



Plan Year 2016 Open Enrollment

*A Primer for Agents and
Brokers Participating in the
Federally-facilitated
Marketplaces (FFMs)*

October 21, 2015

October 28, 2015

*Centers for Medicare & Medicaid
Services (CMS)
Center for Consumer Information
& Insurance Oversight (CCIIO)*



Webinar Agenda

- Overview of Plan Year 2016 Open Enrollment through the FFMs (Individual and Small Group Health Options Program (SHOP) Marketplaces)
- Best Practices for Assisting Consumers
- Overview of Pathways to Assist Consumers Enrolling in Coverage through Individual Market FFMs
- Step-by-step Review of the Individual Market FFM Online Application for Plan Year 2016
- Overview of the SHOP Marketplace and the Online SHOP Application and Enrollment Process for Employer Groups for Plan Years Beginning in 2016
- Upcoming Annual Revocation Process for Plan Year 2015
- Failure to File and Reconcile 2014 Advance Payments of the Premium Tax Credit Overview

This webinar reviews the processes and requirements for agents and brokers who are assisting consumers in the individual market FFM, as well as small group market employers and employees in the SHOP Marketplace.

Plan Year 2016 Open Enrollment



FFM Plan Year 2016 Open Enrollment Overview

Disclaimer: The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

FFM Plan Year 2016

Open Enrollment Overview

- Individual market FFM plan year 2016 Open Enrollment begins on November 1, 2015 and ends on January 31, 2016.
- The first date when plan year 2016 coverage can start will be January 1, 2016.
- Individual market consumers who do not enroll in a 2016 plan by January 31, 2016 cannot enroll in a health insurance plan for 2016 through the FFMs unless they qualify for a special enrollment period.

Note: *45 C.F.R. § 155.20 defines “plan year” as a consecutive 12-month period during which a health plan provides coverage for health benefits. A plan year may be a calendar year or otherwise.*

FFM Plan Year 2016

Open Enrollment Overview

- For consumers who do not have minimum essential coverage or an exemption from the requirement to maintain minimum essential coverage in plan year 2016, the individual shared responsibility payment increases in plan year 2016:

	Plan Year 2016	Plan Year 2015
Percentage of Consumer's Yearly Household Income*	2.5%	2%
Per Person for the Year**	\$695 (\$347.50 per child under 18)	\$325 (\$162.50 per child under 18)

**Only the amount of income above the tax filing threshold, about \$10,150 for an individual, is used to calculate the penalty. The maximum penalty is the national average premium for a Bronze plan.*

***Consumers are required to pay the higher of the two methods of calculation.*

- Consumers can use the Internal Revenue Service's "Am I required to make an Individual Shared Responsibility Payment" tool to determine if they qualify for an exemption at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>.

Plan Year 2016 Open Enrollment

*Best Practices for
Assisting Consumers*



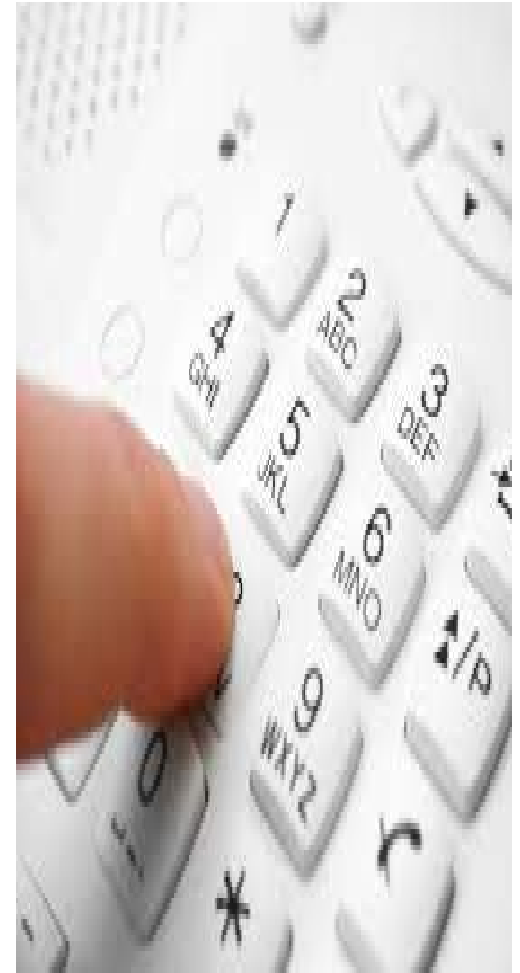
Best Practices for Assisting Consumers

- Understand the standards under 45 C.F.R. § 155.220, which authorize agents and brokers to assist consumers with selecting and enrolling in qualified health plans (QHPs) offered through the FFM.
- Be familiar with 45 C.F.R. § 155.260, which outlines the limits on how agents and brokers may use any information gained as part of providing assistance and services to a qualified individual.
- To better understand the standards under 45 C.F.R. §§ 155.220 and 155.260, please review the guidance on our Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.



Best Practices for Assisting Consumers

- With respect to the SHOP Marketplace, CMS expects agents and brokers registered with the SHOP Marketplace to be in frequent contact with employers both before and after enrollment.
- Also, please note that agent and broker use of the consumer plan shopping and enrollment functions available at HealthCare.gov is prohibited because agents and brokers may not assist consumers using consumers' online HealthCare.gov accounts.
 - Agents and brokers registered with the FFMs may assist consumers that are utilizing HealthCare.gov, but the consumers must log in with their credentials and navigate the site.
 - Agents and brokers may not log in on their consumers' behalves.



Plan Year 2016 Open Enrollment

Overview of Pathways to Assist Consumers Enrolling in Coverage through Individual Market FFMs

INDIVIDUALS & FAMILIES

The Health Insurance Marketplace is Open!

Enroll now in a plan that covers essential benefits, pre-existing conditions, and more.

Plus, see if you qualify for lower costs.

APPLY ONLINE

APPLY BY PHONE

Overview of Pathways to Assist Consumers

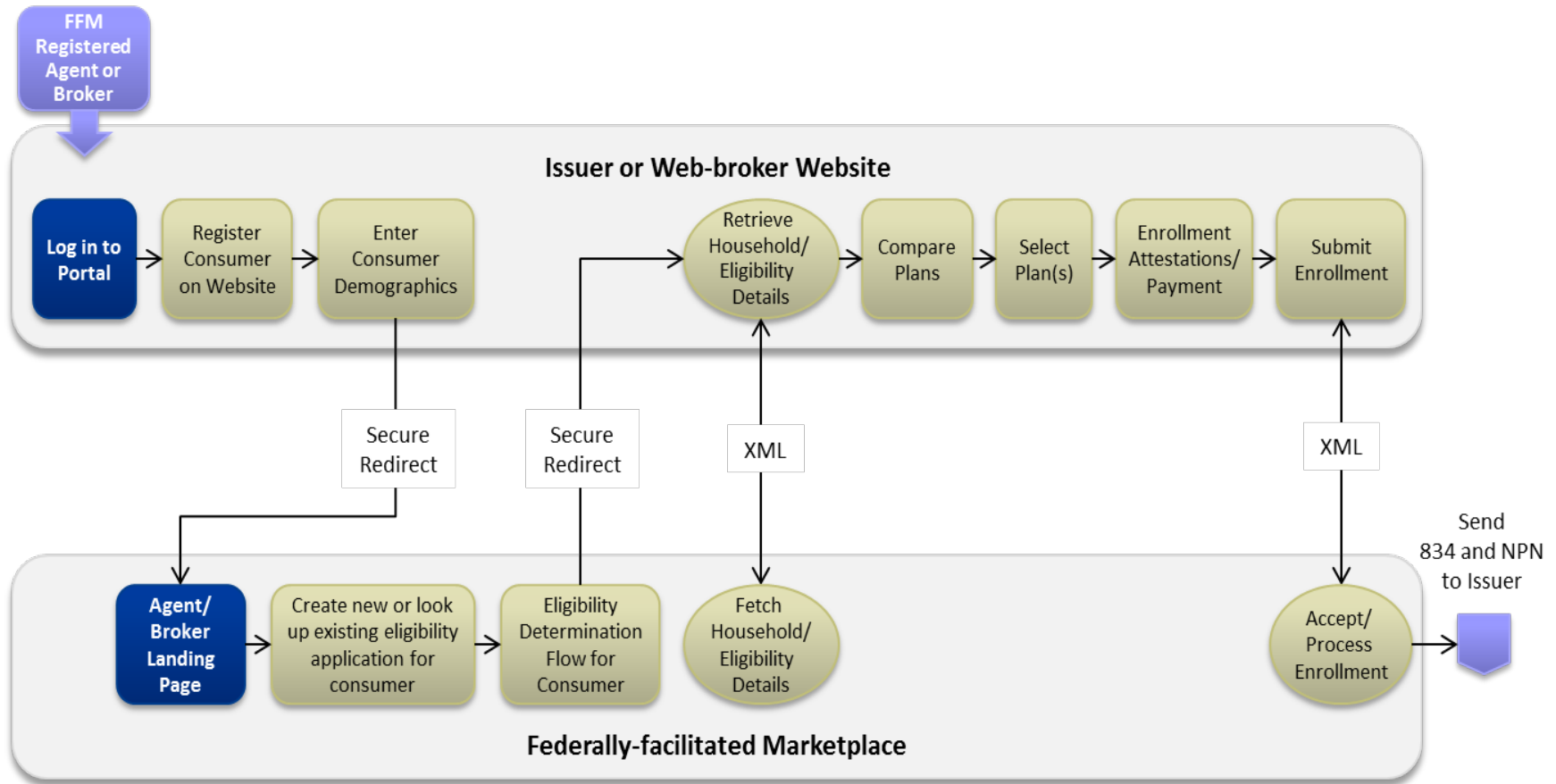
- Agents and brokers can use two pathways to assist consumers with eligibility determinations and enrollment in QHPs. The two pathways are:

Direct Enrollment
Pathway (i.e., Issuer-
based Enrollment)

Marketplace
Pathway (i.e.,
“Side-by-side”
Pathway)

- Agents and brokers registered with the Individual Marketplace may conduct FFM enrollment activities through the Direct Enrollment Pathway and/or the Marketplace Pathway, or may assist with reenrollment through these pathways.

Direct Enrollment Pathway using an Agent or Broker



Direct Enrollment Pathway using an Agent or Broker (con't)

- To assist consumers to enroll in QHPs offered through the FFMs using the Direct Enrollment Pathway, agents and brokers are required to use their own FFM user IDs and passwords to log on to a web-broker's, web-based entity's, or issuer's website.
- To ensure affiliated agents and brokers are permitted to assist consumers in the FFMs for plan year 2016, web-brokers, web-based entities, and issuers must:
 - Confirm the affiliated agents and brokers are licensed in the state(s) where the QHPs are offered
 - Confirm the affiliated agents and brokers have completed registration and training requirements for the FFMs for the applicable plan year

***Note:** CMS uses the term “web-broker” to describe an individual agent or broker, group of agents and brokers, or company that provides a non-FFM website to assist consumers in the QHP selection and enrollment process as described in 45 C.F.R. § 155.220(c)(3).*

Direct Enrollment Pathway

Web-brokers, web-based entities, and issuers can confirm that affiliated agents and brokers have completed registration and training requirements for the FFM by referencing the Agent and Broker FFM Registration Completion List on the Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.

