

# Complex Case Scenarios

Centers for Medicare & Medicaid Services (CMS)

Center for Consumer Information & Insurance Oversight (CCIIO)

*September 15, 2022*

*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. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law.*

*This document generally is not intended for use in the State-based Marketplaces (SBMs) that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agent and Broker Resources webpage (<http://go.cms.gov/CCIIOAB>) and [Marketplace.CMS.gov](http://Marketplace.CMS.gov) to learn more.*

*Unless indicated otherwise, the general references to “Marketplace” in the presentation only include Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform (SBM-FPs).*

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# Marketplace Auto-Enrollment Process

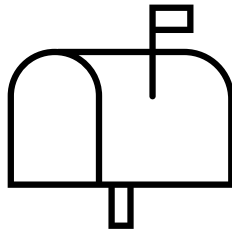
# Background

- » To provide issuers enough time to ensure a smooth consumer re-enrollment experience, the Marketplace sends redetermined financial assistance data to issuers via re-enrollment transactions in October for most re-enrollees.
- » For an enrollee who does not contact the Marketplace to obtain an updated eligibility determination and select a qualified health plan (QHP) or opt out of passive enrollment by December 31, **the Marketplace will establish the future year's eligibility for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs) based on the most recent household income data available**, together with updated federal poverty level (FPL) tables and benchmark plan premium information.
- » The Marketplace will re-enroll the individual effective January 1 in the same or a similar QHP or in another QHP under the re-enrollment hierarchy, which is intended to result in enrollment in a similar QHP.



# Scenario

- » David is enrolled in a Marketplace plan. On January 4, they receive a notice in the mail that their plan has been renewed. However, David no longer wants to maintain their plan, and asks their broker to retroactively cancel their coverage.
  - How could David's broker have prevented this situation from occurring?



# Best Practices & Tips for Prevention



- » Prior to the Open Enrollment Period (OEP), agents and brokers should contact consumers to obtain current consent, ensure they are aware of the consumer's enrollment status, and understand their future desires regarding coverage.
- » The Marketplace will use the most recent income information available to determine the amount of APTC and CSRs for a consumer.
- » It is important to update the application if the consumer's income information has changed in the past year to ensure they receive an accurate amount of APTC or CSRs.
- » Therefore, working with the consumer to complete an **active enrollment** is preferred over auto-reenrollment to achieve the optimal plan for the consumer.

## Helpful Links

[Helping Consumers Apply and Enroll in Marketplace Coverage](#)

[Enrollment FAQ](#)

[Cancelling or Terminating a Marketplace Plan](#)

[Terminating Coverage Tool](#)

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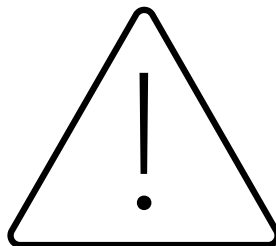




# Marketplace Enrollment Termination Rule

# Background

- » Consumers who become eligible for Medicare, Medicaid, or the Children’s Health Insurance Program (CHIP) coverage that is considered minimum essential coverage (MEC) are not eligible to receive financial help to pay for their Marketplace coverage.
- » Consumers who become eligible for Medicare, Medicaid, or CHIP may request to terminate Marketplace coverage.
- » Although there is an automated process in place to end coverage for consumers who are found to be **enrolled in** Medicare, Medicaid, or CHIP, as a best practice consumers should return to the Marketplace to end their Marketplace plan as soon as they obtain other coverage.



» **Scenario 1:**

- Jeff is 63 and their wife Joy is turning 65 in May. This means Joy will become eligible for Medicare, but Jeff will remain on their Marketplace plan. Jeff's broker does not process Joy's termination file, assuming that the Marketplace will handle this automatically. How can Joy make sure their coverage ends on the right date?

» **Resolution:**

- Although there is an automated process in place to end coverage when someone is found to be enrolled in Medicare, consumers should end their Marketplace plan to ensure there is no overlap in coverage that would cause them to have to pay full cost for their Marketplace coverage. Joy should end their Marketplace plan **the day their Medicare coverage begins**. The best way to make sure coverage ends on the right date is to [contact the Marketplace Call Center \(1-800-318-2596\)](https://www.cms.gov/medicare/coverage/coverage-general-information-public/marketplace-coverage-general-information-public) on the day their Medicare coverage begins and request the change.

