

Centers for Medicare & Medicaid Services News for Agents and Brokers

DECEMBER 2015 EDITION

An electronic source of information for Federally-facilitated Marketplace (FFM) Agents and Brokers

Key Open Enrollment Dates:

January 15, 2015 | Deadline for consumers to enroll in coverage through the FFM for it to be effective February 1, 2016

January 31, 2016 | End of plan year 2016 Open Enrollment for the Federally-facilitated Individual Marketplace; deadline for consumers to enroll in coverage through the FFM for it to be effective March 1, 2016

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Resources for Plan Year 2016 Open Enrollment

Tips to Ensure Your National Producer Number (NPN) is Retained on Plan Year 2016 Marketplace Enrollments

The Centers for Medicare & Medicaid Services (CMS) has taken proactive steps to ensure your NPN is retained on consumer enrollment transactions that you assist with—regardless of how an enrollment comes into the Marketplace. While CMS believes the actions it has taken resolve concerns about agent or broker NPNs falling off a small subset of enrollment transactions, it encourages you to take specific steps to ensure issuers have the information they need to appropriately compensate you for the assistance you provide to consumers. Below are a few tips to ensure your NPN is retained when your clients re-enroll for plan year 2016 Marketplace health coverage.



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(Please note that the following guidance applies only to the Marketplace for Individuals and Families. NPNs are automatically carried over when agents and brokers assist small employers when logged into the SHOP Marketplace Agent/Broker Portal.)

- **Tip #1:** When helping a consumer using the “Side-by-Side” (i.e., Marketplace) enrollment pathway, check to confirm your NPN is included on the application. If not, have the consumer re-enter it before the consumer closes out the application. (To view the screenshots demonstrating where to direct consumers to enter your information when logged into their accounts at HealthCare.gov, review the [“Operational Updates and Announcements for Agents and Brokers Participating in the FFMs”](#) webinar slides.) Also, when contacting the Marketplace Call Center about a consumer’s application, confirm your NPN is still associated with the application. If your NPN is not there, a consumer may ask the Marketplace Call Center to add or re-enter your NPN on an application when making updates to it.
- **Tip #2:** When helping a consumer renew his or her health coverage for plan year 2016 using the Direct Enrollment pathway, help the consumer use the “Report a Life Change” function to make updates and confirm information.
 - If you do not open a client’s application that you submitted via Direct Enrollment last year, the Marketplace may automatically re-enroll that consumer without retaining your NPN; thus, your NPN may not be included in the re-enrollment transaction the Marketplace sends to the issuer.
 - If you continue to the partner (i.e., issuer or web-broker) website after helping the client use “Report a Life Change” and select the same or a new qualified health plan (QHP), the Marketplace will include your NPN on the enrollment transaction it sends to the issuer.

If you have a legitimate reason to believe you should be credited for an FFM enrollment, but have not been credited for it, you should contact the respective QHP issuer directly to discuss the specific situation. If the QHP issuer believes you did, in fact, assist a consumer, but the Marketplace erroneously left your NPN off of the enrollment transaction, the QHP issuer may pay the commission accordingly. Please note that you must meet registration requirements prior to assisting with an FFM application to be credited for the enrollment transaction.

“Operational Updates and Announcements for Agents and Brokers Participating in the FFMs” Webinar Slides Now Available

CMS has posted slides from weeks three, four, five, and six of the “Operational Updates and Announcements for Agents and Brokers Participating in the FFMs” webinar series. Information about what these webinars covered is available on the [Agents and Brokers Resources webpage](#). You can review the slides by selecting one of the following sessions:

- [Week Three](#): November 17, 2015
- [Week Four](#): November 24, 2015
- [Week Five](#): December 1, 2015
- [Week Six](#): December 8, 2015



CMS continues to host weekly sessions on Tuesdays from 3:00 PM to 4:00 PM Eastern Time (ET). Please see the [Agents and Brokers Resources webpage](#) for instructions on how to register for an upcoming session.

