



Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplace

An Overview for New and Existing Web-brokers

September 30, 2015



Intended Audience

- Please be advised that the intended audience for this call is web-brokers, agents, and brokers interested in operating within the Federally-facilitated Marketplace (FFM) 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.

Webinar Agenda

- Session Guidelines
- Webinar Focus
- Process for Becoming a Web-broker in the FFM
- Requirements and Best Practices for Web-brokers Participating in the FFM
- Resources
- Question & Answer (Q&A) Session
- Closing Remarks

References to FFM in this presentation include Marketplaces where states perform plan management functions.

Session Guidelines

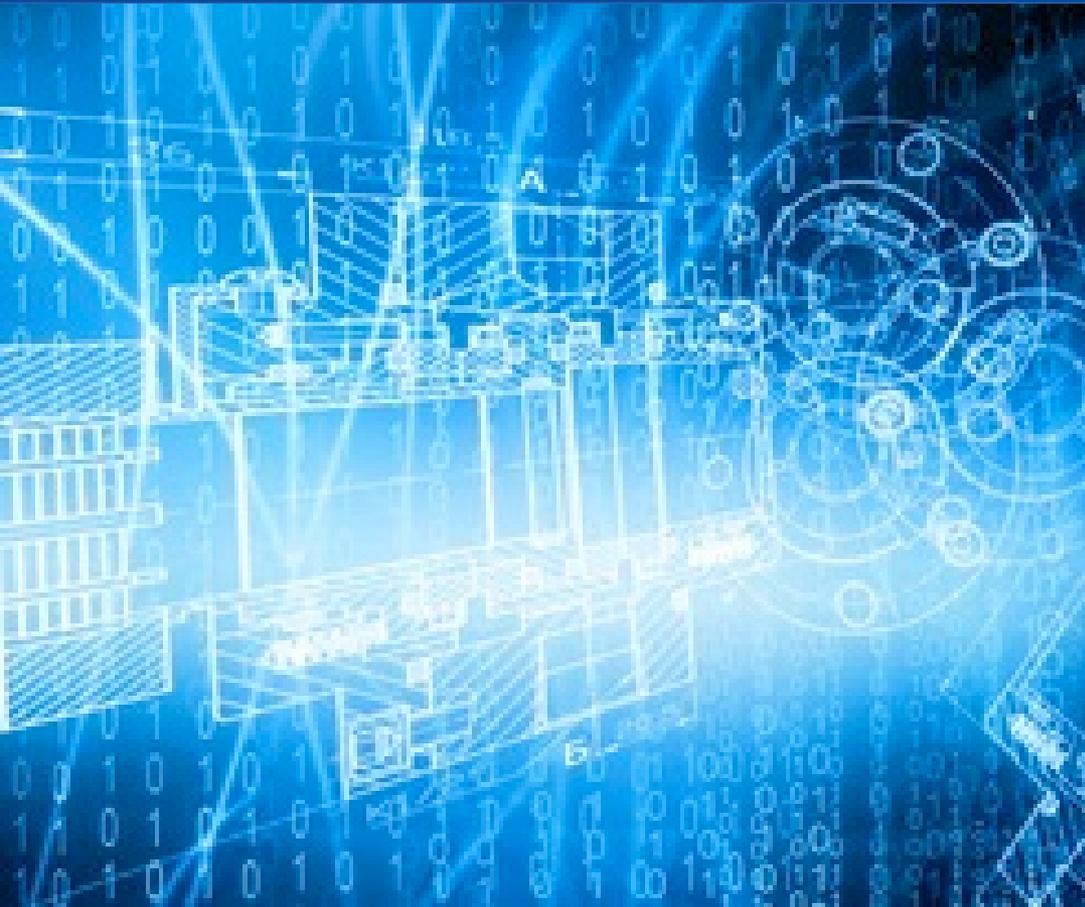
- This is a 90-minute webinar session.
- Throughout the webinar, you may submit questions via the chat box.
- We will address questions during the Q&A session at the end of the presentation.
- For questions regarding content or logistics, contact the REGTAP Registrar at registrar@regtap.info or (800) 257-9520.

Webinar Focus

This webinar reviews the registration process and operational requirements for web-brokers to operate in the Federally-facilitated Individual Marketplace.