DISCLAIMER

The Centers for Medicare & Medicaid Services (CMS) is making the Agent-Broker Federally-facilitated Marketplace (FFM) Registration Completion List ("AB List") available to the public on a monthly basis pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0560), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013). The information within the AB List may be used only for the following purposes:

1. To confirm that an agent or broker has successfully completed registration requirements for the FFM for the individual market and/or the Federally-facilitated Small Business Health Options Program (FF-SHOP); and
2. To allow states and other stakeholders to conduct oversight, monitoring and enforcement activities related to agents and brokers, and to educate consumers about agents and brokers who may provide assistance to consumer who are interested in obtaining health care coverage through the FFM in their states.

The information contained in the AB list may be used and/or disclosed only to the extent necessary to accomplish these purposes and never to discriminate inappropriately.

All AB List national producer numbers (NPNs) are self-reported by the agent or broker and should be validated against state and/or other NAIC records to confirm state licensure.

NPN(s) Marketplace(s) Registration Completion Date(s)

Direct Enrollment Pathway (con't)

For a current list of active web-brokers who you may be able to partner with, review the Public 2015 FFM Web-broker Entity List at:
<http://go.cms.gov/CCIIOAB>.



The Centers for Medicare & Medicaid Services (CMS) is making the Web-broker Federally-facilitated Marketplace (FFM) Registration Completion List ("Web-broker List") available to the public pursuant to Section 1312(e) of the Affordable Care Act and 45 C.F.R. §155.220, and Routine Use No. 11 of the System of Records Notice required by the Privacy Act of 1974 (5 U.S.C. §552a), titled, "Health Insurance Exchanges (HIX) Program" (No. 09-70-0560), published at 78 Fed. Reg. 8,538 (February 6, 2013), as amended and published at 78 Fed. Reg. 32,256 (May 29, 2013), and at 78 Fed. Reg. 63,211 (October 23, 2013).

CMS regulations establish additional requirements that apply when an agent or broker uses their own website, or that of another agent or broker, to facilitate enrollment in a qualified health plan through the FFM. CMS refers to such agents or brokers who enroll qualified individuals, employers, and employees through public-facing websites as "web-brokers."

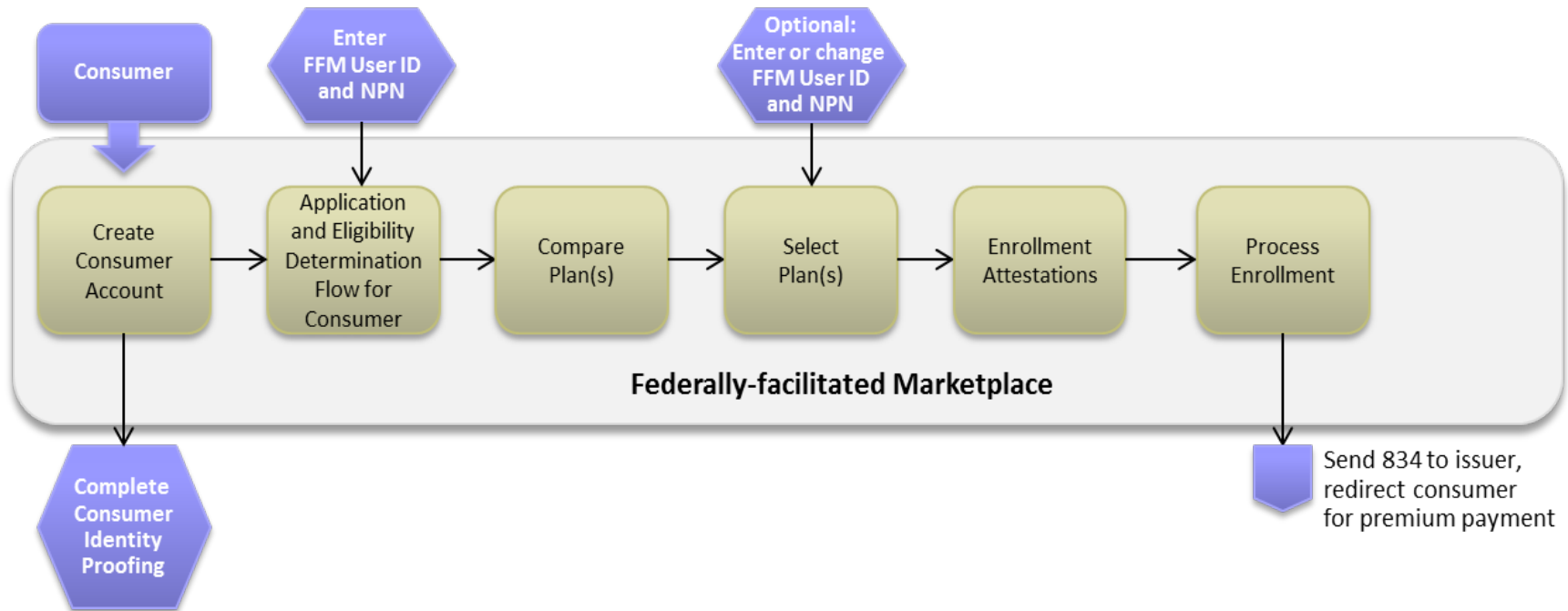
The information within the Web-broker List may be used only for the following purposes:

1. To confirm that a web-broker has successfully completed registration requirements for the FFM for the individual market and/or the Federally-facilitated Small Business Health Options Program (FF-SHOP); and
2. To allow states and other stakeholders to conduct oversight, monitoring, and enforcement activities related to web-brokers, and to educate consumers about web-brokers who may provide assistance to consumer who are interested in obtaining health care coverage through the FFM in their states.

The information contained in the Web-broker list may be used and/or disclosed only to the extent necessary to accomplish these purposes and never to discriminate inappropriately.

All national producer numbers (NPNs) and other web-broker information are self-reported by the agent or broker and should be validated against state and/or other National Association of Insurance Commissioners records to confirm state licensure.

Marketplace Pathway



Agents and brokers assisting consumers using the Marketplace Pathway, or “side-by-side” model, should not have independent access to consumers’ Marketplace online user IDs, passwords, and accounts.

Marketplace Pathway (con't)

- Using this pathway, the consumer logs directly into his or her Marketplace account.
- After the consumer has logged into his or her consumer account, the agent or broker then works with the consumer to complete the eligibility application.
 - If using the classic FFM application, the consumer should enter the agent's or broker's FFM user ID and National Producer Number (NPN) when prompted to indicate that the agent or broker provided assistance.
 - If the consumer is using the Marketplace 2.0 Application, the consumer should check the "Another person is helping me" box to enter the agent's or broker's NPN.

Plan Year 2016 Open Enrollment



*Step-by-step
Review of the
Individual
Market FFM
Online
Application for
Plan Year 2016*

Overview of the Federally-facilitated Individual Marketplace Online Application for Plan Year 2016

- The Marketplace has two applications:
 - Marketplace 2.0 Application
 - Classic Marketplace Application
- The shorter, streamlined Marketplace 2.0 Application is used with consumers who have simple household situations.
- Consumers are automatically routed through the correct application process for their situations.

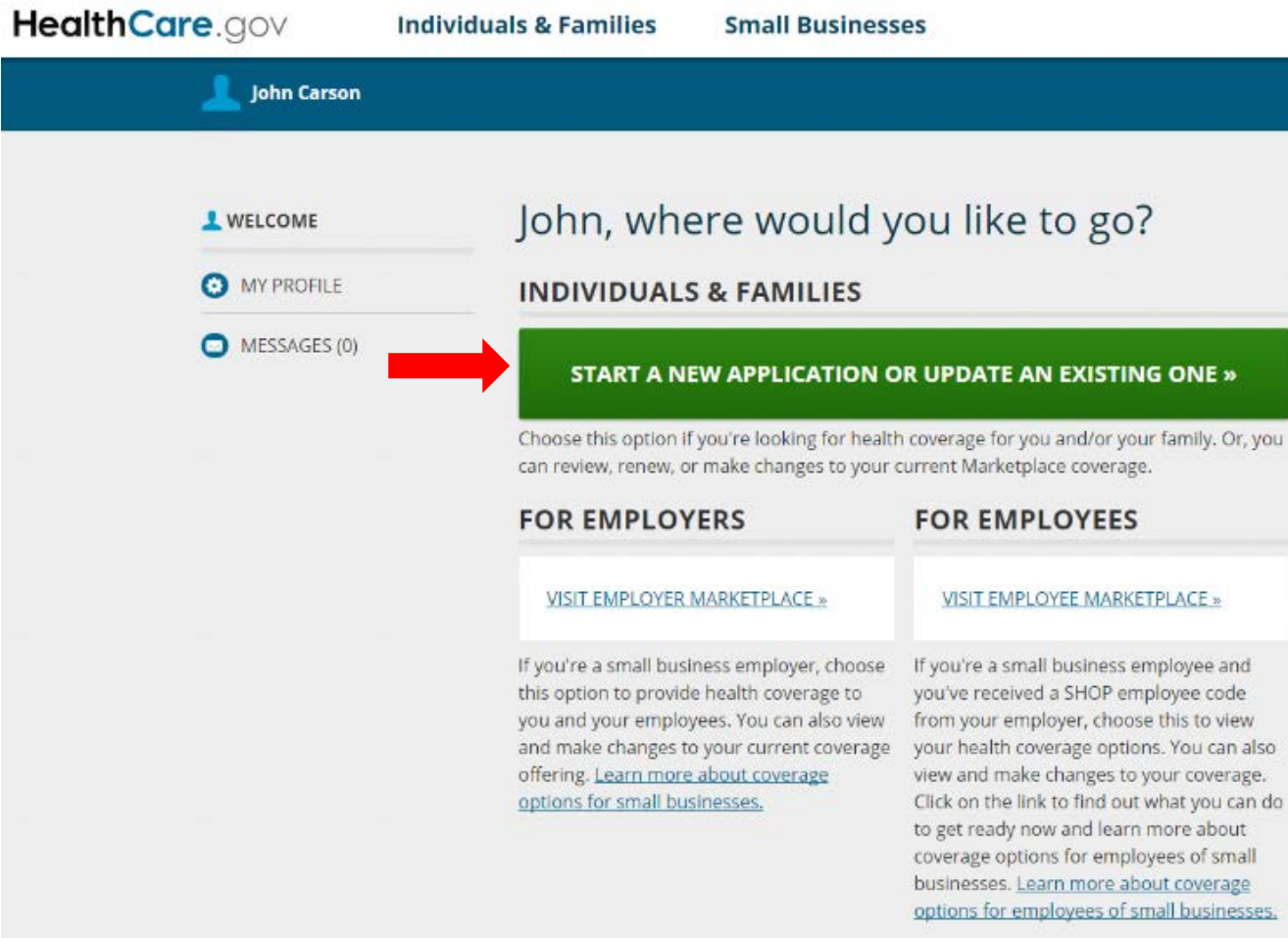


Consumers Starting a New Application

- Consumers interested in applying for coverage through HealthCare.gov for the first time will need to visit the Marketplace and create a new application.
 - As part of the application, consumers will be asked to answer questions about a number of topics, and consumers applying for help paying for coverage are asked additional questions. Questions may include:

 - Age
 - Number of dependents
 - Marital status
 - Incarceration status
 - American Indian or Alaska Native identification
 - Income
 - Eligibility for other health coverage
 - Foster care status
 - Citizenship or lawfully present immigration status
 - Physical or mental disabilities
-

Starting a New Application



Once the consumer has created an account at HealthCare.gov and logged into the website, direct the consumer to click on “Start a New Application or Update an Existing One” to begin.

The screenshots shown here are from the Marketplace 2.0 Application.

