

Centers for Medicare & Medicaid Services
Transcript: Assister Technical Assistance Webinar
October 28, 2016
2:00pm ET

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Welcome

Good afternoon, welcome to today's assister webinar. My name is Everett Smith with the CMS Consumer Support Group. Before we start today's presentation, I'd like to go over few technical details with you. All lines have been muted so that everyone can have a good learning experience. If you're listening through your computer speakers and have any audio issues, or if your slides don't appear to be advancing, please try to refresh the webinar. Press the refresh icon that looks like two arrows. It's the third icon in the row near the volume bar. If you continue to have issues, please try to log out and back in again sometimes that helps reset things. If you would like to ask a question, during the presentation, please do so by typing it into the 'ask a question' tab on the screen. Now I will turn our webinar over to Ms. Sarah Barber. Sarah, please go ahead.

Thank you Everett. Good afternoon everyone. I'm so glad you could join us today. Welcome to our bi-weekly assister call. My name is Sarah Barber and I'm the Acting Deputy Director of the Division of Consumer Advocacy and Assister Support for the Marketplace.

Just a few routine reminders before we get started today. This call is intended as technical assistance for assisters. It is not intended for press purposes and is not on the record. If you are a member of the press, please email our press office at press@cms.hhs.gov. Please note that the information presented in this webinar is informal technical assistance for assisters and is not intended as official CMS guidance.

Today our webinar will include two presentations. First, we have a presentation on the Stand Alone Dental Program, and then we will provide updates for the Small Business Health Options Program.

OE4 Kick-off

But before we get started today. I want to turn it over to today's special guest to help kick-off open enrollment number 4! We are so excited that Mandy Cohen, the Chief Operating Officer and Chief of Staff for the Centers for Medicare and Medicaid Services, is here to help us kick off this year's open enrollment. In her current role, Mandy provides operational leadership and coordination across the Agency. Prior to taking on this role, Mandy was the Principal Deputy Director of the Center for Consumer Information and Insurance Oversight, otherwise known as CCIIO here at CMS overseeing the Health Insurance Marketplace and private insurance market regulation. So she is very familiar with the work you do as assisters to help make the Marketplaces such a success. Mandy?

Great, thanks so much and thanks for having me on here today. I hope you guys are excited for open enrollment four. I just wanted to get on and talk a little bit about how we're thinking about getting ready. I know you are gearing up. So first, thank you so much for all of the work you have done to get ready for this and in the number of years leading up to this historic amount of progress. The fact that more than 20 million Americans have gained coverage. That our uninsured rate is at an historic low at 8.6% is just tremendous. And I hope you all were able to join the call yesterday with President Obama who thanked you all personally for the work that has been done over the last number of years and the work we're about to do together as a team. You can see how passionately he cared about the work, how connected he is to it, how thankful he is and what an impact you're making for the whole country. And so, I hope you take some of that energy and some of that from this call here and just launch into a great open enrollment.

Assisters play such a vital role in helping consumers learn about and enroll in affordable healthcare. It couldn't happen without you and so I just really thank you for helping to navigate consumers through sometimes complex challenge of understanding options and things that are going to help them and their family have both health security but also economic security for their families. So, thank you for that. I wanted to flag a few things just to keep in your mind as you are about to embark upon your work and some of the things we are focusing on during this open enrollment period to make sure that we are reaching those remaining uninsured consumers.

So first is to remember those young adults. I think as you know, we put a focus on reaching those that are 18 to 35. We're trying to use all different types of tools and strategies and partnerships to reach them. Things like Twitch, which I am going to date myself, I have never heard of it before we started using it, excited that we can get to those gamers who also need health insurance and it's not what everyone whose 18, 19 wakes up to during the day, but what they know is about healthy adulting. And that's what we want you guys to be focusing on with them. Use hashtags #healthadulthood, and help us use social media and other ways to reach out to young folks. We know a lot of them qualify for financial assistance and so with your help you can connect them to better understand their options.

[inaudible] Next is the group of folks that actually have insurance but are actually buying it off-Marketplace, but they could actually if they bought if on the Marketplace get the financial help that millions of Americans are getting. We think almost as many as 2 million people who are purchasing their insurance off-Marketplace have incomes that would qualify them for either Medicaid or for additional financial assistance. So really important when thinking about those in your community and how to reach those who may be able to also get that financial help.

As we're thinking about our campaign, you're going to see us be doing a ton of email communication and mail. And we're going to be focusing our messages on affordability and deadlines matter. As I am sure those of you who have done this work with us, we know that everyone waits until the last minute. We're going to try to get them not to do it, but those deadlines really do drive people to action. So you'll see us be hitting December 15th really hard in all of our TV advertising and our online advertising. You will also see us be using messaging around the penalty more this year and making sure folks understand there is a trade-off here of it's not just going without coverage, but it's going without coverage and paying a penalty. And trying to use that again an added incentive on why they should come to HealthCare.gov and check out their options.

Another important thing that layers onto our work as we mature as a Marketplace is also keeping consumers covered. There are already 12 million folks who are covered. We want keep them covered. We want them to come back, shop, and look at their options. So while we're very focused on bringing in those new folks, because we really want everyone to know what their options are. We want to make those consumers who are already with us maintain their coverage. And then one last one I'd add, is reminding folks about the benefits of their insurance that exists even before their deductible. I think they're doing a lot of calculus in their mind, understandably about how do things fit into their budget, make sure that as they're looking at their plans, that they understand what benefits that they could get even before their deductibles kick in. Particularly for young folks, I think that will be important in getting preventive care, those benefits before the deductible kicks in. So that they understand there is a lot of value here to the insurance they're getting and it's not just, oh if I get in a car accident and need something really bad, it's not just for that, it could really help them stay healthy or be healthier, so we want to promote that.