# Scenarios (Continued)



## » Scenario 2:

- Mohammed has a birthday coming up in July, when they will be eligible for Medicare. However, Mohammed's wife Jane is younger than Mohammed and would like to remain on the Marketplace policy. Mohammed originally filed the Marketplace application for both themselves and their spouse, Jane. How should Mohammed proceed in order to end Marketplace coverage but make sure Jane maintains coverage?

## » Resolution:

- Since Mohammed is going on Medicare but their spouse will remain on the Marketplace plan, Mohammed, as the subscriber, should [contact the Marketplace Call Center](#) to end their Marketplace plan on **the day their Medicare coverage begins**. Mohammed can report a life change in their online account and mark themselves as not seeking coverage to ensure Jane maintains Marketplace coverage. Generally, it is recommended that the younger of the couple act as the subscriber and the older person as the dependent for the ease of removing from coverage once eligible for Medicare.

» **Scenario 3:**

- Jessica has a Marketplace plan but learns that they may be eligible for full-benefit Medicaid. What should Jessica do?

» **Resolution:**

- If Jessica receives a determination of Medicaid eligibility from the state Medicaid agency, Jessica should immediately end Marketplace coverage with APTC. Jessica should only take this action after receiving a final eligibility determination from the state Medicaid agency. Jessica can end coverage through their online account or by [contacting the Marketplace Call Center](#). Note: If Jessica ends their Marketplace coverage before getting a final decision and Jessica's final determination is that they are ineligible for Medicaid, Jessica can't re-enroll in the Marketplace until the next OEP unless they qualify for a Special Enrollment Period (SEP).
- Note: Most Medicaid and CHIP coverage is considered "full-benefit" coverage that disqualifies an enrollee from APTC and CSR eligibility. If a consumer only has Medicaid coverage that provides limited benefits, such as coverage only for family planning services or coverage that a consumer can't use because they haven't met a "spend-down," they may be eligible for a QHP with APTC and CSR as well.

# Best Practices & Tips for Prevention



- » Consumers should not end their Marketplace plan until they know for sure when their new coverage starts, and they should end their Marketplace plan **the day their Medicare coverage begins** to ensure that all other members on the policy maintain their current coverage. However, if everyone on the policy is ending coverage, then they should call or go online to request a termination date of the last day before the new coverage begins to ensure no one on the policy has overlapping Marketplace coverage when the Medicare coverage begins.
- » Consumers should immediately end Marketplace coverage with APTC for anyone in the household who is determined eligible for full-benefit Medicaid or CHIP that is considered MEC, but they should not do so until they get a final decision from the Medicaid or CHIP agency. If they are found ineligible for full-benefit Medicaid or CHIP after terminating Marketplace coverage with APTC, they will not be able to re-enroll in the Marketplace until the next OEP unless they qualify for an SEP due to another qualifying life event.
- » Do not assume that the Marketplace has an automated process in place to end coverage when consumers become eligible for Medicaid or Medicare.
- » Do not contact the issuer instead of the Marketplace to request termination of coverage.

## Helpful Links

[Cancelling or Terminating Coverage Webinar Slides](#)

[Changing From the Marketplace to Medicare](#)

[Assisting Clients With the Marketplace/Medicare Transition](#)

[How to Cancel Your Marketplace plan](#)

[Cancelling a Marketplace Plan When You Get Medicaid or CHIP](#)

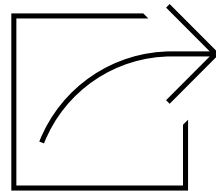


# **Coordinating Access to Medicaid/CHIP and QHPs**



# Background

- » If the Marketplace finds that a consumer may be eligible for modified adjusted gross income (MAGI)-based Medicaid or CHIP, it will transfer their application information to the appropriate state agency to make a final eligibility determination.
- » If the state Medicaid or CHIP agency determines that a consumer is not eligible for Medicaid or CHIP after an initial assessment of eligibility by the Federally-facilitated Marketplace (FFM), the consumer may then be eligible for an SEP to choose a Marketplace plan.



# Scenario

- » Carlos has a client who recently received a denial notice from their state Medicaid agency. Carlos now wants to enroll their client in a Marketplace plan with a retroactive start date. How can Carlos best resolve this situation?



