



January 22, 2015

Champions for Coverage:

We are now in the final countdown of Open Enrollment! It is hard to believe that there are only 10 days left and we still have a lot to do to get as many people signed up as possible. Today we are providing you with talking points, social media messaging, and other resources.

This issue provides the latest Marketplace Open Enrollment Week 11 snap shot (including state and locality breakdowns), updated materials, and new Tax and ACA announcements. We want to hear from you! Please email us and share your success stories. We are also taking topics for future webinars. Success stories and webinar requests can be sent to [Champion@cms.hhs.gov](mailto:Champion@cms.hhs.gov).

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## **NEW/UPDATED CONTENT AND WEBINARS**

### **New: Call to Action—Last 10 Days**

This is it – the final countdown!! **Less than 10 days remain before the Jan. 31 deadline for people to sign up for coverage.** With time running out, we need to do everything we can to

make sure people are aware of the deadline and the resources available to help them find the plan that best fits their needs.

### **KEY MESSAGES TO USE NOW:**

- **Time is running out.** January 30 is the last day to sign up for 2016 coverage. Don't miss your chance to sign up for coverage: visit [HealthCare.gov](http://HealthCare.gov) and enroll today.
- **Avoid the penalty.** If you miss this deadline, you'll likely have to wait another year to enroll, and you may be required to pay a penalty when you file your federal income taxes.
- **Financial help.** 8 out of 10 people who sign up for coverage at [HealthCare.gov](http://HealthCare.gov) qualify for financial help to lower the cost of their monthly premiums. After this financial assistance, 7 out of 10 can find plans with premiums for less than \$75 dollars per month.
- **Free enrollment assistance.** If you have questions or want to talk through your options, enrollment specialists are available all day and every day at 1-800-2596. Free, confidential, in-person assistance is also available at enrollment sites and events in many communities: visit [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov).
- **Avoid the last minute rush.** Don't wait until the last minute, visit [HealthCare.gov](http://HealthCare.gov) today to complete your application for 2016 coverage.

### **TAKE ACTION:**

Anything you can do to help raise awareness in your community about the deadline will make a difference. Use the ideas below and additional resources attached to get you started:

- **Email Your List:** One of the most effective ways to help encourage people to sign up is to send them an email with the facts and reminders. Reach out to partners and groups in your community and region that have strong email lists, and encourage them to send a note to their subscribers with a reminder about the deadline. Draft email language to get you started is included in the attached document.
- **Earned Media:** Today is the perfect day to make sure newspapers and local outlets in your community know about the January 31 deadline. Call or email your local reporters and producers. Use the draft pitch language in the attached document to get you started.
- **Here to Help:** To raise awareness about the help being offered around the country, we launched a #HeretoHelp social media campaign. Details about the campaign are included in the attached document. and encourage assistors, navigators, and enrollment groups in your region to participate.
- **Social Media:** Share information about the deadline on Facebook and Twitter, and encourage partners and groups in your community or region to do the same. In the attached document you'll find draft social media content to get you started.

## Talking Points:

### ***[Open Enrollment Progress]***

- **Strong enrollment.** Over 11.5 million Americans have already signed up for 2016 coverage through HealthCare.gov and the state-based Marketplaces.
- **Record demand.** During this Open Enrollment we have seen record demand. In the days leading up to the enrollment deadline for January 1 coverage, there was both an unprecedented amount of traffic at the Marketplace call center and an unprecedented amount of activity on HealthCare.gov.
- **Tremendous progress.** We have more sign ups, more new consumers, and a younger population getting covered than we did last year.
- **Returning consumers are engaged consumers.** Millions of consumers who had 2015 coverage – an impressive 60 percent -- came back to HealthCare.gov to update their information, explore the options available for 2016 and select the plan that best fits their needs.
- **More work to do.** We are focused on making sure families looking for coverage understand their options through the Marketplace, know about the financial assistance available, and have access to the support they need to enroll

### ***[Top Facts for Consumers]***

- **Time is running out.** January 30 is the last day to sign up for 2016 coverage. Don't miss your chance to sign up for coverage: visit HealthCare.gov and enroll today.
- **Avoid the penalty.** If you miss this deadline, you'll likely have to wait another year to enroll, and you may be required to pay a penalty when you file your federal income taxes.
- **Join the millions.** More than 10.5 million Americans have already signed up for 2016 coverage through HealthCare.gov and their state based marketplaces.
- **Financial help is available to make coverage more affordable.** About **8 in 10 of the uninsured** who are eligible for Marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums. In fact, many people can find low-premium plans for **\$75 or less per month**.
- **Picking a plan and signing up for coverage is easier than ever.** Every year we find new ways to make signing-up for a plan simpler. You can even **apply on a cell phone**.
  - A new **Out of Pocket Cost estimator** will help you estimate your total costs for the year including premiums, deductibles, and co-pays.
  - New **Doctor Lookup** and **Prescription Drug Lookup features** are available to help you find out which of your doctors and prescriptions may be covered by each plan before you sign up.
- **Free, expert help is available.** If you have questions about signing up or want to talk through your options with a trained professional, free help is just a call or click away.

- Representatives at the **Call Center** are available 24 hours a day, every day at 1-800-318-2596. Call Center representatives can answer questions and help you enroll in coverage over the phone.
- Free, confidential, **in-person help** is also available at enrollment sites and events in communities across the nation. Visit [LocalHelp.HealthCare.gov](http://LocalHelp.HealthCare.gov) to search for local help in your neighborhood.

