SHOP Marketplace Health Insurance for Small Businesses

Billing & Payment System User Guide for Agents & Brokers

Table of contents

SHOP Marketplace Billing	& Payment System
for Amonto 9 Drohoro	

for Agents & Brokers	3
Employer billing and payment	3
Invoice history	3
View adjustments	4
Payment history	5
Account summary	6
Resources	7
Get answers to your questions	7

SHOP Marketplace Billing & Payment System for Agents & Brokers

If you're an authorized agent/broker helping a client with SHOP Marketplace coverage, follow these steps to view an employer's invoice history, invoice adjustments, and payment history. **Remember, you can't make premium payments for your employer clients.**

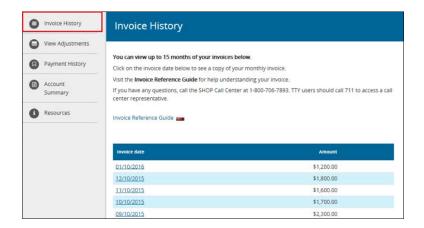
Employer billing and payment

- Log into your SHOP Marketplace Agent/Broker Portal account.
 Visit HealthCare.gov/marketplace/small-businesses/agent, and enter your Marketplace user name and password.
- Select "Manage Clients".
 Choose the employer from your list of clients to access the employer's account.
 Note: You must be authorized by the employer to access their account.
- Access employer's account. Select Employer Payment and Billing in My account to enter the online payment system.

Invoice history

To view a history of an employer's invoices, select Invoice History.

You'll see the invoice date, and total monthly invoiced premium amount for up to 15 months. Select **Invoice Reference Guide** to view a detailed guide, in PDF format, to help you understand the SHOP Marketplace invoice.



Select **Invoice date** to see the entire invoice in PDF format.

SHOP Marketplace	Invoice
Health Insurance for Small Businesses	Invoice Date: 1/10/14
	Invoice Number: 000000001
SHOP Marketplace	Employer ID: XXXXXX
PO Box XXXX Portland ME 04014	Coverage Period: 02/01/2014-2/28/2014
Stand HL STS 19	Amount Due: \$2,945.00 Date Due: 02/01/2014
	PaymentOptions
րին լիկվել ին ներկուներին են լիկել են	Pay online: HealthCare.gov/small-businesses
EMPLOYER NAME	Pay by phone: 1-800-706-7893
2200 PRODUCTION DRIVE	(9:00am - 7:00pm EST M-F)
INDIANAPOLIS IN 46241	Pay by Mail (Allow 5-7 days for
202	delivery and processing):
	SHOP Marketplace
	PO Box XXXX Portland ME 04014
	For SHOP Marketplace enrollment, billing, and paym
	questions, call the Health Insurance Marketplace Sma Employer Contact Center at 1-800-706-7893 (TTY:
	800-706-7915). For all other inquiries, visit
	HealthCare gov for additional information.
PLEASE INCLUDE THE	S COUPON WITH YOUR PAYMENT
Û	S COUPON WITH YOUR PAYMENT
↓ SHOP Marketplace	Û
Û	PaymentDueDate February01,2014
SHOP Marketplace Health Insurance for Small Businesses	PaymentDate February01.2014 InvoiceNumber 000000001
HOP Marketplace Health Insurance for Small Businesses HOP Marketplace	Jevin entDusDate Februari01.2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00
EHOP Marketplace Health Insurance for Small Businesses HOP Marketplace HOP	PaymentDate February01.2014 InvoiceNumber 000000001
EHOP Marketplace Health Insurance for Small Businesses HOP Marketplace HOP	Jevin entDusDate Februari01.2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00
FIOP Marketplace Health Insurance for Small Businesses SHOP Marketplace Poster Job Concern Portland IME D4014	Paym entDanDate February01.2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00 Write mount enclosed lare. 1
EHOP Marketplace Health Insurance for Small Businesses ProP Merketplace Portland ME 04014 To maintain coverage, pay the total amount due	Paym enDas Date February01,2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00 Withe amount enclosed in n Send payment and make check payable to:
↓ SHOP Marketplace	Prim entDanDate
EXPOP Marketplace Pol Bac XOX Pol Marketplace Pol Bac XOX Pol Marketplace Pol Bac XOX To maintain coverage, pay the total amount due ni Ill by 2/1/4. Write your invoice number on your check and	Paym enDas Date February01,2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00 With a mount enclosed in n Send payment end make check payable to: SHOP Marketpiace PO BOX XXXX
EXAMPLE AND A CONTRACT OF THE ADDRESS OF THE A	Prim enDanDate February01,2014 JarvoiceNumber 00000001 Total Annount Due \$ 2,945.00 Write annount seationed lars Sead payment and make check paywhile to: SHOP Marstelpiace PO BOX XXXX Portined WE 64014
EXPOP Marketplace Pol Bac XOX Pol Marketplace Pol Bac XOX Pol Marketplace Pol Bac XOX To maintain coverage, pay the total amount due ni Ill by 2/1/4. Write your invoice number on your check and	Paym enDas Date February01,2014 InvoiceNumber 00000001 Total Amount Due \$ 2,945.00 With a mount enclosed in n Send payment end make check payable to: SHOP Marketpiace PO BOX XXXX
EXPOP Marketplace Health Insurance for Small Businesses Bac XXXX Por Marketplace Do Bac XXXX Portand IIIE 24014 To maintain coverage, pay the total amount due full by 2/1/4. Write your invoice number on your check and	Prim enDanDate February01,2014 JarvoiceNumber 00000001 Total Annount Due \$ 2,945.00 Write annount seationed lars Sead payment and make check paywhile to: SHOP Marstelpiace PO BOX XXXX Portined WE 64014

