

Marketplace Update for Assisters

December 14, 2017

Table of Contents

Enroll by December 15, 2017 for January 1, 2018 Coverage!	1
Maine Windstorms	2
1095As: How Assisters Can Help Consumers Prepare for Tax Season.....	2
IRS Will No Longer Accept Tax Returns That Do Not Indicate Whether Tax Filer Had Health Coverage	3
Application Spotlight: Employer Sponsored Coverage	3
Key Dates for 2018 / Draft Letter to Issuers / Draft Rate Filing Timelines.....	5
Don't Forget! Weekly Enrollment Snapshots	6
Standing Assister Resources: Helpful Links / Call Center Hours / Contact Us	6

Enroll by December 15, 2017 for January 1, 2018 Coverage!

December 15, 2017 is the last day to enroll in or change plans for coverage to start January 1, 2018. Encourage consumers to return to the Marketplace by December 15th, update their application for 2018, view and shop for plans, and confirm and enroll in a plan to be sure they receive the right amount of financial assistance and are enrolled in the best plan for themselves and their families for coverage beginning January 1, 2018.

We encourage assisters to conduct widespread outreach to current enrollees to encourage them to return to the Marketplace before **December 15, 2017** to update their application and select a plan for 2018 coverage that best meets their needs. Assisters are permitted to reach out to consumers who have given their consent for assisters to follow up with them about applying for or enrolling in coverage.

NOTE: While helping consumers apply for or re-enroll in coverage for the 2018 Plan Year, don't forget to answer the question that asks if someone is helping you apply/enroll in coverage. Federally-facilitated Marketplace Navigators, Certified Application Counselors (CAC) and Enrollment Assistance Personnel are encouraged to enter their unique, 13-digit alphanumeric Assister ID number on the application for the question asking if a consumer received assistance completing the application.

Here are the key Open Enrollment Dates to obtain coverage for the 2018 plan year:

- **December 15, 2017:** Last day to enroll in or change plans for coverage to start January 1, 2018.
- **January 1, 2018:** 2018 coverage starts for those who enroll or change plans by December 15.

Maine Windstorms

CMS recognizes that certain exceptional circumstances, including a natural disaster such as a severe wind-storm, can prevent an individual from enrolling in coverage before an open enrollment period expires. In these cases, the Marketplace has the authority to provide a special enrollment period (SEP) to give these consumers more time to enroll in a health plan. Individuals who were unable to timely enroll in coverage during Open Enrollment due to the impacts of the severe wind-storms and resulting power outages across Maine should qualify for an exceptional circumstances SEP that will provide them more time to enroll in coverage.

Therefore, Maine residents who were unable to complete enrollment during Open Enrollment due to the wind-storms should contact the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325) to speak with a Marketplace representative. Maine residents who are affected by the wind-storm should provide detailed information about their situation so the Marketplace representative can appropriately assist them. Additional SEP information related to natural disasters is available on HealthCare.gov at <https://www.healthcare.gov/sep-list/>.

1095As: How Assisters Can Help Consumers Prepare for Tax Season

During Open Enrollment (OE), assisters can help consumers by taking steps to increase the likelihood that the Form 1095-A consumers receive during tax season is accurate. Many consumers are unaware that their enrollment application affects their taxes. Mistakes on the application may lead to inaccuracies on Form 1095-A and may mean consumers have to refile their taxes in the future. Assisters can help to mitigate this risk by ensuring certain data fields are correct.

Assisters should talk to consumers about:

- Updating prior year mailing addresses
- Double checking that their demographic information is accurate
- Confirming their household structure and any dependents the tax filer will claim. Consumers may not realize that their household structure for tax filing should be reflected on their Marketplace application. For example, if parents share custody of a child, the parent who will claim the child on their taxes should also be the parent who applies for APTC on the child's behalf.

In particular, assisters should ask consumers if their mailing addresses have changed. *If so, it's important that their mailing address is updated on prior year applications as well as for the current year to ensure that consumers receive their Form 1095-As. The Marketplace uses the last known address on*

consumers' Marketplace applications to mail Form 1095-As to taxpayers and other responsible adults. If consumers update their mailing address on their PY 2018 application, their mailing address will not update on prior year applications, so it is important that consumers update their address on their PY2017 application, too.

For more information about how Marketplace coverage will affect consumers' taxes, assisters should visit: [HealthCare.gov/taxes/](https://www.healthcare.gov/taxes/) or call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325). If consumers have questions about their taxes, need their Form 8962 or 8965, or want to learn more about the fee for not having health coverage, they should visit [IRS.gov](https://www.irs.gov).