### **[The Fee]**

- **We want to make sure people are aware that the penalty is going up next year.** If people choose not to have health insurance in 2016, they are at risk of paying a fee. The fee for not having health insurance in 2016 is \$695 per adult (\$347.50 per child under 18) or 2.5 percent of your annual household income, whichever is higher.
- **The best option is to learn about the tax credits that are available and to enroll in a plan that meets their needs - rather than choosing to get by without insurance and risking having to pay a fee.** About 8 in 10 of the uninsured who are eligible for Marketplace coverage qualify for financial assistance to lower the cost of their monthly premiums. Many people can find low-premium plans for \$75 or less per month.

### **New: Consumer-Facing Outreach Materials from CMS**

Check out these recently-released CMS outreach materials. Partners interested in ordering CMS publications should visit the [CMS Product Ordering website](#).

New materials are being updated and will be posted to [Marketplace.cms.gov](http://Marketplace.cms.gov)

### **New materials:**

Your health coverage affects your federal income tax return. This tool provides certain information you'll need to:

- **Figure out your premium tax credit**  
This tool will provide accurate information about your "second lowest cost Silver plan" (SLCSP). You'll use it to fill out IRS Form 8962, Premium Tax Credit.
- **Claim an "affordability" exemption**  
If you didn't have health coverage because you couldn't afford it, you might not have a pay a penalty. This tool will provide information you need to fill out IRS Form 8965, Health Coverage Exemptions

Click Here: <https://www.healthcare.gov/tax-tool/>

### **Updated: HHS Partnership Center Webinars**

CMS and the HHS Partnership Center have updated webinars on the health care law for faith and other community organizations. To RSVP, please click on the title of the webinar and submit the requested information.

### **Connecting Kids to Coverage**

**February 11 at 3:00 pm ET**

(2:00 pm CT, 1:00 pm MT, Noon PT)

Children and teenagers in your congregation or community may qualify for free or low-cost health insurance coverage through [Medicaid](#) and the [Children’s Health Insurance Program \(CHIP\)](#). Many parents may be eligible for Medicaid as well. Learn about the nationwide effort to identify children and youth eligible for Medicaid and the Children’s Health Insurance Program (CHIP) and get them enrolled.

### **Reminder: The Connecting Kids to Coverage National Campaign Planning an Effective Media Strategy for 2016 Webinar**

The Connecting Kids to Coverage National Campaign is looking forward to another year of providing partners and grantees with strategic and actionable support to carry-out their Medicaid and Children’s Health Insurance Program (CHIP) outreach and enrollment objectives. Over the years, organizations have been able to utilize Campaign materials and resources to bolster their efforts in traditional and non-traditional ways—and that trend will continue in 2016! We invite you to join a Campaign webinar to learn more on how to develop an effective media strategy to support your outreach and enrollment efforts in 2016, with a specific focus on social media strategy.

### **REGISTER HERE**

Join us on **Thursday, January 28 at 2:00 p.m. EST** for the next Connecting Kids to Coverage National Campaign webinar.

### **NEWS AND UPDATES**

#### **New: Health Insurance Marketplace Open Enrollment Snapshot Week 11: January 10, 2016 – January 16, 2016**

Since Open Enrollment began on November 1, about 8.8 million consumers signed-up for health coverage through the HealthCare.gov platform or had their coverage automatically renewed. This week’s snapshot includes weekly and cumulative data for enrollment through HealthCare.gov, a breakdown of cumulative data for 38 states using the HealthCare.gov platform, and cumulative data for local markets.

“As expected, consumer interest is beginning to increase again as we near the deadline for 2016 coverage,” HHS Secretary Sylvia Burwell said. “We know we have more work to do and as we count down to the January 31 final deadline, we’re focused on making sure consumers understand that they must act soon to find affordable health coverage and avoid the fee for choosing to not have health insurance in 2016. Consumers should know that we’re here to help 24 hours a day, 7 days a week.”

As we have previously noted, this year the number of net plan selections accounts for both insurer and consumer-initiated cancellations that occur before the end of Open Enrollment. This is a change from last year, and it will result in a larger number of cancellations being accounted for during, rather than after, Open Enrollment. Last year, cancellations from insurers that happened during Open Enrollment were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there will likely be a smaller difference this year between plan selection totals at the end of Open Enrollment and subsequent effectuated enrollment.

To provide a clearer picture of underlying enrollment trends, starting this week, we are including the weekly net *new* plan selection total. This number is in addition to the plan selection total we have been reporting each week, which includes both new and returning consumers. Net new plan selections take into account new plan selections in the reporting week minus any consumer or insurer-initiated cancellations for new plan selections.

Overall, net plan selections for Week 11 totaled 153,631. Over the same time period, net new plan selections totaled 399,885, about the same as the similar week during last year’s Open Enrollment. Cancellations reflected in the net plan selection number for this week were by and large insurer-initiated cancellations of returning consumers who were automatically enrolled for 2016 but actually had their policies terminated at the end of 2015.

Similar to last year, each week, the Centers for Medicare & Medicaid Services (CMS) will release weekly Open Enrollment snapshots for the HealthCare.gov platform, which is used by the Federally-facilitated Marketplaces and State Partnership Marketplaces, as well as some State-based Marketplaces. These snapshots provide point-in-time estimates of weekly plan selections, call center activity and visits to [HealthCare.gov](http://HealthCare.gov) or [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov). The final number of plan selections associated with enrollment activity to date could fluctuate as plan changes or cancellations occur, such as in response to life changes like starting a new job or getting married. In addition, the weekly snapshot only looks at plan selections and does not include the number of consumers who paid their premiums to effectuate their enrollment.

