



MARKETPLACE ASSISTER NEWSLETTER

August 2019

News Flash!

30 Day Notice PRA Renewal of Summary of Benefits and Coverage (SBC)

The SBC is a consumer shopping tool that provides a snapshot of a plan's benefits, coverage, and any limitations and exceptions. It presents information on a plan's benefits in a uniform format, which allows for easy comparisons between plans. CMS has recently proposed changes to the SBC template and related materials. CMS released these proposed updates on August 20, 2019, as part of the 30-day comment period. If you would like to submit comments during the 30-day notice and final PRA comment period on these proposed changes, please do so by September 19, 2019. Materials will be posted [here](#).

For more information about the SBC and how assisters can use it as a resource, select this link: [SBC Fast Facts](#)

New Rules on Individual Coverage and Excepted Benefit Health Reimbursement Arrangements Were Released

Health reimbursement arrangements (HRAs) are a type of account-based health plan that employers can use to reimburse employees for their medical care expenses. New rules released by the Departments of Labor, Health and Human Services, and the Treasury (collectively, the Departments) permit employers to offer a new "Individual Coverage HRA" as an alternative to traditional group health plan coverage, subject to certain conditions. Among other medical care expenses, Individual Coverage HRAs can be used to reimburse premiums for individual health insurance chosen by the employee, promoting employee and employer flexibility, while also maintaining the same tax-favored status for employer contributions towards a traditional group health plan.

Additionally, the final rules provide a new Special Enrollment Period (SEP) to allow individuals who newly gain access to an individual coverage HRA or who are newly provided a qualified small employer health reimbursement arrangement (QSEHRA) to enroll in or change their individual market health insurance coverage.

The new rules also increase flexibility in employer-sponsored insurance by creating another, limited kind of HRA that can be offered in addition to a traditional group health plan. These "Excepted Benefit HRAs" permit employers to finance additional medical care (for example, to help cover the cost of copays, deductibles, or other expenses not covered by the primary plan) even if the employee declines enrollment in the traditional group health plan.



For more information, review the [Health Reimbursement Arrangements](#) page on the CMS website, the [administrator's statement](#), the [press release](#), the [final rule](#), and [FAQs](#) about new health coverage options for employers and employees.

Additional Resources including Model Notices and FAQs are available [here](#).

Stay tuned for an assister webinar on HRAs this fall!

CMS Brings Health Plan Quality Ratings to all Exchanges

For the first time, the Centers for Medicare & Medicaid Services (CMS) will require the display of the five-star Quality Rating System (or star ratings) available nationwide for health plans offered on the Health Insurance Exchanges beginning with the 2020 Open Enrollment Period. Beginning with this year's Open Enrollment Period, consumers will be able to compare health coverage choices using a five-star quality rating of each plan on Exchange websites, including [HealthCare.gov](#), similar to other CMS star rating programs, such as the easy-to-understand Nursing Home Compare website and Medicare Advantage.

The 2020 Open Enrollment Period is November 1, 2019, to December 15, 2019.

The Exchanges Quality Rating System guidance is available [here](#) and [here](#).

The Plan Year 2019 Nationwide Quality Rating System PUF is available [here](#) and [here](#).

The Results At a Glance of the Plan Year 2019 PUF data is available [here](#) and [here](#).

The Exchanges Quality Rating System fact sheet is available [here](#).

Enrollment Reports Available Now!

On August 12, 2019, the Centers for Medicare & Medicaid Services (CMS) released two reports, the Early 2019 Effectuated Enrollment Report and the Trends in Subsidized and Unsubsidized Enrollment Report. These reports provide information on the stability of the individual health insurance market during the 2018 plan year as well as offering preliminary insights into the market for 2019.

For more information, please review the following links:

For the Early 2019 Effectuated Enrollment report, visit [2019 Effectuated Enrollment Snapshot](#).

For the Trends in Subsidized and Unsubsidized report, visit [Trends Subsidized and Unsubsidized Enrollment Report](#).

In Case You Missed It

2019 Assister Certification Training on the Marketplace Learning Management System (MLMS) "Go-Dark"



As we prepare to release the 2020 Assister Certification Training, the 2019 Assister Certification Training that is hosted on the Marketplace Learning Management System (MLMS) was taken offline at 6:00 p.m. (ET) on Monday July 15, 2019. During this “go-dark” period, assisters will not be able to access the certification training. We anticipate that the 2020 Assister Certification Training will be available later this summer. *Please note: This is training for assisters in the Federally-facilitated Marketplace. Assistors in SBMs or SBM-FPs should follow their state’s training and certification requirements.*

Open Season Announcement for Certified Designated Organizations - Live Application Link Available Now!

