

# Assisting Consumers with Redeterminations and Re-enrollments

**Starting  
November 1**



You can:

- ✓ RENEW
- ✓ UPDATE
- ✓ COMPARE PLANS

*October 11, 2018*

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

# 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 learners 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 the State-based Marketplaces that do not use HealthCare.gov for eligibility and enrollment. Please review the guidance on our Agents and Brokers Resources webpage (<http://go.cms.gov/CCIIOAB>) and [Marketplace.CMS.gov](http://Marketplace.CMS.gov) to learn more.*

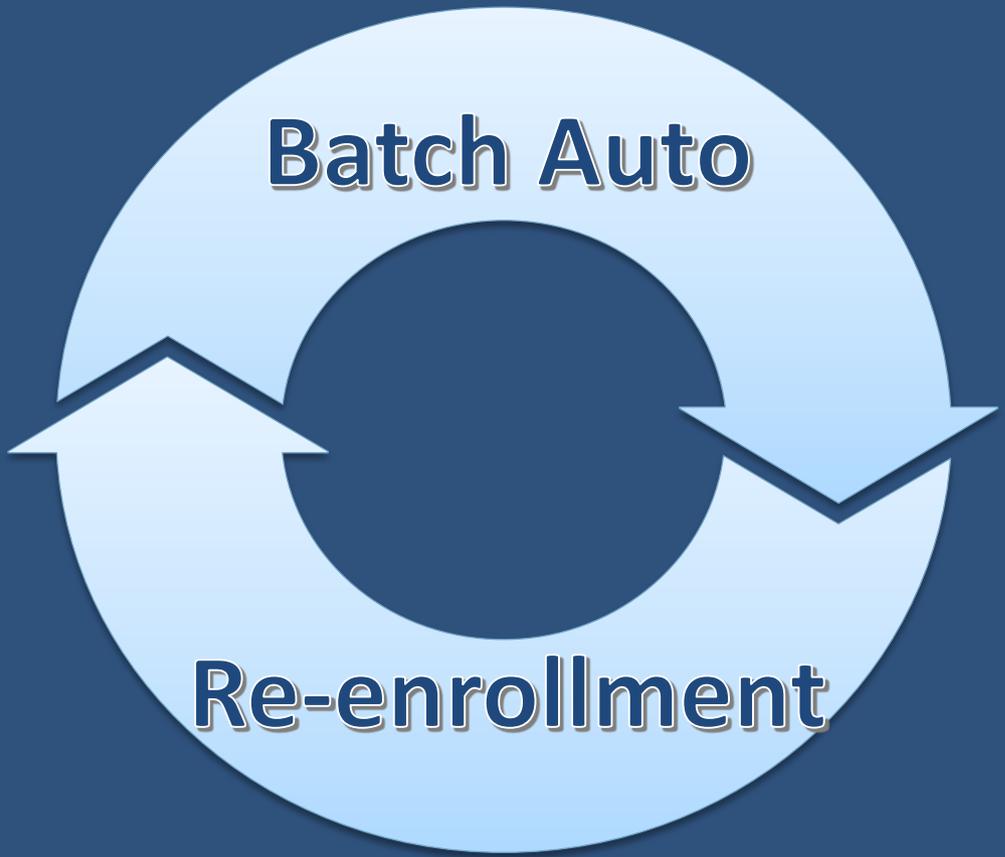
*Unless indicated otherwise, the general references to “Marketplace” in the presentation only includes Federally-facilitated Marketplaces (FFMs) and State-based Marketplaces on the Federal Platform.*

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# Webinar Agenda

- Batch Auto Re-enrollment (BAR) Refresher
- Where Consumers Review and Update Their 2019 Applications
- How Consumers Can Stop Coverage for 2019 (Opt Out of BAR)
- How to Ensure You Get Credit for Assisting with Annual Re-enrollments
- Where to Insert Your National Producer Number (NPN) on HealthCare.gov Applications
- Availability of Help On Demand
- Help Desk and Call Center Support, Resources, and Key Reminders
- Questions and Answers

## Assisting Consumers with Redeterminations and Re-enrollments



**Batch Auto**

**Re-enrollment**

*Batch Auto  
Re-enrollment  
Refresher*

# No Changes to BAR for 2019

- Each year, Marketplaces must redetermine the eligibility of consumers enrolled in coverage through the Marketplace.
- The process for plan year 2019 is the same process used for plan year 2018, as described in the published [“Guidance on Annual Eligibility Redetermination and Re-enrollment for Exchange Coverage for 2019 and Later Years.”](#)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Center for Consumer Information and Insurance Oversight  
200 Independence Avenue SW  
Washington, DC 20201



**Date:** July 6, 2018

**Title:** Guidance on Annual Eligibility Redetermination and Re-enrollment for Exchange Coverage for 2019 and Later Years

45 CFR 155.335(a)(2) provides that a Health Insurance Exchange has three options to redetermine eligibility for enrollment in a qualified health plan (QHP) through the Exchange and insurance affordability programs on an annual basis. 45 CFR 155.335(a)(2)(ii) provides that one of these options is a set of alternative procedures specified by the Secretary for the applicable benefit year.

For benefit year 2019, the alternative procedures specified by the Secretary are the same as the alternative procedures specified by the Secretary for benefit year 2018, as described in the published guidance titled *Guidance on Annual Redeterminations and Re-enrollments for Exchange Coverage for 2018*,<sup>1</sup> with all references to years advanced by one (except for references to the guidance or policies in effect for a specific prior benefit year, which are static). These procedures will be used by all Exchanges using the federal eligibility and enrollment platform.<sup>2</sup> Further, these alternative procedures will also be used for benefit years beyond 2019, unless otherwise specified in future guidance or rulemaking, with all references to years advanced by an appropriate number of years. We note that while the eligibility redetermination process is governed by this guidance, the re-enrollment process continues to be governed by 45 CFR 155.335(j).

# BAR Refresher

- 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) by December 15, 2018, the **Marketplace will establish 2019 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 enrollee effective January 1, 2019 in the same or a similar QHP, in accordance with 45 CFR 155.335(j).