HHS will continue to produce more detailed reports that look at plan selections across the Federally-facilitated Marketplace and State-based Marketplaces later in the Open Enrollment period.

Definitions and details on the data are included in the glossary.



## Federal Marketplace Snapshot

Federal Marketplace Snapshot	Week 11 Jan 10 – Jan 16	Cumulative Nov 1 – Jan 16
Plan Selections (net)	153,631	8,836,102
Applications Submitted (Number of Consumers)	560,581	11,627,465
Call Center Volume	1,138,599	11,535,731
Average Call Center Wait Time	8 minutes 32 seconds	10 minutes 20 seconds
Calls with Spanish Speaking Representative	81,358	700,632
Average Wait for Spanish Speaking Rep	29 seconds	21 seconds
HealthCare.gov Users	3,107,502	23,491,161
CuidadoDeSalud.gov Users	262,859	1,305,585
Window Shopping HealthCare.gov Users	730,139	8,032,535
Window Shopping CuidadoDeSalud.gov Users	15,443	159,445

## HealthCare.gov State-by-State Snapshot

Consumers across the country continued to explore their health insurance options by reaching out to a call center representative at 1-800-318-2596, attending enrollment events in their local communities, or visiting [HealthCare.gov](http://HealthCare.gov) or [CuidadoDeSalud.gov](http://CuidadoDeSalud.gov). Individual plan selections for the states using the HealthCare.gov platform include:

Week 11	Cumulative Plan Selections Nov 1 – Jan 16
Alabama	180,109
Alaska	21,830
Arizona	182,828
Arkansas	68,101
Delaware	26,334
Florida	1,605,623
Georgia	535,918
Hawaii	12,764
Illinois	354,962
Indiana	185,100
Iowa	51,575
Kansas	92,380
Louisiana	195,261
Maine	79,789

Michigan	327,674
Mississippi	97,909
Missouri	266,036
Montana	55,875
Nebraska	82,245
Nevada	77,717
New Hampshire	51,935
New Jersey	266,726
New Mexico	49,777
North Carolina	569,649
North Dakota	20,326
Ohio	225,173
Oklahoma	133,574
Oregon	137,820
Pennsylvania	415,351
South Carolina	211,846
South Dakota	23,890
Tennessee	245,566
Texas	1,152,013
Utah	159,623
Virginia	391,155
West Virginia	35,080
Wisconsin	224,719
Wyoming	21,849

### HealthCare.gov Local Market Snapshot

The Week 11 snapshot includes a look at plan section by Designated Market Areas (DMAs) which are local media markets. These data provides another level of detail to better understand total plan selections within local communities. Some DMAs include one or more counties in a state that is not using the HealthCare.gov platform in 2016. Plan selections for those DMAs only include data for the portions of these areas that are using the HealthCare.gov platform, so the cumulative totals in the snapshot do not represent plan selections for the entire DMA. In addition, some DMAs cross into multiple states that use the HealthCare.gov platform and those totals are cumulative for all HealthCare.gov states in that DMA. Because some communities do not fall into a DMA, cumulative plan selections for local markets will not total to the national cumulative plan selection number.

Local Markets in HealthCare.gov States	State	Cumulative Plan Selections Nov 1 – Jan 16
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Abilene-Sweetwater	Texas	9,769
Albany	Georgia	15,452
Albuquerque-Santa Fe	New Mexico	42,596
Alexandria	Louisiana	9,020
Alpena	Michigan	1,954
Amarillo	Texas	13,848
Anchorage	Alaska	14,129
Atlanta	Georgia	405,103
Augusta	Georgia	30,659
Austin	Texas	114,782
Bangor	Maine	22,451
Baton Rouge	Louisiana	41,611
Beaumont-Port Arthur	Texas	13,940
Bend	Oregon	10,166
Billings	Montana	15,843
Biloxi-Gulfport	Mississippi	9,186
Birmingham (Ann and Tusc)	Alabama	71,533
Bluefield-Beckley-Oak Hill	West Virginia	7,391
Boise	Idaho	875*
Boston (Manchester)	Massachusetts	41,480
Buffalo	New York	1,270
Burlington-Plattsburgh	Vermont	4,876
Butte-Bozeman	Montana	9,366
Casper-Riverton	Wyoming	4,794
Cedar Rapids-Wtrlo-Iwc & Dub	Iowa	15,739
Champaign & Sprngfld-Decatur	Illinois	23,165
Charleston	South Carolina	43,332
Charleston-Huntington	West Virginia	15,858
Charlotte	North Carolina	193,013
Charlottesville	Virginia	15,421
Chattanooga	Tennessee	36,984
Cheyenne-Scottsbluf	Wyoming	6,229
Chicago	Illinois	283,454
Cincinnati	Ohio	45,635
Clarksburg-Weston	West Virginia	5,816
Cleveland-Akron (Canton)	Ohio	80,768
Columbia	South Carolina	40,916
Columbia-Jefferson City	Missouri	21,177
Columbus	Georgia	18,992
Columbus	Ohio	44,091
Columbus-Tupelo-West Point	Mississippi	13,046

