to assist consumers enrolling in individual QHPs through the Marketplace without contacting the Marketplace Call Center. Using self-service options frees up Call Center Representatives (CCRs) for more complex cases and reduces wait times for everyone.
- When self-service options have been exhausted and you still need help assisting a consumer, you may contact the Marketplace Call Center.
 - Available 24 hours a day, seven (7) days a week
 - Closed on Memorial Day, July 4th, Labor Day, Thanksgiving Day, and Christmas Day
- To reduce wait times, do not call at the last minute to seek assistance.
 - Avoid calling during peak times of the day—especially between the hours of 10:00 AM and 2:00 PM ET.
 - Avoid calling around key enrollment deadlines (i.e., December 12-15, January 12-15 and January 29-31).

Tips from the Marketplace Call Center (Continued)

- Consumers can contact the Marketplace Call Center to authorize you to work on their behalf.
 - This Marketplace authorization is not the same as ensuring your NPN is on the consumer's application for payment purposes with issuers.
- Consumers should:
 - Provide the Marketplace Call Center with your full name and NPN
 - Complete the authorization prior to the beginning of Open Enrollment
 - Call the Marketplace Call Center every 365 days to reauthorize your access
 - For quickest service, we suggest calling during off-peak hours, and avoiding enrollment deadline days whenever possible.
- This authorization allows you to:
 - Call the Marketplace Call Center and access a consumer's information on the consumer's behalf
 - Participate in a three-way call with a Marketplace Call Center Customer Service Representative and the consumer

When Is It Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- You may direct specific questions or issues with a consumer's Individual Marketplace application to the Marketplace Call Center.
- The following complex consumer situations may require support from the Marketplace Call Center:
 - After you or the consumer have completed all required data fields, you encounter an error when attempting to submit the online application.
 - The consumer should qualify for an SEP, but the application did not provide one.
 - The consumer is part of a multi-tax household, and requires guidance on which household members should be part of different application groups.
 - You or the consumer are having technical difficulties completing the online application.

When Is It Not Appropriate for Agents and Brokers to Seek Marketplace Call Center Assistance?

- The consumer (or you with the consumer's assistance) has not attempted to complete all required data fields in the online application (via the Marketplace Pathway or via the Direct Enrollment Pathway).
 - Note the Marketplace Call Center is not staffed to enter consumer information for multiple applications.
- The consumer does not have ready access to personal information and/or specific documentation required to complete enrollment.
 - Use the Marketplace Application Checklist when helping consumers complete their applications and to be sure they are prepared to contact the Marketplace Call Center.
- You do not have a current authorization to access the consumer's information.
 - Remember, Marketplace Call Center Customer Service Representatives will not provide you any information about a consumer's application if the consumer is not part of the three (3)-way call or has not previously authorized you to work on his or her behalf.

Self-Service Options for the SHOP Marketplace

- The SHOP Call Center is open and available to assist agents and brokers in the SHOP Marketplace, when needed.
- There are a number of things agents and brokers can do 24/7, without the assistance of a SHOP Call Center Representative.
- After authorized by an employer, an agent/broker can log in to the SHOP Agent/Broker Portal to:
 - Complete a proposal for your clients
 - Create an enrollment and track employee participation
 - Modify a client's account (e.g., report a change in circumstance) after coverage has been effectuated
 - Monitor a client's payment history to ensure groups are not terminated for non-payment of premium

How to Contact the SHOP Call Center

If you have questions about the SHOP Marketplace or how to assist your clients, the SHOP Call Center is available to assist you.

- Contact the SHOP Call Center at: 1-800-706-7893 (TTY: 711).
 - Open Monday through Friday, 9:00 AM to 7:00 PM ET.
 - Closed New Year's Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Veterans Day, Thanksgiving and the day after and Christmas.
- The SHOP Call Center is busiest from the 13th to the 15th of the month. For shorter wait times, call earlier or later in the month.
- Select Option 2 when contacting the SHOP Call Center to be connected with a Call Center Representative.
- Note: Employers and employees with an offer of SHOP Marketplace coverage may also call the SHOP Call Center for assistance.



Plan Year 2017 Open Enrollment

*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 the Marketplace) 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 Navigators 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 at HealthCare.gov: <https://localhelp.healthcare.gov/#intro>.

Find someone nearby to help you apply.

People and groups in your community can help you apply, pick a plan, and enroll – all for free. Most are available to meet in-person.

Enter your ZIP code or city and state

e.g., '33109' or 'Austin, TX'

CONTINUE

Dos and Don'ts of Working with Navigators and Other Assisters (Continued)

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 or broker in their area.
 - You can make these changes in the new MLMS registration and training system.

Dos and Don'ts of Working with Navigators and Other Assisters (Continued)

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 2017 Open Enrollment

INDIVIDUALS & FAMILIES

The Health Insurance Marketplace is Open!

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more.

Plus, see if you qualify for lower costs.

[APPLY ONLINE](#) [APPLY BY PHONE](#)

*Overview of
Pathways to Assist
Consumers
Enrolling in
Coverage through
the Individual
Marketplace*

Overview of Pathways to Assist Consumers

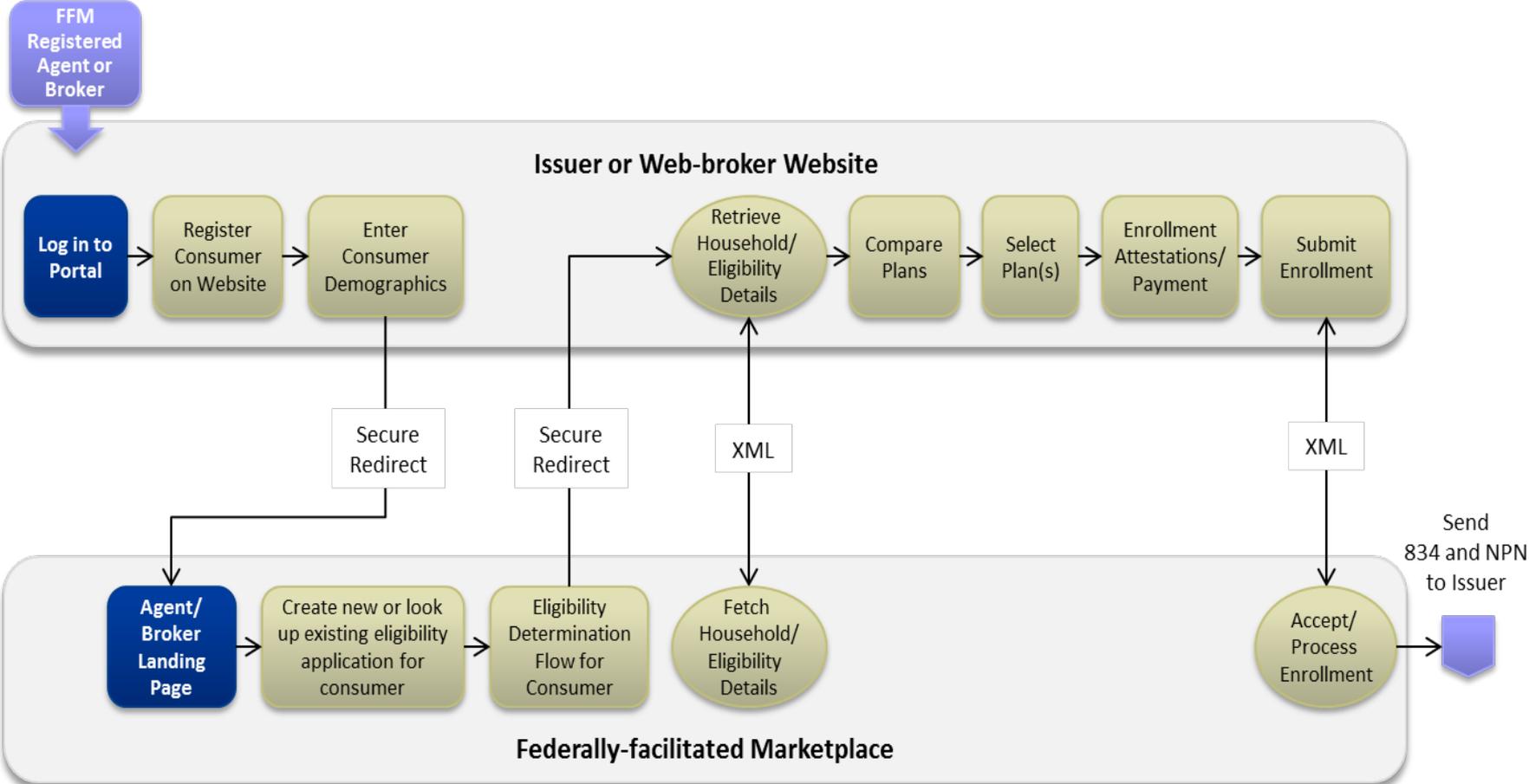
- Agents and brokers can use two (2) pathways to assist consumers with eligibility determinations and enrollment in individual market QHPs offered through the Marketplaces. The two (2) pathways are:

**Direct Enrollment
Pathway
(i.e., Issuer/Web-
broker-based
Enrollment)**

**Marketplace
Pathway
(i.e., “Side-by-Side”
Pathway)**

- Agents and brokers registered with the Individual Marketplaces may conduct Marketplace enrollment activities through the Direct Enrollment Pathway and/or the Marketplace Pathway, or may assist with re-enrollment through these pathways.