# What is BAR?

- Auto re-enrollment, also referred to as Batch Auto Re-enrollment, or BAR, is the process the Marketplace uses to ensure that current enrollees who do not make an active plan selection by December 15, 2018 (the close of the plan year 2019 Open Enrollment period) can have coverage on January 1, 2019.
- Active re-enrollment, where an applicant updates the application and plan selection, is always preferred.
  - Active re-enrollment ensures the enrollee receives a more accurate financial assistance eligibility determination and that the re-enrollment QHP reflects qualities that are important to the enrollee (e.g., cost, provider network, prescription drug formulary).
  - Some enrollees will lose their financial assistance unless they actively re-enroll. The Marketplace Open Enrollment Notice (MOEN) sent to them by the Marketplace will include special language noting the need to actively apply.

# Auto Re-enrollment Frequency

- Auto re-enrollment will run in two rounds:
  1. **Round 1 October 15** (approximate): All enrollees eligible for renewal who are re-enrolled in a QHP offered by the same issuer or matched to an alternate QHP from a different issuer by CMS or a state Department of Insurance (DOI). Goal is to complete this round by November 1.
  2. **Round 2 December 16**: New 2018 enrollees who enrolled after Round 1; enrollees whose auto re-enrollment is updated because the enrollee reported, or the Marketplace otherwise obtained, new eligibility information after the October BAR.
- Pre-populated 2019 applications will be available to consumers with prior Marketplace applications beginning in November; consumers can access the pre-populated application by logging into their existing Marketplace accounts.

Note: The auto-re-enrollment plan is not visible in consumers' accounts until December 16; however, enrollees can find their BAR plan highlighted in Plan Results after submitting an application during the Open Enrollment period.

# Knowledge Check

The Marketplace will establish consumers' 2019 eligibility for APTC and CSRs based on the following:

- A) Most recent household income data available
- B) Updated FPL tables
- C) Benchmark plan premium information
- D) All of the above

# Knowledge Check

The Marketplace will establish consumers' 2019 eligibility for APTC and CSRs based on the following:

- A) Most recent household income data available,
- B) Updated FPL tables
- C) Benchmark plan premium information

**D) All of the above**

# Marketplace Open Enrollment Notice

The MOEN alerts enrollees about the start of plan year 2019 Open Enrollment period.

- CMS will provide all MOENs to consumers by November 1, 2018.
- The MOEN welcomes current enrollees back to the Marketplace for Open Enrollment, provides a call to action for people who are at risk of losing eligibility for APTC and CSRs, and complements issuer notices.

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
465 INDUSTRIAL BOULEVARD  
LONDON, KENTUCKY 40750-0001

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[First Name Last Name of Primary Contact] [Date of notice]  
[Address of Primary Contact]

2016 Application ID: [Application ID]

It's time to review your Health Insurance Marketplace coverage and make sure you're getting the right coverage and costs in the year ahead. The following people are currently enrolled in coverage with financial help through the Marketplace:

[First Name Last Name]

Action required: You could lose your eligibility for Marketplace coverage and/or your help with costs for 2016 and 2017. Our records show that you still need to upload or mail documents that the Marketplace requested for your 2016 application. To learn more, visit [HealthCare.gov/verify-information/](http://HealthCare.gov/verify-information/) or call the Marketplace Call Center.

The following information is about your coverage for 2017. It applies only if your household sent the requested documents.

The Marketplace Open Enrollment Period is from November 1, 2016 - January 31, 2017. During this time you can shop for new Marketplace coverage or decide to stay in the same type of plan, if it's still right for you. You're currently getting help with the cost of health coverage each month. It's important to update your household's income and other information to make sure you're getting the right amount of help.

For 2017 coverage, update your Marketplace application by December 15, 2016  
It's important for you to come to the Marketplace and provide updated information during Open Enrollment. If you don't update your Marketplace application with your current household income and other information by December 15, 2016, we'll review your eligibility for coverage and help with costs in 2017 based on information from the most recent income data sources we have for your household.

# Marketplace Open Enrollment Notice (Continued)

- The MOENs for specific groups of consumers who are at risk for losing eligibility for APTC on December 31 (e.g., opt-out, special notice group, repeat passive enrollments, and failure to reconcile) will contain additional content with information tailored to their group.
- The MOEN will direct these consumers to update their applications to ensure the Marketplace has the most accurate information available to redetermine their APTC eligibility for the future year.
- The MOEN does not contain financial assistance amounts, nor does it identify the re-enrollment plan; that information comes from the issuer's notice (or the 2019 issuer in the case of alternate enrollments).



# Knowledge Check

The Marketplace Open Enrollment Notice contains all of the following, except:

- A. Financial assistance amounts
- B. An opt-out option
- C. A call to action for people who are at risk of losing eligibility for APTC
- D. All of the above

# Knowledge Check

The Marketplace Open Enrollment Notice contains all of the following, except:

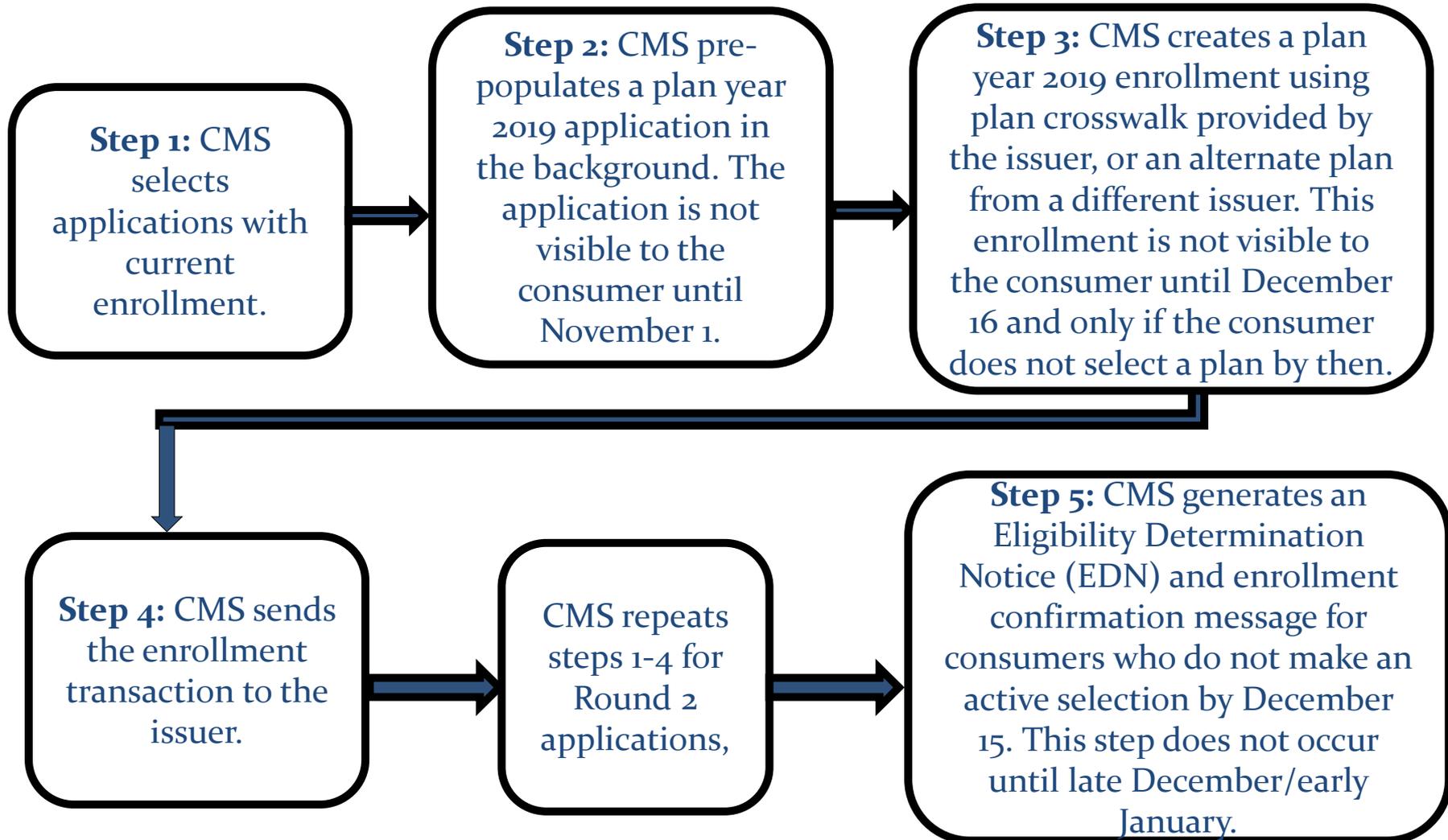
A. Financial assistance amounts

B. An opt-out option

C. A call to action for people who are at risk of losing eligibility for APTC

D. All of the above

# Auto Re-enrollment Process



# Auto Re-enrollment for Enrollees with a Discontinued Plan (Alternate Enrollment)

- BAR will occur for most enrollees whose current issuer has no re-enrollment QHP option available to them.
- The applicable state authority (e.g., DOI) or CMS will select an alternate QHP from a different issuer.
- The enrollee will receive:
  - A discontinuation notice from the old issuer (by November 1)
  - A notice and emails from his/her Marketplace encouraging active selection and enrollment in a new plan (by November 1)
  - An acknowledgment of the pending enrollment from the new DOI/CMS-selected plan issuer (January binder bill will be sent after November 1.)
- The enrollee must make the first premium payment to effectuate enrollment (in contrast to same-issuer auto-renewals, where a binder payment is not required).

# Messages for Discontinued Enrollees Matched to An Alternate Plan

Emphasize the December 15 Open Enrollment deadline and encourage active choice in selecting a new plan (whether it is the alternate or something else that better meets their needs).

If you don't act, you may be automatically enrolled in X plan. Don't wait—contact us to review this plan and other options before December 15 and choose what works best for you.

If you like the alternate plan the Marketplace has matched you with, be sure to pay the premium bill this insurance company sends you.

We know your plan is no longer available to you. We're here to help. You've been matched with X plan.

Update your application with the Marketplace and say you're losing coverage December 31. You can then confirm this alternate plan or choose a new one.

Contact us and we'll help you review and find the plan that's right for you.

Let's check your doctors, benefits, and coverage.

# Auto Re-enrolled Consumer EDNs

- Consumers who are auto re-enrolled by the Marketplace receive an EDN after December 15.
- Consumers who are auto re-enrolled in plan year 2019 coverage will see the household income that the Marketplace used to redetermine their eligibility in the results box in the notice.
- As a reminder, enrollees who actively apply will receive an EDN upon submitting the application and never see the BAR EDN.

Family member(s)	Results	Next steps
John Smith	<ul style="list-style-type: none"><li>• Eligible to purchase health coverage through the Marketplace, but more information is needed</li><li>• Eligible for a tax credit (\$53.00 each month, which is \$636.00 for the year, for your tax household), but we need more information from you. This calculation is based on the yearly household income of <u>\$30,000.00</u>. This is the amount that you provided on your Marketplace application or the amount that came from the most recent income data sources available.</li></ul>	<ul style="list-style-type: none"><li>• Send the Marketplace more information</li></ul>

# Assisting Consumers with Redeterminations and Re-enrollments



*Where  
Consumers  
Review and  
Update Their 2019  
Applications*

# Accessing a Pre-populated Application

- Pre-populated 2019 applications will be available to consumers with prior Marketplace applications beginning in November.
- Consumers can access the pre-populated application by logging into their existing Marketplace accounts.
- Reminder: It is important to use an enrollee's existing account to re-enroll to avoid creating a duplicate enrollment.

## Review & update your 2019 application

We started your 2019 application for you. You need to take a few steps to get coverage for 2019:

1. Review your application, and make any necessary updates to your information, like changes to your income or household.
2. Submit your application.
3. View your "Eligibility Results."
4. Enroll in a plan by **December 15** to ensure you have coverage for 2018, even if you want to keep the same plan. It's the last day to enroll in coverage for 2019.

[REVIEW MY APPLICATION](#)

# Accessing a Pre-populated Application (Continued)

Select **Update My Application** to begin reviewing and editing the enrollee's pre-populated application.

See below for the information we have about the people on your application. If you need to make changes, check the box next to the type of change you need to make. You can check more than one box.

Full Name	Date of birth	Social Security Number (SSN)	Relationship	Sex	Applying
Susan Griffith	01/01/1980	XXX-XX-	Self	Female	Yes

- Update a person's information or add a new person
- Remove a person
- Update income or other information

**UPDATE MY APPLICATION**

# Assisting Consumers with Redeterminations and Re-enrollments



*How Consumers  
Can Stop  
Coverage for 2019  
(Opt Out of BAR)*

# Extended Opportunity to Opt Out of BAR

Enrollees have until December 31 to tell the Marketplace that they do not want to be auto re-enrolled.