# Resolution & Tips for Prevention

- » Agents and brokers can enroll consumers into Marketplace coverage with a retroactive start date if the consumer originally applied for Marketplace coverage during the OEP or a SEP and was referred to the state Medicaid or CHIP agency, but then received a denial notice from their state Medicaid or CHIP agency after the OEP or SEP window ended. The consumer should update their Marketplace application and attest that they were recently found not eligible for Medicaid or CHIP and provide the date of the denial. Then, they can select and enroll in a QHP.
- » Note: The automated functionality on HealthCare.gov will only provide coverage starting on the first of the next month. To request a retroactive start date, agents and brokers can contact the Marketplace Call Center.



## Helpful Links

[SEPs for Complex Issues](#)

[Steps if a Consumer Lost or Is Denied Medicaid or CHIP](#)

[Medicaid & CHIP Marketplace Interactions](#)



# Document Requirements & Updating Information

# Background



- » A Data Matching Issue (DMI) occurs when information a consumer enters in their Marketplace application doesn't match Social Security records or Internal Revenue Service (IRS) databases or if the consumer provides no data. The Marketplace checks these trusted records to verify the information a consumer provides.
- » Consumers will receive an Eligibility Determination Notice (EDN) informing them of the documents they need to submit in order to resolve the DMI by the deadline. If a consumer does not submit the correct documents, they will receive an Insufficient Document Notice, informing them of the qualified documents that must be submitted in order to resolve the DMI. They will also receive a call from Eligibility Support Workers, who will assist consumers over the phone with the correct documents to submit.
  - For most DMIs, consumers have **90 days** from the day the EDN is sent to submit their documents. However, for citizenship and immigration DMIs, consumers have **95 days**.
- » If a consumer fails to submit the correct documents, they will either lose Marketplace coverage or some of, if not all, their financial assistance at the end of their DMI period, depending on the DMI type.
- » For example, if the information that the Marketplace receives from its trusted data sources indicates that a consumer is currently enrolled in Medicaid coverage, the consumer will receive a DMI and will need to submit documents to confirm they aren't enrolled in qualifying health coverage through a state Medicaid agency.

» **Scenario 1:**

- Mimi has a Marketplace plan with APTC and is also enrolled in Medicaid. They receive an initial warning notice from the Marketplace to either end their Marketplace coverage or their APTC or update their information, but they do not respond within 30 days. Mimi then receives a final notice, informing them that their APTC will end and they will remain enrolled in Marketplace coverage at full cost. What should Mimi do?

» **Resolution:**

- Mimi does not want to pay for a Marketplace plan at full cost, so they work with their broker to end coverage. Mimi can either end their coverage through their online account, contact the [Marketplace Call Center](#), or their broker can make the update for Mimi through an approved direct enrollment (DE) or enhanced direct enrollment (EDE) partner's website.

» **Scenario 2:**

- Lee receives a notification that the Marketplace couldn't verify their immigration status. The Marketplace asks for further documentation and Lee submits a foreign passport. However, the passport is expired, so Lee receives an Insufficient Document Notice. The notice informs them that an expired foreign passport is not an acceptable document to prove immigration status and they will need to submit new document(s), or else lose their Marketplace coverage. What should Lee do?

» **Resolution:**

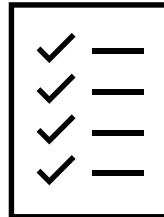
- Lee works with their agent to submit their Permanent Resident Card, or "Green Card" (I-551). This verifies their immigration status and Lee is able to maintain Marketplace coverage.





# Best Practices & Tips for Prevention

- » If a DMI occurs, consumers will receive a notice from the Marketplace with a list of qualified documents they can submit to resolve the DMI within the allotted timeframe. Agents and brokers can assist consumers with submitting the correct documents. If a document submitted is marked insufficient, the consumer should not resubmit the same document but rather submit a different, correct document.
- » It is recommended that documents be submitted online when possible.
- » Consumers eligible for most types of Medicaid or CHIP are not eligible for APTC and CSRs. If they do not end Marketplace coverage, they risk remaining enrolled at full cost.