Those are all the things you are doing your work to focus on. Young adults, those off-Marketplace consumers who might be eligible for financial help, the focus on different kinds of outreach campaigns and the importance of the messages, making sure those consumers who already have coverage stay covered and the benefits before the deductible. So those are the key five. So we are doing all we can to enhancing the consumer experience. And so, I think you will see a lot of new things for consumers. I think you guys will be really excited about one of them that has already launched and that's window shopping. So right now folks can go to HealthCare.gov and look at their options. I think you can see we have new features already through the Window shopping, it looks great this year. The team did a terrific job. We want to make sure that folks know, when we put out reports about the number of folks who can find a plan for less than \$75 a month. I think it's political season and election season so there is a lot of misinformation out there. So I think it's important to remind folks come to HealthCare.gov and look at options. Most people are going to qualify for financial assistance and be able to find a plan between \$50 and \$100. So come and look and that same thing on the choices side there are going to be a lot of choices for folks to look at. There's obviously been a lot in the news about larger health plans leaving. But that doesn't mean there isn't still choice even if there is one issuer that can offer a lot of different plans that offer different things depending upon their family situation and their financial situation that might mix in there, their medical situation what makes sense for them.

And then the last thing I'll leave you with it that as you are walking folks through the plan selection process, the team has also done a great job of improving the Plan Compare part of HealthCare.gov. We know there's the application part where everyone answers questions and then there's the shopping part. So the shopping part I think you're going to be really excited about in terms of the new improvements, the way you can sort plans and look at them side-by-side, and compare things with additional information. Just easier to understand, faster response times. It's going to be completely mobile optimized. So if you're on your tablet or you want to show folks on their phone at an event, have everyone pull out their smartphone and pull up HealthCare.gov and walk it through. It's going to look really really nice. So we hope that'll push more folks to hopefully be enroll. And so, we are doing everything we can to be ready for Tuesday. Our teams have been working tirelessly on the operations and technology and getting all of the pieces in place. We want to make sure we are supporting you as well. As Navigators beginning the second year of your three-year grants. We're going to be piloting a grantee mentoring program to enable grantees to learn from one another, so that's great. We hope everyone takes advantage of that. We're also working on bringing assisters together for a more face to face interaction. I hope you all enjoyed the assister forum in September. That was a great opportunity for learning. And the team is looking forward to building on that for another that for another event next year in Baltimore at the end of June, June 28th and 29th so put that on your calendar already. And again, we'll continue to provide information to you as we move through open enrollment. We learn new things, you learn new things so make sure you're continuing to check in with us. As you see things and have questions, feed it back to the team, and we'll do the same to make sure you have all the information you need to do the best job of reaching out to folks around the country. So with that, I just want to thank you again. I'm really excited about next Tuesday and a few months ahead. It's a lot of work to do and it's a lot of work to do at a time when folks are busy, we know that. They're distracted with other things, and holidays, and work and family and obligations. And so we know you have a tough job out there connecting with folks. And just really appreciate all the personal attention and time that you take every day to do this important work. And with that, I'll turn it back over for the rest of the webinar.

Thank you so much Mandy. We really appreciate you taking the time to share with us some of the new and exciting things we have to look forward to during open enrollment this year. Now I am going to turn it over to Michelle Koltov, who will moderate the rest of today's webinar. As a reminder, if you have any questions, please feel free to submit them through the webinar chat feature. Michelle?

Marketplace Updates

IRS Guidance

Great, thank you Sarah. So before we dive into our presentations today, we wanted to share a couple of Marketplace updates. So first off, earlier this week the IRS issued guidance confirming that the Individual Shared Responsibility amount for the penalty that consumers pay for not having coverage will stay at \$695 for 2017. As a reminder, under the ACA if consumers can afford health insurance but choose not to buy it and they don't have an exemption they must pay a fee called the Individual Shared Responsibility payment and this fee is calculated two different ways. It's either a percentage of the consumer's household income or a percent. And they'll pay whichever is higher. So this notice from the IRS, confirms that the 2017 per person fee will remain the same level as it is for this year 2016 fee, which again is \$695. And for more information, you can click the link on your screen. And we're also be sending out more information in the newsletter.

Social Media Campaign

Next up, one of our favorite ways to kick off open enrollment is our Twitter campaign showing consumers that all of you are open for business. So last year many of you participated in this campaign and it was so great and interactive and we absolutely loved seeing all of your smiling faces. So this year we'd love to have even more of you participate as we strive to reach more consumers through social media. So starting on Monday October 31, and throughout the first week of open enrollment please use the customizable poster that we sent out through our listserv through email yesterday. And take a group photo of you and your staff, or you if you're working with some consumers or even of you by yourself maybe at a site where maybe you are sitting at a table waiting to help people sign-up. Make sure you share your photo on Twitter using the hashtag #GetCovered and #HeretoHelp. And we'll be watching and re-tweeting and sharing your posts. So we can get the word out even wider. We also have a link to the customizable poster that I just mentioned on your screen right now as well as great examples of the pictures that we got last year. So thank you in advance for joining this campaign and we're so excited to see all of your photos.

Stand-Alone Dental Plans (SADP)

So now, we will get started with today's first presentation. We are joined by our colleagues Rebecca Zimmerman with the Division of Issuer and Plan Policy and Lawrence Afagbedzi with the Division of Plan Analytics & Review who will discuss the benefits that must be covered by standalone dental plan issuers and how dental plans can be purchased through the Marketplace. If you have any questions throughout the presentation, please submit them through the chat feature. Rebecca?

Hi, and thank you for having me today. My name is Rebecca Zimmerman, and as Michelle said I am with the Division of Issuer and Plan Policy in our Marketplace Plan Management Group, which has the function of certifying qualified health plans for the Federally-facilitated Marketplaces.

