



Agent and Broker Training Outline and Summary

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1 Affordable Care Act and Marketplace Basics

Welcome to the “Affordable Care Act and Marketplace Basics” Course for agents and brokers.

This course covers basic information about the health care law – the Patient Protection and Affordable Care Act of 2010, or Affordable Care Act – and the Health Insurance Marketplaces that the law created.

In the Affordable Care Act and associated regulations, Health Insurance Marketplaces are referred to as "Exchanges." However, throughout this course, we will use the term “Marketplace” instead of “Exchange.” Many consumer-facing materials use the term "Marketplace" because research has found that the term “Marketplace” better describes what an Exchange does, and is more easily understood by consumers.

Completion of this course as well the “Individual Marketplace” course is required for agents and brokers wishing to participate in the Federally-facilitated Marketplaces for individual health insurance. If agents and brokers also wish to participate in the Federally-facilitated Marketplaces for the Small Business Health Options Program (SHOP) they are encouraged to complete this course as well as the “Small Business Health Options Program” course, although it is not required. Please note that these courses are intended for agents and brokers operating in the Federally-facilitated Health Insurance Marketplaces, and certain content is not applicable to the Health Insurance Marketplaces that are operated by states.

Topic 3: Affordable Care Act and Marketplace Basics

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify major health care reforms and consumer protections required under the Affordable Care Act, and the key Marketplace-related components • Define the term "Marketplace" and identify its key functions • Define the term "guaranteed issue" • Define the term "Medical Loss Ratio" (MLR) • Identify characteristics of a qualified health plan (QHP) • Identify services included in the essential health benefits (EHB) that a QHP must offer • Define Consumer Operated and Oriented Plans (CO-OP) health plans, Multi-state Plans (MSP), and Stand-alone Dental Plans • Identify the five levels of coverage, and the percentage of covered costs for each level offered by a Marketplace • Define actuarial value (AV) and how it is related to the five levels of coverage • Identify limits on cost sharing
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • The primary goal of the Affordable Care Act is to help millions of Americans obtain health insurance coverage. • To achieve that goal, the Affordable Care Act puts in place strong consumer protections to ensure most individuals have access to health insurance, regardless of their health status. • The Affordable Care Act also: <ul style="list-style-type: none"> ○ Creates Marketplaces where individuals who do not have access to affordable coverage may use premium tax credits and/or cost-sharing reductions to purchase coverage ○ Expands Medicaid in participating states to cover individuals under age 65 and families who make less than 138% of FPL • Health insurance issuers must: <ul style="list-style-type: none"> ○ Not limit or exclude coverage related to pre-existing health conditions, regardless of the age of the covered individual ○ Offer all of their group and individual market policies to any eligible individual in the state (This reform is called "guaranteed issue.") ○ Offer health insurance plans that provide at least a minimum set of services, called EHB ○ Spend at least 80% of premium dollars on medical care or provide a rebate to the insured individuals or policyholders • By October 1, 2013, Marketplaces in every state must be ready for individuals, employers, and employees to enroll in QHPs.

	<ul style="list-style-type: none"> • There are five coverage levels for health plans: catastrophic, bronze, silver, gold, and platinum. QHP issuers are required to offer silver and gold plans in the Marketplaces and may offer catastrophic, bronze, and platinum plans. • Four of the five levels of coverage are based on AV — an average measure of plan generosity — and will help consumers, agents, brokers, and other consumer assistance entities compare and choose a health insurance plan. • All QHPs must limit cost sharing and out-of-pocket costs.
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Topic 4: Rate Review and Rating Variations

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Define and identify aspects of an effective rate review • Define family composition with regard to allowable rate variations • Identify aspects of the tobacco use surcharge
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • The rate reviews help consumers by keeping rate increases reasonable. • Independent experts perform the reviews. • Rates can vary by: <ul style="list-style-type: none"> ○ Age ○ Family composition ○ Geographic area ○ Tobacco use

Topic 5: Overview of Individual and Small Business Health Options Program Marketplaces