Selecting State of Residence

The screenshot shows a dark blue header with the text "Need coverage for 2016?". Below this, a section titled "You'll need to:" lists three steps: 1. Complete a 2016 application, 2. View your "Eligibility Results," and 3. Choose and enroll in a plan by December 15, so your coverage can start on January 1. A white dropdown menu labeled "Select State" is shown with a red arrow pointing to it. Below the dropdown is a grey button labeled "START MY APPLICATION" with a red arrow pointing to it. Further down, a light blue box contains the text "Want to learn more before you get started?" and a blue button labeled "FIND OUT WHAT THINGS YOU'LL NEED TO APPLY". At the bottom, another light blue box contains the text "Need coverage for 2015?" and a blue button labeled "GET 2015 COVERAGE".

Need coverage for 2016?

You'll need to:

1. Complete a 2016 application.
2. View your "Eligibility Results."
3. Choose and enroll in a plan by **December 15**, so your coverage can start on January 1.

Select State

START MY APPLICATION

Want to learn more before you get started?

FIND OUT WHAT THINGS YOU'LL NEED TO APPLY

Need coverage for 2015?

Select "Get 2015 Coverage," then select 2015 and your state from the drop-down list.

GET 2015 COVERAGE

Direct the consumer to then pick his or her state of residence from the drop-down list and click "Start My Application."

The screenshots shown here are from the Marketplace 2.0 Application.

Selecting Year and State for Coverage

The consumer then selects the year he or she is interested in coverage for and his or her state of residence from the drop-down lists and clicks “Apply or Renew.”

The screenshots shown here are from the Marketplace 2.0 Application.

Before Getting Started

Direct the consumer to:

- Confirm that the correct state and year for coverage is listed.
- Review the information provided on who can be included on the application and what information will be needed.
- Click “Next” to continue.

HealthCare.gov Individuals & Families Small Businesses JACQUELYN | Logout Español

Apply Get Results Get Coverage ? HELP

Delaware 2016 application for individuals & families

You can apply for any of these people on this same application, even if they already have health insurance now:

- Yourself
- Other family members
- Anyone on your same federal income tax return (if you file one)

You may need:

- Names, birth dates, and income information for your family
- Social Security numbers (if they're available) for the people who want coverage

NEXT

Not a resident of Georgia? [Choose a different state.](#)

The screenshots shown here are from the Marketplace 2.0 Application.

Entering Consumer Information

The consumer completes the “Verify your identity & contact information” page and clicks “Continue.”

HealthCare.gov Individuals & Families Small Businesses John | Log out

Apply Get Results Get Coverage

Verify your identity & contact information

Tell us about yourself. Use your complete name as it appears on your legal documents (like your driver's license or Social Security card). Why do I need to verify my identity?

First name: John Middle: Carson Suffix: ▾

Phone number: 601-856-3063 Home: ▾ Date of birth: 06/19/1961

Address: 824 DEBORAH ST Apt./Ste. #: ▾

City: JACKSON State: Mississippi ZIP: 39208

Social Security Number (SSN): XXX-XX-XXXX

CONTINUE

The screenshots shown here are from the Marketplace 2.0 Application.

Consumer Verifying Identity

- Direct the consumer to answer the four questions to verify his or her identity and remind the consumer that these questions help protect his or her personally identifiable information.
- Once the consumer selects the correct answers, he or she clicks “Verify My Identity” to continue.

Answer these questions so we can verify your identity

Based on your information, we've put together a few questions that only you'll be able to answer. [Why do I need to verify my identity?](#)

Please select the county for the address you provided.

MIDLAND
ALCONA
MARQUETTE
INGHAM
NONE OF THE ABOVE

According to our records, you previously lived on (PLYMOUTH). Please choose the city from the following list where this street is located.

DILLON
LEADVILLE
LITTLETON
ELIZABETH
NONE OF THE ABOVE

Please select the city that you have previously resided in.

WINFIELD
DAYTON
PARRISH
BARAGA
NONE OF THE ABOVE

According to our records, you currently own, or have owned within the past year, one of the following vehicles. Please select the vehicle that you purchased or leased prior to March 2013 from the following choices.

GMC G-SERIES VAN
GMC SONOMA PICKUP
DODGE RAM VAN
GMC SAFARI VAN
NONE OF THE ABOVE

VERIFY MY IDENTITY

The screenshots shown here are from the Marketplace 2.0 Application.

Reviewing Privacy Standards and the Use of Consumer Information

The screenshot displays a dark blue application interface with three main sections. The first section, 'Your identity has been verified', includes a sub-header and a paragraph stating that the user can now fill out their application for health coverage. The second section, 'Important Marketplace emails', explains that the user will receive automatic emails about Marketplace enrollment and provides instructions on how to opt out. The third section, 'Privacy & the use of your information', contains two paragraphs detailing how user information is used for eligibility determination and coverage assistance, and mentions that household members may be asked questions about citizenship or immigration status. Below this text is a link to learn more about data and the Privacy Act Statement. At the bottom, there is a checkbox for agreeing to have information used and retrieved from data sources, and a green button labeled 'TAKE ME TO THE APPLICATION'. Two red arrows point to the checkbox and the button.

Your identity has been verified
You can now fill out your application for health coverage through the Marketplace.

Important Marketplace emails
If the Marketplace has your email address, we'll automatically send you important information, updates, and reminders about Marketplace enrollment. You can opt out of these communications at any time. To do this, click on the "unsubscribe" link in the footer of any Marketplace email.

Privacy & the use of your information
We'll keep your information private as required by law. Your answers on this form will only be used to determine eligibility for health coverage or help paying for coverage. We'll check your answers using the information in our databases and the databases of other federal agencies. If the information doesn't match, we may ask you to send us proof. We won't ask any questions about your medical history. Household members who don't want coverage won't be asked questions about citizenship or immigration status.

As part of the application process, we may need to retrieve your information from the Internal Revenue Service (IRS), Social Security, the Department of Homeland Security (DHS), and/or a consumer reporting agency. We need this information to check your eligibility for coverage and help paying for coverage if you want it and to give you the best service possible. We may also check your information at a later time to make sure your information is up to date. We'll notify you if we find something has changed.

[Learn more about your data](#), or view the [Privacy Act Statement](#).

☐ I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources.

TAKE ME TO THE APPLICATION

- Once the consumer's information is verified, direct the consumer to review the privacy and data use agreement and check the box to agree to the terms.
- Then, the consumer clicks the "Take Me to the Application" button.

The screenshots shown here are from the Marketplace 2.0 Application.

Entering Household Information

Continue your application

After you complete this section, you'll answer a few more questions before you compare plans.

Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

Traci	Middle	Douglas	Suffix *
Email address jcarson091715@yopmail.com		Phone number 555-555-0001	
Preferred written language English		Preferred spoken language English	
☐ Go paperless! Get your notices by email, instead of paper copies in your mailbox.			
☐ Another person is helping me complete my application. 			

Home address

Enter the permanent address where everyone on your application lives. The apt./ste. # field is optional.

1206 Carter Hill Rd			Apt./Ste. #
Montgomery	Alabama	36106	MONTGOMERY
Did you mean 1206 CARTER HILL RD, MONTGOMERY, AL 36106-7333 ? Update your address.			
☒ YES	☐ NO	Is your mailing address the same as your permanent address?	

Check & update your information

If the name on your Social Security card is different than the name below, update it here so it's the same as it appears on your Social Security card. These fields are optional: middle name, suffix, and race & ethnicity.

Traci	Middle	Douglas	Suffix *
Date of birth 04/07/1982	Social Security Number (SSN) 317-20-1401	Female	Race & ethnicity

 **CONTINUE**

- Direct the consumer to enter contact information for his or her household.
- At this point, direct the consumer to click on the “Another person is helping me complete my application” box.

The screenshots shown here are from the Marketplace 2.0 Application.

Entering Household Information

- Once clicked, the application will show additional fields where the consumer can enter your agent/broker information.
- You should provide the consumer with your name, type of assister (e.g., agent, broker), organization name, and NPN to include in the “Another person is helping me complete my application” field.
- Once the consumer verifies all information is accurate, click “Continue.”

Household contact information

These fields are optional: middle name, suffix, and preferred written and spoken languages.

First name Middle Last name Suffix ▼

Email address Phone number

Email address Phone number Home ▼

Preferred written language Preferred spoken language

English English

☒ Go paperless! Get your notices by email, instead of paper copies in your mailbox.

☒ Another person is helping me complete my application. ⓘ

First name Middle Last name Suffix ▼

Agent or broker Organization name ID number NPN number

The screenshots shown here are from the Marketplace 2.0 Application.

Entering Income Information

Income information Application ID: 973

People can get income in many ways. We need to know about your income so we can figure out if you can get help paying for coverage. [Learn more.](#)

Job	Self-employment	Unemployment	Pension
Social Security	Capital gains	Investment	Retirement
Alimony	Farming or fishing	Rental or royalty	Cash support
Scholarship	Other income		

Current income for Traci Douglas

Tell us about any income Traci had in the last month

Type	How much	
Job / cvs (555-555-5555)	\$20,000.00 per year	Edit Remove

 [ADD NEW SOURCE OF INCOME](#)

Does Traci have any deductions for 2015?

[YES](#) [NO](#)

Yearly income for Traci Douglas

Based on what you entered, Traci's income minus any deductions for 2015 will be about **\$20,000.00**. Is this correct?

[YES](#) [NO](#)

[CONTINUE](#) 

Direct the consumer to enter income information and, once the consumer verifies all information is accurate, click “Continue.”

The screenshots shown here are from the Marketplace 2.0 Application.

Answering Additional Questions

The image displays two screenshots from the HealthCare.gov Marketplace 2.0 Application. The left screenshot shows the 'Additional questions' section, where a user named Traci Douglas is prompted to answer questions about physical/mental health conditions, daily activities, and medical bills. A red arrow points to the green 'CONTINUE' button. The right screenshot shows the 'Traci Douglas's coverage information' section, where the user is prompted to answer questions about current health coverage, additional coverage, and life changes. A red arrow points to the green 'REVIEW APPLICATION' button.

HealthCare.gov Individuals & Families Small Businesses John Log out

Apply Get Results Get Coverage

Application ID: 973

Additional questions

You're almost done. Answering these questions will give you a better chance of getting coverage.

Do any of these people have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (optional) ⓘ

- Traci Douglas

Do any of these people need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home? (optional) ⓘ

- Traci Douglas

Do any of these people need help paying their medical bills from the last 3 months? (optional) ⓘ

- Traci Douglas

CONTINUE

Traci Douglas's coverage information

Is Traci Douglas currently enrolled in health coverage? ⓘ

YES NO

Additional coverage questions

Were any of these people found not eligible for Medicaid or the Children's Health Insurance Programs (CHIP) in the past 90 days? ⓘ

- Traci Douglas

Questions about life changes

Select anyone in your household who had these changes.

Did anyone listed below lose health coverage on or after 7/19/2015? ⓘ

- Traci Douglas

09/17/2015

Will anyone listed below lose coverage before 11/16/2015? ⓘ

- Traci Douglas

Did anyone listed below get married on or after 7/19/2015? ⓘ

- Traci Douglas

Did anyone listed below get released from incarceration (detention or jail) on or after 7/19/2015? ⓘ

- Traci Douglas

Did anyone listed below gain eligible immigration status on or after 7/19/2015? ⓘ

- Traci Douglas

Was anyone listed below adopted, placed for adoption, or placed for foster care on or after 7/19/2015? ⓘ

- Traci Douglas

Did anyone listed below move on or after 7/19/2015? ⓘ

- Traci Douglas

Renewal of coverage

To make it easier to determine my eligibility for help paying for coverage in future years, I agree to allow the Marketplace to use my income data, including returns, for the next 5 years. The Marketplace will send me a notice, let me make any changes, and I can opt out at any time. ⓘ

I AGREE I DISAGREE

REVIEW APPLICATION

- Direct the consumer to answer a few additional questions and click “Continue.”
- HealthCare.gov will then prompt the consumer to answer another set of questions.
- Once the consumer completes those questions he or she should click “Review Application.”