Corpus Christi	Texas	18,177
Dallas-Ft. Worth	Texas	341,290
Davenport-R. Island-Moline	Iowa/Illinois	16,579
Dayton	Ohio	22,006
Denver	Colorado	6,863
Des Moines-Ames	Iowa	19,184
Detroit	Michigan	170,085
Dothan	Alabama	9,015
Duluth-Superior	Minnesota	6,558
El Paso (Las Cruces)	Texas	59,098
Elmira (Corning)	New York	1,149*
Erie	New York	8,686
Eugene	Oregon	19,252
Evansville	Indiana	14,039
Fairbanks	Alaska	2,644
Fargo-Valley City	North Dakota	10,557
Flint-Saginaw-Bay City	Michigan	29,904
Ft. Myers-Naples	Florida	85,960
Ft. Smith-Fay-Sprngdl-Rgrs	Arkansas	21,967
Ft. Wayne	Indiana	21,615
Gainesville	Florida	18,543
Glendive	Montana	530*
Grand Rapids-Kalmzoo-B.Crk	Michigan	66,347
Great Falls	Montana	7,763
Green Bay-Appleton	Wisconsin	49,711
Greensboro-H.Point-W.Salem	North Carolina	102,010
Greenville-N.Bern-Washngtn	North Carolina	41,113
Greenvll-Spart-Ashevll-And	North Carolina	112,382
Greenwood-Greenville	Mississippi	6,748
Harlingen-Wslco-Brnsvl-Mca	Texas	50,320
Harrisburg-Lncstr-Leb-York	Pennsylvania	60,850
Harrisonburg	Virginia	11,846
Hattiesburg-Laurel	Mississippi	10,713*
Helena	Montana	2,581*
Honolulu	Hawaii	12,764
Houston	Texas	307,320
Huntsville-Decatur	Alabama	36,120
Idaho Falls-Pocatello	Idaho	2,735
Indianapolis	Indiana	84,951
Jackson	Mississippi	38,481
Jackson	Tennessee	11,105

Jacksonville	Florida	96,077
Johnstown-Altoona	Pennsylvania	19,165
Jonesboro	Arkansas	5,542
Joplin-Pittsburg	Missouri	15,012
Juneau	Alaska	3,010*
Kansas City	Kansas/Missouri	100,895
Knoxville	Tennessee	49,047
La Crosse-Eau Claire	Wisconsin	23,268
Lafayette	Indiana	3,151
Lafayette	Louisiana	24,353
Lake Charles	Louisiana	6,591*
Lansing	Michigan	14,655
Laredo	Texas	13,439
Las Vegas	Nevada	54,556
Lima	Ohio	1,589
Lincoln & Hastings-Krny	Nebraska	36,727
Little Rock-Pine Bluff	Arkansas	32,998
Louisville	Kentucky	8,460
Lubbock	Texas	12,640
Macon	Georgia	21,651
Madison	Wisconsin	33,226
Marquette	Michigan	9,404
Medford-Klamath Falls	Oregon	13,958
Memphis	Tennessee	58,688
Meridian	Mississippi	3,875*
Miami-Ft. Lauderdale	Florida	598,705
Milwaukee	Wisconsin	82,131
Minneapolis-St. Paul	Minnesota	11,002
Minot-Bismarck-Dickinson	North Dakota	11,450
Missoula	Montana	19,763
Mobile-Pensacola (Ft Walt)	Alabama	61,941
Monroe-El Dorado	Louisiana/Arkansas	19,860
Montgomery-Selma	Alabama	18,961*
Myrtle Beach-Florence	Florida	38,795
Nashville	Tennessee	97,599
New Orleans	Louisiana	80,809
New York	New York	210,936
Norfolk-Portsmth-Newpt News	Virginia	76,664
North Platte	Nebraska	1,660
Odessa-Midland	Texas	11,827
Oklahoma City	Oklahoma	67,566

Omaha	Nebraska	36,754
Orlando-Daytona Bch-Melbrn	Florida	299,858
Ottumwa-Kirksville	Missouri	3,615
Paducah-Cape Girard-Harsbg	Illinois/Kentucky/Missouri	20,351
Panama City	Florida	20,792
Parkersburg	West Virginia	2,815
Peoria-Bloomington	Illinois	12,857
Philadelphia	Pennsylvania	274,630
Phoenix (Prescott)	Arizona	129,985
Pittsburgh	Pennsylvania	78,213
Portland	Oregon	89,967
Portland-Auburn	Maine	58,465
Presque Isle	Maine	4,058
Quincy-Hannibal-Keokuk	Illinois/Missouri/Iowa	7,130
Raleigh-Durham (Fayetvll)	North Carolina	152,541
Rapid City	South Dakota	7,368
Reno	Nevada	21,557
Richmond-Petersburg	Virginia	74,425
Roanoke-Lynchburg	Virginia	47,907
Rochestr-Mason City-Austin	Minnesota/Iowa	1,337
Rockford	Illinois	12,469
Salisbury	Maryland	6,780
Salt Lake City	Utah	160,143
San Angelo	Texas	4,414
San Antonio	Texas	103,816
Savannah	Georgia	44,633
Sherman-Ada	Texas	9,042
Shreveport	Louisiana	34,199
Sioux City	Iowa	9,997
Sioux Falls(Mitchell)	South Dakota	17,846
South Bend-Elkhart	Indiana	23,983
Spokane	Washington	1,269
Springfield	Missouri	52,704
St. Joseph	Missouri	3,735
St. Louis	Missouri	122,974
Tallahassee-Thomasville	Florida	25,540
Tampa-St. Pete (Sarasota)	Florida	259,086
Terre Haute	Indiana	9,541
Toledo	Ohio	17,773
Topeka	Kansas	11,748
Traverse City-Cadillac	Michigan	25,184

