



Health Insurance Marketplace 2017 Open Enrollment

Operational Updates and Announcements for Agents and Brokers Participating in the Marketplace

November 16, 2016

December 7, 2016

January 4, 2017

January 18, 2017



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 Marketplace.CMS.gov to learn more.

Unless indicated otherwise, the general references to “Marketplace” in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).

Webinar Agenda

- Status of Open Enrollment for 2017
- Key Upcoming Dates
- Agent/Broker Marketplace Call Centers and Email Help Desks
- HealthCare.gov Tools: Consumer Decision Support Tools
- HealthCare.gov Tools: Enhancements to Find Local Help
- Marketplace Enhancements to 2017 Open Enrollment
- Enrollment Tips for Agents and Brokers
- Making the Most of Your Participation in the Marketplace
- Helpful Resources for Agents and Brokers

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 Small Business Health Options Program (SHOP) Marketplace.



Health Insurance Marketplace 2017 Open Enrollment



*Status of Open
Enrollment for
2017*

No Changes for Open Enrollment 2017

On November 10, the U.S. Department of Health and Human Services released the following statement on 2017 Open Enrollment:

“We are all in for this Open Enrollment, and we continue to execute a robust outreach strategy with partners across the nation to let Americans know affordable coverage is available and that they should enroll by December 15th for coverage that starts January 1st.”

We’re encouraging anyone who might need coverage for 2017 to visit HealthCare.gov to check out their options — most can find a plan for \$75 or less per month.

This is coverage that is vital to millions of Americans, and that is being proven yet again as more people sign up, including yesterday, when more than 100,000 people signed up for coverage, the highest single-day total so far during this Open Enrollment.”

— HHS Press Secretary Marjorie Connolly



Health Insurance Marketplace 2017 Open Enrollment



*Key Upcoming
Dates*

Key Open Enrollment Dates for Plan Year 2017

November 15, 2016 –
December 15, 2016

- *Employers signing up for SHOP Marketplace coverage do not have to meet minimum participation rate requirement.*

December 15, 2016*
(December 16 - 3:00 AM ET)

- *Deadline for consumers to enroll in coverage through the Marketplace effective January 1, 2017*
- *Deadline for consumers without an SEP to accelerate coverage*

January 1, 2017

- *Coverage begins for consumers who enrolled through the Marketplace by December 15, 2016.*

January 15, 2017*
(January 16 - 3:00 AM ET)

- *Deadline for consumers to enroll in coverage through the Marketplace effective February 1, 2017*

January 31, 2017
(February 1 - 3:00 AM ET)

- *End of 2017 Open Enrollment for the Individual Marketplace; deadline for consumers to enroll in coverage through the Marketplace effective March 1, 2017*

February 1, 2017

- *Coverage begins for consumers who enrolled through the Marketplace by January 15, 2017.*

March 1, 2017

- *Coverage begins for consumers who enrolled through the Marketplace by January 31, 2017.*

**The monthly SHOP Marketplace deadline is always the 15th at 11:59 PM Eastern Time (ET).*

Open Enrollment 2017 Reminders

- 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).
- Plan ahead! HealthCare.gov and the Marketplace Call Centers anticipate extremely high traffic around Marketplace enrollment deadlines:
 - December 12-15
 - January 12-15
 - January 29-31
- During Open Enrollment, consumers can select or change plans without needing to be eligible for an SEP, but they may still be eligible for SEPs that may allow for coverage to start before Open Enrollment effective dates.
- SHOP Marketplace plan years are not tied to calendar years. They are 12 months in length and begin on the month an employer first signs up for SHOP Marketplace coverage.

SEP and Change-in-Circumstance (CiC) Cut-off Dates for 2016

Cut-off Date	Change Type	CMS Solution
11/15	<p>After this date, consumers are no longer able to enroll in or select a different plan for 2016 at HealthCare.gov or by calling the Marketplace Call Center for SEPs granted through the application, including:</p> <ul style="list-style-type: none"> • American Indian/Alaska Native SEP • Becoming newly eligible for Marketplace coverage due to becoming a citizen, national, or lawfully-present individual • Permanent move • Release from incarceration • Enrollees determined newly eligible or ineligible for advance payments of the premium tax credit (APTC) <ul style="list-style-type: none"> ○ Note: Consumers who are already getting APTC and are only determined eligible for or would like to apply more or less APTC will still be able to apply that change to their applications, effective immediately. • Enrollees who are determined eligible for a different amount of cost-sharing reductions (CSRs) 	<ul style="list-style-type: none"> • Consumers will be encouraged to make needed changes on their 2017 applications and enroll in 2017 coverage. • Health Insurance Casework System (HICS) cases will not be assigned for these SEP situations alone. • If asked by consumers about how to report these changes, you can assist consumers with making these changes on their 2017 applications.

SEP and CiC Cut-Off Dates for 2016 (Continued)

Cut-off Date	Change Type	CMS Solution
11/15	<p>After this date, Marketplace Call Center Representatives are no longer able to use the Call Center Representative SEP to unlock an SEP in a consumer's 2016 application, including SEPs for:</p> <ul style="list-style-type: none">• Domestic abuse or spousal abandonment• Consumers in non-Medicaid expansion states formerly in the coverage gap who are determined newly eligible for APTC• Plan display errors	<ul style="list-style-type: none">• Call Center Representatives will assist consumers with making needed changes on their 2017 applications and enrolling in 2017 coverage.• HICS cases will not be assigned for prospective coverage for these SEP situations alone.• If asked by consumers about how to report these changes, you can assist consumers with calling the Marketplace Call Center.

SEP and CiC Cut-Off Dates for 2016 (Continued)

Cut-off Date	Change Type	CMS Solution
11/30	<p>After this date, consumers will no longer be able to enroll in or select a different plan for 2016 on HealthCare.gov or by calling the Marketplace Call Center for SEPs granted through the application that have accelerated prospective coverage effective dates, including:</p> <ul style="list-style-type: none"> • Loss of coverage • Marriage • Medicaid/Children’s Health Insurance Program denial after applying for coverage during the Marketplace Open Enrollment Period, or after a qualifying life event 	<ul style="list-style-type: none"> • Call Center Representatives will assist consumers with making needed changes on their 2017 applications and enrolling in 2017 coverage. • HICS cases will not be assigned for prospective coverage for these SEP situations alone. • If asked by consumers about how to report these changes, you can assist consumers with calling the Marketplace Call Center. • Note: The application will display pop-up text letting the consumer know that he or she cannot select a new plan for 2017.

SEP and CiC Cut-Off Dates for 2016 (Continued)

Cut-off Date	Change Type	CMS Solution
12/15	<p>After this date, the 2016 application will no longer be available to the consumer at HealthCare.gov. Therefore, he or she will not be able to record any CiC or qualify for any SEPs through the application with a retroactive coverage effective date, including:</p> <ul style="list-style-type: none"> • Updating name, date of birth, mailing or home address, Social Security number, or email address • Updating financial information • Removing a person from the application • Notifying CMS of a birth, adoption, foster care placement, or court order <p>Note: HealthCare.gov should display information that instructs the consumer to call the Marketplace Call Center.</p>	<ul style="list-style-type: none"> • For both CiCs and SEPs, consumers will need to call the Marketplace Call Center to make the changes and to enroll in or change plans, if applicable. • If asked by consumers about how to report these changes, agents and brokers can assist consumers with making these changes on their 2017 applications.

Health Insurance Marketplace 2017 Open Enrollment

*Agent/Broker
Marketplace Call
Centers and Email
Help Desks*



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.