- Selecting **Stop Coverage for 2019** will send a 2018 termination that day, with a termination date of 12/31/18.
- Simultaneously, the 2019 BAR policy, if already sent, will be cancelled.

## **Don't want your current coverage to continue into 2019?**

You can choose to end all of your Marketplace coverage on 12/31/18. If you do this, we won't automatically enroll you in coverage next year.

**STOP COVERAGE FOR 2019**

# Extended Opportunity to Opt Out of BAR (Continued)

## You've chosen to stop your Marketplace coverage for 2019

Your Marketplace coverage in these plans will end on 12/31/18.

- HealthKeepers, Inc.(Anthem BCBS) Anthem HealthKeepers Bronze X6350
- FMLoadTest0946 Select Plan Basic

We won't automatically enroll you in coverage next year. **If you want Marketplace coverage in 2019**, you'll need to complete an application during Open Enrollment.

[GO BACK](#)

[STOP COVERAGE FOR 2019](#)

# Auto Re-enrollment Active Plan Selection

- Active 2019 plan selections through December 15 automatically cancel any auto re-enrollment already sent to the enrollee.
- 2018 enrollment updates after Round 1 BAR will be carried forward to the 2019 BAR policy in the Round 2 BAR.
- If an enrollee has not yet been included in the BAR process and makes an active plan selection, CMS will not complete BAR for that enrollee; likewise, if an enrollee makes an update to the BAR policy, subsequent 2018 updates will **not** be carried forward to the 2019 policy in the Round 2 BAR.
- Absent a special enrollment period, active plan selections cease December 15.

HealthCare.gov User Interface	November 1 – December 15	December 16+
Marketplace Account - <i>My Plans and Programs</i>	Not Visible	Visible
Plan Results after submitting QHP-eligible application (regular same-issuer BAR)	Displayed as “Your Current Plan” at top of plan results	Displayed as “Your Current Plan” at top of plan results

# Assisting Consumers with Redeterminations and Re-enrollments



## Agent and Broker Compensation for Marketplace Enrollments

This tip sheet reviews agent and broker compensation requirements for enrollments through a Federally facilitated Marketplace (FFM or Marketplace). Compensation includes commissions, fees, or other incentives as established in the relevant contract between an issuer and the agent or broker.

### Compensation for Marketplace Enrollments

The Marketplace does not set compensation levels or pay commissions to agents or brokers. Agents and brokers who participate in the Marketplace receive compensation directly from affiliated qualified health plan (QHP) issuers in accordance with their agreements with those issuers and any applicable state-specific requirements. Unlike the Centers for Medicare & Medicaid Services (CMS) Medicare Advantage program, the Marketplace does not set compensation levels.

### Working with QHP Issuers

The Marketplace does not play a role in making appointments between issuers and agents and brokers, and the FFM is not a party to the contract between the QHP issuer and the agent or broker. To become appointed with a particular QHP issuer, agents and brokers should contact the QHP issuer directly or work with a general agency who has an appointment with a QHP issuer.

To get compensated for actively assisting a consumer with enrollment in a Marketplace QHP, agents and brokers

## *How to Ensure You Get Credit for Assisting with Annual Re-enrollments*

# Get Credit for Assisting with Re-enrollments

- Having your NPN on your clients' Marketplace re-enrollment applications will ensure issuers can identify you as assisting consumers with re-enrollments in order to pay commissions.
- The following slides will review instructions for ensuring your NPN is included on the re-enrollment transaction for various enrollment scenarios, including:
  - Active re-enrollment via the Marketplace Pathway (HealthCare.gov)
  - Active re-enrollment via the Classic Private Partner Website Pathway
  - Active re-enrollment via the Marketplace Call Center
  - Passive re-enrollment via BAR

# Active Re-enrollment via the Marketplace Pathway (HealthCare.gov): Ensure Your NPN is on the Client's Application

- Your client should log in to his or her existing HealthCare.gov account to access the pre-populated application for plan year 2019.
- Your client should then select the **Report a Life Change** option to update the client's eligibility information and plan selection for plan year 2019.
- Your name and NPN should be entered or updated on a client's re-enrollment.
- When prompted, indicate that you provided assistance. This action will ensure your information will persist on the enrollment transaction.

2018 application for Individuals & Families (ID#: 144883330)

My plans & programs

My plan profile

Eligibility & appeals

Applications details

**Report a life change**

Communication preferences

Exemptions

Tax forms

MY COVERAGE

**My plans & programs**

Blue Cross and Blue Shield of NC  
Blue Value 6650 (limited network, HSA eligible)  
Carol and Carolina  
Status: Initial Enrollment

**PAY YOUR FIRST PREMIUM**

Note: Remind your clients to make sure your name and NPN stays on their re-enrollment application if they access it through HealthCare.gov on their own. If your NPN is not entered, you may not receive credit for the re-enrollment.

# Active Re-enrollment via the Classic Private Partner Website Pathway\*

- If you are affiliated with a QHP issuer or web-broker that offers the Classic Private Partner Website Pathway, your name and NPN are typically automatically transmitted electronically to the issuer when the consumer's re-enrollment is submitted in accordance with how the Direct Enrollment account was set up by the respective issuer or web-broker.
- After logging in to this pathway, use the Agent/Broker Application Search Tool to search for and help your client access his or her pre-populated plan year 2019 application.
- Once your client locates his or her pre-populated application, assist the client in selecting the **Report a Life Change** option to update his or her eligibility information and plan selection for the following year.

*\*The Classic Private Partner Website Pathway uses the double redirect to and from HealthCare.gov to submit the consumer's application and get an eligibility determination.*

# Active Re-enrollment via the Classic Private Partner Website Pathway (Continued)

- You can use the Classic Private Partner Website Pathway to assist a client in re-enrolling if that person used the Marketplace Pathway (HealthCare.gov) to enroll in a previous plan year.
- As a best practice, you should enter or update your name and NPN on your clients' re-enrollment application when prompted.



