



January 29, 2015

Champions for Coverage:

This is it...we are down to the final weekend of open enrollment! The latest enrollment snapshot reports nearly 9 million people have signed up for coverage on HealthCare.gov. There have also been reports that many uninsured do not know about the enrollment deadline. As always, there is still work to be done to get people enrolled by January 31st. We know you will be busy this weekend and we thank you in advance for the handwork during the final push!

This issue provides the latest Marketplace Open Enrollment Week 12 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.

- I. **New: Consumer-Facing Outreach Materials from CMS**
- II. **Updated: HHS Partnership Center Webinars**
- III. **Reminder: The Connecting Kids to Coverage National Campaign Planning an Effective Media Strategy for 2016 Webinar**
- IV. **New: Health Insurance Marketplace Open Enrollment Snapshot Week 12: January 17, 2016 – January 23, 2016**
- V. **New: Medicaid & CHIP: November 2015 Monthly Applications, Eligibility Determinations and Enrollment Report**
- VI. **Reminder: Clarifying, Eliminating and Enforcing Special Enrollment Periods**
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[New/UPDATED CONTENT AND WEBINARS](#)

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](https://marketplace.cms.gov)

New materials:

Fact Sheet Applying for Coverage After Medicaid/CHIP denial

<https://marketplace.cms.gov/outreach-and-education/applying-for-coverage.pdf>

Video for Young Adults Protect Yourself, Protect Your Health

<https://www.youtube.com/watch?v=Y15cT9LKxpo&feature=youtu.be>

Drop in article Get Ready to Enroll in the SHOP Marketplace

<https://marketplace.cms.gov/outreach-and-education/get-ready-to-enroll-in-shop.pdf>

Drop in article SHOP Marketplace Insurance Basics

<https://marketplace.cms.gov/outreach-and-education/shop-marketplace-insurance-basics.pdf>

Drop in article Working With An Agent or Broker in the SHOP Marketplace

<https://marketplace.cms.gov/outreach-and-education/working-with-agent-broker-shop.pdf>

Appeals resources available:

- [HealthCare.gov – “How to appeal a Marketplace decision”](#)
- [Fact sheet and instructions - Appealing Eligibility Decisions in the Health Insurance Marketplace](#)
- [Infographic – “Steps for a Marketplace Appeal”](#)

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.

NEWS AND UPDATES

New: Health Insurance Marketplace Open Enrollment Snapshot

Week 12: January 17, 2016 – January 23, 2016

With the final January 31 deadline just days away, about 8.9 million consumers have 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.

"The clock is ticking with just four days left before January 31, the final enrollment deadline for 2016 health coverage," said U.S. Secretary for Health and Human Services, Sylvia Burwell. "We are focused on making sure people know that financial help is available, the deadline is fast approaching and that we're here to help them enroll – so that they don't risk having to pay a penalty of \$695 or more for not having health insurance."

Overall, net plan selections for Week 12 totaled 103,172. Over the same time period, net new plan selections totaled 144,971. 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. As a reminder, 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. There will likely be a smaller difference this year between plan selection totals at the end of Open Enrollment and subsequent effectuated enrollment.

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 or 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 12 Jan 17 – Jan 23	Cumulative Nov 1 – Jan 23
Plan Selections (net)	103,172	8,939,274
Applications Submitted (Number of Consumers)	*	*
Call Center Volume	918,603	12,454,334
Average Call Center Wait Time	4 minutes 25 seconds	9 minutes 48 seconds
Calls with Spanish Speaking Representative	73,956	774,588
Average Wait for Spanish Speaking Rep	14 seconds	21 seconds
HealthCare.gov Users	2,693,592	25,367,559
CuidadoDeSalud.gov Users	202,424	1,475,339
Window Shopping HealthCare.gov Users	492,562	8,390,521
Window Shopping CuidadoDeSalud.gov Users	11,311	168,101

* Applications submitted could not be validated this week.

