

Marketplace News for Agents & Brokers

Getting Ready for Tax Season

Like last year, agents and brokers can help consumers who enrolled in coverage through the Health Insurance Marketplaces and received advance payments of the premium tax credit (APTC) understand the [Form 1095-A](#) that they receive from the Marketplace.

Consumers must use the Form 1095-A to complete [Form 8962](#) when they file their 2017 taxes. These forms allow consumers to reconcile the total APTC they received during 2017 with the amount of [premium tax credit \(PTC\)](#) for which they are eligible based on their final 2017 income and household information.

Consumers should receive their Form 1095-A within the first few months of 2018. Consumers should receive a hard copy of this form in the mail, but can also access the form directly through their HealthCare.gov account in the tax form section. If consumers do not have online accounts, they can create one to view their Form 1095-A. Depending on changes that may have occurred to consumers' coverage over the course of 2017, such as changing Marketplace plans during the year, some consumers may receive more than one Form 1095-A.

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Upcoming Key Dates

- **March 31, 2018:** Deadline to enroll in coverage under U.S. Virgin Islands/Puerto Rico Hurricane special enrollment period (SEP)
- **April 16, 2018:** Tax Day for Year 2017; Filing deadline for Federal Income Tax Returns

Upcoming Events

The Centers for Medicare & Medicaid Services (CMS) is

Please remember that as an agent or broker, you are prohibited from helping consumers with filing their taxes, unless you are also a licensed tax professional.

Let consumers know that the monthly enrollment premium listed on their Form 1095-A (Part III, Column A) may be different from their plan's full monthly premium amount. This difference does not always mean there are errors that need to be corrected. The monthly premium on the Form 1095-A may be different from what is expected for several reasons that are addressed [here](#). If consumers identify errors on their Form 1095-A, direct them to notify the Marketplace by calling the Marketplace Call Center at 1-800-318-2596.

Below are some helpful resources to share with consumers as you help them understand how using APTC for their Marketplace coverage affects their taxes. Click each hyperlink to access the resource:

- [Complete guide to 2017 health coverage & your tax status](#)
- [Health Coverage Tax Tool](#)
- [How to Use Form 1095A](#)
- [How to Reconcile PTC](#)

Information on Form 1095-B and C

This year, some consumers will receive Forms [1095-B](#) or [1095-C](#). Like Form 1095-A, Forms 1095-B and C will provide consumers with information about their health coverage during the prior year.

Consumers who have health coverage through the Marketplace and receive a Form 1095-A might also receive a Form 1095-B or Form 1095-C if they or members of their household had coverage in 2017 through other programs or plans outside of the Marketplace, like Medicaid or private health insurance. **Individuals who have questions about a Form 1095-B or 1095-C should contact the entity that provided them with the form.**

Forms 1095-B will be provided to consumers by health insurance providers, such as health insurance companies and government agencies, including Medicare, Medicaid, or CHIP. Forms 1095-C will be provided to consumers by certain large employers.

hosting upcoming webinars to help you assist consumers after the Open Enrollment period ends, including:

“Review of Resources, Help Desks, and Call Center for Marketplace Agents and Brokers”

3/15/18, 2:00 PM-3:00 PM ET

More details on the registration for this webinar will be available soon on www.REGTAP.info.

Recently Released Resources

Visit the [Agents and Brokers Resources](#) webpage for up-to-date information, including these helpful resources:

- [Overview of Proposed Changes to SHOP Enrollment](#)
- [Understanding Special Enrollment Periods](#)

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

Health insurance issuers aren't required to file Form 1095-B to report coverage in individual market qualified health plans that individuals enroll in through Health Insurance Marketplaces. This coverage generally is reported by Marketplaces on Form 1095-A. However, issuers will file Form 1095-B to report on coverage for employees obtained through the Small Business Health Options Program (SHOP).

IRS Extends Deadline to Provide Forms 1095-B and C

The IRS extended the 2018 due date for certain employers and health coverage providers to send 2017 health coverage information forms to individuals. The following organizations now have until March 2, 2018, to provide Forms [1095-B](#) or [1095-C](#):

- Issuers
- Self-insuring employers
- Other coverage providers
- Applicable large employers

The March 2 date is a 30-day extension from the original due date of January 31.

This 30-day extension is automatic. Employers and providers do not have to request it. The due dates for filing 2017 information returns with the IRS are not extended. For 2018, the due dates to file information returns with the IRS are:

- February 28 for paper filers
- April 2 for electronic filers

Because of these extensions, individuals may not receive their Forms 1095-B or 1095-C by the time they are ready to file their 2017 individual income tax return. While information on these forms may assist in preparing a return, taxpayers are not required to have these forms to file. Taxpayers can prepare and file their returns using other information about their health coverage.

More information on the Form 1095-B and 1095-C extension can be found [here](#).