# Active Re-enrollment via the Marketplace Call Center

- Certain complex consumer situations may require you and your client to seek support from the Marketplace Call Center to complete a re-enrollment.
- You may conduct a three-way toll-free call with your client and the Marketplace Call Center (1-800-318-2596 or TTY: 1-855-889-4325).
- During this call, your client should instruct the Marketplace Call Center to include your full name and NPN on the re-enrollment transaction.
- Marketplace Call Center representatives will not add or remove an agent's or broker's NPN from an application unless requested by the consumer.

Note: The Marketplace Call Center representatives will not provide you any information about a consumer's application if the consumer is not part of the three-way call or has not previously authorized you to work on his or her behalf.

# Passive Re-enrollment via BAR

- If a consumer whom you assisted previously does not make an active plan selection prior to the December 15 deadline, CMS will automatically re-enroll that individual in either the same plan or an alternate plan selected by the Marketplace via the BAR process.
- For all BARs, CMS transfers the NPN associated with the consumer's prior application to the issuer via the enrollment transaction.
- The issuer will check your NPN on the [Agent and Broker FFM Registration Completion List](#) for the applicable plan year to verify you were registered with the Marketplace at the time of the prior enrollment.

# Receiving Compensation

If you have reason to believe you should receive renewal compensation for a Marketplace re-enrollment, but did not, you may contact the respective QHP issuer directly to discuss the situation.



Remember: The Marketplace does not directly appoint or compensate agents or brokers. You receive compensation directly from your affiliated QHP issuers in accordance with your agreements with those issuers and any applicable state-specific requirements.

# Assisting Consumers with Redeterminations and Re-enrollments

Application ID: 107244483

- GET STARTED
  - Privacy policy
  - Contact information
  - 3 Help applying for coverage**
  - 4 Help paying for coverage
  - 5 Who needs coverage
- FAMILY & HOUSEHOLD
- ADDITIONAL INFORMATION
- REVIEW & SIGN

## Help applying for coverage

Tell us if you're getting help from one of these people

- Navigator
- Certified application counselor
- Non-Navigator assistance personnel
- Agent or broker
- None of these people

First name  Middle *optional*  Last name  Suffix *optional*

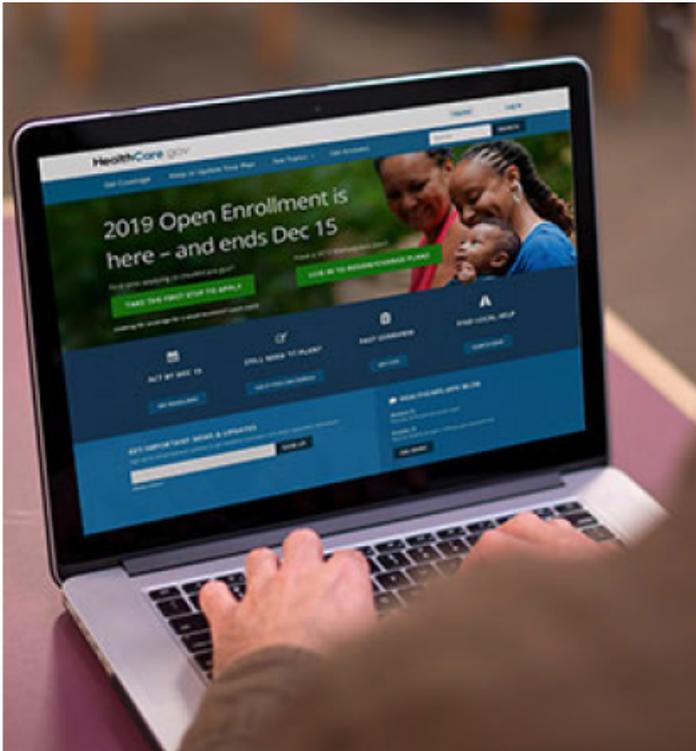
Organization name *optional*  ID number *optional*

FFM User ID *optional*  NPN number

**SAVE & CONTINUE**

*Where to Insert Your NPN  
on HealthCare.gov  
Applications*

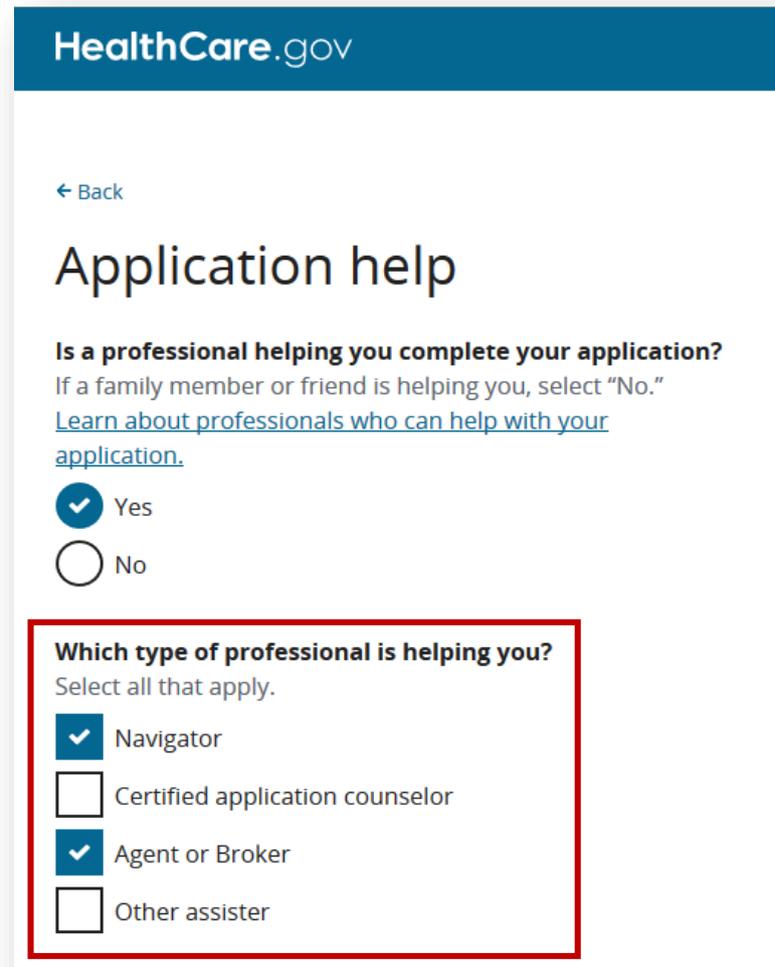
# Entering Your NPN in the HealthCare.gov Application



- Through the HealthCare.gov application screens, consumers will be able to indicate if a professional, such as an agent or broker, Navigator, certified application counselor, or other assister, has helped them complete the application.
- When you assist consumers, this **Application Help** section is where they will enter your name and NPN.