Direct Enrollment Pathway Using an Agent or Broker



Direct Enrollment Pathway

Using an Agent or Broker (Continued)

- To assist consumers enrolling in QHPs offered through the Marketplace using the Direct Enrollment Pathway, you are required to use your own FFM User ID and password to log in to a web-broker's, web-based entity's, or issuer's website.
- To ensure their affiliated agents and brokers are permitted to assist consumers in the Marketplace for plan year 2017, web-brokers, web-based entities and issuers must:
 - Confirm the affiliated agents and brokers are licensed in the state(s) where the QHPs are offered.
 - Confirm the affiliated agents and brokers have completed registration and training requirements for the Marketplace for the applicable plan year.

***Note:** CMS uses the term “web-broker” to describe an individual agent or broker, group of agents and brokers, or company that provides a non-Marketplace website to assist consumers in the QHP selection and enrollment process as described in 45 C.F.R. § 155.220(c)(3).*

Direct Enrollment Pathway

Web-brokers, web-based entities and issuers can confirm that their affiliated agents and brokers have completed registration and training requirements for the Marketplace by referencing the Agent and Broker FFM Registration Completion List at:

- The Agents and Brokers Resources webpage: <http://go.cms.gov/CCIIOAB>
- Data.HealthCare.gov: https://data.healthcare.gov/ffm_ab_registration_lists

DISCLAIMER

The Centers for Medicare & Medicaid Services (CMS) is making the Agent-Broker Federally-facilitated Marketplace (FFM) Registration Completion List ("AB List") available to the public on a monthly basis pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0560), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013). The information within the AB List may be used only for the following purposes:

1. To confirm that an agent or broker has successfully completed registration requirements for the FFM for the individual market and/or the Federally-facilitated Small Business Health Options Program (FF-SHOP); and
2. To allow states and other stakeholders to conduct oversight, monitoring and enforcement activities related to agents and brokers, and to educate consumers about agents and brokers who may provide assistance to consumer who are interested in obtaining health care coverage through the FFM in their states.

The information contained in the AB list may be used and/or disclosed only to the extent necessary to accomplish these purposes and never to discriminate inappropriately.

All AB List national producer numbers (NPNs) are self-reported by the agent or broker and should be validated against state and/or other NAIC records to confirm state licensure.

NPN(s) Marketplace(s) Registration Completion Date(s)

Direct Enrollment Pathway (Continued)

For a list of web-brokers active in plan year 2016, review the Public 2016 FFM Web-broker Entity List at: <http://go.cms.gov/CCIIOAB>.



Centers for Medicare & Medicaid Services Web-broker Public List

September 2016 EDITION

DISCLAIMER

The Centers for Medicare & Medicaid Services (CMS) is making the Web-broker Federally-facilitated Marketplace (FFM) Registration Completion List ("Web-broker List") available to the public pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0560), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013).

CMS regulations establish additional requirements that apply when an agent or broker uses their own website, or that of another agent or broker, to facilitate enrollment in a qualified health plan through the FFM. CMS refers to such agents or brokers who enroll qualified individuals, employers, and employees through public-facing websites as "web-brokers."

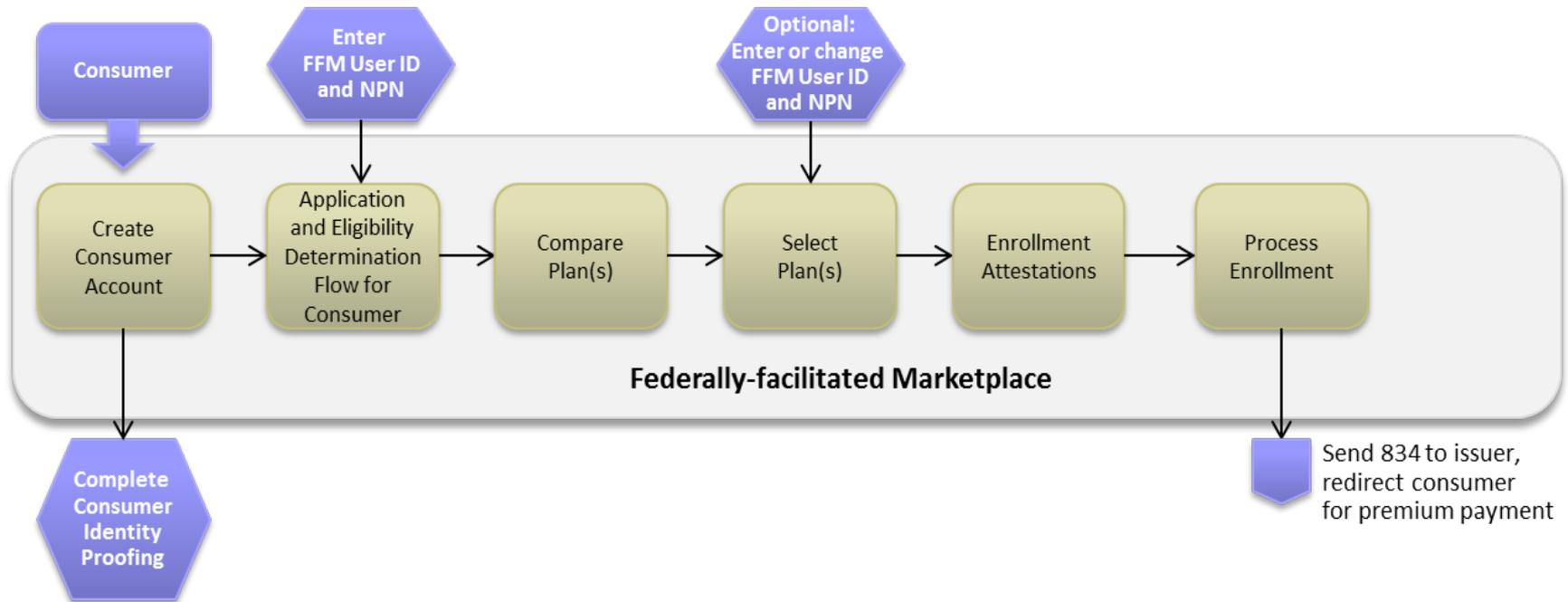
The information within the Web-broker List may be used only for the following purposes:

1. To confirm that a web-broker has successfully completed registration requirements for the FFM for the individual market and/or the Federally-facilitated Small Business Health Options Program (FF-SHOP); and
2. To allow states and other stakeholders to conduct oversight, monitoring, and enforcement activities related to web-brokers, and to educate consumers about web-brokers who may provide assistance to consumer who are interested in obtaining health care coverage through the FFM in their states.

The information contained in the Web-broker list may be used and/or disclosed only to the extent necessary to accomplish these purposes and never to discriminate inappropriately.

All national producer numbers (NPNs) and other web-broker information are self-reported by the agent or broker and should be validated against state and/or other National Association of Insurance Commissioners records to confirm state licensure.

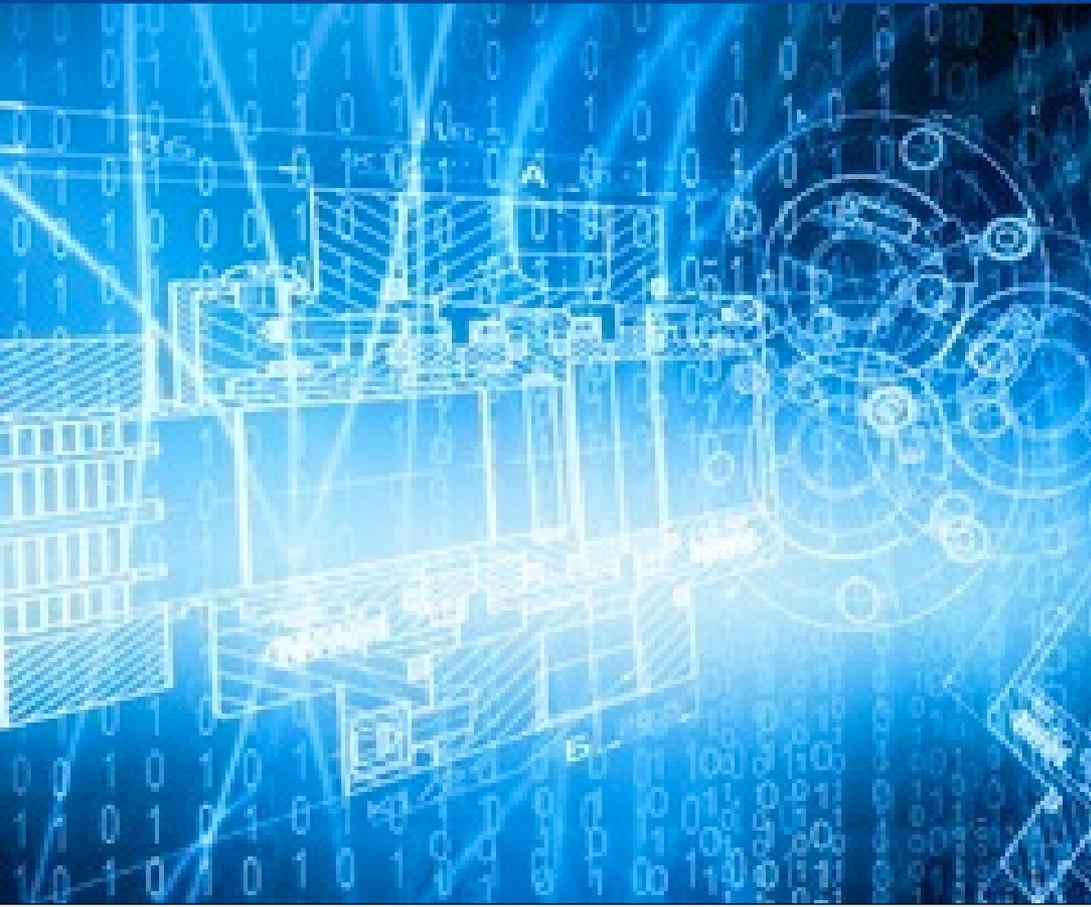
Marketplace Pathway



Agents and brokers assisting consumers using the Marketplace Pathway, or “Side-by-Side” model, should not have independent access to consumers’ Marketplace online user IDs, passwords, and accounts.