Dos and Don'ts of Working with Navigators and Other Assisters

Here are a few guidelines for you to follow when working with Navigators and other assisters.

Do:

- Understand the constraints Navigators and other assisters (certified application counselors and non-Navigator assistance personnel in the FFM) must adhere to:
 - See this [guidance for assisters on when to provide information about agent and broker services to consumers](#).
 - Please note that assisters and Navigators generally cannot refer consumers to you as a substitute for fulfilling their federally-required duties.
- When you are unable to assist a consumer with, for example, a Medicaid enrollment, make sure your client knows about local Navigators and other assisters for assistance.
- Find Navigators and other assisters in your area by going to [Find Local Help](#) at HealthCare.gov.
- Participate in community events involving Navigators and other assisters.
- Ensure your information is up to date on [Find Local Help](#) and that you have opted in to display your contact information so that consumers can find you when a Navigator or other assister recommends to consumers that they use agents or brokers. If you need to make changes, you can make these changes in the new Marketplace Learning Management System (MLMS).

Do not:

- Attempt to establish an exclusive referral relationship with Navigators and other assisters. Assisters and Navigators are strictly forbidden from endorsing specific agents and brokers or referring consumers to specific agents and brokers.
- Offer consideration of any kind (direct or indirect, cash or in-kind) that could be tied to the compensation received by you from a health insurance or stop loss insurance issuer for enrolling a person in a QHP or non-QHP.

New Doctor Look-up and Prescription Drug Check Features Now Available at HealthCare.gov

HealthCare.gov now includes a new Doctor Look-up feature that allows consumers to look up their preferred providers and see in the plan results if their providers are included in the network offered by each QHP. HealthCare.gov has also launched a new Prescription Drug Check tool that allows consumers to look up their prescription drugs and see in the plan results if their prescription drugs are covered by each QHP. Please note that this feature is not currently available for the SHOP Marketplace.

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Both of these features are enhancements of “See Plans & Prices” located on the home page of HealthCare.gov. In the coming weeks, CMS expects to pilot a Facility Look-up tool that will allow consumers to look for hospitals and other facilities and see which QHPs include them in network.

Plan Year 2016 Agent and Broker FFM Registration Completion List

Check the [Agents and Brokers Resources webpage](#) to view the current Agent and Broker FFM Registration Completion List for Plan Year 2016, which includes the NPNs of agents and brokers who have completed plan year 2016 registration requirements for the FFM. Issuers can review the Agent and Broker FFM Registration Completion List to confirm that agents and brokers with whom they have agreements are authorized to assist consumers in selecting plans through the FFM.

If you completed all of the plan year 2016 agent and broker registration and training requirements for the FFM, you should review the latest list to confirm your NPN is included. You can search for your NPN by clicking the arrow in cell A1, or by using the “Ctrl + F” (or “Command + F”) keystroke.

Highlights from the Proposed Annual Notice of Benefit and Payment Parameters for 2017

CMS has released the proposed Annual Notice of Benefit and Payment Parameters for 2017, which governs participation in the Health Insurance Marketplaces. You can access the proposed regulation [here](#). The proposed rule includes sections of particular relevance to the agent and broker community, such as enhancements to Direct Enrollment processes, enforcement of standards for agent and broker participation in the FFM, and updated standards for HHS-approved vendors of FFM training for agents and brokers. You can review highlights from the proposed rule in slides 11-15 from the week four “Operational Updates and Announcements for Agents and Brokers Participating in the FFMs” webinar available [here](#). See slide 16 for instructions on how to provide comments on the proposed rule.

