



Health Insurance Marketplace 2016 Open Enrollment

Open Enrollment Week 5

*Operational Updates and
Announcements for Agents and
Brokers Participating in the
Federally-facilitated
Marketplaces (FFMs)*

*Centers for Medicare & Medicaid
Services (CMS)
Center for Consumer Information
& Insurance Oversight (CCIIO)*



Intended Audience

- Please be advised that the intended audience for this webinar is agents and brokers interested in operating within the FFMs in plan year 2016. This is not an open press call.
- Members of the press or a media outlet should disconnect the call at this time and contact the Centers for Medicare & Medicaid Services (CMS) Press Office for further information.

This webinar provides operational updates and announcements for agents and brokers who are assisting consumers in FFMs, as well as small group market employers and employees in Federally-facilitated Small Business Health Options Program (SHOP) Marketplaces.

Session Guidelines

- This is a 60-minute webinar session.
- Throughout the webinar, you may submit questions via the chat box.
- CMS will respond to questions submitted via the chat box during the question and answer (Q&A) session following CMS' updates and announcements.
- For questions regarding webinar registration or logistics, contact the Registration for Technical Assistance (REGTAP) Registrar at registrar@regtap.info or (800) 257-9520.

Disclaimer

The information provided in this presentation is intended only as a general informal summary of technical legal standards. It is not intended to take the place of the statutes, regulations, and formal policy guidance that it is based upon. This presentation summarizes current policy and operations as of the date it was presented. Links to certain source documents have been provided for your reference. We encourage audience members to refer to the applicable statutes, regulations, and other interpretive materials for complete and current information about the requirements that apply to them.

This document generally is not intended for use in State-based Marketplaces (SBMs), but some of the material in it might be relevant if you are in a state with an SBM that is using HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<https://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>) and [Marketplace.CMS.gov](https://www.cms.gov/Marketplace) to learn more.

Purpose



- Provide agents and brokers with timely information needed for plan year 2016 Open Enrollment
- Provide agents and brokers with a mechanism to report issues and concerns
- Answer participant questions



Health Insurance Marketplace 2016 Open Enrollment



*Updates
and
Announcements*

Key Open Enrollment Dates for Plan Year 2016

November 1, 2015

- *HealthCare.gov is available for plan year 2016 Open Enrollment*

November 15, 2015 –
December 15, 2015

- ***Employers signing up for SHOP Marketplace coverage do not have to meet the participation rate requirement***

December 15, 2015*
(December 16 - 3:00 AM ET)

- ***Deadline for consumers to enroll in coverage through the FFMs effective January 1, 2016***

January 1, 2016

- *Coverage begins for consumers who enrolled through the FFMs by December 15, 2015*

January 15, 2016*
(January 16 - 3:00 AM ET)

- *Deadline for consumers to enroll in coverage through the FFMs effective February 1, 2016*

January 31, 2016
(February 1 - 3:00 AM ET)

- *End of 2016 Open Enrollment for the Federally-facilitated Individual Marketplace; deadline for consumers to enroll in coverage through the FFMs effective March 1, 2016*

February 1, 2016

- *Coverage begins for consumers who enrolled through the FFMs by January 15, 2016*

March 1, 2016

- *Coverage begins for consumers who enrolled through the FFMs by January 31, 2016*

**The monthly SHOP Marketplace deadline is always the 15th at 11:59 PM Eastern Time (ET).*

Tips from the Marketplace Call Center

- Use this documentation checklist when helping consumers with their applications: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.
- To reduce wait times at the Marketplace Call Center, do not wait until the last minute to seek assistance.
 - Avoid calling during peak times of the day – especially between the hours of 9:00 AM and 12:00 PM ET, 4:00 PM ET and 6:00 PM ET, and around December 13-15, January 13-15, and January 29-31.
- Every 365 days, consumers need to reauthorize the Marketplace Call Center to allow an agent/broker to work on their behalf.
 - Complete these reauthorizations during off-peak hours and avoid enrollment deadline days whenever possible.

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured

- The DMAs with the top five highest total number of qualified health plan (QHP)-eligible consumers are (in descending order):
 1. Los Angeles, California
 2. Dallas/Fort Worth, Texas
 3. New York, New York
 4. Houston, Texas
 5. Atlanta, Georgia
- The DMAs with the top five highest percentages of QHP-eligible consumers relative to the total nonelderly population are (in descending order):
 1. Harlingen/Weslaco/Brownsville/McAllen, Texas
 2. Boise, Idaho
 3. Ft. Myers/Naples, Florida
 4. Tulsa, Oklahoma
 5. Miami/Fort Lauderdale, Florida

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured (cont.)

DMA	QHP-eligible Uninsured	Ratio: QHP-eligible Uninsured to Nonelderly Population
Los Angeles, California	480,000	3.07%
Dallas/Fort Worth, Texas	446,000	6.93%
New York, New York	430,000	2.38%
Houston, Texas	392,000	6.95%
Atlanta, Georgia	304,000	5.22%
Miami/Fort Lauderdale, Florida	280,000	7.47%
Tampa/St. Petersburg (Sarasota), Florida	231,000	6.90%
Orlando/Daytona Beach/Melbourne, Florida	221,000	7.14%
Phoenix (Prescott), Arizona	194,000	5.07%
Philadelphia, Pennsylvania	178,000	2.63%
Chicago, Illinois	178,000	2.10%
Denver, Colorado	170,000	4.73%
Charlotte, North Carolina	153,000	5.68%
Washington, District of Columbia (Hagerstown)	144,000	2.56%

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured (cont.)

DMA	QHP-eligible Uninsured	Ratio: QHP-eligible Uninsured to Nonelderly Population
San Antonio, Texas	140,000	6.65%
Salt Lake City, Utah	137,000	5.18%
San Francisco/Oakland/San Jose, California	134,000	2.17%
Raleigh/Durham (Fayetteville), North Carolina	126,000	5.09%
Boston (Manchester), Massachusetts	120,000	2.18%
Kansas City, Missouri	112,000	5.36%
Oklahoma City, Oklahoma	104,000	6.83%
Nashville, Tennessee	104,000	4.66%
Austin, Texas	101,000	5.71%
St. Louis, Missouri	98,000	3.70%
New Orleans, Louisiana	98,000	6.99%
Las Vegas, Nevada	96,000	5.46%
Detroit, Michigan	95,000	2.21%
West Palm Beach/Fort Pierce, Florida	95,000	6.52%

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured (cont.)

