



Marketplace News for Agents & Brokers

CMS Issues Final Report for Open Enrollment 2018

The Centers for Medicare & Medicaid Services (CMS) released the Final Enrollment Report for the 2018 Health Insurance Exchanges showing approximately 11.8 million consumers selected or were automatically re-enrolled in an Exchange plan in the 50 states, plus the District of Columbia. This includes 8.7 million consumers in the 39 states using Healthcare.gov and 3 million consumers in State-based Exchanges. Compared to prior years, this year's Open Enrollment period was the agency's most cost-effective and successful experience for HealthCare.gov consumers to date.

The report shows that nearly three quarters of consumers who enrolled through the Exchanges actively shopped for a policy versus letting their policy automatically renew. Among all consumers who selected a plan, 27 percent were new enrollees and 47 percent actively returned to the Exchanges to select a plan. These consumers could easily shop for and pick a plan with little interruption throughout the entire enrollment period. HealthCare.gov used only 22.5 hours of regular maintenance time, the lowest ever. Data from the Federal Health Insurance

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Upcoming Events

CMS is hosting the following webinar to help you assist consumers:

"Compliance with Marketplace Requirements: Considerations for Agents and Brokers"

5/24/18, 2:00 PM–3:00 PM ET.

To register for the 2018 Health Insurance Marketplace Updates for Agents and Brokers series, visit www.REGTAP.info.

Recently Released Resources

Visit the [Agents and Brokers Resources](#) webpage for up-to-date

Exchange Call Center shows that the consumer satisfaction rate remained at an all-time high—averaging 90 percent. This is up from 85 percent last year.

CMS recently published a proposed rule to expand the availability of short-term, limited-duration insurance to provide additional options to Americans who cannot afford to pay the costs of soaring health care premiums or who do not have access to health care choices that meet their needs under the law. Last year, the agency issued the Marketplace Stabilization Rule to lower premiums and increase consumer choice. These important steps will help stabilize the market to increase competition, choice, and access to lower-cost health care options for millions of Americans.

To learn more about the Health Insurance Exchanges 2018 Open Enrollment period final report, it is available [here](#).

2019 Open Enrollment Policies and New Hardship Exceptions Guidance

On April 9, 2018, the Centers for Medicare and Medicaid Services released the final rule, “HHS Notice of Benefit and Payment Parameters for 2019” (the final 2019 Payment Notice), which establishes payment parameters for the risk adjustment program; provisions related to cost-sharing reductions; and user fees for the Federally-facilitated Exchanges and State-based Exchanges on the Federal platform for the upcoming Open Enrollment period. Click [here](#) to learn more.

CMS also issued new guidance expanding hardship exemptions. Under this hardship exemption guidance, individuals who live in counties with no issuers or only one issuer, will now qualify for a hardship exemption from paying the Affordable Care Act’s penalty for not having coverage. The guidance also allows CMS to consider a broad range of circumstances that result in consumers needing hardship exemptions. Click [here](#) to learn more.

information, including these helpful resources:

- [Review of Resources, Help Desks, and Call Centers for Marketplace Agents and Brokers](#)

Stay Connected

Here is another other way you can stay in the know on Marketplace updates:

- Join the agent/broker community on [LinkedIn](#)

Quick Links

- [Find Local Help](#)
- [Help On Demand](#)
- [Registration Completion List](#)
- [Agent/Broker Help Desks](#)

Contact Us

Agent/Broker Email Help Desk:

[FFMProducer-](#)

[AssisterHelpDesk@cms.hhs.gov](#)

(for policy questions, escalated registration questions, or issues with your ID proofing, the Registration Completion List, Find Local Help, and Help On Demand), Monday–Friday, 8:00 AM–6:00 PM ET.

Marketplace Service Desk: 855-

267-1515 (for CMS Enterprise Portal account issues, Enterprise Portal password resets, and general registration questions), Monday–Friday, 8:00 AM–8:00 PM ET.

