

# Centers for Medicare & Medicaid Services News for Agents and Brokers

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

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## Upcoming Webinar: Special Enrollment Periods in the Federally-facilitated Marketplace

CCIIO will host a webinar for agents and brokers who are registered with the FFM and are interested in continuing to assist consumers now that the 2015 Open Enrollment period has ended. The webinar, titled “Special Enrollment Periods in the Federally-facilitated Marketplace,” will provide a deep dive on SEPs and is scheduled for April 29, 2015 from 2:00 to 3:30 PM ET. [Click to register.](#)

## Spotlight on Eligibility and Enrollment

### *How to Report a Change in Circumstance (CIC) to the Marketplace*

Once a consumer is enrolled in a Marketplace plan, it is important that he or she report any CICs to the Marketplace as the change may affect a consumer’s coverage or eligibility for insurance affordability programs. CICs should be reported as soon as possible, and may include an increase/decrease in income or gain/loss in a member of a household. If the CIC qualifies a consumer for an SEP, the consumer generally has 60 days from the life event to enroll or change coverage; however, timeframes may vary depending on the CIC.

You can assist consumers to report changes in one of two ways:

- **Marketplace Pathway:** Consumers can log in to their HealthCare.gov account, select their existing application, choose “Report a life change” from the menu on the left, and then click on the “Report a life change” button.
- **Marketplace Call Center:** You can conduct a 3-way call with the Marketplace Call Center and the consumer. The Marketplace Call Center is available at 1-800-318-2596 (TTY: 1-855-889-4325).



Agents and brokers should advise consumers that CICs cannot be reported via mail.

## Small Business Health Options Program (SHOP) Corner

### *Special Enrollment Periods (SEPs) for SHOP*

Although Open Enrollment periods in the SHOP Marketplace will vary from employer to employer, qualified employees may have a right to sign up for coverage or make changes to their coverage outside of that timeframe. Certain life events will qualify an employee for an SEP. These qualifying life events may include:

- A household experiences the addition of a dependent through marriage, birth, adoption, or placement in foster care.
- An employee moves to a new state and gains access to an employer's health plan.
- An employee or dependent loses minimum essential coverage.

For more information on SEPs in the Federally-facilitated Small Business Health Options Program (FF-SHOP) Marketplace, review the [Buying SHOP Coverage Outside of the Initial Enrollment Period](#) resource (also available in [Spanish](#)).

### *Accessing the SHOP Agent Broker Portal*

In order to assist small employers with SHOP coverage, you must first log in to the SHOP Agent Broker Portal on HealthCare.gov and establish a profile. After creating a profile, you will be able to assist employers with their SHOP enrollments and take on case management functions in their application. For instructions on how to access the SHOP Agent Broker Portal and establish your profile, visit <https://www.healthcare.gov/small-businesses/for-agents-and-brokers/>.

### *Requirements for Employee Participation in the FF-SHOP Marketplace*

Before employees can complete enrollment in a FF-SHOP Marketplace plan for which the plan year begins before January 1, 2016, the employer generally needs to meet the FF-SHOP Marketplace's "minimum participation rate" for its state. In many states that are using the FF-SHOP Marketplace, at least 70% of the business or group's employees who are offered coverage must accept the offer before any employees can enroll. A few FF-SHOP Marketplace states have set a different minimum participation rate, which can be found at HealthCare.gov.

For plan years that begin before January 1, 2016, the participation rate is determined by taking the number of qualified employees who are accepting coverage under the employer's group health plan and dividing it by the total number of employees offered coverage.

Not every employee is counted for purposes of determining the participation rate, such as employees with group coverage through another job, another person's employer health plan, or through government-sponsored coverage such as Medicare, Medicaid, Veteran's Health Administration program, Indian Health Service, or Department of Defense TRICARE. An employee's dependents and former employees are not counted in determining the participation rate.

For plan years that begin on or after January 1, 2016, the participation rate is determined by adding the number of full-time employees accepting coverage offered by a qualified employer to the number of full-time employees with coverage through:

- Another job;
- Another person's employer health plan;
- Government-sponsored coverage such as Medicare, Medicaid, Veteran's Health Administration program, Indian Health Service, Department of Defense TRICARE, or other;
- The individual market; or
- Other minimum essential coverage.

This number is then divided by the number of full-time employees offered coverage to calculate the participation rate.

## Special Populations—Individuals Who Are Losing Job-based Coverage

Consumers and their families who lose employer-sponsored coverage may: 1) choose to enroll in an individual plan through the Marketplace, or 2) be able to purchase health insurance for a limited time through a program called Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation coverage. You can help explain the differences between these two options so that consumers can make an informed choice about their future coverage.

**Option 1: Get an Individual Marketplace plan.** If someone leaves a job for any reason and loses employer-sponsored coverage, he or she qualifies for an SEP and can choose to buy coverage from the Marketplace outside of the regular Open Enrollment period. Consumers have 60 days to enroll in the Marketplace from the time their existing coverage ends, which may or may not be the last day of employment. An agent or broker assisting a consumer should advise the consumer to maintain documentation of his or her current coverage and effective dates in order to request the SEP. The agent or broker should also note that the option for FFM Individual Marketplace coverage does not apply to those who voluntarily gave up employer-sponsored health coverage even though they stayed in their job.

**Option 2: Get COBRA coverage.** Consumers may also be able to purchase their employer-sponsored plan through COBRA continuation coverage. COBRA is a federal law that allows an individual (and his or her family members) to pay for their employee health insurance for a limited time (usually 18 months) after employment ends or he or she otherwise loses coverage. Consumers who buy COBRA coverage will not be eligible for advance payments of the premium tax credit or cost-sharing reductions that people may get using the Marketplace.

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That means COBRA coverage may be much more expensive than coverage through the Marketplace. Also, consumers who buy COBRA coverage will have to pay the full monthly premium, including any part of the premium that their employer previously had contributed.

Generally, consumers with COBRA coverage will not be able to get a Marketplace plan outside of the Open Enrollment period until their COBRA coverage has expired. Voluntarily dropping COBRA coverage or failing to pay premiums will not trigger an SEP.

For more information on COBRA see: <https://www.healthcare.gov/what-if-i-currently-have-cobra-coverage/>.

## What's Happening on Twitter for FFM Agents and Brokers?

CCIIO has begun using Twitter to share important FFM news and updates with agents and brokers. You can follow the CMS Twitter handle ([@CMSGov](https://twitter.com/CMSGov)) to stay informed. Additionally, you can search the following hashtags related to specific content:

- #ABFFM
- #ABFFSHOP

## Did You Know?

In order to receive compensation for assisting a consumer to enroll in the FFM, you should have met all necessary FFM registration requirements. Agents and brokers participating in the FFM for the Individual Marketplace for the first time should have completed both parts of the registration process: Part I (training, exams, and Agreements on the Medicare Learning Network®) and Part II (creating an FFM user account and completing identity proofing on the Centers for Medicare & Medicaid Services (CMS) Enterprise Portal). Those agents and brokers returning for plan year 2015 should have completed annual registration renewal that includes completion of training requirements, and execution of the FFM Agreements. All agents and brokers participating in the FFM for the Individual Marketplace were required to complete Part II (create an account and identity proofing).

Questions about the FFM registration process? Contact us at [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov).

## Contact Us

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