There will be no information provided on the Small Business Health Options Program Marketplace.

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplace



Definition of a Web-broker

Definition of a Web-broker

CMS uses the terms “web-broker” or “web-based entity” (WBE) to describe an individual agent or broker, group of agents and brokers, or company that provides a non-FFM website to assist consumers in the selection of qualified health plans (QHPs) and the enrollment process as described in 45 CFR § 155.220(c)(3).



Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplace



*The Role of
Web-brokers in
the FFM*

Role of Web-brokers in the FFM

- Licensed agents and brokers who are registered with an FFM may use a web-broker's Internet website to assist consumers with applying for insurance affordability programs, including the selecting QHPs through the FFM and applying for the premium tax credit and cost-sharing reductions.
- In addition to the Marketplace website, QHP issuer websites, and the Marketplace Call Center, web-brokers provide alternative means to enroll in coverage through the Marketplace.
- Web-brokers can also offer additional decision support tools that the consumer can use to navigate or refine the display of QHPs.

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplace

Steps to Become an FFM Web-broker



Steps to Become an FFM Web-broker

To become a web-broker for the FFM, agents and/or brokers must meet both regulatory and technical requirements.

Regulatory Requirements	Technical Requirements
<ol style="list-style-type: none">1. Provide evidence of completion of the FFM agent and broker registration and training requirements for the current plan year on the CMS Enterprise Portal at https://portal.cms.gov2. Provide state licensure information for the states in which the web-broker plans to assist consumers with selecting and enrolling in QHPs through an FFM	<ol style="list-style-type: none">1. Understand how to create and digitally sign a Security Assertion Markup Language (SAML) response2. Understand how to invoke Simple Object Access Protocol (SOAP) services

For more information on the registration and training requirements, review materials posted on the Agents and Brokers Resources webpage at:

<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/a-b-resources.html>

Steps to Become an FFM Web-broker

The steps to complete the process and become a web-broker for an FFM are as follows:

1. The prospective web-broker contacts CMS at webbroker@cms.hhs.gov to express interest in becoming a web-broker for the FFM.
2. CMS will request evidence of completion of the regulatory requirements and contact information from the prospective web-broker.
3. The prospective web-broker then sends the requested regulatory and contact information to CMS.
4. The prospective web-broker then participates in an informational interview with CMS representatives. During this interview, CMS reviews the general regulatory requirements and duties of an FFM web-broker, as well as the technical requirements and onboarding process steps.

Steps to Become an FFM Web-broker

5. Next, the prospective web-broker agrees to maintain the confidentiality of the FFM testing process by signing the Confidentiality of the FFM Testing Process Agreement. This Agreement is required because testing involves access to data that is not publicly available.
6. The prospective web-broker then signs the “Agreement Between Web-broker Entity and the Centers for Medicare and Medicaid Services for the Federally-facilitated Exchange Individual Market Web-broker” Agreement (Web-broker Agreement) agreeing to comply with applicable privacy and security terms, as well as standards for connecting to the Federal Data Services Hub (DSH).
7. Finally CMS leadership signs the Web-broker Agreement and CMS sends the fully-executed Web-broker Agreement back to the prospective web-broker.

Steps to Become an FFM Web-broker

- Once the Web-broker Agreement is fully-executed (i.e., signed by both parties), CMS considers the prospective web-broker to be an official web-broker and adds the web-broker to the Web-broker Public List upon the next update.
- 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>.



Steps to Become an FFM Web-broker

After confirming that the web-broker has completed the regulatory requirements for participating in the FFM as a web-broker and received a countersigned Web-broker Agreement from CMS, the DSH support team will send an email to the web-broker to begin the technical onboarding process.

- The web-broker must provide the DSH support team with a descriptive name and URL of its website and two CA X.509 (SSL) certificates. One of the certificates must be signed by an authorized certificate authority company.
- The DSH support team will then configure the web-broker's certificates in its key store and provide the web-broker with a Partner ID and password, and the public keys required to access the federal DSH and the FFM website.
- The web-broker can then begin developing and testing the Direct Enrollment services and its website.