## Helpful Links

[Helping Consumers Resolve DMIs Webinar Slides](#)

[Medicaid/CHIP DMIs Webinar Slides](#)

[Sample Insufficient Document Notice](#)



# Agent and Broker Marketplace Help Desks and Call Centers



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Email Help Desk	FFMProducer- <a href="mailto:AssisterHelpDesk@cms.hhs.gov">AssisterHelpDesk@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>• General enrollment and compensation questions</li> <li>• Manual identity proofing/Experian issues</li> <li>• Escalated registration and training questions (not related to a specific training platform)</li> <li>• Agent and Broker Registration Completion List issues</li> <li>• Find Local Help listing issues</li> <li>• Help On Demand participation instructions or questions</li> <li>• Report concerns that a consumer or another agent and broker has engaged in fraud or abusive conduct</li> </ul>	Monday-Friday 8:00 a.m.-6:00 p.m. EST
Marketplace Service Desk	855-CMS-1515 855-267-1515 <a href="mailto:CMS_FEPS@cms.hhs.gov">CMS_FEPS@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>• CMS Enterprise Portal password resets and account lockouts</li> <li>• Other CMS Enterprise Portal account issues or error messages</li> <li>• General registration and training questions (not related to a specific training platform)</li> <li>• Login issues on the Classic DE agent and broker landing page</li> <li>• Technical or system-specific issues related to the Marketplace Learning Management System (MLMS)</li> <li>• User-specific questions about maneuvering in the MLMS site, or accessing training and exams</li> </ul>	Monday-Friday 8:00 a.m.-8:00 p.m. EST
Marketplace Call Center Agent and Broker Partner Line	855-788-6275 Note: Enter a National Producer Number (NPN) to access this line. TTY users 1-855-889-4325	<p>Specific consumer application questions related to:</p> <ul style="list-style-type: none"> <li>• Password reset for a consumer HealthCare.gov account</li> <li>• Special enrollment period not available on the consumer application</li> <li>• Consumer-specific eligibility and enrollment questions</li> </ul>	Monday-Sunday 24 hours/day

# Agent and Broker Marketplace Help Desks and Call Centers (Continued)



Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent and Broker Training and Registration Email Help Desk	<a href="mailto:MLMSHelpDesk@cms.hhs.gov">MLMSHelpDesk@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>• Technical or system-specific issues related to the MLMS</li> <li>• User-specific questions about maneuvering in the MLMS site or accessing training and exams</li> </ul>	Monday-Friday 9:00 a.m.-5:30 p.m. EST
SHOP Call Center	800-706-7893	<ul style="list-style-type: none"> <li>• Inquiries related to SHOP eligibility determinations on HealthCare.gov</li> <li>• Contact the insurance company for most questions about SHOP plans, such as applications, enrollment, renewal, or changing or updating coverage.</li> </ul>	Monday-Sunday 24 hours/day
Marketplace Appeals Center	1-855-231-1751 TTY users 1-855-739-2231	<ul style="list-style-type: none"> <li>• Status of a Marketplace eligibility appeal</li> <li>• How to appoint an Authorized Representative to request Marketplace eligibility appeal on a consumer's behalf</li> </ul>	Monday-Friday 7:00 a.m.-8:30 p.m. EST

# **Live Question/Answer Session & Agent and Broker Outreach Updates**

# Dedicated Agent and Broker Support Available for Complex Consumer Cases



- » Complex consumer-specific cases are cases where a consumer has submitted an eligibility application for coverage and/or has enrolled in coverage and requires assistance in making a change.
- » In this situation, **agents and brokers must first attempt to resolve the case by contacting the Marketplace Consumer Call Center or the EDE partner** (if applicable).
- » If agents and brokers are unsuccessful in resolving the case with the Marketplace Call Center or EDE partner (if applicable) and still require assistance, contact the FFM Agent and Broker Email Help Desk ([FFMProducer-AssisterHelpDesk@cms.hhs.gov](mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov)) and provide the following information:
  - Full name, email address, and phone number of agents and brokers assisting the consumer
  - The consumer's Marketplace application ID
  - The state in which the consumer resides
  - Summary of the case and the request
  - Whether the case is medically urgent (and if so, when a response is needed)
  - Indicate that the Marketplace Call Center or EDE partner has already been called and provide the date of the call
- » The Help Desk will refer the information provided to representatives from our Complex Case Help Center (CCHC) so they can respond to the issue. A member of the CCHC team will reach out via phone for additional information or to communicate the outcome of the case.