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Define the key aspects of the Affordable Care Act that are relevant to agents and brokers • List the key eligibility requirements for enrollment in a qualified health plan (QHP) • For the Individual Marketplaces: <ul style="list-style-type: none"> ○ Describe the premium tax credit ○ List the key eligibility standards for cost-sharing reductions • For the SHOP Marketplaces: <ul style="list-style-type: none"> ○ List the qualification requirements for a small business owner to qualify for coverage through a SHOP
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • The Affordable Care Act requires most United States citizens and legal residents to have health coverage by 2014, but exempts members of a recognized religious sect who are also exempted by the IRS, and waives the requirement in cases of financial hardship. • Individuals purchasing health insurance through a Marketplace may be eligible for premium tax credits, which reduce the cost of premiums. • Premium tax credits are available to support the purchase of coverage through the Marketplaces, including on an advance basis. Premium tax credits will be reconciled on an individual's tax return. • Cost-sharing reductions limit the out-of-pocket costs for EHB covered by QHPs. There are several categories of cost-sharing reductions that are based on annual household income and family size. Each QHP issuer will implement these differently, based on their specific plan design. • A single, streamlined application allows consumers to receive determinations for all programs they are eligible for without requiring additional application forms or multiple eligibility determinations. The application may be filed online, in person, by mail, or by telephone. • An application filer may request an eligibility determination for QHP enrollment as well as the premium tax credit and cost-sharing reductions. • Depending on the state, the Marketplace may also make a determination or assessment of eligibility for Medicaid and CHIP. • Medicaid is administered by states to provide health coverage for low-income people, families and children, elderly persons, and people with disabilities. Beginning in 2014, individuals with incomes of about \$15,000 or less will qualify for Medicaid in many states. • CHIP provides no-cost or low-cost health insurance coverage for children in families who earn too much to qualify for Medicaid coverage but cannot afford to purchase private health insurance. • Under the Affordable Care Act, during the first year of operation, small businesses that qualify for coverage through a SHOP will be able to offer their employees a single QHP option. SHOPS will offer

	<p>qualified small groups access to QHPs in each state, and will provide flexibility in the amount that members of the small group contribute towards the total premium.</p> <ul style="list-style-type: none"> • To qualify for SHOP, a business must be located in a SHOP's service area, offer coverage to all full-time employees, have at least one eligible employee on payroll, and have 50 or fewer FTE employees on payroll in 2014. • Premium tax credits and cost-sharing reductions are not available to employers, employees, and their families covered through a SHOP. • Premiums for the employers and employees will not be based on their health or medical history, and can only vary based on age, family composition, geographic area, and tobacco use.
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Topic 6: Operating in the Federally-facilitated Marketplaces

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify the roles of agents and brokers in the Federally-facilitated Marketplaces • Identify the role of web-brokers • Identify the general registration process for agents, brokers, and web-brokers in the Federally-facilitated Marketplaces
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Agents and brokers can assist individuals, employers, and employees with enrollment in QHPs in the Federally-facilitated Marketplaces. • Agents and brokers may also assist qualified consumers with eligibility determinations for advance payments of the premium tax credit and cost-sharing reductions for eligible plans. • Web-brokers can assist consumers in selecting and enrolling in a QHP through the web-brokers' own website. Web-brokers may also assist qualified consumers in the Individual Marketplaces in applying for advance payments of the premium tax credit and cost-sharing reductions for eligible plans. • Agents and brokers in the Federally-facilitated Marketplaces are compensated in accordance with their agreements with QHP issuers and any state-specific requirements. The Federally-facilitated Marketplaces do not set compensation levels. • In order to receive compensation from a QHP issuer, agents and brokers in both the Individual and SHOP Marketplaces will need to provide their NPN for applications. • Agents and brokers in the Federally-facilitated Individual Marketplace must complete training and agree to comply with the Federally-facilitated Marketplace Agreement. Your FFM user ID will need to be entered on applications, when assisting individuals in the Individual Marketplace.

	<ul style="list-style-type: none"> • Agents and brokers in the Federally-facilitated SHOP Marketplace must accept the Federally-facilitated Marketplace Agreement before assisting employers and employees in a SHOP. Completing training is strongly recommended but not required. • All agents and brokers — including web-brokers — seeking to enroll consumers through the Marketplaces must be licensed as producers by the applicable state and adhere to all applicable state law. • QHP issuers will verify that their appointed agents and brokers have a valid state license to sell health insurance products, as well as an NPN. • The Federally-facilitated Marketplace Agreement, which all agents and brokers will execute before assisting consumers in a Federally-facilitated Marketplace, contains federal regulations and Marketplace privacy and security requirements.
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Topic 7: Privacy Standards and Issues

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Define Personally Identifiable Information (PII) • Identify the extent to which PII may be used and disclosed • Identify key privacy responsibilities and restrictions associated with PII under the Marketplaces
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • In helping consumers obtain eligibility determinations, compare plans, and enroll in QHPs through the Federally-facilitated Marketplace, agents and brokers may gain access to PII. • PII is information that can be used to distinguish or trace an individual's identity, alone, or when combined with other personal or identifying information that is linked or linkable to a specific individual. • A Marketplace may only use or disclose PII as needed to carry out its required functions. • Before assisting consumers in a Federally-facilitated Individual Marketplace or Federally-facilitated SHOP, agents and brokers must accept the Federally-facilitated Marketplace Agreement, which includes privacy and security standards for use and disclosure of PII. • Tax information is confidential and special rules apply to access and disclosure.

