

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

**APRIL 2016 EDITION**

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

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## **Thank You**

Thanks again for all of your hard work during Open Enrollment. Like us, you have probably wrapped up some of the loose ends and are starting to think about the time between Open Enrollments. This edition features some of the key issues many of you will be working on in between Open Enrollments, such as tax season, SEPs, and further efforts for consumer education—plus all of the opportunities available due to the year-round Open Enrollment in the SHOP Marketplace!

## **New Resources for Agents and Brokers**

### ***Upcoming Webinars***

CMS will host two webinars in the coming months. The first webinar, “Agent and Broker Tips for Assisting in the SHOP Marketplace,” will take place on April 20 and will highlight topics such as the benefits of the SHOP Marketplace for agents and brokers, training on the SHOP Marketplace Agent/Broker Portal, training on the SHOP Marketplace employer and employee application, as well as tips for helping employers and employees.



## Centers for Medicare & Medicaid Services

# News for Agents and Brokers

The second webinar, “Protection Requirements and Appropriate Usage of Consumer’s Personally Identifiable Information (PII),” will take place on May 11 and will highlight best practices and requirements concerning the protection and use of consumer PII for agents and brokers.

Both of the webinars will take place from 1:00–2:30 PM Eastern Time (ET).

To register for the webinar, please log in to [www.REGTAP.info](http://www.REGTAP.info). If you have questions on the webinar registration process, visit the new “Upcoming Agent and Broker Webinars” section of the [Agents and Brokers Resources webpage](#) for more information.

### ***“Tax Season Readiness 101” Webinar Slides Now Available***

CMS hosted the “Tax Season Readiness 101” webinar on March 9, 2016. The slides provide an overview of the forms, tips, and tools agents and brokers should be familiar with as they help consumers prepare for the 2015 tax season, including information about when consumers fail to reconcile their information with the Internal Revenue Service (IRS). The slides from this webinar are now available [here](#).

Remember: While you may provide information to consumers about the advance payments of the premium tax credit (APTC) reconciliation process and the tax forms that they will receive from the FFM, it is important that you not provide any tax filing advice or answer any tax filing questions.

Please refer consumers seeking answers to their questions or advice regarding their personal situations to a tax professional for assistance or to the tax assistance options. For more information on available tax assistance options, direct consumers to: [IRS.gov/freefile](http://IRS.gov/freefile) or [IRS.gov/VITA](http://IRS.gov/VITA).

### ***Agent and Broker FFM Registration Termination List Now Available***

The Agent and Broker FFM Registration Termination List contains the National Producer Numbers (NPNs) for agents and brokers whose FFM Agreements and registration for the 2016 plan year CMS has terminated. This list will be posted on the [Agents and Brokers Resources webpage](#) and will be updated monthly, or as needed to reflect new termination actions. Termination is described in regulation at 45 CFR § 155.220(f)-(g).

### ***Plan Year 2016 Agent and Broker FFM Registration Completion List***

Check the [Agents and Brokers Resources webpage](#) to view the most recent Agent and Broker FFM Registration Completion List for plan year 2016, which includes the NPNs of agents and brokers who have completed the plan year 2016 registration requirements for the FFM as of the date listed in the filename. If you completed registration after the date listed, check back and confirm your NPN has been included when the new list is posted.



Issuers can review the Agent and Broker FFM Registration Completion List to confirm that agents and brokers with whom they have agreements are authorized to assist consumers in signing up for coverage, including selecting plans through the FFM.

If you completed all of the plan year 2016 agent and broker registration and training requirements for the FFM, you should review the latest list to confirm your NPN is included. You can search for your NPN by clicking the arrow in cell A1, or by using the “Ctrl + F” (or “Command + F”) keystroke.

## Special Enrollment Periods (SEPs)

### *Special Enrollment Confirmation Process*

As you know, SEPs are an important way to make sure that consumers who lose their health insurance during the year, or experience a qualifying life event, have the opportunity to enroll through the Marketplace outside of the annual Open Enrollment period. However, it is equally important to avoid SEPs being misused or abused. CMS announced a Special Enrollment Confirmation Process that enhances SEP program integrity and contributes to a stable rate environment and affordability for consumers. For more information on how the Special Enrollment Confirmation Process works, please review the [Fact Sheet: Special Enrollment Confirmation Process](#).