# Growing Market, New Opportunities: An Agent and Broker Panel Series



- » Last summer, CMS hosted a series of panel discussions titled “Growing Market, New Opportunities: An Agent and Broker Panel Series on Reaching America’s Uninsured and Underserved Communities.” These panel discussions provided an opportunity for Marketplace agents and brokers to learn more about how they can reach historically underserved communities and bridge the gap to coverage for underinsured consumers by listening to the experiences of other agents and brokers.
- » These panel recordings are now available to view on REGTAP:
  - [American Indian/Alaska Native Communities](#)
  - [Black and African American Communities](#)
  - [LGBTQ+ Communities](#)
  - [Rural Communities](#)
  - [Hispanic and Latino Communities](#)
  - [Asian American and Pacific Islander Communities](#)

# Agent and Broker Video Learning Center



Check out these technical assistance videos for Marketplace agents and brokers at the **Agent and Broker Video Learning Center (VLC)**! The VLC features a variety of topics to help navigate the Marketplace, including videos such as:

- » [How to Resolve a Marketplace Data Matching Issue](#)
- » [Streamlined Marketplace Application Walkthrough - Household Seeking Financial Assistance](#)
- » [Streamlined Marketplace Application Walkthrough: Loss of Health Coverage SEP](#)

And more! View the entire playlist at <https://bit.ly/3hXLyru>



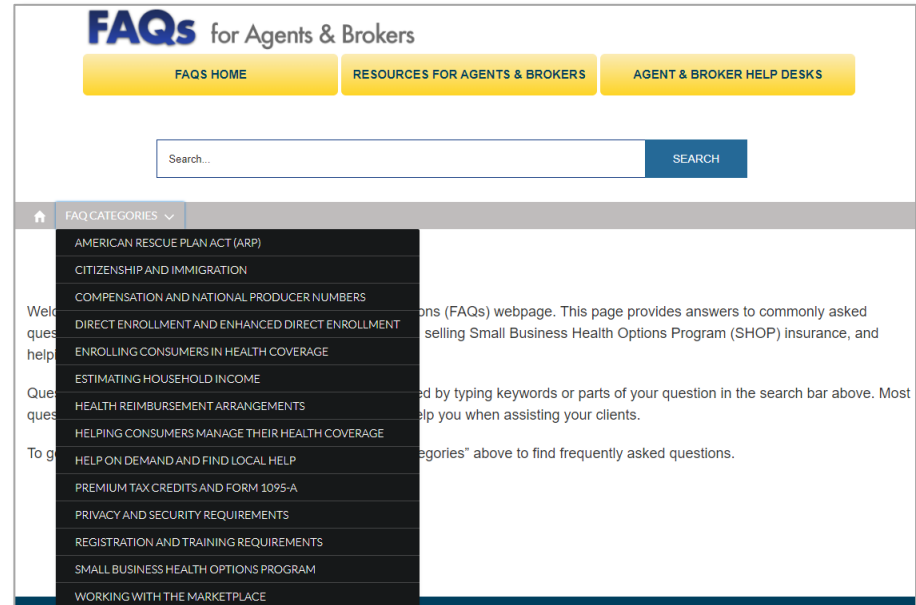


# Frequently Asked Questions Database



The Agent and Broker Frequently Asked Questions (FAQs) website provides answers to commonly asked questions about working in the Marketplace and helping clients enroll in and maintain coverage.

- » Visit <https://www.agentbrokerfaq.cms.gov/s/> and search by question category, keyword, or part of the question. Most responses also include links to additional resources to help when assisting clients.
- » Check out [this FAQ](#) on complex enrollment situations and [this FAQ](#) on who to contact with complex cases that cannot be resolved through the Marketplace Call Center or Direct Enrollment partner.



# Agent and Broker Resources Webpage



The Agent and Broker Resources Webpage is the primary outlet for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace<sup>1</sup>® and the Small Business Health Options Program (SHOP).

- » Visit <https://www.cms.gov/ccio/programs-and-initiatives/health-insurance-marketplaces/a-b-resources> to access the site.
- » There are also a number of Quick Links on the right-hand side of the page to easily access commonly used resources, such as the [Issuer and Direct Enrollment Partner Directory](#) and [Agent/Broker Help Desks](#).

Programs and Initiatives > Health Insurance Marketplaces > Resources for Agents and Brokers in the Health Insurance Marketplaces

CCIIO

## Resources for Agents and Brokers in the Health Insurance Marketplaces

### Welcome

Welcome to the Agents and Brokers Resources webpage. This page is the primary outlet for agents and brokers to receive information from CMS about working in the Health Insurance Marketplace and the Small Business Health Options Program (SHOP).