DMA	QHP-eligible Uninsured	Ratio: QHP-eligible Uninsured to Nonelderly Population
Greenville/Spartanburg/Asheville/Anderson, North Carolina/South Carolina	94,000	5.38%
Harlingen/Weslaco/Brownsville/McAllen, Texas	93,000	8.57%
Jacksonville, Florida	91,000	6.08%
Seattle/Tacoma, Washington	91,000	2.17%
Sacramento, California	88,000	2.54%
Indianapolis, Indiana	86,000	3.59%
Norfolk/Portsmouth/Newport News, Virginia	86,000	5.39%
Tulsa, Oklahoma	86,000	7.52%
Albuquerque/Santa Fe, New Mexico	85,000	5.20%
Portland, Oregon	84,000	3.11%
Birmingham (Adamsville/Tuscaloosa), Alabama	81,000	4.80%
Greensboro/H. Point/W. Salem, North Carolina	77,000	5.11%
Mobile/Pensacola, Alabama/Florida	71,000	6.26%

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured (cont.)

DMA	QHP-eligible Uninsured	Ratio: QHP-eligible Uninsured to Nonelderly Population
San Diego, California	68,000	2.58%
Cleveland/Akron (Canton), Ohio	67,000	2.03%
Memphis, Tennessee	67,000	4.31%
Fort Myers/Naples, Florida	65,000	7.88%
Minneapolis/ St. Paul, Minnesota	64,000	1.64%
El Paso (Las Cruces), Texas	61,000	6.88%
Pittsburg, Pennsylvania	60,000	2.56%
Richmond/Petersburg, Virginia	59,000	4.81%
Harrisburg/Lancaster/Lebanon/York, Pennsylvania	59,000	3.50%
Springfield, Missouri	56,000	6.59%
Knoxville, Tennessee	54,000	4.80%

Designated Market Areas (DMAs) with the Highest Numbers of Uninsured (cont.)

DMA	QHP-eligible Uninsured	Ratio: QHP-eligible Uninsured to Nonelderly Population
Shreveport, Louisiana	54,000	6.19%
Boise, Idaho	52,000	8.20%
Portland/Auburn, Maine	51,000	6.30%
Cincinnati, Ohio	51,000	2.34%
Milwaukee, Wisconsin	51,000	2.64%
Wichita/Hutchinson Plus, Kansas	50,000	4.93%
Baton Rouge, Louisiana	49,000	5.67%
Columbus, Ohio	48,000	2.34%

HealthCare.gov Find Local Help Tip

- For plan year 2016, agents and brokers have an option of what information Find Local Help displays about them.
- Agents and brokers can make their selections on what information to display when updating their profile information on the MLMS.
- Agents and brokers who select “I don’t want my contact information displayed” will NOT be searchable by consumers on Find Local Help.

Portal Help & FAQs Print

Please fill out the following profile fields with your business/professional contact information. This information is required for CMS to maintain an accurate agent/broker registration completion list. In addition, after you complete all CMS agent/broker registration requirements, your professional contact information will be displayed on HealthCare.gov’s “Find Local Help” feature. Find Local Help is a tool accessible on HealthCare.gov to enable consumers, small businesses, and small business employees to identify a local registered agent or broker to assist them with the Federally-facilitated Marketplace, including the SHOP Marketplace.

IMPORTANT: If you completed FFM training on a third-party vendor’s site, please copy and paste your confirmation code(s) here. You should have received your confirmation code(s) via email from the vendor.

Please select your preference regarding the display of your contact information on Find Local Help. *

-Select One-

- I would like all my contact information displayed.
- I would like all my contact information displayed, except my street address.
- I don't want my contact information displayed.

Proposed New Policies Impacting Agents/Brokers

On last week's call, we went over proposed policies outlined in the 2017 Payment Notice impacting agents/brokers, including:

- Suspension and termination of agent/broker FFM agreements in cases of fraud or abusive conduct
- Standards for agent/broker FFM conduct
- Agent/broker penalties other than termination of FFM Agreements
- Agent/broker vendor model standards
- Standards for web-brokers and QHP issuers — impacting the agent/broker direct enrollment channel
- Expanded employee choice options for the SHOP Marketplace

More information about these proposals is available on the Agent/Broker Resources Page: <http://go.cms.gov/CCIIOAB>

How to Submit a Comment

Comments on the proposed 2017 Payment Notice are due by **5:00 PM ET on December 21, 2015**. You may submit comments in one of four ways:

1. Electronically to <http://www.regulations.gov> follow "Submit a comment" instructions
2. By regular mail to the following address:
Centers for Medicare & Medicaid Services, Department of Health and Human Services,
Attention: CMS-9937-P, P.O. Box 8016, Baltimore, MD 21244-8016
3. By express or overnight mail to the following address:
Centers for Medicare & Medicaid Services, Department of Health and Human Services,
Attention: CMS-9937-P, Mail Stop C4-26-05, 7500 Security Boulevard, Baltimore, MD 21244-1850
4. By hand or courier to one of the following addresses:
 - Centers for Medicare & Medicaid Services, Department of Health and Human Services, Room 445-G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201
 - Centers for Medicare & Medicaid Services, Department of Health and Human Services, 7500 Security Boulevard, Baltimore, MD 21244-1850

National Producer Numbers (NPNs) Update

CMS recently took steps to ensure agent and broker NPNs are retained — regardless of how an enrollment comes into the Marketplace. While CMS believes the actions it has taken resolves concerns about NPNs falling off a small subset of enrollment transactions moving forward, the Agency encourages agents and brokers to take the following steps to ensure issuers have the information they need to appropriately compensate agents and brokers for the assistance they provide to consumers.