- Call 855-788-6275.
- Enter your National Producer Number (NPN).
 - Only Marketplace-registered agents and brokers will be able to access this enhanced service.
 - Valid NPNs will be updated weekly (typically on Fridays).
- When a valid NPN is entered, agents/brokers will be presented with three (3) options:
 - Password Resets for consumer HealthCare.gov accounts
 - SEPs (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 	Mon.-Sun. 24 hours/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 related issues • Agent/broker registration completion list issues • Find Local Help issues 	Mon.-Fri. 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.hhs.gov	<ul style="list-style-type: none"> • Password resets & account lockouts on the CMS Enterprise portal • Login issues on 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 or web-broker's site) • Other CMS Enterprise portal account issues, requests, or error messages • HealthCare.gov website issues or potential defects • General registration and training questions (not related to a specific training platform), including SHOP related issues • Specific enrollment and eligibility policy questions related to the Individual Marketplace 	Mon.-Sat. 8:00 AM-10:00 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)
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 	Mon.-Fri. 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 	Mon.-Fri. 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 FFMs 	Mon.-Fri. 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	All inquiries specifically related to the AHIP agent/broker training platform	Call Center/Email Mon.-Fri.: 8:00 AM-12:00 AM Sat-Sun: 8:30 AM-5:30 PM Voicemail – 24hrs
National Association of Health Underwriters (NAHU) Training Help Desk	NAHU-FFM@nahu.org 844-257-0990	All inquiries specifically related to the NAHU agent/broker training platform	Call Center: Mon.-Fri.: 9:00 AM-5:00 PM Tech Support: Mon.-Fri.: 8:00 AM-9:00 PM Sat-Sun: 8:00 AM-8:00 PM (Email & Voicemail only)

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 for 1 call to 365 days.
 - 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.

Health Insurance Marketplace 2017 Open Enrollment

*NPN Validation on
Agent/Broker
Registration
Completion List*



New NPN Validation of Agent/Broker Registration Completion List

- Starting November 18, 2016 the Registration Completion List (RCL) on Data.HealthCare.gov (https://data.healthcare.gov/ffm_ab_registration_lists) will indicate when a National Producer Number (NPN) has been validated for the current plan year.
- Validations will include a check against the National Insurance Producer Registry (NIPR) database and be indicated on a new column within the agent/broker RCL. NPNs not validated against NIPR will still appear on the RCL.
- CMS validation will not be a substitute for issuer responsibility; issuers must still ensure agents/brokers paid a commission for Marketplace enrollments are on the RCL at the time of initial enrollment and have a valid license with the applicable state.
- NPN validation will occur weekly and while invalid NPNs will remain on the RCL, they will not display on Find Local Help; only agents/brokers with a validated NPN will be searchable by consumers on Healthcare.gov.

Health Insurance Marketplace 2017 Open Enrollment

HealthCare.gov
Tools:
Consumer
Decision Support
Tools



Consumer Decision Support Tools at HealthCare.gov

HealthCare.gov includes several tools to help consumers choose the best plan for their situation:

- The **Out-of-Pocket Cost Calculator** provides an estimate of what a consumer's premium, deductible, and copays may be, based on his or her own anticipated health care needs, for each specific plan.
- The **Doctors, Prescription Drugs, and Medical Facilities Look-up Tool** allows consumers to check if their doctors, prescription drugs, and medical facilities are covered by the plans they are eligible for.

Please note: These tools are applicable only to the Individual Marketplace and are not available through the SHOP Marketplace.

To access SHOP Marketplace tools, see www.healthcare.gov/small-businesses/choose-and-enroll/tools-and-calculators/.

Out-of-Pocket Cost Calculator

- The Out-of-Pocket Cost Calculator allows consumers to estimate their total out-of-pocket costs for any given coverage option before selecting a plan.
- To access the consumer decision support tools without logging into HealthCare.gov, a consumer should select “Get Coverage” under the “Individuals & Families” tab of the HealthCare.gov home page, and then select “See Plans & Prices.”

The screenshot displays the HealthCare.gov homepage. At the top, the 'Individuals & Families' tab is selected. The 'Get Coverage' link in the top navigation bar is highlighted with a red box. Below the navigation, a banner reads 'Start a 2017 application now!' with a dropdown menu showing 'Texas'. At the bottom, four main navigation buttons are visible: 'QUICK START GUIDE', 'WHY PICK SILVER?', 'SEE PLANS & PRICES', and 'DATES & DEADLINES'. The 'SEE PLANS & PRICES' button, which includes a dollar sign icon and a 'PREVIEW NOW' sub-button, is highlighted with a red box.

Out-of-Pocket Cost Calculator (Continued)

After selecting “Preview Now” under “See Plans & Prices,” a consumer will enter his or her ZIP code and choose his or her location.

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with the following elements: the HealthCare.gov logo, a blue button labeled "Individuals & Families", a link for "Small Businesses", a "Log in" link, and a language selector for "ESPAÑOL". Below the navigation bar is a dark blue header section with the title "2017 health insurance plans & prices" and a sub-header "Answer a few quick questions to see your health plan options, with estimated prices based on your income." The main content area features a red-bordered box containing a form with the label "Enter your ZIP code", a text input field with the placeholder text "Example: 60647", and a green "CONTINUE" button. Below the form is a link "Looking for 2016 plans and prices?". At the bottom of the form area is a blue-bordered box with the heading "Preview 2017 plans & estimated prices before you log in" and the text "After you browse plans and estimated prices here, we'll send you to log in or create an account. After you finish your application you'll see final prices and can enroll in the plan you pick here or any other plan."

HealthCare.gov

Individuals & Families

Small Businesses

Log in

ESPAÑOL

2017 health insurance plans & prices

Answer a few quick questions to see your health plan options, with estimated prices based on your income.

Enter your ZIP code

Example: 60647

CONTINUE

Looking for 2016 plans and prices?

Preview 2017 plans & estimated prices before you log in

After you browse plans and estimated prices here, we'll send you to log in or create an account. After you finish your application you'll see final prices and can enroll in the plan you pick here or any other plan.

Out-of-Pocket Cost Calculator (Continued)

The consumer will then be asked if they are enrolled in a 2016 Marketplace health plan.

The screenshot shows the HealthCare.gov website interface. At the top, there is a navigation bar with the following elements: the HealthCare.gov logo, a menu with 'Individuals & Families' selected, 'Small Businesses', and a 'Log in' link. Below the navigation bar is a header for '2017 health insurance plans & prices'. A progress bar indicates the current step: 'ZIP CODE' is completed (marked with a green check), followed by 'HOUSEHOLD', 'EXPECTED INCOME', 'SAVINGS ESTIMATE', 'TOTAL ESTIMATED YEARLY COSTS', 'DOCTORS, DRUGS & FACILITIES', and 'REVENUE'. The main content area features a large question: 'Are you enrolled in a 2016 Marketplace health plan?'. Below the question are two buttons: 'YES' and 'NO'. At the bottom of the form are two large buttons: 'CONTINUE' (highlighted in green) and 'SKIP'.

Out-of-Pocket Cost Calculator (Continued)

Next, the consumer will need to answer questions about his or her household (e.g., who is part of the household, marital status, whether the consumer will claim any dependents on his or her 2016 federal income tax return).

2017 health insurance plans & prices

✓ ZIP CODE HOUSEHOLD EXPECTED INCOME SAVINGS ESTIMATE TOTAL ESTIMATED YEARLY COSTS DOCTORS, DRUGS & FACILITIES REVIEW

Who's in your household?

Your household includes you, your spouse if you're married, and everyone you'll claim as a dependent on your tax return. Include them even if they're not applying for coverage.