Marketplace Pathway (Continued)

- Using this pathway, the consumer logs directly into his or her Marketplace account.
- After the consumer has logged into his or her consumer account, you then work with the consumer to complete the eligibility application.
 - If using the Classic Application, the consumer should enter your FFM User ID and NPN when prompted to indicate that an agent or broker provided assistance.
 - If the consumer is using the Marketplace 2.0 Application, the consumer should check the “Another person is helping me” box to enter your NPN.



*Step-by-step
Review of the
Individual
Marketplace
Online
Application for
Plan Year 2017*

Overview of the Federally-facilitated Individual Marketplace Online Application for Plan Year 2017

- The Individual Marketplace has two (2) applications:
 - Marketplace 2.0 Application
 - Classic Marketplace Application
- The shorter, streamlined Marketplace 2.0 Application is used with consumers who have simple household situations.
- Consumers are automatically routed through the correct application process for their situations.



Consumers Starting a New Application

- Consumers interested in applying for coverage through HealthCare.gov for the first time will need to visit the Marketplace and create a new application.
- As part of the application, consumers will be asked to answer questions about a number of topics, and consumers applying for help paying for coverage are asked additional questions. Questions may include:

 - Age
 - SSN
 - Number of dependents
 - Marital status
 - Incarceration status
 - American Indian or Alaska Native identification
 - Income
 - Eligibility for other health coverage
 - Foster care status
 - Citizenship or lawfully present immigration status
 - Physical or mental disabilities

Starting a New Application (Classic Application – Marketplace Pathway)

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for "Individuals & Families" and "Small Businesses". Below this, a user profile for "John Carson" is displayed. A sidebar on the left contains navigation options: "WELCOME", "MY PROFILE", and "MESSAGES (0)". A red arrow points from "MY PROFILE" to the "INDIVIDUALS & FAMILIES" section. The main content area for "INDIVIDUALS & FAMILIES" features a prominent green button labeled "START A NEW APPLICATION OR UPDATE AN EXISTING ONE »". Below this button, there is explanatory text: "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." Further down, there are two columns: "FOR EMPLOYERS" and "FOR EMPLOYEES". Each column has a button: "VISIT EMPLOYER MARKETPLACE »" and "VISIT EMPLOYEE MARKETPLACE »". Below these buttons are detailed instructions for each user type, including links to "Learn more about coverage options for small businesses."

Once the consumer has created an account at HealthCare.gov and logged into the website, direct the consumer to click on “Start a New Application or Update an Existing One” button to begin.

Selecting a State of Residence

Need coverage for 2017?

You'll need to:

1. Complete a 2017 application.
2. View your "Eligibility Results."
3. Choose and enroll in a plan by **December 15**, so your coverage can start on January 1.

Select State 

[START MY APPLICATION](#) 

Want to learn more before you get started?

[FIND OUT WHAT THINGS YOU'LL NEED TO APPLY](#)

Need coverage for 2016?

Select "Get 2016 Coverage," then select 2016 and your state from the drop-down list.

[GET 2016 COVERAGE](#)

Need to do something else?

Click the button below to go to "My Applications & Coverage," where you can take actions like continuing or updating a different application, or picking up an application from your state or the Marketplace Call Center.

[GO TO MY APPLICATIONS & COVERAGE](#)

Direct the consumer to then pick his or her state of residence from the drop-down list and select the “Start My Application” button.

Entering Consumer Information

Instruct the consumer to complete the “Verify your identity & contact information” page and select the “Continue” button.

HealthCare.gov Individuals & Families Small Businesses John | Log out

Apply > Get Results > Get Coverage

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). Why do I need to verify my identity? ⓘ

John Middle Carson Suffix ▾

Phone number 601-856-3063 Home ▾ Date of birth 06/19/1961

824 DEBORAH ST Apt./Ste. #

JACKSON Mississippi ▾ 39208

Social Security Number (SSN) ⓘ
XXX-XX-XXXX

CONTINUE

Verifying Consumer Identity

- Direct the consumer to answer the four (4) questions to verify his or her identity.
 - Remind the consumer that these questions help protect his or her personally identifiable information.
- Once the consumer selects the correct answers, direct the consumer to select the “Verify My Identity” button to continue.

Answer these questions so we can verify your identity

Based on your information, we've put together a few questions that only you'll be able to answer. [Why do I need to verify my identity?](#)

Please select the county for the address you provided.

- MIDLAND
- ALCONA
- MARQUETTE
- INGHAM
- NONE OF THE ABOVE

According to our records, you previously lived on (PLYMOUTH). Please choose the city from the following list where this street is located.

- DILLON
- LEADVILLE
- LITTLETON
- ELIZABETH
- NONE OF THE ABOVE

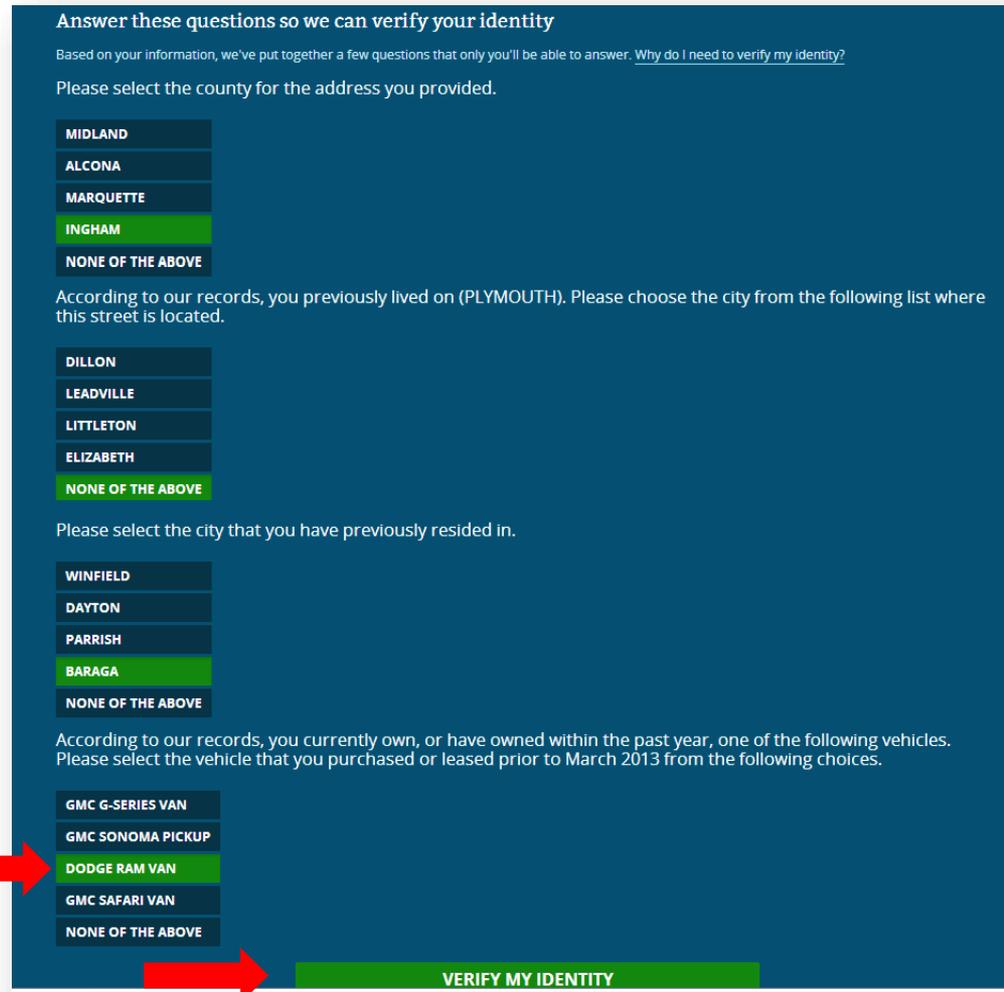
Please select the city that you have previously resided in.

- WINFIELD
- DAYTON
- PARRISH
- BARAGA
- NONE OF THE ABOVE

According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

- GMC G-SERIES VAN
- GMC SONOMA PICKUP
- DODGE RAM VAN
- GMC SAFARI VAN
- NONE OF THE ABOVE

VERIFY MY IDENTITY



Entering Consumer Information

The consumer then completes the “Contact Information” page and clicks the “Continue” button.

Individuals & Families Small Businesses

John Smith

VERIFY YOUR IDENTITY

- Contact Information
- Identity questions

Contact information

Tell us about yourself. Use your contact information as it appears on legal documents (like your driver's license or Social Security card).

All fields are required unless they're marked optional. Don't enter any special characters, like accents, tildes, etc.