Tri-Cities	Tennessee	24,636
Tucson (Sierra Vista)	Arizona	31,023
Tulsa	Oklahoma	46,247
Tyler-Longview(Lfkn&Ncgd)	Texas	22,605
Victoria	Texas	2,121
Waco-Temple-Bryan	Texas	25,438
Washington, DC (Hagerstown)		165,980
Wausau-Rhineland	Wisconsin	20,470
West Palm Beach-Ft. Pierce	Florida	179,009
Wheeling-Steubenville	Ohio	6,242
Wichita Falls & Lawton	Texas	10,011
Wichita-Hutchinson Plus	Kansas	35,250
Wilkes Barre-Scranton	Pennsylvania	44,805
Wilmington	Delaware	31,680
Yakima-Pasco-RchInd-Knnwck	Oregon	1,741
Youngstown	Ohio	12,976
Yuma-El Centro	Arizona	3,537
Zanesville	Ohio	1,231

*\*Because there was a change of 11 or fewer enrollments for Week 11, data for Week 10 was used as a placeholder to adhere to privacy standards.*

### **Glossary**

**Plan Selections:** The weekly and cumulative metrics provide a preliminary total of those who have submitted an application and selected a plan. Each week’s plan selections reflect the total number of plan selections for the week and cumulatively from the beginning of Open Enrollment to the end of the reporting period, net of any cancellations from a consumer or cancellations from an insurer during that time.

Because of further automation in communication with insurers, the number of net plan selections reported this year account for insurer-initiated plan cancellations that occur before the end of Open Enrollment for reasons such as non-payment of premiums. This change will result in a larger number of cancellations being accounted for during Open Enrollment than last year. Last year, these cancellations were reflected only in reports on effectuated enrollment after the end of Open Enrollment. As a result, there may also be a smaller difference this year between plan selections at the end of Open Enrollment and subsequent effectuated enrollment, although some difference will remain because plan cancellations related to non-payment of premium will frequently occur after the end of Open Enrollment.

Plan selections include those consumers who are automatically re-enrolled into their current plan or another plan with similar benefits, which occurs at the end of December.

To have their coverage effectuated, consumers generally need to pay their first month’s health plan premium. This release does not include totals for effectuated enrollments.

**Net New Plan Selections:** Weekly net new plan selections take into account new plan selections minus any consumer or insurer-initiated cancelations for new plan selections.

**Marketplace:** Generally, references to the Health Insurance Marketplace in this report refer to 38 states that use the HealthCare.gov platform. The states using the HealthCare.gov platform are Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, Nevada, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wisconsin, and Wyoming.

**HealthCare.gov States:** The 38 states that use the HealthCare.gov platform for the 2016 benefit year, including the Federally-facilitated Marketplace, State Partnership Marketplaces and State-based Marketplaces.

**Local Markets:** Cumulative plan selections for local markets are based on Designated Market Areas (DMAs) which are media markets. Some DMAs include one or more counties in a state that is not using the HealthCare.gov platform in 2016. Plan selections for those DMAs only include data for the portions of these areas that are using the HealthCare.gov platform, so the cumulative totals in the snapshot do not represent plan selections for the entire DMA.

**Applications Submitted:** This includes a consumer who is on a completed and submitted application or who, through the automatic re-enrollment process, which occurs at the end of December, had an application submitted to a Marketplace using the HealthCare.gov platform. If determined eligible for Marketplace coverage, a new consumer still needs to pick a health plan (i.e., plan selection) and pay their premium to get covered (i.e., effectuated enrollment). Because families can submit a single application, this figure tallies the total number of people on a submitted application (rather than the total number of submitted applications).

**Call Center Volume:** The total number of calls received by the Federally-facilitated Marketplace call center over the course of the week covered by the snapshot or from the start of Open Enrollment. Calls with Spanish speaking representatives are not included.

**Calls with Spanish Speaking Representative:** The total number of calls received by the Federally-facilitated Marketplace call center where consumers chose to speak with a Spanish-speaking representative. These calls are not included within the Call Center Volume metric.

**Average Call Center Wait Time:** The average amount of time a consumer waited before reaching a customer service representative. The cumulative total averages wait time over the course of the extended time period.

**[HealthCare.gov](#) or [CuidadodeSalud.gov](#) Users:** These user metrics total how many unique users viewed or interacted with [HealthCare.gov](#) or [CuidadodeSalud.gov](#) , respectively, over the

course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once.

**Window Shopping HealthCare.gov Users or CuidadoDeSalud.gov Users:** These user metrics total how many unique users interacted with the window-shopping tool at HealthCare.gov or CuidadoDeSalud.gov, respectively, over the course of a specific date range. For cumulative totals, a separate report is run for the entire Open Enrollment period to minimize users being counted more than once during that longer range of time and to provide a more accurate estimate of unique users. Depending on an individual's browser settings and browsing habits, a visitor may be counted as a unique user more than once. Users who window-shopped are also included in the total [HealthCare.gov](https://www.healthcare.gov) or [CuidadoDeSalud.gov](https://www.cuidadodesalud.gov) user total.

## **New: Clarifying, Eliminating and Enforcing Special Enrollment Periods**

As the Health Insurance Marketplace grows and matures, we continue to listen and learn to find ways to make it work even better for consumers and those who serve consumers. We know that each year, as the Marketplace evolves, we must seek to continually adapt and refine the way we operate. In addition to continually improving the consumer experience, we also must make changes to keep the Marketplace vibrant, stable and strong.

The fundamental principles to achieve this are simple: the Marketplace must be attractive for consumers, and the Marketplace must be attractive for insurance companies that offer plans on it.