The screenshots shown here are from the Marketplace 2.0 Application.

Reviewing the Application Summary

HealthCare.gov provides a summary of all the consumer's application responses. Direct the consumer to review the information.

The screenshot shows the HealthCare.gov website interface. At the top, there's a navigation bar with 'HealthCare.gov' on the left, 'Individuals & Families' and 'Small Businesses' in the center, and a user profile 'John' with a 'Log out' link on the right. Below this is a secondary navigation bar with 'Apply' (highlighted), 'Get Results', and 'Get Coverage'. The main content area has a dark blue header with 'Application summary' and 'Application ID: 97372139'. Below this is a paragraph: 'Take a few minutes to review the information you gave us and make changes, if necessary. Once everything is correct, you can sign and submit your application.' The first section is 'Household contact' with an 'EDIT' button. It contains a table of personal information. The second section is 'Household members' with an 'EDIT' button. The third section is also 'Household members' with an 'EDIT' button.

Household contact		EDIT
Full name	Traci Douglas	
Address	1206 Carter Hill Rd Montgomery, AL 36106	
Phone number	555-555-0001	
Email address	jcarson091715@yopmail.com	
Get updates by email	No	
Preferred written language	English	
Preferred spoken language	English	
Household members		EDIT
Household members		EDIT

The screenshots shown here are from the Marketplace 2.0 Application.

Reviewing the Application Summary (con't)

Agree & confirm

Select "Yes" or "No" for each statement below.

- 
- YES** **NO** If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent. ⓘ
- 
- YES** **NO** I know I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account online or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I know a change in my information could affect eligibility for member(s) of my household. ⓘ

Sign & submit

- 
- YES** **NO** I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know I may be subject to penalties under federal law if I intentionally provide false information.

Traci Douglas, type your full name below to sign electronically.



Traci Douglas



SUBMIT APPLICATION

Once the consumer has reviewed the information, direct him or her to:

- Select “yes” or “no” to the “Agree & Confirm” statements
- Select “yes” or “no” to the “Sign & Submit” statement
- Enter his or her name
- Click “Submit Application.”

The screenshots shown here are from the Marketplace 2.0 Application.

Reviewing the Eligibility Results

The screenshot displays a web interface for reviewing eligibility results. At the top, a light blue banner contains the text: "Eligibility Results" to learn how to submit this information. Below this, the main content area is divided into two sections. The first section, titled "Step 2 : View Your 'Eligibility Results'", contains a paragraph explaining that the results include information about Marketplace coverage, costs, deadlines, and next steps. It also mentions that if eligible, the user will continue to Step 3 to enroll. A second paragraph states that the user is eligible for a Special Enrollment Period and provides instructions on how to select a plan or change plans. A prominent green button labeled "VIEW ELIGIBILITY RESULTS (PDF)" is positioned below the text, with a red arrow pointing to it from the left. The second section, titled "Step 3: Continue to enrollment", contains a paragraph stating that the user has finished submitting their application and viewed their results, and now needs to choose a plan and enroll. A light gray button labeled "CONTINUE TO ENROLLMENT" is located at the bottom of this section, with a red arrow pointing to it from the left.

Eligibility Results" to learn how to submit this information.

Step 2 : View Your "Eligibility Results"

Your "Eligibility Results" contain important information about your Marketplace coverage, including your eligibility for coverage, costs, deadlines, and next steps. If you're eligible for coverage through a Marketplace plan, you'll continue to Step 3 to enroll in coverage after you review your results.

You're eligible for a Special Enrollment Period. Select "View Eligibility Results" to find out when you can select a plan or change plans. If you miss the deadline, you may not be able to enroll in a Marketplace plan until the next Open Enrollment, unless you qualify for another Special Enrollment Period.

VIEW ELIGIBILITY RESULTS (PDF)

Step 3: Continue to enrollment

You've finished and submitted your application, and viewed your "Eligibility Results." Next, you'll choose a plan and enroll in coverage.

CONTINUE TO ENROLLMENT

- The consumer can choose to view his or her eligibility results by clicking "View Eligibility Results."
- Otherwise, if eligible for Marketplace coverage, the consumer can choose to go directly to enrolling in coverage by clicking "Continue to Enrollment."

The screenshots shown here are from the Marketplace 2.0 Application.

Reenrollment for Existing Consumers



- Consumers who enrolled in coverage through the FFMs for a previous plan year may not need to create a new application.
- Agents and brokers should confirm that a consumer only has one application submitted if he or she enrolled in coverage through an FFM in a previous plan year.

Checking for an Existing Application

To see if a consumer has an existing application, first select “Look Up Application.”

Important: Select “Look Up Application” to see if the person has an existing 2016 application:

- If there **is** a 2016 application, it will be pre-populated, but you can make changes by selecting “Report a life change.”
- If there **isn't** a 2016 application, select his or her 2015 application, then the 2016 option to pre-populate their application for 2016. Don't select “Start Application” unless a person doesn't have a 2015 or 2016 application.

Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year Application state

Select Year ▼

Select State ▼

START APPLICATION

Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

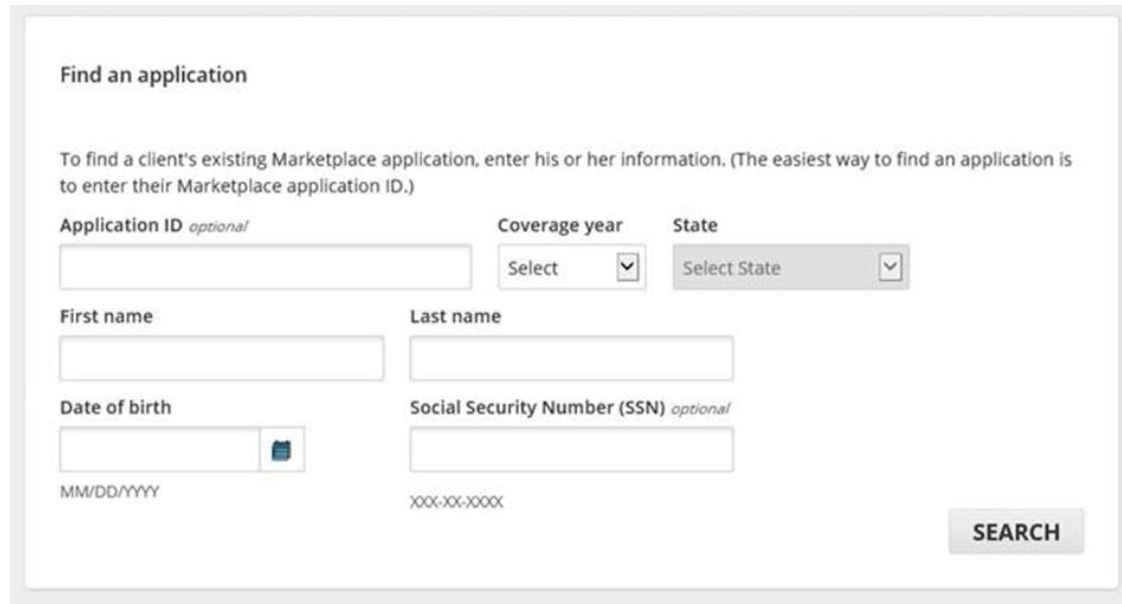
LOOK UP APPLICATION

Small business employers and employees

This application is only for helping consumers get coverage for individuals and families.

Checking for an Existing Application (con't)

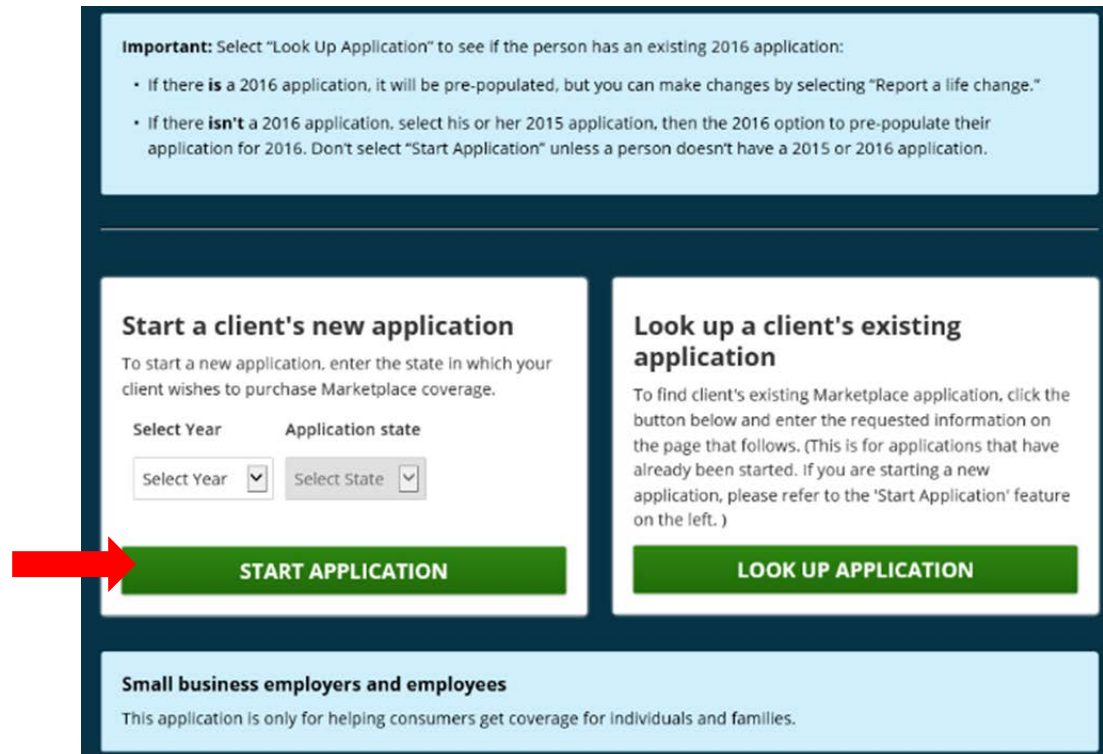
- Once redirected, the agent or broker enters the consumer's existing application ID, if available, coverage year, state, and personal information and clicks "Search."
- If there is an application for plan year 2016, it will be pre-populated, but the agent or broker can make changes to it by selecting "Report a life change."



The screenshot shows a web form titled "Find an application". Below the title is a helpful note: "To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)". The form contains several input fields: "Application ID" (optional), "Coverage year" (a dropdown menu with "Select" as the current option), "State" (a dropdown menu with "Select State" as the current option), "First name", "Last name", "Date of birth" (with a calendar icon and the format MM/DD/YYYY), and "Social Security Number (SSN)" (optional, with the format XXX-XX-XXXX). A "SEARCH" button is located at the bottom right of the form.

Checking for an Existing Application (con't)

If the consumer had coverage for plan year 2015 through an FFM and a 2016 application is not located, the agent or broker should select “Start Application.”