### Background

To the extent permitted by states, licensed agents and brokers may assist consumers determine their eligibility for insurance affordability programs, including advance payments of the premium tax credit and cost-sharing reductions, and enroll them in qualified health plans (QHPs).

Agents and brokers play a crucial role in educating consumers about the Health Insurance Marketplace, both during annual Open Enrollment and throughout the coverage year. Agents and brokers may also help employers understand their options for enrolling in SHOP coverage and assist them and their employees through the SHOP application and enrollment process.

Some states have set up their own State-based individual and small business Marketplaces, while the federal government runs the Individual Marketplace through HealthCare.gov and/or SHOP in other

### Resources for Agents and Brokers

Resources for Agents and Brokers in the Health Insurance Marketplaces

General Resources

- Plan Year 2022 Open Enrollment
- Plan Year 2022 Registration and Training

SHOP

- Web-brokers in the Health Insurance Marketplace
- Help On Demand
- Video Learning Center

#### QUICK LINKS:

- Issuer and DE Partner Directory
- Agent/Broker FAQs
- Agent/Broker Newsletters
- Agent/Broker Help Desks

<sup>1</sup> Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

# Upcoming Webinars & Additional Resources



## Upcoming Webinars

Preparing for Plan Year 2023 Open Enrollment

Helping Consumers More Effectively for Plan Year 2023

Plan Year 2023 Marketplace Policy & Operations Updates

Help On Demand

Mastering the HealthCare.gov Application

## Additional Resources – Recently Posted Webinar Slides

9/1/22 Webinar Slides: [Understanding Marketplace Compliance Rules and Regulations](#)

8/25/22 Webinar Slides: [Reaching Underserved Communities](#)

8/11/22 Webinar Slides: [Marketplace Registration and Training for Returning Agents and Brokers](#)

8/10/22 Webinar Slides: [Marketplace Registration and Training for New Agents and Brokers](#)

7/14/22 Webinar Slides: [Compensation: Tips for Making Sure You Get Paid](#)

# Upcoming Office Hours



Register for upcoming office hours by visiting <https://www.regtap.info/> and following the instructions below. Registration for webinars will open as the date approaches:

1. Log in to REGTAP. If agents and brokers are new to REGTAP, select "Register as a New User." Agents and brokers will receive an email to confirm their account.
2. Select "Training Events" from "My Dashboard."
3. Click the "View" icon next to the desired webinar topic/title.
4. Click the "Register Me" button.
5. If agents and brokers require further assistance logging in to REGTAP or registering for a webinar, contact the Registrar at 1-800-257-9520 or [registrar@REGTAP.info](mailto:registrar@REGTAP.info). Assistance is available Monday through Friday from 9:00 a.m. - 5:00 p.m. EST. *Note: Registration closes 24 hours prior to each event.*

Office Hour Dates	Time
Thursday, November 3, 2022	2:00 – 3:00 p.m. EST
Thursday, November 17, 2022	2:00 – 3:00 p.m. EST
Thursday, December 8, 2022	2:00 – 3:00 p.m. EST
Thursday, January 5, 2023	2:00 – 3:00 p.m. EST

# Agent and Broker Resource Links



Resource	Description	Link
Agents and Brokers Resources Webpage	Primary outlet for agents and brokers to receive information about working in the Health Insurance Marketplace; provides the latest news and resources, including newsletters, webinars, fact sheets, videos, and tip sheets	<a href="http://go.cms.gov/CCIOAB">http://go.cms.gov/CCIOAB</a>
HealthCare.gov	Official site of the Health Insurance Marketplace; used for researching health coverage choices, eligibility, and enrollment	<a href="https://www.healthcare.gov/">https://www.healthcare.gov/</a>
Marketplace Information	Official Marketplace information source for assisters and outreach partners about Marketplace eligibility, financial assistance, enrollment, and more	<a href="https://marketplace.cms.gov">https://marketplace.cms.gov</a>
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent and broker to assist with Marketplace enrollment	<a href="https://localhelp.healthcare.gov/">https://localhelp.healthcare.gov/</a>
Help On Demand	Consumer assistance referral system operated by Help On Demand (formerly known as BigWave Systems) that connects consumers seeking assistance with Marketplace-registered, state-licensed agents and brokers in their area who can provide immediate assistance with Marketplace plans and enrollments	<a href="https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf">https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/Help-On-Demand.pdf</a>
Agent and Broker NPN Search Tool	Enables users to search and find the correct NPN to enter in the MLMS profile and on Marketplace applications	<a href="https://npr.com/help/look-up-your-npn">https://npr.com/help/look-up-your-npn</a>