Consumers need to know that affordable options are available and that insurers are competing for their business. We know that consumers want affordable health care and value the insurance they're finding at the Health Insurance Marketplaces. This Open Enrollment we've seen a significant influx of new consumers – many of them young – making it clear there is still a large untapped market for insurance companies to serve.

The Marketplace must also be attractive to insurers, so that they make quality plans available at affordable prices and continue to drive innovation, and so consumers can find plans that meet their health and budget needs. Building an attractive Marketplace starts with establishing a predictable, stable set of rules that help to keep the risk pool balanced. As the Marketplace grows and evolves, we continue to analyze data to understand how our rules are impacting insurers and consumers and to make sure they are working to sustain a stable Marketplace. By having clear rules for how the Marketplace operates and making adjustments when needed, we are creating a more stable rate environment with more affordable plan choices for consumers.

One of the areas we have been reviewing closely is the special enrollment periods we offer. Special enrollment periods are an important way to make sure that people who lose their health insurance during the year or who experience a major life change like getting married or having a child, have the opportunity to enroll in coverage through the Marketplaces. People who experience these qualifying events have the opportunity to enroll in coverage outside of the normal Open Enrollment period from November 1 to January 31, similar to how enrollment works in the employer market. In addition, in the first two years of the Marketplace, a number of special enrollment periods were created for consumers who were still learning how to enroll in coverage for the first time.

As the Marketplace matures and consumers learn more about how and when to enroll, we continue to review the rules around special enrollment periods in order to keep them fair for consumers and for issuers. We are taking initial steps in adjusting how special enrollment periods work – and will continue to make further adjustments in the future based on what we learn from continued monitoring and analysis of special enrollment period usage and compliance.

The action we are taking today announces the **elimination of several unnecessary special enrollment periods, clarifies the definitions of other special enrollment periods, and provides stronger enforcement** so that special enrollment periods serve the purpose for which they are intended and do not provide unintended loopholes.

1. **Eliminating Unnecessary Special Enrollment Periods:** Last month, we announced that the Tax Season special enrollment period will no longer be offered. Today we are announcing the elimination of six other special enrollment periods that are no longer needed. Just as the Marketplace evolves, so too does consumer behavior. The rules we use to operate the Marketplace need to keep up with these changes. As such, special enrollment periods are no longer available for:
  - Consumers who enrolled with too much in advance payments of the premium tax credit because of a redundant or duplicate policy
  - Consumers who were affected by an error in the treatment of Social Security Income for tax dependents
  - Lawfully present non-citizens that were affected by a system error in determination of their advance payments of the premium tax credit
  - Lawfully present non-citizens with incomes below 100% FPL who experienced certain processing delays
  - Consumers who were eligible for or enrolled in COBRA and not sufficiently informed about their coverage options
  - Consumers who were previously enrolled in the Pre-Existing Condition Health Insurance Program

We'll continue to monitor how special enrollment periods are used and may make changes in the future as Marketplace systems and operations continue to improve.

2. **Clarifying Eligibility:** Our review of current special enrollment periods also showed that some of the eligibility guidelines need to be further clarified so consumers can

understand the intent and so they will not be abused. Today we are updating guidance to more clearly define the special enrollment period that is available to consumers who permanently moved, and as a result, gained access to new health plans. Specifically, we clarify that this special enrollment period cannot be used for a short-term or temporary move where the consumer doesn't plan to stay in their new location, including situations in which a consumer is admitted to a hospital for treatment in a different area. This clarification is intended to assist consumers, brokers, issuers and others in understanding who is eligible for this special enrollment period.

If we identify other areas where the rules for special enrollment periods are unclear, we will issue additional clarifying guidance as needed.

3. **Enforcing the Rules:** Finally, we will take steps to make sure that consumers understand and comply with the rules. We will conduct an assessment of plan selections that are made through certain special enrollment periods to evaluate whether consumers properly accessed coverage. Our program integrity team will pull samples of consumer records nationally and may request additional information from some consumers or take other steps to validate that consumers properly qualified for these special enrollment periods. The findings from the assessment will help us to inform future policy and operational improvements to enhance program integrity. Additional details will be provided in the coming weeks.

We will also emphasize more strongly to applicants that the law requires that consumers provide accurate information to the Marketplace, and they may be subject to penalties under federal law if they intentionally provide false or untrue information.

There is still time for consumers who need coverage to enroll during the Open Enrollment period that ends on January 31<sup>st</sup>. While there will continue to be special enrollment periods for people who lose coverage mid-year or experience other life changes, this channel for enrollment will not be available for the vast majority of consumers. For example, special enrollment periods are not allowed for people who choose to remain uninsured and then decide they need health insurance when they get sick. Consumers who do not currently have other health insurance coverage should enroll through the Marketplace now during these last two weeks of Open Enrollment, to make sure they have coverage if they get sick and to avoid the tax penalty.

Read more here: <http://blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods/>

## TAX UPDATES

### New: Fact Sheet from the Departments of the Treasury and Health and

## **Human Services on Preparing for Tax Season**

As tax filing season begins, the U.S. Department of Health and Human Services and the Treasury Department are once again putting in place resources to help tax filers understand how health care intersects with their taxes. Reporting information about health coverage is still a new process, but it is becoming a routine part of tax season. In order to help address questions individuals may have about their responsibilities, the Administration is highlighting available resources and tools to help make the process as easy as possible.