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I am going to jump right in and just start talking about how standalone dental plans are treated uniquely under the Affordable Care Act. Just to frame the discussion, as many of you know there are only two types of Qualified Health Plans (QHP) that are offered on Marketplaces. One is a traditional medical QHP, and then there are also Exchange certified dental plans that are also considered to QHP's. And the basis of this is in the Affordable Care Act, there is a carve out to where a dental plan can be offered; however, they are treated differently. And there are a few different statutory and regulatory standards that are applied differently to dental plans. They are considered excepted benefits, which is a separate class of plan than traditional medical plans. So within the Affordable Care Act, there are insurance market provisions that modify the Public Health Service Act. And the difference for dental plans is that as excepted benefits, they are not subject to those insurance market provisions where the Affordable Care Act modifies the Health Service Act. So these would include medical loss ratio standards, rating standards related to age, family size, rating area and tobacco, guaranteed availability, and guaranteed renewability standards. So any of those higher level Marketplace standards.

So what does a standalone dental plan on the Marketplace look like? The requirements to participate on a Marketplace is that in a standalone dental plan has to include the pediatric dental essential health benefit. And generally, there are four different types of benefits that would be included in an essential health benefit: would be dental checkup, basic dental for child, a major dental for child and medically necessary orthodontia for child. However, as you may know essential health benefits are determined by the state's benchmark plan. So there is some variation from state to state as to what would be

considered essential health benefits for pediatric dental as they are with other essential health benefits. Now for what medical QHPs must offer EHBs and in the ACA, there is a special carve out where medical QHPs on Marketplaces don't have to cover the pediatric dental EHB if a certified SADP is also available in that Marketplace. In order to allow this exclusion by medical QHPs, we undergo a voluntary reporting data collection from our SADP issuers to find out where they are intending to offer SADPs in which Marketplace and we also collected by Individual Market and SHOP Market. And we do this ahead of QHP certification application time so that we can notify the medical QHPs whether or not they need to include the pediatric dental EHB in their medical QHPs. And this is guidance that we published and put on our CCIIO website so that they have access to that every year. Now outside of Marketplaces there is a little contradiction, because the same carve-out is not allowed for medical plans outside of Marketplaces, so non-QHPs; however, in order to create parity between these two Marketplaces, we do have a standard. Where if the medical plan subject to EHB is reasonably assured that the individual already has coverage under a Marketplace certified SADP, then they can also exclude pediatric dental EHB. And that is another reason why we certified all 16 dental plans. So there are dental plans that might only be offered off Exchange that we, in plan management, certified as to meeting our standards so that they are available for purchase for people who are buying non-QHP.

So we wanted to highlight a few things that are of interest to consumers, the maximum out-of-pocket for Marketplace certified SADPs has remained unchanged since we started for 2014, that is \$350 for one child and \$750 max out-of-pocket for two or more children. We have had some regulations in the past where we are going to increase over time, it is actually tied to the dental consumer price index. So there is some sort of rate of inflation like we have for the broader Marketplace maximum out-of-pocket. For consumers when they see this going through our eligibility and enrollment function, it might be confusing to them that the max out-of-pocket dollar amount is only applicable to the pediatric dental essential health benefit. So if the consumer buys a family plan, it is not \$350 for the whole family. It is \$350 for that one child getting the dental benefit. On the upside, if you are in a family and you have more than two children, you are more than likely to hit that maximum out-of-pocket. So the family maximum is \$700 even if you have a family of say five children. But that is just something to advise consumers of when they are buying family plans especially if they buy something with adult benefits.

There are two levels of coverage for dental care. We just have a high and a low, which is 85% plus the 2 or minus percentage to the nearest range. And the low is 70% plus or minus. This is similar to the bronze, silver, gold, and platinum levels of medical and this was spelled out in the ACA. Another thing that is important for consumers to know is that the dental benefits are not eligible for cost sharing reductions. So the next slide I think goes into how we talk about the Advanced Premium Tax Credit. So as we discussed, the pediatric dental benefits can be provided embedded in the medical QHP or through a separate Standalone Dental Plan. The benefit that we have for display we have for consumers is to actually indicate on HealthCare.gov whether or not an embedded dental plan or an SADP has child or adult benefits and we do require a minimum of the three major benefits in order to display that icon as they are going through. So for the pediatric benefits, an SADP would have to have the dental checkup, the basic and major in order to have that dental icon displayed for them. And then if they are looking at family plans, then they would also have to have the three adult categories – routine, basic, and major in order to have the display icon say dental, child and adult.

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So some of the things that might be, not necessarily confusing but are important to pay attention to as you are going through helping someone select a dental plan, is that you can't independently purchase a stand-alone dental plan on HealthCare.gov, you have to purchase simultaneously with a medical QHP.

And the reason for that is if a consumer is coming in and they have a tax credit, the advanced premium tax credit, they need to apply that tax credit first to medical, and the remaining tax credit can be attributed to the premium for the dental plan. It depends on what level of coverage they select for their medical QHP. If they will actually have any tax credit left over, the most common times that we see that is if someone is buying a bronze plan, then because it is based on the second lowest cost silver plan, then they would have some tax credit left over to apply that to their dental premium.

There is a proposed rule out by Treasury that is actually changing the benchmark of how tax credits are going to be calculated. So we are actually hoping that in the future there will be a benchmark where anyone buying the pediatric dental benefit in a dental plan would have that entire premium accounted for in their tax credit, but I think there is more to come on that. Other things related to dental plans in display is that, the dental plans aren't required to display a summary of benefits and coverage. The different scenarios that are required under that piece of guidance is not really applicable to dental plans, so they just include a link to the plan brochure. It is also important to note that rates can be displayed as either guaranteed or estimated along with the premium amounts, and this goes back to some of those market wide standards as excepted benefits that the dental plans can basically provide an estimated rate and then once the enrollee applies, then they can apply some of those rating factors and come up with a different rate for them. So in order for someone to know what their exact premium would be, they would either have to get a plan with a guaranteed premium or if they selected an estimated premium, they would have to contact the issuer directly in order to find out how much that premium is.