Processes and Guidelines for Becoming a Web-broker in the Federally-facilitated Marketplace



*Requirements
and Best
Practices for
FFM Web-
brokers*

Requirements and Best Practices for FFM Web-brokers

Key regulatory requirements and best practices for web-brokers in the FFM focus on:

- Website display requirements and best practices
- Additional plan type display requirements
- Consumer protection requirements and best practices
- FFM privacy and security requirements
- Requirements related to web-broker website use by third-party agents and brokers

Requirements and Best Practices for FFM Web-brokers

Website Display Requirements and Best Practices



Website Display Requirements and Best Practices

As part of the display requirements, web-brokers must prominently display the following standardized disclaimers on their websites:

1. A “General Non-FFM Disclaimer” pursuant to 45 CFR § 155.220(c)(3)(vii) on the initial consumer landing page and QHP selection page
2. A “Plan Detail Disclaimer” pursuant to 45 CFR § 155.205(b)(1) if the web-broker does not display additional required comparative plan information for a specific QHP offered on an FFM on the QHP selection page

General Non-FFM Disclaimer Requirements

All web-brokers must prominently display the following General Non-FFM Disclaimer on their websites:

Attention: This website is operated by [Name of Company] and is not the Health Insurance Marketplace website. In offering this website, [Name of Company] is required to comply with all applicable federal laws, including the standards established under 45 CFR § 155.220(c) and (d) and standards established under 45 CFR § 155.260 to protect the privacy and security of personally identifiable information. This website may not display all data on Qualified Health Plans being offered in your state through the Health Insurance Marketplace website. To see all available data on Qualified Health Plan options in your state, go to the Health Insurance Marketplace website at [HealthCare.gov](https://www.healthcare.gov).

General Non-FFM Disclaimer Requirements

The disclaimer must:

- Be prominently displayed on both the initial consumer landing page and on the landing page displaying QHP options that appears before the applicant makes a decision to purchase coverage (“QHP selection page”)
- Include a functioning web link to the Health Insurance Marketplace website ([HealthCare.gov](https://www.healthcare.gov))
- Use the exact language provided by CMS

General Non-FFM Disclaimer Best Practices

CMS encourages web-brokers who do not offer certain services to also include in the General Non-FFM Disclaimer the parts of the following additional disclaimer language information corresponding to the products or services that it does not offer :

[Also, you should visit the Health Insurance Marketplace website at [HealthCare.gov](https://www.healthcare.gov) if:

- You want to select a catastrophic health plan.
- You want to enroll members of your household in separate Qualified Health Plans.
- The plans offered here don't offer pediatric dental coverage and you want to choose a Qualified Health Plan that covers pediatric dental services or a separate dental plan with pediatric coverage. Pediatric dental services are an essential health benefit.]

QHP Information Display Requirements

Before describing the Plan Detail Disclaimer requirements, it is critical to understand what information web-brokers are required to display.



QHP Information Display Requirements

- Web-brokers must disclose and display on their websites all QHP standardized comparative information provided by CMS or directly by QHP issuers with whom it has a contractual relationship consistent with 45 CFR § 155.205(b)(1) and (c).
- Currently this includes:
 - All QHPs offered through the Individual Marketplace (i.e., listed at HealthCare.gov)
 - Standardized comparative information for each of these QHPs

QHP Listing Information Requirements

- Web-brokers must include the following information provided by CMS for each QHP:

Information	Example of Information
Complete QHP Issuer Marketing Name	ABC Issuer
Plan Marketing Name	Silver XYZ Plan
Plan Type	Indemnity, Health Maintenance Organization (HMO), or Exclusive Provider Organization (EPO)
Level of Coverage	Catastrophic, Platinum, Gold, Silver, or Bronze

- Web-brokers may choose to provide additional information to aid consumer choice.

QHP Listing Information Requirements

CMS makes detailed QHP information available to web-brokers through the release of the:

- “Health Insurance Marketplace Public Use File (PUF)” (available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>)
- “QHP Landscape File” (available at <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>)
- CMS recommends that web-brokers use these files, in addition to information obtained directly from issuers with whom the web-broker has a contractual relationship.