Important: Select “Look Up Application” to see if the person has an existing 2016 application:

- If there **is** a 2016 application, it will be pre-populated, but you can make changes by selecting “Report a life change.”
- If there **isn't** a 2016 application, select his or her 2015 application, then the 2016 option to pre-populate their application for 2016. Don't select “Start Application” unless a person doesn't have a 2015 or 2016 application.

Start a client's new application

To start a new application, enter the state in which your client wishes to purchase Marketplace coverage.

Select Year Application state

Select Year Select State

START APPLICATION

Look up a client's existing application

To find client's existing Marketplace application, click the button below and enter the requested information on the page that follows. (This is for applications that have already been started. If you are starting a new application, please refer to the 'Start Application' feature on the left.)

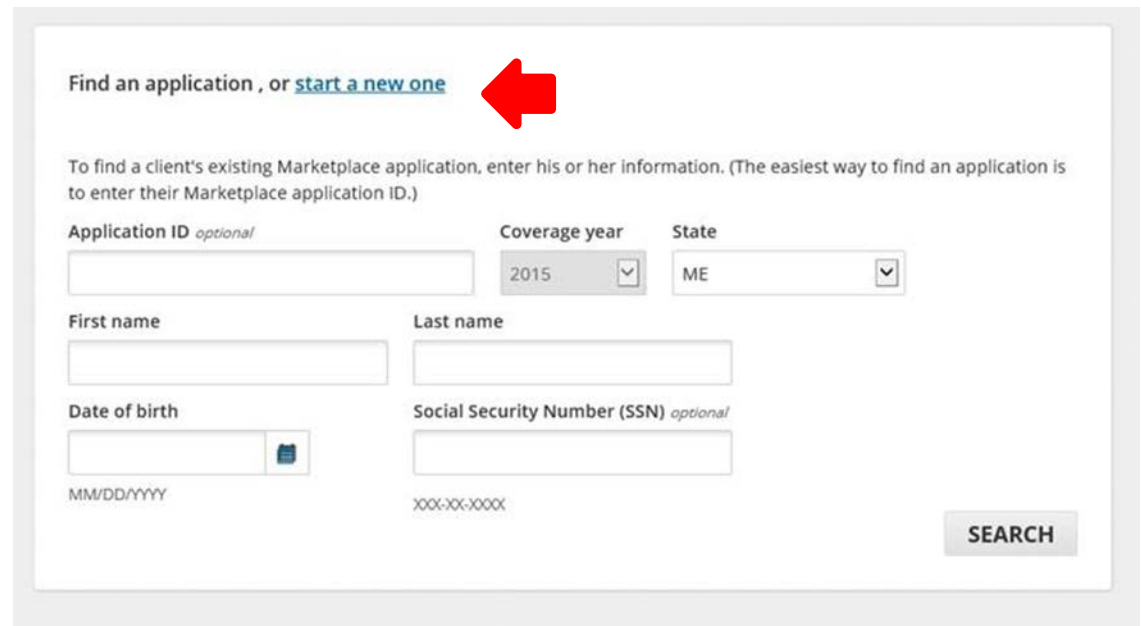
LOOK UP APPLICATION

Small business employers and employees

This application is only for helping consumers get coverage for individuals and families.

Checking for an Existing Application (con't)

- Once redirected, the agent or broker can again search for the consumer's existing application by entering the same information as before and clicking search.
- Agents and brokers should not select "Start Application" unless a person does not have a plan year 2015 or plan year 2016 application.



Find an application , or [start a new one](#)

To find a client's existing Marketplace application, enter his or her information. (The easiest way to find an application is to enter their Marketplace application ID.)

Application ID *optional* Coverage year State

First name Last name

Date of birth Social Security Number (SSN) *optional*

MM/DD/YYYY XXX-XX-XXXX

SEARCH

Reenrolling in Coverage for Plan Year 2016 through the FFMs

REMiNDER



To reenroll consumers who had Marketplace coverage for plan year 2015, direct the consumers to find their applications at HealthCare.gov.

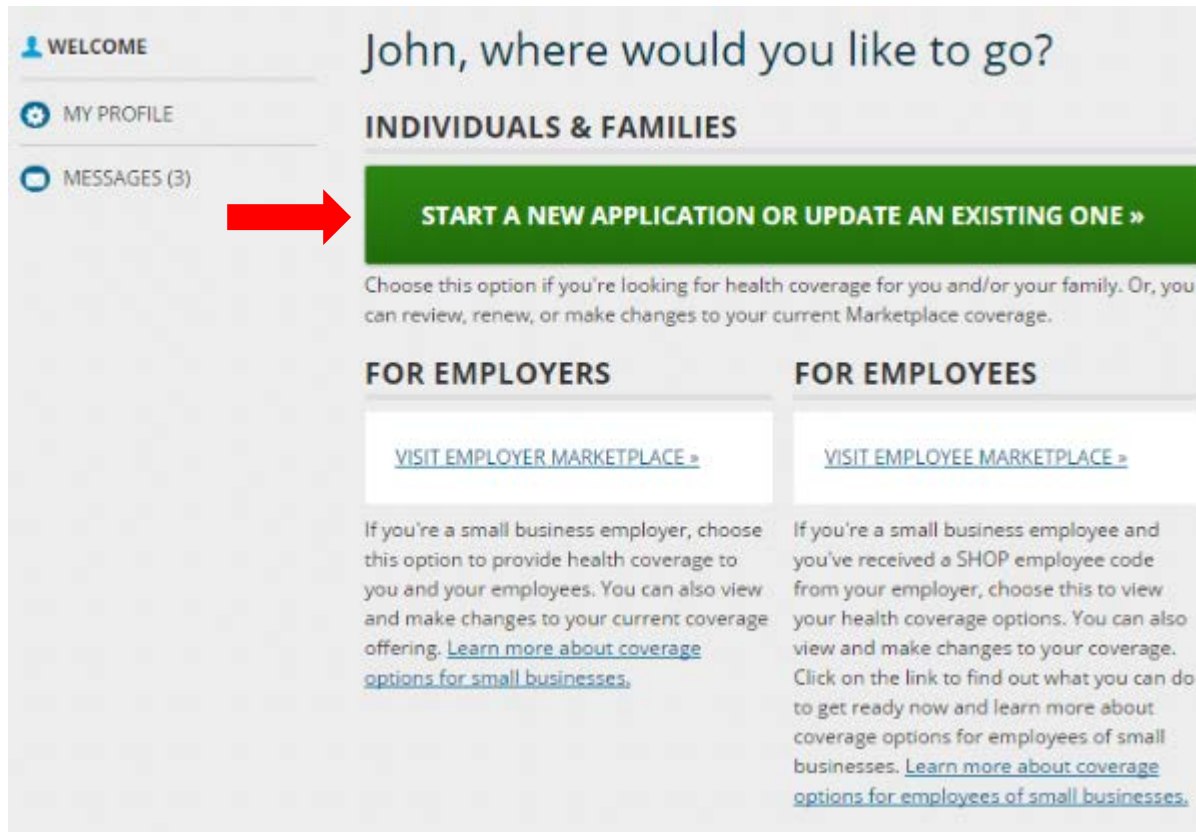
Beginning Reenrollment

The consumer will be able to see his or her existing coverage from plan year 2015.

The screenshot displays the HealthCare.gov user interface for a user named John. On the left is a sidebar with navigation links: WELCOME, MY APPLICATIONS & COVERAGE, MY PROFILE, and MESSAGES (1). The main content area is titled "John, what would you like to do?". Below this is a section "Get coverage for:" with two dropdown menus for "Select Year" and "Select State", followed by a green "APPLY OR RENEW" button. A red arrow points to this button. Below the dropdowns are two informational paragraphs: "Don't see your state?" and "Not sure which year to choose?". Under "Your existing applications:", there is a box containing a link "2015 Alabama application for Individual & Family Coverage" and a status "Status: Complete" with ID# 97372139. A red arrow points to the link. At the bottom, there is a section "Need to find your application?" with a link "Find my application."

Once the consumer is logged into HealthCare.gov, direct the consumer to click "Apply or Renew."

Beginning Reenrollment (con't)



The screenshot shows a user interface for health coverage reenrollment. On the left, there is a sidebar with three items: 'WELCOME' with a person icon, 'MY PROFILE' with a gear icon, and 'MESSAGES (3)' with an envelope icon. The main content area has a heading 'John, where would you like to go?' followed by 'INDIVIDUALS & FAMILIES'. Below this is a large green button with white text that says 'START A NEW APPLICATION OR UPDATE AN EXISTING ONE »'. A red arrow points to this button. Below the button, there is a paragraph of text: 'Choose this option if you're looking for health coverage for you and/or your family. Or, you can review, renew, or make changes to your current Marketplace coverage.' Below this text are two columns. The left column is titled 'FOR EMPLOYERS' and contains a link 'VISIT EMPLOYER MARKETPLACE »'. Below the link is a paragraph of text: 'If you're a small business employer, choose this option to provide health coverage to you and your employees. You can also view and make changes to your current coverage offering. [Learn more about coverage options for small businesses.](#)' The right column is titled 'FOR EMPLOYEES' and contains a link 'VISIT EMPLOYEE MARKETPLACE »'. Below the link is a paragraph of text: 'If you're a small business employee and you've received a SHOP employee code from your employer, choose this to view your health coverage options. You can also view and make changes to your coverage. Click on the link to find out what you can do to get ready now and learn more about coverage options for employees of small businesses. [Learn more about coverage options for employees of small businesses.](#)'

Direct the consumer to click “Start a New Application or Update an Existing One” to start the process.

Reviewing the Existing Application

- In most cases, an application will be prepopulated for the consumer. He or she can click:
 - “Review My Application” to edit and review the populated application
 - “Start New State Application” to create a completely new application
 - “Select Another Application to Update” to search for an alternative existing application
- The consumer will then be directed through a similar application process as shown before for new applications.

Review & update your 2016 application

We started your 2016 application for you. You need to take a few steps to get coverage for 2016:

1. Review your application, and make any necessary updates to your information, like changes to your income or household.
2. Submit your application.
3. View your "Eligibility Results."
4. Choose and enroll in a plan, even if you want to keep the same plan. Do this by **December 15**, so you don't have a break in coverage.

REVIEW MY APPLICATION

Moving to a new state in 2016?

If so, you need to start a new 2016 application. Select "Start New State Application," then select 2016 and your new state from the drop-down list.

START NEW STATE APPLICATION

[Learn more about how moving to a new state can affect your coverage](#)

Need to update to your 2015 application or do something else?

SELECT ANOTHER APPLICATION TO UPDATE

Plan Year 2016 Open Enrollment



*Upcoming
Annual
Agent/Broker
Revocation for
Plan Year 2015*

Upcoming Annual Agent/Broker Revocation for Plan Year 2015

- CMS will programmatically remove agent/broker roles for agents and brokers who were registered for plan year 2015, but did not complete training for the FFMs for plan year 2016 before October 26.
- If CMS removes your FFM agent/broker role, you can obtain the role again by completing the applicable plan year 2016 training and executing the applicable FFM Agreement(s) via the CMS Enterprise Portal. Agents and brokers can do this at any time, but cannot assist consumers prior to obtaining the role and completing all other registration and training requirements for plan year 2016.
- You do not need to recomplete identity proofing.
- If CMS removes your FFM agent/broker role, you will not be able to receive compensation for assisting consumers until this role is re-established. Any consumer eligibility and/or enrollment assistance that you provide for coverage offered through the FFMs during the lapse in your FFM agent/broker role may not be compensated by the QHP issuer.