Tips to Ensure Your NPN is Retained for Plan Year 2016 Re-enrollments

Tip #1: When helping a consumer using the “Side-by-Side” (i.e., Marketplace) enrollment channel, check to see if your NPN is included on the application. If not, have the consumer re-enter it before the consumer closes out the application. Also, when contacting the Marketplace Call Center about a consumer’s application, ensure your NPN is still associated with the application. If your NPN is not there, the consumer may have the Marketplace Call Center add or re-enter your NPN to an application when making updates to it.

Tip #2: When helping a consumer with a renewal for plan year 2016 using the Direct Enrollment pathway, make sure to move the consumer through “Report a Life Change” to make updates and confirm information.

- If an application submitted via Direct Enrollment last year is not touched by the agent or broker this year, the auto re-enrolled application may not contain the agent’s or broker’s NPN and, thus, this NPN may not be sent on the enrollment transaction sent to the issuer.
- If the agent or broker continues to the partner website after “Reporting a Life Change” and selects the same or a new QHP, his or her NPN will be generated on the enrollment transaction sent to the issuer.

Note: This guidance applies only to the Marketplace for Individuals and Families. NPNs are automatically carried over when brokers assist small employers when logged into the SHOP Marketplace Agent/Broker Portal.

Resolving NPN Issues

- If an agent or broker has a legitimate reason to believe he or she should be credited for an FFM enrollment, but has not been credited for it, the agent or broker should contact the respective QHP issuer directly to discuss the specific situation.
- If the QHP issuer believes that the FFM-registered agent or broker did, in fact, assist a consumer, but the NPN was erroneously left off of the enrollment transaction, the QHP issuer may pay the commission accordingly.
- Please note that agents and brokers must meet registration requirements prior to assisting with an FFM application in order to be credited for the enrollment transaction.
- To view the screenshots demonstrating where to direct consumers to enter your information, review the [Operational Updates and Announcements for Agents and Brokers Participating in the FFMs – Week 2](#) slides on the Agents and Brokers Resources webpage.

Agents' and Brokers' Use of Mailing and Email Addresses

- CMS has learned of instances where agents and brokers are inappropriately using their companies' email addresses or their own professional email addresses when:
 - Helping to set up a consumer account
 - Answering an applicant's questions on email address and receiving notices
- ***Consumer accounts should be set up only with consumer email addresses, and only consumer email addresses should be entered on Marketplace applications.***
- With a consumer's consent, the Health Insurance Marketplace sends important alerts and updates about coverage that may be missed if a consumer's email is not in the system.
- These updates are often tailored to a consumer's circumstances, so it's important that they are sent directly to consumers.

Marketing Opportunities for Agents and Brokers

- Licensed agents and brokers may print Marketplace materials and add a physical sticker (or stamp) to these documents with their contact information.
- Marketplace documents are available at:
 - www.HealthCare.gov
 - <https://marketplace.cms.gov/>
- To order Marketplace materials, review the instructions at: <https://marketplace.cms.gov/outreach-and-education/need-a-product-order-now.pdf>.

Marketing Opportunities for Agents and Brokers (cont.)

- CMS suggests the following content for agent and broker stickers added to Marketplace materials:
 - For in-person help with your application, contact:
 - Name (licensed insurance broker)
 - National Producer Number:
 - State License Number:
 - Work Address:
 - Contact Phone Number:
 - Email Address:

Special Enrollment Period (SEP) and Change-in-Circumstance (CiC) Cut-off Dates for 2015

Cut-off Date	Change Type	CMS Solution
11/30	<p>After this date, consumers were no longer able to enroll in or select a different plan for 2015 at HealthCare.gov or by calling the Marketplace Call Center for SEPs granted through the application, including:</p> <ul style="list-style-type: none"> • American Indian/Alaska Native SEP • Becoming a citizen, national, or lawfully-present individual • Permanent move • Release from incarceration • Enrollees determined newly eligible or ineligible for advance payments of the premium tax credit (APTC) <ul style="list-style-type: none"> ○ Note: Consumers who are determined eligible for more or less APTC will still be able to apply that change to their applications, effective immediately • Enrollees who are determined eligible for a different amount of cost-sharing reductions (CSRs) • Loss of coverage • Marriage • Medicaid/Children’s Health Insurance Program (CHIP) denial <p>Note: Pop-up text will display in the application letting the consumer know that a new plan cannot be selected.</p>	<ul style="list-style-type: none"> • Consumers will be encouraged to make needed changes on their 2016 applications and enroll in 2016 coverage. • Health Insurance Caseworks System (HICS) cases will not be assigned for these SEP situations alone. • If asked by consumers about how to report these changes, agents and brokers can assist consumers with making these changes on their 2016 applications, either at HealthCare.gov or via the Marketplace Call Center. • Note: If agents and brokers experience difficulty assisting consumers with non-SEP CiCs during this time, please contact the Marketplace Call Center so that a HICS case can be generated to communicate those changes to the issuer.

Special Enrollment Period (SEP) and Change-in-Circumstance (CiC) Cut-Off Dates for 2015 (cont.)

Cut-off Date	Change Type	CMS Solution
11/30	<p>After this date, Marketplace Call Center Representatives (CCRs) were no longer able to use the CCR SEP to unlock an SEP in a consumer's 2015 application, for SEPs including:</p> <ul style="list-style-type: none"> • Domestic abuse or spousal abandonment • Consumers in non-Medicaid expansion states formerly in the coverage gap who are determined newly eligible for APTC • Plan display errors <p>Neither consumers nor CCRs will be able to update financial information on consumers' 2015 applications from December 1 to December 5, due to a planned system update. Consumers will be able to resume making these changes from December 6 to December 15 online and from December 6 through December 31 at the Marketplace Call Center.</p>	<ul style="list-style-type: none"> • CCRs will assist consumers with making needed changes on their 2016 applications and enrolling in 2016 coverage. • HICS cases will not be assigned for prospective coverage for these SEP situations alone. • If asked by consumers about how to report these changes, agents and brokers can assist consumers with calling the Marketplace Call Center. • If asked by consumers about making financial changes, agents and brokers can let consumers know about the five-day outage and encourage them to come to the Marketplace on December 6 to report the change. • Note: If agents and brokers experience difficulty assisting consumers with non-SEP CiCs during this time, please contact the Marketplace Call Center so that a HICS case can be generated to communicate those changes to the issuer.

