

# November Marketplace Update for Assisters

November 2018

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## Resources for Open Enrollment

CMS has issued a fact sheet highlighting key updates and enhancements to Healthcare.gov for the 2019 Open Enrollment Period (OE). To access fact sheet, please visit [Federal Health Insurance Exchange 2019 Open Enrollment](#).

In addition, the fact sheet highlighted the release of some additional resources that are now available to help Assisters and consumers prepare for OE:

- **For 2019 Window Shopping** please visit [2019 Health Insurance Plans & Prices](#)
- **For 2019 Health Insurance Exchange Premium Landscape Issue Brief:** please visit [Health Plan Choice and Premiums In The 2019 Federal Health Insurance Exchange](#)
- **For 2019 Plan Landscape Data** please visit [FFM QHP Landscape Files: Health and Dental Datasets For Researchers and Issuers](#)
- **For 2019 Health Insurance Exchange Public Use Files** please visit [The Center for Consumer Information & Insurance Oversight](#)
- **For 2019 Rate Review Public Use File** please visit [The Center for Consumer Information & Insurance Oversight](#)
- **For 2019 Issuer Participation County Map** please visit [County by County Plan Year 2019 Insurer Participation in Health Insurance Exchanges](#)

## Marketplace Open Enrollment Notices (MOENs)

The Marketplace Open Enrollment Notices (MOENs) are sent each year in advance of open enrollment to all current Marketplace enrollees. This notice isn't a determination of eligibility. Instead, it informs the consumer about their current status and explains why it's important to update their Marketplace application information during Open Enrollment to get accurate eligibility results, to enroll in the right coverage for 2019, and to keep all information up to date. The notice also contains information targeted for certain groups of consumers, such as those who will lose their APTC and CSRs if they do not update their Marketplace application during open enrollment.

As of October 15, the majority of MOENs have been generated for consumers who are eligible for advance payments of the premium tax credit (APTC) and income-based cost sharing reductions (CSR). The MOENs are available in online accounts or will arrive by mail, depending on consumer preference.

For samples of the MOENs for plan year 2019, please visit:

<https://marketplace.cms.gov/applications-and-forms/notices.html>. They are dated September 2018 and are available in English and Spanish. Assistants can use the sample notices to help consumers understand their MOENs and update their information.

## 2019 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

Every year, CMS establishes scheduled maintenance windows that provide periods of time when CMS and its partners can make updates or resolve issues. Maintenance will only occur within these windows when deemed necessary to provide consumers with a better shopping experience. Consumer access to Healthcare.gov may be limited or restricted when this

maintenance is required. The purpose in scheduling these times is to minimize any consumer disruption. Like other IT systems, these scheduled maintenance windows are how we update and improve our system to run optimally and are the normal course of business.

In order to allow agents, brokers, and assisters to plan for potential maintenance, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period. Similar to last year, this information is being provided in advance of Open Enrollment to accommodate requests from agents, brokers, and assisters.

It is important to note that these times are the maximum potential windows when consumer access may be limited if maintenance is needed. As it has been in the past, CMS anticipates the actual maintenance periods will be shorter while we work to minimize disruption for consumers. Last year, while HealthCare.gov had set a total of 60 hours as the maximum potential period of scheduled maintenance during open enrollment, the site only used 21.5 hours.

Potential/maximum scheduled HealthCare.gov maintenance windows for the current Open Enrollment period are:

- Sundays, 12:00AM to 12:00PM (maximum time allotted), except on December 9, 2018

This year's scheduled maintenance windows are the same as last year's. CMS plans to continue working with agents, brokers, and assisters to ensure they have the information necessary to plan for Open Enrollment.

## **Reminder: Update your Listings on Find Local Help**

Assisters are encouraged to ensure their listings on [Find Local Help](#) are accurate for the current Open Enrollment period, which began on November 1<sup>st</sup>. For a Quick Reference Guide for Assisters on how to access and update listings on Find Local Help using the Upkeep Tool please visit [Find Local Help](#).