Plan Year 2016 Open Enrollment



*Overview of the SHOP
Marketplace and the
Online SHOP
Application and
Enrollment Process for
Employer Groups for
Plan Years Beginning
in 2016*

What is the SHOP Marketplace?

The Small Business Health Options Program = SHOP Marketplace

- Part of the Health Insurance Marketplace created by the Affordable Care Act (ACA)
- Offers small employers (generally those with 1-50 full-time employees) a choice of quality health and dental plans provided by private insurance companies
- States may choose to allow employers with 1-100 full-time employees to participate in the SHOP Marketplace
- Small employers who offer coverage through the SHOP Marketplace may be eligible for the Small Business Health Care Tax Credit that may be worth up to 50% of their contributions to premiums (up to 35% for tax-exempt employers)
- Works with health insurance reforms to help spur competition based on price and quality

What's New in the SHOP Marketplace for 2016?

- **Employee Choice:** Employers in all states will have the option of offering their employees a choice of health and dental plans through the SHOP Marketplace.
- **Dental-only Option:** Employers will be able to offer dental coverage, without also offering health coverage through the SHOP Marketplace.
- **Minimum Participation Rate (MPR) changes:** Employers will still need to meet the SHOP MPR requirement (with the exception of the November 15 – December 15 window) to be able to enroll in the SHOP Marketplace, but only full-time employees offered coverage will be counted toward the MPR, and full-time employees with certain non-SHOP Marketplace coverage will now be counted toward an employer's participation rate.
- **Online Renewal:** SHOP Marketplace renewals will take place online, without having to fill out a new application through HealthCare.gov.

SHOP Marketplace Agent/Broker Portal

- To create a searchable profile on the SHOP Marketplace Agent/Broker Portal, first visit <https://healthcare.gov/marketplace/small-businesses/agent> and enter your FFM User ID and password.
- Then select “Log In.”

CMS.gov | Enterprise Portal
Centers for Medicare & Medicaid Services

Home | About CMS | Newsroom | Archive | ? Help & FAQs | Email | Print

Health Care Quality Improvement System | Provider Resources

Welcome to CMS Enterprise Portal

User ID

Password

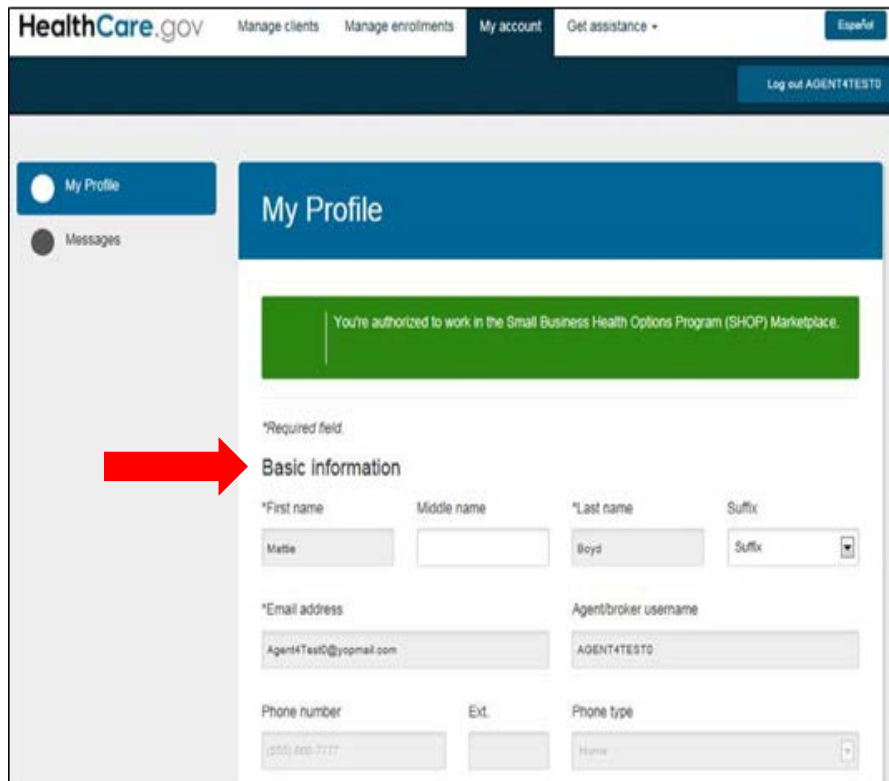
Log In Cancel

[Forgot Password?](#)
[Forgot User ID?](#)
Need an account? Click the link - [New user registration](#)

Home CMS.gov | Enterprise Portal A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244

SHOP Marketplace Agent/Broker Portal

- Once on the “My Profile” page, enter basic information about you and your agency.
- The information you provide will be visible to employers in your area seeking assistance in the SHOP Marketplace. Once complete, click “Save and Continue.”



HealthCare.gov Manage clients Manage enrollments My account Get assistance + Español

Log out AGENT4TEST0

My Profile

Messages

You're authorized to work in the Small Business Health Options Program (SHOP) Marketplace.

*Required field

Basic information

*First name Middle name *Last name Suffix

Mattie Boyd Suffix

*Email address Agent/broker username

Agent4Test0@gmail.com AGENT4TEST0

Phone number Ext. Phone type

(555) 800-7777 Home

Second phone Ext. Phone type

Cell

Preferred language Preferred method of contact

Select options Email address

Agency information

*Agency name Agency website URL

AGENT4TEST0

Agent/broker address

*Street address Apt./Ste. #

4313 CLARINO DR

*City *ZIP code *County *State

Austin 78749 TRAVIS TX

*Agent/broker Tax Identification Number (TIN)

28-3974602

Marketplace ID National Producer Number (NPN)

h418338184252 468631

Working with Clients in the SHOP Marketplace

- Employers can authorize an agent or broker registered with the SHOP Marketplace to work on their behalf in the SHOP Marketplace. To authorize an agent or broker, the employers should:
 - Create an account and verify their identity at HealthCare.gov
 - Search for an agent or broker by name, NPN, or location and click “Authorize”
 - Once an employer sends an authorization to an agent or broker, the agent or broker can log into his or her SHOP Marketplace Agent/Broker Portal account and accept the authorization
- Once authorized, agents and brokers may complete the entire application on behalf of their clients
- Through the SHOP Marketplace Agent/Broker Portal agents and brokers registered with the SHOP Marketplace can:
 - Assist employers with their applications and enrollments
 - View clients’ premium payments and enrollment statuses
 - Manage clients’ accounts, including adding/removing employees and dependents from coverage
 - Satisfy requirements to receive compensation for enrollments
- Agents and Brokers are not authorized to submit an initial premium payment on the employer’s behalf.

SHOP Marketplace Tools

There are several tools agents and brokers who are registered with the SHOP Marketplace can use to better assist their clients in the SHOP Marketplace:

SHOP Tool	Functionality & Value
FTE Calculator	Helps employers determine if they may be a small employer for purposes of SHOP Marketplace eligibility by counting their full-time and FTE employees
MPR Calculator	Helps employers determine if they meet the minimum participation requirements to enroll in the SHOP Marketplace
Tax Credit Estimator	Helps employers determine if they may be eligible for the Small Business Health Care Tax Credit, and estimate its value

SHOP Marketplace Minimum Participation Requirement

In most states, 70% of a group's employees offered coverage must accept the offer of SHOP Marketplace coverage or be enrolled in other types of coverage for a group to participate in the SHOP Marketplace, unless the group enrolls between **November 15 and December 15** when no MPR applies.

What's New?

For 2016 coverage and beyond, the SHOP Marketplace MPR requirement has changed—making it easier for employers to enroll in SHOP Marketplace coverage.

Here is an example:

Plan Year 2015 Participation Requirement	Plan Year 2016 Participation Requirement
Employees are not counted toward the MPR if they have coverage through another job, another person's job, or a government program (e.g., Medicare, TRICARE).	Employees with non-SHOP Marketplace coverage, such as those who receive coverage through a spouse or government program, will be counted toward the MPR.

Which employers can participate in the SHOP Marketplace?

To be eligible to purchase coverage in the SHOP Marketplace, small employers must:

1

Be a “small employer” (generally, a small employer has 1-50 employees).

2

Offer coverage to all full-time employees (those working 30 or more hours per week, on average)

3

Have at least one employee enrolling in coverage

4

Have a principal business address or eligible employee worksite in the state in which coverage is offered

Use the SHOP FTE Calculator at HealthCare.gov for help counting full-time employees and FTEs for purposes of SHOP Marketplace eligibility:

<https://www.healthcare.gov/shop-calculators-fte/>

SHOP Marketplace Minimum Participation Rate Requirement

For coverage beginning in 2016 and beyond, here's how the SHOP Marketplace MPR is calculated:

$$\text{MPR} = \frac{\text{Number of Employees **Enrolling** in Coverage}}{\text{Number of Employees **Offered** SHOP Marketplace Coverage}}$$

Here is an example for 2016:

- An employer offers coverage to 10 full-time employees, and 2 have coverage through a spouse's employer, and 1 is covered by Medicare.
- 70% of 10 employees = 7 employees
- 3 employees have other coverage that counts towards the rate, so 4 additional employees must accept the employer's offer of SHOP Marketplace coverage before the employer can enroll.

From **November 15 - December 15**, eligible small employers can enroll in SHOP Marketplace coverage **without** meeting the MPR requirement.

How the SHOP Marketplace Works: Different Plans for Different Budgets

- SHOP Marketplace health plans are available in four plan categories: Bronze, Silver, Gold, and Platinum.
 - Categories generally reflect how much enrollees pay for premiums, deductibles, copayments, and the total amount enrollees would have to spend out-of-pocket for the plan year.
 - For example, Platinum medical plans may be expected to cover 90% of the total cost of covering essential health benefits, but the monthly premium will generally be higher than plans in the other categories.
- All plans cover “essential health benefits,” but can differ by provider network, prescription drug formularies, or additional benefits offered, among other things.
- Plans cannot charge higher premiums for enrollees based on high medical costs or pre-existing medical conditions, raise premiums because an enrollee needs care, or charge women more than men based on gender.

Plan Category	Total Cost of Care Paid by the Plan (On Average)	Total Cost of Care Paid by the Employee (On Average)
Bronze	60%	40%
Silver	70%	30%
Gold	80%	20%
Platinum	90%	10%

How the SHOP Marketplace Works: Different Plans for Different Budgets

- SHOP Marketplace dental plans are available in two plan categories: High and Low.
- Categories generally reflect how much enrollees pay for premiums, deductibles, copayments, and the total amount employees would have to spend out-of-pocket for the plan year.
 - **High** dental plans generally have higher premiums but lower copayments and deductibles compared to low dental plans. This means that employees generally pay more every month, but less when they go to the dentist.
 - **Low** dental plans generally have lower premiums but higher copayments and deductibles compared to high dental plans. This means that employees generally pay less every month, but more when they go to the dentist.

Employee Choice:

Offering Employers Flexibility & Control

Employers can offer **qualified employees**:

1. A single health or dental plan
2. A choice of plans within a coverage category the employer chooses. Qualified employees choose any available plan within the selected coverage category.

	Issuer A	Issuer B	Issuer C	Issuer D	Issuer E
Platinum					
Gold					
Silver	✓	✓	✓	✓	✓
Bronze					

Advantages of offering employees a choice of plans include:

- Employees choose plans that best fit their coverage needs.
- The employer does not have to predict its employees' health care needs.
- The employer receives and pays just **one monthly bill** per account, even when offering multiple plans with different health insurance companies.
- The employer sets choice limits to control health care costs.