Topic 8: Information Security

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Define the term "information security" • Identify three key elements to protecting information • Identify the differences between threats, vulnerabilities, and risks to information • Identify certain controls that agents and brokers can take to protect information within the Marketplaces • List steps that agents and brokers can take to help promote information security in the Marketplaces • Identify types of security incidents • List steps for responding to a privacy breach as it relates to information security management
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Information security is the protection of information and information systems from unauthorized access, use, disclosure, disruption, modification, or destruction to provide confidentiality, integrity, and availability. • The goal of an information security program is to understand, manage, and reduce the risk to information under the control of the organization. • There are three key elements to protecting information: <ul style="list-style-type: none"> ○ Confidentiality: Protecting information from unauthorized disclosure to people or process. ○ Availability: Defending information systems and resources from malicious, unauthorized users to ensure accessibility by authorized users. ○ Integrity: Assuring the reliability and accuracy of information and IT resources. • A threat is the potential to cause unauthorized disclosure, changes, or destruction to an asset. Threats can be natural, environmental, and man-made. • A vulnerability is any flaw or weakness that can be exploited, and could result in a breach or a violation of a system's security policy. • A risk is the likelihood that a threat will exploit a vulnerability. • Agents and brokers can apply certain controls – policies, procedures, and practices that manage risk and protect IT assets – to protect information within the Marketplaces. • There are steps agents and brokers can take to help promote information security in the Marketplaces. Most importantly, NEVER share your password. • A privacy incident occurs anytime people have access or potential access to PII when they are not authorized to, or for a purpose they are not authorized to do. A privacy incident can arise from any number of causes. • Consistent with federal law, an agent or broker must report all PII incidents to the Marketplace, and make reasonable efforts to mitigate such incidents. • Any incident involving the loss or suspected losses of PII should be reported in accordance with health insurance issuer requirements or state laws in which an agent or broker operates.

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| | <ul style="list-style-type: none">• If the incident involves a possible improper inspection or disclosure of FTI, the individual making the observation or receiving information should contact the office of the appropriate Special Agent-in-Charge, TIGTA, and the IRS. |
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2 Individual Marketplace

Welcome to the Individual Marketplace Course for agents and brokers.

This course provides more information about the health care law—the Patient Protection and Affordable Care Act of 2010, or Affordable Care Act—and the new Individual Marketplaces where individuals and families can shop for private insurance plans beginning October 1, 2013.

In the Affordable Care Act and associated regulations, Health Insurance Marketplaces are referred to as “Exchanges”. However, throughout this course, we will use the term “Marketplace” instead of “Exchange” because most consumer-facing materials use the term Marketplace. Research has found that the term “Marketplace” better describes what an Exchange does, and is more easily understood by consumers.

Agents and brokers should have already completed “Affordable Care Act and Marketplace Basics” before starting this “Individual Marketplace” course. This course is required for all agents and brokers who wish to participate in the Federally-facilitated Marketplaces for individual health insurance. If agents and brokers also wish to participate in the Federally-facilitated Marketplaces for the Small Business Health Options Program (SHOP), they are strongly encouraged to complete the “Small Business Health Options Program Marketplace” course, although it is not required. Please note that these courses are intended for agents and brokers operating in the Federally-facilitated Health Insurance Marketplaces, and certain content is not applicable to the Health Insurance Marketplaces that are operated by states.