## **Marketplace Call Center IDs for Assisters**

Similar to the previous open enrollments, there will once again be a designated call center line for Assisters. We strongly encourage assisters to use the assister line when working with consumers not only to receive more efficient service, but also in order to enable the Call Center to better monitor and meet assisters' needs. Please note there are two different Assister lines, one for Navigators and one for CACs (state-funded assisters should use the CAC line):

- Assister Line for Navigators: 1-855-868-4678
- Assister Line for CACs: 1-855-879-2683

The line has several features designed to help better streamline the call process. When calling the Assister line, please be ready to enter your access code.



- For Certified Designated Organizations (CACs), your access code will be your organization’s main phone number listed on your application that was approved during the recent CDO refresh process.
- For Navigators, your access code will be your organization’s primary point of contact telephone number.
- For state funded assisters in SBM-FPs, use the same code your organization was assigned in previous years.

You will be prompted to select the reason for the call:

- Request assistance with a HealthCare.gov account Password Reset to quickly speak with a dedicated Password reset queue CCR
- Request an SEP not granted through the Marketplace Application
- Request Enrollment Assistance

Please note, utilizing the Assister line will only allow expedited service if they need help with password resets or accessing certain call center-initiated SEPs. This enhancement is designed to help minimize the time they have to spend on the phone trying to resolve certain consumer issues. For all other issues, the wait time will be the same as the regular call center line.

Contact your Navigator Project Officer (for Navigators) or your designated organization leadership (for CACs and state-funded assisters) for more information on how to utilize the Assister Line. If Navigators on the Federally- facilitated Marketplace have any difficulty accessing the Assister line, please reach out to your project officer. If CACs have any difficulty, please email the [CACInbox@cms.hhs.gov](mailto:CACInbox@cms.hhs.gov). CCIIO will verify that the code you are utilizing matches our records.

## **Display of 2018 Quality Rating System (QRS) star ratings and Qualified Health Plan (QHP) Enrollee Experience Survey results for QHPs offered through the Health Insurance Exchanges**

CMS has added three new states, Michigan, Montana and New Hampshire, to the pilot for displaying qualified health plan (QHP) quality rating information on HealthCare.gov for plan year 2019

Virginia and Wisconsin will continue to display QHP quality rating information for plan year 2019, which appears for each plan as a star rating in Window Shopping and Plan Compare 2.0

For more information, reference the [bulletin](#) published by CMS on October 2.



## Failure to File and Reconcile (FTR)

**Summary:** A consumer may not be determined eligible for advance payments of premium tax credit (APTC) if the tax filer for the household did not comply with the requirement to file an income tax return for a year in which APTC was paid on his/her behalf and reconcile the associated APTC for that year. This situation is called “failure to file and reconcile” or “FTR.”

### Policy Recap

Starting January 1, 2016, a consumer was determined ineligible for APTC if APTC was paid on his or her behalf in a prior year, but the tax filer for the household did not file a tax return for that year. Beginning in 2018, if a consumer’s tax filer filed a tax return but did not reconcile (known as a “non-reconciler”) the associated APTC using Internal Revenue Service (IRS) Form 8962, the Marketplace determined him or her ineligible for APTC, in addition to the non-filers.

Tax filers use IRS Form 8962 to reconcile the APTC paid on their behalf (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 APTC was paid).

Generally, it takes the IRS 3 to 10 weeks to process a tax return, depending on how it is filed (electronic vs. paper) and the IRS updates the Marketplace on tax filing and reconciliation status for enrollees on a weekly basis. To account for these delays in IRS data available to the Marketplace, a question displays on the Marketplace application to allow consumers to attest, under penalty of perjury, that their tax filer did file a tax return and reconcile all past APTC. This attestation allows the consumer to obtain or maintain eligibility for APTC (if otherwise eligible) even if IRS’ data has not yet been updated.