JUST YOU YOU AND OTHER PEOPLE

CONTINUE SKIP

2017 health insurance plans & prices

✓ ZIP CODE HOUSEHOLD EXPECTED INCOME SAVINGS ESTIMATE TOTAL ESTIMATED YEARLY COSTS DOCTORS, DRUGS & FACILITIES REVIEW

Are you married?

YES NO

Need help answering this question?

CONTINUE SKIP

2017 health insurance plans & prices

✓ ZIP CODE HOUSEHOLD EXPECTED INCOME SAVINGS ESTIMATE TOTAL ESTIMATED YEARLY COSTS DOCTORS, DRUGS & FACILITIES REVIEW

Will you claim any dependents on your federal tax return? ⓘ

YES NO

CONTINUE SKIP

Out-of-Pocket Cost Calculator (Continued)

The consumer will also need to provide information about each member of his or her household (e.g., age, gender, and whether the household member may be eligible for health coverage through a job, Medicare, Medicaid, or the Children's Health Insurance Program).

2017 health insurance plans & prices

✓ ZIP CODE HOUSEHOLD EXPECTED INCOME SAVINGS ESTIMATE TOTAL ESTIMATED YEARLY COSTS DOCTORS, DRUGS & FACILITIES REVIEW

Tell us about You

AGE
(Required)

SEX
(Required)

OTHER INFORMATION

Enter age in years

MALE FEMALE

- Eligible for health coverage through a job, Medicare, Medicaid, or CHIP
- Parent of a child under 19
- Pregnant
- Tobacco user

CONTINUE

Tell us about Your spouse CHANGE

Tell us about Dependent 1 CHANGE

SKIP

Out-of-Pocket Cost Calculator (Continued)

After entering information about each member of the household, the consumer will confirm the information entered is accurate.

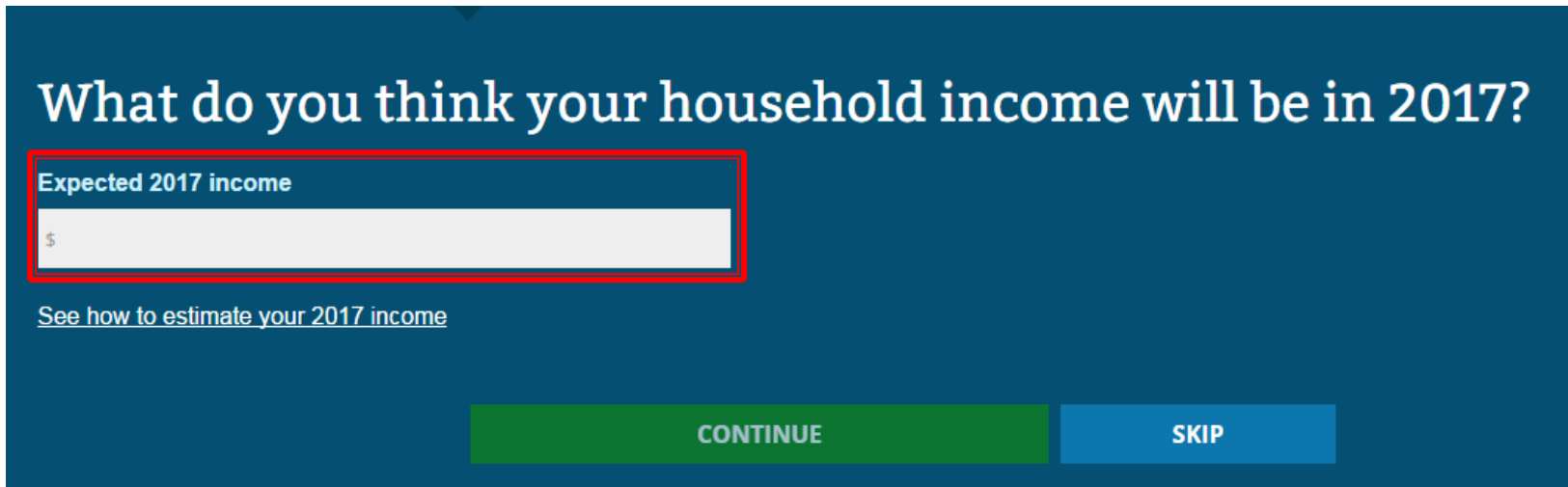
Confirm your household members

Your Age: 36	REMOVE	EDIT
Your Spouse Age: 36	REMOVE	EDIT
Dependent Age: 5	REMOVE	EDIT

CONTINUE **EDIT HOUSEHOLD**

Out-of-Pocket Cost Calculator (Continued)

Lastly, the consumer will be asked to provide some basic information about his or her expected 2017 household income.



What do you think your household income will be in 2017?

Expected 2017 income

\$

[See how to estimate your 2017 income](#)

CONTINUE SKIP

The image shows a dark blue background with white text. At the top, the question 'What do you think your household income will be in 2017?' is displayed. Below it is a form field with a red border, containing the label 'Expected 2017 income' and a text input area with a dollar sign '\$' on the left. Underneath the form field is a link that says 'See how to estimate your 2017 income'. At the bottom of the form are two buttons: a green 'CONTINUE' button and a blue 'SKIP' button.

Out-of-Pocket Cost Calculator (Continued)

After entering this information, HealthCare.gov will provide a savings overview, noting whether the consumer may be eligible for a premium tax credit or other savings.

Estimated savings overview

- Person #1 (age 36) may be eligible for a premium tax credit that lowers the monthly costs of health insurance.
- Person #2 (age 36) may be eligible for a premium tax credit that lowers the monthly costs of health insurance.
- Person #3 (age 5) may be eligible for a premium tax credit that lowers the monthly costs of health insurance.

Estimated premium tax credit

Based on the information you provided, it looks like your household qualifies for a premium tax credit of

\$422 per month

A **premium tax credit** is how much you can **save** on your premium each month. It's not the amount of your premium itself. When you view plans, the premiums will be reduced by this amount.

The amount above is an estimate. You'll know your exact premium tax credit when you complete an application.

CONTINUE

Important: This tool is a fast way to preview plans and price estimates before logging in; it is not a coverage application. Consumers may find a plan they like before logging in and creating an account. Then, consumers can add more details, see plan options with final prices, pick a plan, and enroll.

Out-of-Pocket Cost Calculator (Continued)

After selecting the “Continue” button, the consumer will be prompted to think about his or her total yearly health care costs and will be asked to answer some questions about the expected medical care needs for each member of the household — Low, Medium, or High.

The screenshot displays the 'See estimates of each plan's total yearly costs' section. It explains that total costs include monthly premiums, yearly deductibles, and copayments/coinsurance. A diagram shows these three components being summed to determine the total yearly costs. Below this, a question asks for the expected level of medical care (Low, Medium, or High). The 'Next' button is highlighted in green, indicating the user's selection.

See estimates of each plan's total yearly costs

When you compare plans it's important to think about **all** your costs for the year, not just your monthly premium payment. Total costs for any health plan include:

- Yearly premiums**
Your monthly premium payment x 12 months (reduced by any premium tax credit you qualify for)
- Yearly deductible**
The amount you pay each year before the plan pays anything. From \$0 to several thousand dollars, depending on the plan.
- Copayments & coinsurance**
Charges (a set dollar amount or percentage) each time you visit a doctor, get care, or buy a prescription drug.
- Total yearly costs**
To see estimates of your total yearly costs when you shop, pick an expected level of care below. We'll show each plan's total estimated yearly costs for that amount of care.

What level of medical care do you think **You** will use this year?

