

# 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

### In This Issue:

- New Resources for Agents and Brokers
  - Upcoming Webinar
  - The Agents and Brokers Resources Webpage
  - “Assisting Consumers with Complex Situations” Webinar Slides Now Available
  - CMS’ New From Coverage to Care (C2C) Initiative
  - Marketplace Announces the Open Enrollment Dates for Plan Year 2017 and Beyond
  - Plan Year 2016 Agent and Broker FFM Registration Completion List
- Special Enrollment Periods (SEPs)
  - Ending SEP Retroactive Coverage
  - Special Populations—Consumers Who Qualify for the Medicaid Coverage Gap SEP
- Small Business Health Operations Program (SHOP) Marketplace Corner
  - Coming to the SHOP Marketplace in 2017: Employee Choice by Insurance Company
  - Affordable Care Act 101: What the Health Care Law Means for Small Businesses
- Spotlight on Eligibility and Enrollment
  - Helping Consumers Understand the Hardship Exemption
  - Updates to the Marketplace Eligibility Determination Notice (EDN)
  - Working with Compact of Free Association (COFA) Migrants
- *Did You Know?* New Version of the Summary of Benefits and Coverage Now Available
- Follow Us on Twitter
- Contact Us

### New Resources for Agents and Brokers

#### *Upcoming Webinar*

CMS will host one webinar in May. The “Protection Requirements and Appropriate Usage of Consumer’s Personally Identifiable Information (PII)” webinar will take place on May 11 and will highlight best practices and requirements concerning the protection of and use of consumer PII by agents and brokers. The webinar will take place from 1:00 PM to 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 “Upcoming Agent and Broker Webinars” section of the [Agents and Brokers Resources webpage](#) for more information.



### ***The Agents and Brokers Resources Webpage***

The [Agents and Brokers Resources webpage](#) is the primary outlet for agents and brokers to receive information from CMS. The content on this page is updated regularly to keep agents and brokers up to date on the latest resources and guidance. The webpage contains hyperlinks to more detailed resources and is divided into different topic sections to help you find the information you need as easily as possible. The content on the Agents and Brokers Resources webpage includes:

- Resources guiding agents and brokers through the FFM registration process, including links to webinars, videos, and the CMS-approved training vendors
- The FFM Registration Completion List, which captures the names and National Producer Numbers (NPNs) of registered agents and brokers
- Upcoming CMS-sponsored webinars for agents and brokers, and how to register
- Slides from past webinars
- Regulatory and high-level guidance on agent and broker participation in the FFMs
- Current and previous editions of the “News for Agents and Brokers” monthly newsletter
- Resources specific to assisting consumers in the Individual Marketplaces and SHOP Marketplace
- Resources for web-brokers, including the web-broker application process and the FFM Web-broker Entity List

To see the full content of the Agents and Brokers Resources webpage, please visit: <http://go.cms.gov/CCIIOAB>.

Note that information about agent and broker operations in the FFMs or about the FFMs from non-CMS sources may include the originator’s “point of view,” conflict with CMS guidance, or fail to provide complete information. Referencing information derived from URLs that contain “CMS.gov” assures you are getting information from the official source—CMS—and not potentially incorrect or incomplete information.

### ***“Assisting Consumers with Complex Situations” Webinar Slides Now Available***

CMS hosted the “Assisting Consumers with Complex Situations” webinar on March 30, 2016. This webinar provided an overview of some of the intricacies of assisting consumers who are part of multi-tax households and/or who have family members enrolling in different qualified health plans (QHPs). The slides from this webinar are now available [here](#).

### ***CMS' New From Coverage to Care (C2C) Initiative***

The CMS Office of Minority Health (OMH) recently launched the C2C initiative, which is designed to help consumers learn how to navigate their health care, understand their benefits, select a primary health care provider, and begin to regularly seek preventive and chronic care management services.

Agents and brokers are encouraged to participate in the initiative, which will last three months. OMH has made the following C2C resources available to agents and brokers to help consumers get the most out of their health care:

- **5 Ways to Make the Most of Your Health Coverage.** Includes a checklist for quick reference on how to make the most of health coverage
- **Roadmap to Better Care and a Healthier You.** Explains what health coverage is and how to use it to get primary care and preventive services

Additional C2C resources for agents and brokers, including free printed C2C guides in multiple languages, are available [here](#).

### ***Marketplace Announces the Open Enrollment Dates for Plan Year 2017 and Beyond***

The dates for the plan years 2017 through 2019 FFM Open Enrollment periods and beyond are as follows:

- Plan year 2017: November 1, 2016–January 31, 2017
- Plan year 2018: November 1, 2017–January 31, 2018
- Plan year 2019 and beyond: November 1, 2018–December 15, 2018

### ***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 FFMs as of the date listed in the filename. If you completed registration after the date listed, check back and confirm your NPN is included when the new list is posted.

If you completed all of the plan year 2016 agent and broker registration and training requirements for the FFMs, 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.

Issuers can review the Agent and Broker FFM Registration Completion List to confirm the agents and brokers with whom they have agreements are authorized to assist consumers in selecting plans through the FFMs.