#### **Did Patrick, reconcile premium tax credits on your tax return for any past years?** *optional*

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

- You got premium tax credits to help pay for Marketplace coverage.
- The tax filer(s) on your application filed a federal income tax return for the same year you used tax credits. For example, in 2015 you got help paying for coverage, then and you also filed a tax return for that same year.
- The tax filer(s) submitted [IRS Form 8962](#) with the tax return.

Yes, prior premium tax credits were reconciled for past years.

**Important:** If you’ve gotten help paying for coverage in the past, but haven’t filed taxes and reconciled your premium tax credits for those years, you won’t be eligible for help paying for coverage until you do this.

[Learn more about reconciling tax credits.](#)

## **Notices Mailed for Open Enrollment 2019**

In September 2018, the Marketplace mailed a paper supplemental notice to tax filers who have not filed for 2017 or have filed but not reconciled their 2017 APTC. The notice warns tax filers that they are at risk for losing APTC in 2019 if they do not file a 2017 tax return and reconcile 2017 APTC immediately. After filing and/or reconciling their taxes, consumers are encouraged to answer the attestation question on the Marketplace application as soon as possible. (Note: This notice is not an eligibility determination.)

## **Avoid losing APTC in 2019**

**Enrollees can avoid losing APTC in 2019 by filing their 2017 tax returns and reconciling their 2017 APTC IMMEDIATELY.** For more information on how to file and reconcile visit:

<https://www.irs.gov/affordable-care-act/individuals-and-families/premium-tax-credit-claiming-the-credit-and-reconciling-advance-credit-payments>.

- After, filing/reconciling for 2017, enrollees should return to the Marketplace, create or update a 2019 application and attest on the application that their tax filer has filed a tax return and reconciled all past APTC.
- In mid-December 2018, the Marketplace will do a final check of IRS data for FTR enrollees who did not return to the Marketplace, in order to retain APTC for those who filed and reconciled since the original IRS data check in September 2018.

Enrollees whose APTC is discontinued beginning January 1, 2019, due to FTR can still take additional steps to restore their APTC. As long as the enrollee remains enrolled in their Marketplace plan, he or she 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, following the 15th of the month coverage effective date rules.

## **What Assisters Can Do**

- Encourage enrollees who haven't yet filed their 2017 federal income taxes and who had APTC paid on their behalf in 2017 to file and reconcile **as soon as possible**.  
<https://www.irs.gov/affordable-care-act/individuals-and-families/premium-tax-credit-claiming-the-credit-and-reconciling-advance-credit-payments>.
- Remind enrollees that even if they usually don't have to file an income tax return based on their income, if APTC was paid on their behalf, they must file a return for that year.

- Help enrollees who haven't yet filed their taxes understand what steps to take, including helping them access their Forms 1095-A.

## Special Enrollment Periods and Plan Category Restrictions

Beginning in early 2019, consumers with Marketplace coverage may have a restricted range of plan categories to choose from if they qualify for a Special Enrollment Period (SEP) during the year.

“Plan Category” refers to the Bronze, Silver, Gold, and Platinum metal levels. The metal levels range from Bronze plans, which have lower premiums and higher out of pocket costs, to Platinum plans, which have higher premiums and lower out of pocket costs.

Plan Category Restrictions (PCR) impact consumers when they:

- Currently have a Marketplace plan,
- Experience certain SEP-qualifying life events, and
- Want to change from their current plan.

PCR applies to most common SEP types, like a loss of qualifying coverage, change in primary place of living, or change in household size.

For most SEP types subject to PCR, existing enrollees will generally only be able to choose from plans that are the same plan category as their current plan. For example, an enrollee who is already enrolled in a Bronze plan can only view and choose from other Bronze plans available to the individual.

### **PCR and existing enrollees who gain dependents due to marriage, birth, adoption, foster care, or court order:**

Consumers may use a SEP to enroll in coverage together; however, existing enrollees must add new household members to their current plan and generally can't change plans. Alternately, consumers can enroll their new dependent into a separate plan (of any metal level) for the remainder of the year.