# Navigating and Completing the HealthCare.gov Application Help Screen

- NEW for plan year 2019 Open Enrollment: The streamlined (shorter) HealthCare.gov Application Help screen gives consumers the ability to list multiple entities or individuals who provide assistance (e.g., an agent or broker and a Navigator).
- Only consumers should remove or update this information on their HealthCare.gov applications.
- If a non-agent/broker has previously helped a consumer and the application allows more than one entry point, do not remove the information without the consumer's consent.



HealthCare.gov

[← Back](#)

## Application help

**Is a professional helping you complete your application?**  
If a family member or friend is helping you, select "No."  
[Learn about professionals who can help with your application.](#)

Yes  
 No

**Which type of professional is helping you?**  
Select all that apply.

Navigator  
 Certified application counselor  
 Agent or Broker  
 Other assister

# HealthCare.gov Application Screen

While consumers will now be able to indicate if multiple professionals assisted them when using the streamlined (shorter) HealthCare.gov application, they can still only identify one agent or broker.

## Tell us about the navigator.

First name

Middle initial

Optional

Last name

Suffix

Optional

Organization name

Optional

ID number

Optional

## Tell us about the agent or broker.

First name

Middle initial

Optional

Last name

Suffix

Optional

National Producer Number (NPN)

Save and continue

# HealthCare.gov Application Screen (Continued)

When using the full (longer) HealthCare.gov application, the consumer will only be able to indicate if one professional provided assistance.

Application ID: 107244483

- GET STARTED
  - Privacy policy
  - Contact information
  - 3 Help applying for coverage**
  - 4 Help paying for coverage
  - 5 Who needs coverage
- FAMILY & HOUSEHOLD
- ADDITIONAL INFORMATION
- REVIEW & SIGN

## Help applying for coverage

Tell us if you're getting help from one of these people

Navigator

Certified application counselor

Non-Navigator assistance personnel

Agent or broker

None of these people

First name  Middle *optional*  Last name  Suffix *optional*

Organization name *optional*  ID number *optional*

FFM User ID *optional*  NPN number

Note: Do not forget to ask your clients to include your NPN. This is a critical step in completing the application in order for you to receive compensation for the enrollment.



# Assisting Consumers with Redeterminations and Re-enrollments

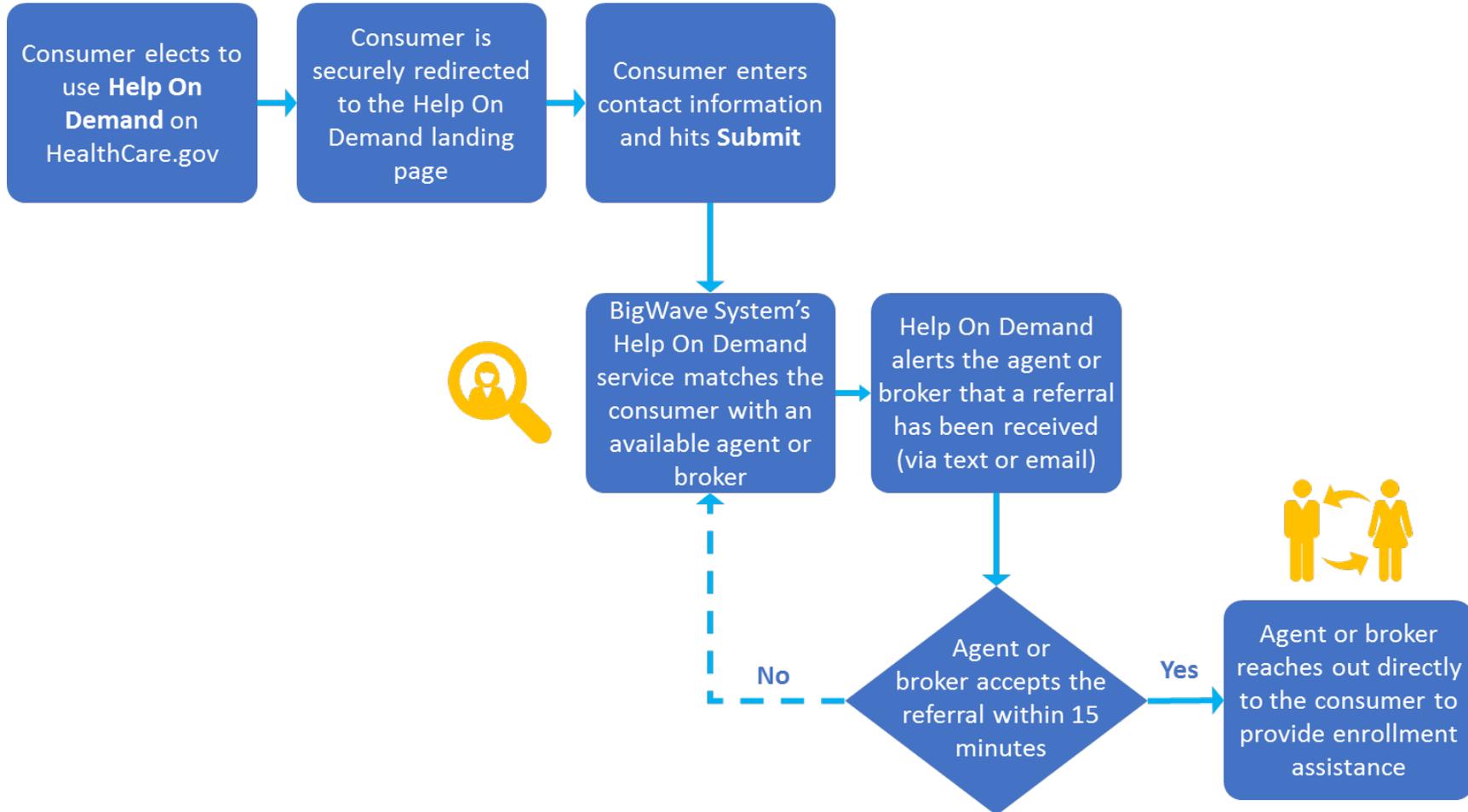
**Help On Demand**

*Availability of Help On  
Demand*

# What is Help On Demand?

- Help On Demand is a real-time consumer assistance referral service that connects individuals with Marketplace-registered, licensed agents and brokers in their area who can provide immediate assistance with Marketplace plan selection and enrollment.
- The Help On Demand technology is hosted by BigWave Systems.
- As an agent or broker, you must complete PY 2019 Marketplace training and registration to be eligible to participate in Help On Demand. You must also be licensed and hold a valid health line of authority in the state(s) where you are assisting Marketplace consumers.