First name	Middle <i>optional</i>
<input type="text" value="John"/>	<input type="text"/>
Last name	Suffix <i>optional</i>
<input type="text" value="Smith"/>	<input type="text" value="Select..."/>
Date of birth	Social Security
<input type="text" value="11/07/1976"/>	<input type="text"/>
MM/DD/YYYY	XXX-XX-XXXX

Email address

Street address Apt./Ste #. *optional*

City State ZIP code

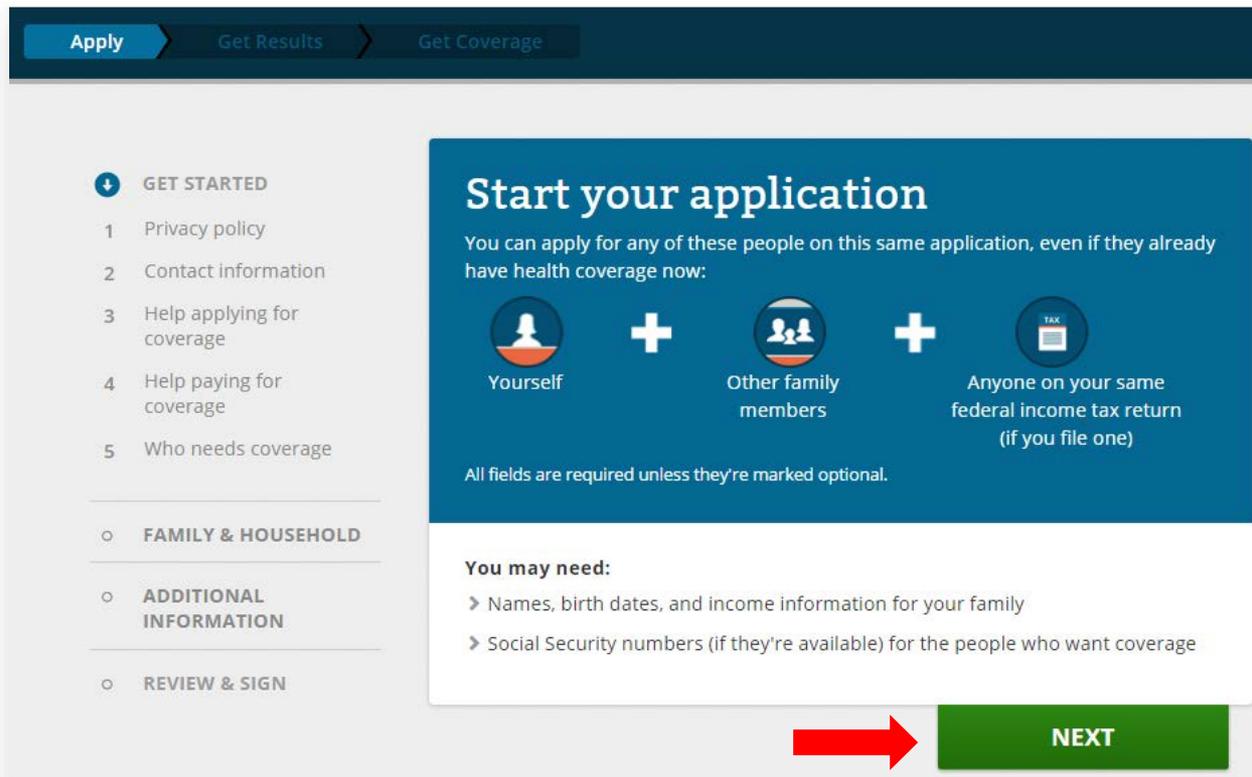
Phone number Ext. *optional*

Phone type (Select one.) *optional*

CONTINUE

Important: Agents/brokers should never enter their contact information here.

Starting the Application



The screenshot shows a web application interface. At the top, there is a dark blue navigation bar with three buttons: 'Apply' (highlighted in light blue), 'Get Results', and 'Get Coverage'. Below this is a sidebar menu with four sections: 'GET STARTED' (with a plus icon), 'FAMILY & HOUSEHOLD', 'ADDITIONAL INFORMATION', and 'REVIEW & SIGN'. The 'GET STARTED' section contains a numbered list of five items: 1. Privacy policy, 2. Contact information, 3. Help applying for coverage, 4. Help paying for coverage, and 5. Who needs coverage. The main content area features a blue box with the heading 'Start your application' and the text 'You can apply for any of these people on this same application, even if they already have health coverage now:'. Below this text are three icons: a person icon labeled 'Yourself', a family icon labeled 'Other family members', and a tax icon labeled 'Anyone on your same federal income tax return (if you file one)'. A red arrow points from the 'NEXT' button to the 'Start your application' box. Below the icons, it says 'All fields are required unless they're marked optional.' Underneath the blue box, there is a white box titled 'You may need:' with two bullet points: 'Names, birth dates, and income information for your family' and 'Social Security numbers (if they're available) for the people who want coverage'. At the bottom right, there is a green 'NEXT' button.

- Once the consumer's information is verified, direct the consumer to the "Start your application" page.
- Direct the consumer to select the "Next" button to proceed.
- To complete the application, the consumer will need information on all family members and SSNs for all individuals seeking coverage.

Reviewing Privacy Standards and the Use of Consumer Information

Application ID: 940996

GET STARTED

- Privacy policy
- Contact information
- Help applying for coverage
- Help paying for coverage
- Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Privacy policy

Privacy & use of your information

We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our electronic databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof.

Privacy Act Statement

- I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.
- I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a [Special Enrollment Period](#), if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.

SAVE & CONTINUE

- Then direct the consumer to review the privacy and data use agreement, and check the boxes to agree to the terms.
- The consumer selects the “Save & Continue” button to proceed.

Receiving Help Applying for Coverage

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- 3 Help applying for coverage**
- 4 Help paying for coverage
- 5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Help applying for coverage

Tell us if you're getting help from one of these people

Navigator

Certified application counselor

Non-Navigator assistance personnel

Agent or broker

None of these people

First name Middle *optional* Last name Suffix *optional*

Organization name *optional* ID number *optional*

FFM User ID *optional* NPN number

SAVE & CONTINUE

OR

Another person is helping me complete my application. ⓘ

First name Middle Last name Suffix

Select type Organization name ID number

- At this point, the consumer is asked if he or she is receiving help applying for coverage.
- Direct the consumer to select the “Agent or Broker” radio button. Provide your information for the consumer to populate or select “Another person helping me complete my application” in the Marketplace Application 2.0.
- Note that if the consumer does not enter your correct NPN, you may not receive credit for the enrollment.⁸⁴

Receiving Help Paying for Coverage

- The consumer selects whether he or she wants help paying for coverage.
- If the consumer is interested in checking eligibility for APTC and/or CSR, the consumer should select the “Yes” radio button.
- After making a choice, the consumer selects the “Save & Continue” button to proceed.

The screenshot shows a web interface for a health coverage application. On the left is a sidebar menu with the following items: 'GET STARTED' (with a sub-menu: Privacy policy, Contact information, Help applying for coverage), '4 Help paying for coverage' (highlighted in blue), '5 Who needs coverage', 'FAMILY & HOUSEHOLD', 'ADDITIONAL INFORMATION', and 'REVIEW & SIGN'. A red arrow points from the 'Yes' radio button in the main content area to the '4 Help paying for coverage' menu item. The main content area has a blue header 'Help paying for coverage' and a question: 'Do you want to find out if you can get help paying for health coverage?'. Below the question is explanatory text: 'Even working families can pay less for health coverage. You may be eligible for a free or low-cost plan, or a new kind of tax credit that can be used to lower your monthly premiums right away.' There are three radio button options: 'Yes' (selected, with a red arrow pointing to it), 'No', and 'I'm not sure'. Each option has a corresponding description of the next steps. At the bottom right, there is a green 'SAVE & CONTINUE' button with a red arrow pointing to it.

GET STARTED

- ✓ Privacy policy
- ✓ Contact information
- ✓ Help applying for coverage

4 Help paying for coverage

5 Who needs coverage

FAMILY & HOUSEHOLD

ADDITIONAL INFORMATION

REVIEW & SIGN

Help paying for coverage

Do you want to find out if you can get help paying for health coverage?

Even working families can pay less for health coverage. You may be eligible for a free or low-cost plan, or a new kind of tax credit that can be used to lower your monthly premiums right away.

<input checked="" type="radio"/> Yes	You'll answer questions about your income to see what help you qualify for.
<input type="radio"/> No	You'll answer fewer questions, but you won't get help paying for coverage.
<input type="radio"/> I'm not sure	Answer 2 questions, and we'll help you figure out your next steps.

Next, you'll see a summary of the information you've given us so far. Then, we'll ask you questions about your income to see what you qualify for.

SAVE & CONTINUE

Determining Who Needs Coverage

✓ Help applying for coverage

✓ Help paying for coverage

5 Who needs coverage

FAMILY & HOUSEHOLD

INCOME

ADDITIONAL INFORMATION

Who needs coverage

Who are you applying for health coverage for?

John Smith only

John Smith & other

Other family memb

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.

John Smith EDIT REMOVE

Date of birth
06/19/1961

+ ADD A PERSON

SAVE & CONTINUE

The consumer then selects who he or she is seeking coverage for. Once information has been entered for all family members, the consumer reviews and selects the “Save & Continue” button to proceed.

Entering Household Information

Direct the consumer to enter information about members of his or her household after clicking the “Next” button on the Family & Household landing page.

Application ID: 940996

- GET STARTED
- FAMILY & HOUSEHOLD**
 - John Smith
 - More about this household
 - Summary
- INCOME
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Family & household

We need to know about everyone included on your same federal income tax return and all family members who live with you, even if they're not applying for health coverage.