### **PCR and existing enrollees who become newly eligible for cost-sharing reductions (CSR):**

Marketplace enrollees who become newly eligible for CSR – and who aren't already enrolled in a Silver plan – can change to a Silver plan so they can use their CSR.

### **How assisters can help:**

When working with consumers this upcoming open enrollment, make sure the consumers understand that if they qualify for a special enrollment period during the year, they may be limited to selecting coverage only within the plan category that they choose during open

enrollment. Help consumers think of any change in circumstance that they may experience through the year and discuss how this may impact their plan selection.

### **Additional Resources:**

Plan Category Restrictions Assister Webinar:

Plan categories: <https://www.healthcare.gov/choose-a-plan/plans-categories/>

Special Enrollment Period eligibility:

- Fact Sheet: <https://marketplace.cms.gov/outreach-and-education/special-enrollment-periods-available-to-consumers.pdf>
- Webinar Slides: <https://marketplace.cms.gov/technical-assistance-resources/sep-overview-slides-7-11-2018.pdf>

## **Same Day Termination**

A change in the 2019 Payment Notice provides Exchanges the option to allow enrollees to elect same-day policy terminations, replacing the 14-day “reasonable notice” period. The Marketplace elected to begin offering same-day policy terminations on July 27, 2018.

Here are some of the changes:

- In ‘My Account’, when terminating coverage for all enrollees on an application, there will no longer be 14 days “grayed out” and unable to be changed on the date picker. Rather, enrollees will be able to select the present date or another date in the future as their termination date.
- Functionality for policies where coverage is ending for some but not all enrollees has always permitted coverage to end the day the enrollee requests the change (sometimes with a HICS case to move the termination date); the new policy and functionality permits same-day terminations for entire policies

**An overview of Eligibility & Enrollment topics in the 2019 Payment Notice is at:**

[https://www.regtap.info/uploads/library/ENR\\_OverviewOf2019FinalPaymentNotice\\_5CR\\_052918.pdf](https://www.regtap.info/uploads/library/ENR_OverviewOf2019FinalPaymentNotice_5CR_052918.pdf)

## **Extension of Equitable Relief for Beneficiaries Dually Enrolled in Medicare and Marketplace**

CMS is extending the deadline through Sept 30, 2019, for equitable relief assistance to Medicare beneficiaries currently enrolled in Medicare Part A and the Marketplace for individuals or families. This assistance provides eligible individuals with an opportunity to enroll in Medicare Part B without penalty.

Further, CMS is offering assistance to eligible individuals who were dually enrolled in Medicare Part A and the Marketplace for individuals and families and subsequently enrolled in Medicare Part B with a penalty. This assistance provides these individuals an opportunity to request a reduction in their Medicare Part B late enrollment penalty.

For more information, see the fact sheet at the bottom of this page [Medicare and the Marketplace](#).

## IRS Posts 2018 1095-A Form and Instructions

The Internal Revenue Service (IRS) has posted the final updated 2018 Form [1095-A](#) and associated [instructions](#) to its website. As a reminder, Form 1095-A is provided by each Health Insurance Exchange to the individuals who enrolled in a qualified health plan through the Health Insurance Exchange for a particular coverage year. It allows individuals to claim the premium tax credit, to reconcile the credit on their Federal tax returns with advance payments of the premium tax credit, and to file an accurate tax return for that coverage year.

## 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 (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 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-5:00 pm EST. Closed New Year's Day, Martin Luther King Day, Memorial Day, July 4th, Labor Day, Veterans Day, Thanksgiving and the day after, and Christmas.

### **Stay in Touch**

To sign up for the CMS Assister Newsletter, please send a request to the Assister Listserv inbox ([ASSISTERLISTSERV@cms.hhs.gov](mailto: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](mailto: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.**