# How Does It Work?



# Help On Demand: How to Participate

## To participate in Help On Demand, you must:

- ✓ Complete Marketplace registration and training for plan year 2019 on <http://portal.cms.gov>.
- ✓ Ensure you have an active state license and health line of authority for the state(s) where you plan to offer assistance with enrollment in Marketplace plans.
- ✓ Confirm your NPN is listed on the [Agent and Broker FFM RCL on Data.HealthCare.gov](http://AgentandBrokerFFMRCLonData.HealthCare.gov).
- ✓ Complete the required, self-paced Help On Demand training and certify completion by providing your name, email address, and NPN at the end of the training at <http://training-help-on-demand.ardx.us>.\*

After successfully completing Help On Demand training, you will receive a secure link from BigWave Systems to activate your account, complete your profile, and begin receiving referrals.

For more information about how to use Help On Demand, please review the [Help On Demand Training and Registration Guide](#), [Help On Demand Overview](#) and [Tips for Maximizing your Participation in Help On Demand](#).

*\*Note: If you actively participated in Help On Demand during plan year 2018, you may not be required to retake Help On Demand training. Your account is active and will remain active as long as you complete plan year 2019 Marketplace training and registration with CMS.*

# Assisting Consumers with Redeterminations and Re-enrollments



*Help Desk and Call  
Center Support*

# Agent and Broker Marketplace Help Desks and Call Centers

Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Marketplace Service Desk	1-855-CMS-1515 1-855-267-1515 <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 Direct Enrollment agent/broker landing page</li> </ul>	Mon-Fri 8:00 AM–8:00 PM ET  Sat-Sun 10:00 AM–3:00 PM ET (October–November only)
Agent/Broker Email Help Desk	<a href="mailto:FFMProducer-AssisterHelpDesk@cms.hhs.gov">FFMProducer-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 general registration and training questions (not related to a specific training platform)</li> <li>• Agent/Broker RCL 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 or broker has engaged in fraud or abusive conduct</li> </ul>	Mon-Fri 8:00 AM–6:00 PM ET
Direct Agent/Broker Partner Line	1-855-788-6275 Note: Enter your NPN to access this line.	<ul style="list-style-type: none"> <li>• HealthCare.gov account password resets</li> <li>• Special enrollment periods not available on the consumer application</li> <li>• Individual Marketplace eligibility and enrollment issues</li> </ul>	Mon–Sun 24 hours/day

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

Help Desk Name	Phone # and/or Email Address	Types of Inquiries Handled	Hours (Closed Holidays)
Agent/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>	Mon–Fri 9:00 AM–5:30 PM ET
Small Business Health Options Program (SHOP) Call Center	1-800-706-7893	<ul style="list-style-type: none"> <li>• All inquiries related to the SHOP</li> <li>• Employers and employees may also contact the SHOP Call Center for assistance.</li> </ul>	Mon-Fri 9:00 AM-5:00 PM ET
Direct Enrollment Email Help Desk	<a href="mailto:DirectEnrollment@cms.hhs.gov">DirectEnrollment@cms.hhs.gov</a>	<ul style="list-style-type: none"> <li>• All inquiries specifically related to becoming and/or operating as a direct enrollment web-broker in the Marketplace</li> </ul>	Mon-Fri 9:00 AM-5:00 PM ET
America’s Health Insurance Plans (AHIP) Training Help Desk	<a href="mailto:support@ahipinsuranceeducation.org">support@ahipinsuranceeducation.org</a>  1-800-984-8919	<ul style="list-style-type: none"> <li>• All inquiries specifically related to the AHIP agent/broker training platform</li> </ul>	Mon-Fri 8:00 AM-7:00 PM ET  Sat 8:30 AM-5:00 PM ET

# Assisting Consumers with Redeterminations and Re-enrollments

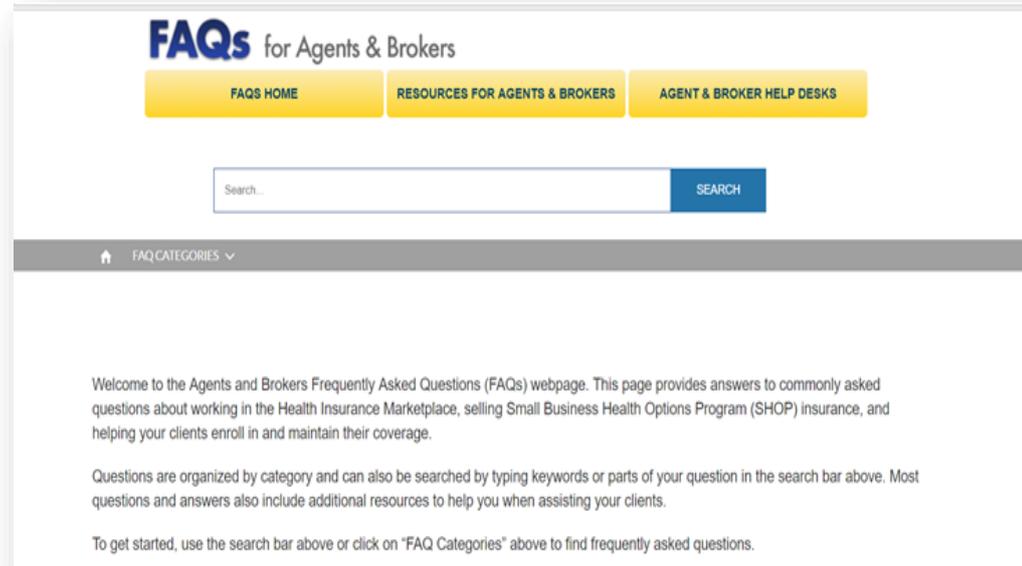


*Agent and Broker  
Resources and Key  
Reminders*

NEW

# Agents and Brokers FAQs Webpage

- The [Agent and Broker Frequently Asked Questions \(FAQs\)](#) webpage provides answers to commonly asked questions about working in the Marketplace, selling SHOP coverage, and helping your clients enroll in and maintain their coverage.
- FAQs are organized by category and can also be searched by typing keywords or parts of your question in the search bar.
- Most FAQs also include additional resources to help you when assisting your clients.