Just pick the one that seems closest to what you expect. It won't be an exact match. When you shop, we'll show each plan's **total estimated yearly costs** for this level of care. **IMPORTANT:** Picking a level won't affect your premiums or how much medical care you can use. You can see total costs for other care levels later.

LOW MEDIUM HIGH

PREVIOUS Next

Results from the Out-of-Pocket Calculator will be included at the end of “See Plans & Prices.”

Out-of-Pocket Cost Calculator (Continued)

The consumer may click on the different categories of expected medical care needs to see definitions for each of the categories.

What level of medical care do you think **Dependent 1** will use this year?

Just pick the one that seems closest to what you expect. It won't be an exact match. When you shop, we'll show each plan's **total estimated yearly costs** for this level of care. **IMPORTANT: Picking a level won't affect your premiums or how much medical care you can use.** You can see total costs for other care levels later.

LOW MEDIUM HIGH

You expect to use about this much care this year:

- 5 doctor visits
- 1 lab or diagnostic tests
- 3 prescription drugs
- \$100 in other medical costs

PREVIOUS

CONTINUE SKIP

Doctors, Prescription Drugs, and Medical Facilities Look-up Tool

- After going through the Out-of-Pocket Cost Calculator, the consumer can check to see if his or her household's doctors and medical facilities participate in the eligible coverage options, and if specific prescription drugs are covered.
- To opt into using this feature, the consumer should enter the name of the doctor, prescription drug, or medical facility he or she would like to search for in the "Search" field, and then select the "Search" button.

The screenshot shows a web interface for the "2017 health insurance plans & prices" tool. At the top, there is a navigation bar with several tabs: "ZIP CODE", "HOUSEHOLD", "EXPECTED INCOME", "SAVINGS ESTIMATE", "TOTAL ESTIMATED YEARLY COSTS", "DOCTORS, DRUGS & FACILITIES", and "REVIEW". The "DOCTORS, DRUGS & FACILITIES" tab is currently selected. Below the navigation bar, the main heading reads "Enter your doctors, medical facilities & prescription drugs to see if they're covered by each plan". A sub-heading states, "You save money by using doctors and facilities (like hospitals and pharmacies) in a plan's network -- and drugs it covers." Below this, there is a prompt: "Search for and select your doctors, facilities, and prescription drugs below." A small note explains that when comparing plans, users will see if their selections are in a plan's network and if drugs are covered. A disclaimer at the bottom of the text area states: "Information is provided by the Insurance companies. Some information may be out of date, and plans change which doctors and drugs are covered during the year. Check with your doctor and the insurance company before enrolling to make sure your doctors and drugs are covered." At the bottom of the interface, there is a search input field with the placeholder text "Enter ONE doctor, facility, or prescription drug at a time" and a green "SEARCH" button. A blue "SKIP" button is also visible at the bottom right of the interface.

Consumers can opt out of the look-up tool at any time by selecting the "Skip" button.

Doctors, Prescription Drugs, and Medical Facilities Look-up Tool (Continued)

After searching for a doctor, drug, or facility, the consumer will need to confirm the name and identifying information of the entity by selecting the correct option from the search list that populates and selecting the “Select” button.

Results for DOE		Your doctors, medical facilities & prescription drugs	
Doctors			
SANDI DOE CHIROPRACTIC MEDICINE BLACKWOOD, NJ 08012 (0.00 Miles Away)			SELECT
DR ROBERT G. DOE Family Practice, . Parkesburg, PA 19365 (47.78 Miles Away)			SELECT
EDWIN C DOE CHIROPRACTOR POINT PLEASANT, NJ 08742 (56.66 Miles Away)			SELECT
ANDREW DOE Diagnostic Radiology UNION, NJ 07083 (75.42 Miles Away)			SELECT

If a health insurance company has not yet provided its plan information, the consumer will be alerted when he or she searches for a provider that there is “no data from insurance company.”

Doctors, Prescription Drugs, and Medical Facilities Look-up Tool (Continued)

The consumer can then continue to search for additional doctors, prescription drugs, or medical facilities.

The screenshot shows a search interface with a search bar containing the text "Doe" and a green "SEARCH" button. Below the search bar, the results are divided into two columns. The left column, titled "Results for DOE", lists three doctors with "SELECT" buttons. The right column, titled "Your doctors, medical facilities & prescription drugs", lists one doctor with a "REMOVE" button. A red box highlights the search bar and the "SEARCH" button.

Results for DOE	Your doctors, medical facilities & prescription drugs
Doctors	Doctors
SANDI DOE CHIROPRACTIC MEDICINE BLACKWOOD, NJ 08012 (0.00 Miles Away) SELECT	SANDI DOE CHIROPRACTIC MEDICINE BLACKWOOD, NJ 08012 (Miles Away) REMOVE
DR ROBERT G. DOE Family Practice, . Parkesburg, PA 19365 (47.78 Miles Away) SELECT	
EDWIN C DOE CHIROPRACTOR POINT PLEASANT, NJ 08742 (56.66 Miles Away) SELECT	

Summary of Qualified Health Plans (QHPs)

Review your information

ZIP Code 08012 EDIT

Household Members EDIT

You (age 34)

Spouse (age 31)

Dependent (age 9)

Expected 2017 Income \$32,000 EDIT

Your Doctors, Medical Facilities & Prescription Drugs EDIT

SANDI DOE
CHIROPRACTIC MEDICINE
69 S BLACK HORSE PIKE
BLACKWOOD, NJ 08012

Total Cost Estimate EDIT

You (age 34)
Medium

Spouse (age 31)
Medium

CONTINUE TO PLANS

- At this point, “See Plans & Prices” provides an overview of the information the consumer has provided, and gives the consumer an opportunity to edit his or her information if there is an error.
- If everything looks good, the consumer can select “Continue to Plans.”

Summary of QHPs (Continued)

New this year, HealthCare.gov includes three tools to help consumers compare plans they may be eligible for:

- Get quick definitions by scrolling through the list and seeing quick pop-definitions of plan features and key terms
- Filter plans by feature to see plans by category, company, cost, and more
- Select plans to compare by choosing up to three plans to compare side-by-side

The screenshot displays a section titled "3 features to help you compare plans" with three columns of information:

- Get quick definitions:** Shows a blue header, a yellow circle with an 'i' icon, and a "COMPARE & SAVE" button. Below, a text box explains: "Mouse over these 'i' icons for quick pop-up definitions of plan features and key terms."
- Filter plans by feature:** Shows a blue header, a green "FILTER PLANS" button, and a dark background. Below, a text box explains: "Quickly narrow down the list of plans. Filter by category, company, cost, and more."
- Select plans to compare:** Shows a blue header, a blue "COMPARE & SAVE" button, and a "ENROLL" button. Below, a text box explains: "Check these boxes to select up to 3 plans to compare side-by-side."

A "NEXT" button is located at the bottom left of the interface.

Summary of QHPs (Continued)

After selecting the “Next” button, the consumer will see a summary of each plan he or she is potentially eligible for, including the plan name, plan category, and plan ID, as well as the premium amount, deductible amount, and associated out-of-pocket maximum.

