

Agents & Brokers: Selling in the Marketplace

HealthCare.gov

Marketplace News for Agents & Brokers

Get Ready for Tax Season

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 [Form 1095-A](#) to complete [Form 8962](#) when they file their 2018 federal income taxes. These forms allow consumers to reconcile the total APTC they received during 2018 with the amount of [premium tax credit \(PTC\)](#) for which they are eligible based on their final 2018 income and household information.

Consumers should receive their Form 1095-A 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. Qualified Health Plan (QHP) issuers and web-brokers who are approved Direct Enrollment (DE) partners and offer an enhanced DE pathway may offer the capability to download Form 1095-A through their portals for agents and brokers.

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Recently Released Resources

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

- [Managing Help On Demand Referrals](#)
- [Review of Federally-Facilitated Marketplace Special Enrollment Periods and Plan Category Limitations](#)

Stay Connected

Depending on changes that may have occurred to consumers' coverage over the course of 2018, such as changing Marketplace plans during the year, some consumers may receive more than one Form 1095-A.

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.

Plan Category Limitations

The [2017 Market Stabilization Rule](#) amended the Patient Protection and Affordable Care Act to limit consumers' Marketplace plan category options when enrolling in coverage during a special enrollment period (SEP). See the frequently asked questions (FAQs) and responses below to guide your clients who may be eligible for an SEP.

When do limitations for a consumer's choice of plan category apply to the plan categories that consumers can choose from?

- Marketplace consumers may have a limited range of plan categories to choose from during their SEP window. Plan category limitations may apply when consumers:
 - Currently have a Marketplace plan,
 - Experience certain SEP-qualifying events, and
 - Want to change from their current plan.

Who is subject to a plan category limitation?

- Consumers and their dependents who qualify for certain SEPs and are already enrolled in Marketplace coverage
- Newly added household members whose family is already enrolled, and who want to

Here are other ways you can stay in the know on Marketplace updates:

- Join the agent/broker community on [LinkedIn](#)
- Follow @HealthCareGov on [Twitter](#)

Quick Links

- [Agent/Broker Frequently Asked Questions \(FAQs\)](#)
- [Find Local Help](#)
- [Help On Demand](#)
- [Registration Completion List](#)
- [Agent/Broker Help Desks](#)

Contact Us

Agent/Broker Email Help Desk:
FFMPProducer-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, general registration questions, and login issues on the Direct Enrollment agent/broker landing page), 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

enroll in the same plan with one or more currently enrolled family members

Which SEPs are subject to plan category limitations?

- Most common SEP types, like a loss of qualifying coverage, change in primary place of living, or change in household size, are subject to plan category limitations.
- For most (but not all) SEP types subject to these limitations, existing enrollees will generally only be able to choose from plans within the same plan category as their current plan. For example, someone who's already enrolled in a Bronze plan (and wants to change plans) will only view and be able to choose from Bronze category plans.

Which SEPs are not limited to plan category limitations?

- Some SEPs, like those due to misrepresentation or plan display error, and gaining or maintaining status as a member of a federally recognized tribe or Alaska Native Claim Settlement Act (ANSCA) Corporation shareholder, or other very rare situations, don't limit consumers' ability to choose a new plan during a SEP window, if they want a different one.

What about consumers newly enrolling in Marketplace coverage?

- Consumers newly enrolling in Marketplace coverage aren't limited in the plans they can choose to enroll in.
 - However, these consumers may have to submit documents to confirm information about their eligibility for an SEP.

To learn more about plan category limitations, SEPs, consumer messaging on plan category limitations and examples, see the [Review of Federally-Facilitated Marketplace Enrollment Periods and Plan Category Limitations](#) webinar slides.

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 2019. Enter your NPN when prompted to enter an ID number.

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

Grace Periods and Termination Due to Non-payment of Premiums Overview

A grace period is a short extension of time that a consumer's health insurance issuer may be required to add to his or her monthly health insurance payment due date. If a consumer has not made his or her monthly premium payment, the past due premium must be paid before the end of the grace period for the consumer to maintain coverage.

The health insurance grace period is three consecutive months if both of the following conditions are true:

- The consumer has a Marketplace plan, qualifies for APTC, and is using APTC to lower his or her premium; and
- The consumer has already paid the policy's first month's premium (called a "binder payment").

If a consumer isn't receiving APTC to lower premiums, he or she may still qualify for a shorter grace period under rules set by the state in which he or she resides.

During the APTC grace period, the consumer's plan must pay all appropriate claims for the first month but may hold as pending claims submitted during the second and third months. If the consumer doesn't pay all outstanding premiums before the end of the APTC grace period, claims in the second and third months become the consumer's responsibility.

If a consumer fails to pay all outstanding premiums by the end of the grace period, the consumer may be terminated from a plan for non-payment. The consumer would then have to wait until open enrollment to enroll in a plan unless they qualify for a Special Enrollment Period. Consumers would not qualify for a Special Enrollment Period (SEP) due to loss of minimum essential coverage (MEC) because

the “loss” (i.e. termination) was due to non-payment of premiums. Consumers may qualify for other SEPs but this circumstance does not qualify them.

Read These FAQs to Learn More About Direct Enrollment

If you haven’t visited the [FAQs for Agents and Brokers website](#) in a while, now is the perfect time! We’ve added two new DE FAQs to help you.

These new FAQs answer questions agents and brokers have had about commissions when working with DE partners and if fees are required to use the DE partners’ enrollment platforms.

- [Am I paid the same commission if I use an approved Direct Enrollment \(DE\) partner instead of HealthCare.gov to enroll clients in Marketplace coverage?](#)
- [Will I have to pay a fee to work with Direct Enrollment \(DE\) partners to use their enrollment platform?](#)

CMS Wants Your Feedback!

We want to hear from you! CMS is pleased to announce the 2019 Marketplace Agent and Broker Feedback Questionnaire. The questionnaire will collect your opinions and suggestions to help CMS better serve the agent and broker community. This questionnaire should take about 10 minutes to complete and includes the following topics:

- Communications
- Circle of Champions
- Help On Demand
- Direct Enrollment

- Registration
- Training

To access the questionnaire, follow this [link](#).

Thank you for your willingness to provide feedback regarding the Agent and Broker program. We take your feedback seriously and plan to implement changes based on your responses. The feedback questionnaire will be available until March 6.