View adjustments

Select **View Adjustments** to see any changes made to the employer's enrollment on the **Enrollment Adjustments** page. The employer's monthly premium may increase or decrease based on any changes to their group enrollment (like adding or deleting employees or dependents) during the past month.

On the **Enrollment Adjustments** page, you'll see:

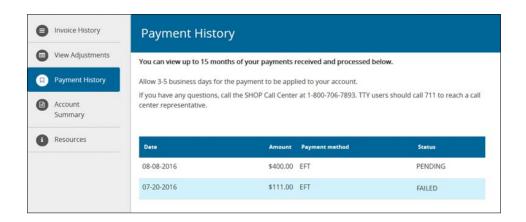
- Date of adjustment
- Description of the adjustment
- Employee name
- Amount of adjustment
- Status of adjustment

-	Invoice History	Enrollme	nt Adjustm	ents			
•	View Adjustments						
٨	Payment History	Below is a list of enrollment adjustments received after the last invoice.					
6	Account Summary	Note: It takes 24 hours for an enrollment adjustment to post. Any adjustments received after the last day of the billing month will be on the next month's invoice.					
0	Resources	If you have any questions, call the SHOP Call Center at 1-800-706-7893. TTY users should call 711 to access a center representative.					
			rent enrollments.	enrollment additions, enrol	nnent terrinnations, and a	ny premiun	
			10 S. 10	100 Mar 10			
		Date	Description	Employee Name	Amount	Status	
		Date 08-04-2016	Description TERMINATE	Employee Name Tammy Johnson	Amount \$-150.00		
					\$-150.00		
		08-04-2016	TERMINATE	Tammy Johnson	\$-150.00 \$150.00	PROCESSED	
		08-04-2016 08-04-2016	TERMINATE ADD	Tammy Johnson Mary Johnson	\$-150.00 \$150.00 \$-50.00	PROCESSED PROCESSED	

Payment history

Select the **Payment History** tab to see up to 15 months of payment history, including the payment date, amount paid, method of payment, and status of payment.

If an employer's payment didn't process right (like because of insufficient funds), the payment status will say **FAILED**.



Account summary

Select **Account Summary** to view a brief summary of the employer's account details to include:

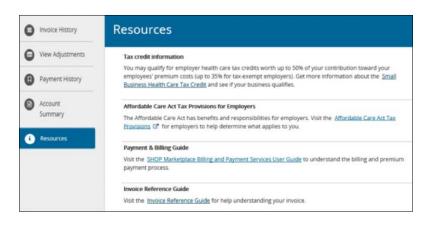
- Previous balance past due amount
- Current monthly premiums invoiced
- Total monthly premium amount invoiced
- Last payment received
- Enrollment adjustments received after the last invoice
- Balance now due
- Minimum payment amount due
- Payment due date

Invoice History	Account Summary				
G View Adjustments	View a brief record of your account below.				
Payment History	Allow 3-5 business days for the payment to be applied to your account. Payments made on holidays or after 9pn ET will be posted the next business day.				
Account Summary	If you have any questions, call the SHOP Call Center at 1-800-706-7893. TTY users should call 711 center representative.	to access a call			
Resources	Current Account Details	Amount			
	Previous balance past due. Please make a payment now.	\$0.00			
	Current monthly premiums invoiced	\$400.00			
	Total monthly premium amount invoiced	\$400.00			
	Last payment received	\$0,00			
	Enrollment adjustments received after the last invoice (Select the View Adjustments tab.)	\$0.00			
	Balance now due	\$400.00			
	Minimum payment amount due	\$400.00			

Resources

From the **Resources** page, you can access various SHOP Marketplace information, like:

- Tax credit information
- Affordable Care Act Tax Provisions for Employers
- The Employer Payment & Billing Guide
- Invoice Reference Guide



Get answers to your questions

For more information on the SHOP Marketplace, visit **HealthCare.gov/small-businesses**. If you have questions about billing or other SHOP Marketplace questions, contact the SHOP Call Center at 1-800-706-7893, Monday – Friday, 9 a.m. – 5 p.m. ET. TTY users can call 711 to reach a call center representative.

You have the right to get the information in this product in an alternate format. You also have the right to file a complaint if you feel you've been discriminated against. Visit **CMS.gov/about-cms/ agency-information/aboutwebsite/cmsnondiscriminationnotice.html**, or call the Marketplace Call Center at 1-800-318-2596 for more information. TTY users can call 1-855-889-4325.