The screenshot displays a web interface for comparing 2017 health insurance plans. At the top, it states '2017 health insurance plans & prices' and '25 plans available'. The user profile is 'People covered: Primary (Age 36), Spouse (Age 36) and 1 Dependent with estimated tax credit (not your premium) of \$422.25 per month'. The interface includes filters for 'PLAN TYPE' (Health plans) and 'SORT BY' (Premium), with a 'REFINE RESULTS' button. Two plan cards are visible, each with a red border:

- BlueCross BlueShield Of South Carolina · BlueEssentials Bronze 1**
Bronze | EPO | Plan ID: 2606SSC0380008
Estimated monthly premium: **\$411.84** (Was: \$834.09)
Deductible: **\$12,700** (Family Total)
Out-of-pocket maximum: **\$14,300** (Family Total)
Copayments / Coinsurance: Emergency room care: \$300; Copay before deductible: 50%; Coinsurance after deductible; Generic drugs: \$30; Primary doctor: 80%/20%; Coinsurance after deductible; Specialist doctor: 50%; Coinsurance after deductible.
Estimated total yearly costs: **\$7,892**
DOCTORS, FACILITIES & DRUGS COVERED: Year Doctors (97%)
Buttons: QUICK VIEW, DETAILS, COMPARE, LIKE THIS PLAN
- als HD Bronze 5**
Bronze | EPO | Plan ID: 2606SSC0380014
Estimated monthly premium: **\$415.97** (Was: \$838.22)
Deductible: **\$13,100** (Family Total)
Out-of-pocket maximum: **\$13,100** (Family Total)
Copayments / Coinsurance: Emergency room care: No Charge After Deductible; Generic drugs: No Charge After Deductible; Primary doctor: No Charge After Deductible; Specialist doctor: No Charge After Deductible.
Estimated total yearly costs: **\$7,942**
DOCTORS, FACILITIES & DRUGS COVERED: Year Doctors (97%)
Buttons: QUICK VIEW, DETAILS, COMPARE, LIKE THIS PLAN

Below the second plan, the start of a third plan is visible: **BlueCross BlueShield Of South Carolina · BlueEssentials HD Bronze 2**.

Summary of QHPs (Continued)

Using the plan comparison feature, the consumer can see his or her different plan options side-by-side and compare plan specifics such as the estimated monthly premium, the deductible, the out-of-pocket maximum, and costs for specific types of medical care.

The screenshot displays a web interface for comparing 2017 health insurance plans. At the top, it specifies the coverage: "2017 health insurance plans & prices" for "People covered: Primary (Age 36), Spouse (Age 36) and 1 Dependent with estimated tax credit (not your premium) of \$422.25 per month". Below this, there are navigation buttons: "Compare Plans", "BACK", "PRINT", "EMAIL", and "LINK". The main content area shows three plan cards, each with a red border. The first card is for "BlueCross BlueShield Of South Carolina - BlueEssentials Bronze 1" with a monthly premium of \$411.84, a deductible of \$6,350, and an out-of-pocket maximum of \$14,300. The second card is for "BlueCross BlueShield Of South Carolina - BlueEssentials HD Bronze 5" with a monthly premium of \$415.97, a deductible of \$6,550, and an out-of-pocket maximum of \$13,100. The third card is for "BlueCross BlueShield Of South Carolina - BlueEssentials HD Bronze 2" with a monthly premium of \$416.02, a deductible of \$6,300, and an out-of-pocket maximum of \$13,100. Each card also lists the plan ID and the estimated monthly premium.

Plan Name	Estimated monthly premium	Deductible	Out-of-pocket maximum
BlueCross BlueShield Of South Carolina - BlueEssentials Bronze 1	\$411.84	\$6,350	\$14,300
BlueCross BlueShield Of South Carolina - BlueEssentials HD Bronze 5	\$415.97	\$6,550	\$13,100
BlueCross BlueShield Of South Carolina - BlueEssentials HD Bronze 2	\$416.02	\$6,300	\$13,100

Note that health plans can change which doctors and facilities are in their networks on a continual basis, and providers can change locations and affiliations frequently. Encourage the consumers you assist to check with their providers and/or issuers to confirm the providers accept the chosen QHP.

Next Steps

Once the consumer finds a plan that best suits his or her needs, the tool will direct the consumer to create an account and/or log in to HealthCare.gov to enroll in the plan.

2017 health insurance plans & prices

People covered: Primary (Age 36), Spouse (Age 36) and 1 Dependent with **estimated tax credit** (not your premium) of \$422.25 per month EDIT

Great! You've found a plan you like.

BLUECROSS BLUESHIELD OF SOUTH CAROLINA · BLUEESSENTIALS HD BRONZE 5
Bronze | EPO Plan ID: 26065SC0380014

NEW? CREATE AN ACCOUNT **HAVE AN ACCOUNT? LOG IN**

← BACK PRINT EMAIL LINK Understand Sharing

Next steps: Start or update an application to enroll

STEP 1. Print or email this page so you'll have the full plan name and 14-character Plan ID.

STEP 2. Create or log in to an account. Then you'll fill out a new insurance application or update an existing one, provide more household and income details, and see all your plan options with final prices based on your income.

STEP 3. Pick any plan and enroll. You can enroll in the plan you've found here or any other one.

Remember: This is a preview of available QHPs and not an actual eligibility determination or coverage application. Consumers will need to log in and apply for coverage after using these tools.

Health Insurance Marketplace 2017 Open Enrollment

*HealthCare.gov
Tools:
Enhancements
to Find Local
Help*



HealthCare.gov Tools: Enhancement to Find Local Help

Find Local Help now includes a location mapping feature that allows consumers to more easily locate an agent or broker who is convenient to them, while displaying contact information for each agent and broker in a corresponding list.

YOUR SEARCH

LOCATION ⓘ
AUSTIN, TX
Change location

DISTANCE
Within 25 miles ▾

COVERAGE TYPE
Myself or my family

COVERAGE TYPE >

DISPLAY >

HOURS OF OPERATION >

Note: Some filters are available only for Assisters.

Assisters (24 matches) ⓘ

Agents & Brokers (296 matches) ⓘ

296 Agents & Brokers within 25 miles of Austin, TX 10 Results per page ▾

Map showing 10 numbered markers (1-10) representing agents and brokers within 25 miles of Austin, TX. The markers are blue circles with white numbers. The map includes labels for various cities and landmarks: Round Mountain, Jonestown, Lago Vista, Volente, Lakeway, Round Rock, Austin, Manor, Webberville, Bastro, Dripping Springs, Bear Creek, Buda, Creedmoor, Mountain City, Kyle, and Wimberley. A legend at the bottom of the map indicates 'STATEWIDE' (white circle) and 'LOCAL' (blue circle).

BACK TO TOP

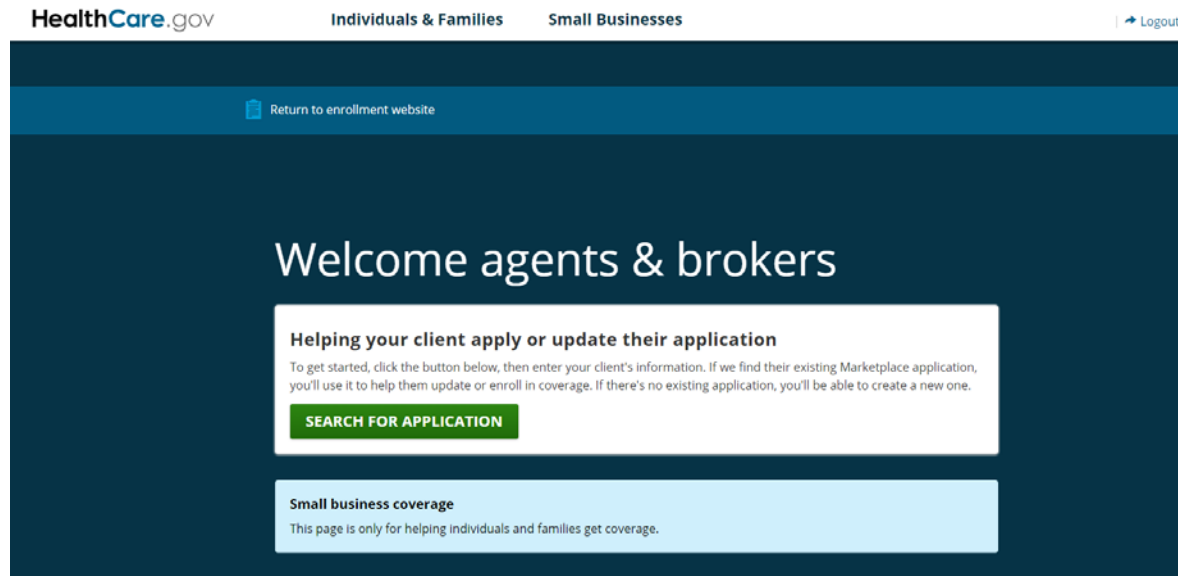
Health Insurance Marketplace 2017 Open Enrollment