And now I am going to hand it over to Lawrencia, who handles our operations of the standalone dental plan as it relates to what Plan Management does to look at qualified health plans certification standards.

Thank you Rebecca. Again, I am Lawrencia Afagbedzi. I know Michelle was trying to butcher my name over there, but I forgave her before we started, so that's ok. So I am going to talk about standards that we look at to give you a little bit background and you having the confidence when you are helping people select a plan. So what you see on the screen are the tools and standards that are applicable to SADPs. Those with an asterisk are those that are modified for the SADPs. If you noticed that these standards have modified that has specific language put in for SADP.

On the next slide, we have tools and standards that are not applicable for SADP. Accreditation, patient safety, prescription drug is not applicable to SADP, and [indiscernible] sharing of out-of-pocket costs cost-sharing reductions as Rebecca said are also not applicable to SADP. So for the planned certifications, SADP issuers seeking certification submit their QHP plan application data for plans that they want certified. And plan information is entered into the plan and benefits template. SADPs are reviewed to ensure they meet certification standards and provide the pediatric dental EHB. So this is where we come in trying to make sure that all of the benefits are there. We review to make sure each one is covering all the benefits that they need to cover and are not excluding or limiting any benefit. These benefits should not have any lifetime dollar limits and SADP cannot have lifetime dollar limits on EHB or Essential Health Benefits. The reviews that we do, we check the quantitative limit and the benefit explanation and exclusions data elements for all EHBs to ensure they do not contain any lifetime dollar limit. And SADP cannot have waiting periods either unless the States benchmark has a waiting period. Again SADP cannot limit a benefit or service on the basis of age, condition or exclude a benefit or service unless its respective State benchmark contains exclusions for that benefit or service.

SADP's are allowed a separate out-of-pocket maximum. I think Rebecca has already covered the \$350 for one covered child and \$700 for two or more children. And anything outside of that is deficient and

we reach out to issuers to resolve the deficiency before the plan goes live. So any plan that is on HealthCare.gov, any plan that is sold goes through these certification standards to make sure that one it meets the benchmark and there are no exclusions for the consumer.

The application models and templates, these are just an overview of the application models and templates that issuers must complete when submitting a plan for certification. Not all of them are applicable to SADPs certification but we use these to collect plan information to make sure consumers have plans in each service area the issuer has elected to provide care and have providers that are accessible to consumers.

Yes, so that is the last slide. That is all we have on SADPs and we will take your questions if you have any for us. Thank you.

Small Business Health Options Program (SHOP)

Great, thank you so much Rebecca and Lawrence, even though I butchered your last name. We are going to hold all of our questions until the end. So we are going to move on to our next presentation. We are joined by Laura Eldon from the Small Business Health Options Program or SHOP. And she is going to give us an overview of the SHOP program as well as some updates for this year. Laura?

Great, thank you. Thanks everyone for joining us today. I will move a little closer to the phone so that you can hear me.

Okay, so we can move on the next slide.

To kick things off, I know the SHOP Marketplace can be a little complex. I know a lot of assisters typically work with folks in the individual market, but there are many ways you can help small employers or prospective small employers enroll in SHOP Marketplace coverage. So we will start with a quick overview of what the SHOP Marketplace is and as I go through, I will try to highlight some places where you all can get some helpful resources, some more information and things to keep in mind when you are potentially working with some small businesses.

So to kick things off, what is the SHOP Marketplace? As Michelle mentioned, SHOP stands for the Small Business Health Options Program also known as the SHOP Marketplace. And the SHOP Marketplace was created under the Affordable Care Act as the Health Insurance Marketplace for small businesses. We currently define a small business, for the purpose of the SHOP Marketplace, as 1 - 50 full-time employees. Some states may expand their small group Market other SHOP Marketplace to 100 employees, but currently all of the states utilizing the HealthCare.gov platform for the SHOP Marketplace have a SHOP set at 1 - 50. Small employers who offer coverage to the SHOP Marketplace may be eligible to claim the small business health care tax credit if they are deemed eligible, which can be worth up to 50% of their premium contributions or up to 35% for tax-exempt employers. And the SHOP Marketplace [indiscernible] and the health insurance reforms that were set up to help the ACA spur competition braced on price and quality in the small group market.

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So there are many benefits for small employers in the SHOP Marketplace. The first one is convenience and choice. Unlike the individual market, the SHOP Marketplace is open all year round. That means that small employers, can submit their initial group enrollment during any month of the year. The one kind of loose deadline that I would encourage you all to be cognizant of is what we call our '15th of the

month deadline'. And that means that initial group enrollments that are submitted before the 15th of the month, may go into effect as soon as the first day of the next following month. So for example: If an enrollment is submitted on October 5th, that group could be covered as soon as November 1st. For those groups that submit their initial enrollment after the 15th of the month, their coverage could go into effect as soon as the first day of the second following month. So if you submitted say on today October 28th, your group would be covered as soon as December 1st. Small employers and their employees can browse, compare, apply, and enroll in SHOP Marketplace health and dental plans all online through HealthCare.gov. Employers have the ability, and we will talk about this a little more later, employers have the ability to offer their employees either a single health and/or dental plan or a choice of health and dental plans. And we will go into the weeds about that a little later. Regardless of the number of plans an employer offers to their employees, and employees select, the employer will get and receive and pay one monthly bill. The SHOP Marketplace takes care of disbursing all the payments to the different insurance companies.

The SHOP Marketplace renewal process happens online on an annual basis. And you can help small employers renew their coverage as soon as 60-days before the end of their current plan year. The SHOP Marketplace also grants employers control over their spending. Employers get to decide which plans to offer their employees; how much they want to contribute to their employees premium contributions; if they want to offer coverage to dependents; how much they might want to contribute to the dependents coverage if anything. Employers are not required to contribute a certain amount to employee contributions, and they are also not required to offer and/or contribute to dependent coverage.