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 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–7:00 PM ET.

IRS Statement on Health Care Reporting Requirement

For the upcoming 2018 filing season, the IRS will not accept electronically filed tax returns where the taxpayer does not address the health coverage requirements of the [Affordable Care Act \(ACA\)](#). The IRS will not accept the electronic tax return until the taxpayer indicates whether they have coverage, had an exemption, or will make a shared responsibility payment. Returns filed on paper that do not address the health coverage requirements may be suspended pending the receipt of additional information and any refunds may be delayed.

To avoid refund and processing delays when filing 2017 tax returns in 2018, taxpayers should indicate whether they and everyone on their return had coverage, qualified for an exemption from the coverage requirement, or are making an individual shared responsibility payment. This process reflects the requirements of the ACA and the IRS's obligation to administer the health care law.

Taxpayers remain obligated to follow the law and pay what they may owe at the point of filing. The 2018 filing season will be the first time the IRS will not accept tax returns that omit this information. After a review of its process and discussions with the National Taxpayer Advocate, the IRS has determined identifying omissions and requiring taxpayers to provide health coverage information at the point of filing makes it easier for the taxpayer to successfully file a tax return and minimizes related refund delays.

Review the link provided detailing more information about the [individual shared responsibility provision](#).

Medicaid/CHIP Periodic Data Matching

Consumers determined eligible for minimum essential coverage (MEC) via Medicaid or Children's Health Insurance Program (CHIP) are not eligible for advance payments of the premium tax credit (APTC)

or for income-based cost-sharing reductions (CSRs) to help pay for their Marketplace plan premium and covered services.

This month, the Marketplace sent an initial warning notice to the household contact for dually enrolled consumers, stating that if they do not act by the date in the notice, the Marketplace will end any APTC/CSRs being paid on behalf of affected consumers, and those consumers' Marketplace coverage will continue without financial help.

The notice states (and provides instructions) that household contacts should do one of the following by a specified date:

- End affected consumers' Marketplace coverage with APTC/CSRs
- Update their Marketplace application to tell the Marketplace that affected consumers are not enrolled in Medicaid/CHIP

In spring 2018, at least 30 days following the initial notice, the Marketplace will send a final notice to the household contact. This notice will let affected consumers know that they are still enrolled in a Marketplace plan, but will no longer receive financial help (i.e., APTC/CSRs).

Consumers who choose to remain in full-cost Marketplace coverage should notify their state Medicaid/CHIP agency of their Marketplace enrollment. If they choose to remain enrolled in full-cost Marketplace coverage, they may no longer be eligible for CHIP. However, consumers could continue to receive CHIP coverage, if otherwise eligible by ending their Marketplace enrollment.

New Proposed Rule for Short-Term, Limited-Duration Insurance

The Departments of Health & Human Services (HHS), Labor, and the Treasury have issued a proposed rule that is intended to increase competition, choice, and access to lower-cost health care options for Americans.

The rule proposes to expand the availability of short-term, limited-duration health insurance by permitting consumers to purchase plans providing coverage for up to 12 months, rather than the current time of less than 3 months. This proposal would offer added options to Americans who are not able to afford the costs of health care premiums, or those who do not have access to health care choices that meet their needs under current legislation.

The proposed changes are projected to provide added reasonable coverage options. Short-term, limited-duration insurance, which is not required to comply with federal requirements for individual health insurance coverage, is designed to provide temporary coverage for individuals transitioning between health care policies, such as an individual in between jobs, or a student taking a semester off from school.

[Review the proposed rule and find out how to submit comments here.](#)

Savings Could Be Waiting for Your Small Group Clients

Your small group clients who offer their employees coverage through the Small Business Health Options Program (SHOP) may qualify for the Small Business Health Care Tax Credit, which is worth up to 50% of the costs they pay for their employees' premiums (35% for non-profit employers). Use the [Small Business Health Care Tax Credit Estimator](#) to see how much your clients could save.

See if your clients qualify for savings

Enrolling in a SHOP plan is generally the only way for small businesses or non-profits to claim the Small Business Health Care Tax Credit. To qualify for the tax credit, they must:

- Have fewer than 25 full-time equivalent employees
- Have an average employee salary of about \$50,000 per year or less

- Pay at least 50% of their full-time employees' premium costs
- Offer SHOP coverage to all full-time employees. (They don't have to offer it to employees' dependents or employees working fewer than 30 hours per week.)

Feedback Questionnaire Closing Soon

Do you have ideas to improve the Marketplace experience for agents and brokers? The Centers for Medicare & Medicaid Services (CMS) wants your feedback!

Complete the [Agent and Broker Feedback Questionnaire](#) today to give your perspective on training, communications, Help On Demand, and more.

If you have already completed the questionnaire, thank you for your response. CMS appreciates your input!