IRS Will No Longer Accept Tax Returns That Do Not Indicate Whether Tax Filer Had Health Coverage

Last month, in a reversal of its previously announced policy on February 15, 2017, the Internal Revenue Service (IRS) stated that beginning in the 2018 tax season, it will not accept tax returns when the tax filer has failed to indicate whether or not they had health coverage during the previous year. If a tax filer did not indicate that they had health coverage during the previous year, and did not qualify for an exemption from the individual shared responsibility payment, the tax filer will owe a penalty of \$695 per adult, or 2.5% of household income, whichever is greater. The penalty is \$347.50 per child under 18. Assisters should inform consumers that if they file a tax return that does not indicate whether or not they had coverage during the previous year, that their tax return will not be accepted, and that if they do not qualify for an exemption and do not have coverage, that they will likely owe a penalty.

For more information on the IRS policy and the penalty for not having health coverage, assisters can refer to the links below:

- <https://www.irs.gov/tax-professionals/aca-information-center-for-tax-professionals>
- <https://www.healthcare.gov/fees/fee-for-not-being-covered/>

Application Spotlight: Employer Sponsored Coverage

During our November 17th webinar, we reviewed the Employer-Sponsored Coverage (ESC) section of the Marketplace application. We highlighted how assisters can help consumers answer questions regarding employer-sponsored coverage, including COBRA and retiree coverage. We also discussed how to help consumers determine whether their offer of ESC is deemed affordable by the Marketplace.

Affordability and Minimum Value

A consumer may be eligible for financial help through the Marketplace if their ESC is either unaffordable (by Marketplace standards) or doesn't meet the minimum value (MV) standard. Determining whether someone has access to ESC is one component for determining eligibility for advance payments of the premium tax credit (APTCs) and cost-sharing reductions (CSRs). Consumers are not eligible for financial assistance through the Marketplace if an offer of ESC is considered affordable and meets minimum value.

A health plan meets the minimum value standard if it's designed to pay at least 60% of the total cost of medical services for a standard population and the benefits include coverage of physician and inpatient hospital services.

Affordability is calculated by comparing the employee's share of the annual premium for self-only coverage to the employee's annual household income. A health plan is considered affordable if the employee's required contribution for self-only coverage does not exceed 9.56 percent (in 2018) of the employee's household income for the year. The Marketplace does not consider the cost of coverage for other family members when determining whether the coverage is affordable for the family.

When helping consumers answer questions on the application about employer sponsored coverage, assisters should encourage consumers to accurately report whether they are enrolled in or eligible for ESC, including the cost of the lowest-cost self only plan offered by the employer and whether the ESC meets the minimum value standard.

In order to evaluate the offer of employer-sponsored coverage, consumers may complete or ask their employers to fill out the “**Employer Coverage Tool**” worksheet. Consumers offered coverage will be asked to provide the Marketplace with the employer's name, Employer Identification Number (EIN), phone number, and address. The EIN is displayed on consumers' W-2, or consumers can ask the employer to provide it to them. This worksheet is available at <https://www.healthcare.gov/downloads/employer-coverage-tool.pdf>

Consumers may also ask for a copy of the Summary of Benefits and Coverage (SBC) of the employer plan, which indicates whether the coverage meets minimum value requirements. Here's an example of what an SBC may look like: <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/SBC-Sample-Completed-MM-508-fixed-4-12-16.pdf>.

IRS Decreases the ACA Affordability Percentages for 2018:

For plan years **beginning in 2018**, employer-sponsored coverage will be considered affordable if the employee's required contribution for self-only coverage does not exceed:

- **9.56 percent** (in 2017, it was 9.69%) of the employee's household income for the year, for purposes of both the pay or play rules and premium tax credit eligibility; and
- **8.05 percent** (in 2017, it was 8.16%) of the employee's household income for the year, for purposes of an individual mandate exemption (adjusted under separate guidance).

COBRA and Retiree Coverage

A consumer is not eligible for APTCs or CSRs if he or she is enrolled in COBRA or retiree coverage. . A consumer who has an offer of COBRA or retiree coverage but has not yet enrolled may still be eligible for APTC or CSRs. Minimum value and affordability standards don't apply to consumers with an offer of COBRA or retiree coverage – as long as these consumers are not enrolled in that coverage, they may be eligible for financial help through the Marketplace, if otherwise eligible.