# Agent and Broker Resource Links (Continued)



Resource	Description	Link
List of Approved Health-related Lines of Authority (LOAs)	Provides a list of valid health-related LOAs for agents and brokers by resident state	<a href="https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority">https://data.healthcare.gov/AB-NIPR-Health-Line-Of-Authority</a>
National Insurance Producer Registry	Provides licensure and compliance information for agents and brokers	<a href="https://nipr.com/licensing-center/add-a-line-of-authority">https://nipr.com/licensing-center/add-a-line-of-authority</a>
CMS Enterprise Portal	Allows agents and brokers to securely complete identity proofing and access the MLMS to complete annual, required Marketplace agent and broker training and registration	<a href="https://portal.cms.gov">https://portal.cms.gov</a>
Partner Directory for Agents and Brokers	List of approved, participating issuers and web-brokers includes entities that offer online resources for agents and brokers, such as enrollment and client management functionality	<a href="https://data.healthcare.gov/issuer-partner-lookup">https://data.healthcare.gov/issuer-partner-lookup</a>
Assisting Clients with Marketplace Eligibility Appeals	Reviews the Marketplace eligibility appeal process and describes consumers' rights to appeal a Marketplace eligibility determination	<a href="http://cbt.regtap.info/cbt/regtap/AB_MarketplaceEligibilityAppeals_CBT_5CR_061119/story_html5.html">http://cbt.regtap.info/cbt/regtap/AB_MarketplaceEligibilityAppeals_CBT_5CR_061119/story_html5.html</a>
FAQs for Agents and Brokers	Provides answers to commonly asked questions about working with the Marketplace and helping clients enroll in and maintain their coverage	<a href="https://www.agentbrokerfaq.cms.gov/s/">https://www.agentbrokerfaq.cms.gov/s/</a>

# Agent and Broker Resource Links (Continued)



Resource	Description	Link
Agent and Broker FFM Registration Completion List	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify agents' and brokers' eligibility for compensation for assisting with Marketplace consumer enrollments	<a href="https://data.healthcare.gov/ffm_ab_registration_lists">https://data.healthcare.gov/ffm_ab_registration_lists</a>
Agent and Broker Marketplace Registration Tracker	Searchable database that allows users to look up their Marketplace registration status with the NPN and ZIP Code saved in their MLMS profile for the current Plan Year	<a href="https://data.healthcare.gov/ab-registration-tracker/">https://data.healthcare.gov/ab-registration-tracker/</a>
Agent and Broker Video Learning Center	The Agent and Broker VLC features technical assistance videos on a variety of topics to help navigate the Marketplace	<a href="https://bit.ly/3hXLyru">https://bit.ly/3hXLyru</a>

# Acronym Definitions



Acronym	Definition
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APTC	Advance Payments of the Premium Tax Credit
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CCHC	Complex Case Help Center
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CHIP	Children's Health Insurance Program
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CCIIO	Center for Consumer Information and Insurance Oversight
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CMS	Centers for Medicare & Medicaid Services
-----	--

CSR	Cost-Sharing Reduction
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DE	Direct Enrollment
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DMI	Data Matching Issue
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EDN	Eligibility Determination Notice
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FFM	Federally-facilitated Marketplace
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FPL	Federal Poverty Line
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Acronym	Definition
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MAGI	Modified Adjusted Gross Income
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MEC	Minimum Essential Coverage
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OEP	Open Enrollment Period
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QHP	Qualified Health Plan
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MLMS	Marketplace Learning Management System
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VLC	Video Learning Center
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SEP	Special Enrollment Period
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FAQ	Frequently Asked Questions
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NPN	National Producer Number
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LOA	Line of Authority
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Agents and brokers are valued partners to all of us at CMS for the vital role you play in enrolling consumers in qualified health coverage.

We thank you for the trusted advice, support, and assistance you provide throughout the year and wish you continued success!