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](https://www.healthcare.gov) or [CuidadoDeSalud.gov](https://www.cuidadodesalud.gov). Individual plan selections for the states using the HealthCare.gov platform include:

Week 12	Cumulative Plan Selections Nov 1 – Jan 23
Alabama	182,895

Alaska	21,853
Arizona	185,459
Arkansas	68,622
Delaware	26,538
Florida	1,623,718
Georgia	543,142
Hawaii	13,194
Illinois	358,353
Indiana	185,710
Iowa	51,964
Kansas	93,852
Louisiana	198,511
Maine	80,399
Michigan	329,017
Mississippi	99,967
Missouri	268,445
Montana	55,891
Nebraska	82,884
Nevada	79,055
New Hampshire	52,331
New Jersey	268,847
New Mexico	50,603
North Carolina	575,374
North Dakota	20,393
Ohio	226,421
Oklahoma	135,448
Oregon	138,862
Pennsylvania	417,707
South Carolina	215,503
South Dakota	24,267
Tennessee	248,387
Texas	1,174,314
Utah	162,006
Virginia	394,896
West Virginia	35,217
Wisconsin	227,129

Wyoming

22,100

HealthCare.gov Local Market Snapshot

The Week 12 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 23
Abilene-Sweetwater	Texas	9,923
Albany	Georgia	15,854
Albuquerque-Santa Fe	New Mexico	43,245
Alexandria	Louisiana	9,252
Alpena	Michigan	1,954*
Amarillo	Texas	14,024
Anchorage	Alaska	14,141
Atlanta	Georgia	410,182
Augusta	Georgia	31,166
Austin	Texas	115,970
Bangor	Maine	22,631
Baton Rouge	Louisiana	42,225
Beaumont-Port Arthur	Texas	14,249
Bend	Oregon	10,216
Billings	Montana	15,916
Biloxi-Gulfport	Mississippi	9,385
Birmingham (Ann and Tusc)	Alabama	72,619
Bluefield-Beckley-Oak Hill	West Virginia	7,458

Boise	Idaho	875**
Boston (Manchester)	Massachusetts	41,806
Buffalo	New York	1,258
Burlington-Plattsburgh	Vermont	4,906
Butte-Bozeman	Montana	9,354
Casper-Riverton	Wyoming	4,883
Cedar Rapids-Wtrlo-lwc & Dub	Iowa	15,848
Champaign & Sprngfld-Decatur	Illinois	23,447
Charleston	South Carolina	44,225
Charleston-Huntington	West Virginia	15,967
Charlotte	North Carolina	195,030
Charlottesville	Virginia	15,543
Chattanooga	Tennessee	37,347
Cheyenne-Scottsbluf	Wyoming	6,292
Chicago	Illinois	286,011
Cincinnati	Ohio	46,006
Clarksburg-Weston	West Virginia	5,849
Cleveland-Akron (Canton)	Ohio	81,049
Columbia	South Carolina	41,711
Columbia-Jefferson City	Missouri	21,359
Columbus	Georgia	19,364
Columbus	Ohio	44,444
Columbus-Tupelo-West Point	Mississippi	13,348
Corpus Christi	Texas	18,690
Dallas-Ft. Worth	Texas	346,817
Davenport-R. Island-Moline	Iowa/Illinois	16,769
Dayton	Ohio	22,059
Denver	Colorado	6,946
Des Moines-Ames	Iowa	19,288
Detroit	Michigan	170,893
Dothan	Alabama	9,173
Duluth-Superior	Minnesota	6,582
El Paso (Las Cruces)	Texas	60,860
Elmira (Corning)	New York	1,187
Erie	New York	8,643
Eugene	Oregon	19,368

Evansville	Indiana	14,072
Fairbanks	Alaska	2,655
Fargo-Valley City	North Dakota	10,618
Flint-Saginaw-Bay City	Michigan	30,024
Ft. Myers-Naples	Florida	86,868
Ft. Smith-Fay-Sprngdl-Rgrs	Arkansas	22,230
Ft. Wayne	Indiana	21,615*
Gainesville	Florida	18,852
Glendive	Montana	530*
Grand Rapids-Kalmzoo-B.Crk	Michigan	66,611
Great Falls	Montana	7,763*
Green Bay-Appleton	Wisconsin	50,190
Greensboro-H.Point-W.Salem	North Carolina	103,011
Greenville-N.Bern-Washngtn	North Carolina	41,674
Greenvll-Spart-Ashevll-And	North Carolina	113,433
Greenwood-Greenville	Mississippi	6,979
Harlingen-Wslco-Brnsvl-Mca	Texas	52,106
Harrisburg-Lncstr-Leb-York	Pennsylvania	61,620
Harrisonburg	Virginia	11,910
Hattiesburg-Laurel	Mississippi	10,947
Helena	Montana	2,608
Honolulu	Hawaii	13,194
Houston	Texas	313,740
Huntsville-Decatur	Alabama	36,575
Idaho Falls-Pocatello	Idaho	2,735*
Indianapolis	Indiana	85,176
Jackson	Mississippi	39,189
Jackson	Tennessee	11,238
Jacksonville	Florida	97,240
Johnstown-Altoona	Pennsylvania	19,149
Jonesboro	Arkansas	5,573
Joplin-Pittsburg	Missouri	15,192
Juneau	Alaska	2,999
Kansas City	Kansas/Missouri	102,165
Knoxville	Tennessee	49,472
La Crosse-Eau Claire	Wisconsin	23,394