Special Enrollment Period (SEP) and Change-in-Circumstance (CiC) Cut-Off Dates for 2015 (cont.)

Cut-off Date	Change Type	CMS Solution
12/15	<p>After this date, the 2015 application will no longer be available to the consumer at HealthCare.gov. Therefore, he or she will not be able to perform any CiC or qualify for any SEPs through the application with a retroactive coverage effective date, including:</p> <ul style="list-style-type: none"> • Updating name, date of birth, mailing or home address, Social Security Number, email • Updating financial information • Removing a person from the application • Birth, adoption, foster care placement, or court order <p>Note: Information at HealthCare.gov should display, instructing the consumer to call the Marketplace Call Center.</p>	<ul style="list-style-type: none"> • For both CiC and SEPs, consumers will need to call the Marketplace Call Center in order to make the changes and enroll in or change plans, if applicable. • If asked by consumers about how to report these changes, agents and brokers can assist consumers with making these changes on their 2015 applications by calling the Marketplace Call Center.

Screenshot of Pop-up Text at HealthCare.gov

Text displaying when a consumer has qualified for an SEP after either November 15 or November 30 and cannot select a new plan on his or her 2015 application because the coverage effective date would be January 1, 2016:

What should I do next?

Here's what each person in your household needs to do to take the "Next steps" shown in your **Eligibility Results**. If your "Next steps" tell you to send more information, follow instructions for sending it. If you don't, you could lose what you qualify for now because your information doesn't match the data we have, or we can't verify all of the information in your application.

- It's too late in the year to enroll in coverage for 2015, but **you can complete an application for 2016 to enroll in coverage**. Your coverage can start as soon as January 1, 2016.

To complete your application, do one of these:

1. Visit HealthCare.gov. Sign in, and select "2016" and your state from the drop-down menus to get started. If you applied for 2015 coverage through HealthCare.gov, you may only have to update a few pieces of information to apply for 2016.
2. Call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.

Screenshot at HealthCare.gov

Text displaying on HealthCare.gov after December 15:

REPORT A LIFE CHANGE

You can no longer report a life change online. It's still important to report life changes, like births, marriages, adoptions, and foster care placements to the Marketplace. To do this, call the Marketplace Call Center at 1-800-318-2596 (TTY:1-855-889-4325).

New Prescription Drug Check Tool at HealthCare.gov

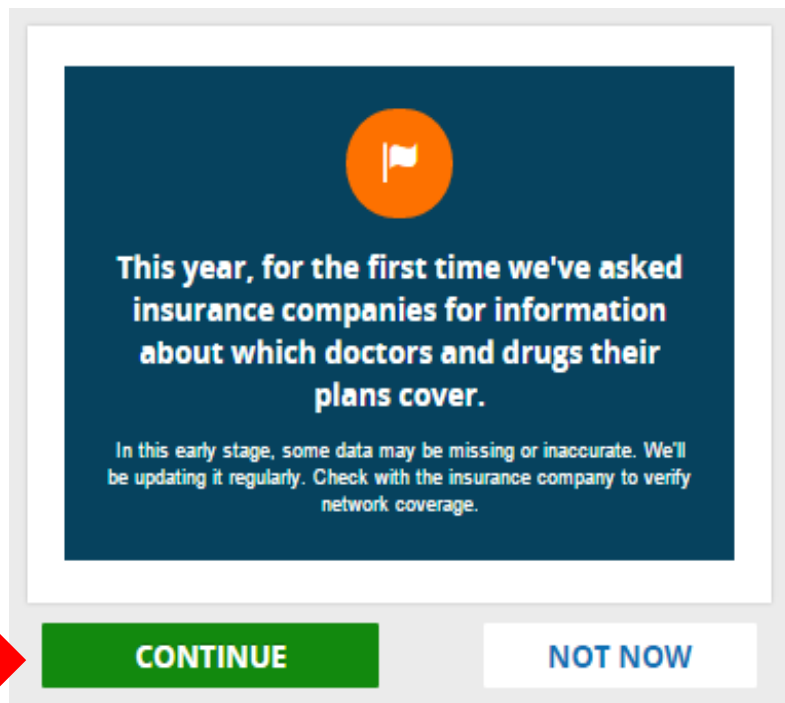
- HealthCare.gov has successfully launched a new feature that allows consumers to look up their prescription drugs (in addition to doctors) and see in the plan results if their prescription drugs are covered by each QHP.
- This new feature is an enhancement of the **See Plans & Prices** functionality at HealthCare.gov. Note that this feature is not currently available for the SHOP Marketplace.
- Consumers can access the lookup feature when they see a page indicating they can search for prescription drugs and then select “Continue” to search for and add their prescription drugs.
- As discussed on previous calls, CMS has already launched a Doctor Finder feature at HealthCare.gov. In the coming weeks, CMS expects to pilot a Facility Lookup tool that will allow consumers to search for hospitals and other facilities and see which QHPs include them in network.

New Prescription Drug Check Tool at HealthCare.gov (cont.)

- The consumer enters his or her ZIP Code into the 2016 Health Insurance Plans & Prices webpage at HealthCare.gov and clicks “Search.”
- Once the consumer’s location populates, he or she clicks “Choose” to continue.

The screenshot displays the '2016 health insurance plans & prices' webpage. At the top, a dark blue header contains the title. Below the header, a dark blue banner features a 'NEW' tag and the text 'You can see if your doctors and prescription drugs are covered.' The main content area is light gray and contains a search form. The form has two sections: 'Enter your ZIP code' with a text input field containing '33160' and a green 'SEARCH' button; and 'Choose your location' with a dropdown menu showing 'Miami-Dade County, FL' and a blue 'CHOOSE' button. Below the form, there is a link for 'Looking for 2015 plans?' and an 'IMPORTANT' notice box with the following text: 'This isn't a coverage application. It's a fast way to preview plans and price estimates before logging in. Find a plan you like here and we'll take you to create an account or log in. You'll add more household and income details, see all plan options with final prices, pick any plan, and enroll.'

New Prescription Drug Check Tool at HealthCare.gov (cont.)