***Quickly find answers to common questions in the following categories:***

- Basic Information
- Registration and Training
- Helping Consumers
- Compensation
- Direct Enrollment
- Privacy and Security
- SHOP

# Agent and Broker Resources

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/CCIIOAB">http://go.cms.gov/CCIIOAB</a>
Agent and Broker FFM Registration Completion List	Public list of agents and brokers who have completed Marketplace registration; used by issuers to verify your eligibility for compensation for assisting with 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 agents and brokers 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>
Find Local Help	Tool available on HealthCare.gov that enables consumers to search for a local, Marketplace-registered agent or broker with an active licensure status in a valid health-related line of authority to assist with FFM enrollment	<a href="https://localhelp.healthcare.gov/">https://localhelp.healthcare.gov/</a>
Help On Demand	A real-time consumer-assistance referral service that connects individuals with Marketplace-registered, licensed agents and brokers in their area who can provide immediate assistance with Marketplace plan selection and enrollment	<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 Resources (Continued)

Resource	Description	Link
Agent and Broker NPN Search Tool	Enables users to search and find the correct NPN to enter in their MLMS profiles and on Marketplace applications	<a href="http://www.nipr.com/PacNpnSearch.htm">www.nipr.com/PacNpnSearch.htm</a>
List of Approved Health-related Lines of Authority	Provides a list of valid health-related lines of authority for agents and brokers	<a href="https://data.healthcare.gov/dataset/NIPR-Valid-Lines-of-Authority-List/wk5a-kdpd/data">https://data.healthcare.gov/dataset/NIPR-Valid-Lines-of-Authority-List/wk5a-kdpd/data</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>
CMS Enterprise Portal	Provides access to the MLMS and allows users to request the FFM Agent/Broker role; the MLMS provides the following functions: <ul style="list-style-type: none"> <li>• Complete Marketplace Agent and Broker Registration and Training</li> <li>• Sign Marketplace Agent and Broker Agreements</li> <li>• Access CMS-approved Vendor Training</li> </ul>	<a href="https://portal.cms.gov">https://portal.cms.gov</a>
LinkedIn for Marketplace Agents and Brokers	Contains posts with announcements, new resources, upcoming webinars, and more information for Marketplace agents and brokers	<a href="https://www.linkedin.com/showcase/cms-ab">https://www.linkedin.com/showcase/cms-ab</a>

# Upcoming Activities

- The slides from this webinar will be available on REGTAP at [www.REGTAP.info](http://www.REGTAP.info) and on the Agents and Brokers Resources webpage at <http://go.cms.gov/CCIIOAB> in the coming days.
- In addition, this webinar will be available for on-demand training on REGTAP.
- Weekly webinars will continue through October 25 to help you prepare for the plan year 2019 Open Enrollment period.
- CMS will host a series of open-forum office hour sessions for agents and brokers during the Open Enrollment period to offer you real-time access to CMS experts who can answer your questions.

## Upcoming Webinars\*

Mark your calendars for these dates and times.

October 18 2-3 PM ET

October 25 2-3 PM ET

*\*Final topics for each session will be announced prior to each webinar.*

# 2019 Open Enrollment Period HealthCare.gov Scheduled Maintenance Windows

Every year, CMS establishes scheduled maintenance windows that provide periods of time when CMS and its partners can make updates or resolve issues. Maintenance will only occur within these windows when deemed necessary to provide consumers with a better shopping experience. Consumer access to HealthCare.gov may be limited or restricted when this maintenance is required. The purpose in scheduling these times is to minimize any consumer disruption. Like other information technology systems, these scheduled maintenance windows are how we update and improve our system to run optimally and are the normal course of business.

In order to allow agents, brokers, and assisters to plan in advance of Open Enrollment, we are sharing the maximum potential windows of scheduled maintenance on HealthCare.gov for the upcoming Open Enrollment period. Similar to last year, this information is being provided in advance of Open Enrollment to accommodate requests from agents, brokers, and assisters.

It is important to note that these times are the maximum potential windows when consumer access may be limited if maintenance is needed. As it has been in the past, CMS anticipates the actual maintenance periods will be shorter while we work to minimize disruption for consumers. Last year, while HealthCare.gov had set a total of 60 hours as the maximum potential period of scheduled maintenance during open enrollment, the site only used 21.5 hours.

Potential/maximum scheduled HealthCare.gov maintenance windows for this upcoming Open Enrollment period is:

- Thursday, November 1, 2018, early morning to make final preparations ahead of the start of the Open Enrollment period
- Sundays, 12:00 AM to 12:00 PM (maximum time allotted), except on December 9, 2018

This year's scheduled maintenance windows are the same as last year's. CMS plans to continue working with agents, brokers, and assisters to ensure they have the information necessary to plan for Open Enrollment.

# Acronym Definitions

Acronym	Definition
AHIP	America's Health Insurance Plans
APTC	Advance Payments of the Premium Tax Credit
BAR	Batch Auto Re-enrollment
CBT	Computer-based Training
CCIIO	Center for Consumer Information and Insurance Oversight
CMS	Centers for Medicare & Medicaid Services
CSRs	Cost-sharing Reductions
DOI	Department of Insurance
EDN	Eligibility Determination Notice
FAQs	Frequently Asked Questions
FFM	Federally-facilitated Marketplace
FPL	Federal Poverty Level

# Acronym Definitions (Continued)

Acronym	Definition
MLMS	Marketplace Learning Management System
MOEN	Marketplace Open Enrollment Notice
NPN	National Producer Number
QHP	Qualified Health Plan
RCL	Registration Completion List
REGTAP	Registration and Training Technical Assistance Portal
SHOP	Small Business Health Options Program