Spotlight on Eligibility and Enrollment (E&E)

Helping Consumers with the Eligibility Redetermination and Re-enrollment Process for Plan Year 2016

Agents and brokers should encourage consumers they have assisted in the past to log in to their accounts at HealthCare.gov during Open Enrollment to: (1) review their application information to make sure it is up-to-date, since consumers’ circumstances and health care needs may change, (2) make sure their household income and family size information is correct, and (3) review changes (if any) to their plan for the 2016 plan year and to compare it to other plans in the Marketplace to make sure they are still enrolled in the best plan for them and their family. You will find additional tips and information for helping consumers through this process in the [“Helping Consumers with the Eligibility Redetermination and Reenrollment Process for 2016”](#) slide presentation.



Tips for Assisting Multi-tax Households

“Multi-tax households” are more complex households where family members file more than one federal income tax return (e.g., domestic partners, parents with non-dependent children who file their own taxes). As an agent or broker, you should ask consumers you are assisting if they are applying for help paying for coverage. You should also identify the people in the household and their plans for filing taxes for 2016 by asking the following questions:

- Do you plan on filing a federal income tax return for 2016?
- If married, do you plan to file jointly with your spouse?
- Will you claim any dependents?
- Does anyone in the household file taxes separately?

If you and the consumer determine he or she is part of a multi-tax household, you should assist the consumer by either calling the Marketplace Call Center for assistance or helping the consumer complete separate Marketplace applications for each tax household (i.e., household members listed on the same tax return).

- For each tax household, list members of the tax household as applicants (applying for coverage) on only ONE application.
- List the other household members as non-applicants (not applying for coverage) on the application.
- Each tax household application group will be on its own policy, but can still select the same QHP.

For more information on how you can help multi-tax households, check out the [“Application Spotlight: Family and Household Composition Section”](#) presentation. This presentation also provides guidance on assisting a consumer with the “Family and Household Composition” section of the traditional (classic FFM application) FFM and State Partnership Marketplace online application, including step-by-step instructions explaining the steps required for filling out this section of the application.

The Consumer Guide for Annual Household Income Data Matching Issues

The [Consumer Guide for Annual Household Income Data Matching Issues](#) is available to help you assist consumers through the E&E process and to resolve annual household income data matching issues. This guide will help consumers understand how the Marketplace uses annual household income to decide whether a consumer qualifies for help paying for health coverage through the Marketplace. It also explains how a consumer should send the Marketplace proof of income if his or her information was not verified by Marketplace data sources when the consumer applied, also known as an income data matching issue.

Small Business Health Options Program (SHOP) Corner

Plan Your SHOP Marketplace Enrollments for the Upcoming Year

In the SHOP Marketplace (similar to the outside small group market), the cost for available health and dental plans may change on a quarterly basis for new enrollments. As you plan for the year ahead, here are some key dates to keep in mind:

Quarter 1/Quarter 2 Key Dates

Quarter	Q1	Q1	Q1	Q2	Q2	Q2
New Rates Available	11/1/15	11/1/15	11/1/15	2/16/16	2/16/16	2/16/16
Coverage Effective Date	1/1/16	2/1/16	3/1/16	4/1/16	5/1/16	6/1/16
SHOP Marketplace Sends Renewal Notice to Employers	11/1/15	12/1/15	1/1/16	2/16/16	3/1/16	4/1/16

Quarter 3/Quarter 4 Key Dates

Quarter	Q3	Q3	Q3	Q4	Q4	Q4
New Rates Available	5/6/16	5/6/16	5/16/16	8/16/16	8/16/16	8/16/16
Coverage Effective Date	7/1/16	8/1/16	9/1/16	10/1/16	11/1/16	12/1/16
SHOP Marketplace Sends Renewal Notice to Employers	5/16/16	6/1/16	7/1/16	8/1/16	9/1/16	10/1/16

Small employers can start participating in the SHOP Marketplace at any month of the year. SHOP Marketplace applications submitted by the 15th of the month may go into effect as soon as the first of the following month. Employers may also choose to start coverage the first day of the second following month, as long as the coverage effective date is in the same quarter.