### *SEP Updates to the Marketplace Application*

CMS updated the Marketplace application by adding new attestation language and by clarifying the loss of coverage and permanent move application questions. The new attestation language requires consumers to attest that they understand that they may be asked to provide additional information, including proof of their eligibility for an SEP, and that, if they do not provide proof of eligibility, they may face penalties including the risk of losing their coverage. This box is on the privacy policy page of the application and must be checked prior to proceeding through a new or updated application and entering information that may qualify the consumer for an SEP.

In addition, CMS has updated the “Loss of Minimum Essential Coverage (MEC)” page by adding blue boxes to clarify that losing coverage due to nonpayment of premiums does not qualify as loss of MEC for the purposes of qualifying for this SEP. CMS also updated the recent loss of coverage and future loss of coverage questions to:

- Specify that coverage must have been lost within the past 60 days or will be lost within the next 60 days;
- Provide examples of coverage that qualifies as MEC; and
- Provide a link to a help page that provides a thorough discussion and explanation of MEC.

Lastly, the permanent move question has been updated to specify that the move must have occurred within the last 60 days and provide examples of which situations do and do not qualify as a permanent move for the purposes of qualifying for this SEP. Please familiarize yourself with these changes so that you can best assist consumers and answer their questions.

### ***Special Populations—Individuals Losing Job-based Coverage***

Consumers and their families who lose job-based coverage may: 1) choose to get coverage through the Health Insurance 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, find out more [here](#).

The first option is to get coverage through the Health Insurance Marketplace. If someone leaves a job for any reason and loses job-based 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 second option is to get COBRA coverage. Consumers may also be able to purchase their job-based 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. For more information, see [COBRA continuation coverage](#).

## **Small Business Health Operations Program (SHOP) Marketplace Corner**

### ***Tax Season Is Here!***

Small employers with less than 25 full-time equivalent employees who offer health insurance coverage through the SHOP Marketplace may be eligible for a Small Business Health Care Tax Credit.

To find out if the consumers you assist may be eligible to receive the Small Business Health Care Tax Credit, check out the [Tax Credit Estimator](#) available on Healthcare.gov.

- **Tax Credit Tip:** The tax credit is highest for companies with fewer than 10 employees who are paid an average of \$25,000 or less. The smaller the business, the bigger the credit.

For more information on the Small Business Health Care Tax Credit, please visit [IRS.gov](#).

### ***New Video: Working with Agents and Brokers in the SHOP Marketplace***

Looking for a new way to introduce the SHOP Marketplace to consumers? Check out our [new video](#) that walks consumers through the basics of the SHOP Marketplace and shows the value of working with an agent or broker.



## Spotlight on Eligibility and Enrollment

### *Eligibility Appeals Process*

Consumers rely on you to help them complete the eligibility appeals process and answer any questions they may have along the way. Below is a list of common questions and answers that will help you provide the best assistance to consumers as you help them navigate the eligibility appeals process. For additional information on the eligibility appeals process, you can review the [Eligibility Appeals Process Overview](#) webinar slides.

- **How can an appellant check on the status of their appeal and is there a phone number that consumers can call to check on the status of their appeal?**  
Appellants or their designated Authorized Representatives may call the Marketplace Appeals Center toll-free at 1-855-231-1751 to check the status of their case. TTY users should call 1-855-739-2231. Hours of operation are Monday through Friday from 7:30 AM to 8:30 PM ET; and Saturday from 10 AM to 5:30 PM ET. This number is provided in every eligibility appeal notice.
- **How long does the appeals process take?**  
In general, appeals are concluded within 90 days or as administratively feasible. Appellants with questions about the status of their appeal should call the Marketplace Appeals Center using the information above.
- **Are appeals decisions retroactive back to the date of the appeal? Will a consumer be responsible for an individual responsibility payment for the months he or she was without insurance due to waiting for the appeals process?**  
If the decision finds that the eligibility determination that the consumer is appealing was incorrect at the time it was made, the appellant has a choice about when he or she wants their appeal decision to take effect, either prospectively or retroactively. If they choose to have their decision take effect retroactively, they are eligible to choose a coverage effective date that they would have received if they had enrolled in coverage under the incorrect eligibility determination that is subject to the appeal.