## Special Enrollment Periods (SEPs)

### *Ending SEP Retroactive Coverage*

As in prior years, as of April 1, 2016, CMS will no longer accept new requests that would enable consumers to enroll in a QHP with 2015 coverage effective dates using an SEP. SEP requests for 2015 coverage that were received on or before March 31, 2016 may be processed by CMS after April 1, 2016. However, as of April 1, 2016, all new SEP requests to CMS seeking 2015 coverage, with the exception of SEPs issued as a result of an eligibility appeal, will be given a coverage effective date no earlier than January 1, 2016 if the consumer is eligible for retroactive coverage. For more information on SEP retroactive coverage, please review the [Ending Special Enrollment Periods for Coverage during Calendar Year 2015](#) guidance issued by CMS on April 1, 2016.

### *Special Populations—Consumers Who Qualify for the Medicaid Coverage Gap SEP*

Consumers may qualify for the Medicaid coverage gap SEP if they: 1) reside in a non-Medicaid expansion state, 2) were previously ineligible for advance payments of the premium tax credit (APTC) solely because of a household income below 100% of the federal poverty level, or 3) have experienced a change in household income that makes them newly eligible for APTC.

In April 2015, CMS added this SEP and [removed the requirement](#) for consumers to receive the following documents **before** applying for Marketplace coverage through this SEP:

- Medicaid denial notice from their state Medicaid agency,
- Exemption Certificate Number or,
- Previous denial for Marketplace affordability program (e.g., for APTC or cost sharing reductions [CSR])

To apply for this SEP, the consumer should call the Marketplace Call Center to attest that he or she was previously ineligible for Medicaid because he or she lives in a non-Medicaid expansion state and was previously ineligible for APTC because his or her income was too low, but has now experienced an increase in household income that makes him or her newly eligible for APTC. **The consumer has 60 days from the date when he or she experienced the change in household income that made him or her newly eligible for APTC to call the Marketplace to report this change and enroll in coverage. This SEP is not available online, so consumers who want to request this SEP must call the Marketplace.**

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

### *Coming to the SHOP Marketplace in 2017: Employee Choice by Insurance Company*

CMS finalized a provision in the Department of Health & Human Services (HHS) “Notice of Benefit and Payment Parameters for 2017 Final Rule” to add an additional model of employee choice—known as vertical choice (or employee choice by insurance company)—that allows employers to offer qualified employees a choice of all plans across all available actuarial value levels of coverage from a single issuer in the SHOP Marketplace. States were given the opportunity to opt out of offering this option for plan year 2017. To see if your state is offering employee choice by insurance company, visit [www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/2017-Implementation-of-Vertical-Choice.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/2017-Implementation-of-Vertical-Choice.html).

### *Affordable Care Act 101: What the Health Care Law Means for Small Businesses*

Join the Small Business Administration and HHS representatives for a free, ongoing webinar series where small employers can learn the basics of the Affordable Care Act and what it means for their organizations and employees. Topics covered include the Small Business Health Care Tax Credit, the Health Insurance Marketplaces, employer shared responsibility, and employer reporting requirements. These webinars take place every other Thursday at 2:00 PM ET. **Registration is free, but required, as space is limited.** Click [here](#) to register for an upcoming webinar.

## Spotlight on Eligibility and Enrollment

### *Helping Consumers Understand the Hardship Exemption*

Consumers rely on you to help them understand whether they qualify for a hardship exemption, and to help fill out the application and submit documentation. Qualifying for a hardship exemption allows consumers to avoid the need to maintain minimum essential coverage or to make a shared personal responsibility payment. You can find a list of hardship exemptions and more information on how to apply for them [here](#).

Remember, only one exemption is needed for any given time period. However, consumers may select multiple hardship exemptions on one application, provided they send in documentation for each type requested.

Be sure to remind consumers that they can apply for hardship exemptions at any time, but they should note that the duration of the hardship exemption varies depending on the type. Most hardship durations are granted for one month prior to, during, and one month after the hardship event.

### ***Updates to the Marketplace Eligibility Determination Notice (EDN)***

CMS updated the Marketplace EDN sent to consumers who are found ineligible for APTC, CSR, Medicaid, or the Children's Health Insurance Program. The EDN will now include the household income that the Marketplace used when making the determination that they were ineligible for the applicable affordability program. The consumers' disqualifying income will be listed under the "Why don't I qualify for other programs?" section of the EDN.

### ***Working with Compact of Free Association (COFA) Migrants***

COFA migrants live throughout the country, and there are currently 10 states that have COFA migrant populations exceeding 1,000 people. If you are assisting these consumers, please review the "[Fact Sheet for Assistors: Helping COFA Migrants Enroll in Coverage.](#)" This fact sheet provides answers to some commonly asked questions to help you understand the factors that affect COFA migrants' eligibility for Marketplace coverage and financial assistance and help them afford Marketplace coverage and pay for coverage.

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

On April 6, HHS, the Department of Labor, and the Department of the Treasury announced key enhancements to the Summary of Benefits and Coverage template and Uniform Glossary. The improvements include additional coverage examples and language, as well as definitions of terms to improve consumers' understanding of their health coverage.

Under the Affordable Care Act, issuers and health plans are required to provide a brief summary of what each QHP covers and the cost-sharing responsibility of the consumer to help consumers make more informed choices among health plan options and better understand their coverage. Issuers are also required to provide a comprehensive uniform glossary of commonly used health coverage and medical terms in plan documentation. More information on these changes is available [here](#).

### **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.