Topic 3: Individual Marketplace Reforms

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Outline minimum essential coverage • Outline the rules related to coverage of pre-existing health conditions, regardless of age • Outline the allowable factors for premium variations • Outline the reform coverage provisions
<p>Topic Summary The key points from this topic are:</p>	<p>Individuals must:</p> <ul style="list-style-type: none"> • Have minimum essential coverage for themselves and their dependents, unless they are eligible for an exemption <p>Health insurance issuers must:</p> <ul style="list-style-type: none"> • Not limit or exclude coverage related to pre-existing health conditions, regardless of the age of the covered individual • Limit premium variations to age, family composition, geographic area, and tobacco use • Offer health insurance plans that: <ul style="list-style-type: none"> ○ Provide, at a minimum, a package of benefits known as essential health benefits (EHB) ○ Eliminate annual dollar limits on EHB in 2014 ○ Eliminate lifetime dollar limits on EHB ○ Cap annual out-of-pocket spending ○ Cover certain preventive services without requiring cost sharing

Topic 4: Eligibility and the Application Process in the Federally-facilitated Marketplace

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify the eligibility criteria for enrolling in a qualified health plan (QHP) • Outline the insurance affordability programs available to individuals through the Individual Marketplaces • Identify the eligibility criteria for qualifying for advance payments of the premium tax credit and cost-sharing reductions • Identify methods of applying for health insurance coverage under a Marketplace and steps in the application process
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<p>Topic Summary The key points from this topic are:</p>	<p>Individuals:</p> <ul style="list-style-type: none"> • Must obtain an eligibility determination from a Marketplace before they can enroll in a QHP • Use one streamlined application to apply for coverage under a QHP, including determination of eligibility for advance payments of the premium tax credit and cost-sharing reductions • Receive coordinated eligibility determinations, which cover all aspects of eligibility within the Marketplace for health benefit coverage and financial help, including Medicaid and CHIP eligibility • May submit applications through the Federally-facilitated Marketplace portal (Healthcare.gov), state Medicaid or the CHIP portals or call centers, through the mail, or through the Federally-facilitated Marketplace toll-free call center <p>Agents and brokers will also be able to assist individuals with applications for eligibility determinations and QHP enrollment through a QHP issuer's website, if the agent or broker has an affiliation with that QHP issuer.</p>
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Topic 5: Medicaid and the Children's Health Insurance Program

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Describe Medicaid and CHIP • Define the components of Medicaid eligibility expansion • Outline the required method for calculating income used for the Medicaid and CHIP programs, advance payments of the premium tax credit, and cost-sharing reductions beginning in 2014 • Identify the avenues through which an individual can obtain an eligibility determination for Medicaid and CHIP
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Medicaid and CHIP are designed to provide coverage to low income populations, and some consumers may be eligible for Medicaid and CHIP. • A person eligible to receive Medicaid or CHIP may purchase QHP coverage through a Marketplace, but will not be eligible for the premium tax credit or cost-sharing reductions. • The Affordable Care Act simplifies the calculation of income through MAGI for all insurance affordability programs.

Topic 6: Enrollment

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify enrollment rules, including the available enrollment periods • Identify circumstances that permit enrollment or plan changes outside of an open enrollment period • Identify the enrollment process
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Enrollment is the process of signing up for a QHP. Before enrolling in a QHP, individuals must obtain eligibility determinations from a Marketplace. • After their eligibility has been determined, individuals may enroll in a QHP during various timeframes throughout the year. The three timeframes are the initial open enrollment period, the annual open enrollment period, and SEPs. • The date that an individual's QHP health insurance coverage takes effect is based on the date a Marketplace receives their enrollment selection. • SEPs are based on certain triggering events or exceptional circumstances, which include but are not limited to, marriage, birth or adoption of a child, loss of minimum essential coverage, or other exceptional circumstances identified by a Marketplace. • After successfully completing registration, agents and brokers will be able to assist consumers in the Federally-facilitated Marketplaces in two ways: the Issuer Based Pathway and the Marketplace Pathway. • When a Marketplace receives a health care plan selection from an eligible individual, it will promptly notify the applicable QHP issuer of the requested enrollment and transmit the needed eligibility and enrollment information. • If a qualified individual makes a QHP selection but later selects a new QHP before the coverage effective date, the initial QHP selection can be automatically cancelled by the Marketplace as part of the transmission of updated enrollment information to QHP issuers. • Enrollees may terminate QHP coverage on their own accord at any time of the year, including as the result of obtaining other minimum essential coverage, after giving appropriate notice to the Marketplace.

3 Small Business Health Options Program (SHOP) Marketplace

Welcome to the Small Business Health Options Program (SHOP) Marketplace Course for agents and brokers.

This course provides information about the new SHOP Marketplaces that will be available in each state starting in 2014. In the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) and associated regulations, Health Insurance Marketplaces are referred to as “Exchanges.” However, throughout this course, we will use the term “Marketplace” instead of “Exchange.” Many consumer-facing materials use the term “Marketplace”, because research has found that the term “Marketplace” better describes what an Exchange does, and is more easily understood by consumers.