QHP Comparative Information Requirements

Web brokers must provide (or provide a link to) additional required standardized comparative information for each QHP, which includes:

- Premium and cost-sharing information
- Summary of Benefits and Coverage
- Provider Directory
- Medical Loss Ratio Information



Summary of Benefits and Coverage Example

- The standard Summary of Benefits and Coverage 6-page template is available at <http://www.cms.gov/CCIIO/Programs-and-Initiatives/Consumer-Support-and-Information/Summary-of-Benefits-and-Coverage-and-Uniform-Glossary.html>.
- A completed sample Summary of Benefits and Coverage form is available at <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Sample-completed-sbc-12-19-14-FINAL.pdf>.

Insurance Company 1: Group Health Plan Option 1 Coverage Period: 01/01/2016 – 12/31/2016
 Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Spouse | Plan Type: PPO

 **This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [insert contact information]. For general definitions of common terms, such as **allowed amount**, **balance billing**, **coinsurance**, **copayment**, **deductible**, **provider**, or other **bolded** terms see the Glossary. You can view the Glossary at [www.\[insert\].com](http://www.[insert].com) or call 1-800-[insert] to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$500 /person or \$1,000 /family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1). The Common Medical Events chart below shows how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage . There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 /person or \$5,000 /family For non-participating providers \$4,000 /person or \$8,000 /family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit ?	Premiums , balance-billed charges, health care this plan doesn't cover, [and out-of-network services].	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Does this plan use a network of providers ?	Yes. See www.[insert].com or call 1-800-[insert] for a list of participating providers .	If you use an in-network health care provider , this plan will pay some or all of the costs of covered services. Lesser coverage, or no coverage, may be available for out-of-network providers . Be aware, your in-network doctor or hospital may use another out-of-network provider for some services (such as lab work).
Do I need a referral to see a specialist ?	No. To see a specialist , you don't need a referral from this plan .	You can see the specialist you choose without getting permission from this plan .

Plan Detail Disclaimer Requirements

If not directly provided by CMS, a web-broker may obtain the additional required comparative information (e.g., summary of benefits, provider directory) on QHPs directly from those issuers with whom it has a contractual relationship.



Plan Detail Disclaimer Requirements

If web-brokers do not have access to the additional required comparative information for all QHPs offered through the Marketplace, then they must prominently display the following standardized Plan Detail Disclaimer which must:

- Use the exact language provided by CMS
- Include an operational link to [HealthCare.gov](https://www.healthcare.gov)
- Be provided separately for each QHP where this information is missing
- Be displayed prominently where information on the QHP would normally appear so it is noticeable to the consumer

[Name of Company] isn't able to display all required plan information about this Qualified Health Plan at this time. To get more information about this Qualified Health Plan, visit the Health Insurance Marketplace website at [HealthCare.gov](https://www.healthcare.gov).

Prominent Display Requirements

- CMS requires both the “General Non-FFM Disclaimer” and the “Plan Detail Disclaimer” to be “prominently displayed.”
- CMS considers the disclaimers to be “prominently displayed” if they are:
 - Present on both the initial consumer landing page and on the QHP selection page
 - Viewable without requiring the user to select or “click on” an additional link
 - Written in a font size no smaller than the majority of the text on the webpage
 - Displayed in the same non-English language as any language(s) the web-broker maintains screens for on its website
 - Noticeable in the context of the website (i.e., in a font color that contrasts with the background of the webpage)

QHP Listing and Sort Best Practices

- Web-brokers must provide consumers the ability to view all QHPs offered through the FFM.
- To comply with this requirement, web-brokers must display all QHPs offered through the FFM, irrespective of the consumer's eligibility for the premium tax credit.
- Consumers who are not eligible for a premium tax credit must be able to view all QHPs offered through the FFM.

QHP Listing and Sort Best Practices

CMS encourages, but does not require, the following web-broker best practices for listing and sorting QHPs:

- List QHPs and non-QHPs separately and offer a QHP plan selection experience that is free from ads and/or information on other products
- Clearly distinguish between plans that are and are not eligible for the premium tax credit if choosing to display both types of plans
- Provide a default QHP list that is sorted so as not to steer a consumer to a particular issuer or QHP based upon financial consideration to the web-broker (for example: should not use a default that only displays QHPs offered by issuers with whom the web-broker has a contractual relationship)
- Include the ability for consumers to sort plans by different categories (e.g., premium amount, metal level, issuer, plan type, deductible)
- Allow consumers to compare plan coverage options among a select number of plans
- Provide advanced plan selection criteria based on specific plan features (for example, coverage for a certain prescription drug)