As I mentioned a little bit earlier, the SHOP also gives small employers access to the small business health care tax credit. And just briefly once again, for those employers who offer their employees SHOP Marketplace coverage, if they have fewer than 25 full-time equivalent employees, and meet other eligibility requirements, they may be able to claim the Small business healthcare tax care credit after they file their tax returns.

There are also many ways to get help in the SHOP Marketplace to, of course, help you our assister community. There is HealthCare.gov, the SHOP call center, and we also have agents and brokers that are able to help small employers who might have a little bit more of a complex case that may need a little bit more of assistance there.

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So who can actually participate in the SHOP Marketplace? So to be able to purchase coverage through the SHOP Marketplace, employers must first, of course, be a small employer. And as we discussed, is generally an employer who has 1 - 50 employees. Employers must offer coverage to all full-time employees, and for the purposes of determining SHOP Marketplace eligibility a full-time employee is one that works 30 or more hours per week on average. Employers must also have at least one employee who is not a business owner or spouse enroll in the SHOP Marketplace coverage offered in order for the entire group to enroll. And lastly, employers must have a principal business address or eligible employee worksite in the State in which they are offering coverage. In terms of counting employees, we can backtrack a little bit, there is a calculator called the SHOP FTE Calculator available on Healthcare.gov that can help employers, and you can help employers use this calculator as well, know an account is needed to use it, but it can help employers determine how many employees they have for the purposes of determining SHOP Marketplace eligibility.

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One thing I do want to highlight, there are some different options for the self-employed. Self-employed individuals with no employees are not eligible to enroll through the SHOP Marketplace. As I mentioned, on the last slide, in order for a group to enroll, there must be at least one employee on payroll who is not a business owner or a spouse. Accept and enroll in the SHOP Marketplace coverage in order for the entire group to be enrolled. So sole proprietors and self-employed individuals with no employees, are not currently eligible to participate in the SHOP Marketplace. But as individuals, they may be able to enroll in coverage through the health insurance Marketplace for individuals and families also on HealthCare.gov. And as I am sure you are all familiar with, unlike in the SHOP Marketplace, there is a limited annual enrollment period in which employees can enroll in. So that is the one big difference [indiscernible] that we like to talk to the self-employed about. Whereas in the SHOP Marketplace, for those employers who do have employees, they can enroll at any time. Whereas our self-employed with no employees are generally limited to the annual open enrollment period, which as everybody knows opens on Tuesday so we are all looking forward to that

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The next thing I want to cover is the SHOP Marketplace minimum participation requirement. So before employers can actually submit their SHOP Marketplace application, and enroll in coverage, they must meet the Minimum Participation Rate that is set out by their state. In most States, 70% of a group employees who are offered coverage generally must accept that offer of SHOP Marketplace coverage or be enrolled in other qualified health coverage in order for the group to participate in the SHOP Marketplace. I know that was a lot to take in at once, so we are going to break it down a little bit. Before we break it down, I do want to highlight that if a group enrolls between November 15th and December 15th of each year, employers don't need to worry about meeting the Minimum Participation Rate for their state. During that one month window as long as they meet all of the other eligibility requirements to participate in the SHOP Marketplace, they don't need to meet the Minimum Participation Rate.

So we can hop over to the next slide.

I will highlight that there is a calculator, an MPR calculator available on HealthCare.gov that can help you and the employers you might be assisting to predict if they might meet the Minimum Participation Rate that is set out for their State. The calculator factors in if the State varies from the 70% Minimum Participation Rate or not, so that is available on HealthCare.gov for you and any small businesses you might be assisting.

So here is how the SHOP Marketplace Minimum Participation Rate is calculated. Once again, you take the number of full-time employees who are enrolling in the SHOP Marketplace coverage offered or if they are enrolled in other qualified health coverage. So if they are enrolled in coverage through the individual Marketplace, through a spouse, and other government programs or what have you, those are all the numerator. And then we take that number and divide it by the number of full time employees who are offered SHOP Marketplace coverage. So the fact that the number of employees who are actually enrolling in SHOP coverage that part also accounts for those who are enrolled in other qualified health coverage. It actually makes it easier for employers to meet the Minimum Participation Rate to have those two grouped together.

So there is an example up on your screen, which I encourage you, I believe you will get these slides and all of this information is available at Healthcare.gov and Marketplace.cms.gov. If you are struggling with the Minimum Participation Rate, I would encourage you to check it out. And if this is totally intimidating

to you, don't worry, the SHOP Marketplace application actually calculates the Minimum Participation Rate for employers. So this is something to be cognizant of, but it's not something that you will actually have to calculate yourself. And the application calculates the Minimum Participation Rate based on who the employer offers coverage to and all employees have to log into HealthCare.gov account and formally accept and/or decline the SHOP Marketplace coverage. And because employees have to take that active step regardless if they are accepting the coverage or not. The Minimum Participation Rate is calculated on the backend. So something definitely to be aware of but not to be super intimidated by.

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As I mentioned, in the SHOP Marketplace employers have the option of offering health and/or dental coverage through the SHOP Marketplace. And they do have a couple of options here in terms of how they want to offer coverage. Unlike in the individual market, in the SHOP Marketplace employers have the option to offer only health coverage, only dental coverage, or both health and dental coverage. I will note that if an employee is offered both health and dental coverage, he or she may choose to enroll in either both the health or the dental, just the health, or just the dental. And also in the event that dependent coverage is offered, employees and dependents must enroll in the same plan. So if an employee is offered both health and dental, but only accept the dental, then their dependent will only be able to enroll in the dental plan. Dependents and employees must enroll in the same plan. So dependents cannot enroll in a plan that the employees are not in.

Next slide please.