*Marketplace
Enhancements
to 2017 Open
Enrollment*



Search to Avoid Duplicate Applications: Direct Enrollment Pathway

When using the Direct Enrollment Pathway, agents and brokers are now required to search to see if a consumer has an existing application before creating a new application via the Agent/Broker Landing Page.



The screenshot shows the HealthCare.gov website interface for agents and brokers. At the top, there are navigation links for "HealthCare.gov", "Individuals & Families", "Small Businesses", and a "Logout" link. Below the navigation is a dark blue header with a "Return to enrollment website" link. The main content area is dark blue and features a large white heading "Welcome agents & brokers". Below this heading is a white box with the title "Helping your client apply or update their application" and a green "SEARCH FOR APPLICATION" button. Below the search box is a light blue box with the title "Small business coverage" and a note that the page is only for helping individuals and families get coverage.

HealthCare.gov Individuals & Families Small Businesses Logout

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.

Search to Avoid Duplicate Applications: Direct Enrollment Pathway

- Previously, agents and brokers had an option to search for an existing application or start a new one, which sometimes resulted in duplicate applications and policies for consumers.
- Now, when they log in via the direct enrollment pathway, they will be prompted to enter a consumer's information to search for an existing application.

The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for "Individuals & Families" and "Small Businesses", and a "Logout" link. Below the navigation is a dark blue bar with a "Return to enrollment website" link. The main content area features a "Find an application" form. The form includes a title, a brief instruction, and several input fields: "Application ID" (optional), "Coverage year" (dropdown), "State" (dropdown), "First name", "Last name", "Date of birth" (with a calendar icon), and "Social Security Number (SSN)" (optional). A "SEARCH" button is located at the bottom right of the form.

HealthCare.gov Individuals & Families Small Businesses Logout

Return to enrollment website

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

SEARCH

Avoid Duplicate Applications: Marketplace Pathway

- Returning consumers using the Marketplace Pathway will be taken to their pre-populated 2017 application once they log into HealthCare.gov and select the “Start a new application or update an existing one” button.

The screenshot shows the HealthCare.gov user interface for a user named John Carson. The top navigation bar is dark blue with a white profile icon and the name "John Carson". Below this, a light gray sidebar contains three menu items: "WELCOME" with a person icon, "MY PROFILE" with a gear icon, and "MESSAGES (1)" with a speech bubble icon. The main content area has a heading "John, where would you like to go?". Underneath is a section titled "INDIVIDUALS & FAMILIES" with a prominent green button that says "START A NEW APPLICATION OR UPDATE AN EXISTING ONE »". Below the 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." There are two columns below this. The left column is titled "FOR EMPLOYERS" and contains a button "VISIT EMPLOYER MARKETPLACE »" with a paragraph of text below it: "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 right column is titled "FOR EMPLOYEES" and contains a button "VISIT EMPLOYEE MARKETPLACE »" with a paragraph of text below it: "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"

Avoid Duplicate Applications: Marketplace Pathway

- After selecting “Start a New Application or Update an Existing One,” returning consumers will be asked to review their application to make any necessary updates to their information.
- It is important that returning consumers only start a new application if they are moving to a new state in 2017.

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](#)

Health Insurance Marketplace 2017 Open Enrollment



*Enrollment
Tips for Agents
and Brokers*

Ensuring Agents' or Brokers' NPNs Are Associated with Their Profiles

Agents and brokers must enter a correct NPN in their MLMS profiles to receive credit for completing Marketplace registration.

- The NPN can be up to 10 digits long and must not begin with a zero.
- The NPN must not include any special characters or letters.
- The NPN is generally not the same as an agent's or broker's state license number. Agents and brokers should be sure to use their NPNs, not a state license number.
- To update the NPN, agents and brokers can select the “Complete Agent Broker Training” hyperlink on the [CMS Enterprise Portal](#) and update the information in their MLMS profiles.
- Agent and broker NPNs can be found at: www.nipr.com/PacNpnSearch.htm.

Agents and brokers should confirm their NPNs are correct in their MLMS profiles. Entering an inaccurate NPN could result in denial of compensation/credit by an issuer.