Appellants who do not want to have their decision take effect retroactively may apply to the Marketplace for a hardship exemption from the individual shared responsibility payment; for more information see [hardship number 11](#). This means they will not have to pay the fee for the months they were uncovered while they were waiting for the appeal decision. The exemption also covers the month of the decision itself. Appellants are eligible to apply for this exemption if they did not have health coverage while they were waiting for a Marketplace appeal decision about coverage eligibility or savings and their appeal was eventually successful.

### ***What to Do When Consumers Have New Medicaid or Children's Health Insurance Program (CHIP) Eligibility***

When consumers are determined eligible for Medicaid or CHIP, they are not eligible for a Marketplace plan with APTC or cost sharing reductions (CSR) and should end their Marketplace coverage with APTC/CSR. It is important to note that consumers enrolled in Medicaid or CHIP who still want a Marketplace plan would have to pay the full price without a tax credit or other savings. If consumers enrolled in MEC Medicaid or CHIP do not end their Marketplace coverage with APTC/CSR, the tax filer(s) will likely have to pay back all or some of the APTC received for a Marketplace plan for the months following the consumers' eligibility determination for MEC Medicaid or CHIP when they file their tax return. It is important that you review the additional information provided on slides 56 through 58 of the [Plan Year 2016 Open Enrollment in the Federally-facilitated Marketplaces Overview and Kick-off for Agents and Brokers](#) webinar to understand how you can help consumers who receive a notification from the Marketplace.

### ***The Marketplace Is Now Using 2016 Federal Poverty Levels (FPL) to Calculate Medicaid and CHIP Eligibility***

The Marketplaces use FPL to determine consumers' eligibility for certain programs and benefits. Beginning March 4, the Marketplace began to use 2016 FPL numbers to calculate eligibility for Medicaid and the CHIP. The numbers for 2015 will continue to be used to calculate eligibility for savings on private insurance plans for 2016. For more information, you can check out the updated 2016 [Federal Poverty Level Numbers](#) and the [saving money on health insurance](#) article.

### ***Tips to Help Consumers with Providing Proof of No Income***

The Marketplace will ask consumers to provide additional information to verify the data entered on their applications, like their income, to resolve inconsistencies or data matching issues on Marketplace applications for health coverage. When helping consumers with providing proof of no income, you can remind them that, to resolve an income inconsistency, they may provide a written explanation that they have zero income. They may also provide documentation that indicates zero income. They may also submit documentation that showed income from a previous year, along with an explanation of why they will not receive income this year. You can refer your consumers to the ["How do I resolve an Inconsistency?"](#) article at HealthCare.gov to help them provide supporting documents to resolve their inconsistency.

## ***Did You Know?***

The IRS has provided important information for consumers about the premium tax credit in the article [“Answers to Five of Your Questions about the Premium Tax Credit.”](#) As you help consumers understand the premium tax credit, it is good to review answers to the questions provided in this resource:

1. What is included in household income?
2. The IRS is asking to see my 1095-A. What should I do?
3. If I got APTC, do I have to file even if I never had a filing requirement before?
4. The Marketplace says I did not file, but I did file before the extended due date. What should I do?
5. What are my options to receive help with filing a return and reconciling?

Be sure to check out the other useful resources the IRS provides at the link listed above.

## **Follow Us on Twitter**

You can find important information and updates by following the CMS and HealthCare.gov Twitter handles ([@CMSGov](#) and [@HealthCareGov](#)) or by searching for the hashtags #ABFFM or #ABFFSHOP on Twitter.

## **Contact Us**

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

You may also contact the Agent and Broker Call Center by calling 1-855-CMS-1515 (855-267-1515) and selecting option “1.” Call Center Representatives are available Monday through Saturday from 8:00 AM to 10:00 PM ET.

This call center does not have access to consumer information and is not able to handle specific questions or issues with a consumer’s application. Please continue to call the Marketplace Call Center at 1-800-318-2596 for assistance related to enrolling consumers in coverage through the Individual Marketplace. For assistance related to coverage through the SHOP Marketplace, contact the SHOP Call Center at 1-800-706-7893.