- After answering a few questions about his or her circumstances, HealthCare.gov will prompt the consumer with the option to search for QHPs based on his or her doctors and prescription drugs.
- To search, the consumer clicks “Continue.”
- If the consumer is not interested in searching, he or she can click “Not Now” to move forward to the plan listings.

New Prescription Drug Check Tool at HealthCare.gov (cont.)

Do you want to see if your doctors and prescription drugs are covered? BETA

Add your doctors and prescription drugs. When you compare plans, you'll see if they're covered. Information on group practices will be available in the future.

Search

Doctor or prescription drug SEARCH

Search for one at a time

NOT NOW

- Once redirected to the search feature, the consumer can enter a doctor or prescription drug into the search field and click “Search.”
- Please note that the consumer can leave the search tool at any time by clicking “Not Now.”

New Prescription Drug Check Tool at HealthCare.gov (cont.)

Once the consumer has searched for his or her prescription drug, he or she will need to confirm the prescription by selecting the correct option from the search list that populates and clicking “Add.”

Do you want to see if your doctors and prescription drugs are covered? BETA

Add your doctors and prescription drugs. When you compare plans, you'll see if they're covered. Information on group practices will be available in the future.

Search

Norvasc SEARCH

results for *Norvasc*

A single provider may have multiple offices, and have different coverage options at each office.

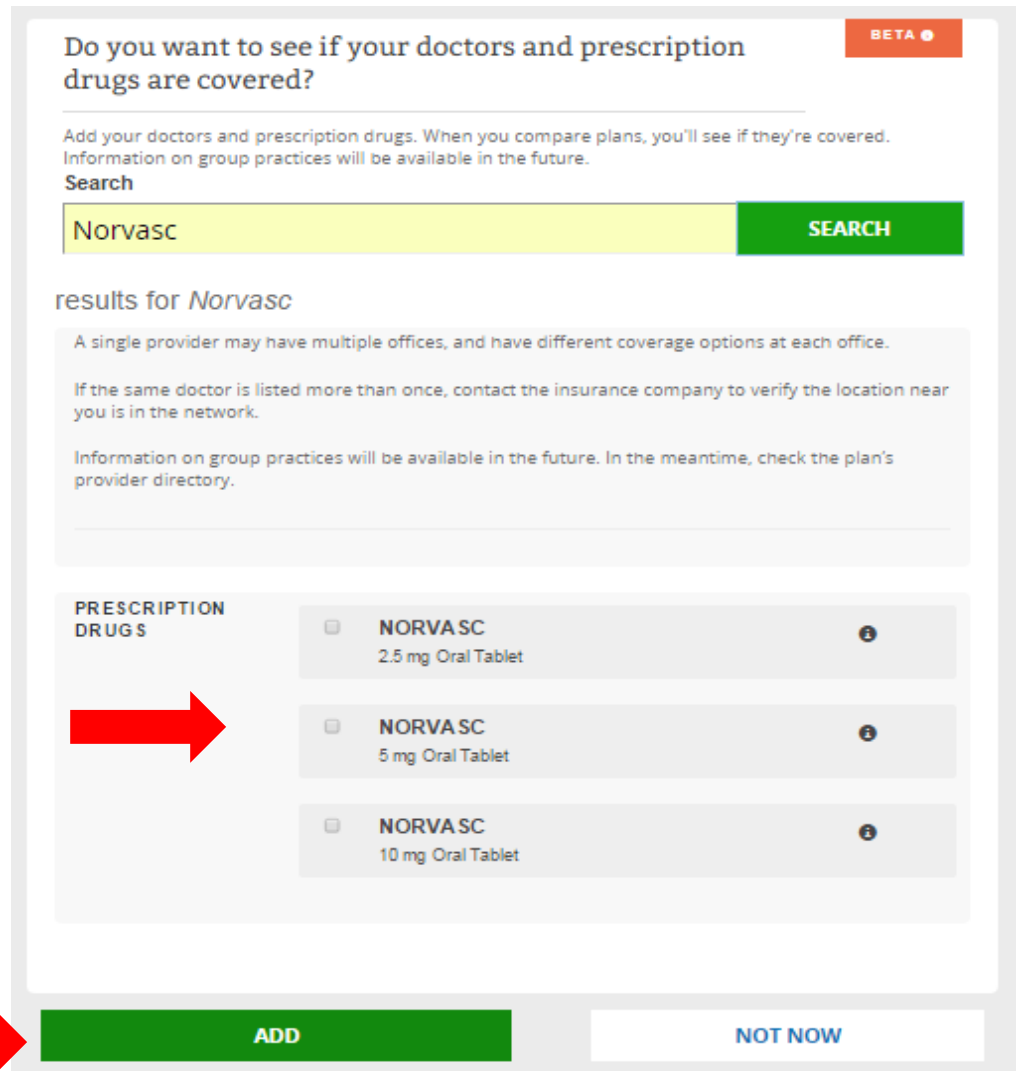
If the same doctor is listed more than once, contact the insurance company to verify the location near you is in the network.

Information on group practices will be available in the future. In the meantime, check the plan's provider directory.

PRESCRIPTION DRUGS

- NORVASC
2.5 mg Oral Tablet i
- NORVASC
5 mg Oral Tablet i
- NORVASC
10 mg Oral Tablet i


ADD NOT NOW



New Prescription Drug Check Tool at HealthCare.gov (cont.)

Confirm your providers and prescription drugs

Alendronic acid 35 MG Oral Tablet [Fosamax]	REMOVE
Amlodipine 5 MG Oral Tablet [Norvasc]	REMOVE
Acarbose 100 MG Oral Tablet [Precose]	REMOVE

 **ADD** CONTINUE

Once the consumer has added all of the prescription drugs of interest and reviewed the list, he or she can click “Continue” to see the list of QPHs that cover those prescription drugs.

New Prescription Drug Check Tool at HealthCare.gov (cont.)

- HealthCare.gov will redirect the consumer to the list of available QHPs.
- Each plan will note which prescription drugs are covered based on the information the consumer entered into the search feature.