Agent/Broker

Training/Registration Email Help Desk:

[MLMShelpDesk@cms.hhs.gov](#) (for technical or system-specific issues related to the Marketplace agent/broker training/registration system), Monday–Friday, 9:00 AM–5:30 PM ET.

Individual Marketplace

Agent/Broker Partner Line: 855-

788-6275 (for Individual Marketplace consumer account password resets, special enrollment periods not available online, and eligibility and enrollment issues). Open 24/7. Available only to registered

Helping Clients Move from Marketplace Coverage

Do you have clients who are transitioning from Marketplace coverage to other coverage, such as employer-sponsored coverage? The instructions for ending Marketplace coverage vary depending on who is ending coverage:

- Just the Household contact
- Everyone on the Marketplace plan
- Some of the people on the Marketplace plan

It is important to note that consumers should not end their Marketplace coverage until they know for sure when other coverage starts. Once a consumer ends Marketplace coverage, he or she cannot re-enroll until the next annual Open Enrollment period (unless he or she qualifies for a special enrollment period [SEP]). For more information on [SEP qualifying events](#), follow the link.

How to End Marketplace Coverage: Just the Household Contact.

The household contact is usually the person who created the Marketplace account, and may have filled out the application to buy the Marketplace plan for his or her spouse or dependents. Call the Marketplace Call Center (1-800-318-2596) with the household contact (or be the household contact's authorized representative) to:

- Terminate for the household contact,
- Change the household contact, and
- Remove the household contact from the plan if others in the household are staying on the plan.

Do not try to change or remove the household contact's coverage online unless the consumer is ending coverage for everyone on the plan. This action must be done by phone so the Marketplace

agents and brokers for Plan Year 2018. Enter your NPN when prompted to enter an ID number.

SHOP Call Center: 800-706-7893
(for all SHOP Marketplace inquiries), Monday–Friday, 9:00 AM–5:00 PM ET.

can make sure other household members remain enrolled in the plan.

How to End Marketplace Coverage: Everyone on the Marketplace Plan

Termination can take effect as soon as 14 days from the day the consumer terminates coverage. Consumers must pay premiums for this final two-week period of coverage.

Consumers can also set the Marketplace coverage end date to a day more than 14 days in the future.

Note: This requirement to cancel Marketplace coverage 14 days ahead of time also applies if the consumer is the only one covered on the plan.

Click on the link here for more detailed steps and screenshots on how to [terminate Marketplace coverage via HealthCare.gov](#).

How to End Marketplace Coverage: Some of the People on the Marketplace Plan (Excluding the Household Contact)

In most cases, coverage for these consumers will end immediately. The best way to ensure the consumer receives the desired coverage end date is by requesting the change via the Marketplace Call Center.

Note: If one of the household members to be removed is the household contact, you *must* call the Marketplace Call Center.

The status of the household member(s) whose Marketplace coverage is being terminated needs to be changed to non-applicant (i.e., a household member who does not need coverage) on the application.

Follow this link for more detailed steps and screenshots on how to [terminate Marketplace coverage via HealthCare.gov](#).

SHOP Marketplace Corner

If a small business is enrolling in SHOP for the first time or has experienced a gap in SHOP coverage,

the business will need to use the [SHOP Eligibility Determination Form](#) to verify its eligibility to enroll in SHOP. As a SHOP-registered agent or broker, you can help your small business clients complete this simple eligibility determination.

The form is easy to fill out. Your clients will have to answer a few questions about the location and size of their business. For more information on SHOP eligibility, visit [HealthCare.gov](https://www.healthcare.gov).

Your clients should keep the eligibility determination for their records. They may need to provide it to an insurance company to enroll in coverage, or to the Internal Revenue Service to claim the Small Business Health Care Tax Credit.

Important: Small group clients who are already enrolled in SHOP coverage that started in 2017 and are renewing or updating coverage without a gap do not need to complete the form.