We'll match you with programs based on your income and family size, so we need this information to make sure you get the most help possible.

All fields are required unless they're marked optional.

You may need:

- Social Security numbers (or document numbers for any people with eligible immigration status who need coverage)
- Birth dates

NEXT

Once the consumer has reviewed and confirmed the information entered, he or she will select the “Save & Continue” button to proceed.

Summary

Review family & household information

Household Members

EDIT

John Smith's information

Sex
Male

U.S. citizen or U.S. national
Yes

Home address
824 DEBORAH ST
JACKSON, MS

Mailing address
Same as home address

Entering Household Income Information

After selecting the “Next” button on the Income landing page, direct the consumer to enter household income information.

Application ID: 940996

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ⊕ INCOME
 - 1 John Smith
 - 2 Summary
- ADDITIONAL INFORMATION
- REVIEW & SIGN

Income

We ask for current information for everyone in your family and household to make sure you get the most benefits possible.

All fields are required unless they're marked optional.

You may need:

- › Pay stubs
- › W-2 forms
- › Information about income

NEXT

The consumer will be asked questions regarding his or her:

- Types of household income (e.g., job, Social Security benefits)
- Household deductions taken (e.g., alimony, student loan interest)

Reviewing Income Information

- Based on the information entered, HealthCare.gov will calculate the applicant's monthly income.
- If the information is accurate and complete, direct the consumer to click the "Save & Continue" button.

John Smith's income summary

John Smith's total income in 2016
\$35,000.00 [EDIT](#)

Current monthly income [EDIT](#)

Income source	How much	How often
Job ABC Company	\$35,000.00	Yearly

Current monthly income
\$2,916.67

 [SAVE & CONTINUE](#)

Answering Additional Questions

Next, direct the consumer to answer a few additional questions regarding:

- Other health coverage not ending on or before October 23, 2016
- Eligibility for COBRA
- Eligibility for other coverage in 2017
- Loss of coverage in the previous 60 days
- Recent marriage
- Recent adoption or placement in foster care
- Recent change in immigration status
- Recent moves
- Recent release from incarceration
- 2015 tax reconciliation status

The screenshot shows a web application interface. On the left is a vertical progress bar with the following items: 'GET STARTED' (checked), 'FAMILY & HOUSEHOLD' (checked), 'INCOME' (checked), 'ADDITIONAL INFORMATION' (selected with a blue circle and plus sign), and 'REVIEW & SIGN' (unchecked). Below the progress bar are two numbered items: '1 John Smith' and '2 Other questions'. At the top of the progress bar, it says 'Application ID: 940996'. The main content area is titled 'Additional information' and features a large question mark icon. Below the title, it states: 'We need to know a few more things about you and your family to make sure we match you with the best available programs to lower your health coverage costs.' A note below that says: 'All fields are required unless they're marked optional.' Under the heading 'You may need:', there are three bullet points: 'Information about your current health coverage', 'Information about any job-related coverage you and your family may be able to get, even if you're not enrolled in it', and 'If you are eligible for insurance from an employer, you'll need information about the plans they offer'. A light blue box contains the text: 'How can I get my employer's coverage information? You can use the [Employer Coverage Tool](#) to get the information you'll need. Download the form and take it to your employer's human resources office to complete.' At the bottom right, there is a red arrow pointing to a green button labeled 'NEXT'.

Once the consumer completes those questions he or she should select the “Save & Continue” button.

Reviewing the Application Summary

The screenshot shows a web interface for reviewing an application. On the left, a sidebar lists the application steps: GET STARTED, FAMILY & HOUSEHOLD, INCOME, ADDITIONAL INFORMATION, REVIEW & SIGN, and Sign & submit. The REVIEW & SIGN step is highlighted with a blue bar and the number 1. The main content area has a blue header with the text 'Review & sign' and a sub-header 'Take a few minutes to review the information you gave us. This is your chance to go back and make changes before you submit your final application.' To the right of the text is a circular graphic divided into four quadrants: top-left (red with a white checkmark), top-right (blue with a white pencil), bottom-left (dark blue with a white person icon), and bottom-right (dark blue with a white document icon). Below the main content area, a red arrow points to a green button labeled 'NEXT'.

HealthCare.gov provides a summary of all the consumer’s application responses. Direct the consumer to select the “Next” button to review the information.

Reviewing the Application Summary (Continued)

Review application

[PRINT](#) [DOWNLOAD](#)

Household contact information [EDIT](#)

Name
John Smith

Date of birth
06/19/1961

Email address
emymakeppe-9598@yopmail.com

Home address
824 DEBORAH ST, JACKSON, MS, 39208-6264

Mailing address
824 DEBORAH ST, JACKSON, MS, 39208-6264

Preferred phone number
601-856-3063 (Cell)

Second phone number
Not provided

Preferred spoken language
English

Preferred written language
English

Once the consumer has reviewed and is comfortable with everything included, direct the consumer to select the “Save & Continue” button.

Signing and Submitting the Application

Application ID: 940996

- ✓ GET STARTED
- ✓ FAMILY & HOUSEHOLD
- ✓ INCOME
- ✓ ADDITIONAL INFORMATION
- ⬇ REVIEW & SIGN
 - ✓ Review application
 - 2 Sign & submit**

Read these statements, and select whether you agree or disagree.

[Learn more about these statements](#)

No one applying for health coverage on this application is incarcerated (detained or jailed).

Agree

Disagree

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). The Marketplace will send me a notice, let me make any changes, and I can opt out at any time.

Agree

Disagree

I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I understand that a change in my information could affect my eligibility for member(s) of my household.

Agree

- The consumer will be redirected to the agreements and disclosures.
- Direct the consumer to read them and, if he or she agrees, to select the “Agree” radio button next to each question.

Signing and Submitting the Application (Continued)

The screenshot shows a web form titled "Sign & submit". Below the title is the instruction: "Read this statement, and check whether you agree or disagree." A text box contains a statement: "I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information." Below this statement are two radio buttons: "Agree" and "Disagree". A red arrow points to the "Agree" radio button. Below the radio buttons is a light blue box labeled "John Carson's electronic signature" with an empty input field. A second red arrow points to this input field. Below the input field is the text "Enter your name in the box above". At the bottom right of the form is a green button labeled "SUBMIT APPLICATION".

If he or she is ready, the consumer can read the statement, check the radio button to indicate he or she agrees or disagrees, then enter his or her name into the electronic signature field, and select the “Submit Application” button to be redirected to his or her eligibility results.

Reviewing the Eligibility Results

The consumer will be redirected to the Eligibility results page to:

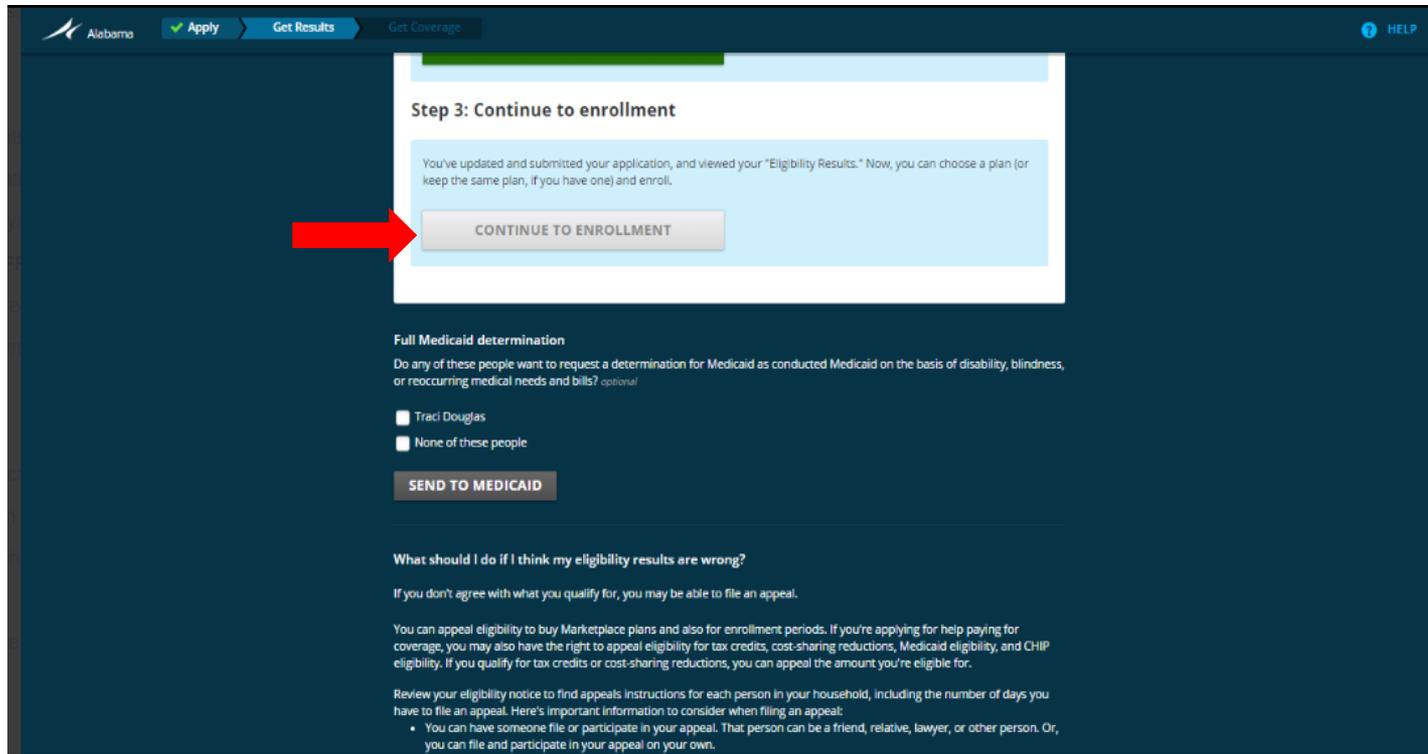
- View “Coverage Options at a Glance” and
- View his or her “Eligibility Results.”