So now we are going to dive into this concept of employee choice that we talked about a little bit earlier. Employee choice in the SHOP Marketplace does offer employers flexibility and control in terms of their healthcare choices and their spending. Employers have the option to offer their employees, either a single health or dental plan, or a choice of plans within a plan category that is chosen by the employer. In this second option where the employer just chooses a plan category, employees get to choose any plan across any insurance company within the plan category that the employer selects. And in some States, this is new for 2017, in some States employers may also offer a choice of plan by insurance company again selected by the employer. And in this instance, the employee would be able to choose any plan across any plan category that is offered by the health insurance company that the employer chooses. So the employers definitely do have a large degree of flexibility in terms of how they offer coverage and employee choice benefits both employers and employees. Employers do not need to spend as much time trying to find one plan that meets all of the health and dental needs of their employees. It also allows employees to shop around and find the coverage that works best for them. And once again, no matter how many plans an employer offers, the employees select, the employer will just receive and pay one monthly bill through the SHOP Marketplace. The SHOP Marketplace will take care of disbursing all of the payments to the different insurance companies. So more flexibility and control does come with less paperwork in the SHOP Marketplace.

Next slide.

And just again, just on this slide, we highlight some of the things I just mentioned in terms of the benefits of offering employee choice.

Next slide.

So what's new for the SHOP Marketplace in 2017? There is greater visibility of agents and brokers registered within the SHOP Marketplace. I know this does not necessarily totally apply to you all but, I

know that some of you do work closely with agents and brokers, especially when it comes to group coverage, because it can get a little bit complicated. In the SHOP Marketplace, employers who have an account already created on HealthCare.gov can logon to their account and find an agent or broker within their SHOP Marketplace application to authorize them. And this year, there will be just greater visibility of the agents and brokers in that category.

The next thing that I want to highlight again is the new employee choice option which we just talked about. And that is in some states, employers will have the ability to offer their employees, and if applicable dependents, a choice of health and dental plans by insurance companies. So again, it is just that added level of choice.

Next slide please.

Another thing that is coming to the SHOP Marketplace user experience for this year is premium breakdown by employee and dependent. This is something that a lot of employers have been asking for. And this just means that as employers are going through the application process, and if you are going through the application process with the employer, this will be available for you to see as well, once they get to the Plan Compare part of the application, they will actually be able to see the details of the plan cost, broken down by each employee and each dependent. So employers will be able to see how much everybody is costing them. Before it was just a lump sum and they were not aware of any price differentials, but now they will be able to see that.

There is also the added feature of address standardization within the application, so this just allows us, this might be more exciting for us on the backend than it is for the people who are actually using the SHOP Marketplace on healthcare.gov, but this just allows us to make sure that the addresses that are input are actually validated by the U.S. Postal Service. So that makes us have a little bit cleaner and more efficient data. So again, probably more exciting for us than for you, but another feature that we have coming out for SHOP this year.

Next slide please.

So for 'See Plans & Prices' I believe is a tool that you all are probably already familiar with on HealthCare.gov. And there is a piece of that that is available for the SHOP Marketplace. And again, as you know, you don't need an account to play around with 'See Plans & Prices' for the SHOP Marketplace on HealthCare.gov. You can just go on to see the plans that are available in your area. And of course, this allows employers and perspective employers, and of course, the Assister community to browse the available SHOP Marketplace health and dental plans that are available in their area before they actually choose the coverage. So they are able to get familiar with the application process as well as the plans and prices that they might see once they get further down the line. Estimates will be generated based on information that has been provided by the employers, or of course you, when you are helping employers use this tool. I will note that the price estimates that are generated through 'See Plans & Prices' on HealthCare.gov do not factor in any price hike that might occur as a result of employee tobacco usage. It also does not factor in any tax credit that an employer might be eligible to receive after they file a tax return through the small business healthcare tax credit. And of course, this tool is available, employers can sort to see what is available to them and see what their costs might be like and help them make an informed decision for their business and for their employees.

Next slide.

So quickly, we are going to go through how to enroll in the SHOP Marketplace from the employer angle. I believe this is probably the angle that you might use the most. So for employers, in order for employers to enroll in the SHOP Marketplace, they must create an account on HealthCare.gov and go through the identity proofing. Once they get through all of that, they will be brought to a page that will ask them where they would like to go. The employer will select on 'Visit Employer Marketplace' and that is where they will actually start inputting some of their business information; information about their employees, and actually make their offer of coverage to their employees. The links for the resources I am about to reference, will be available there, so don't feel a need to jot all of that down right now. But we do have a series of YouTube videos that actually walk through all of the steps of the application and enrollment process for the SHOP Marketplace. We have a video for employers. We have a video for employees. And we also have a video on the renewal process. And so those videos have been found to be pretty helpful in terms of just getting a basic understanding of the flow of the application to help demystify it a little bit. We also have a series of User Guides that are more like enrollment manuals that has screenshots and also written text that will step-by-step line-by-line take you through the application and enrollment process if you need a little bit more direction there. So again, we will talk about where you can find those later on in the presentation, but I wanted to provide you with a quick review of how you might be able to assist employers in the SHOP Marketplace.

So on this next slide we will quickly go over the employee process. And the way that enrollment works in the employees side of the house in the SHOP Marketplace, is it will first receive an email from the SHOP Marketplace. That email will let them know that their employer is offering them SHOP Marketplace coverage, and it will also include a participation code. The participation code is probably the most important piece of that email, because employees will need to create an account on HealthCare.gov and log in. Once they are logged in, they enter the SHOP Marketplace, they will need to input that participation code. The participation code basically is what syncs up the employee to their applicable employer. So they will actually be able to see the coverage that their employer is offering. They only need to input the participation code once. Once that association has been made, it has been made forever, unless of course, the employee leaves. And upon renewal, no participation code is needed. But for that initial linking up of the employee to their applicable employer, they will need that code. Once they type in that code they will be presented with their coverage options, and they will have the ability to see what their employer offered them and they will have the opportunity to accept and/ or formally decline their offer of SHOP Marketplace coverage. Even if an employee is planning on declining the coverage, they must log in and formally decline it through the SHOP Marketplace.