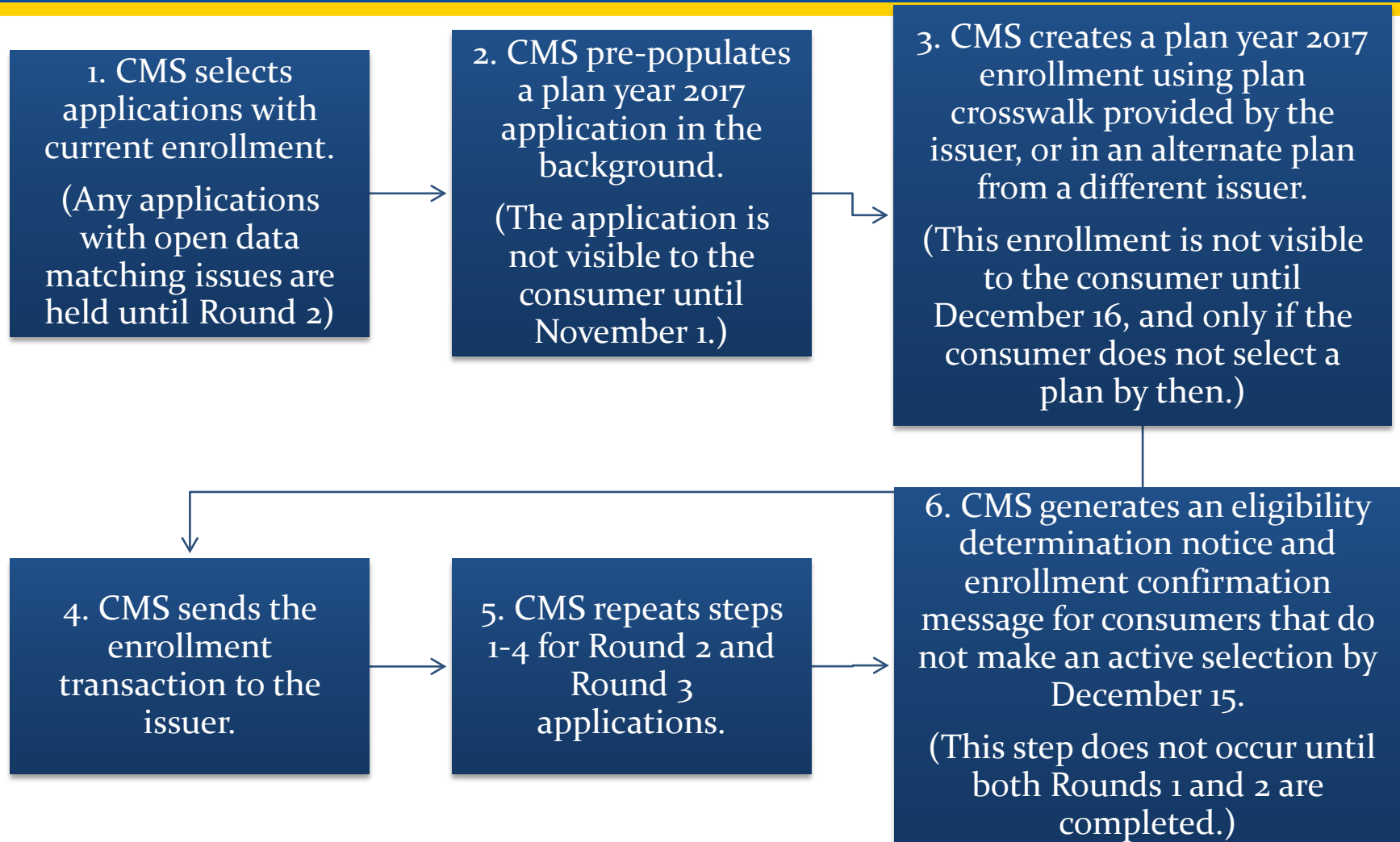
Auto Re-enrollment

- The Marketplace uses auto re-enrollment, also referred to as Batch Auto-Re-enrollment (BAR), 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 crosswalked to the same issuer
 2. November 21 Start: Enrollees who are being crosswalked 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 Marketplace will generally send the NPNs of licensed agents/brokers who have successfully completed Marketplace registration to issuers as part of the BAR process.*
- Enrollment information will not be visible in consumers accounts until December 16.



*Issuers are required to confirm that an agent or broker was registered at the time of the original enrollment before issuing compensation. The agent or broker is not required to have a current Marketplace registration status at the time of the re-enrollment to be compensated.

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 the 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 isn't 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 don't 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 don't have a gap in coverage.
- If you don't choose a plan by December 15, the Marketplace will select the matched alternate plan for you.
- You don't 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 Open Enrollment, which runs through January 31, 2017.
- Enrollees in these plans are eligible for a loss of minimum essential coverage SEP.
- To qualify for the SEP, consumers should indicate that they **lost coverage on December 31, 2016**. These consumers:
 - Can get coverage effective on January 1, 2017 if they **enroll in a plan by December 31, 2016**; and
 - Have until **March 1, 2017** to enroll in 2017 coverage.

Agents' and Brokers' Use of Mailing and Email Addresses

- CMS has learned of instances during prior Open Enrollment periods where agents and brokers inappropriately used their companies' email addresses or their own professional email addresses when:
 - Helping to set up a consumer account
 - Answering an applicant's questions on email address and receiving notices
- ***Consumer accounts should be set up only with consumer email addresses, and only consumer email addresses should be entered on Marketplace applications.***
- With a consumer's consent, the Health Insurance Marketplace sends important alerts and updates about coverage that may be missed if a consumer's email is not in the system.
- These updates are often tailored to a consumer's circumstances, so it is important that they are sent directly to consumers.

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 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.

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 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 Open Enrollment for 2017.
 - In September, the Marketplace sent a request to IRS for updated income information for all consumers enrolled in 2016 Marketplace coverage with APTC. Anyone who is enrolled with APTC for 2016, 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 that they are at risk for losing financial assistance and 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

Make Sure Your Clients Make Timely Payments

- After your clients finish their enrollment, they must pay their first month's premium in order for their coverage to take effect and you to get paid for your work
- In some cases, your clients can make their initial payment using an insurance company's payment redirect link on HealthCare.gov
- Subsequent payments need to be made directly with Marketplace insurance companies

Health Insurance Marketplace 2017 Open Enrollment



*Making the
Most of your
Participation
in the
Marketplace*

Five Ways to Take Action

1. Email your lists

- Alert your audiences about Open Enrollment.
- Send a dedicated email to your customers and/or employees to make sure they know that if they need coverage — or a friend or family member needs coverage — now is the time to sign up. Be sure to include links to [HealthCare.gov](https://www.healthcare.gov) and details about deadlines for signing up in your email messages.

2. Include information on your hard copy collateral

- Include information about Open Enrollment in print communications that are received by your customers and/or employees.

Five Ways to Take Action (Continued)

3. Host an enrollment event

- Partner with local Navigators, assisters, or Community Health Centers to host enrollment events in your community.
- Email the HealthCare.gov Partnership Team (Partnership@cms.hhs.gov) to learn more and get connected to enrollment groups in your area.

4. Share info in your space

- Display information in your office, business, or organization that alerts the public to Open Enrollment and how to get covered.
- You can find posters, brochures, and other products to download or order at <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html>.

5. Join the conversation online

- Share information about Open Enrollment through your Facebook and Twitter accounts.

Messages that Move

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

- **It's time to get covered.** If you — or someone you know — needs health insurance, now's your chance to sign up for quality and affordable coverage. Open Enrollment only happens once each year. This year's Open Enrollment runs from November 1 through January 31. Don't miss your chance to get covered.
- **Sign up by December 15 and start the New Year with coverage.** If you want coverage to start January 1, the deadline to enroll is December 15.
- **Financial help is available.** In most cases when you factor in tax credits, you can find a Marketplace health plan for between \$50 and \$100.
- **You may have to pay a penalty if you don't have coverage.** If you don't have minimum essential coverage or an exemption for plan year 2017, you may have to pay a penalty of \$695 or higher.

Messages that Move (Continued)

Consumers with 2016 plans should come back to renew their coverage for 2017. Here are key points that work well for this audience:

- **Did your job, family, or health status change?** Come back to shop and make sure you're enrolled in the plan that best meets your budget and health needs.
- **Compare and save.** Visit HealthCare.gov and compare your options for 2017 coverage. You could save money by switching to a new plan.
- **It's easy to renew.** It will only take a few minutes to update your application, review your options, and select a plan.

Marketing Opportunities for Agents and Brokers

Licensed agents and brokers may print Marketplace materials and add a physical sticker (or stamp) to these documents with their contact information. Check out our toolkits and templates here: <https://marketplace.cms.gov/outreach-and-education/tools-and-toolkits.html>

- Additional Marketplace documents are available at:
 - www.HealthCare.gov
 - <https://marketplace.cms.gov/>
- To order Marketplace materials, review the instructions at: <https://marketplace.cms.gov/outreach-and-education/need-a-product-order-now.pdf>

CMS suggests the following content for agent and broker stickers added to Marketplace materials:

- For in-person help with your application, contact:
 - Name (licensed insurance broker):
 - National Producer Number:
 - State License Number:
 - Work Address:
 - Contact Phone Number:
 - Email Address:

Health Insurance Marketplace 2017 Open Enrollment

*Helpful
Resources for
Agents and
Brokers*



Agent and Broker Resources

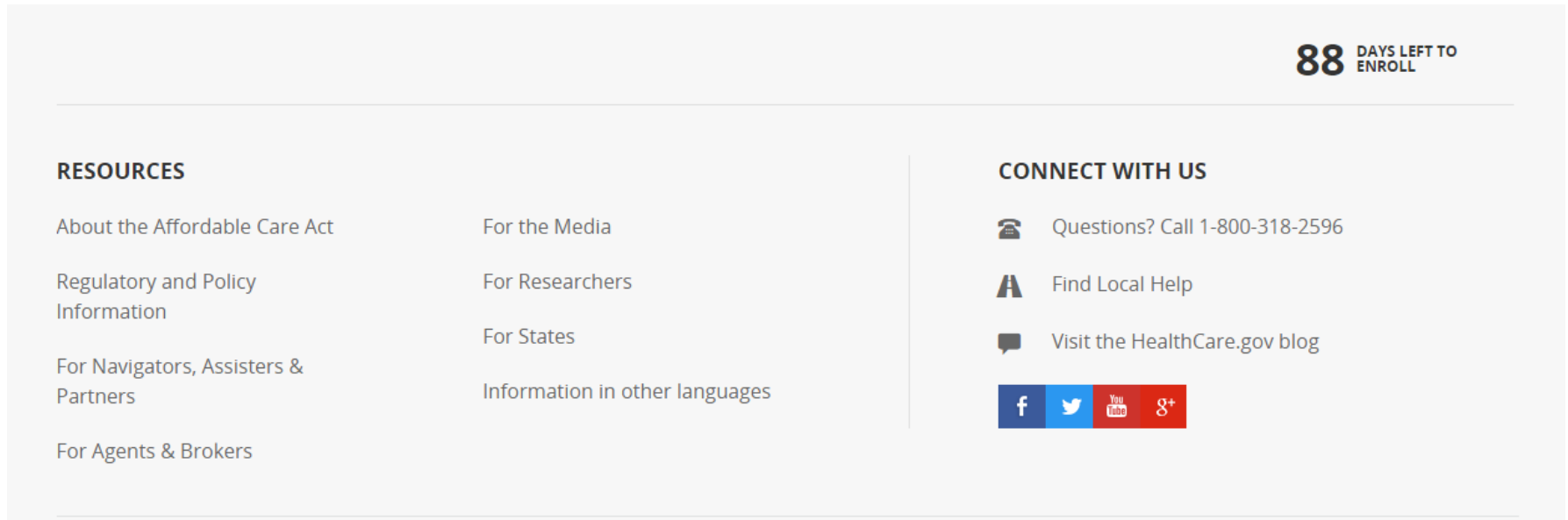
- Additional resources can be found on CMS' Agents and Brokers Resources webpage at <http://go.cms.gov/CCIIOAB>, including:
 - The link to the Agent and Broker FFM Registration Completion and Termination Lists
 - The Public FFM Web-broker Entity List
 - Details on completing registration and training for plan year 2017
 - Resources on SEPs
- For more resources, please visit <https://www.HealthCare.gov/> and [Marketplace.cms.gov](https://marketplace.cms.gov).
- Review 45 C.F.R. § 155.260 to understand the limits on how an agent or broker may use any information gained as part of providing assistance and services to a qualified individual.
- Review 45 C.F.R. § 155.220 to understand the parameters for agents and brokers participating in the FFMs.
- Utilize this documentation check-list when helping consumers with their applications: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.

Agent and Broker Resources (Continued)

- Guidance on Annual Eligibility Redeterminations and Reenrollments for Marketplace Coverage for 2017: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/ARR-2017-Guidance-051016-508.pdf>.
- Draft Updated Federal Standard Renewal and Product Discontinuation Notices: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-Updated-Federal-Standard-Renewal-and-Product-Discontinuation-Notices-042116.pdf>.
- The Registration Completion List and Registration Termination List are available via the Agents and Brokers Resources webpage or directly at: https://data.healthcare.gov/ffm_ab_registration_lists.
- The News for Agents and Brokers bi-weekly newsletter distributed through GovDelivery. For agents and brokers who do not receive the newsletter via email, CMS posts it on the Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>
- Current news and updates are distributed via email through GovDelivery and CMS's twitter handle, [@CMSGov](https://twitter.com/CMSGov) and [@HealthCareGov](https://twitter.com/HealthCareGov).
- To access the SHOP Marketplace Agent/Broker Portal to complete your searchable profile and manage SHOP accounts, visit: <https://healthcare.gov/marketplace/small-businesses/agent>.
- Agent and Broker NPNs can be found at: www.nipr.com/PacNpnSearch.htm

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 a section of the HealthCare.gov website. In the top right corner, there is a countdown timer that reads "88 DAYS LEFT TO ENROLL". Below this, the page is divided into two main columns. The left column is titled "RESOURCES" and contains several links: "About the Affordable Care Act", "Regulatory and Policy Information", "For Navigators, Assistors & Partners", and "For Agents & Brokers". The right column is titled "CONNECT WITH US" and contains links for "Questions? Call 1-800-318-2596", "Find Local Help", and "Visit the HealthCare.gov blog". At the bottom of the "CONNECT WITH US" section, there are social media icons for Facebook, Twitter, YouTube, and Google+.

88 DAYS LEFT TO ENROLL

RESOURCES

- About the Affordable Care Act
- Regulatory and Policy Information
- For Navigators, Assistors & Partners
- For Agents & Brokers

For the Media

For Researchers

For States

Information in other languages

CONNECT WITH US

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

f Twitter YouTube g+

Agent and Broker Resources:

Definition of Acronyms

Acronym	Definition
APTC	Advance Payments of the Premium Tax Credit
BAR	Batch Auto-Reenrollment
CCIIO	Center for Consumer Information and Insurance Oversight
CiC	Change-in-Circumstance
CMS	Centers for Medicare & Medicaid Services
CSR	Cost-sharing Reduction
DMI	Data Matching Issue
DOI	Department of Insurance
FFM	Federally-facilitated Marketplace
HICS	Health Insurance Casework System
MLMS	Marketplace Learning Management System
NPN	National Producer Number
Q&A	Question & Answer
QHP	Qualified Health Plan
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

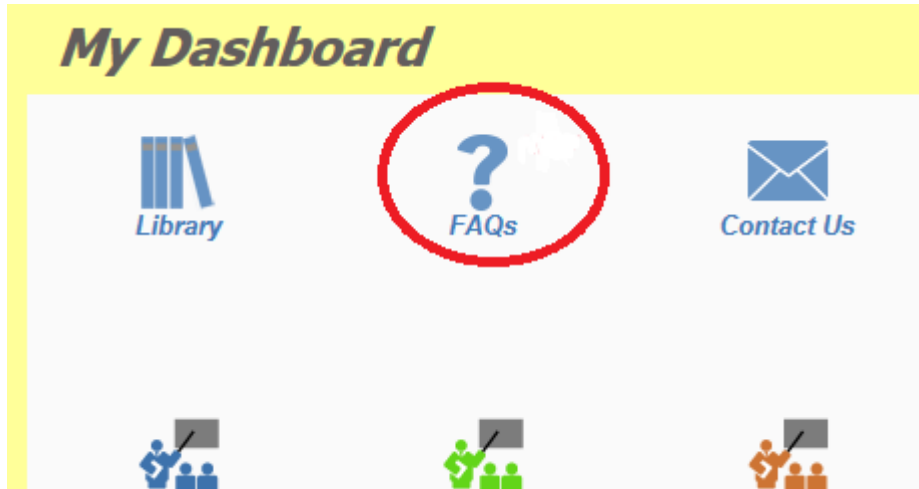
For questions/comments about the Marketplace application and enrollment:
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day
OR

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

FAQ Database on REGTAP



The FAQ Database is available at:
<https://www.REGTAP.info/>.

The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, Benefit Year and Publish Date.

Agent/Broker Webinar Session Survey

- CMS welcomes your feedback regarding this webinar and values any suggestions that will allow us to enhance this experience for you.
- Shortly after this call, we will send a link to you for a convenient way to submit any ideas or suggestions you wish to provide that you believe would be valuable during these sessions.
- Please take time to complete the survey and provide CMS with any feedback.





Health Insurance Marketplace 2017 Open Enrollment



Closing Remarks