During the Marketplace Open Enrollment period and any applicable special enrollment period (SEP), consumers can voluntarily drop their COBRA coverage and enroll in Marketplace coverage instead, even

if their COBRA hasn't expired. If a spouse or dependent loses ESC through a family member's employer, the spouse or dependent also may be eligible for an SEP. If a consumer decides to drop their COBRA coverage or not pay the premiums, they are not eligible for an SEP for loss of minimal essential coverage (MEC). These consumers would have to wait until they qualify for another SEP or the next Open Enrollment period.

Resources

- For more information on ESC, visit: www.healthcare.gov/have-job-based-coverage/.
- For more information on COBRA, visit: <https://www.healthcare.gov/unemployed/cobra-coverage/>.
- For more resources from the Internal Revenue Service (IRS) on minimum value and affordability, visit: www.irs.gov/Affordable-Care-Act.

Key Dates for 2018 / Draft Letter to Issuers / Draft Rate Filing Timelines

Proposed Key Dates for 2018: CMS is releasing a timeline intended to be an easy reference document for issuers and states. It consolidates the proposed key dates in 2018 related to Qualified Health Plan (QHP) certification, rate review, and risk adjustment. Find more information at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Proposed-Key-Dates-for-Calendar-Year-2018.pdf>

Draft Letter to Issuers: CMS released the draft 2019 Annual Issuer Letter that provides guidance to issuers on technical policy and operational matters related to QHPs, including stand-alone dental plans (SADPs), seeking to be certified or recertified for offer through the Federally-facilitated Marketplace (FFM).

- Find the 2019 Draft Letter to Issuers (LTI) at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Draft-2019-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces.pdf>.
- Find the Fact Sheet for LTI at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/2019-Draft-Annual-Letter-to-Issuers-for-2019.html>.

Draft Bulletin: Proposed Timing of Submission of Rate Filing Justifications for the 2018 Filing Year for Single Risk Pool Coverage Effective on or after January 1, 2019: CMS is releasing a draft bulletin that proposes the deadline for health insurance issuers to submit rate filing justifications for single risk pool coverage in the individual and small group markets. The bulletin also proposes the dates CMS will post proposed and final rate changes for single risk pool coverage for the 2019 plan year. Click here:

<https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/draft-2018-filing-timeline-bulletin.pdf>

Don't Forget! Weekly Enrollment Snapshots

Every week during Open Enrollment, the Centers for Medicare & Medicaid Services (CMS) will release enrollment snapshots for the HealthCare.gov platform, which is used by the Federally-facilitated Marketplaces, the State Partnership Marketplaces, and some State-based Marketplaces. These snapshots provide point-in-time estimates of weekly plan selections, call center activity, and visits to HealthCare.gov or CuidadoDeSalud.gov.

The final number of plan selections associated with enrollment activity during a reporting period may change due to plan modifications or cancellations. In addition, the weekly snapshot only reports new plan selections and active plan renewals and does not report the number of consumers who have paid premiums to effectuate their enrollment.

Weekly Enrollment Snapshot- Week 6: <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-13.html>.

First Half of 2017 Average Effectuated Enrollment Report:
<https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-12-13-2.html>.

Standing Assister Resources: Helpful Links / Call Center Hours / Contact Us

Links to Helpful Resources

Marketplace Assister Training [Resources](#) and [Webinar](#)

- [Technical Assistance Resources](#)
- CMS Marketplace [Applications & Forms](#)
- 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. Closed Memorial Day, July 4th, Labor Day, Thanksgiving Day and Christmas Day. CACs and Navigators should call their dedicated phone lines so the Call Center can better track the needs of assisters. The dedicated 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 designated organization 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 customer service support, including assisting employers and employees apply for and enroll in SHOP. 1-800-706-7893 (TTY: 711). Available M-F 9:00 am-7:00 pm EST. Closed New Year's Day, Martin Luther King Day, Memorial Day, July 3rd, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

Stay in Touch

To sign up for the CMS Weekly 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 weekly webinar series or here in this newsletter please contact us.

- For **HHS Navigator grantees** - please get in touch with your Navigator Project Officer.
- For **CAC Designated Organizations in FFM or SPM states** - please send an email to CACQuestions@cms.hhs.gov.

Follow @HealthCaregov Twitter with the hashtag #ACAassisters for updates, reminders, and new publications for assisters.

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.