Lafayette	Indiana	3,151*
Lafayette	Louisiana	24,803
Lake Charles	Louisiana	6,701
Lansing	Michigan	14,636
Laredo	Texas	14,130
Las Vegas	Nevada	55,675
Lima	Ohio	1,589*
Lincoln & Hastings-Krny	Nebraska	36,979
Little Rock-Pine Bluff	Arkansas	33,191
Louisville	Kentucky	8,495
Lubbock	Texas	12,814
Macon	Georgia	22,036
Madison	Wisconsin	33,477
Marquette	Michigan	9,444
Medford-Klamath Falls	Oregon	14,035
Memphis	Tennessee	59,942
Meridian	Mississippi	3,969
Miami-Ft. Lauderdale	Florida	605,675
Milwaukee	Wisconsin	83,503
Minneapolis-St. Paul	Minnesota	11,063
Minot-Bismarck-Dickinson	North Dakota	11,450*
Missoula	Montana	19,735
Mobile-Pensacola (Ft Walt)	Alabama	62,880
Monroe-El Dorado	Louisiana/Arkansas	20,332
Montgomery-Selma	Alabama	19,309
Myrtle Beach-Florence	Florida	39,504
Nashville	Tennessee	98,484
New Orleans	Louisiana	81,849
New York	New York	212,643
Norfolk-Portsmth-Newpt News	Virginia	77,841
North Platte	Nebraska	1,679
Odessa-Midland	Texas	12,088
Oklahoma City	Oklahoma	68,484
Omaha	Nebraska	37,084
Orlando-Daytona Bch-Melbrn	Florida	303,271
Ottumwa-Kirksville	Missouri	3,655

Paducah-Cape Girard-Harsbg	Illinois/Kentucky/Missouri	20,633
Panama City	Florida	21,073
Parkersburg	West Virginia	2,815*
Peoria-Bloomington	Illinois	13,024
Philadelphia	Pennsylvania	276,400
Phoenix (Prescott)	Arizona	131,758
Pittsburgh	Pennsylvania	78,170
Portland	Oregon	90,737
Portland-Auburn	Maine	58,899
Presque Isle	Maine	4,092
Quincy-Hannibal-Keokuk	Illinois/Missouri/Iowa	7,213
Raleigh-Durham (Fayetteville)	North Carolina	154,176
Rapid City	South Dakota	7,484
Reno	Nevada	21,744
Richmond-Petersburg	Virginia	75,163
Roanoke-Lynchburg	Virginia	48,356
Rochester-Mason City-Austin	Minnesota/Iowa	1,337*
Rockford	Illinois	12,599
Salisbury	Maryland	6,834
Salt Lake City	Utah	162,482
San Angelo	Texas	4,524
San Antonio	Texas	105,952
Savannah	Georgia	45,169
Sherman-Ada	Texas	9,193
Shreveport	Louisiana	34,951
Sioux City	Iowa	10,084
Sioux Falls(Mitchell)	South Dakota	18,105
South Bend-Elkhart	Indiana	24,034
Spokane	Washington	1,269*
Springfield	Missouri	53,145
St. Joseph	Missouri	3,756
St. Louis	Missouri	123,916
Tallahassee-Thomasville	Florida	25,995
Tampa-St. Pete (Sarasota)	Florida	261,849
Terre Haute	Indiana	9,629
Toledo	Ohio	17,831

