

January 17, 2018



# Marketplace News for Agents & Brokers

## Final Open Enrollment Snapshot

CMS recently released the [Final Weekly Enrollment Snapshot For 2018 Open Enrollment Period](#). During Open Enrollment, 8,743,642 people selected plans on the HealthCare.gov platform. Here's a final breakdown of enrollment activity via HealthCare.gov for November 1 – December 23:

- 2,460,431 people who selected plans were new Marketplace consumers.
- 6,283,211 people who selected plans were consumers renewing coverage.
- HealthCare.gov had 19,316,192 unique users.
- 7,039,530 calls were received by the Call Center.

CMS plans to release a more detailed 2018 enrollment report in March, including final plan selection data from State-based Exchanges that do not use the [HealthCare.gov](#) platform.

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### Upcoming Events

The Centers for Medicare & Medicaid Services (CMS) is hosting multiple upcoming webinars to help you assist consumers with topics such as special enrollment periods (SEPs). More details on the content and registration for these webinars will be available soon on [www.REGTAP.info](#).

### Recently Released Resources

Visit the [Agents and Brokers Resources](#) webpage for up-to-

# SHOP is Changing for 2018

The Small Business Health Options Program (SHOP) added some new features for 2018 that will impact how small group clients enroll in and manage their coverage for SHOP plans starting on or after January 1, 2018:

- Instead of using HealthCare.gov to enroll in SHOP coverage, clients will enroll by working with an issuer or with a SHOP-registered agent or broker like you.
- If a small business is enrolling in SHOP insurance for the first time or has experienced a gap in SHOP coverage, the business will need to use the [SHOP Eligibility Determination Form](#) to verify its eligibility. If you are registered with SHOP, you can help your clients complete this form.

If you want to help small group clients enroll year-round, [register to sell SHOP coverage for plan year 2018](#) and sign the SHOP Privacy and Security Agreement.

Already registered to sell SHOP coverage? Make sure you are prepared to help small group clients complete the new [SHOP Eligibility Determination Form](#) and to answer any questions they may have about [qualifying for SHOP coverage](#).

## Check In with Clients on Premium Payments

As you continue to assist consumers following Open Enrollment, please remind them that they must pay their first month's premium to their health insurance company, NOT the Marketplace, to finish enrolling in 2018 coverage. If your clients' premiums are not paid, you will not receive credit for the sale of those plans.

date information, including these helpful resources:

- [Understanding Special Enrollment Periods](#)
- [Tips for Maximizing Your Participation in Help On Demand](#)
- [Overview of Proposed Changes to SHOP Enrollment](#)

### Stay Connected

Here are some other ways you can stay in the know on Marketplace updates:

- Join the agent/broker community on [LinkedIn](#)

### Quick Links

- [Find Local Help](#)
- [Help On Demand](#)
- [Registration Completion List](#)

### Contact Us

#### Agent/Broker Email Help

**Desk:** [FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov) (for policy questions, escalated registration questions, or issues with your ID proofing, the Registration Completion List, Find Local Help, and Help On Demand), Monday–Friday, 8:00 AM–6:00 PM ET.

#### Marketplace Service Desk:

855-267-1515 (for CMS Enterprise Portal account issues, Enterprise Portal password resets, and general registration questions), Monday–Friday, 8:00 AM–8:00 PM ET

#### Agent/Broker

**Training/Registration Email Help Desk:**

If your clients have questions about their premium payments, they can [find help here](#). You can also use [HealthCare.gov](https://www.healthcare.gov) resources to show your clients how to submit payments online.

## SEP Reminder: Pre-Enrollment Verification

Last summer, CMS launched a special enrollment period (SEP) pre-enrollment verification process to verify SEP eligibility for consumers newly enrolling in Marketplace coverage through the most common SEP types. Under the process, the Marketplace creates an SEP Verification Issue, referred to as an SVI, for new Marketplace applicants who submit an application and attest to information that qualifies them for an SEP. Consumers are required to submit documents to confirm their SEP eligibility before they can complete enrollment, make their first premium payment, and start using their Marketplace coverage.

### SEPs that require pre-enrollment verification include:

- Loss of qualifying coverage
- Move
- Marriage
- Gaining or becoming a dependent through adoption, placement for adoption, placement in foster care, or a child support or other court order
- Medicaid or Children's Health Insurance Program (CHIP) denial after applying for Medicaid/CHIP during Open Enrollment, or after applying for Marketplace coverage during Open Enrollment or following another SEP-qualifying event.

[MLMSHelpDesk@cms.hhs.gov](mailto:MLMSHelpDesk@cms.hhs.gov)  
(for technical or system-specific issues related to the Marketplace agent/broker training/registration system),  
Monday–Friday, 9:00 AM–5:30 PM ET.

**Individual Marketplace Agent/Broker Partner Line:**  
855-788-6275 (for Individual Marketplace consumer account password resets, special enrollment periods not available online, and eligibility and enrollment issues). Open 24/7. Available only to registered agents and brokers for Plan Year 2018. Enter your NPN when prompted to enter an ID number.

**SHOP Call Center:** 800-706-7893 (for all SHOP inquiries),  
Monday–Friday, 9:00 AM–7:00 PM ET.

For more information, check out the "[Overview: Special Enrollment Period Pre-Enrollment Verification \(SEPV\) Process](#)" webinar slides.

## FAQ Spotlight: Tax Readiness

Below are answers to frequently asked questions (FAQs) about the 2018 tax season. You can find additional questions on key Marketplace topics by searching the FAQ database at [www.REGTAP.info](http://www.REGTAP.info).

### 1. Will consumers who made a plan change in their 2017 Marketplace coverage receive more than one Form 1095-A?

**Answer:** Consumers will receive one Form 1095-A for every qualified health plan (QHP) policy they were enrolled in during the plan year. If consumers made a plan change after October 2017 that did not create a new policy, then consumers will only receive one Form 1095-A. However, if consumers made a plan change that created a new policy (i.e., if they switched plans), then they would receive one Form 1095-A for every QHP policy they are enrolled in.

Note: Consumers will not receive Form 1095-As for catastrophic or standalone dental plans.

### 2. What is Form 8962?

**Answer:** Consumers use data from Form 1095-A to populate Form 8962, and submit Form 8962 with their federal tax return. Consumers use Form 8962 to figure the amount of premium tax credit (PTC) they are eligible for, and reconcile it with any advance payments of the premium tax credit (APTC).

Go to [HealthCare.gov](http://HealthCare.gov) for more information about tax forms, instructions, and tools.

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