6 plans available

Sort by: Premium | Plan type: Health plans

Silver Plans X | EPO Plans X | Florida Blue (BlueCross BlueShield FL) X | Clear All Filters X

FILTERS

Monthly premium

- less than \$900 (1)
- less than \$1000 (2)
- less than \$1200 (3)
- less than \$1400 (4)
- less than \$1600 (5)
- less than \$1800 (6)

Plan category ⓘ

- Silver plans (6) X

Plan type ⓘ

- EPO (6) X

Medical management programs ⓘ

- Asthma (8)
- HeartDisease (8)
- Depression (8)
- Diabetes (8)
- High Blood Pressure and High Cholesterol (8)
- Pain Management (8)
- Pregnancy (8)

Insurance companies

- Florida Blue (BlueCross Blue Shield) X (6)

Florida Blue (BlueCross BlueShield FL) · BlueSelect Everyday Health 1443

Silver EPO | Plan ID: 16842FL0120072

Estimated monthly premium \$859 Premium before tax credit: \$1,473	Deductible ⓘ \$12,200 Estimated Family Total	Out-of-pocket maximum ⓘ \$13,700 Estimated Family Total
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Estimated total yearly costs

Total premiums for the year	\$10,312
Deductible, copayments, and other costs	\$4,423
Total	\$14,735

[EDIT](#) [Understand this](#) ⓘ

Your doctors and prescription drugs

Amlodipine 5 MG Oral Tablet [Norvasc]	✓ Covered
Acarbose 100 MG Oral Tablet [Precose]	✓ Covered
Alendronic acid 5 MG Oral Tablet [Fosamax]	✗ Not Covered

[EDIT](#) [BETA](#) ⓘ

Copayments / Coinsurance ⓘ

- Emergency room care: \$800 Copay after deductible
- Generic drugs: \$30 Copay after deductible
- Primary doctor: \$65
- Specialist doctor: \$90 Copay after deductible

[LEARN MORE ABOUT THIS PLAN](#) [COMPARE](#)

Five Things for Consumers to Know About Deductibles in Marketplace QHPs

1. All Marketplace QHPs cover recommended preventive services without a deductible. Services like cancer screening, immunizations, and well-child visits will always be covered without the consumer having to pay his or her deductible, any copay, or other costs.
2. Many other health services are often covered without a deductible.
 - Many health insurance plans provide some benefits before a consumer meets the deductible. In those plans, the consumer may be able to visit his or her primary care doctor or fill a prescription for a generic drug and only pay a copay, which is a small fixed amount the consumer pays at time of service.
 - Even specialist visits, mental health outpatient services, and brand name drugs are often covered with no deductible, although the consumer will still be responsible for copayment or coinsurance.
3. A consumer should look to see what his or her QHP covers without a deductible.
 - Plans differ in what they cover, so when a consumer finds a QHP that he or she is interested in, instruct the consumer to click on the plan at [HealthCare.gov](https://www.healthcare.gov) and look at the “Costs for Medical Care.” That section will describe which services have a deductible and which don’t.
 - Another way to get a more detailed view is for the consumer to click on a plan’s “Summary of Benefits and Coverage.” There, the consumer will see a detailed explanation of how the plan deductible applies to different services, and he or she can see examples for certain kinds of care.

Five Things for Consumers to Know About Deductibles in Marketplace QHPs (cont.)

4. Consumers should also consider services covered without a deductible along with his or her monthly premiums, deductible, and other out-of-pocket costs when choosing the QHP that is right for him or her.
 - When a consumer chooses a QHP, it's important for him or her to understand what the health insurance company covers without requiring the consumer to pay his or her deductible.
 - Then the consumer can decide how to trade off monthly premiums, out-of-pocket costs including the plan's deductible, and the set of services covered without a deductible.
 - For instance, does the consumer want a plan with lower monthly premiums and a higher deductible, or one with a higher monthly premium and a lower deductible? He or she can use our Out-of-pocket Cost feature to estimate what his or her premiums, deductibles, and copays may be for the year, based on the number of times the consumer goes to the doctor or gets a prescription filled, to get a better understanding of his or total out of pocket costs.
5. Silver plans can save the consumer more.
 - If the consumer qualifies for CSRs — as most consumers who sign up for Marketplace policies do — he or she can save more. A family of four with income below \$60,625 can qualify for additional savings with lower copays, a lower deductible, and more services covered with no deductible at all.
 - This financial assistance is only available if the consumer purchases a Silver plan; so while a Silver plan may have monthly premiums that are higher than a Bronze plan's premiums, be sure the consumer considers his or her total costs. If he or she qualifies, the consumer's maximum annual out-of-pocket costs — counting his or her deductible and all payments after meeting the deductible — could be lowered by thousands of dollars, and his or her deductible could be lowered as well. Consumers can use the following URL to see if they qualify for savings: <https://www.healthcare.gov/lower-costs/>.

Overview of Catastrophic Plans

- A catastrophic plan protects a consumer from worst-case scenarios. These policies usually have lower premiums than a comprehensive plan, but pay for medical services only if the consumer needs a lot of care.
- A catastrophic plan generally provides coverage for:
 - Three primary care visits
 - Preventive services with no cost sharing
 - No other benefits for the plan year until the consumer has incurred cost-sharing expenses in an amount equal to the annual limit (\$6,350 for an individual plan in 2014)
- If a consumer buys a catastrophic plan, the consumer will not be eligible to receive financial assistance, such as premium tax credits and CSRs based on household size and income. The consumer pays the premium quoted by the insurance company.

Overview of Catastrophic Plans (cont.)

- Under the Affordable Care Act, only consumers under the age of 30 or consumers over the age of 30 who have a hardship exemption may enroll in catastrophic coverage.
- Consumers may qualify for a hardship exemption that will enable them to purchase a catastrophic plan under the following circumstances:
 - If a consumer has been notified that his or her policy has been cancelled and the consumer believes that the individual market health plan options available in his or her area are unaffordable, the consumer will be eligible for a hardship exemption and will be able to enroll in catastrophic coverage if it is available in his or her area.
 - A consumer may be eligible for an exemption based on financial or other circumstances that prevented the consumer from obtaining coverage and may enroll in a catastrophic plan without having received a cancellation notice.
- For more information on catastrophic plans and how a consumer can file for an exemption, review <https://marketplace.cms.gov/technical-assistance-resources/exemptions-catastrophic-coverage.pdf>.