Do you have SHOP Marketplace renewals coming up? You can begin assisting your clients with their renewals as soon as the applicable quarterly rates become available, generally 60 days before the renewal date.

Taking Advantage of the New Relaxed Minimum Participation Rate (MPR) in the SHOP Marketplace

To enroll in SHOP Marketplace coverage, small employers must meet an MPR for their state (generally, about 70%), unless they enroll during the one-month window between November 15 and December 15 when the MPR requirement is waived.



Beginning in 2016, all employees who are enrolled in any qualified health coverage (coverage purchased through the SHOP Marketplace or elsewhere) will be counted towards an employer's minimum participation rate, making it easier for employers to enroll their small businesses in SHOP Marketplace coverage.

Here's an example for 2016:

- An employer offers coverage to 10 full-time employees; two have coverage through a spouse's employer and one is covered by Medicare.
- Seventy percent of 10 employees = seven employees.
- Three employees have other coverage that counts towards the MPR, so only four additional employees must accept the employer's offer of SHOP Marketplace coverage before the employer can enroll.
- Last year, at least seven employees had to enroll in SHOP Marketplace coverage.

HealthCare.gov offers a new tool, the [MPR Calculator](#), to help you predict if your employer clients will meet the MPR requirement in their state to participate in the SHOP Marketplace.

Did You Know?

CMS has released a [presentation on periodic data matching \(PDM\)](#) to help you better understand PDM. PDM identifies consumers enrolled in FFM Marketplace coverage with advance payments of the premium tax credit (APTC)/cost-sharing reductions (CSRs) and who also have minimum essential coverage (MEC) Medicaid or Children's Health Insurance Program (CHIP) (i.e., dually-enrolled).

Consumers who receive a paper notice from CMS regarding their potential dual enrollment may contact you asking for help understanding the notice, and help ending Marketplace coverage with the APTC/CSRs. They may also contact you if they do not think they are enrolled in MEC Medicaid or CHIP or if they want more information about Medicaid or CHIP.

- If consumers want more information about Medicaid or CHIP or if they are enrolled in or determined eligible for Medicaid or CHIP, you should direct them to contact their state Medicaid or CHIP agencies to confirm their current enrollment and eligibility status. The contact information for these agencies is included in the notice. Please note that no further action is needed with the Marketplace for consumers who have not been determined eligible for or are not enrolled in MEC Medicaid or CHIP.
- If consumers are enrolled in MEC Medicaid or CHIP, but believe they are actually eligible to remain enrolled in Marketplace coverage with the APTC/CSRs, you should direct them to inform their state Medicaid or CHIP agency of the change and receive a redetermination of eligibility for Medicaid or CHIP. If they are found no longer eligible for Medicaid or CHIP, their coverage will end and they can continue their Marketplace coverage with the APTC/CSR, if otherwise eligible.

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You can find important information and updates by following the CMS and HealthCare.gov Twitter handles ([@CMSGov](#) and [@HealthCareGov](#)) or by searching the hashtags #ABFFM or #ABFFSHOP on Twitter.

Contact Us

For questions pertaining to the FFM agent and broker program, including the FFM registration requirements, or to subscribe to this newsletter, please contact the FFM Producer and Assister Help Desk via email at FFMProducer-AssisterHelpDesk@cms.hhs.gov.

You may also contact the Agent and Broker Call Center by calling 1-855-CMS-1515 (855-267-1515) and selecting option "1." Call Center Representatives are available Monday through Saturday from 8:00 AM to 10:00 PM ET.

As noted above, this Call Center does not have access to consumer information and is not able to handle specific questions or issues with a consumer's application. Please continue to call the Marketplace Call Center at 1-800-318-2596 for assistance related to enrolling consumers into coverage through the Individual Marketplace. For assistance related to coverage through the SHOP Marketplace, contact the SHOP Call Center at 1-800-706-7893.