The screenshot displays a user interface for reviewing eligibility results. At the top, a green banner with a checkmark icon states, "Your application was received and has been processed." Below this, the heading "Eligibility results" is prominently displayed. A sub-header provides context: "Results based on your application (ID 137026659) submitted on 10/13/2016. Follow these steps below to complete your enrollment. [Learn more about your eligibility results](#)".

A dark blue box contains the message: "We've successfully processed your application." This is followed by "Step 1: View Your 'Coverage Options at a Glance'", which includes a brief description and a "Continue to Step 2" link. Below this, a light blue box shows the user's name, "John C. Carson", next to a green checkmark and the word "Eligible". To the right, it specifies "For Marketplace health plans" and "For a premium tax credit of up to \$318 each month for your tax household". A red "Temporary eligibility" warning is also present, stating that more information is needed within the next 3 months.

"Step 2: View Your 'Eligibility Results'" is the next section, with a description of what the results contain and a "Continue to Step 3" link. At the bottom, a green button labeled "VIEW ELIGIBILITY RESULTS (PDF)" is visible.

Reviewing the Eligibility Results (Continued)



The screenshot shows the Alabama Medicaid application process. At the top, there is a navigation bar with the Alabama logo, a progress indicator showing 'Apply' (checked), 'Get Results' (active), and 'Get Coverage'. A 'HELP' link is visible in the top right corner. The main content area is titled 'Step 3: Continue to enrollment'. Below the title, there is a light blue box containing the text: 'You've updated and submitted your application, and viewed your "Eligibility Results." Now, you can choose a plan (or keep the same plan, if you have one) and enroll.' A red arrow points to a button labeled 'CONTINUE TO ENROLLMENT'. Below this, there is a section titled 'Full Medicaid determination' with the text: 'Do any of these people want to request a determination for Medicaid as conducted Medicaid on the basis of disability, blindness, or reoccurring medical needs and bills? *optional*'. There are two radio button options: 'Traci Douglas' and 'None of these people'. Below these options is a button labeled 'SEND TO MEDICAID'. At the bottom, there is a section titled 'What should I do if I think my eligibility results are wrong?' with the text: 'If you don't agree with what you qualify for, you may be able to file an appeal.' Below this, there is a paragraph of text: 'You can appeal eligibility to buy Marketplace plans and also for enrollment periods. If you're applying for help paying for coverage, you may also have the right to appeal eligibility for tax credits, cost-sharing reductions, Medicaid eligibility, and CHIP eligibility. If you qualify for tax credits or cost-sharing reductions, you can appeal the amount you're eligible for.' Finally, there is a paragraph: 'Review your eligibility notice to find appeals instructions for each person in your household, including the number of days you have to file an appeal. Here's important information to consider when filing an appeal:' followed by a bulleted list: '• You can have someone file or participate in your appeal. That person can be a friend, relative, lawyer, or other person. Or, you can file and participate in your appeal on your own.'

- Next, if eligible for Marketplace coverage, the consumer can choose to go directly to enrolling in coverage by selecting the “Continue to Enrollment” button.

Re-enrolling in Coverage for Plan Year 2017 through the Marketplace

REMiNDER



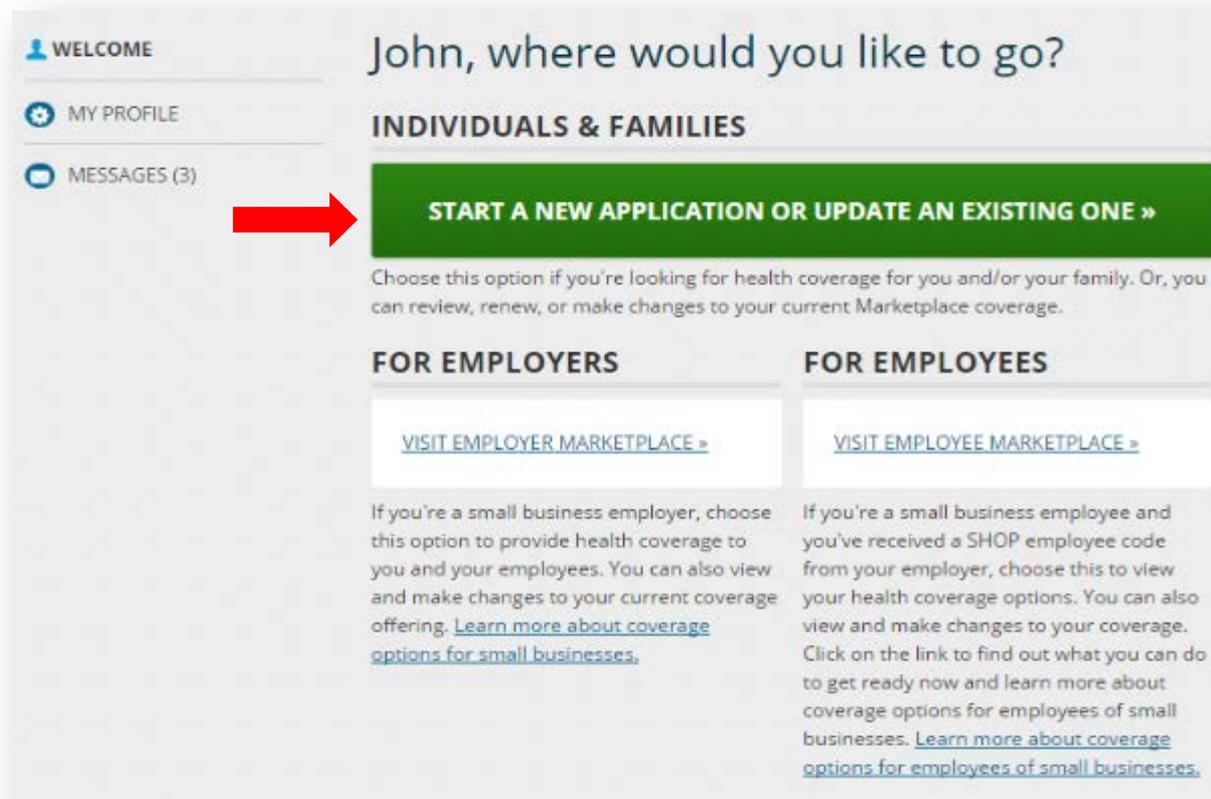
To re-enroll consumers who had Marketplace coverage for plan year 2016, direct the consumers to find their applications at HealthCare.gov.

Re-enrollment for Existing Consumers



- Consumers who enrolled in coverage through the Marketplace for a previous plan year may not need to create a new application.
- You must confirm that a consumer only has one (1) application submitted per year if he or she enrolled in coverage through the Marketplace in a previous plan year.

Beginning Re-enrollment from HealthCare.gov (Marketplace Pathway)



The screenshot shows the HealthCare.gov user interface. On the left, there is a navigation menu with three items: 'WELCOME' (with a person icon), 'MY PROFILE' (with a gear icon), and 'MESSAGES (3)' (with an envelope icon). The main content area is titled 'John, where would you like to go?' and is divided into three sections. The first section is 'INDIVIDUALS & FAMILIES', which contains a prominent green button with white text that reads 'START A NEW APPLICATION OR UPDATE AN EXISTING ONE »'. A red arrow points to this button from the left. Below this button is a paragraph of text: '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.' The second section is 'FOR EMPLOYERS', which contains a blue link that reads 'VISIT EMPLOYER MARKETPLACE »'. Below this link is a paragraph of text: '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.](#)' The third section is 'FOR EMPLOYEES', which contains a blue link that reads 'VISIT EMPLOYEE MARKETPLACE »'. Below this link is a paragraph of text: 'If you're a small business employee and you've received a SHOP employee code from your employer, choose this to view your health coverage options. You can also view and make changes to your coverage. Click on the link to find out what you can do to get ready now and learn more about coverage options for employees of small businesses. [Learn more about coverage options for employees of small businesses.](#)'

Direct the consumer to select the “Start a New Application or Update an Existing One” button to start the process.

Reviewing the Existing Application

- In most cases, an application will be prepopulated for the consumer. He or she can select:
 - “Review My Application” to edit and review the populated application.
 - “Start New State Application” to create a completely new application.
 - “Go to my Applications & Coverage” to stop coverage for 2017.
- The consumer will then be directed through a similar application process as shown before for new applications.

Review & update your 2017 application

You need to take a few steps to get coverage for 2017:

1. Review your application, and make any necessary updates to your information, like changes to your income or household.
2. Submit your application.
3. View your “Eligibility Results.”
4. Choose and enroll in a plan, even if you want to keep the same plan. Do this by **December 15**, so you don't have a break in coverage.

[REVIEW MY APPLICATION](#)

Moving to a new state in 2017?

If so, you need to start a new 2017 application. Select “Start New State Application,” then select 2017 and your new state from the drop-down list.