Remind Consumers of Their Rights

- Remind consumers that they have certain rights when enrolling in a Marketplace QHP.
- These rights include:
 - Getting easy-to-understand information about what the plan covers, what the consumer must pay for services out-of-pocket, what drugs it covers, and what providers are in its network
 - Getting coverage for emergency services
 - Requesting coverage for a prescription drug that is not normally covered by the plan
 - Appealing a health plan's decision not to pay a claim
- For more information on these rights, review the CMS resource on Marketplace health coverage rights and protections: [Health Insurance Marketplace: Know Your Rights](#).
- Depending on where the consumer lives, his or her state may offer other rights and protections. Direct the consumer to contact his or her local state Department of Insurance (or other regulatory agency) for more information.

Agent and Broker Health Insurance Marketplace Open Enrollment Weekly Updates and Announcements UPDATED WEBINAR SCHEDULE

- Based on agent and broker feedback, we will be meeting weekly on Tuesdays; we have dropped the originally scheduled Thursday webinars moving forward.
- To register for any of these sessions, please log in to www.REGTAP.info and complete the following steps:
 - Select "Training Events" from "My Dashboard."
 - Select the "View" icon next to the event title for the webinar you are interested in attending.
 - Select "Register Me."

Tuesdays: 3:00–4:00 PM ET
December 1
December 8
December 22
December 29
January 5
January 12
January 19
January 26

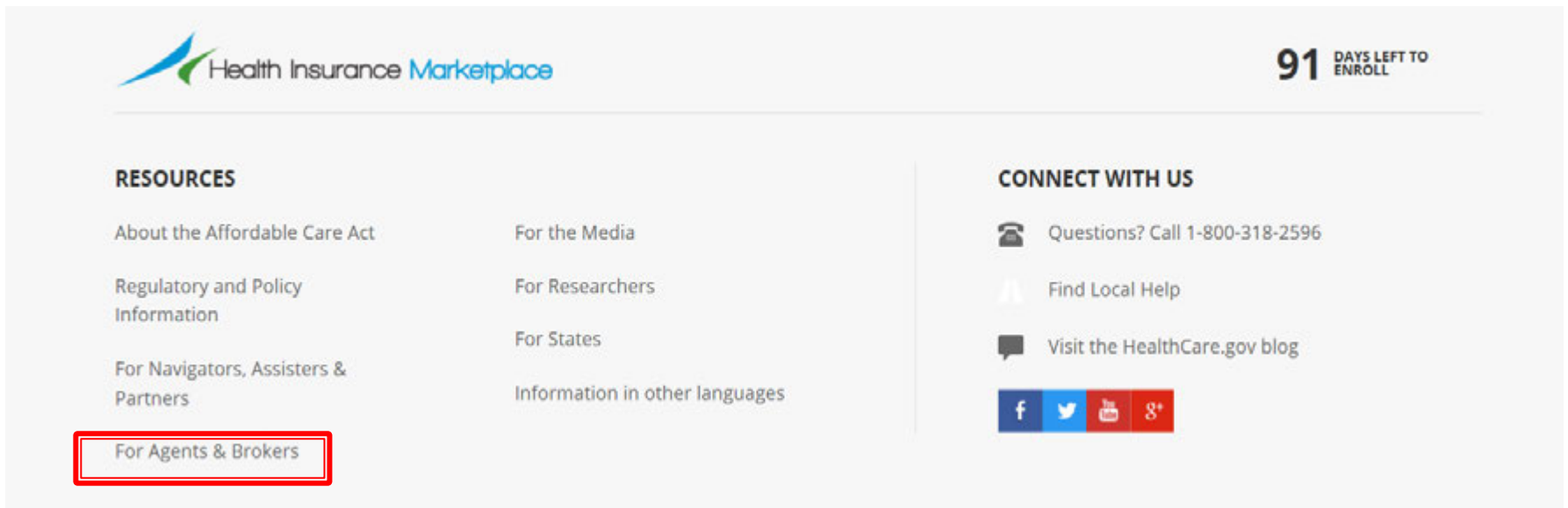
Health Insurance Marketplace 2016 Open Enrollment



*Agent and
Broker
Resources*

New Agent and Broker Resource Link at HealthCare.gov

- A new “For Agents and Brokers” link has been added at HealthCare.gov, making it easier for agents and brokers to get to the Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>)



The screenshot shows the Health Insurance Marketplace website. At the top left is the logo for Health Insurance Marketplace. At the top right, it says "91 DAYS LEFT TO ENROLL". Below the logo, there are two main sections: "RESOURCES" and "CONNECT WITH US".

RESOURCES

- About the Affordable Care Act
- Regulatory and Policy Information
- For Navigators, Assisters & Partners
- For Agents & Brokers** (highlighted with a red box)
- For the Media
- For Researchers
- For States
- Information in other languages

CONNECT WITH US

- Questions? Call 1-800-318-2596
- Find Local Help
- Visit the HealthCare.gov blog

At the bottom of the "CONNECT WITH US" section, there are social media icons for Facebook, Twitter, YouTube, and Google+.

New Call Center Support for Agents and Brokers

Agents and brokers can call **1-855-CMS-1515 (855-267-1515)** and select option “1” to speak with Agent and Broker Call Center Representatives during the following times:

- The Agent and Broker Call Center will be open Monday through Saturday from 8:00 AM–10:00 PM ET in December and January, and will be closed on Sundays and holidays with the following exception: The Call Center will be open 24 hours on Sunday, January 31, 2016.
- Call Center Representatives can help you with questions on topics like:

– Agents’ and brokers’ user IDs for FFM registration and training	– The new Marketplace Learning Management System (MLMS) and CMS-approved vendor training options
– NPNs	– Password resets and account lockouts on the CMS Enterprise Portal
– Log in issues at the HealthCare.gov landing page (when an agent or broker is redirected from an issuer’s or web-broker’s site)	– HealthCare.gov website issues

Note: Agents and brokers should direct specific questions or issues with a consumer’s Individual Marketplace application to the Marketplace Call Center at **1-800-318-2596**. Agents and brokers should direct questions related to SHOP Marketplace coverage to the SHOP Call Center at **1-800-706-7893**.