Next slide.

So what is the small business healthcare tax credit that you have heard me talk about a little bit throughout the presentation? So briefly, the small business healthcare tax credit is generally only available to employers who have purchased coverage through the SHOP Marketplace. It is available to the employers who purchased coverage through the SHOP Marketplace on HealthCare.gov, as well as those who enroll in SHOP Marketplace coverage and any State based Marketplace. Small employers are able..., the benefit of the tax credit is that small employers are able to get back a portion of their premium contributions, their employee only contribution to the tax credit. The tax credit may be worth up to 50% of eligible employers' premium contribution or up to 35% for tax-exempt employers. To qualify for the credit, employers must first have employees enrolled in SHOP Marketplace coverage. They must have fewer than 25 full-time equivalent employees. I will note that those 25 full-time equivalent employees are based on a 40 hour work week. Unlike determining eligibility for SHOP Marketplace coverage that is based on a 30 hour work week. The standards are a little bit different in terms of how we count employees in terms of the tax credit and in terms of the SHOP Marketplace.

Employers must also pay average wages of less than \$50,000 per year per employee. And that \$50,000 number is adjusted annually for inflation starting back in 2014. I will highlight, we get this question a lot: That number is an employee salary average and it is not the actual employer's salary is not factored into that at all. An employers must also contribute at least 50% towards employee premium only contribution in order to be eligible for the small business healthcare tax credit. And of course, they must also actually file for the tax credit through the IRS.

Next slide.

As I mentioned, we do have a tax credit estimator available on HealthCare.gov which can help you and assisters small employer plan, determine if they might be eligible for the small business healthcare tax credit, and if so, how much the tax credit might be worth to them and their business.

Next slide.

So I know I have thrown a lot of information at you today and it can definitely get a little bit complicated, but there are many ways to get help in the SHOP Marketplace. And the first resource I want to talk about is the SHOP Call Center. The SHOP Call Center is open and available to assist Navigators and assisters, employers, as well as employees who have an offer of SHOP Marketplace coverage when needed. The SHOP Call Center number is up on your screen and is open Monday through Friday 9 AM to 7 PM Eastern Time. We are closed during federal holidays and I will highlight that the SHOP Call Center is busiest from the 13th to the 15th of the month. So for shorter wait times, or quicker answers to your questions, we encourage folks to call at other times during the month. The closer we get to the 15th of the month deadline, the busier the SHOP Call Center tends to get, so just keep that in mind.

And next, so what types of inquiries can the SHOP Call Center actually help you with? General inquiries related to the SHOP Marketplace eligibility, policies and procedures. Anybody you talked to at the Call Center, will definitely be able to help you with that. The Call Center is also able to assist you with complex State cases; such as, if you are having difficulty assessing or questions related to an employer for an employee's application for enrollment, they are able, in most cases, able to actually access the application and see where the breakdown might be. So the SHOP Call Center is equipped to [indiscernible] a wide range of issues. And as I mentioned, the employer and employees with an offer of SHOP Marketplace coverage may call the SHOP Call Center for assistance.

Next slide

So the next couple of slides are a lot of our resources slides. This next one highlights the tools that we have talked about today. The FTE calculator, which can help employers determine if their business fits the size for the SHOP Marketplace. Our MPR Calculator that will help employers determine if they meet the minimum participation requirement that is needed in their State in order to enroll in SHOP Marketplace coverage. And last of course, they enroll outside within the November 15th to the December 15th annual window, where the Minimum Participation Rate is waived. And then lastly, our Tax Credit Estimator, which of course can help employers determine if they might be eligible for the small business healthcare tax credit and estimate its potential value. All of these tools are available on HealthCare.gov, you just go to HealthCare.gov, select the small businesses tab, as you click the 'For Employers' button there will be a line of the different tools, kind of like a toolbox, at the bottom of the screen. So that is the best way to access those tools.

Next

We also have a ton of SHOP Marketplace resources that are available. We have on HealthCare.gov, we encourage you to check out the IRS website for more detailed questions and answers about on the small business healthcare tax credit. There is a bi-weekly webinar, it is every other Thursday from 2 – 3pm Eastern, which I host with the Small Business Administration and the Small Business Majority about what the healthcare [indiscernible] for small employers. So if you would like a little more of a deep dive into the SHOP Marketplace and other requirements, that pertain to small employers under the law, we encourage you to check that out. And of course, the User Guides that I mentioned earlier can all be found on Marketplace.cms.gov. If you click ‘Outreach and Education’ and then click on SHOP Marketplace there are a ton of resources there. We have a lot of one pagers, a lot of brochures things of that sort so if you are ever looking for SHOP Marketplace documents, you have somebody come in with a question, Marketplace.cms.gov is a great place. All the SHOP Marketplace resources are housed in one area under ‘Outreach and Education’. I just encourage you to look at the documents that are there, print them out, have them available in your Center for any small employers who might be walking in.

If we can go to our last slide, the SHOP Marketplace also has a LinkedIn Page so for folks who are on LinkedIn, we do post a lot of new updates, new video resources, news articles that come out about the SHOP Marketplace. It is just another way to stay in the loop of what is going on with SHOP. And the link for that is up on your screen. The enrollment videos that I mentioned earlier are all available on the SHOP Marketplace YouTube playlist, which is part of the HealthCare.gov YouTube playlist if you are more familiar with that. There is a SHOP tab and we have enrollment videos, educational whiteboard videos, testimonial videos you name it we have got it up there. And just one more Marketplace resource for employers, employees, and assisters. And of course, once again, the number for the SHOP Call Center. So I think that brings me to the end of my presentation. So I will kick it back over to Michelle to go over it.