QHP Listing and Sort Best Practices

There are two new additional best practices CMS would like to highlight:

- Ensure that the QHP filter functionality does not exclude QHPs due to lack of information (for example: if a web-broker does not have a link to the Summary of Benefits and Coverage, the web-broker must still display the QHP)
- Limit the steps required by consumers in order to display the complete list of QHPs

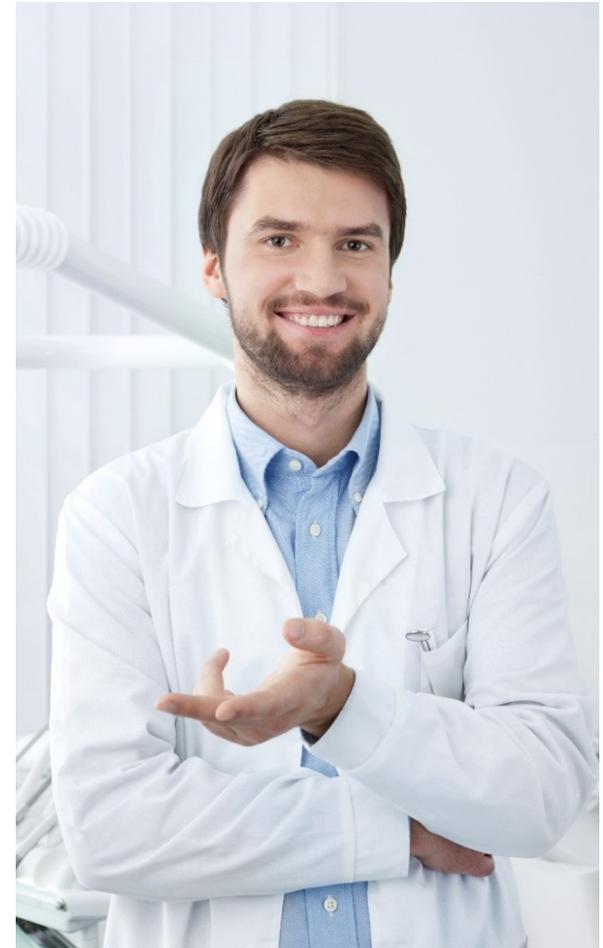
Requirements and Best Practices for FFM Web-brokers



***Additional Plan
Type Display
Requirements***

Stand-Alone Dental Plan Requirements

- As detailed in the March 2012 Exchange Establishment Final Rule (77 Federal Regulation 18315), with some limited exceptions, stand-alone dental plans (SADP) are considered a type of QHP.
- CMS expects all web-brokers to follow the same display requirements for SADPs as for QHPs offered through the Marketplace, including the display of all available information specific to each SADP on web-broker websites and inclusion of the Plan Detail Disclaimer (to the extent the web-broker's website does not display all required SADP standardized comparative information).



Stand-Alone Dental Plan Requirements

Web-brokers must:

- List all SADPs that are listed on HealthCare.gov, and available in the most recent QHP data file provided by CMS, for any consumers interested in separate dental coverage
- Provide additional required comparative information for (or provide a link to) each SADP's Standard Summary of Benefits and Coverage or Provider Directory
 - If web-brokers do not have access to the additional required comparative information, they must prominently display the standardized Plan Detail Disclaimer separately for each SADP.
 - The disclaimer must be displayed where this information is missing and where this detail would normally appear, so it is noticeable to the consumer.

Stand-Alone Dental Plan Requirements

- Web-brokers must also display the following plan information provided by CMS or directly by issuers for each SADP, including:

Information	Example of Information
Complete SADP Issuer Marketing Name	ABC Issuer
Plan Marketing Name	Silver XYZ Plan
Plan Type	Indemnity, Health Maintenance Organization (HMO), or Exclusive Provider Organization (EPO)
Level of Coverage	Catastrophic, Platinum, Gold, Silver, or Bronze

- In addition, web-brokers must offer any consumer the option to enroll in separate dental coverage offered through the Marketplace if it is not included in the QHP the consumer selected.

Website Display Requirements and Best Practices

Web-brokers must provide consumers with the ability to withdraw from the web-broker website process and use the HealthCare.gov website instead at any time.