Agent and Broker Resources

- *Additional resources can be found on CMS's Agents and Brokers Resources webpage: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *Additional information agents and brokers can use to educate consumers can be found at: HealthCare.gov and Marketplace.CMS.gov.*
- *The list of CMS-approved training vendors can be found at: <https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *For more information on registration and training requirements, please review the following resources on the Agents and Brokers Resources webpage at: <https://www.cms.gov/cciio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>:*
 - *The slides from the “FFM Agent and Broker Plan Year 2016 Registration and Training Requirements” webinar that was held in July and August 2015.*
 - *The slides from the “Guidance on Plan Year 2016 FFM Registration and Training for Agents and Brokers” webinar that was held in September 2015.*
 - *Quick Reference Guide – Plan Year 2016 FFM Registration for Agents and Brokers.*
 - *FFM agent and broker plan year 2016 registration and training videos.*

Agent and Broker Resources (cont.)

- *The CMS Enterprise Portal can be accessed at: <https://portal.cms.gov/>.*
- *Agent and Broker NPNs can be found at: www.nipr.com/PacNpnSearch.htm.*
- *The checklist for agents and brokers to use when helping consumers with their applications can be found at: <https://marketplace.cms.gov/outreach-and-education/marketplace-application-checklist.pdf>.*
- *For more information on Open Enrollment, please review the following resources on the Agents and Brokers Resources webpage at: <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>:*
 - *The slides from the “FFM Plan Year 2016 Open Enrollment Overview and Kick-Off for Agents and Brokers” webinar held on October 14, 2015.*
 - *The slides from Weeks 1 and 2 of the “Operational Updates and Announcements for Agents and Brokers Participating in the FFMs” webinar series.*
- *For more information on catastrophic plans and how a consumer can file for an exemption, review: <https://marketplace.cms.gov/technical-assistance-resources/exemptions-catastrophic-coverage.pdf>.*

Agent and Broker Resources (cont.)

- *To access the SHOP Marketplace Agent/Broker Portal to complete your searchable profile and manage SHOP Marketplace accounts, visit: <https://healthcare.gov/marketplace/small-businesses/agent>.*
- *For more details on plan year 2016 annual redeterminations and re-enrollments, review the guidance CMS issued on April 22, 2015 at: <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/annual-redeterminations-for-coverage-42215.pdf>.*
- *Agents and brokers can review 45 C.F.R. § 156.340 and the 2016 Letter to Issuers ([https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016 Letter to Issuers 2 20 2015.pdf](https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/2016%20Letter%20to%20Issuers%20202015.pdf)) to understand the circumstances where CMS advises Marketplace issuers to withhold compensation from agents and brokers.*
- *To order Marketplace materials available for co-branding, review the instructions at: <https://marketplace.cms.gov/outreach-and-education/need-a-product-order-now.pdf>.*
- *Consumers can use the following URL to see if they qualify for savings by enrolling in a Silver QHP: <https://www.healthcare.gov/lower-costs/>.*
- *Consumers can also use the Out-of-pocket Cost feature to estimate what his or her premiums, deductibles and copays may be for the year at: <https://www.healthcare.gov/see-plans/>.*

Agent and Broker Resources (cont.)

- *Agents and brokers can check their registration statuses on the Agent Broker Registration Status page via the CMS Enterprise Portal or on the Agent and Broker FFM Registration Completion List for Plan Year 2016 on the Agents and Brokers Resources webpage at: <http://go.cms.gov/CCIIOAB>.*
- *To host an enrollment event, or to get connected to enrollment groups in your area, email the HealthCare.gov Partnership Team at: Partnership@cms.hhs.gov.*
- *To understand the requirements for Navigators and other assisters, review <https://marketplace.cms.gov/technical-assistance-resources/agents-and-brokers-guidance-for-assisters.PDF>*
- *Agents and brokers can access an earned media and public awareness toolkit that provides resources on marketing at: <https://marketplace.cms.gov/outreach-and-education/healthcaregov-assister-navigator-earned-media-and-promotion-toolkit.pdf>.*
- *Agents and brokers can direct consumers to the Interactive Tax Assistant at [http://www.irs.gov/uac/Interactive-Tax-Assistant-\(ITA\)-1](http://www.irs.gov/uac/Interactive-Tax-Assistant-(ITA)-1) or call the Internal Revenue Service Call Center at 1-800-829-1040 for questions on reconciling their APTC on their 2014 tax returns.*

Agent and Broker Resources (cont.)

- *The Web-broker Public List can be viewed on the Agents and Brokers Resources webpage at: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/a-b-resources.html>.*
- *For more information on consumer rights and protections on the Marketplaces, review the CMS resource at: [Health Insurance Marketplace: Know your rights](#).*
- *The proposed 2017 Payment Notice is available at: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-29884.pdf>.*
- *The News for Agents and Brokers monthly newsletter is distributed via email. For agents and brokers who do not receive the newsletter via email, CMS posts it on the Agents and Brokers Resources webpage at: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
 - *The August and September editions contain important information about agent and broker FFM registration and training for plan year 2016.*
 - *The October edition contains important information about plan year 2016 FFM Open Enrollment.*
- *Current news and updates are distributed via email and CMS' twitter handle: [@CMSGov](#).*

Questions?

For questions about Agent/Broker participation in the FFMs:
FFMProducer-AssisterHelpDesk@cms.hhs.gov

For questions on the MLMS: MLMSHelpDesk@CMS.HHS.gov

For questions when working with consumers applying and enrolling:
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions unrelated to application and enrollment:
1-855-CMS-1515 (855-267-1515) and select option “1”

For questions about the SHOP Marketplace:
1-800-706-7893 (TTY: 711) available M-F 9:00 AM-7:00 PM ET

For questions regarding a CMS-approved vendor’s training, agents and brokers should contact the respective vendor’s help desk. Contact information can be found on the Agents and Brokers Resources webpage at: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.

For questions/comments about web-broker participation in the FFMs: WebBroker@cms.hhs.gov