Plan Year 2016 Open Enrollment

*Failure to File
and Reconcile
2014 Advance
Payments of the
Premium Tax
Credit Overview*



Failure to File and Reconcile 2014 Advance Payments of the Premium Tax Credit Overview

- **NEW:** For the first time, beginning with Open Enrollment 2016, the FFMs will discontinue advance payments of the premium tax credit (APTC) or cost-sharing reductions (CSRs) for 2016 coverage for those enrollees that received APTC in 2014 but did not comply with the requirement to file an income tax return and reconcile APTC.
- According to Marketplace regulations, the Marketplace must discontinue APTC and CSRs for tax filers who received APTC but did not comply with the requirement to file an income tax return and reconcile APTC for 2014 (155.305(f)(4)).
- This presentation provides an overview of how the FFMs will assist consumers with the requirement. State-based Marketplaces may choose to implement different processes.

Refresher: Defining “Reconcile Advance Payments of the Premium Tax Credit”

Enrollees who received APTC are required to file an income tax return, including the IRS Form 8962, to reconcile the amount of APTC (based on projected household income) with the final premium tax credit the enrollee is eligible for (based on actual household income for the year during which he or she received APTC).

Form 1095-A		Health Insurance Marketplace Statement		OMB No. 1545-2232
Department of the Treasury Internal Revenue Service		Information about Form 1095-A and its separate instructions is at www.irs.gov/form1095a .		☐ CORRECTED
2014				
Part I Recipient Information				
1 Marketplace identifier	2 Marketplace-assigned policy number	3 Policy issuer's name		
4 Recipient's name	5 Recipient's SSN	6 Recipient's date of birth		
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth		
10 Policy start date	11 Policy termination date	12 Street address (including apartment no.)		
13 City or town	14 State or province	15 Country and ZIP or foreign postal code		

Form 8962		Premium Tax Credit (PTC)		OMB No. 1545-0046		
Department of the Treasury Internal Revenue Service		Information about Form 8962 and its separate instructions is at www.irs.gov/form8962 .		2014		
Name (print or type)		Your social security number		Page 1 (see instructions)		
Part 1: Annual and Monthly Contribution Amount						
1 Family Size. Enter the number of exemptions from Form 1040 or Form 1040A, line 6d, or Form 1040NR, line 7d.	2a Modified AGI. Enter your modified AGI (see instructions).			2b Enter total of your dependent's modified AGI (see instructions).		
3 Household Income. Add the amounts on lines 3a and 3b.	4 Federal Poverty Line. Enter the federal poverty amount as determined by the family size on line 1 and the federal poverty table for your state of residence during the tax year (see instructions). Check the appropriate box for the federal poverty table used.			5 Household Income as a Percentage of Federal Poverty Line. Divide line 3 by line 4. Enter the result rounded to a whole percentage. (For example, for 1.54 enter the result as 154, for 1.544 enter as 155.) (See instructions for special rules.)		
6 Yes, Continue to line 7.				7		
8 Annual Contribution for Health Care. Multiply line 5 by line 7.				9		
9 Monthly Contribution for Health Care. Divide line 8 by 12. Round to whole dollar amount.				10		
Part 2: Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit						
11 Did you share a policy with another taxpayer or get married during the year and want to use the alternative calculation? (see instructions).						
12 Yes, Skip to Part 4, Shared Policy Allocation, or Part 5, Alternative Calculation for Year of Marriage. No, Continue to line 13.						
13 All Forms 1095-A for your tax household include coverage for January through December with no change in monthly amounts shown on lines 21-22, columns A and B?						
14 Yes, Continue to line 14. Compute your annual PTC. Skip lines 15-23. No, Continue to lines 15-23. Compute your monthly PTC and continue to line 24.						
Annual Calculation	A. Premium Amount (Form 1095-A, line 25A)	B. Annual Premium Amount of SLCSP (Form 1095-A, line 25B)	C. Annual Contribution Amount (Line 9a)	D. Annual Maximum Premium Assistance (Subtract C from B)	E. Annual Premium Tax Credit Allowed (Smaller of A or D)	F. Annual Advance Payment of PTC (Form 1095-A, line 25C)
15 Annual Total						
Monthly Calculation	A. Monthly Premium Amount (Form 1095-A, line 21-22, column A)	B. Monthly Premium Amount of SLCSP (Form 1095-A, line 21-22, column B)	C. Monthly Contribution Amount (Amount from line 9b or alternative monthly contribution)	D. Monthly Maximum Premium Assistance (Subtract C from B)	E. Monthly Premium Tax Credit Allowed (Smaller of A or D)	F. Monthly Advance Payment of PTC (Form 1095-A, line 21-22, column C)
16 January						
17 February						
18 March						
19 April						
20 May						
21 June						
22 July						
23 August						
24 September						
25 October						
26 November						
27 December						
28 Total Premium Tax Credit. Enter the amount from line 11E or add lines 12E through 27E and enter the total here.	29 Advance Payment of PTC. Enter the amount from line 11F or add lines 12F through 27F and enter the total here.			30		
31 Net Premium Tax Credit. If line 28 is greater than line 29, subtract line 29 from line 28. Enter the difference here and on Form 1040, line 6d, Form 1040A, line 45, or Form 1040NR, line 65. If you elected the alternative calculation for marriage, enter zero. If line 28 equals line 29, enter zero. Stop here. If line 29 is greater than line 28, leave this line blank and continue to line 27.						
Part 3: Repayment of Excess Advance Payment of the Premium Tax Credit						
32 Excess Advance Payment of PTC. If line 29 is greater than line 28, subtract line 28 from line 29. Enter the difference here.						
33 Repayment Limitation. Using the percentage on line 5 and your filing status, locate the repayment limitation amount in the instructions. Enter the amount here.						
34 Excess Advance Premium Tax Credit Repayment. Enter the smaller of line 32 or line 33 here and on Form 1040, line 46, Form 1040A, line 26, or Form 1040NR, line 44.						
For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 37534Z Form 8962 (2014)						

Refresher: Open Enrollment and Annual Redetermination

The Marketplace must redetermine a consumer's eligibility for Marketplace coverage and financial assistance on an annual basis.

- Consumers are encouraged to return to the Marketplace during Open Enrollment to update their applications and receive updated eligibility determinations.
- Consumers who do not come back to the Marketplace and select a plan during Open Enrollment generally are automatically reenrolled into the same QHP, when possible, or if not, into another similar QHP based on the hierarchy designed to minimize disruption for the enrollee.
- For consumers who are auto reenrolled, the amount of financial assistance they are eligible for is calculated using the most recent information available to the Marketplace.

Failure to File and Reconcile: IRS and Tax Filing Information

The Marketplace relies on the IRS for information on whether a tax filer has filed and reconciled APTC for 2014.

- The Marketplace may use this information from the IRS for a tax filer in any of the following situations:
 - New application for 2016
 - Updated application for 2016
 - Auto reenrolled application for 2016
- When the Marketplace requests updated income information from the IRS for 2016 coverage, the Marketplace will receive a notification if a tax filer who applied for APTC failed to file a tax return and reconcile APTC for 2014.
- It takes the IRS three to 10 weeks to process a tax return, depending on how it is filed (paper vs. electronic) and information shared with the Marketplace is updated monthly.

Failure to File and Reconcile: Consumer Notices

Notices will be sent to consumers in advance of Open Enrollment warning them about the possible impact of not filing and reconciling APTC.

IRS notices:

- The IRS mailed reminder letters in July to consumers who received APTC in 2014 but had not yet filed a 2014 tax return.
- Reminders were also sent to consumers who filed an extension to encourage them to file as soon as possible.

Failure to File and Reconcile: Consumer Notices (con't)

Notices will be sent to consumers in advance of Open Enrollment warning them about the possible impact of not filing and reconciling the APTC.

Marketplace Open Enrollment Notices:

- Enrollees who received APTC in 2014 and whose tax return is not filed and processed by the time the Marketplace requests data from the IRS will receive a Marketplace Open Enrollment Notice (MOEN) with language explaining their risk for losing the APTC for 2016.
- The notice will not tell the consumer why he or she may lose APTC in 2016, because information about whether someone filed a tax return is protected federal tax information.
- Instead, the notice message will be combined with other possible reasons for losing APTC starting January 1, 2016. Consumers affected by any one of these reasons will get the same notice. These reasons include:
 - Not authorizing the Marketplace to request updated tax information;
 - Failure to file a tax return; or
 - Updated tax information indicates household income is too high to receive APTC

Failure to File and Reconcile:

Consumer Experience during Open Enrollment

During Open Enrollment, enrolled consumers who remain otherwise eligible can avoid losing APTC for 2016 after they file and reconcile their APTC for 2014.

- **Consumers should return to the application to let the Marketplace know they filed taxes and reconciled APTC.**
 - Starting on November 1, 2015, after filing their 2014 tax return and reconciling APTC, enrollees can return to the Marketplace, create a 2016 application and attest on the application that they (or the tax filer for the household) have filed a 2014 tax return.
 - Enrollees should continue through to confirm enrollment after submitting the application. This will help ensure an enrollee who remains eligible continues to receive APTC.
- **The Marketplace will recheck IRS data in mid-December for enrollees who do not return to the application.**
 - The Marketplace will recheck IRS data for all enrollees who did not return to the Marketplace by the beginning of Open Enrollment and who were initially flagged by the IRS as not having filed a tax return reconciling APTC.
 - Consumers will be auto-reenrolled in coverage for January with APTC if they either attested to having filed and reconciled OR the December recheck of IRS data indicated they had filed and reconciled.

Failure to File and Reconcile: Attestation Question

- **Starting November 1, 2015, the Marketplace application will include a new tax filing-related question.**
- This question will display on all plan year 2016 applications and allow enrollees who received APTC for 2014 to attest, under penalty of perjury and other applicable federal law, to having filed a 2014 tax return and reconciled APTC.
 - After filing and reconciling 2014 APTC, attesting to having filed a tax return on the application will allow an enrollee who remains otherwise eligible to maintain eligibility for APTC even if the IRS's data has not yet been updated.
 - Enrollees who filed a 2014 tax return and reconciled APTC must attest to having filed and reconciled it on the application and select a plan by December 15, 2015 in order to maintain APTC eligibility for coverage effective January 1, 2016.
- As discussed earlier, if consumers do not return to the application to attest to having filed a 2014 tax return and reconciling APTC, the Marketplace will recheck IRS data in December. If the IRS data indicates that the consumer did file and reconcile, the consumer will be auto-reenrolled with APTC.

Failure to File and Reconcile: Attestation Question

 Alabama

Apply

Get Results

Get Coverage

HELP

Application ID: 118305670

✓ GET STARTED

✓ FAMILY & HOUSEHOLD

✓ INCOME

⬇ ADDITIONAL INFORMATION

1 John Carson

2 Other questions

○ REVIEW & SIGN

Did your household file a 2014 tax return and reconcile any premium tax credit you used? *Optional*

☐ Yes, 2014 premium tax credits were reconciled

Check the box above only if **all** of these apply to you:

- You used [advance payments of premium tax credits](#) (APTC) in 2014 to help lower your costs for Marketplace coverage.
- The tax filer for your household filed a federal income tax return for 2014.
- The tax return filed compared the amount of APTC used in 2014 to the rest of the tax return information.

If all of these **don't** apply to you, select "SAVE & CONTINUE" without checking the box above.