Requirements and Best Practices for FFM Web-brokers

Consumer Protection Requirements and Best Practices



Display of Estimated Premium Tax Credit Information Best Practices

Some web-brokers may decide to display to consumers the amount of the advance payment of the premium tax credit the consumer would receive to lower the monthly premium costs for QHPs through the FFM.



Display of Estimated Premium Tax Credit Information Best Practices

Web-brokers that decide to display the advance payment of the premium tax credit to consumers who are eligible for it should:

- Ensure the advance payment of the premium tax credit estimate is calculated using the user's demographic information.
- Check the advance payment of the premium tax credit estimate available at <https://www.healthcare.gov/lower-costs/qualifying-for-lower-costs/> to make sure the quoted amount of the estimated advance payment of the premium tax credit is close (within 5%) to the estimate quoted by HealthCare.gov.

Website Accessibility Requirements

As required under 45 CFR § 155.205(c), web-brokers must provide information to applicants and enrollees in plain language, and in a manner that is accessible and timely to:

- Individuals living with disabilities, including accessible websites and the provision of auxiliary aids and services at no cost to the individual
- Individuals who are limited English proficient through the provision of language services at no cost to the individual, including:
 - Oral interpretation/telephonic interpreter services in at least 150 languages (*This standard applies to web-brokers beginning November 1, 2015, or one year after registering with the FFM, whichever date is later.*)
 - Written translations (*This standard applies to web-brokers beginning in 2017 or one year after registering with the FFM, whichever date is later.*)
 - Taglines on websites and critical documents in 15 non-English languages indicating the availability of language services (*This standard applies to web-brokers beginning in 2017 or one year after registering with the FFM, whichever date is later.*)
 - Website content intended for QHP enrollment to any non-English language spoken by at least 10% of the state's population (*This standard applies to web-brokers beginning in 2017 or one year after registering with the FFM, whichever date is later.*)

Additional Consumer Protection Requirements

Web-brokers must also:

- Inform individuals of the availability of the services described on the previous slide
- Prominently display oral interpretation services information or link to the information so it is easy to find for consumers



Additional Consumer Protection Requirements

Additionally, web-brokers:

- May not offer financial incentives (for example: rebates or giveaways)
- Should not charge consumers a separate transaction or service fee for enrolling in a QHP, unless:
 - Permitted under State law
 - The fee is reasonable and for a bona fide service of value that goes beyond the traditional assistance provided by an FFM-registered agent or broker

Additional Consumer Protection Requirements

- Web-brokers who elect to charge a transaction or service fee to consumers for the additional bona fide service of value when selecting QHPs offered through a non-FFM website should provide a disclaimer to consumers that:
 - Clearly discloses the amount and reason for the fee
 - Informs the consumer that he or she can enroll in QHP coverage through the FFM website (HealthCare.gov) at no cost
- Once a consumer has completed QHP selection, the web-broker may offer the consumer the ability to search for additional products or services, if desired.
- CMS expects that such offers will be made in a section of the web-broker's website separate from the QHP display.

Requirements and Best Practices for FFM Web-brokers

FFM Privacy and Security Requirements



FFM Privacy and Security Requirements

- Web-brokers may not create, collect, disclose, access, maintain, store, or use personally identifiable information (PII) collected from consumers in the context of completing a Marketplace application for anything other than the authorized functions described in Section II(a) of the “Agreement Between Web-Broker Entity and CMS for the Federally-facilitated Exchange Individual Market.”
- Web-brokers must comply with the Marketplace’s privacy and security standards adopted consistent with 45 CFR §155.260.



Requirements and Best Practices for FFM Web-brokers



***Website use by
Third-Party Agents
and Brokers***

Website Use by Third-Party Agents and Brokers

Some agents and brokers registered with an FFM may enter into a contract or other arrangement to use the website of a web-broker to help consumers enroll in QHPs through the FFM.



Website Use by Third-Party Agents and Brokers

Web-brokers who make their websites available to third-party agents and brokers registered with an FFM must, if the third-party agent or broker is listed as the agent of record on the enrollment, prominently display the name and National Producer Number (NPN) of the web-broker:

- On every page of the website, even if the agent or broker registered with the FFM who is accessing the website is able to customize the appearance of the website; and
- On the cover or first page of all written materials containing QHP information that can be directly printed from the website. This includes all files containing QHP information that can be directly downloaded from or viewed directly on the website. Documents linked to from the site that a separate entity maintains are not included in this definition.