Topeka	Kansas	11,830
Traverse City-Cadillac	Michigan	25,248
Tri-Cities	Tennessee	24,835
Tucson (Sierra Vista)	Arizona	31,478
Tulsa	Oklahoma	46,872
Tyler-Longview(Lfkn&Ncgd)	Texas	22,969
Victoria	Texas	2,140
Waco-Temple-Bryan	Texas	25,744
Washington, DC (Hagerstown)		167,140
Wausau-Rhineland	Wisconsin	20,580
West Palm Beach-Ft. Pierce	Florida	180,674
Wheeling-Steubenville	Ohio	6,285
Wichita Falls & Lawton	Texas	10,142
Wichita-Hutchinson Plus	Kansas	35,925
Wilkes Barre-Scranton	Pennsylvania	45,274
Wilmington	Delaware	31,982
Yakima-Pasco-RchInd-Knnwck	Oregon	1,741*
Youngstown	Ohio	13,031
Yuma-El Centro	Arizona	3,706
Zanesville	Ohio	1,242

**Because there was a change of 11 or fewer enrollments for Week 12, data for Week 11 was used as a placeholder to adhere to privacy standards.*

***Because there was a change of 11 or fewer enrollments for Week 11 and 12, 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 cancellations 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 or CuidadoDeSalud.gov user total.

New: Medicaid & CHIP: November 2015 Monthly Applications, Eligibility Determinations and Enrollment Report

Today, the Centers for Medicare & Medicaid Services (CMS) issued a monthly report on state Medicaid and Children's Health Insurance Program (CHIP) data that represents state Medicaid and CHIP agencies' eligibility activity for the calendar month of November 2015. This report

measures eligibility and enrollment activity for the entire Medicaid and CHIP programs in all states, reflecting activity for all populations receiving comprehensive Medicaid and CHIP benefits in all states, including states that have not yet chosen to adopt the new low-income adult group established by the Affordable Care Act. This data is submitted to CMS by states using a common set of indicators designed to provide information to support program management and policy-making related to application, eligibility, and enrollment processes. For more information on the Medicaid and CHIP Application, Eligibility Determination, and Enrollment Data, visit: <https://www.medicaid.gov/medicaid-chip-program-information/program-information/downloads/november-2015-enrollment-report.pdf>

Or here: <http://www.medicaid.gov/medicaid-chip-program-information/program-information/medicaid-and-chip-enrollment-data/medicaid-and-chip-application-eligibility-determination-and-enrollment-data.html>

Reminder: 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 31st. 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

Reminder: 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 or 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>

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 Thursday, January 28

Title: Open Enrollment Trends: Selected HealthCare.gov Statistics prior to the Final Enrollment Deadline

Link: <http://blog.cms.gov/open-enrollment-trends-selected-healthcare-gov-statistics-prior-to-the-final-enrollment-deadline/>

Blog Post from Thursday, January 28

Title: You Can Take It With You: Health Insurance in the Digital Age

Link: <http://www.hhs.gov/blog/2016/01/28/you-can-take-it-you-health-insurance-digital-age.html>

Blog Post from Thursday, January 28

Title: Demond's #GetCovered Story: Getting Insured Just in Time

Link: <http://www.hhs.gov/blog/2016/01/28/demonds-getcovered-story.html>

Blog post from Tuesday, January 26

Title: John's #GetCovered Story: Staying Covered and Staying Alive

Link: <http://www.hhs.gov/blog/2016/01/26/johns-getcovered-story.html>

Blog post from Monday, January 25

Title: Two-Minute Drill: Get Covered This Week

Link: <http://www.hhs.gov/blog/2016/01/25/two-minute-drill-get-covered-week.html>

Blog post from Friday, January 22

Title: Provider and Hospital Week of Action: Health Care Providers Working to Help Americans Get Covered

Link: <http://www.hhs.gov/blog/2016/01/22/provider-and-hospital-week-of-action.html>

Blog post from Friday, January 22

Title: Last chance to sign up for 2016 health coverage is January 31

Link: <https://www.healthcare.gov/blog/do-not-miss-2016-health-insurance-deadline/>

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

Blog post from Saturday, January 23

Title: Weekly Address: Affordable Care Act is Making a Difference for Millions of Americans

Link: <https://www.whitehouse.gov/blog/2016/01/23/weekly-address-affordable-care-act-making-difference-millions-americans>

-CMS Office of Communications, Partner Relations Group