[Learn more about tax filing](#)

SAVE & CONTINUE

APTC Ends Because the Tax Filer Did Not File and Reconcile in Time

- Enrollees whose APTC is discontinued beginning January 1, 2016 due to failure to file and reconcile can still take action to restore their APTC.
- After filing a 2014 tax return and reconciling APTC, an enrollee may return to the Marketplace application, report a life change, attest to filing and reconciling, receive a new eligibility determination, select a plan, and receive APTC prospectively if otherwise eligible.
 - If the enrollee completes these steps between December 16 and January 15, APTC will begin February 1.
 - If the enrollee completes these steps between January 16 and January 31, APTC will begin March 1.
 - After Open Enrollment, enrollees cannot change plans unless they qualify for a special enrollment period; however, they can follow the steps above to regain APTC eligibility, if otherwise eligible, following the “15th of the month” coverage effective date rules.

What Agents and Brokers Can Do Now

Agents and brokers can take steps now when working with enrollees.

- Encourage enrollees who received APTC in 2014 to file their 2014 federal income taxes and reconcile APTC as soon as possible, even if they missed the filing deadline or they are within their filing extension deadline.
 - Remind enrollees that even if they usually do not have to file an income tax return, if they received APTC in 2014 they need to file a tax return.
- Help enrollees who have not filed their taxes yet understand what steps to take, including helping them access their Forms 1095-A and report any errors.
 - Enrollees can log in to their respective Marketplace accounts to view or download their Forms 1095-A (see screenshots in the following slides).
 - CMS is processing 2014 Form 1095-A correction and reprint requests on an ongoing basis. If an enrollee recently requested a corrected or reprinted 1095-A for 2014, he or she should receive a response from CMS within a couple of weeks. Once an enrollee receives his or her corrected Form 1095-A, the enrollee should keep a copy in case the IRS has follow-up questions regarding his or her corrected form.

What Agents and Brokers Can Do Now (con't)

How to help enrollees who are unsure whether they are at risk for losing APTC because they did not file a tax return and reconcile their 2014 APTC:

- Encourage enrollees to check with the tax filer in their household to determine if a 2014 tax return was filed.
- Encourage the enrollee to have the household tax filer use the Interactive Tax Assistant at [http://www.irs.gov/uac/Interactive-Tax-Assistant-\(ITA\)-1](http://www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1) or call the IRS Call Center at 1-800-829-1040.
- Note that in order to protect federal tax information, the Marketplace Call Center will not be able to tell consumers whether they are at risk for losing APTC because they failed to file a tax return and reconcile APTC.
- Encourage all enrollees to return to the Marketplace during Open Enrollment.
- Tell enrollees that providing updated household information, obtaining an updated eligibility determination, and browsing available plans may help them find the best options for them and their families.
- Remind enrollees who have filed a 2014 tax return that they can attest to having done so and keep their APTC for 2016, if otherwise eligible.

Log In to “My Account”

HealthCare.gov

Individuals & Families Small Businesses Log in Español

Get Coverage Change or Update Your Plan Get Answers SEARCH

If you saved an application during recent maintenance, it's time to return and submit it.

You can still get 2015 health coverage

You can enroll if you have certain life changes — like getting married, having a baby, losing other coverage, or moving — or if you qualify for Medicaid or CHIP

[SEE IF YOU CAN GET COVERAGE](#)

Want a [quick overview](#) first?

[DON'T HAVE AN ACCOUNT?](#)

Log in

[See tips for remembering your username and password.](#) Remember, your user name may be your email address. All fields are required unless they're marked optional. If you'd like to apply or enroll over the phone, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).

Important: Please complete this required field

[Forgot your username?](#) [Forgot your password?](#) [Having trouble logging in?](#)

[LOG IN](#)

Note: If you're using a shared computer or a computer in a public place, like a library or community center, don't forget to close all browser windows and tabs and log out when you're done. This will help keep your information secure.

My Account 1095-A Messages

HealthCare.gov Individuals & Families Small Businesses John Logout **Español**

John Carson

WELCOME

MY APPLICATIONS & COVERAGE

MY PROFILE

MESSAGES (4)

Messages

- You have a Form 1095-A containing tax information. [Download](#)
- You have a corrected Form 1095-A containing tax information. [Download](#)
- You have a notice available about your Marketplace eligibility. [Download](#)
- You have a notice available about your Marketplace eligibility. [Download](#)

Each initial 1095A that is created will trigger an automatic Message that is available here with a direct link to the PDF for download. If the consumer had selected to get email updates from the Marketplace, then when each message posts for a 1095A it will send an automated email letting the consumer know that there is a new message in their account.

Consumers that have a corrected 1095A that is created will have a different message post when the PDF is available to let the consumer know that it is a corrected 1095A.

My Account 2014 Coverage

New
Section in
My Account

< 2014 Application for Individuals & Families (ID: #123456789) View all applications

- My plans & programs
- Eligibility & appeals
- Application details
- Report a life change
- Communication preferences
- Authorized users
- Exemptions
- **Tax forms**

Tax forms

Here's where you'll find your 1095-A forms. Each one has information you'll need to fill out your federal income tax return after the coverage year.

Your Form 1095-A for federal income taxes

Here's where you'll find your 1095-A forms. Each one has information you'll need to fill out your federal income tax return after the coverage year. These forms are sent to you in the mail by early February. Forms may be available here a little sooner.

The 1095-A includes:

- Information about everyone in your tax household who was enrolled in a Marketplace plan.
- Information about your plan premium that you'll need to fill out your federal income tax return.
- The amount of any advance payments of the premium tax credit paid to your health plan.

You may get more than one Form 1095-A, like if your household enrolled in more than one Marketplace health plan or if you reported a life change during the year.

You'll need information from each form this year when you're ready to file 2014 taxes for your household. Using Form 1095-A, you can:

- Complete questions about your Marketplace health coverage on your federal tax return.
- Confirm the amount of premium tax credit that you're eligible for, based on your actual income for the year.

Remember: If you got advance payments of the premium tax credit to help pay for your Marketplace health plan premium, you'll have to file a federal income tax return, even if you usually don't.

[Learn more about the 1095-A and how to use it.](#)

Previous Coverage Year (2014):
Instructional text to help the consumer understand what the 1095A is, when it'll be received, what they need to do and how to get help with next steps for the 2014 filing process.

My Account- Form 1095-A Download

New Section in My Account

☐ Exemptions

☒ Tax forms

Dynamic: Statement is displayed when one or more corrected 1095A forms are posted to the account.

Dynamic Table: Table is displayed once there is one 1095A available to the consumer.

If no 1095As have been generated and posted to the consumer's application / account then the table is not visible on the Tax Forms section.

Static: Help information below the table on what to do if the information is not correct

Remember: If you got advance payments of the premium tax credit to help pay for your Marketplace health plan premium, you'll have to file a federal income tax return, even if you usually don't.

[Learn more about the 1095-A and how to use it.](#)

You have at least one corrected Form 1095-A. If you have 2 versions of the same form, use the corrected form, which has the most recent date.

Your 1095-A forms

Name	Plan Name	Date Posted	Action
John, Jane, Marianne, Billyjoe, Sarahbeth...	Blue Cross and Blue Shield of Illinois Blue Choice Bronze PPO™ 006 <i>Coverage dates</i> 03/31/2014 - 12/31/2014	06/11/2014	Download
Mary	IlliniCare Health Ambetter Essential Care 1 Sinai Health Select Network <i>Coverage dates</i> 01/01/2014 - 03/31/2014	02/18/2014	Download
John, Jane, Marianne	Blue Cross and Blue Shield of Illinois Blue Precision Gold HMO™ 001 <i>Coverage dates</i> 01/01/2014 - 03/31/2014	01/14/2014	Download

[What to do if you think your Form 1095-A is wrong.](#)

Key Dates for Reconciliation

- **July 2015:** IRS reminders sent to enrollees who received 2014 APTC and had not filed a 2014 tax return
- **October 2015:** FFM runs offline income verification process and will receive data on consumers who have the Failure to File and Reconcile indicator
- **October 2015:** FFM will begin sending MOEN to all consumers currently enrolled in 2015 coverage
- **November 1, 2015:** Plan year 2016 Open Enrollment begins; new tax filing attestation question appears on application
- **December 15, 2015:** Last day to select plan for January 1 coverage
- **December 2015:** Second check of IRS data to determine whether consumers have filed a 2014 tax return and reconciled APTC
- **January 31, 2015:** Plan year 2016 Open Enrollment closes

Summary

- FFM Plan Year 2016 Open Enrollment Overview
- Best Practices for Assisting Consumers
- Overview of the Pathways to Assist Consumers in the Federally-facilitated Individual Marketplace
- Step-by-step Review of the Federally-facilitated Individual Marketplace Online Application for Plan Year 2016
- Overview of the SHOP Marketplace
- Upcoming Annual Revocation Process for Plan Year 2015
- Failure to File and Reconcile 2014 Advance Payments of the Premium Tax Credit Overview

Resources

- *Additional resources can be found on CCIIO's Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.*
 - *The Agent and Broker FFM Registration Completion List*
 - *Public 2015 FFM Web Broker Entity List*
 - *Details on completing registration and training for plan year 2016*
- *For more resources, please visit <https://www.HealthCare.gov/> and [Marketplace.cms.gov](https://www.Marketplace.cms.gov/).*
- *Review 45 CFR § 155.260 to understand the limits on how an agent or broker may use any information gained as part of providing assistance and services to a qualified individual.*
- *Review 45 CFR § 155.220 to understand the parameters for agents and brokers participating in the FFM.*

Resources

- *Review 45 CFR § 155.305(f)(4) for information on the requirements to discontinue APTC and CSR for tax filers who received APTC but did not comply with the requirement to file an income tax return and reconcile APTC for 2014.*
- *Guidance on Annual Eligibility Redeterminations and Reenrollments for Marketplace Coverage for 2016:*
<http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/annual-redeterminations-for-coverage-42215.pdf>.
- *Guidance on Federal Standard Notices of Product Discontinuation and Renewal in Connection with the Open Enrollment Period for the 2016 Coverage Year:* <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Guidance-on-Notices-of-Product-Discontinuation-and-Renewal-for-the-2016-Coverage-Year.pdf>.

Resources

- *IRS, Understanding Your Letter 5591:*
<http://www.irs.gov/Individuals/Understanding-Your-Letter-5591>.
- *IRS, Letter with preliminary results from the 2015 filing season related to Affordable Care Act provisions:* <http://www.irs.gov/pub/irs-utl/CommissionerLetterlwithcharts.pdf>.
- *The News for Agents and Brokers monthly newsletter distributed through GovDelivery. For agents and brokers who do not receive the newsletter via email, CMS posts it on the Agents and Brokers Resources webpage at:*
<http://go.cms.gov/CCIIIOAB>.
- *Current news and updates are distributed via email through GovDelivery and CMS's twitter handle, [@CMSGov](https://twitter.com/CMSGov).*
- *Direct consumers to the IRS webinar to determine if they qualify for an exemption at:* <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/ACA-Individual-Shared-Responsibility-Provision-Exemptions>.

Questions?

For questions/comments about agent or broker participation in the FFM: FFMProducer-AssisterHelpDesk@cms.hhs.gov.

For questions/comments on the Marketplace Learning Management System: MLMSHelpDesk@cms.hhs.gov

For questions/comments about the FFM application and enrollment: 1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the SHOP Marketplace: 1-800-706-7893 (TTY: 711) available M-F 9:00 AM-7:00 PM ET

For questions/comments regarding a CMS-approved vendor's training, agents and brokers should contact the respective vendor's Help Desk. Contact information can be found on the Agents and Brokers Resources webpage at <http://go.cms.gov/CCIIOAB>.

For questions/comments about web-broker participation in the FFM: WebBroker@cms.hhs.gov