Website Use by Third-Party Agents and Brokers

CMS considers information to be “prominently displayed” if it is:

- Viewable without requiring the user to select or “click on” an additional link
- Written in a font size no smaller than the majority of the text on the webpage
- Noticeable in the context of the webpage or other written materials (e.g., in a font color that contrasts with the background of the webpage or other written materials)



Website Use by Third-Party Agents and Brokers

Web-brokers who make websites available to third-party agents and brokers registered with an FFM must also:

- Provide CMS with a list of all agents or brokers the web-broker has arrangements with, upon request by CMS. The list must be in the format provided by CMS and include the following information for each agent or broker:
 - Name
 - Primary contact information, including address, phone number, and email address
 - FFM User ID
 - NPNs
 - URL of agent's or broker's website
 - States where agents/brokers are licensed
- Verify that any agent or broker it has a relationship with:
 - Is licensed in the state in which it is assisting consumers with selecting QHPs
 - Has completed all applicable FFM agent and broker registration requirements

Website Use by Third-Party Agents and Brokers

Web-brokers who make websites available to third-party agents and brokers registered with an FFM must also:

- Terminate a third-party agent or broker's access to the web-broker's website if:
 - HHS determines the agent or broker is in violation of the standards in 45 CFR § 155.220
 - HHS terminates any required agreement between the agent or broker and HHS
- Report to HHS and applicable state Departments of Insurance any potential material breach of standards described in 45 CFR § 155.220(c) and (d) or the agreement entered into pursuant to 45 CFR § 155.260(b), by agents or brokers accessing the web-broker's website, should it become aware of any such potential breach

Summary

The topics presented in this webinar included:

- Definition of the term “web-broker”
- Overview of the process steps to become a plan year 2016 FFM web-broker
- Summary of existing guidance for web-brokers, including requirements and best practices

Resources

- *Additional resources can be found on CCIIO's Agents and Brokers Resources webpage: <http://www.cms.gov/CCIIO/programs-and-initiatives/health-insurance-marketplaces/a-b-resources.html>.*
- *The Web-broker Public List can be viewed at <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/a-b-resources.html#Web-broker> Program for FFM Agents and Brokers.*
- *The "QHP Landscape File" is available at <https://www.healthcare.gov/health-and-dental-plan-datasets-for-researchers-and-issuers/>.*
- *The "Health Insurance Marketplace Public Use File (PUF)" is available at <http://www.cms.gov/CCIIO/Resources/Data-Resources/marketplace-puf.html>.*
- *Web-brokers can access the FFM agent and broker registration and training on the CMS Enterprise Portal at <https://portal.cms.gov>.*
- *The standard Summary of Benefits and Coverage 6-page template is available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sbc-template-accessible.pdf>.*

Resources

- *A completed sample Summary of Benefits and Coverage form is available at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/sample-completed-sbc-accessible.pdf>.*
- *For a description of the web-broker role and obligations as defined in regulation, review 45 CFR § 155.220(c)(3).*
- *For the regulatory authority for the “General Non-FFM Disclaimer” language, review 45 CFR § 155.220(c)(3)(vii).*
- *For the regulatory authority for the “Plan Detail Disclaimer” language, review 45 CFR § 155.205(b)(1).*
- *For the Marketplace privacy and security standards authority, review 45 CFR §155.260.*
- *The March 2012 Exchange Establishment Final Rule (77 Federal Regulation 18315) established SADPs as a type of QHP, as well as permitted the use of we-broker websites to facilitate enrollment in the FFM.*
- *The August 2013 Program Integrity Part I Final Rule (78 FR 54134), amended the web-broker requirements under 45 CFR §155.220(c).*

Questions?



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

For questions/comments about agent/broker participation in the FFM: FFMProducer-
AssisterHelpDesk@cms.hhs.gov

For questions/comments about the FFM application and enrollment:
1-800-318-2596 (TTY: 1-855-889-4325) available 7 days a week, 24 hours a day

For questions/comments about the FF-SHOP:
1-800-706-7893 (TTY: 711) available M-F 9:00am-7:00pm ET