[START NEW STATE APPLICATION](#)

[Learn more about how moving to a new state can affect your coverage](#)

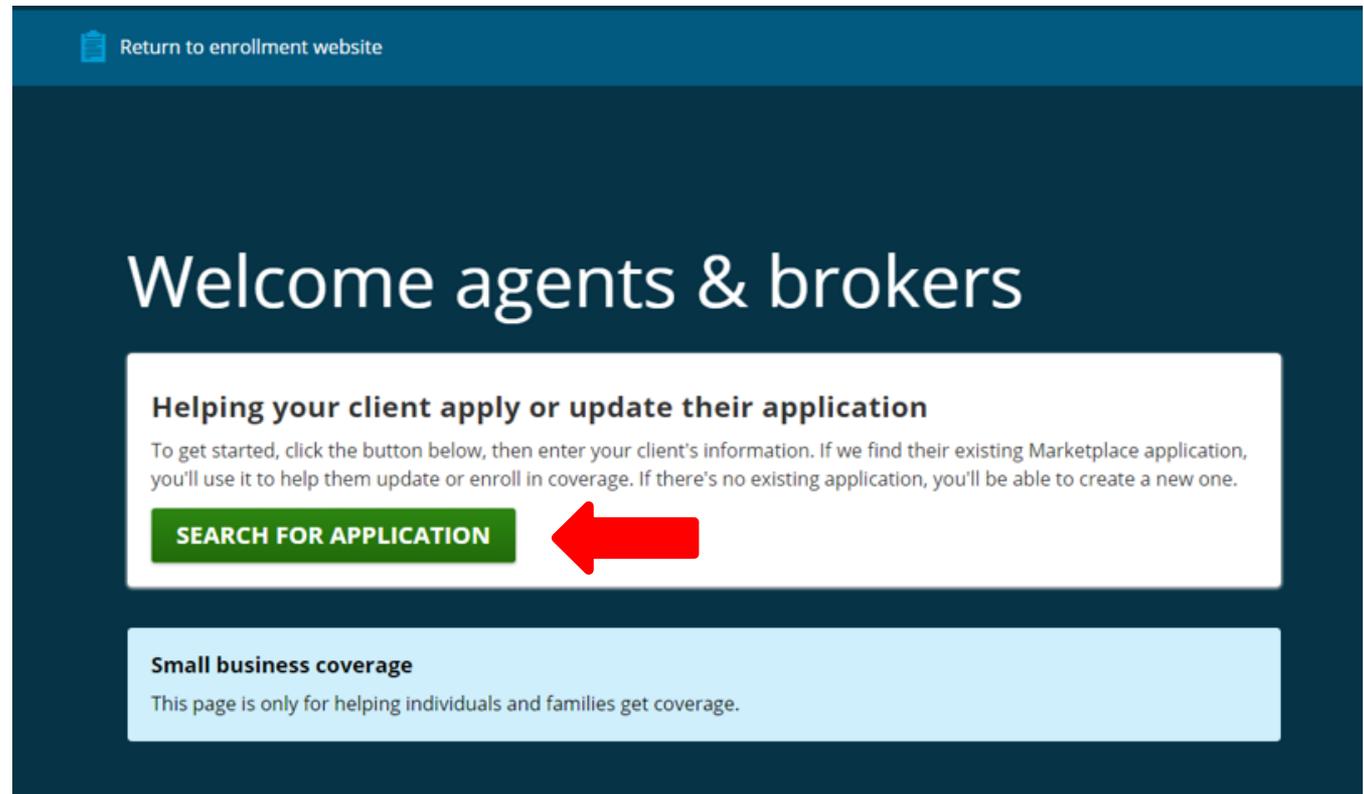
Want to stop your coverage for 2017?

Click the button below to go to “My Applications & Coverage,” then select your 2016 application, where you can end all of your Marketplace coverage on 12/31/2016.

[GO TO MY APPLICATIONS & COVERAGE](#)

Checking for an Existing Application Using Direct Enrollment Pathway

To see if a consumer has an existing application, select the “Search for Application” button.



The screenshot shows a web interface for agents and brokers. At the top, there is a link to 'Return to enrollment website'. The main heading is 'Welcome agents & brokers'. Below this, there is a section titled 'Helping your client apply or update their application' with a sub-heading. The text explains that clicking the button below will lead to a page where users can enter client information to check for existing Marketplace applications. A green button labeled 'SEARCH FOR APPLICATION' is prominently displayed, with a red arrow pointing to it from the right. Below this section, there is a light blue box titled 'Small business coverage' with a note that the page is for helping individuals and families get coverage.

Return to enrollment website

Welcome agents & brokers

Helping your client apply or update their application

To get started, click the button below, then enter your client's information. If we find their existing Marketplace application, you'll use it to help them update or enroll in coverage. If there's no existing application, you'll be able to create a new one.

SEARCH FOR APPLICATION

Small business coverage

This page is only for helping individuals and families get coverage.

Checking for an Existing Application Using Direct Enrollment Pathway (Continued)

- Once redirected, enter the consumer's existing application ID, if available. Complete the coverage year, state, and personal information fields, and select the "Search" button.
- If there is an application for plan year 2017, it will be prepopulated, but you can help the consumer make changes to it by selecting the "Review my Application" button.

Find an application

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

First name Last name

Date of birth Social Security Number (SSN) *optional*

MM/DD/YYYY XXX-XX-XXXX



Plan Year 2017 Open Enrollment



*Overview of the
SHOP Marketplace
and the Application
and Enrollment
Process for
Employer Groups
for Plan Year 2017*

What Is the SHOP Marketplace?

The Small Business Health Options Program = SHOP Marketplace

- Part of the Health Insurance Marketplace created by the Affordable Care Act (ACA).
- Offers small employers (generally, those with one (1)-50 full-time employees) a choice of quality health and dental plans provided by private insurance companies.
- States may choose to allow employers with one (1)-100 full-time employees to participate in the SHOP Marketplace.
- Small employers who offer coverage through the SHOP Marketplace may be eligible for the Small Business Health Care Tax Credit, which may be worth up to 50% of their contributions to premiums (up to 35% for tax-exempt employers).
- Works with health insurance reforms to help spur competition based on price and quality.

Which Employers can Participate in a SHOP Marketplace?

To be eligible to purchase coverage in the SHOP Marketplace, employers must:

- 1 Be a “small employer” (generally, a small employer has one [1]-50 employees).
- 2 Offer coverage to all full-time employees (those working 30 or more hours per week, on average).
- 3 Have at least one (1) employee enrolling in coverage.
- 4 Have a principal business address or eligible employee worksite in the state in which coverage is offered.

Use the **SHOP FTE Calculator** on HealthCare.gov to count full-time employees and full-time equivalent (FTE) employees: www.healthcare.gov/shop-calculators-fte/.

SHOP Marketplace Minimum Participation Rate (MPR) Requirement

Here's how the SHOP Marketplace MPR is calculated:

$$\text{MPR} = \frac{\text{Number of Employees **Enrolling** in SHOP or Other Coverage}}{\text{Number of Employees **Offered** SHOP Marketplace Coverage}}$$

Here is an example:

- An employer offers coverage to 10 full-time employees; two (2) employees have coverage through their spouse's employer, and one (1) employee is covered by Medicare.
- 70% of 10 employees = seven (7) employees
- Three (3) employees have other coverage that counts towards the rate, so four (4) additional employees must accept the employer's offer of SHOP Marketplace coverage before the employer can enroll.

From **November 15 - December 15**, eligible small employers can enroll in SHOP Marketplace coverage **without** meeting the MPR requirement.

How the SHOP Marketplace Works: Different Plans for Different Budgets

- SHOP Marketplace health plans are available in four (4) plan categories: Bronze, Silver, Gold and Platinum.
 - Categories generally reflect how much enrollees pay for premiums, deductibles, copayments and the total amount enrollees would have to spend out-of-pocket for the plan year.
 - For example, Platinum medical plans may be expected to cover 90% of the total cost of covering essential health benefits, but the monthly premium will generally be higher than plans in the other categories.
- All plans cover “essential health benefits,” but can differ by provider network, prescription drug formularies, or additional benefits offered, among other things.
- Plans cannot charge higher premiums for enrollees based on high medical costs or pre-existing medical conditions, raise premiums because an enrollee needs care, or charge women more than men based on gender.

Plan Category	Total Cost of Care Paid by the Plan (On Average)	Total Cost of Care Paid by the Employee (On Average)
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

How the SHOP Marketplace Works: Different Plans for Different Budgets

- SHOP Marketplace dental plans are available in two (2) plan categories: High and Low.
- Categories generally reflect how much enrollees pay for premiums, deductibles, copayments, and the total amount employees would have to spend out-of-pocket for the plan year.
 - **High** dental plans generally have higher premiums, but lower copayments and deductibles compared to low dental plans. This means employees generally pay more every month, but less when they go to the dentist.
 - **Low** dental plans generally have lower premiums, but higher copayments and deductibles compared to high dental plans. This means employees generally pay less every month, but more when they go to the dentist.

Employee Choice: Offering Employers Flexibility & Control

Employers can offer qualified employees:

1. A single health or dental plan.
2. A choice of plans within a plan category the employer chooses.
 - Employees choose any plan across health insurance companies within the selected plan category.
3. And, in some states, a choice of plans offered by a single health insurance company the employer chooses.
 - Employees choose any plan across plan categories offered by the selected health insurance company.