Time is running out! The Centers for Medicare & Medicaid Services (CMS) is inviting organizations who would like to become Certified Application Counselor Designated Organizations (CDOs) to apply during CMS’s Open Season beginning **June 12, 2019, and ending September 16, 2019**. Certified Application Counselor Designated Organizations are a vital component of the assister community. In the Federally-facilitated Marketplace, CDOs oversee certified application counselors (CACs) who are trained and able to help consumers seeking health coverage options through the Marketplace.

Any organization seeking to provide CAC enrollment assistance to consumers for Plan Year 2020 must be a certified CDO. In order to be designated as a CDO, you must submit an online application and enter into an agreement with CMS. *As a reminder, SBM-FPs are not part of the FFM CAC refresh and their CDOs are not being asked to apply. This is because SBM-FP states run their own CAC programs, which are not operated by CMS.*

If your organization completed the CDO refresh process last year and received a new CDO identification number and a welcome packet, then you do not need to reapply.

We invite all interested organizations, as well as all CDOs that did not complete the application process during the CDO refresh, to submit an application to become a CDO for Plan Year 2020. In preparation for the next Open Enrollment Period, the deadline to submit an application to become a CDO is September 16, 2019. We look forward to working together!

The CDO application link is now live and can be accessed here:

[CDO Application](#)

CDO Application technical assistance webinar recordings, user guides, and more can be found [here](#).

For additional questions, contact us at CACQuestions@cms.hhs.gov.

Resources

Applicable Percentage Table and Employer-Sponsored Coverage Required Contribution Percentage for Tax Year 2020



The Internal Revenue Service (IRS) has released the [applicable percentage table and employer-sponsored coverage required contribution percentage for tax year 2020](#). Both of these resources are used to determine eligibility for financial assistance programs:

- The applicable percentage table is used by IRS and the Federal Data Services Hub to calculate advance payments of the premium tax credit (APTC)
- The required contribution percentage is used in the eligibility and exemptions logic
- Please note that these will only be used for eligibility for tax year 2020; the current values will remain in place for all determinations for coverage in 2019

The Assister's Roadmap to Resources

For helpful information on what resources are available to Assisters, please select this link to [The Assister's Roadmap to Resources](#).

Previous Webinars / Q&A

1. [Assisting Incarcerated and Recently Released Consumers – July 2019 \(slides\)](#)
2. [Enrolling Young Adults and Other Hard to Reach Populations - July 2019 \(slides\)](#)
3. [Certified Application Counselor Designated Organization \(CDO\) Application –July 11, 2019 \(slides\)](#)
4. [CDO Application Demonstration – July 11, 2019 \(captioned video\)](#)
5. [CDO Application Demonstration – July 11, 2019 \(video transcript\)](#)
6. [CDO Application User Guide – posted July 19, 2019](#)
7. [CDO Organizational Maintenance Web Form User Guide – posted July 19, 2019](#)

Important Reminders / Tips

Links to Helpful Resources

- Marketplace Assister Training [Resources](#) and [Webinars](#)
 - [Technical Assistance Resources](#)
 - CMS Marketplace [Applications, Forms, & Notices](#)
 - CMS [Outreach and Education](#) Resources
 - [Marketplace.CMS.gov Page](#)
 - [CMSzONE Community Online Resource Library Pilot for Marketplace Assisters](#)
 - [Find Local Help](#)
-



Marketplace Call Center and SHOP Center Hours

Health Insurance Marketplace Call Center: 1-800-318-2596 (TTY: 1-855-889-4325). For customer service support, to start or finish an application, compare plans, enroll or ask a question. Available 24 hours a day, 7 days a week (except holidays). CACs and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The Assister Line can also help with password resets and can help with access to non-application SEPs. Contact your Navigator Project Officer (for Navigators) or your CDO leadership (for CACs) for more information on the Assister Line.

- Navigator Marketplace Call Center line: 1-855-868-4678
- CAC Marketplace Call Center line: 1-855-879-2683
- General consumer Call Center line: 1-800-318-2596 (TTY: 1-855-889-4325).

SHOP Call Center: For SHOP related questions, you and employers or employees you interact with may contact the SHOP Call Center at 800-706-7893 or by using the TTY phone number (for hearing impaired) at 1-888-201-6445.

Stay in Touch

To sign up for the CMS Assister Newsletter, please send a request to the Assister Listserv inbox (ASSISTERLISTSERV@cms.hhs.gov) write "Add to listserv" in the subject line, please include the email address that you would like to add in the body of your email. For requests to be removed from the listserv, please forward a copy of a webinar invite or newsletter received and write "Remove" in the subject line.

If you have specific questions or issues that you would like to see us highlight in our webinar series or here in this newsletter please contact us.

For **CMS Navigator grantees** - please get in touch with your Navigator Project Officer.

For **CAC Designated Organizations in FFM States** - please send an email to CACQuestions@cms.hhs.gov.

We welcome questions, suggestions and comments, so please feel free to contact us!

Please note that the information presented in this Assister Newsletter is informal, technical assistance for assisters and is not intended as official CMS guidance.