Mark Mazur, Treasury Assistant Secretary for Tax Policy, and Kevin Counihan, CEO of the Health Insurance Marketplace, released the following statements today providing an overview of the consumer support and assistance the Administration will provide:

### **Assistant Secretary for Tax Policy, Mark Mazur:**

“While this is only the second year that taxpayers need to report information about their health coverage when filing their income tax returns, we expect that these requirements will soon become a routine part of tax time. The vast majority of Americans simply need to check a box on their tax return to indicate they had health coverage all year. Others who chose not to purchase health insurance may have to pay a fee, or can claim an exemption if they qualify. We are working to ensure that consumers can easily access clear information on what the requirements mean for them as they prepare to file their taxes.”

### **CEO of the Health Insurance Marketplace, Kevin Counihan:**

“Because of the Health Insurance Marketplaces, millions of Americans have gotten the security that comes with having quality, affordable health insurance. With most of these consumers receiving tax credits to make their monthly premiums more affordable, it’s important that we do everything we can to arm these consumers with the information they need to better understand their responsibilities when it comes to filing their taxes. With less than two weeks before the final January 31 deadline for 2016 coverage, it’s also important that every uninsured American understands their options for finding affordable health coverage so they don’t risk paying a penalty of \$695 or more for not having coverage in 2016.”

Similar to last year, the vast majority of taxpayers just need to check a box to indicate they have coverage. While those who can afford to buy health insurance and choose not to may have to pay a fee, individuals who cannot afford coverage or meet other conditions can receive an exemption. Those with Marketplace coverage will receive a tax statement in the mail from the Marketplace called a Form 1095-A. Now that people know their final income for the year, they need to reconcile the difference between the amount of financial assistance they received during the year to help lower the cost of their premiums with the actual amount they should have received based on their 2015

earnings. Information included on their Form 1095-A will help them do this. Consumers who do not file a tax return to reconcile their financial assistance will not be eligible to receive financial help in future years.

This year, many consumers with coverage from a non-Marketplace source will receive a new form in the mail called a Form 1095-B or a Form 1095-C, describing the coverage they had for the year. This form will be sent by their employer, insurance company, or the government program that provides their coverage, such as Medicare or Medicaid. Consumers do not need to attach this information to their tax return or wait to receive the form before filling their tax return. If consumers do receive one of these forms, they should keep it in a safe place with their other tax records.

Tools are available for individuals who have questions about their tax filing responsibilities under the Affordable Care Act. General resources can be found at [www.IRS.gov/Affordable-Care-Act](http://www.IRS.gov/Affordable-Care-Act) or [www.HealthCare.gov/taxes/](http://www.HealthCare.gov/taxes/). A sampling of some of resources available, include:

- **IRS:** [Affordable Care Act Provisions for Individuals and Families](#)
- **IRS:** [Questions and Answers about Health Care Information Forms for Individuals \(Forms 1095-A, 1095-B, and 1095-C\)](#)
- **HHS:** [2015 Taxes & Your Health Insurance](#)
- **HHS:** [Getting Ready for Tax Season](#)
- **The Marketplace call center can be reached at 1-800-318-2596.**

Most people use software to file their taxes, which is the easiest way to complete a tax return, as it guides taxpayers through the process and does all of the math. [Resources are available to help file taxes](#), including free tax filing services for individuals who meet certain income requirements:

- [Free In-Person Volunteer Assistance through the Volunteer Income Tax Assistance \(VITA\) and Tax Counseling for the Elderly \(TCE\) programs.](#)
- [Free Software Returns through IRS Free File for taxpayers with incomes below \\$60,000.](#)
- [Commercial software.](#)
- [Professional assistance.](#)

There are also tools available through HealthCare.gov that help consumers understand if they qualify for an exemption and if they had coverage, how much in tax credits they may qualify for based on their income.

- **Exemption Tool:** An [online tool](#) is available on HealthCare.gov to help consumers who did not have insurance last year understand if they might qualify for an exemption.
- **Premium Tax Credit Tool:** Use a tool to get information you may need [to determine your 2015 premium tax credit.](#)

To reach consumers with the information they need to prepare for this tax season, the Administration will employ a variety outreach strategies. Outreach and consumer education efforts will include:

- **Direct outreach to Marketplace consumers.** Through email, phone, and text messages the Administration will reach out to those who got coverage through the Health Insurance Marketplace with personalized information that is most relevant to their tax status. We will provide targeted messaging to consumers who benefited from advance premium tax credits to make sure they understand their responsibility to file their taxes and reconcile their tax credits.
- **Community-based outreach and in-person assistance.** Working with community organizations on the ground, nonprofit organizations, Marketplace navigators and other in-person assisters, we will provide guidance and resources to consumers looking for answers.
- **Partnerships with top tax preparers.** The Administration will continue to work with top tax preparers to provide consumers with the information they need to prepare for tax season.

The fact sheet is also available here: <http://www.hhs.gov/about/news/2016/01/20/fact-sheet-from-the-departments-of-the-treasury-and-health-and-human-services.html>

### **Reminder: Tax Updates 1095-A, 1095-B, 1095-Cs**

Like last year, assisters can help consumers who enrolled in coverage through the Health Insurance Marketplaces and received advance payments of the premium tax credit (APTC) understand the [Form 1095-A](#) that they receive from the Marketplace. Consumers must use the Form 1095-A to complete [Form 8962](#) when they file their taxes. These forms allow consumers to reconcile the total APTC they received during 2015 with the amount of [premium tax credit \(PTC\)](#) for which they are eligible based on their final 2015 income and household information. **Additionally, like last year, assisters may not provide assistance with filing taxes,** unless you are also a licensed tax preparer.