Agents and brokers should have already completed “Affordable Care Act and Marketplace Basics” before starting this “SHOP Marketplace” course. Agents and brokers who wish to participate in the Federally-facilitated SHOP (FF-SHOP) are strongly encouraged to complete these two courses, although they are not required. (Note, however, that if agents or brokers also wish to participate in the Federally-facilitated Marketplaces for individual health insurance, they will be required to complete the Individual Marketplace course and the “Affordable Care Act and Marketplace Basics” course.)

Please note that these courses are intended for agents and brokers operating in the Federally-facilitated Health Insurance Marketplaces, and certain content is not applicable to the Health Insurance Marketplaces that are operated by states.

Topic 3: Introduction to Health Law Changes

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Describe Affordable Care Act health law changes and advantages of SHOPs • Describe how premium rates are allowed to vary • Describe how premiums are built in the SHOPs
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • SHOP Marketplaces offer small employers several advantages, including: <ul style="list-style-type: none"> ○ The ability to offer a QHP to all employees ○ Choice of percentage contribution toward the health insurance premium of each employee ○ Less financial uncertainty related to premium cost increases at plan renewal ○ A plan compare tool to help employers compare plans ○ Small business tax credits • All medical plans offered in a SHOP must be QHPs. • Pre-existing condition exclusions will no longer apply. • Premiums in the SHOPs will be built differently than prior to the enactment of the Affordable Care Act. • There are limitations on how premium rates may vary. • Participation in wellness programs can reduce premiums for individual enrollees.

Topic 4: Eligibility

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify who is eligible for a SHOP • Identify who qualifies for the small business tax credit • Identify how a small business tax credit is determined
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Employers are eligible for a SHOP if: <ul style="list-style-type: none"> ○ Their business is located in a SHOP's service area ○ They have 50 or fewer FTE employees in 2014 ○ They offer coverage to all full-time employees • Employers are eligible for the small business tax credit if: <ul style="list-style-type: none"> ○ They have fewer than 25 FTE employees

	<ul style="list-style-type: none"> ○ Employee wages are on average below \$50,000 ○ They pay at least 50% of the cost of single health care coverage for each of their employees ○ Beginning in 2014, they purchase coverage through a SHOP ● Tax credit amounts will depend on the number of employees and average employee wages
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Topic 5: Employer Application and Enrollment

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> ● Identify agent and broker privacy and security requirements ● Describe the online employer application process ● Describe how to make changes after initial enrollment
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> ● There are nine steps for agents and brokers to help employers apply and enroll in a SHOP plan: <ol style="list-style-type: none"> 1. Import basic information about the employer’s business on the SHOP website 2. Create an employee roster with basic information about each employee 3. Employer reads information about each plan on the SHOP website 4. Employer selects a QHP— the “reference plan” 5. Employer chooses a defined percentage of the reference plan to contribute for each employee 6. Employer decides whether all employees will contribute the same amount for coverage or pay a premium based on age 7. Employer reviews summary of choices 8. Agents and brokers help employees enroll in SHOP 9. Employer reviews completed application ● An employer must submit the first month’s premium after employees enroll, and the employer reviews and approves the completed application. ● In 2014, employers will pay QHP issuers directly.

Topic 6: Employee Enrollment

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Describe the process for an employee to complete a SHOP application • Describe how dependents are enrolled in a SHOP • Describe how to add a newly-hired employee in a SHOP
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Agents and brokers can help employees and their dependents complete an application and enroll in a SHOP; employees and their dependents can also register and enroll themselves using an online portal. • There is a straightforward process for an employee to enroll and an annual open enrollment period to make changes. • Employers need to add new employees to their rosters for them to be eligible to enroll in a SHOP.

Topic 7: Enrollment and Annual Renewal

<p>Learning Objectives Upon completion of this topic, you should be able to:</p>	<ul style="list-style-type: none"> • Identify the timelines for initial enrollment • Identify parameters for special enrollment periods (SEP) • Describe the process for renewing each year
<p>Topic Summary The key points from this topic are:</p>	<ul style="list-style-type: none"> • Agents and brokers can help employees enroll in a SHOP; employees can also enter enrollment information online. • There are SEPs for certain triggering events, such as when an individual loses creditable coverage, when an individual moves, marriage, and birth or adoption of a child. • SEPs generally last for 30 days. • There are requirements for COBRA coverage for both the employer and the employee. • Employers will be notified of the annual renewal process 90 days prior to the end of a plan year.