Q&A

So thanks Laura. So I think a lot of people have asked if the slides are going to be posted. And they will be posted so you will have all of these resources available and we will share that in an upcoming newsletter. So first we are going to go back to our first presentation and ask some questions of our presenters Rebecca and Lawrencia that came in through the chat feature.

So first can a consumer add his or her child to their Marketplace Standalone Dental Plan? And also is it possible to buy a dental plan for children only?

So the answer to that would be yes. So if you are a consumer that is coming in during open enrollment and you purchased your medical plan and you want to purchase a dental plan as well, there are child only plans available and then there are also family plans available. So every standalone dental plan will have the pediatric dental benefit in it and if they only offer that, then they would be child only. But some of them also offer adult benefits as well. So if you are coming in and you had a dependent, you would purchase a family plan if you wanted adult benefits and the pediatric dental benefit as well.

Great. So what is the age range to be eligible for that pediatric dental services? And is it possible to get cost sharing reductions for children only?

So the requirement for essential health benefits is to cover the benefit up until the end of that the child turns 19. So it is basically the end of the month and it is basically up to the age of 18. But when you

turn 19 the end of the month. For standalone dental plans there are no cost sharing reductions applicable.

Another question, do standalone dental plans include a link to a dental provider directory similar to how HealthCare.gov has a provider directory?

Yes, so the directories are required as part of our network adequacy requirement and dental plans do have to provide a link to their directories as well.

Okay, and then one last one. Are standalone dental plans available separately on State-based Marketplaces or State Partnership Marketplaces?

So in State-based Marketplaces it would depend on whether or not an SADP issuer applied for certification through the State-based Marketplaces. States performing Plan Management functions are offered through the Federally-facilitated Marketplace on HealthCare.gov and they are available.

Great, thank you for answering those questions. Now we are going to move over to some SHOP questions. And move it back to Laura.

So first question, are only agents and brokers allowed to help businesses with SHOP? Or can assisters also help?

Assisters can definitely help with SHOP Marketplace coverage. They can definitely help employers enroll. As we talked about, small businesses have the option to enroll with agents and brokers, but they are definitely not required to. That is just one avenue. Agents and brokers have experience in the group market, so I think that is one reason why and because it is multiple people that is one reason why some small groups do go that route but that doesn't necessarily mean that Navigators and assisters can't assist them as well. We encourage you all of course to enroll with them and if you are ever confused about the SHOP Marketplace or you think it would be great to have a certain type of resource that you are not able to find on Marketplace or HealthCare.gov, please feel free to let us know. And we can certainly work to create that for you. Because we do see Navigators and assisters as a really great enrollment channel for small businesses. You all have really great community ties and that is the heart of the small business community as well. So just because small businesses have enrolled with agents and brokers in the past, they think that is definitely the thought that people will have that does not at all mean that they are the only ones that can enroll small businesses in SHOP Marketplace coverage.

Okay, another question. If a qualified employee is hired after the employer's open enrollment period, when can that new employee enroll in the employer's plan? Do they have to wait until the employer has the next open enrollment period?

That is a great question. So the answer to that is no. If an employee is hired, employers and SHOP have the ability to set what we call a waiting period. And that just means that any time it can't exceed 90 days, but employers can institute a waiting period that must pass before new hires can enroll. But if there is a new hire that comes onto the roster mid-plan year, for example, they will be able to enroll in their group coverage once that waiting period if any passes, and they will not need to wait until the employer's annual enrollment period comes up. If an employee however initially declines the SHOP Marketplace coverage and decides that they want to enroll later in the year, they would have to qualify for a special enrollment period in order to be able to get onto the group plan.

Okay, we had another question from someone who has been an assister for a couple of years, and is asking about something back in 2013. There was some talk that SHOP was going to be expanded to include up to the first 100 employees, and then a number of employees can you kind of talk about that and if so what has happened with it?

Sure, so whoever that was has a great memory. The SHOP was supposed to expand up to 100 employees. There was a law that was passed by Congress last October and that gave States the ability to decide if they wanted to keep their small group market or their SHOP Marketplace at the 1 - 50 threshold or if they wanted to expand it to up to 100. Some states did expand their market up to 100 employees. And as I mentioned a little bit earlier in the webinar, the States that did decide to expand are all State-based Marketplaces, all of the 33 States that are currently utilizing the SHOP Marketplace on HealthCare.gov have currently chosen to keep their SHOP Marketplaces at 1 – 50. So for the most part, we have seen the SHOP stay at 1 - 50 but some States, primarily State-based Marketplaces, have expanded their SHOP Marketplace to up to 100. So that could change, I don't necessarily foresee the Marketplaces changing size on a regular basis, but that is something that is possible.

Okay, and the next question. When is the Minimum Participation Rate or the MPR calculated is it upon initial enrollment only?

That is another great question. So the MPR is calculated initially upon enrollment and then annually upon renewal. It's not calculated mid-year at all so in the event that a business falls below the Minimum Participation Rate mid-plan year they don't need to worry about it just yet. They are fine for that year. The Minimum Participation Rate is just calculated upon initial enrollment and upon renewal.

Closing

Okay, great. Thank you everyone for the questions you submitted through the chat feature. I know we have not got to all of them but we will answer additional questions in an upcoming newsletter. And thank you again to all of our presenters – Mandy for joining us for our kick off and Rebecca, Lawrencina, and Laura for joining us today. A reminder that our next webinar is next week on Friday, November 4 at 2 PM. If you would like to sign up for the CMS Weekly Assister Newsletter listserv and receive webinar invitations, please send a request via the assister listserv inbox. And finally, thank you again for all of your hard work preparing for this upcoming open enrollment. We hope you have a wonderful weekend, a great Halloween, and a fantastic first week of open enrollment. Thanks.