**Update:** [New Forms 1095-B and 1095-C](#)

This year, some consumers will receive Forms [1095-B](#) or [1095-C](#). Like Form 1095-A, Forms 1095-B and C will provide consumers with information about their health coverage during the prior year. Consumers who have health coverage through the Marketplace and receive a Form 1095-A might also receive a Form 1095-B or Form 1095-C if they or members of their household had coverage in 2015 through other programs or plans outside of the Marketplace. **Individuals who have questions about a Form 1095-B or 1095-C should contact the entity that provided them with the form.**

Forms 1095-C will be provided to consumers by certain large employers. Forms 1095-B will be provided to consumers by health insurance providers, such as health insurance companies and

government agencies including Medicare, Medicaid or CHIP. Insurance issuers and carriers aren't required to file Form 1095-B to report coverage in individual market qualified health plans that individuals enroll in through Health Insurance Marketplaces. This coverage generally is reported by Marketplaces on Form 1095-A. However, health insurance issuers will file Form 1095-B to report on coverage for employees obtained through the Small Business Health Options Program (SHOP).

([Click here](#) to view an IRS Q&A with more information about who will receive Forms 1095).

Note that while the deadline for the Marketplace to provide Form 1095-A is February 1, 2016, the deadline for insurers, other coverage providers, and certain employers to provide Forms 1095-B and 1095-C has been extended to March 31, 2016. Consumers expecting to receive a Form 1095-A should wait to file their 2015 income tax return until they receive that form, but it is not necessary to wait for Forms 1095-B or 1095-C in order to file.

[Click here](#) to view the IRS Q&A that offers more about new tax forms related to the health care law, including when consumers will receive these forms, how they should use them, and who will provide them.

## SOCIAL MEDIA UPDATES

### New Year/Holidays

- Find affordable health coverage to start the New Year! <http://go.cms.gov/EnrollJan31>  
#GetCovered @healthcaregov
  - Encuentra un seguro de salud para empezar el #AñoNuevo #Asegúrate en @CuidadoDeSalud <http://go.cms.gov/31Enero2016>
- The clock is ticking! Visit @healthcaregov and start the New Year right with 2016 coverage. #GetCovered <http://go.cms.gov/B4Jan31>
  - ¡El tiempo corre! Viste @CuidadoDeSalud y empiece bien el #AñoNuevo con seguro de salud. <http://go.cms.gov/31Enero> #Asegúrate
- Make an important investment in your health for the New Year @healthcaregov <http://go.cms.gov/B4Jan31>
  - Invierte en tu salud este #AñoNuevo. #Asegúrate en @CuidadoDeSalud <http://go.cms.gov/31Enero2016>
- Most people qualify for financial help. Explore your options to #GetCovered @healthcaregov <http://go.cms.gov/B4Jan31>
  - La mayoría de personas califican para ayuda financiera. Explora tus opciones. #Asegúrate @CuidadoDeSalud <http://go.cms.gov/31Enero>
- Find the 2016 plan that fits your budget and needs. <http://go.cms.gov/EnrollJan31>  
#GetCovered
  - Encuentra un seguro de salud para el 2016 que se ajuste a tu presupuesto y necesidades. <http://go.cms.gov/31Enero> #Asegúrate

## **HHS BLOG POSTS AND PRESS RELEASES ABOUT THE AFFORDABLE CARE ACT AND HEALTHCARE.GOV**

**Blog Posts: On the Road for Open Enrollment Following HHS Secretary Sylvia Mathews Burwell's travels around the country.**

<https://medium.com/@HHSGov/on-the-road-for-open-enrollment-fe01a8b48358#.fm4pagep8>

### **Blog Post from Wednesday, January 20**

Title: Mariafernanda's #GetCovered Story: Young, Healthy and Insured

Link: <http://www.hhs.gov/blog/2016/01/20/mariafernandas-getcovered-story-young-healthy-and-insured.html>

### **Blog Post from Tuesday, January 19**

Title: Clarifying, Eliminating and Enforcing Special Enrollment Periods

Link: <http://blog.cms.gov/2016/01/19/clarifying-eliminating-and-enforcing-special-enrollment-periods/>

### **Blog post from Friday, January 15**

Title: What to know about 2015 taxes and your health insurance

Link: <https://www.healthcare.gov/blog/what-to-know-about-2015-taxes-and-health-insurance/>

### **Blog post from Friday, January 15**

Title: Urgent: Less than 2 weeks left to get health coverage for 2016

Link: <https://www.healthcare.gov/blog/less-than-2-weeks-to-get-2016-health-insurance/>

### **Blog post from Friday, January 15**

Title: Making Sure African-Americans Get Covered

Link: <http://www.hhs.gov/blog/2016/01/15/making-sure-african-americans-get-covered.html>

### **Blog post from Friday, January 15**

Title: Don't Miss The January 15 Deadline for February Coverage!

Link: <http://www.hhs.gov/blog/2016/01/15/dont-miss-january-15-deadline-for-february-coverage.html>

## **WHITE HOUSE BLOG POSTS ABOUT THE AFFORDABLE CARE ACT AND HEALTHCARE.GOV**

### **Blog post from Friday, January 15**

Title: With Two Weeks Left of Open Enrollment, Here's How Healthy Communities Are Paving the Way

Link: <https://www.whitehouse.gov/blog/2016/01/15/two-weeks-left-open-enrollment-heres-how-healthy-communities-are-paving-way>

*-CMS Office of Communications, Partner Relations Group*