Employee choice by plan category

	Issuer A	Issuer B	Issuer C	Issuer D	Issuer E
Platinum					
Gold					
Silver	✓	✓	✓	✓	✓
Bronze					

Employee choice by health insurance company

	Issuer A	Issuer B	Issuer C	Issuer D	Issuer E
Platinum		✓			
Gold		✓			
Silver		✓			
Bronze		✓			

Employee Choice: Offering Employers Flexibility & Control

- **Advantages of offering employees a choice of plans include:**
 - Employees choose plans that best fit their coverage needs.
 - The employer does not have to predict its employees' health care needs.
 - The employer receives and pays just **one (1) monthly bill** per account, even when offering multiple plans with different health insurance companies.
 - The employer sets choice limits to control health care costs.

The Small Business Health Care Tax Credit

- The Small Business Health Care Tax Credit is generally only available when coverage is obtained through the SHOP Marketplace (including FF-SHOPs, SBM-FP-SHOPs, and SBM-SHOPs).
- The SHOP Marketplace gives eligible small employers the ability to get back a portion of their premium contributions through the tax credit.
 - The tax credit may be worth up to 50% of eligible employers' premium contributions (up to 35% for tax-exempt employers).
- To qualify for the tax credit, employers must:
 1. Have employees enrolled in SHOP Marketplace health or dental plan(s)
 2. Have fewer than 25 FTE employees (based on a 40-hour work week)
 3. Pay average wages of less than around \$50,000 per year employee, adjusted annually for inflation
 4. Contribute a uniform percentage for all employees that is at least 50% toward employee-only premium costs
 5. File for the tax credit with the IRS

What's New in the SHOP Marketplace for 2017?

- **Greater Visibility of Agents/Brokers Registered with the SHOP Marketplace**
 - Agents/brokers registered with the SHOP Marketplace will no longer have to create a separate profile within the SHOP Agent/Broker Portal.
 - After signing the SHOP Marketplace Privacy and Security Agreement on the MLMS, agents and brokers will automatically be searchable at HealthCare.gov by employers seeking help with SHOP Marketplace enrollment.
 - Agents and brokers may edit their searchable profile information through the MLMS.
- **Address Standardization**
 - When entering employer and employee addresses on the SHOP user interface, the system will suggest a standard address format.
 - Authorized users may accept or edit the suggested format.

What's New in the SHOP Marketplace for 2017? (Continued)

- **Premium Breakdown by Employee and Dependent**
 - Authorized users will be able to see premium breakdowns by employee and dependent throughout the enrollment process.
 - Previously, premium amounts were only listed as total employer and employee amounts.
- **New Employee Choice Option**
 - In some states, employers will have the ability to offer their employees and, if applicable, dependents a choice of health and dental plans by insurance company.

What's New in the SHOP Marketplace for 2017? (Continued)

Employee Choice by Insurance Company: While employers in all states are able to offer their employees a choice of a single health and/or dental plan or all health and/or dental plans at a single level of coverage, employers in the states listed below will also be able to offer their employees a choice of health and/or dental plans by insurance company. This option allows employers to offer coverage options at different metal levels to their employees from a single insurance company.

Alaska	Iowa	Missouri	Ohio	Wyoming
Delaware	Kansas	Montana	Oklahoma	
Florida	Kentucky	Nevada	Texas	
Georgia	Louisiana	New Hampshire	Virginia	
Illinois	Maine	North Dakota	Wisconsin	

For more information, visit: www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/2017-Implementation-of-Vertical-Choice.html.

Coming Soon to the SHOP Marketplace in Early 2017

- **Plan Quality Ratings in Pilot States**
 - Employers, employees, and agents/brokers will be able to see QHP quality ratings in Virginia and Wisconsin.
- **New Agent/Broker Reports**
 - When logged in to the SHOP Agent/Broker Portal, producers will be able to see two new reports:
 - Employer payment delinquency reports to ensure your groups are paying on time and have not been terminated for non-payment of premium
 - SHOP Marketplace payments made to insurance companies, by employer group, so you can better track your commissions with each participating insurance company

SHOP Marketplace Agent/Broker Portal

- To access and assist clients through the SHOP Marketplace Agent/ Broker Portal, visit <https://healthcare.gov/marketplace/small-businesses/agent> and enter your FFM User ID and password.
- Then select the “Log In” button.

The screenshot shows the CMS.gov Enterprise Portal login interface. At the top, there is a navigation bar with links for Home, About CMS, Newsroom, Archive, Help & FAQs, Email, and Print. Below this, there are two yellow buttons: "Health Care Quality Improvement System" and "Provider Resources". A blue banner reads "Welcome to CMS Enterprise Portal". The main content area contains a login form with "User ID" and "Password" input fields, a "Log In" button, and a "Cancel" button. Two red arrows point to the "User ID" field and the "Log In" button. Below the buttons are links for "Forgot Password?", "Forgot User ID?", and "Need an account? Click the link - New user registration". The footer includes "Home CMS.gov Enterprise Portal" and contact information for the Centers for Medicare & Medicaid Services.

Working with Clients in the SHOP Marketplace

- Employers can authorize an agent or broker registered with the SHOP Marketplace to work on their behalf in the SHOP Marketplace. To authorize an agent or broker, the employers should:
 - Create an account and verify their identity at HealthCare.gov.
 - Search for an agent or broker by name, NPN, or location and select the “Authorize” button.
 - Once an employer sends an authorization to an agent or broker, the agent or broker can log into his or her SHOP Marketplace Agent/Broker Portal account and accept the authorization.
- Once authorized, agents and brokers may complete the entire application on behalf of their clients.
- Through the SHOP Marketplace Agent/Broker Portal, agents and brokers registered with the SHOP Marketplace can:
 - Assist employers with their applications and enrollments
 - View clients’ premium payments and enrollment statuses
 - Manage clients’ accounts, including adding/removing employees and dependents from coverage
 - Satisfy requirements to receive compensation for enrollments

SHOP Marketplace Tools

There are several tools agents and brokers who are registered with the SHOP Marketplace can use to better assist their clients in the SHOP Marketplace:

- **See Plans and Prices**: Help clients browse SHOP Marketplace health and dental plans available in their area before they enroll. Premium estimates are based on enrollees' ages, number of dependents, and coverage level.
- **SHOP Full-time Equivalent (FTE) Employee Calculator**: Help clients determine if they may be a small employer for purposes of SHOP Marketplace eligibility by counting their total number of full-time and FTE employees.
- **Small Business Health Care Tax Credit Estimator**: Help employers determine if they may be eligible for the Small Business Health Care Tax Credit, and estimate how much the tax credit may be worth to employers.
- **Minimum Participation Rate (MPR) Calculator**: Help employers predict if they'll meet the MPR required for their state in order to enroll in the SHOP Marketplace. Groups who enroll between November 15 and December 15 don't need to meet any MPR to participate in the SHOP Marketplace.

Conclusion:

Why Participate in the Marketplace this Year?

- Millions more consumers and small business employees remain uninsured.
- New tools, streamlined enrollment processes.
- Same commissions available on- and off-Marketplace.
- Tax credits help keep plans more affordable.
- Easier/shorter agent/broker registration process.
- By registering today, you may be searchable on HealthCare.gov as early as tomorrow—opening yourself up to potential new customers.

Agent and Broker Resources

- Additional resources can be found on CMS' Agents and Brokers Resources webpage at <http://go.cms.gov/CCIIOAB>, including:
 - The link to the Agent and Broker FFM Registration Completion and Termination Lists, which are also available at: https://data.healthcare.gov/ffm_ab_registration_lists
 - The Public 2016 FFM Web Broker Entity List
 - Details on completing registration and training for plan year 2017
 - Information on SEPs
- For more resources, visit www.HealthCare.gov and <https://Marketplace.cms.gov>.
- Use this checklist when helping consumers with their applications: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.
- The News for Agents and Brokers newsletter is distributed through GovDelivery and posted on the Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.
 - To subscribe to the newsletter, please email the Agent/Broker Email Help Desk at FFMProducer-AssisterHelpDesk@cms.hhs.gov.
- Current news and updates are distributed via email through GovDelivery and CMS' Twitter handles, [@CMSGov](https://twitter.com/CMSGov) and [@HealthCareGov](https://twitter.com/HealthCareGov).

Agent and Broker Resources (Continued)

Definition of Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
BAR	Batch Auto-Re-enrollment
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reductions
FFM	Federally-facilitated Marketplace
FTE	Full-time Equivalent
FTR	Failure to Reconcile
IAP	Insurance Affordability Program
MLMS	Marketplace Learning Management System
MOEN	Marketplace Open Enrollment Notice

Agent and Broker Resources (Continued)

Definition of Acronyms

Acronym	Definition
MPR	Minimum Participation Requirement
NPN	National Producer Number
Q&A	Question & Answer
QHP	Qualified Health Plan
RCL	Agent and Broker FFM Registration Completion List
SBM	State-based Marketplace
SBM-FP	State-based Marketplace on the Federal Platform
SEP	Special Enrollment Period
SHOP	Small Business Health Options Program

Questions?



For questions/comments about agent/broker participation in the Marketplace:
FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions/comments on the MLMS: MLMSHelpDesk@CMS.HHS.gov

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

Health Insurance Marketplace Direct Agent/Broker Call Line: 1-855-788-6275

For questions/comments about the SHOP Marketplace:
1-800-706-7893 (TTY: 711) available Monday through Friday, 9:00 AM - 7:00 PM ET

For questions/comments about web-broker participation in the Marketplace:
Webbroker@cms.hhs.gov